

2019

Correctional Social Work Practice with Female Offenders in a Midwestern State

Veronica Labrell Smith
Walden University

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Walden University

College of Social and Behavioral Sciences

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Veronica L. Smith

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the review committee have been made.

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The Office of the Provost

Walden University
2019

Abstract

Correctional Social Work Practice with Female Offenders in a Midwestern State

by

Veronica L. Smith

MSW, The University of Michigan, 1997

BA, The University of Michigan, 1996

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Social Work

Walden University

August 2019

Abstract

A women's prison in the midwestern region of the United States experienced an increase of female inmates. Incarcerated women have reported higher rates of substance abuse problems, prior victimization, and mental illness than their male counterparts. Clinical social workers are often the primary service providers in criminal justice settings. The purpose of this action research project was to explore the challenges faced by social workers in a midwestern state when providing clinical treatment services to female offenders. Postmodern feminist theory and pathways theory provided a framework for understanding the factors related to female offending. The practice-focused research question explored the responses of licensed clinical social workers in a midwestern state regarding identifying the issues and challenges of providing clinical treatment services to female offenders. Data were collected from interviews with 7 local clinical social workers who had experience working with female offenders. Data were analyzed using thematic analysis to explore and organize the data. The study revealed 5 primary themes that included the unique background of female offenders, factors contributing to the incarceration of women, barriers to effective clinical treatment, the nature of prison, and postincarceration needs of female offenders. A possible implication of this study for social change is that specialized and/or population-specific training for clinical social workers may benefit clients in achieving their treatment goals and improve their capacity to successfully readjust upon release from jail or prison.

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Dedication

To begin, I dedicate this triumph to my Lord and Savior, Jesus Christ. Your unrelenting love and unwavering commitment to me and to my success have never ceased to amaze me. I promise to serve You always. I would also like to dedicate this project to my uncle, Dr. Glen Liddell. To my knowledge, you're the first in our family who completed a doctoral degree. Though I lost you so long ago, I will never forget your support and example. I love you. I'd also like to dedicate this project to my good friend, Dr. Kenneth Kelso. It took us both an extended period of time to complete our doctoral degrees. And while I lost you along the way, I will always appreciate your strength and encouragement. To my grandmother, Annie Lee Wade, you still inspire me at 91 years of age. Your love, prayers, and encouragement have been consistent all of my life. This project is dedicated to the woman who has shown me that we must pursue purpose and maintain our faith in God until we breathe our last breath. To my beloved nieces and nephews: Dayna, Ceeyana, Jayla ("Jaybird"), Dimitrius, Savon, Julian Jr., Josiah, and Jackson, I truly want the best for you all. I pray that my achievements will inspire you to become the women and men that you were born to be. To Mrs. Fane Young, the things you taught me as a middle school student have served as a foundation for my continued learning and development. It is with tremendous gratitude that I dedicate this project to you for seeing such great potential in a little girl from Drew, Mississippi. And finally, to female offenders in the Midwest and around the world, it is my sincere hope that this project has some role in relieving your burdens and empowering you to become change agents for yourselves, your families, and your communities.

Acknowledgments

First, I would like to extend my sincerest thanks to my doctoral team: Dr. Pete Meagher, my Chairperson, Dr. Douglas Crews, my committee member, and Dr. Alice Yick. This project would not have been possible without you, Dr. Meagher, your commitment in this process was absolutely amazing. You consistently encouraged me to do my best and to imagine bigger than the objectives I set for myself. I am blessed to have had the privilege of working with you. Thank you to all of the Walden University faculty and staff for your reliability and support. To my wonderful mother, Doris Smith, thank you so much. Since the time that I was a little girl, I admired your creativity, strength, and courage. I love you and I hope that I have made you as proud of me as I am of you. Thank you to my siblings, Deeda, Julian, and J'ean, and my sister-in-love, Venus. Each of you has been so supportive in your individual ways. I love you all and look forward to cultivating our own family legacy. To my "big brother," Pete Thomas, I know that I can always count on you to challenge, inspire, and encourage me. Thank you for your support. Thank you to my best friend, Deborah Kelso. You have always believed in me – no matter what. I love you. To my friend and mentor, Dr. Stacey Pearson, your guidance and support have been invaluable. Thank you to the pastors, church members, family, friends, and colleagues who have encouraged and prayed for me. Words cannot express my gratitude for your kindness and support. Special thanks to the many individuals and agencies that serve and advocate for female offenders in the Midwest and around the world. Finally, thank you to the participants of this study. You truly helped to make my dream come true.

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Section 1: Foundation of the Study and Literature Review

Over the last 15 years, the number of women in the criminal justice system has increased significantly (Fedock, Fries, & Kubiak, 2013). The growth rate of female offenders has exceeded that of their male counterparts (Bergseth, Jens, Bergeron-Vigesaa, & McDonald, 2011; Cobbina & Bender, 2012; Dinkel & Schmidt, 2014). This phenomenon can be attributed to policies that criminalize drug use and impose mandatory sentencing requirements for domestic violence and treatable factors that influence women's criminal activities (DeHart, Lynch, Belknap, Dass-Brailsford, & Green, 2014).

Since the 1970s, there has been more inquiry into the factors associated with female offending (Belknap, Lynch, & DeHart, 2016). Researchers have also generated more insight into effective methods for treating women offenders and for reducing repeat offending. However, despite the need for gender-responsive and trauma-informed care, most interventions provided to imprisoned women were developed based on the needs of men (Kennedy, Tripodi, Pettus-Davis, & Ayers, 2016). In addition, many practitioners may not feel that they are adequately trained to provide the services that have been identified as best practices for use with women in the criminal justice system (Knight, 2015). In this participatory action research project, I engaged clinical social workers, within a Midwestern state, in order to explore the challenges they face in providing clinical treatment services to female offenders.

There are a number of potential positive social change implications of this doctoral study. By gaining insight from social workers who are currently providing services to incarcerated women, an understanding of the challenges associated with

implementing effective interventions in prison-based settings will be improved. This knowledge will enhance social work practice with female offenders and reduce repeat offending and reincarceration of this population. In addition, many policies for addressing incarcerated individuals have historically been more punitive than rehabilitative (Covington, 2002). This has resulted in ineffective strategies for reducing increases in the overall prison population as well as the increasing rate of incarceration among women (Epperson, Roberts, Ivanoff, Tripodi, & Gilmer, 2013). Policy makers can benefit from increased knowledge concerning interventions that can aide in the development of policies that support rehabilitation and treatment. This will help to change the way(s) in which society manages criminal offenders. Additionally, child welfare structures and correctional administrators and staff would benefit from more contextual knowledge and guidance as the growing rates of recidivism among female offenders has a negative impact on their ability to adequately meet the needs of the women inmates, their children and family members, and the governmental and social systems that seek to mediate the impact of criminal offending among women. Finally, many incarcerated women have a history of victimization that has potentially contributed to their criminal activity. Given that these imprisoned women have already endured a suffering prior to their incarceration, the goal of this research is to reduce barriers to the use of treatment protocols and practices that minimize the likelihood of criminal offending and increase the likelihood that female offenders and their family members can enjoy an improved quality of life.

Section 1 of this document includes a problem statement followed by the purpose statement and research question. Then, the nature of the doctoral project and the significance of the study are outlined. Next, the theoretical/conceptual framework is discussed. In the review of the professional and academic literature, the major factors related to female incarceration are identified and explored including the gaps in the literature regarding female incarceration.

Problem Statement

In this study, I focused on a correctional system within a Midwestern state. This state has one prison that houses female inmates. This population statistic reflected an increase of more than 400 female inmates, added over a 5-year period, to the state's sole women's prison. Earlier reports, published between 2014 and 2015, also alleged that this prison was severely overcrowded and that female inmates were subjected to abusive and unsafe conditions. Nevertheless, although officials within this correctional system denied allegations of poor management of the prison population, the number of female offenders has increased and this state only has one facility to house female inmates.

The increasing rate of female offenders and inmates is not limited to this targeted Midwestern prison. It has been reported, nationally and internationally, that the number of women in the criminal justice system has increased significantly over recent decades (Peltan & Cellucci, 2011). According to Tripodi, Bledsoe, Kim, and Bender (2011), the population of female offenders in the United States grew from 12,300 in 1980 to 207,700 (17 times the amount in 1980) in 2008. This increase in the population of women offenders in the United States is largely due to policies that criminalize drug use and

ignore treatable factors, such as depression, that impact women's involvement in criminal activities (Fedock et al., 2013). These systemic changes in response to drug abuse, combined with changes in female deviant behavior, have nearly doubled the rate of incarceration for women as compared with the rate for men.

To understand the rise in the number of women inmates, it is important to identify the factors related to female crimes. Bowles, DeHart, and Webb (2012) reported that crimes related to drug use are the primary reason for female incarceration. There are high rates of substance use disorders and mental health disorders among women offenders (Jones, Worthen, Sharp, & McLeod, 2018; Salina, Lesondak, Razzano, & Parenti, 2011). When considering the overlap between substance abuse problems and mental health, incarcerated women are more likely to have substance abuse problems than men (Belknap et al., 2016; Mears & Cochran, 2012). In addition, women who have been sexually abused as children are disproportionately represented in substance use treatment (Peltan & Cellucci, 2011). This statistic increases to 75% when the women report symptoms that are indicative of a mental health problem. Although there is some statistical variance depending on the sample, many incarcerated women report past experiences of trauma, violence, and abuse (King, 2017). For many of these women, there is a cycle of mental illness, substance use, and trauma that continues even after their involvement in the criminal justice system. Furthermore, recidivism among this population is also an issue as many female offenders have been incarcerated more than one time (Scroggins & Malley, 2010).

There are differences between the lives of men and women, and these gender variances influence their respective patterns of criminal activity (Belknap, 2001). Because of their gender, many women confront social and economic marginality (Lynch et al., 2017). Women are also at greater risk for interpersonal violence in the forms of sexual abuse, sexual assault, and domestic violence. Consequently, women tend to have contact with the criminal justice system as a result of their struggle to survive (poverty and social and economic marginality) and/or their misuse of controlled substances in an attempt to cope with the trauma following their experiences of violence (Covington & Bloom, 2006). The theoretical aspect of this research about the unique issues offending women face because of their gender, race, and class is known as pathways theory (Belknap et al., 2016). According to pathways theory, women have a different pathway into the criminal justice system, and thus, different fundamental service needs than male offenders (Burgess-Proctor, 2012).

According to Epperson et al. (2013), social workers have been mandated to advocate for vulnerable populations. In the context of this study, imprisoned women can be viewed as a vulnerable population due to their likely histories of poverty and abuse. Given that clinical social workers are often the primary service providers in criminal justice settings, it is likely that they will encounter female offenders during their practice (Epperson et al., 2013; Levenson & Grady, 2016). The clinical social work problem is that correctional social workers often face a number of challenges when seeking to address the issues and problems that confront female offenders. Incarcerated women have reported higher rates of substance abuse problems, prior victimization, and mental

illness than their male counterparts. Furthermore, all of these conditions appear to be related – meaning that the issues that are pervasive among female offenders are connected and/or correlated in some way. Most often, the mental health conditions and substance use disorders emerged in the context of their exposure to trauma (Tripodi & Pettus-Davis, 2013). As a result, this complex presentation of traumatic experiences as well as the subsequent mental health and substance abuse symptoms can make it difficult to engage and to treat female offenders (Miller & Najavits, 2012). Knight (2015) indicated that trauma survivors were likely to have had been in treatment numerous times and that they often described their experiences with professionals as counterproductive and/or not helpful at all. For clinicians in addictions, mental health, and corrections/forensic settings, this can be due to feelings of being ill-equipped to aid survivors and/or the assumption that they do not have the necessary expertise and knowledge. Butler, Carello, and Maguin (2016) further stated that social work, psychology, and other mental health disciplines have failed to include traumatic stress in their training curriculums. This is concerning because individuals with mental health problems often have a history of victimization and violence. For incarcerated women, about half reported a history of trauma along with mental health symptoms and high rates of substance (Lynch, Heath, Mathews, & Cepeda, 2012; Wolff, Frueh, Shi, & Schumann, 2012). Additionally, past experiences of violence have been reported in approximately 90% of some samples of female inmates (Miller & Najavits, 2012). Some students may encounter these individuals during their field placements without having any prior classroom instruction regarding appropriate/effective protocols and treatment approaches

for use with this population. As a result, there has been a plea to better prepare students for effective work with trauma survivors as they will encounter them during professional clinical practice (Courtois & Gold, 2009). Additionally, if students in these disciplines have personal histories of violence and trauma, working with such challenging clients can trigger or exacerbate their own symptomology. Thus, it is important that they are trained in self-care techniques as well as methods for managing secondary stress to prevent burnout and to maintain their own mental and physical health. This study built upon prior research findings by adding to the knowledge and understanding of these challenges facing clinical social workers in correctional settings with women offenders.

Purpose Statement and Research Question

The Midwestern state where this research was conducted has one facility that houses imprisoned women. Due to the increasing number of female inmates, several complaints have alleged that this women's prison is unable to provide adequate shelter and supervision for its prisoners. The way to prevent overcrowding and the related negative outcomes is by avoiding the placement of nonviolent, female offenders in the prison setting. To accomplish this, it is important to understand and address the issues that lead to female offending so that there is a decreased likelihood of repeat offending and recidivism. The purpose of this participatory action research project was to explore the challenges faced by clinical social workers, within a Midwestern state, when providing clinical treatment services to women inmates.

Many female offenders have a history of abuse and victimization. These experiences, in childhood and as an adult, have been linked to the presence of both a

substance use and a mental health disorder among women inmates. This complex clinical presentation can create difficulty with engaging incarcerated women in treatment.

Therefore, in this study, I addressed the following question: What are the challenges of providing clinical social work services to female offenders in the targeted Midwestern state?

Definition of Terms

Some of the key concepts and constructs for this action research project included the following: childhood sexual abuse, clinical social workers, female/women offenders, gender-responsive approach, PTSD, sexual traumatization and childhood sexual abuse, sex/gender, and serious mental illness (SMI). These terms were defined according to the following:

Childhood sexual abuse: The use, coercion, employment, or enticement of any child to engage in the simulation or act of any sexually explicit conduct to create a visual representation of such behavior. This definition also includes other forms of child sexual exploitation like molestation, rape, prostitution, or incest (Child Welfare Information Gateway, 2016).

Clinical social worker: In correctional settings, clinical social workers apply their knowledge and training to the law and legal systems (Maschi & Killian, 2011). In this capacity, clinical social workers focus on the assessment, diagnosis, and treatment of offending and risk behaviors as well as the capacity and motivation of the individual to recover (Sheehan, 2012).

Female offenders and women offenders: These terms are used interchangeably in this study. Bartlett et al. (2015) defined women offenders as “women, aged 18 and over, in forensic health services and the criminal justice system, both in institutions and discharged offenders living in the community” (p. 135). Wolff et al. (2012) also included women who were 18 years and older that resided at a correctional facility for adults. This scope for viewing women that are involved in the criminal justice system is used to define the population that is referred to in this action research project.

Gender-responsive treatment: Interventions and services that have the goal of fostering growth in women with the ultimate purpose of improving psychological functioning and emotional well-being (Aday, Dye, & Kaiser, 2014; Bartlett et al., 2015; Burgess-Proctor, 2012; Kubiak, Kim, Fedock, Bybee, 2015).

Posttraumatic stress disorder (PTSD): The diagnostic criteria for PTSD must include prior exposure to a stressful or traumatic event that meets conditions from each of four symptom clusters: avoidance, intrusion, changes in reactivity and arousal, and negative shifts in mood and cognitions. The remaining criterion address symptom duration, an assessment of functioning, and the presence of a cooccurring medical condition or a substance (American Psychiatric Association, 2013).

This doctoral study was needed because clinical social workers must be able to address the problems related to the increasing rates of female offenders and inmates. Incarceration has negative consequences for the offenders, their families and communities, as well as society at-large (Belknap et al., 2016). When children are separated from their mothers, there are a number of harmful emotional and social

consequences, including an increased likelihood that they too will be incarcerated (Covington, 2002). Children with an incarcerated parent are 6 times more likely to be incarcerated, later in their lives, than other children (Laakso & Nygaard, 2012). Reports among incarcerated mothers have indicated that their adult children are 2.5 times more likely to be incarcerated than the adult children of incarcerated fathers (Dallaire, Zeman, & Thrash, 2015). When compared with reports of mothers who have never been incarcerated, adult children of incarcerated mothers are 3 times more likely to be incarcerated (Dallaire et al., 2015). As a result, a burden is placed on the familial and social systems that are required to intervene in these situations. Consequently, a reduction in the number of female inmates can help to reduce the high costs associated with female incarceration on fiscal, social, and emotional levels. The information generated from this doctoral study can help to further knowledge of effective ways to reduce barriers to treatment and reduce female offending and incarceration. Furthermore, this research produced an original contribution that advances professional social work practice because there is little available information that informs the method (s) by which social workers can help to address the problems associated with the clinical treatment of women offenders, specifically those in prison-based settings. Social workers are often the primary treatment providers in criminal justice environments. Although prevention and early intervention are ideal, the scope of this study was limited to the assessment of clinical social work practice once women have been incarcerated. The findings from this research helped to expand knowledge of how the clinical social work profession can

more effectively engage female offenders and help to reduce the barriers associated with prison-based service provision.

Nature of the Doctoral Project

Participatory action research includes the voices and perspectives of those being studied to understand their experience and to confront the social inequities that are embedded within the research process (Matthew & Barron, 2015). In contrast to traditional approaches to research that focus on generalizable knowledge, action research identifies solutions in localized or internal contexts (McNiff & Whitehead, 2010). Action research promotes a culture of information and knowledge sharing (Thiollent, 2011). It is concerned both with the production of knowledge as well as building new knowledge. Stringer (2007) stated that action research is most effective in helping individuals within a particular work setting and/or professional occupation "in working through the sometimes puzzling complexity of the issues they confront to make their work more meaningful and fulfilling" (p. 1).

In this action research capstone project, I used a participatory action research methodology. Clinical social workers at a Midwestern women's prison were initially targeted for study participation. Given the lack of success with recruitment, the doctoral committee chair and I then discussed more options to gain research participants. After reviewing Walden's guidelines, we determined that the scope for the target audience should be broadened to include clinical social workers throughout the entire state whom had served female offenders within the 5 years prior to study participation. I also sought institutional review board (IRB) approval to offer a \$25 Amazon gift certificate as an

incentive. From that point, the primary means of recruitment were via social media, online platforms, and personal referral (snowball sampling).

I interviewed seven social workers, within a Midwestern state, who either provided clinical treatment services to female offenders at the time of the interview or had served this population within the last 5 years. To ground my study, I used the tenets of both postmodern feminist theory and the pathways perspective/pathways theory. Postmodernism suggests that power is constructed and must be confronted from the aspect of difference (Liddell & Martinovic, 2013). The pathways perspective focuses on the ways in which female offending differs from that of males and argues that the needs of female offenders are inherently different (Burgess-Proctor, 2012). The design of this study aligned with the purpose statement and research question because it included the participants, clinical social workers within the targeted Midwestern state, in the research process by providing them with the opportunity to identify the problems and solutions associated with the provision of services to women offenders. The participants were empowered to generate and apply this knowledge and to promote social change within their own work environments.

The data were collected through audio (phone) interviews with social workers who provided services to female offenders within the 5 years prior to study participation. These interviews were recorded with the permission of study participants. To organize the data, a coding system was developed to classify or group similar information. The information was then analyzed by identifying themes as well as similarities and differences among participant responses and information.

Significance of the Study

In this action research capstone project, I focused on the social workers who work with female offenders in a Midwestern state. The information collected increased an understanding of the needs and challenges of working with this population as well as improved knowledge about the efficacy of existing interventions. In addition, the insight gained from these social workers provided information that can be used to educate other social workers and improve social work practice in this clinical setting. Epperson et al. (2013) found that many master in social work (MSW) students did not have access to courses relevant to criminal justice when those focused on social work/law were removed from the data analysis. This has implications given the high likelihood that social work students eventually practice within the criminal justice system. The findings of study will help to advance the training of graduate/social work students to prepare them for practice with female offenders and women inmates.

The field of social work will benefit from the findings of this project as it improved an understanding of the ways in which the disciplines of social work and criminal justice can integrate efforts to address the social problems of female offending and incarceration. Given the historic relationship between social work and criminal justice, it is important that scholars understand both the joint and distinct roles of each in addressing these problems. Epperson et al. (2013) highlighted the challenges that social workers often faced when working in criminal justice settings given that social work tends to be more strengths-focused and criminal justice has traditionally been punitive and deficit-focused. As a result of these differing approaches, there was a time period in

which social workers did not want to work in forensic and criminal justice settings. However, the field of social work can benefit from learning how to work collaboratively with those in criminal justice for the shared goal of improving outcomes for women offenders (Harris, 2014). The findings of this study can also be used as a basis for continued study related to the social work discipline and the role in forensic treatment settings.

Last, this study also has implications for positive social change. Children are often the forgotten victims of parental incarceration. Separation from their parents, mothers in particular, has more of a detrimental impact than when there is an imprisoned father (Menting, de Castro, & Matthys, 2015). In this study, I helped to identify the challenges associated with servicing women inmates and aided in the identification of potential methods for reducing the likelihood of repeat offending and reincarceration. This will increase the likelihood of improved clinical outcomes and reduce the likelihood of continued criminal activity and recidivism among female offenders. These women offenders will be able to remain in their communities and continue to parent and provide for their children, thereby reducing the harmful social and emotional consequences related to their incarceration. Furthermore, policymakers must also change the way(s) in which they address female offending. Traditional approaches have been ineffective and have resulted in high fiscal and social costs. This study can aide policymakers in the identification of more appropriate and effective strategies for approaching female offending and reduce the burden on society that often results when women are incarcerated.

Theoretical/Conceptual Framework

Postmodern feminism has roots in three distinct schools of thought: poststructuralism, French feminist theory, and postmodern philosophy (Sands & Nuccio, 1992). The poststructuralism movement is associated with the works of Foucault (1965), Derrida (1978), and Kristeva (1982). Poststructuralism asserts that meaning can be understood in the contexts of the political, social, and historical ways that language is written and spoken. French feminism is concerned with the absence of women's voices from psychoanalytic theory. The foundational works of this theory can be associated with the writings of Cixous (1981), Irigaray (1985), and Kristeva (1982). Finally, postmodern philosophers minimize the search for universal theories and laws while emphasizing the social construction of local meanings. Contemporary postmodern philosophers include Lyotard (1984) and Rorty (1979). Postmodern feminism is essential in challenging the societal structures that maintain traditional or gender-neutral views of offenders (Liddell & Martinovic, 2013). Until recently, women's offending has been defined according to masculine terms. Furthermore, responses to female offending have not considered the differences in the needs of women when compared to those of their male counterparts.

A central premise of this action research capstone project was rooted in Daly's (1992) pathways theory that noted that women have a different path to incarceration than men (Daly, 1992). Patterns of criminal offending are impacted by the life experiences of the offender. Therefore, the pathways perspective emphasizes that, among women, criminality is shaped both by survival and substance use (Bloom, Owen, & Covington,

2004). Due to their gender, women have an increased likelihood of facing sexual abuse, sexual assault, and domestic violence (Covington & Bloom, 2006). These factors have been identified as key in producing and sustaining female criminality. The treatment needs of women are different from men. However, female offenders have been subjected to policies that criminalize their pathology and to interventions that were designed for men as opposed to those that consider their differing pathway to criminality and their unique treatment needs (Hanser, Mire, & Braddock, 2011).

The postmodernism and pathways theoretical/conceptual frameworks were chosen because both highlight the unique experiences of women within the context of oppressive social systems. The problem statement, research questions, and purpose of the study all focus on the experiences of women within the criminal justice system – an oppressive system given that it was developed based on the needs and experiences of men. According to postmodernism, women have experiences that are different from men and have different service/treatment needs. In the pathways theory, the experiences of victimization, substance abuse, and mental disorder are linked to criminal activity among women. Pathways theorists also emphasize the need for treatments and interventions that have a focus on integrating services that address each of these problem areas.

Review of the Professional and Academic Literature

According to Asberg and Renk (2014), the number of imprisoned women in the United States has tripled since 1980; in the last 10 years alone, there has been a 33% increase. Aday et al. (2014) also noted that there were 13,400 female inmates, in 1980, and in 2011, that number exceeded 111,000. In addition, the growth rate of female

inmates has exceeded that of their male counterparts (Bergseth et al., 2011; Cobbina & Bender, 2012; Dinkel & Schmidt, 2014; Fedock et al., 2013). This phenomenon has mainly been attributed to policies that criminalize drug use and impose mandatory sentencing requirements for domestic violence and treatable factors that influence women's criminal activities. According to pathways theory, women have a different path to incarceration than men, and their patterns of criminal offending are significantly impacted by their life experiences (Fries, Fedock, & Kubiak, 2014; Kubiak et al., 2012; Liddell & Martinovic, 2013). Therefore, effective treatment services and interventions must address the complex clinical issues with which women present to reduce the likelihood that they will engage in repeat offending (Kubiak, Essenmacher, Hanna, & Zeoli, 2011).

In the Midwestern state that was the target of this research, there is only one facility that houses female offenders. Correctional administrators have noted that the number of new offenders entering the state's women's prison has grown so rapidly that they have been unable to effectively plan and prepare to meet the psychosocial needs of this female population. There are no available funds for a second facility; thus, efforts to prevent female incarceration are a central component to addressing this problem. The purpose of this participatory action research project was to understand the challenges of providing clinical social work services to female offenders within this Midwestern state.

This review of the professional and academic literature includes the following sections: process and steps for literature review, female offenders and the criminal justice system—trends, the social impact of female incarceration, factors related to female

offending and incarceration, how social scientists/researchers have addressed the identified social work problem, suggested interventions and approaches for addressing the identified social work problem, key variables/concepts included in this study, and gaps in the professional and academic literature. There has been an increase in the number of women who have been incarcerated. In this review, I explore the factors that have contributed to this as well as the social impact of this trend. Women's unique pathway to incarceration is impacted by such factors as mandatory sentencing, victimization and trauma, mental health, and substance abuse. Although each of these respective variables has been found to have its own set of damaging consequences, many incarcerated women have experienced several of these issues. This often results in a complex presentation of clinical needs. Consequently, this population is difficult to engage in treatment and has poorer treatment outcomes. However, social workers are uniquely prepared to address the multifaceted problems, with which incarcerated women pose, by implementing evidence-based approaches to treatment and care. In doing this, there is a greater likelihood of reducing symptoms of poor mental health, the abuse of controlled substances, criminal offending, and recidivism.

Process and Steps for Literature Review

The literature review was conducted from July 2016 to July 2019 by searching the keywords *female offenders incarcerated women, clinical social work and female offenders, forensic social work, social work and correctional practice, women criminals, women prisoners, childhood sexual abuse, children of women prisoners, gender-responsive treatment, and trauma-informed care* in Google Scholar, Academic Search

Complete, PsychArticles, PsycINFO, and the SocINDEX with Full Text Databases. I also obtained relevant literature sources from the indexes and bibliographies of previously viewed journals and articles.

Female Offenders and the Criminal Justice System - Trends

In the United States, the number of women being supervised by the correctional system continues to increase (Fritz & Whiteacre, 2016; Heidemann, Cederbaum, & Martinez, 2016; Karlsson, Zielinski, & Bridges, 2015; López-Garza, 2016; Mancini et al., 2016). Since the 1970s, women have been incarcerated at higher rates than men, and they comprise the percentage of the prison population that is growing most rapidly (de Melo Nunes & Baltieri, 2013; Heidemann et al., 2014; Kennedy, Tripodi, & Pettus-Davis, 2013; Lurigio, Belknap, Lynch, & DeHart, 2016; Tripodi & Pettus-Davis, 2013; Wakai, Sampl, Hilton, & Ligon, 2014). From 1995 to 2005, the number of female prisoners increased by 57%; nationwide, 7.2% of all prisoners were women (Johnson & Lynch, 2013). In 2009, over 113,000 women were confined in state and federal prisons; during that same year, women made up 7% of the total inmate population (Cobbina & Bender, 2012). Despite a 6.4% decline in the overall jail population (since 2009), between 2009 and 2011, the number of female inmates rose from 12.2% to 12.7%, with a 45% increase in the female jail population between 1996 and 2011 (Spjeldnes, Jung, & Yamatani, 2014). From June 2011 to June 2012, 13% of the 11.6 million individuals being held in local jails were women (DeHart et al., 2014; Rose, Lebel, Begun, & Fuhrmann, 2014). Of all arrests within the United States, Kubiak et al. (2015) estimated that 24% are women offenders. Adams et al. (2011) further noted that more than 1.3

women are supervised or in the custody of the adult criminal justice system in the United States.

Although gender is a contributor to the rising number of those confined in jails and prisons, the process of reintegration is gendered as well. Upon release from prison, many formerly incarcerated women face barriers to education, housing, income assistance, employment, civic participation, and reunification with families and children (Barrick, Lattimore, & Visher, 2014; Heidemann et al., 2016). Because of these barriers, a number of formerly incarcerated women engage in repeat offending, which results in reincarceration. Most women offenders will have additional criminal justice system interactions postrelease (Clone & DeHart, 2014). Adams et al. (2011) reported that fewer than 50% of offenders are able to abstain from criminal activity for a minimum of 3 years following their prison release, producing a recurring pattern of rearrest and reincarceration. At 3-year follow-ups, recidivism rates for female offenders ranged from 33% to 80% (Adams et al., 2011). According to Cobbina and Bender (2012), 58% of incarcerated women are rearrested; there is a 38% rate of reconviction, and in the 3 years following prison release, 30% are incarcerated. Finally, Bove and Tryon (2018) noted that more than 50% of women involved in the criminal justice system will reoffend after their release.

The Social Impact of Female Incarceration

The United States leads the world in having both the greatest frequency of imprisonment and the largest prison population (The Sentencing Project, 2012; Warde, 2014). It is estimated that more than 50% of its prisoners have children younger than 18

years of age (Murray, Farrington, & Sekol, 2012). Cunningham and Baker (2011) noted that women constitute about 6% of local prison populations and roughly 4% of the federal population. Although more men than women comprise the overall prison population, there is concern that maternal incarceration is more destabilizing than paternal imprisonment (Cunningham & Baker, 2011; Menting et al., 2015). The caregiving role that women assume within their communities and families creates more challenges for those adjusting to their incarceration and subsequent absence from their home and communities (Valera, Chang, Hernández, & Cooper, 2015; White, 2012). The imprisonment of women has social impacts for both the micro and macro systems that often intervene to mediate the negative outcomes, such as unstable living conditions, physical health problems, and social and emotional maladjustment associated with maternal confinement.

Cunningham and Baker (2011) asserted that “Prison is often the default option in the absence of more effective – and less costly – services such as addictions treatment, shelter or hospitalization” (p. 2). Children are often the forgotten or unseen casualties of the escalating rate of imprisonment (Menting et al., 2015; Murray et al., 2012). Mothers represent the majority of incarcerated women and at least one-third of them have several children (Miller et al., 2014). There was a 131% increase in the number of children with incarcerated parents between 1991 and 2007 (Glaze & Maruschak, 2008). With female incarceration rates doubling during the 1990s, nearly 150,000 children were separated from their mothers (Gilham, 2012).

Incarcerated women resided with one or more of their children prior to their imprisonment (Hunter & Greer, 2011; Miller et al., 2014; The Sentencing Project, 2012). Given that the majority of them were typically single parents, they were also likely to be the sole source of care and financial support for their children (Asberg & Renk, 2015; Burgess-Proctor, Huebner, & Dursoc, 2016; Fritz & Whiteacre, 2016; Jung & LaLonde, 2016; Mignon & Ransford, 2012; Wright, Van Voorhis, Salisbury, & Bauman, 2012). As a result of their imprisonment, a large number of children with incarcerated mothers face unstable living arrangements and must be cared for by individuals within their family networks (Davis, 2014; Rossiter et al., 2015; Spjeldnes et al., 2014). Across the United States, about 10% of these children become wards of the state, with more than 463,000 living in foster homes and other child protection agencies (Gilham, 2012; Lopez-Garza, 2016). A burden is often placed on extended family members and the social systems that assume the responsibility of providing for the care and custody of the children whose mothers are sent to prison.

Children experience a number of harmful developmental, physical health, social, and emotional consequences due to the separation from their mothers (Arditti, 2012; Burgess-Proctor et al., 2016). Some common outcomes for these children are depression, grief, separation anxiety, difficulties with authority figures, and problems developing attachments (Gilham, 2012). The risk of negative outcomes is greatest for preschool-aged children as they may suffer from unhealthy sleep and appetite changes, assume guilt for their mother's incarceration, display developmental regression, and are likely to become overly dependent on adults. Rossiter et al. (2015) further noted that there is a

greater level of vulnerability for children facing maternal incarceration than there is for those with fathers that are imprisoned. These children are at risk for inconsistent healthcare, significant levels of poverty, trauma, insecure relationships, and social isolation due to limited access to care and displacement. Furthermore, there is statistical evidence indicating an increased likelihood of incarceration for the children of incarcerated mothers (Arditti, 2012; Cunningham & Baker, 2011). Menting et al. (2015) reported that adverse outcomes such as school failure, antisocial behavior, unemployment, and poor mental health have also been predicted for children with mothers in prison.

When incarcerated mothers are separated from their children, they report an increased amount of distress (Mignon, 2012). Imprisoned women who report child-related stress are inclined to have more complications than the women who do not (Miller et al., 2014). Many incarcerated women suffer from guilt and other emotions that may impede rehabilitation. Furthermore, incarcerated mothers are often concerned about being able to establish and maintain connections with their children. Given that these women have little control over environmental conditions and situations, incarcerated mothers are also concerned for the general wellbeing of their children (Asberg & Renk, 2015). For mothers of younger children, there is the concern that the child(ren) may start to view the current caregiver as their primary maternal figure (Gilham, 2012). This surrogate relationship may complicate the mother-child bond as well as reunification efforts upon the mother's release from prison. Many incarcerated women desire to gain

the tools to resume maternal responsibilities after release but may not have access to the necessary parenting services.

Factors Related to Female Offending and Incarceration

Scientists have recognized that women offenders differ from their male counterparts when considering their needs, background characteristics, and the types of offenses precipitating their incarceration (de Vogel & Nicholls, 2016; Wright et al., 2012). Women tend to be imprisoned for drug-related crimes and status offenses as well as dual and pro arrests for domestic violence offenses (Bloom et al., 2004; Halter, 2018; Javdani, Sadeh, & Verona, 2011; Liddell & Martinovic, 2013; Solinas-Saunders & Stacer, 2017; Women's Prison Association, 2011). Many female arrests are the result of policy changes more than their actual involvement in criminal behaviors (Fedock et al., 2013; Peltan & Cellucci, 2011). Women are also more likely to have past experiences that include mental health problems, substance use, abuse or victimization, and traumatic relationships (Aday et al., 2014; Ball, Karatzias, Mahoney, Ferguson, & Pate, 2013; Lanza, García, Lamelas, & González-Menéndez, 2014; Tripodi & Pettus-Davis, 2013).

Mandatory Sentencing and Harsher Sentencing Policies

Given the greater likelihood that men will commit offenses that are more serious and violent in nature than those of women (forgery fraud, embezzlement, and larceny), it is perplexing that the arrest rate for women has grown much faster than that for male offenders (Belknap et al., 2016; Covington, 1998; de Vogel & Nicholls, 2016; Smith, 2017; Solinas-Saunders & Stacer, 2017). Policy and institutional changes within the criminal justice system have proliferated female incarceration (Covington, 2002; Halter,

2018; Warde, 2014). Initiatives such as the War on Drugs and laws that impose mandatory minimums and harsher sentencing policies underscore the claim that the rise in female imprisonment is fundamentally a war on women (Bloom et al., 2004; Bergseth et al., 2011; Fuentes, 2014; Lurigio et al., 2016; Solinas-Saunders & Stacer, 2017; Tripodi et al., 2011; Tripodi & Pettus-Davis, 2013; White, 2012).

Over the past 25 years, War on Drugs policies have resulted in a 600% increase in the number of women who have passed through the justice system (Kelly et al., 2014). In 2009, the sentencing rate for female offenders was 35.9% when compared to a rate of 54.4% for their male counterparts (Guerino, Harrison, & Sabol, 2011). Female offenders represented a larger percentage of those arrested for property offenses (29.6% compared to 18.4% males) as well as of those penalized for drug offenses (25.7% women compared to 17.2% men; Guerino et al., 2011). According to Lurigio et al. (2016), between 1960 and 2011, the frequency at which women were imprisoned increased by 14%, while that of men increased by 7%. Although female offenders represent about 14% of the current jail population in the United States, from 2010 to 2013, their pace of detention increased 11% as compared with a 4% decrease for male offenders (Lurigio et al, 2016).

Additionally, institutionalized changes resulting from the Anti-Drug Abuse Acts of 1986 and 1988 broadened the scope of mandatory minimum sentences to include simple possession offenses, conspiracy, and drug trafficking instead of reserving these sentences in response to the commission of more substantive crimes (Bush-Baskette & Smith, 2012; Javdani et al., 2011). The policies contained in the Anti-Drug Abuse Acts of 1986 and 1988 also subjected women to a greater probability of federal imprisonment

as well as longer periods of incarceration for low-level drug offenses (Bush-Baskette, 2010). Drug-connected women tend to participate in the drug trade through personal use, while drug-connected men are more likely to be involved through major drug distribution and other more serious behaviors (Lejuez, Bornovalova, Reynolds, Daughters, & Curtin, 2007). Furthermore, women often become involved in drug distribution at the request or requirement of family members and male partners and typically function as an accomplice to men who commit violence or drug-related crimes (Covington, 2002; Kennedy, Tripodi, & Halter, 2018; Pettus-Davis & Ayers, 2016; Messina, Calhoun, & Warda, 2012; Miles, 2013; Walker, 2011).

Victimization and Trauma

At least half of all females will experience various forms of victimization (adult sexual assault including sexual harassment, childhood sexual abuse, and physical violence) throughout the course of their lives (Aday et al., 2014; Lynch, Fritch, & Heath, 2012; Radatz & Wright, 2017). Therefore, it is not surprising that elevated incidences of victimization are reported among women and girls with criminal justice system involvement (Bove & Tryon, 2018; Green et al., 2016; Jones et al., 2018; Wiechelt, Miller, Smyth, & Maguin, 2011). Particularly, incarcerated women have endorsed higher levels of emotional, sexual, and physical abuse (Ball et al., 2013; Chambers, Ward, Eccleston, & Brown, 2011; Fuentes, 2014). Recent study findings regarding the extent of interpersonal violence (IPV) exposure, among women confined in prisons and jails, found rates between 80% and 98% (Blakely & Bowers, 2014). In addition to the interpersonal victimization, many incarcerated women are also subject to greater rates of

community and family violence (Ford, Chang, Levine, & Zhang, 2013). According to Adams et al. (2011), more than one third of imprisoned women have previously faced intimate partner abuse; approximately 6 out of 10 have been physically or sexually abused; and about one fourth were abused by a relative or family member. These findings have reinforced the theory that exposure to trauma places females at risk for criminal offending (Belknap et al., 2016).

Childhood abuse has been identified as having both a direct and indirect impact on criminal activity (Crabbe, Underwood, Parks-Savage, & Maclin, 2013). Lynch, Heath, Mathews, and Cepeda (2012) also found that childhood abuse has an indirect connection to repeat offending among a sample of women on probation. Concurrent research findings have identified high rates of childhood sexual abuse (CSA) among female offenders (Johnson & Lynch, 2013). CSA has been linked with negative psychosocial outcomes in adulthood (Chouliara et al., 2012; Kennedy et al., 2013; Levenson & Grady, 2016; Messina, Calhoun, & Braithwaite, 2014). Kelly et al. (2014) noted that more than 35% of incarcerated women reported a history of emotional, physical, or sexual abuse during childhood. Karlsson et al. (2015) stated that incarcerated women reported rates of childhood sexual abuse that are 2 to 3 times greater than those of women in community samples.

Sexual victimization is disproportionately reported among imprisoned women as they endorse more incidences than women in the general population and incarcerated men (Karlsson, Bridges, Bell, & Petretic, 2014). It has been estimated that, prior to incarceration, about 50% of female offenders are sexually or physically assaulted

(Levenson & Grady, 2016; Lynch et al., 2012). According to Aday et al. (2014), among incarcerated women in state prisons, there is a rate of at least 75% of women who have reported some form of sexual abuse prior to their confinement. When considering all potential traumas, there is a greater likelihood that sexual victimization will result in depression, post-traumatic stress disorder, anxiety, substance use disorders, and incarceration (Asberg & Renk, 2014; Crable et al., 2013; Kennedy et al., 2013; Knight, 2015; Sartor et al., 2012; Wolf, Nochajski, & Farrell, 2015). Thus, it is suggested that victimization precedes both substance abuse and mental illness for female offenders that repeatedly offend.

Incarcerated individuals, when compared to the general population, reported traumatic experiences at a statistically higher rate than others (Komarovskaya, Booker-Loper, Levenson & Grady, 2016; Warren, & Jackson, 2011). Trauma has been proven to uniquely affect a woman's development, their level of substance abuse, mental health disorders, and offending (Peltan & Cellucci, 2011). Among incarcerated women, prior research findings have shown that 78 to 99% acknowledged at least one traumatic incident while the rate among females in the general population is 69% (Scott, Coleman-Cowger, & Funk, 2014). These authors also noted a more recent study which found that at least one incidence of rape was reported among 70% of imprisoned women; and childhood sexual abuse was reported by 50% of the women.

Mental Disorders

Female offenders tend to report higher rates of mental health difficulties and disorders when compared with the general population and their male counterparts.

Becker, Andel, Boaz, and Constantine (2011) reported that 64% of those in jails and 45% of Federal prisoners had mental health problems - with female inmates endorsing more mental health symptoms than male inmates. A sample among women in a Dutch prison found that two thirds reported PTSD, 56% reported depression, and a third reported suicide ideation (Slotboom, Kruttschnitt, Bijleveld, & Menting, 2011). Bergseth et al. (2011) noted that 73% of female offenders endorse symptoms consistent with a mental health issue. Among a sample of prison inmates in a Midwestern state, Komarovskaya et al. (2011) found that women (40.2%) were more than 3 times as likely as men (12.5%) to have posttraumatic stress disorder (PTSD) and that women's PTSD - more than men's - was more affected by sexual abuse trauma.

It is well documented that survivors of CSA are at greater risk for posttraumatic stress disorder, anxiety, depression, and other mental health problems (Buchanan et al., 2011; Johnson & Lynch, 2013). Among incarcerated women, about 50 to 75% report a history of childhood sexual abuse (CSA) and post-traumatic stress disorder (Asberg & Renk, 2012). Survivors of childhood sexual abuse are also at increased risk for dissociative disorders (Najavits & Walsh, 2012; Wolf et al., 2015). In addition, behavioral problems such as substance abuse, suicide, and self-injury are more prevalent among CSA survivors (Brennan, Breitenbach, Dieterich, Salisbury, & van Voorhis, 2012; Kennedy et al., 2016).

Tripodi and Pettus-Davis (2013) quantitatively analyzed data from a random sample of women with a pending release from two prisons in North Carolina (n=125). Eligibility criteria included the following: English-speaking; at least 18 years of age; and

the ability to comprehend the nature of the study as well as to provide informed consent. The purpose of this study was to understand the varying prison trajectories for women prisoners. Though prior studies focused on the incarceration of women, these authors explored the incidence of childhood victimization and how this impacted the development of substance abuse disorders, mental health problems, and further sexual victimization in adulthood. Study findings showed an increased likelihood of emotional and psychological problems as well as hospitalization for participants with a childhood experience of physical and sexual trauma. Those female inmates at higher risk for suicide attempt had a prior experience of sexual victimization and/or a combination of both physical and sexual traumas. Substance use disorders were more likely for participants that experienced physical victimization, in childhood, and/or both sexual and physical trauma. Finally, female offenders that experienced sexual victimization, within 1 year preceding incarceration, were more likely to report childhood sexual trauma and/or a combination of both sexual and physical victimization.

Gobin, Reddy, Zlotnick, & Johnson (2015) explored the association between lifetime exposure to specific types of interpersonal trauma (crime-related trauma, physical, and sexual) and the severity of symptoms associated with post-traumatic stress disorder, antisocial personality disorder (ASPD), and psychopathy among a convenience sample of incarcerated women and men. These authors conducted quantitative data analyses from a convenience sample of 88 participants in both medium and minimum-security prisons in Rhode Island and Massachusetts whom were also part of a prison-based, randomized clinical trial of psychotherapy for major depressive disorder. Given

that childhood trauma exposure is typical for individuals with ASPD, childhood neglect and abuse are believed to influence the development of ASPD (Levenson & Grady, 2016). It has even been argued that childhood abuse has a negative effect on an individual's capacity for emotion regulation and anger regulation. If these difficulties continue into adulthood, the outcomes can include violent and aggressive behaviors – which are primary attributes of ASPD. This study found that psychopathy was significantly associated with physical trauma, but no other form of interpersonal violence. ASPD was connected to crime-related trauma and physical trauma; but there was no correlation between symptom severity for PTSD and ASPD or psychopathy.

Additionally, many women inmates have both a mental health and a substance use disorder (SUD) or a dual diagnosis (Kennedy et al., 2016; Messina et al., 2014; Peltan & Cellucci, 2011; Saxena, Messina, & Grella, 2014). From a sample population of 491 women, Lynch et al. (2012) found that 43% of women in U.S. jails met the lifetime prevalence criteria for SMI (32% met the 12-month), 53% met the lifetime criteria for PTSD (29% met the 12-month), and 82% met the lifetime criteria for substance use disorder (and 53% met the 12-month). A total of 38% of the women met the lifetime criteria for co-occurring SMI and SUD (20% met the 12-month) and 26% met the lifetime criteria for co-occurring SMI, PTSD, and SUD (and 14% met the 12-month). Asberg and Renk (2012) further noted that 20% of persons having PTSD use substances to cope with the negative symptoms. Moreover, there is an earlier onset of substance use for incarcerated women as compared to the general population (DeHart et al., 2014; Smith-Ruiz, 2014). This may be due, in part, to the abusive and chaotic childhoods that

many of them have experienced (Solinas-Saunders & Stacer, 2017). According to McKee and Hilton (2019), trauma has been linked to co-occurring disorders among female offenders. Given this, PTSD is viewed as having a contributory role in the development of substance dependence (Dvorak, Arens, Kuvaas, Williams, & Kilwein, 2013; Najavits & Walsh, 2012; Oberleitner, Smith, Weinberger, Mazure, & McKee, 2015; Sartor et al., 2012; Wiechelt et al., 2011).

Substance Misuse and Abuse

The most common reason for female incarceration as well as high rates of recidivism among women offenders is drug-related offenses (Adams et al., 2011; Barnett, 2012; Bowles, et al., 2012; Buchanan et al., 2011; Gilham, 2012; Lanza et al., 2014; Lurigio et al., 2016; Lynch et al., 2014; Salina et al., 2011; Wolf et al., 2015).

Furthermore, many women commit the offenses that led to their imprisonment while being influenced by drugs or alcohol (Adams et al., 2011; Asberg & Renk, 2012; Bergseth et al., 2011; Lynch et al., 2012; Tripodi et al., 2011). It is estimated that drug or alcohol use has been a problem for 40 to 72% of women in the correctional system; and that alcohol is a major factor for women who have committed a violent crime (Kopak & Smith, 2014).

Empirical findings have consistently identified higher rates of substance use for imprisoned women when compared with samples from the community (Asberg & Renk, 2012; Holmstrom, Adams, Morash, Smith, & Cobbina, 2017; Peltan & Cellucci, 2011). In a mixed-methods study of 219 participants (males - 162; females - 57) - between the ages of 18 and 58 - that had been charged with a crime, Swogger, Conner, Walsh, and

Maisto (2011) found that 64.9% of women and 58.6% of men reported childhood physical abuse; and 49.1% of women and 15.4% of men endorsed childhood sexual abuse. It was further determined that a positive correlation exists between the indicators of drug use disorder and childhood sexual abuse; and alcohol use disorder was positively connected to childhood physical abuse. Both abuse types were linked to harmful substance use behaviors. Kelly et al. (2014) further noted that, across the world, up to 30–60% of women offenders reported a substance abuse history; while there is a rate of up to 80% reported in smaller studies.

According to Saxena et al. (2014), while men tend to experience trauma following the development of a substance use disorder, it is more likely to precede substance abuse for women. There is a disproportionate representation of women, with a history of childhood physical and sexual abuse, in substance abuse treatment (Johnson & Lynch, 2013). For women, substance use and addiction are more likely to be initiated as a coping mechanism in response to victimization experiences and psychological distress (Asberg & Renk, 2012; Bowles et al., 2012; Fuentes, 2014; Javdani et al., 2011; Kennedy et al., 2016; Saxena et al., 2014; Scott, Coleman-Cowger, & Funk, 2014; Walker, 2011). And because of the connection between substance abuse and mental health, it is not surprising that imprisoned women tend to have more substance abuse problems than imprisoned men (Eytan et al., 2011). Of particular concern is that untreated substance use problems can create challenges when trying to address the victimization, trauma, mental health, and other unique needs of incarcerated females (Bergseth et al., 2011; Wolf et al., 2015). Similarly, when these other needs are not addressed, it may cause the

substance problems to increase. And given that both substance abuse and childhood abuse are prominent among criminal offenders, the risk for criminality and recidivism is significantly increased when these treatment needs are not met (Kennedy et al., 2016; Swogger et al., 2011; Tripodi & Pettus-Davis, 2013).

How Social Scientists/Researchers Have Previously Addressed Female Incarceration

Since the 1970s, a considerable amount of empirical data related to the increasing rate of female incarceration has been produced (Belknap et al., 2016; Lurigio et al., 2016). Researchers have also been able to identify several factors that have contributed to the ineffective treatment of female offenders (Asberg& Renk, 2014). To begin, the literature has historically been focused on male offenders (Andrews et al., 2012; Burgess-Proctor et al., 2016; Dinkel & Schmidt, 2014; Fuentes, 2014; Kelly et al., 2014; Covington, 1998; Covington & Bloom, 2006; Nuytiens & Christiaens, 2016; Österman & Masson, 2018; Solinas-Saunders & Stacer, 2017). Since the emergence of research centered on the feminist or gendered pathway to crime, in the 1980s, there has been a rising interest surrounding the notion that women have a separate and distinct pathway to crime that is different from men. Specifically, this body of research has increased the understanding of the gendered risk factors that contribute to female offending by exposing the ways that each risk factor shapes these routes. For example, researchers are now assessing the nature and strength of associations between trauma and offending (DeHart et al., 2014). Women who were abused or neglected as children are twice as likely to be arrested as adults than women that have not been abused.

Scientific studies have also noted the tendency to address the needs of incarcerated women by using care models and interventions that were developed for men (Bove & Tryon, 2018; Rebecca; Chambers et al., 2011; Finfgeld-Connett & Johnson, 2011; Fournier, Hughes, Hurford, & Sainio, 2011; Kennedy et al., 2016; Kubiak et al., 2015; Mak, Ho, Kwong, & Li, 2018; Saxena et al., 2014; Spjeldnes et al., 2014; Walker, 2011). It is overwhelmingly clear from the data that the path to incarceration for women is different from that of their male counterparts. Thus, the research stresses that there is a need for programs that address the factors that precipitate female offending such as childhood trauma, victimization, substance abuse, and mental disorder. It has been proven that decreased rates of recidivism, substance use, and mental health issues are positively correlated with these types of interventions (Bergseth et al., 2011; Messina et al., 2012; Spjeldnes et al., 2014; Wolff et al., 2012).

It has been further argued that strategies developed for the treatment of male offenders should not automatically be used with female offenders (White, 2012). Traditional approaches to treating incarcerated individuals have been described as more punitive than rehabilitative (Epperson et al., 2013). While there is much scientific knowledge about the links between criminality, childhood trauma, experiences of interpersonal violence in adulthood, substance abuse, and mental illness, societies continue to punish women instead of treating them. This has led to research and interventions that have solely defined incarcerated women as “criminals” instead of focusing on their unique experiences and needs.

Marcus-Mendoza (2011) argued that many prison-based treatment approaches have been based in cognitive-behavioral theory and primarily focus on the defective thinking patterns that have resulted in the criminal behaviors of these incarcerated women. A strength of this approach is that individuals are required to assume ownership for their behaviors and a subsequent responsibility for changing them. But, this is in opposition to what has been learned about women and their unique pathways to criminality. In the absence of an approach that addresses the issues that contribute to female incarceration, women often return to their communities and do not possess the tools and skills to change their lives (Marcus-Mendoza, 2011). Ultimately, punishment in lieu of treatment results in repeat offending and reincarceration (Saxena et al., 2014).

Suggested Interventions for Addressing Female Incarceration

A central argument of proponents for the use of feminist-based theories as a framework for addressing the problem of female incarceration is that women have different lifespan experiences than men (Bloom, Owen, & Covington, 2003; Brennan et al., 2012). It has consistently been reported that incarcerated women endorse higher rates of mental health problems and interpersonal violence than do incarcerated men (DeHart et al., 2014; Jones et al., 2018). Additionally, it is more likely that women will be incarcerated for issues related to substance use and they are less likely to be charged with a violent crime. Despite these distinct variances between incarcerated men and women in their rates of experiencing intimate violence exposure, health problems, substance use, and mental health concerns, it has been asserted that the majority of programming for female offenders is not developed to address the unique experiences of women or to

respond to their criminogenic needs (Lynch et al., 2012; Mak et al., 2018). The following Section will identify suggested interventions and approaches for those providing services to incarcerated women.

Gender-Responsive Treatment and Interventions

With the increasing population of incarcerated women juxtaposed by a decrease in the rate of incarcerating men, it has been considered that there should be a greater emphasis on the needs of women (Fournier et al., 2011; Jung & LaLonde, 2016; Spjeldnes et al., 2014). Women involved in the criminal justice system present with high rates of risk factors associated with violence, including mental health issues, substance use, unhealthy anger expression, and trauma histories (Saxena et al., 2014). Additionally, women offenders differ from male offenders in their motivation and frequency of violence (de Vogel & Nicholls, 2016). Furthermore, the crimes for which women are incarcerated also differ from men. Women tend to commit status offenses and drug-related crimes, while those of men tend to be more violent in nature (Covington, 1998; Smith, 2017). Given the differences between women and men involved in the criminal justice system, there is a need for gender-responsive treatment (GRT) and interventions (Aday et al., 2014; Bartlett et al., 2015; Burgess-Proctor et al., 2016; Emerson & Ramaswamy, 2015; Finfgeld-Connett & Johnson, 2011; Kubiak et al., 2015; Mak et al., 2018).

According to Bloom and Covington (2000), GRT includes “creating an environment that reflects an understanding of the realities of women’s lives and addresses the issues of the women” (p. 11). Bloom et al. (2004) further describe GRT as “creating

an environment through site selection, staff selection, program development, content, and material that reflects an understanding of the realities of the lives of women and that addresses and responds to their strengths and challenges” (p. 42). Thus, gender-responsive treatment is explicitly intended to meet the complex, multi-faceted needs of women (Messina et al., 2012). As a result, GRT seeks to focus on trauma, mental health issues, and substance abuse through a broad range of integrated services (Saxena et al., 2014). As previously stated, gender-responsive treatments have a proven efficacy in reducing recidivism and other negative outcomes associated with women’s pathways to incarceration (de Vogel & Nicholls, 2016).

Gender-responsive treatment approaches to treatment have a number of strengths. To begin, GRT focuses on the unique needs of women and their pathway to crime (Bloom & Covington, 2000; Covington & Bloom, 2006; Saxena et al., 2014). This promotes the development of interventions that specifically focus on the factors that are related to women’s offending. Marcus-Mendoza (2011) emphasized that GRT includes women in the treatment planning process. While past approaches encouraged centered on the recommendations of “experts,” GRT offers women the opportunity to build skills and increase self-efficacy. A weakness of this approach is that there is a need for more scientific study and documentation of program outcomes in practice settings (White, 2012). In addition, there is a need for more professionals to be trained in the principles and practices of GRT approaches (Covington & Bloom, 2006).

Helping Women Recover (HWR) is a gender-responsive treatment model that was specifically designed to address the needs of female offenders in correctional settings

(Covington, 2002). The Program is currently used in both community-based settings and institutions. HWR provides a safe and nurturing environment in which women can recover from trauma and chemical dependency. This Model addresses the foci for comprehensive treatment identified by the Center for Substance Abuse Treatment (CSAT) while also integrating the theoretical perspectives of trauma, addiction, and women's psychological development.

In a randomized control pilot study, Messina et al. (2012) compared standard mixed-gender with gender-responsive drug court outcomes. From the sample of 150 female drug court participants, each individual was randomly assigned to either the gender-responsive (GR) drug court or the standard mixed-gender drug court groups. For the gender-responsive group, only women could participate, there were women-only facilitators, and the Helping Women Recover curricula was combined with another curricula called Beyond Trauma. Both groups had a completion rate of about 58%. Treatment group participants had a consistent decrease in the measured PTSD symptoms, while those in the comparison group reported an increasing rate of re-experiencing the traumatic event during the time period from baseline to follow-up. Both groups reported a significant reduction in drug use measured. The sole limitation of this study was that there were varying levels of fidelity within the GR treatment protocol.

Trauma Informed Care

Findings in neuroscience have also determined that significant alterations occur in both structure and function in a developing brain with exposure to major childhood trauma (Muskett, 2014). Trauma theory suggests that "early trauma influences both

perceptions of and reactions to life events and that exposure, particularly early or ongoing exposure, to traumatic events can result in repressed anger and the use of alcohol and other drugs” (Kubiak et al., 2015, p. 335). Studies assessing the specific needs of female offenders have consistently shown an extensive history of abuse and trauma throughout the lives of these women and these factors have repeatedly been identified as primary issues that negatively impact women’s lives (Messina et al., 2014). In light of this, there is the belief that professionals who are serving incarcerated women should implement trauma-informed practice and care strategies in their daily routines.

A woman’s experience of trauma, coupled with a substance use disorder, can make it very difficult to engage and retain them in treatment (Knight, 2015; López-Castro, Hu, Papini, Ruglass, & Hien, 2015). Consequently, women who present with this complex combination of clinical care needs tend to relapse into their substance use quicker and to have poor outcomes than their counterparts that do not report a history of trauma. Trauma-informed care systems understand the impact of victimization and violence on the social, psychological, biological, and neurological development and functioning of an individual (de Vogel & Nicholls, 2016; Kusmaul, Wilson, & Nochajski, 2015; Levenson & Grady, 2016). In contrast to trauma-specific interventions, a trauma-informed setting is created when the staff and patients collaborate as a team to work towards the goals for recovery. In this environment, services are provided in a manner that considers the unique needs of trauma survivors. The purpose of trauma-informed care practices is to minimize the likelihood of re-traumatizing individuals that have already been negatively impacted by the prior victimization (Miller & Najavits, 2012).

The Sanctuary Model is an organizational culture intervention that was designed to address the issues of trauma, substance abuse, and mental health (Covington, 2002). It helps clients, staff, and communities to develop behaviors, processes, and structures that can counteract the multi-faceted wounds faced by the survivors of traumatic experiences (Bloom, 2011). In order to improve organizational culture, the Sanctuary Model educates staff on how stress and trauma impact behavior; and provides tools for modifying individual and group behavior. The aim is to encourage staff to view client behavior as the outcome of injury instead of viewing it as derogatory (Esaki et al., 2013). This Model can be implemented either in outpatient or inpatient environments to facilitate recovery for trauma survivors as they work towards individual empowerment and safety.

Integrated Treatment Approaches

Given the associations between trauma, mental health issues, and substance use, many researchers have advocated for the use of integrated treatments that address these issues simultaneously (Lynch et al., 2012). In the past, substance abuse treatment programs have not assessed the presence and impact of trauma in the lives of women or they have sought to treat the unique needs of women in environments that addressed them separately/sequentially (Blakely & Bowers, 2014; Covington & Bloom, 2006). Despite the knowledge that PTSD is highly correlated with substance use, many practitioners have been concerned that addressing the trauma and substance use within one treatment program might trigger relapse and place clients at risk for further exposure to adverse experiences (Messina et al., 2014). As a result, many clients that present with complex needs, such as trauma and substance abuse, have been denied care or simply do not have

access to effective treatment options. This has contributed to higher costs and poorer outcomes (Sacks et al., 2013; Wolf et al., 2015).

Emerging data has shown, however, that the best method of treating both trauma and substance abuse is by utilizing an integrated approach (Kubiak et al., 2011; Salina et al., 2011). This means that the same practitioners would treat both disorders at the same time. According to Lenz, Henesy, and Callender (2016), a number of studies have used such indicators as decreased PTSD symptoms, attendance and retention in treatment, and reduction in substance use to support the increased effectiveness of an integrated approach. An integrated treatment approach allows practitioners to effectively address both presenting problems as well as increase the clients' understanding of how the disorders are related (Sacks et al., 2013).

Seeking Safety (SS) was developed for the treatment of individuals with co-occurring substance use and PTSD symptoms (Lenz, Henesy, & Callender, 2016). This Model was formulated on the basis of cognitive behavior principles and can be used both with individuals and in group settings. A fundamental precept of SS is the idea that co-occurring substance use and PTSD disorders are best treated through an integrated approach as this has been proven to be more effective and to produce better results when compared with approaches that address each disorder individually (Najavits et al., 2006; McKee & Hilton, 2019).

There is a significant amount of empirical data to support the use of SS with multiple populations, including adult survivors of childhood sexual abuse, incarcerated women, military veterans, and adolescent girls. Lynch, Heath, Mathews, and Cepeda

(2012) compared a sample of 55 waitlisted women with that of a sample of 59 women that were participating with the SS intervention. All study participants were from a state prison that housed both maximum- and minimum-security inmates and each had been incarcerated for at least 14 months. To be eligible for study participation, inmates had to have both a history of trauma and a history of substance use disorder as well as PTSD symptoms that were moderate to severe. Prior to beginning treatment and at 12 weeks later, participants completed screening measures that assessed trauma, substance use symptoms, and PTSD symptoms. The majority of inmates endorsed multiple trauma experiences. About 81% indicated symptoms of depression and 62% reported symptoms that were consistent with severe PTSD. The authors noted, however, that this study was not taken from a random sample, there were only two measurement periods, and there was some potential contamination between the waitlist and treatment groups. These issues may affect generalizability.

Restorative Justice

“Restorative justice is a theory of justice that emphasizes repairing the harm caused or revealed by criminal behavior. Restoration is best accomplished through inclusive and cooperative processes” (Mahmood, Vaughn, & Tyuse, 2014, p. 596).

Restorative justice has been established as an intervention with clearly defined benefits for both victims and offenders. It emphasizes direct communication between the offender and their victim, often through an in-person conference (Osterman & Masson, 2016). Restorative justice allows offenders the opportunity to explain what they have done, assume responsibility for their actions, and to make amends. Victims and

community members (when appropriate) also have the chance to describe the actual impact and consequences of the crime. The ultimate goal of restorative justice is to facilitate a positive and successful return to full community membership and participation for the offender.

The majority of research and empirical data regarding the use of restorative justice conferences focuses on men and male sample populations (Miles, 2013; Österman & Masson, 2018). Given the knowledge that women and men have different offending patterns as well as different motives for engaging in criminal activity, it has been argued that restorative justice processes can be of significant value when addressing issues with female offenders. Osterman and Masson (2016) noted that women may be more impacted by restorative justice in light of its focus on interpersonal relationships, empathy, listening, mutual responsibility, and forgiveness. And when we consider that women - more often than men – are both victim and offender, restorative justice allows female offenders to gain a broader understanding of their actions and the related consequences in the contexts of both roles. But, Miles (2013) cautions that the potential benefits of restorative justice with female offenders can also have contiguous risks. If not administered appropriately, restorative justice can exacerbate existing mental health problems for women, reinforce shame and stigmatization, and increase vulnerability to power imbalances and stereotypes. In addition to this, Osterman and Masson (2018) found that a deterioration in mental health status was specific to women and that it was associated with an increased risk of self-harm.

Key Variables/Concepts Included in this Study

This study examined the issues and challenges faced by clinical social workers in providing treatment to incarcerated women with a history of trauma. For many years, the rate of female incarceration has continued to increase and this phenomenon has created a number of social problems for the female offenders, their children and families, as well as the criminal justice and child welfare systems. There are clear and consistent connections between female offending and women's histories of trauma and victimization, mental health issues, and substance use disorders. In light of this, the pathway to female incarceration is theorized as a unique, complex intersection between several factors that increase the likelihood that women will engage in criminal offending/repeated criminal offending. Thus, it has been argued that practitioners must use care and practice approaches that consider the impact of trauma in the lives of these women. With this in mind, key variables for this action research project included the following: childhood sexual abuse, clinical social workers, female/women offenders, gender-responsive approach, PTSD, sexual traumatization and childhood sexual abuse, sex/gender, and serious mental illness (SMI).

Crable et al. (2013) noted that their review of the literature did not produce a universal definition of childhood sexual abuse. These authors included a discussion that characterized childhood sexual abuse as sexual exploitation of a child by another person through physical contact as well as exposure to voyeurism and pornography. The Child Welfare Information Gateway (2016) defined childhood sexual abuse as the following:

The employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or the rape, and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children (p. 2).

Clinical social workers are required to complete graduate education and a training practicum with supervision by a licensed practitioner (Maschi & Killian, 2011). In correctional settings, clinical social workers apply their knowledge and training to the law and legal systems. In this capacity, clinical social workers focus on the assessment, diagnosis, and treatment of offending and risk behaviors as well as the capacity and motivation of the individual to recover (Sheehan, 2012).

For the purpose of this Study, the terms “female offenders” and “women offenders” were used interchangeably. In their systematic review and meta-analysis of the effectiveness of services provided to women offenders, Bartlett et al. (2015) defined “women offenders” as “women, aged 18 and over, in forensic health services and the criminal justice system, both in institutions and discharged offenders living in the community” (p. 135). In their Study, Wolff et al. (2012) also included women that were 18 years and older that resided at a correctional facility for adults. This scope for viewing women that are involved in the criminal justice system is used to define the population that is referred to in this action research project. When considering women

that are 18 years or older and confined to jail or prison settings, this Study uses the term “women inmates.”

The term “gender-responsive” refers to treatment and services that have the goal of fostering growth in women with the ultimate purpose of improving psychological functioning and emotional well-being (Aday et al., 2014; Bartlett et al., 2015; Burgess-Proctor et al., 2016; Kubiak et al., 2015). Gender-Responsive approaches encourage the use of treatment environments that are same-gender and non-confrontational and that include programming that is nonhierarchical. Gender-responsive treatment is often implemented through the use of a manualized program - comprised of participant workbooks and facilitator guides – where counselors and facilitators are female.

Post-Traumatic Stress Disorder (PTSD) is an anxiety disorder that often occurs as the result of a psychologically and emotionally distressing experience or event (Saxena et al., 2014). The individual’s reaction to the incident must include helplessness and intense fear (Messina, 2012). The symptoms of involve avoidance of triggers or stimuli associated with the stressor, re-experiencing the traumatic event(s), hypervigilance, and feeling numb or estranged from others (Johnson & Lynch, 2013; Lenz et al., 2016; Messina et al., 2014).

Becker (2011) cited Steadman et al.’s (2009) definition of serious mental illness (SMI) as “major depressive disorder; depressive disorder not otherwise specified; bipolar disorder I, II, and not otherwise specified; schizophrenia spectrum disorder; schizoaffective disorder; schizophreniform disorder; brief psychotic disorder; delusional disorder; and psychotic disorder not otherwise specified” (p.17). In their discussion of

SMI, DeHart et al. (2014) also used this same author's definition. For the purposes of this Review, serious mental illness is interpreted with an understanding of the mental disorders that have been specified by these writers.

Sexual traumatization refers to the outcomes or consequences of a child's inappropriate and premature experience of sexuality through incest, molestation, rape, pornography, and other forms of sexual assault (Crabbe et al., 2013).

Convergence and Divergence of Study Findings

For women, study findings consistently indicate a significant connection between childhood abuse/victimization and subsequent problems such as substance use disorders, poor mental health conditions, and incarceration as adults (Lynch et al., 2017). In particular, it has been hypothesized that women use controlled substances to cope with the negative childhood experience(s) of trauma as well as the resulting mental health symptoms. Because of this, women tend to be incarcerated for crimes related to alcohol and drug use. This outcome was specifically supported in a qualitative study by Bowles et al. (2012). These authors secured data from a broader project examining the relationship of victimization to criminal offending in the life histories of a random sample of 60 women incarcerated in a maximum security facility. The study findings supported the connection between victimization and substance use and that between substance use and criminal activity. But, the data analysis also identified a direct relationship between women's adverse experiences beyond victimization and their substance use. This seemed to indicate that women not only used alcohol to cope with childhood victimization, but that these women also used alcohol and other drugs to cope with other adverse childhood

experiences such as the loss of a parent, family substance abuse, or with parental abandonment. While these findings reinforce prior study outcomes, they also raise the question as to whether substance use among incarcerated women is an indicator of childhood abuse/victimization. Given that women seem to use controlled substances to cope with adverse childhood experiences – regardless of the nature – is the subsequent substance use mediated by family of origin coping mechanisms, financial status/access to alternative coping options, environment, etc.? And, how do these variables intersect to develop a pathway towards incarceration for women?

In the previously mentioned study by Tripodi and Pettus-Davis (2013), these authors also identified a relationship between victimization, substance use, and mental health problems. Their findings, however, did not indicate that sexual abuse could significantly predict substance abuse as other study results have found within the general population. While mental health problems in adulthood were related to childhood sexual abuse, childhood physical abuse seemed to more effectively predict adulthood substance abuse. This is different from prior studies that have linked childhood sexual abuse with substance abuse in adulthood and problematic mental health problems in adulthood with physical abuse. Perhaps the outcomes of the Tripodi and Pettus-Davis (2013) study were different from studies conducted within the general population because of other mediating factors that may be prevalent among incarcerated women and not significant for those within the general population (i.e. access to support/resources, family of origin issues, financial status, etc.).

In terms of the suggested interventions and treatment approaches for use with incarcerated women, there is substantial support for gender responsive approaches. But, several of the reviewed studies noted limitations such as the lack of generalizability based on participant characteristics, protocol fidelity, lack of control/comparison group, and other factors that may limit generalizability. But, all consistently stated that there were significant improvements for the groups that participated with gender responsive approaches – specifically those that included an integrated focus on trauma, mental health, and substance use (Peltan & Cellucci, 2011; McKee & Hilton, 2019).

Gaps in the Professional and Academic Literature

There is a plethora of available scientific information that has increased the knowledge and understanding of the factors related to the surge in the rate of female incarceration. Many studies have focused on the unique path of women that leads to criminal offending as well as the specific variables that comprise their clinical profile. But, there is little information that explores the role of clinical social workers in providing treatment to female/women offenders. Social workers have historically provided services and support to vulnerable populations and are often providing mental health treatment in prison settings (Epperson et al., 2013; Levenson & Grady, 2016; Maschi & Killian, 2011). They're often required to provide psychotherapy, discharge planning, and case management to inmates who have a mental illness (Kita, 2011). But, with their person-in-environment education and training, social workers are also aware of the oppressive, systemic practices that also contribute to the plight of the individual. Thus, with their ability to combine therapeutic intervention and advocacy, clinical social

workers are ideal service providers for forensic populations (Sheehan, 2012). In light of this, there is a need to increase the knowledge and understanding of clinical social practice in correctional settings in order to improve treatment outcomes and reduce recidivism (Fedock et al., 2013; Harris, 2014).

Secondly, given that information that is specific to female offending is fairly recent, the treatment services that are being used to address the unique challenges of this population require more scientific data to support their efficacy (Ball et al., 2013; Lynch et al., 2012). Thus, there is a push for more research that evaluates the emerging evidence-based interventions that have been designed with a gender-responsive, trauma-informed, or other integrated focus to address the specific needs of women within the prison context (Kennedy et al., 2016). According to Wolff et al. (2012), several prison-based programs are currently being evaluated. This knowledge will inform clinical practice related to these interventions as well as determine whether their use produces the desired outcomes.

Summary

The rates at which women have been incarcerated has continued to increase since the war on drugs and the implementation of other policies and laws that were intended to inhibit the use and distribution of drugs. Given that women tend to commit non-violent crimes, they are primarily arrested and incarcerated for drug-related offenses. In light of this, it has been argued that these systemic changes are inherently gendered – meaning that women are disproportionately represented among those arrested for status offenses

and other non-violent crimes. Consequently, the number of imprisoned women has grown at rates that double and triple those of their male counterparts.

The majority of incarcerated women are mothers. A principal consequence of the increased rates of female inmates is that children become the unintended victims of maternal incarceration. Children of imprisoned mothers are more likely to be displaced from their homes and communities and to demonstrate poor coping and maladjustment. This often results in the children of incarcerated parents being at higher risk for engaging in anti-social and criminal behaviors. Furthermore, extended family members and community systems must assume responsibility for the care and custody of these children despite their own lack of resources.

Research has consistently identified the links between childhood trauma and negative emotional and mental health outcomes in adulthood. Studies have shown that incarcerated individuals report more traumatic experiences than those in the general population. Women, in particular, are more likely to face childhood sexual trauma and other forms of interpersonal violence throughout their lifetime. As a result, survivors of these traumatic experiences reported higher levels of mental health and substance use problems. These issues are not always addressed in jails and prisons due to the fact that many approaches to treating women's issues have been grounded in male-centered theories and interventions.

Gender-responsive treatment (GRT) has emerged as an effective alternative to traditional approaches aimed at rehabilitating female offenders. This Approach considers the unique pathway of women to criminality and incarceration. GRT involves women in

the treatment planning process and empowers them to make the changes that are needed in order to successfully transition to and remain in their communities upon release from prison.

While social workers are prepared to work with disadvantaged populations, they may not feel adequately trained to implement the recommended approaches for meeting the unique needs of women. Given that social workers are often employed by prisons and criminal justice systems, it is important to understand the challenges they face in providing services to imprisoned women. From the perspective of clinical social workers in the criminal justice system, this action research project will increase the knowledge and understanding of these barriers. By including their voices in empirical studies, we can improve the capacity of clinical social workers to provide incarcerated women with the services that reduce the likelihood of continued substance abuse, poor mental health, and criminal recidivism.

Section 2: Research Design and Data Collection

Women have been incarcerated at increasing rates over the last 15 years (Fedock et al., 2013; Fritz, & Whiteacre, 2016; Heidemann et al., 2016). Although the total number of female convicts has not exceeded that of their male counterparts, women are the fastest growing segment of the prison population, and the rate at which they have been incarcerated is greater than that of men (Bergseth et al., 2011; Bove & Tryon, 2018; Cobbina & Bender, 2012; Dinkel & Schmidt, 2014). Furthermore, repeat offending among female offenders is also of concern. According to Herbst et al. (2016), among prisoners released between 2005 and 2010, more than half (58.5%) of female inmates were rearrested for at least one new crime within 3 years, and 68.1% were rearrested within 5 years.

Women have a different pathway to incarceration than men (Kubiak et al., 2012; Liddell & Martinovic, 2013). Women are less likely to be incarcerated for violent crimes, and the majority of female prisoners report that their offense(s) and subsequent imprisonment is due to drug-related crimes (Javdani et al., 2011; Liddell & Martinovic, 2013; Women's Prison Association, 2011). Women require an approach to rehabilitation and to treatment that is also different from that of men (Bloom et al., 2004; White, 2012).

Social workers will most likely be the primary providers of treatment services within correctional facilities and with forensic populations (Epperson et al., 2013; Levenson & Grady, 2016; Maschi & Killian, 2011). Therefore, it is important that social work practitioners understand the pathway to offending and incarceration for female offenders as well as the recommended treatment practices and protocols. However, there

is a lack of access to gender responsive social services in prisons that address the needs of women inmates. This leads to poorer treatment outcomes and higher rates of recidivism among female offenders (Fedock et al., 2013). The purpose of this study was to understand the challenges faced by clinical social workers in providing services to imprisoned women.

Section 2 of this study includes the following sections: research design, methodology, data analysis, and ethical procedures. I present the social work practice problem along with the research question that was addressed in this study. The design of the study and overall approach or methodology for conducting it are also described. I identify the general method of collecting study data and define and describe variables, concepts, constructs, or outcomes that comprised the data collected in the project. This section also includes a description of the study participants, the data collection tools and/or instruments, and the nature of any existing data related to the research problem. I provide a description of each source of data collected along with how the information was analyzed to answer the research question including any software used for analyses. The methods used to address the rigor of the study are also discussed. Finally, in the ethical procedures section, I address issues related to the IRB approval process, informed consent procedures, methods used to ensure ethical protection of participants, and measures for protecting the collected data.

Research Design

Social Work Practice Problem and Research Questions

Since the 1970s, scientific studies have increased the knowledge of the factors related to female offending and incarceration (Belknap et al., 2016). Women are primarily arrested and incarcerated for crimes related to drugs (Bowles et al., 2012; Javdani et al., 2011; Kennedy et al., 2016; Liddell & Martinovic, 2013; Messina et al., 2012; Miles, 2013; Rose et al., 2014; Women's Prison Association, 2011). Additionally, high rates of mental disorder and drug and alcohol addictions have been reported among incarcerated women (Salina et al., 2011). Many female offenders use drugs to cope with the emotional and psychological symptoms related to the trauma(s) and interpersonal violence that they experienced during childhood, as an adult, or both (Asberg & Renk, 2012; Peltan & Cellucci, 2011). Proponents of feminist and pathways theories argue that the rehabilitative foci, for women offenders and inmates, should not be grounded in theories and practices that were historically developed to meet the needs of male criminals (Burgess-Proctor, 2012; Fedock et al., 2013; Hanser et al., 2011; Kennedy et al., 2016; Kubiak et al., 2012; Liddell & Martinovic, 2013). Both gender-responsive approaches and trauma-informed practices are essential in meeting the needs of female offenders (Bloom et al., 2004). However, some practitioners may not feel that they are adequately trained to provide the services that have been identified as best practices for use with women in the criminal justice system. This has resulted in the use of ineffective treatment protocols that have failed to reduce the likelihood of repeat offending and reincarceration among women convicts (Asberg & Renk, 2014; Fedock et al., 2013).

The targeted Midwestern state has one facility to house female inmates. Over recent years, there has been concern that prisoners within the targeted Midwestern state's women's prison have been subjected to poor living conditions due to overcrowding. A potential means of addressing this problem is to reduce the number of women inmates being housed at the state women's prison through the prevention of repeat offending and the reincarceration of female offenders.

Given the knowledge of the factors related to female criminality, service provision is a key aspect of providing women inmates with the needed tools for minimizing the likelihood of criminal recidivism (Mejía, Zea, Romero, & Saldívar, 2015). It is necessary to understand the challenges faced by clinical social workers in providing treatment and interventions to women inmates within the targeted Midwestern state. Furthermore, when considering the likelihood that many female prisoners will have both a mental disorder and an alcohol or drug addiction, the research question for this action research project was as follows: What are the issues and challenges of providing clinical social work services to female offenders in the targeted Midwestern state?

Study Design and Overall Methodology

Stringer (2007) noted that action research is an effective means of helping individuals to resolve the complex issues, within their particular job setting, to increase the sense of meaning and fulfillment gained from their work. Unlike traditional approaches to scientific study, action researchers focus on generating knowledge that can be applied in local contexts as opposed to focusing on data that can be generalized. Those engaged in participatory action research (PAR) emphasize learning with

disenfranchised individuals and groups instead of learning about them (Fields, González, Hentz, Rhee, & White, 2008). In this research model, there are conjoint study efforts among researchers, study participants, and other stake holders regarding concerns of mutual interest. PAR engages people who would typically have a sole function as the objects of study in the design and implementation of the research project so they may facilitate change in their own lives and situations (Matthew & Barron, 2015).

The purpose of this study aligned with the approach/methodology that was used in this study because it included the participants, clinical social workers within the targeted Midwestern state, in the research process by providing them with the opportunity to identify the problems and solutions to address the challenges within their own work environment. I sought to recruit five to 10 social workers as possible interview candidates who had provided and/or were currently providing services within the targeted Midwestern state. The study participants/clinical social workers were empowered to apply the knowledge gained from their practical experiences to promote social change within their own work environment and increase job satisfaction.

Incarcerated women are both disenfranchised and vulnerable. Branom (2012) noted that action research has been viewed as a form of social work research that aims to liberate people from the oppression that characterizes many social systems. By interviewing the clinical social workers who provide or have provided direct services to female inmates, the insight into the systemic challenges and barriers that have contributed to the oppression and marginalization of female offenders will be improved. With a broader understanding of the systemic issues that have contributed to increasing rates of

female incarceration, this study approach enhanced the ability to more effectively minimize the practices that have perpetuated the victimization of female offenders instead of providing them with the tools to avoid repeated criminal acts and reincarceration.

Operational Definitions

Some of the operational definitions for key aspects of this action research project included the following: action research/participatory action research, clinical social worker, dual-diagnosis, female/women offenders, gender-responsive treatment and approaches, and PTSD. These terms were defined as follows:

Action research/participatory action research: A collaborative approach to investigation that allows people to systematically resolve problems (Stringer, 2014). Action researchers do not seek to solve all problems, but provide a means through which people can better understand their situations to effectively develop solutions to the problems they face.

Clinical social worker: An individual who has completed graduate education and a supervised training practicum with a licensed practitioner in the field of social work/clinical social work.

Female/women offenders: Females, aged 18 and over, who have previously and/or are currently involved in the criminal justice system.

Gender-responsive treatment and approaches: Interventions and services that have the goal of fostering growth in women with the purpose of improving psychological

functioning and emotional wellbeing (Aday et al., 2014; Bartlett et al., 2015; Burgess-Proctor et al., 2016; Kubiak et al., 2015).

Post-traumatic stress disorder (PTSD): An anxiety disorder that often occurs as the result of a psychologically and emotionally distressing experience or event (Saxena et al., 2014).

Methodology

Prospective Data

The study data were collected through audio, individual interviews with present and former clinical social workers who had been employed within the targeted Midwestern state. When necessary, I contacted study participants for follow-up questions via e-mail. Once the IRB approval was obtained, consent was acquired from all participants prior to the initiation of any data collection efforts. All interviews were conducted by me and digitally recorded with the permission of the interviewee.

The variables that comprised the data collected in the project included social worker perceived knowledge and preparedness for providing clinical services to incarcerated women, challenges clinical social workers face when implementing interventions in prison settings with women, and awareness of current trends and research related to female offenders/incarcerated women. The two theoretical frameworks for study were feminist and pathways theories. Other terms and ideas for exploration were gender-responsive treatment and services, trauma, PTSD, and dual diagnosis. Finally, data collected from the clinical social workers provided insight into what they perceived

as the needs of incarcerated women as well as their beliefs concerning the effectiveness of the clinical interventions and approaches they used to address these needs.

Participants

Initially, clinical social workers at the women's prison within the targeted Midwestern state were the identified population for study participation. After contacting staff and officials within the prison to provide information about the study, I was denied access to employees. Following this, the doctoral committee chair and I discussed alternate options to recruit study participants. After reviewing Walden's guidelines, it was determined that the target audience should be broadened to include clinical social workers throughout the entire Midwestern state whom had served female offenders within the 5 years prior to study participation. Criteria for study participant selection also included clinical social workers who had completed an MSW degree, were licensed to provide clinical social work services in the targeted Midwestern state, and had provided direct client services for at least 1 year. The size of the study population was seven clinical social workers. This sample population aligned with the study questions in that the focus was on understanding the issues and challenges faced by clinical social workers when providing clinical treatment services to incarcerated women.

To recruit study participants, I began by making contact with my own professional and personal associates who had existing connections with potential candidates for the sample population. Given that I had provided clinical social work services at the targeted Midwestern state's women's prison, I was affiliated with supervisors and other workers who maintained current relationships with possible study

participants. I requested that potential study participants be provided with my e-mail address and/or phone number. I also contacted the warden and other staff at the women's prison within the targeted Midwestern state as well as those at local agencies that provided contractual social work services at the study site. These individuals were presented with general information about the study and were asked to participate in and/or to recommend and refer others for study participation. Due to challenges with recruitment, I also sought IRB approval to offer a \$25 Amazon gift certificate as an incentive. From that point, the primary methods of recruitment were via personal referral, online platforms, and social media.

I made every effort to include participants with varying ranges in their time of employment. This provided information from clinical social workers who were new to practicing with a forensic population as well as those who were more experienced. The goal was to understand whether clinical social workers felt prepared to address the needs of female offenders when entering the career field or whether this knowledge was obtained through practice. Data obtained from individuals having varying employment periods can help to inform the development of social work education and training curriculums as well as supervisors who must monitor and coach clinical social workers during their practice.

The participants recruited for this action research study were a convenience sample. Illiceto et al. (2012) noted that a convenience sample can be useful for exploratory and preliminary studies when a nonrandom sample is the only feasible alternative. Given that the purpose of the research was to understand the challenges

faced by clinical social workers who are providing services within the targeted Midwestern state, using a convenience sample generated knowledge and information was directly related to the research question.

Instrumentation

I developed a data collection tool that covered key topics to include trends among the study population, preparedness and training for clinical social work practice, and practice outcomes (please see Appendix A). The following is a sample of the questions posed to study participants (please see Appendix A for the entire listing of potential survey questions):

1. What do you know about the current trends among female offenders and incarcerated women?
2. What do you know about the reason(s) for the increase in the numbers of women that are imprisoned?
3. To what extent do you feel prepared to work with female offenders and imprisoned women? Why?
4. What are the top 3 things that are crucial for a social worker to know when providing clinical services to female offenders?
5. What are barriers to achieving the desired results and outcomes when working with imprisoned women?
6. What are the needs of this population post incarceration?
7. What should policy makers understand about female offenders/incarcerated women?

Data Analysis

The information collected during participant interviews was recorded digitally and transcribed. I reviewed for accuracy. Both the information collected during the interviews and the transcriptions was maintained on a password-protected computer. McNiff (2016) noted that the data coding process should begin with the researcher reading through the entire data archive at least two to three times. While reading through the data, I allowed patterns, ideas, and core themes to emerge without the influence of preconceived assumptions and expectations (see Taylor-Powell & Renner, 2003). This was achieved by reviewing the data with the research question in mind but avoiding the tendency to make conclusions about the meaning of the data prior to reviewing the archive in its entirety. Once these patterns and core themes became apparent, I identified and named broad categories or codes for analysis as they related to the research question (see Green et al., 2007). Each code received a name, a description, and inclusion and exclusion criteria (see Syed & Nelson, 2015). Following this, I reviewed the data to identify smaller units of analysis as they related to the broader categories (see Thomas, 2006). I then worked back and forth to contract and expand the categories as the analysis process continues. Coding proceeded until the themes and patterns became repetitive or I observed that there was no additional information within the data that was relevant to the categories and units for analysis. Once the data were coded, I interpreted the data by determining the meaning of the various units of analysis (see McNiff, 2016). Both the research participants and the validation group assisted with the process of data interpretation. No software was used to analyze or interpret the data.

Given that there are often time constraints involved with qualitative data analysis, I set exclusion criteria (Vaughn & Turner, 2016). For example, if there were questions that did not provide information that was key to answering the research question, the validation group and I determined whether it should remain uncoded (Thomas, 2006). While excluded questions may not be a source for of information for analysis, they provided anecdotal evidence and direction for future research inquiry.

Credibility and Trustworthiness

The methods that were used to address credibility were member checking and a validation group (Stringer, 2007). Member checking allowed participants to review the collected data, analyses, and any documents and reports generated by the research process (Barusch, Gringeri, & George, 2011; Morse, 2015). In this way, participants were able to clarify and verify their information as well as determine whether the research accurately reflected their experiences and perspectives (Thomas, 2006). Secondly, a validation group consisting of the committee chair (Dr. Peter Meagher) and doctoral colleagues reviewed the transcripts to identify themes and to aid in the process of validation (McNiff, 2016). I also used other scientific studies and reports to enhance the analysis and interpretation of the collected data.

Though action research is not primarily focused on the generalization of research data, this does not mean that study outcomes cannot be applied to individuals that are not involved in the research process. Thick description and rich detail are essential components when determining generalizability or transferability (Morse, 2015). When there is an abundance of data, it is natural for key issues or examples to overlap. This

resemblance allows the researcher to observe instances of replication. Thus, thick description and rich detail contribute both to internal reliability as well as to the transfer or use of survey results in understanding other populations (Syed & Nelson, 2015). Barusch et al. (2011) further stated that thick description incorporates acute details related to the researcher's work in order to allow the reader to determine whether or how they might apply the information to other contexts, people, times, and places. Thick description can include the use of well-developed interpretations, descriptive phrases, direct quotes, and the authors' own words to convey the researcher's experience, the environment, a sense of the participants, and other details that were central to the study.

Ethical Procedures

I obtained IRB approval for this action research project on 2/27/2018. The approval number is 02-27-18-0143655.

Informed Consent Procedures

Study participants received an informed consent document, electronically, that described the purpose of the research study, their role, and how their information would be protected, stored, reported, and used in any other manner. This document also emphasized that participants had the right to refuse to participate in the study and that they could end their participation, at any point during the data collection process, without any negative consequences. Participants were asked to review this document, sign (if they consented to study participation), and return it to me through electronic means. The informed consent document was maintained in a secure location along with other documents related to the research study (please see Appendices).

Participant identification was maintained until all data collection efforts were complete. Then, all personally identifiable information was concealed and only aggregate data was used within all documents and presentations. I did not share any information that personally identified individual study participants.

Ethical Protection of Participants

As previously stated, IRB approval was obtained prior to the collection of any data from potential study participants. Study participants were subsequently provided with an informed consent document. The informed consent document informed participants of their rights, the voluntary nature of study participation, and the risks and benefits to them. To protect the privacy of study participants, personal information was removed from written survey documentation.

Nature of Data Access, Protections, and Dissemination

Study data was not anonymous because I was required to contact study participants for additional information. Each study participant was, however, assigned a numerical identification code that I maintained on a master list. Only the numerical identification code was attached to the actual survey document and any other written correspondence that I maintained. Once the data collection efforts ceased, the master list that contains personally identifying information was destroyed. Every effort was made to protect the identities of the participants.

Data was stored in my primary residence on a password protected computer. No one had access to the data without my permission. The study findings were disseminated in written documents and in public presentations – without the use or sharing of any

personally identifying information. At some point, the data may be used for future study, teaching, and/or training purposes; therefore I cannot determine when data will be destroyed. But, personally identifying information was removed from individual surveys once all data collection efforts ceased.

Summary

The increase in female incarceration, over recent years, has become a social problem of focus for rigorous scientific study. The rates of imprisonment for women have surpassed that of their male counterparts. Both feminist and pathways theories have found that women have a unique path to incarceration and their needs cannot be addressed through interventions and services that were developed to rehabilitate men. Thus, advocates for female offenders and women prisoners have argued that a gender-responsive approach is needed in order to improve outcomes for imprisoned women and reduce the likelihood of repeat offending and reincarceration. But, many direct treatment providers do not have the knowledge and training that is required to effectively provide services to

This research study was implemented through the use of a participatory action research method. A total of seven (7) clinical social workers that currently or previously provided clinical treatment services to female offenders, within the targeted Midwestern state, were recruited as study participants. Participants were provided with an informed consent document prior to engaging in data collection. The identity of study participants and all personally identifying information is confidential and only group analyses was reported in study outcomes, documents, and presentations. Study data was analyzed

through the use of a coding system. Member checking and data/process review by a validation group were used to address the rigor of the study.

Section 3: Presentation of the Findings

The targeted Midwestern state has one prison for female inmates. Overcrowding of this facility resulted in allegations that this prison did not have the capacity to adequately manage its facility and prisoners. It is not sufficient to address the inadequacies of the physical building. Given that the negative consequences of female incarceration and imprisonment span far beyond the challenges of the prison facility (ies) alone, the focus must also encompass a discussion of how female offending/repeat offending can be prevented. The field of social work must build upon its current base of knowledge and understanding of the issues that contribute to female offending as well as those factors that decrease the likelihood of recidivism.

Female offenders have needs that often emerge in the context of their past experiences of trauma and victimization (Lynch et al., 2017; Wolf et al., 2015). Whether faced as a child or as an adult, these issues are related to the emergence of mental health disorders and substance misuse among female offenders and are often correlated with female offending (Mejía et al., 2015). It is likely that social workers will be expected to provide clinical services to female offenders within the parameters of these diagnoses and treatment needs. The purpose of this participatory action research project was to explore the challenges faced by clinical social workers, within the targeted Midwestern state, when providing clinical treatment services to female offenders. Therefore, I addressed the following question: What are the issues and challenges of providing clinical social work services to female offenders in the targeted Midwestern state?

Section 3 of this study includes the data analysis techniques and findings. In the data analysis techniques section, I will provide the time frame for data collection, data analysis processes, validation procedures, and study limitations or problems. The findings segment includes characteristics of the sample population, an analysis of the findings and how they answer the research question, a discussion of how findings impact the social work practice problem focused on in this study, and any unexpected findings.

Data Analysis Techniques

Time Frame for Data Collection and Recruitment

Recruitment for this project began in March 2018 after I received Walden IRB approval to conduct the study. I posted a flyer on multiple social media outlets and distributed both the flyer and invitation letter by e-mail. I also contacted individuals who might be able to provide the flyer and invitation letter to potential study participants through their own professional networks and social media platforms. Lastly, I circulated both the flyer and invitation letter to professional social work groups such as the local branch of the NASW within this Midwestern state. The geographic region for targeted recruitment was initially focused in the county nearest to the state women's prison. Due to participation conflicts and difficulty with recruitment in this county, these efforts were then expanded to include the surrounding counties as well as those throughout the entire state. Once I was contacted by potential study participants, I provided them with detailed study information, including eligibility criteria, by phone and/or e-mail (see Appendix F). There were 12 individuals who responded, and seven were interviewed.

The data for this study were collected over a period of approximately 3 months via recorded, individual phone interviews with six master's level social workers and one bachelor's level social worker. The first interview was completed on June 27, 2018 and the final interview concluded on September 10, 2018. Four of the social workers reported working in a public setting while three worked at private agencies. Each potential participant completed a set of screening questions to determine eligibility for study participation. All of those included as study participants confirmed that they were licensed as a social worker within the targeted Midwestern state and that they had provided clinical treatment services to female offenders within the previous 5 years. Subsequent data collection and follow-up questions were provided to study participants by e-mail. The nature of the follow-up questions was both to clarify formerly provided data as well as to obtain additional information. Of the seven total participants, six responded to the follow-up questions. Upon completion of the interview and review of the transcript, study participants received a \$25 gift card for Amazon.

A copy of the consent form and sample interview categories/questions (see Appendix A) was sent to each participant by e-mail. This was to allow them the opportunity to determine whether they were comfortable with the questions and to identify their capacity to provide the information being sought. In addition to the informed consent, the e-mail included a request for available days and times to complete the phone interview. Each participant responded with days and times that were best suited to their schedule. Prior to the actual phone interview, the meeting time was confirmed with the participants by e-mail.

Data Analysis Procedures

For this study, I used thematic analysis with open coding and sorting techniques (see Clark & Vealé, 2018). The purpose of thematic analysis is to allow the researcher to observe and record patterns that are present in the data. Upon completion of each recorded phone interview, I transcribed the recording verbatim. Once I completed an initial review, the transcript was then sent to the respective participant so they could review it for accuracy as well as provide clarification for any vague and/or incomplete data points. Once the study participants returned their initial input, the transcribed interview was then printed, and each interview was reviewed in its totality. During this subsequent review, I used highlighter markers to note items that were unclear and/or incomplete. From that point, I developed follow-up questions to gain more information about the following topics: specific area(s) of trauma treatment in which the social workers would like more training, types(s) of courses that would be beneficial for social workers who might pursue a career in corrections work with female offenders, promising practices that were being used with female offenders, and impactful personal stories related to the respective social workers' experiences with female offenders.

Upon obtaining the additional feedback and information (via follow-up questions) from study participants, I continued reviewing the data. For each individual interview, I highlighted direct quotes, words, and phrases that were particularly impactful and/or relevant to the research question. In qualitative research, these words, sentences, and phrases that represent aspects of the data are known as codes. According to Clark and Vealé (2018), coding allows the user to capture the main ideas of the interview without

losing the meaning of the original transcript. I also began to note themes that were pervasive throughout multiple interviews. This process continued until all interview transcripts had been reviewed multiple times and the most relevant data had been captured. Following this, the transcripts were coded and organized into themes. I determined both primary themes and subthemes during this process. Then, a chart that represented the primary themes with the subthemes featured below each primary theme was developed (See chart on page 75).

Validation Procedures

The validation procedures that were used in this action research study included a validation group and member checking. McNiff and Whitehead (2010) noted that it is important to establish validity or truthfulness in research. Otherwise, the research claims would simply be construed as the researcher's opinion. Therefore, the researcher should subject his or her research processes and findings to the critical evaluation of others. A validation group is one way of moving beyond personal validation and allowing other interested parties to scrutinize and test the validity of the researcher's claims.

Validation group. A validation group is comprised of individuals such as peers or colleagues, study participants, and other interested parties who will provide both fair and critical comments about the research (McNiff & Whitehead, 2010). In the current study, the validation group included my Walden University doctoral program chairperson and committee member and two peer reviewers (one current Walden University doctoral student and one Walden University doctoral degree candidate). During the process of collecting the data, the supervising chairperson reviewed my transcripts and then

provided feedback about the need to collect additional information through the use of follow-up questions. Once I proceeded to the data analysis process, my doctoral chairperson and the two peer reviewers each reviewed one of my transcripts to aid in identifying the study's themes and subthemes. Upon completion of a manuscript draft, I then sent the document to the study's committee member.

Member checking. Stringer (2007) stated that member checking allows the participants to clarify information as it relates to their experiences and to verify that the research accurately represents their perspective. For the current study, member checking was used when the participants were asked to review their transcripts for missing or obscure data and to ensure that the data effectively conveyed their experiences. The participants received their interview transcript by e-mail and provided feedback and clarification through proceeding e-mail exchanges. Participants were also asked to verify the accuracy of their individual demographics and work history through e-mail interaction.

Limitations and Problems

The outcomes of this study cannot be generalized due the use of convenience sampling and snowball sampling. Emerson (2015) stated that convenience sampling is a nonrandom method of sampling that allows potential study participants to be identified in any way possible. In snowball sampling, the researcher requests that acquaintances and participants inform potential participants and interested parties about the study (Emerson, 2015). Because of the ways in which these sampling methods help to gather the desired number of participants, the study results can be easily influenced by uncontrolled or

unexpected factors. If most or all of the participants have similarities in one or more factors, the study results might become skewed. As a result, the findings cannot be applied to individuals other than those in the study. Despite this, the study outcomes may be useful in identifying some of the challenges and solutions for the targeted Midwestern state and/or those correctional systems with similar challenges. The results of the current study may also provide a basis for future research.

The initial attempts to recruit study participants via social media, public forums, and individual referral (snowball sampling) did not yield any participants. After approximately 6 weeks of little to no recruitment success, I requested IRB approval to offer a \$25 Amazon gift card as incentive as well as to broaden the scope of potential study participants. Once approved, I began to target the participation of licensed, clinical social workers who were currently and/or had previously (within the last 5 years) provided clinical social work services to female offenders within the targeted Midwestern state. These individuals were not required to have ever provided services at the state women's prison.

Finally, one study participant had a bachelor's degree in social work instead of the required MSW. When compared to those with an MSW, this participant provided less information overall. However, her responses were included with the study findings as she was still able to offer significant information to the study. Please see Characteristics of the sample population for more information.

Findings

Characteristics of the Sample Population

Recruitment for study participation was initially focused on licensed, clinical social workers who were currently or had previously been employed by the targeted Midwestern state or a contractor organization for work at the state women's prison. These individuals should have provided clinical social work services to female offenders within the 3 years prior to study participation. However, the pool of participants was later broadened to include licensed clinical social workers who provided clinical treatment services to female offenders within the targeted Midwestern state – having no history of affiliation with the state prison. Their clinical services should have been provided within the previous 5 years of study participation.

A total of seven individuals were interviewed via a telephone conference line. All study participants had provided clinical social work services to female offenders within the last 5 years. Of the study participants, six were master's level social workers who were licensed in the targeted Midwestern state and one was a bachelor's level social worker whom was also licensed in the targeted Midwestern state. Although the bachelor's level social worker did not meet the study parameters for education level (master's degree), she provided useful information about the impact of female incarceration on children, social worker preparedness for working with female offenders, and systemic barriers/challenges for both social workers and female offenders.

Demographics of the study participants. In the targeted Midwestern state, there are three tiers of social work licensure and registration. For the purposes of this study,

only two tiers will be described as they are most relevant to the subject population. As previously stated, eligibility for study participation required that the social worker have a MSW and a license to practice social work/provide clinical treatment services.

The licensed bachelor's social worker (LBSW) designation allows the social worker to provide bachelor's-level social work services such as psychosocial assessment, general social interventions, and case management. The targeted Midwestern state has two specialized domains for the licensed master's social worker (LMSW): macro and clinical. An LMSW with a clinical designation is qualified to perform diagnosis, psychotherapy, and other clinical services; those with a macro license may primarily perform administrative tasks such as program evaluation and training.

Table 1 provides an overview of the subjects who participated in this study. The information contained in the table and in the preceding paragraphs are self-reported demographics. Both the research subjects and I have removed identifying information in order to protect the anonymity of study participants.

Table 1

Demographics of the Study Participants

	Gender	Race/Ethnicity	Degree Type	Licensure	Employment Setting (while providing services to female offenders)	Time in Professional Social Work Service Provision
Subject 1	Male	Caucasian	Master of Social Work (MSW)	Limited Licensed Master's Social Worker (LLMSW)	Private	1.5
Subject 2	Female	African American	Master of Social Work (MSW)	Licensed Master's Social Worker (LMSW)	Public	20
Subject 3	Female	African American	Master of Social Work (MSW)	Limited Licensed Master's Social Worker (LLMSW)	Public	27
Subject 4	Female	Mixed Ethnicity (Arabic, English, German, and French)	Bachelor of Social Work (BSW)	Licensed Bachelor's Social Worker	Private	14
Subject 5	Female	Declined	Master of Social Work (MSW)	Licensed Master's Social Worker (LMSW)	Public	3
Subject 6	Female	Caucasian	Master of Social Work (MSW)	Licensed Master's Social Worker (LMSW)	Public	4
Subject 7	Female	White	Master of Social Work (MSW)	Licensed Master's Social Worker (LMSW)	Private	4.5

Subject 1 was a male LLMSW who worked in a private agency. Prior to licensure, he was employed at an outpatient treatment facility and provided services to individuals on probation, including women, for about 1 year. At the time of this study, Subject 1 was providing outpatient substance abuse treatment services to women and men on probation as well as those housed in the county jail.

Subject 2 was a female LMSW who was employed as a full-time clinical social worker with 20 years of professional experience. She provided clinical treatment services to female offenders in the targeted Midwestern state for 6 years with expertise in chemical dependency and mental health disorders. At the time of this study, Subject 2 was providing clinical treatment services to incarcerated women.

Subject 3 was a female LLMSW with 27 years of professional social work experience. She provided clinical treatment services to women who were incarcerated in the state women's prison for 8 years. At the present, Subject 3 provided substance abuse treatment and mental health services to at-risk teenagers between 14 and 19 years of age.

Subject 4 was a female, LBSW, and a certified peer support specialist who had been employed in social services for 14 years. She worked in an official capacity with female offenders for 1 year. The group was for survivors of domestic violence (DV) or sexual assault (SA) and provided supportive treatment for issues stemming from DV or SA trauma. Currently, Subject 4 was the director of a drop-in center and works with almost every population a social worker would serve. She had been in this position for 3 years.

Subject 5 was a female LMSW. She had 3 years of professional social work experience with proficiency in mental health and medical social work. Subject 5 provided individual and group treatment services to women incarcerated in the state prison for 2 years. At the time of this study, Subject 5 was working as a Qualified Mental Health Provider in a public treatment setting.

Subject 6 was a female LMSW who worked in a public agency setting. She provided clinical treatment services to women in the state prison for 3 years and had expertise in Dialectical Behavior Therapy (DBT). Subject 6 had worked as a professional social worker for 4 years and is currently a full-time mental health provider.

Subject 7 was a female LMSW who was employed as a full-time clinical social worker in a private agency setting. She had 4.5 years of professional social work experience. Subject 7 provided both individual and group treatment services to female offenders for 2.5 years with expertise in substance abuse and co-occurring disorders. At the time of this study, she was employed as a clinical supervisor. In addition, she continued to treat female offenders and other clients as an outpatient therapist.

How the Findings Answer the Research Question

In the targeted Midwestern state, increasing rates of female incarceration created significant concerns for a correctional system that has one women's prison. After a systematic review of the data, a total of 5 primary themes and 23 subthemes emerged. These themes were indicative of some of the challenges faced by social workers providing clinical treatment services to female offenders in the targeted Midwestern state.

The primary themes included characteristics of female offenders, factors contributing to the incarceration of women, the nature of prison, barriers to effective clinical treatment, and post-incarceration needs of female offenders. This study's research question was: What are the issues and challenges of providing clinical social work services to female offenders in the targeted Midwestern state? An outline of the study themes and subthemes is found below:

Table 2

Primary Themes and Subthemes

Primary Themes	Unique Background of Female Offenders	Factors Contributing to the Incarceration of Women	The Nature of Prison	Barriers to Effective Clinical Treatment	Post-Incarceration Needs of Female Offenders
Subthemes	History of experiencing domestic violence (DV), sexual abuse (SA), and/or other trauma	Poor systemic policies and Harsher sentencing practices	Created for men, not women	Social Workers Lack Education & Training Specific to Needs of Female Offenders	Case management and support
	Personality Traits & Personality Disorders	Untreated mental health conditions and substance use disorders	Have a punitive & bureaucratic nature	Time Constraints & An Insufficient Number of Clinical Treatment Staff	Housing
	Deceptive and Manipulative	Influence of Romantic Relationships	Negative staff perception(s) and poor treatment of female offenders	Mistrust of clinical treatment staff	Vocational Training

Emotional and Relational	Leads to separation from family and children	Other issues: <ol style="list-style-type: none"> 1. Access to Drugs/Controlled Substances in Prison Environment 2. A need to display empathy and establish rapport 3. Perceived inability for treatment staff to understand them 4. Delay in access to treatment services 	Mental health and substance abuse treatment
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Primary Theme 1: Unique Background of Female Offenders

A primary theme that answered the study's research question was that female offenders have unique experiences and characteristics that separate them and their treatment needs from those of their male counterparts. Specifically, most study participants identified domestic violence (DV) and other types of trauma(s) as being prevalent among female offenders. Study participants also discussed several characteristics – that may or may not be connected to their unique experiences - with which female offenders often present when they enter correctional treatment settings. These unique characteristics include: specific psychological disorders and personality traits such as being deceptive, manipulative, emotional, and relational. These characteristics may be the focus of clinical treatment services and/or they may complicate the professional relationship between the female offender and the practitioner.

History of experiencing domestic violence (DV), sexual abuse, and/or other trauma(s). The majority of study participants discussed the history of domestic violence, sexual abuse, and/or other trauma that is present among female offenders. For example, subject 2 stated:

I've learned that many women are in prison because they were being abused or battered by their husband or spouse or their boyfriend and they got to a point where they couldn't take it anymore and they reacted to that violence....there are a lot of women in there for that. That's something I wouldn't have thought happens because I've worked with so many women who were stuck in those relationships and did not get out...to go prisons and see so many women who got out, but with very, very dire consequences.

This subject further noted:

Many of the traumas these women have experienced are old wounds that have never been treated, therefore have never healed. Many women believe ignoring or suppressing these traumatic events has been successful for them; they do not recognize in most cases, they have also been self-medicating with drugs.

Breaking through denial that these traumatic events do play a role can be a challenge, primarily because these women do not want to, "go there" and rehash the trauma and are convinced it plays no role in their current difficulties.

And subject 5 indicated, "I don't know that this is particularly specific to women - the strong history of trauma in the women...there seems to be at least more traumas among women than there is among men." According to subject 6, "I want to say they tell us

like 80% of them have issues of trauma and most of them have never dealt with it before.” While multiple study participants noted that women tend to be more likely to have a history of trauma and to be involved with domestic violence situations, subject 7 summarizes it in this way:

Honestly, I think that the biggest things I’ve learned is that ... a lot them are - going back to that CBT background and those core beliefs – a lot of the female offenders are struggling with negative self, core beliefs. Core beliefs about themselves, negative self-image, past experience of emotional abuse, of...some sexual abuse; a lot of physical; a lot of emotional abuse from the time they were children - whether it be from a parent, whether it be from another family member, whether it be from a sibling. And, it’s really making their ability to think things through in an appropriate manner, to not engage in some of the different kinds of negative thinking patterns that we see because they’ve been doing this since they were a kid...based on these experiences that they’ve been having.

Personality disorders and personality traits. Personality Disorders were identified by five of the seven study participants as being among the top three mental disorders a correctional social worker should have knowledge about and/or be prepared to treat. Subject 6 stated that, “they diagnose virtually everybody with anti-social personality disorder, but they don’t really tell you the best way of working with it. So, we have a lot of borderline and anti-social personality disorder diagnoses.” Some of the social workers interviewed argued that inmates who are diagnosed with personality

disorders can make it difficult to develop rapport with and/or to engage the female offender in treatment. Subject 5 clearly emphasized:

And, again, just because I think too with women offenders, at least the women offenders who seek out mental health services or clinical services from a social worker, a lot of them have personality disorders and a lot of them have borderline personality disorders and that is very activating because that's just part of the presentation: which is this sort of push-pull in interpersonal relationships and trying to manage that for yourself so that you're not stuck in some type of power play with them or not stuck in like repeating these patterns is important to be able to recognize.

Deceptive and manipulative. Several participants reported that female offenders can be deceptive and/or manipulative. While they did not elaborate or define their respective interpretations of these terms, participants noted that these characteristics can make it difficult for social workers to engage with female offenders – despite the knowledge and understanding that these behaviors are rooted in other underlying issues. Subject 6 noted:

And then, I genuinely like people or working with people who have problem behaviors...like, I've always kind of liked bad kids when I worked in daycare or worked in the school system...and, so I seem to have a better tolerance for some of their...what other people might view as manipulation...stuff like that doesn't get to me so much, so I guess I have more patience... and, that really goes a long way in working with the population.

Subject 2 described it in this way:

And, then there's some who have a long history of misdemeanors and felony convictions and they are people who need to be in the prison, really. So, those are the women that are more manipulative; they are more institutionalized – in a sense. From living in that environment, they have a way of working the environment to their credit...you know to be of assistance to them. So, not disclosing a great deal to the clients is one of the things that's very, very different than working out in the community.

Finally, subject 5 stated that:

Because, what I came to realize in working with incarcerated women, was that they were always lying to you in some form. And, it wasn't necessarily in terms of trying to manipulate the therapist or anything like that. I mean, part of it could be their own misunderstanding of themselves or their own continued mistrust or their own interpretation of what had occurred. And, trying to see through all of that sometimes – while it wasn't necessarily your job – I think it was important to be able to know when to follow up with collateral information versus just going off of what the prisoner said. Because there is...I mean, it's just part of providing services there...that there is a lot of manipulation and there is a lot of...the feeling sometimes of being like... you're some type of vending machine for the prisoner...like, what can they get out of you.

Emotional and relational. Some participants stated their observation that women are indeed different from men in terms of their belief that women tend to be

driven by their emotions. According to subject 3, “you must know and respect their past. These women come with a lot baggage. And, they do a lot of projection – especially with outsiders. And, you must know and respect that it ain’t personal.” This subject further detailed that:

Women do act on emotion and their emotions take them to that place. And they get them caught up before they know it. So, they jump into drugs, they get into bad relationships...they - on the spur of the moment - just do things. One young lady I worked with, she just grabbed a gun...went to a fight...shot the gun – she didn’t shoot it at no particular person, but it hit somebody. So, just spur of the moment and emotional reactions for women.

In addition to being emotional, it was also stressed that women/female offenders have a need for relationships. Subject 2 observed:

There are a lot of woman to woman sexual relationships that happen in the prison. Because research shows women are relational creatures - we are very much relational; and, of course, if you go to prison - and you’re in prison for a very, very long time – those relationships do happen. And, they are against the policies of the prison. So, I’m not saying they should allow for it. But, maybe more understanding about why these issues happen.

Thus, it is important that the prison environment has a structure that recognizes these “gendered” differences and how practices that do not consider the unique characteristics of women can make it difficult for them to adjust and to make progress. As subject 6 stated:

Yeah, so like because relationships are so important for women compared to men...like, the way that women interact in prison...because I worked with men for a little while before...just the environment is totally different. And, researching and understanding that – not just for clinicians, but for all staff that work in prison – could probably make the whole environment better.

Primary Theme 2: Factors Contributing to the Incarceration of Women

While conviction for a criminal act is the primary cause of women becoming involved in the criminal justice system, this phenomenon is much more complex than what is presented on the surface. As previously discussed (Section 1), policy and systemic changes - coupled with their unique experiences - have contributed to female offenders being at increased risk for involvement in the criminal justice system. In light of their own experiences, study participants outlined additional factors that may contribute to the incarceration of women as well as to recidivism among female offenders.

Poor systemic policies and harsher sentencing practices. Changes in policy, including harsher sentencing practices, have been identified by several of the study participants as among the factors contributing to more women being incarcerated. Subject 2 stated that, “for women who have been in domestically violent relationships, for years and years...being beaten by someone; and then the woman ends up killing that person, I think there needs to be new policy around those dynamics. Because, some of those women end up getting life in prison. Or, 30 years in prison. This subject also shared the following example:

I have somebody on my caseload who did that – actually what she did – she tried to solicit someone to murder her husband. And, that didn't happen, so she did it herself...this is a woman who was 60 years old when she did this. And, now she'll be in prison – if she lives – 'til [age] 90. And, the lifetime of abuse she had with this husband... because a lot of women don't report it – it's undocumented – which makes it more difficult. If it's not reported or there are not hospital reports of this was broken and that was broken...I think policy makers need to really pay attention to those dynamics and do something different with it.

Subject 5 further noted:

In terms of having harsher sentencing for women, like I said, I think there are intersecting systemic issues related to that. I mean, obviously, like I said...just this perception of what a woman should be or how a woman should react to a certain situation...making it possible for them to have harsher sentencing. When women kill their partners, or when a woman kills someone who has a long history of abusing her, there is little room in the system and by the people who sit in on jury's to understand the psychological effects of this ongoing trauma. So many will get extremely harsh sentences.

As stated earlier, policy changes resulted in the incarceration of more female offenders - even for non-violent crimes. These practices contributed to an increase in the number of women that are present in prison environments. Several study participants noted that incarceration - as opposed to treatment - has been more harmful than helpful. Subject 1 stated, “and, I think that a lot of the women I'm working with, we could do a

better job of supporting rather than punishing...that being in jail is a punishment that's fit for people who are violent; that are...not within the context of an illness." Subject 3 also noted, "and there's still mental health issues going on...mental health needs to be treated in a mental health environment – not in a prison environment." And subject 4 considered, "like, if your intention is to murder somebody, then it's clear the outcome is that you're gonna go to prison. But, if your intention is to protect yourself, or cope in a negative way with drug use, your intention isn't gonna...you know what I mean? Their intention is not to end up in prison, it's to survive." This subject strongly asserted that, "imprisoning people rather than addressing mental health concerns is akin to treating the symptoms of a disease rather than the underlying cause. It does nothing to resolve or prevent future occurrences."

Untreated mental health conditions, and substance use disorders. Mental health conditions and substance use disorders were discussed by all study participants as factors that have contributed to female offending. According to subject 4, "mental health issues contribute to women being incarcerated as well as the other stuff I mentioned in the last question. So, I think that a lack of mental health care contributes to it. A lack of substance abuse or use treatment contributes to it. And then, I think if we wrap services around people in a little bit more of a productive way, then we'd have less people in prison." Subject 5 also noted:

Well, I think just listening to the fact that female offenders have more intense mental health needs than male offenders. That was a consistent theme – at least in the targeted Midwestern state – in that... like...the image of a male offender

sort of not wanting psychological services versus a female offender who is desperate for psychological services...while some of the men who were insistent on psychological services were trying to obtain medication for other uses other than to treat their mental health disorders, women were way more interested and invested in receiving help for their problems while they were incarcerated. And, were desperate for it.

Though these conditions don't excuse their criminal acts, all seven (7) study participants affirmed that the clinical treatment of these issues might help to reduce female incarceration and the resulting negative consequences. Subject 3 specified that:

There were so many other factors. I just named a few. But, substance was like the overlay of things that had gone on in their childhood – sexual abuse, abandonment, things of that nature. So, I just didn't feel that they were getting the resources that they truly needed to get them back out and functioning in society.

Subject 6 also noted:

We don't provide enough intervention...or, maybe there's a small group of them that get enough intervention... but, a lot of these ladies are coming in with long histories of trauma, long histories of substance abuse, and if those things don't get addressed - and we just send them back out into the community - most of them are coming back.

And subject 2 emphasized that:

I would say, from when I first began working with the State until now, more of the women who are coming in also have mental health issues. Right now, we have - our caseload is about half of the population. Our prison holds about 2,200 women. Our caseload is probably a thousand and some odd women. Those who are not on our caseload are consistently writing to us asking to be seen because they need to be on the caseload.

Subject 4 offered this account:

I met a woman who had been raped at an early age by a family member. She shared the story with a social worker - who was obviously a mandated reporter. The social worker followed state mandates - and reported - which from the perspective of the woman “made everything way worse.” As she grew, she refused to seek services for her mental health conditions because she felt she could never trust anyone again in this field. In my opinion, mental health conditions that are left untreated can contribute to behaviors that may cause one to end up in the criminal justice system.

Finally, subject 1 asserted that, “a pathology is being treated like a choice and therefore not being treated at all.”

Influence of romantic relationships. Some study participants emphasized that female offenders have a strong need for relationships. This often places them at risk for being influenced, by those with whom they are in relationship, to engage in criminal behaviors and/or to assume responsibility for criminal act(s) they may not have committed. At least four of the seven study participants identified this as a factor that

contributes to female offending and their subsequent incarceration. Subject 5 stated that, “I think some of it...some of it has to do with relationship issues for women being more willing to take the fall for a partner.” Subject 2 observed that:

Some of the most profound things I found was that - and some of these things were very difficult for me because I also have an Associate's in Criminal Justice - that our legal system makes mistakes often. That there are women who are incarcerated or will take incarceration to protect someone else – usually a boyfriend or maybe a very family – they'll accept coming to prison because if they were to go... maybe they've already had prior felonies and they'll go for extremely long periods of time and the women might only go for a couple of years because it's their first offense.

Subject 6 further detailed that:

A lot of the really young girls that come in, like the 3 or 4 juveniles that I know of and work with, they committed their crimes in the service of like an older male romantic relationship...at least per the report and per what the pre-sentence investigation says. They got involved with an older person that they didn't necessarily know very well. And, this person kind of encouraged them or coerced them into committing one crime or the other. So, that seems to be something - at least with the younger girls that I've worked with. And it's like...you know...a random stranger that I meet...and madly in love...and ok, I'll go commit this. And, they're pretty serious crimes. But, we know for

a fact...like research...that female offenders are more likely to offend in the service of a relationship.

Primary Theme 3: The Nature of Prison

Created for men, not women. Study participants reported on how the nature of a prison environment that is tailored to the historical understanding of male offenders can be insufficient when considering the unique experiences of female offenders. Subject 2 noted that, “in the targeted Midwestern state, there’s one women’s prison for the whole State...and there have got to be at least 15 to 20 male prisons in the State. Unfortunately, the wardens who have come to our prison have tried to run a female prison like a male prison.” According to subject 3:

When I first started in social work 25 years ago, we were working with boys...we had a lot of boy homes - group homes for boys; boys were in detention centers. And then, as I got into the field about 10 years, it just was a steady rise – starting at the juvenile age...the juvenile offenders became female. Prisons weren’t made for women, they were made for men; and we just had a spike, which just trickled over into the adult prison population.

Subject 3 further clarified by stating:

That females...well - incarcerated women - they are emotional creatures. And, I’m saying this because I’m just thinking about stuff that has happened. They truly act on emotion. And so, when making laws, we have to take into account that we can’t make laws across the board for males and females. Men do prison a much different way than women.

Subject 5 provided this observation:

I think for policymakers...I think it's to really understand that parity very rarely exists between men and women in incarcerated settings. And, again, I think this is more of like a systems issue because most institutional settings are like this...is that it's based off men and then women will have like the "quote, unquote" same services. But, women's needs can be very different. And, being able to understand the barriers that women may face would be important for policymakers to accommodate for in terms of understanding that for women there may be exceptions, or a variance. There would need to be variances for women.

Can be punitive and bureaucratic in nature. Study participants provided their thoughts about the prison system and how it's punitive and bureaucratic nature can be unsettling for both staff and female offenders. They further highlighted the barrier/challenges associated with navigating an environment that is not conducive for treatment and rehabilitation. According to subject 2:

The work is extremely stressful. And the stress is not always...is not usually – I'm gonna say - coming from working with the women. It's the bureaucratic nonsense that we have to deal with...which is what stops them from hiring more people; which stops them from making more programs that are appropriate for women; that stops them from maybe opening a second female prison so it's not over-crowded.

This subject further stated:

We've had women, great clinicians, come in and leave...and come in, and leave...because they can't deal with the total environment – the military style, the disrespect that a lot of us get from the corrections officers because they feel these women are criminals...and this is the way they say it, “they've got nothing coming.” This is the way the corrections officers talk about the women.

Subject 5 provided this insight:

So, I think it wasn't necessarily so much about working with the women. It was more about working within the system. ...was that working within the system, you often – yourself – would sometimes feel like you were a prisoner...like that you were living a mirror life of incarceration for the offenders you were serving.

This subject also noted:

But, that there are bigger social needs in prison...centered especially around...and again, I think this is part of my personal views about it, right...like, our system is so punitive and our system is so inhumane and they don't understand...I don't think that it is well understood by policymakers that incarceration – while they give a lot of lip service to rehabilitation – they are not really interested in rehabilitation...they're not really interested in reducing recidivism. Because if they were, they would treat people like humans. And not just the incarcerated individuals, they would treat staff like humans.

Subject 4 offered this opinion,

And I also think that while in prison there needs to be more focus on rehabilitation versus punishment for their crime...and you know...get out of our

building...you know...parenting classes for women, opportunities for educating themselves if they choose, or learning a skill so that they can support themselves in a productive manner when they leave...those kinds of things I think would improve outcome rates.

Lastly, subject 1 described it in this way:

And then we're working in a massive system that has all sorts of people working in it. Sometimes it just feels like there's too many cooks in the kitchen. I'm working with a client whose disposition from the jail is being managed by somebody in correctional services...who's coordinating with the court; who's talking to the probation agent; who's talking to the clerk; who's checking drug screens that are verified by somebody else. And, sometimes, things just fall through the cracks. And that can prove to be fatal for some of the clients I'm working with.

Negative staff perception (s) of female offenders and poor treatment. Study participants asserted that female offenders should be viewed and treated as human beings – not simply as criminals. This sentiment was echoed in their consideration of the ways in which negative staff perceptions of female offenders and poor treatment of them, while in prison, can also create an environment that some regarded as inhumane. Subject 5 indicated that, “most prisoners are not seen/treated as human beings with serious mental health needs, but as the crimes they committed.” Subject 3 further noted, “And, some of the people that work there have said some ugly things to them. You know...they were

given their judgement...they were given their sentence by the judge...you know what I'm saying?" According to subject 2:

One of the comments I generally hear from the Corrections Officers is, "this is prison, then you shouldn't have committed the crime that brought you here."

Female prisoners are not given toilet paper when needed. They almost have to beg to receive feminine products for their menstruation. Health care needs are secondary. ...Inmates pay \$5.00 each time they go to health care. They do not get examined by a doctor; they are seen by a nurse 3 times before being allowed to see a doctor. That is \$15.00 for inmates that make less than 20 cents per hour.

Lastly, subject 6 provided this example:

I worked with a transgender male and he was often told he was a woman. When requesting to be addressed as a "he," staff made a point to tell him he was born a woman and they will address him as such. Custody supervisors supported the actions of the officers.

Of the seven (7) total study participants, five (5) of them discussed the importance of correctional staff treating female offenders as though they are human beings and not simply criminals. When considering her own perception(s), subject 2 recognized,

That they are not monsters; they are people who made mistakes. Not that I thought women who were incarcerated were monsters – previously – but, I always thought of them as somebody who just had a criminal mentality or criminal thinking and that's not always the case.

According to subject 4, “Treating people like animals in prison isn’t helpful either. They dehumanize people, right. So, I guess if you want to put that in one concise thing it’s that: they’re people and they matter.” Subject 3 further stated that:

You know, I had people like, “Was a guard with you? Were they shackled when you were talking with them?” They’re not all animals - none of them. They didn’t wake up saying, “I’m gonna go out here and kill somebody today” or “I’m gonna go out here and commit a heinous crime” or “I’m gonna go out here and do something to get me locked up for the next 15 years.” They’re human beings...things happen.

Subject 7 stated that, “most offenders, male or female, report their experience with the targeted Midwestern state’s department of corrections to be that they feel like a number. Another way for the State to make money rather than the judges or probation/parole officers looking at their own individual case/problem/story.” Lastly, subject 5 provided this observation: “And, I’m not saying that prisoners should live in luxury or anything like that. But, people need to be treated like people. I mean, baseline...that’s it.”

Leads to separation from family and children. Being incarcerated or imprisoned is not only challenging for the offender, but their families and children are also impacted by the resulting separation. Subject 4 noted this:

Like I said, so many of these women have children. I really think that’s a key thing...like a key factor, right. So, for incarcerated women – and they have to be incarcerated because they violated the law and that’s what the law says – but we’re also traumatizing children at the same time.

According to subject 2, “I think the thing that we don’t get prepared for is the trauma of them just being in prison - being away from their families. Adjusting to prison life is another big issue for a lot of the women. So, in that respect, I was not prepared.”

Subject 7 observed:

Secondary to that, I think that, unfortunately for women, a lot of times – the way the system is set up in the first place – once they’re on probation or parole, they are more likely or probable to violate the terms of their probation or parole because it’s very, very hard to manage to balance probation or parole requirements with the lovely duties we all experience or a lot of people experience. Being a mom. A lot of times they’re single parents; and, it’s just too much. They can’t possibly get everything done and they have a hard time trying to prioritize probation or parole requirements over their parental responsibilities.

Finally, subject 3 summarized it in this way:

Many are angry, they’re mad...they’re mad at themselves, they’re in a unforgiving state...you’re working with women who’re doing 10 to 20, 7 to 15...they still have children at home. You’re working with women who have been in their addiction... they’ve tried to get out and finally come to prison only to realize – now that they’re sober - that they have to repair all the damage they’ve done with their children and their families.

Primary Theme 4: Barriers to Effective Clinical Treatment

Study participants identified a number of barriers to their ability to provide effective clinical treatment with female offenders. Among these barriers were: the lack

of education and training specific to the needs of female offenders, time constraints and an insufficient number of clinical treatment staff, and mistrust of clinical treatment staff

Lack of education and training specific to the needs of female offenders.

While all study participants received clinical social work education and most had some prior experience providing treatment services to women, several stated that they did not feel prepared to work in the correctional system/with female offenders. Subject 1 noted, “But, when it comes to working with women who are incarcerated - as a distinct entity - no part of my education had anything to do with that and very little of my training has been geared towards that population specifically.” Subject 3 said, “You know what, I can’t say I wasn’t totally prepared; but, I want to say I wasn’t really prepared. Because incarceration - working with incarcerated women - was never on my radar, I just happened to fall in that position.” Subject 5 specified, “I don’t know that my education necessarily prepared me for it. It was my extra-curricular activities that made me...that allowed me to be a candidate to work in prison.” Subject 6 described it in this way:

When I initially started, I probably was not prepared or trained at all specifically for that population. In my opinion, they get a lot of people – initially - through contractual work. That’s how I started out. Because it’s a high turnover field. And, so they just kind of take whoever. I think lot of people get hired having no idea.

This subject also emphasized:

And then, they don’t teach or provide a whole lot of training or guidance for dealing with substance abuse. There are some specific staff – like subcontracted

staff and programs – that address substance abuse; but, more than 70% of my caseload has substance abuse problems. And, until I started seeking out that training on my own - on my own time, with my own money - my extent of substance abuse training was like a self-help, mini course kind of thing - before coming to the prison.

Subject 6 further noted that she worked in the targeted Midwestern state's women's prison for 3 years before receiving training that was specific to providing mental health services in a correctional setting and that the majority of training she received was not related to the female offender population.

As a follow-up question, study participants were asked to identify topics/courses they would offer in a social work training program that was developed for those interested in working in correctional settings. The following topics/courses were among the responses: substance abuse, trauma, personality disorders, understanding criminal thinking, increasing self-esteem, teaching the process of change, trauma informed care, common mental health diagnoses, the use of self-care to prevent burnout, what it is like to live in a prison system, developing and modeling appropriate boundaries, mindfulness, procedures or operations of corrections, and reentry.

Time constraints and an insufficient number of clinical treatment staff. Both the challenges of time constraints and the insufficient number of treatment staff were identified by several of the study participants as barriers to effective clinical treatment with female offenders. Six of the seven study participants discussed the challenges associated with the lack of sufficient clinical treatment time with the female offenders.

According to subject 1, “It is difficult to start the conversation about trauma and to be able to have enough time and access to a specific client to begin appropriate trauma informed treatment.” Subject 3 stated:

I believe the research can show that we need to spend more time with the women. I felt like I was in a warehouse. Or, should I say, on a - what you call that - at the Ford Motor Company pushing out a product. I had an 8:00 appointment, I had an 8:30 appointment, I had a 9:00 appointment, I had a 9:30 appointment... And, God forbid, if they weren't at a doctor's appointment. And, then those minutes were cut down from 30 to 15 and to 17 or 18. But, I had to get them in and get them out - give them some kind of answer, some kind of hope in those 30 minutes. And, then, get a report written. Because, you have to have your report in or they would lock up. Your computer would lock up.

Subject 5 emphasized, “I mean, with a caseload of 100, you have limited time to see somebody. And, you might not necessarily be able to see them then. Again, the ability to see people more frequently who really needed your help.” Subject 6 observed:

I think a lot of it - for a lot people – is just not feeling like they have the time and support they need. So, then a lot of the inmates say, “you know, they don't talk to me.” “They don't listen to me.” “I've been going to therapy for a year, but I've not actually worked on anything cause there's no time.”

With regard to an insufficient number of clinical treatment staff, subject 3 stated:

Substance abuse - when you're dealing with addiction - we need to be able to have certified addiction counselors inside the prison handling this; not having

prisoners give their version of the 12 Steps and things like that. We really need - we need certified specialists inside the prison.

Subject 4 provided this observation:

And also, like I said the individualized - you know - we talked earlier about group treatment versus individual treatment. I think individual therapy should be more available to women in prison. And, I think that would also help to be able to carry that relationship - the helping relationship forward. So, you know, what I'm thinking of in my brain would be like a social worker that's employed at the prison that works with each woman. You know, there would probably need to be 10 social workers. But, who knows if they'll create funding for that?

Subject 2 noted:

And also, they should look at the policy and procedure and look at the prisoner staff ration for being effective as far as doing any kind of treatment for these women. They call this case management. This is what we do. We put band-aids on gaping wounds because of limited staff and the policy of only a half hour - even though there are some women who we will make sure that they get that hour or an hour and a half if necessary. Maybe every other week when they are in crisis.

Finally, subject 6 summarized it in this way:

There's not enough time to see people. There's not enough staff. I'm fortunate cause I'm on a small - kind of partial treatment. ... So, I'm able to have a caseload of like 20 people and see them for an hour a week. But, most people

have like 90 people and they're lucky if they can see them for 30 minutes a month.

Mistrust of clinical treatment staff. Secondly, it was noted that mistrust can be an obstacle to building an effective treatment relationship. Subject 6 stated:

I think a lot of it is - kind of - the inmates' lack of trust. And, part of that comes from the high turnover rate. A lot of them think that - you know - even if you seem trustworthy and you're able to build rapport, they are kind of saying, "well, I don't want to talk to you cause I've had four therapists in the last 2 years."

I've dealt with that a lot.

This subject further indicated, "Probably the history of trauma, compiled with the corrections environment, makes them even less likely to engage and to trust." Subject 7 further noted that, "most people who have experienced past trauma find it hard to trust or engage in any future relationships for fear of being hurt again. So, it's often hard to engage with them." Subject 4 asserted that:

Generally speaking, a lot of the women in those facilities have a general mistrust of people working in "the system." They often seem to believe that care providers could never understand what they've been through, or that providers don't respond in the way that they should.

Subject 1 also noted that:

And one thing that has been increasingly clear to me is that when working with women that are incarcerated you have got to conduct yourself with the utmost integrity. If you say you're going to do something, do it. If you say you're not

going to do something, don't do it. Because the level of ...or the willingness to trust is very limited. So if you're doing treatment, you want somebody to buy in, you want to have an appropriate therapeutic relationship. They're trust is key and they will take it back quickly.

Finally, subject 5 observed that:

The difficulty with engaging or interacting with them is in the development of trust. You don't have enough time due to the systemic constraints placed on you for meeting all your duties and documentation requirements. All the defenses they've built up over the years and all the ways they've developed to cope (usually unproductive ways) are constantly thrown at the therapist in an effort to protect that wound. If the underlying problem is the inability to tolerate the difficult emotions, then all their learned responses will be at work to prevent the therapist from getting to that wound.

Other issues. Participants also indicated that among other noteworthy barriers to effective clinical treatment were: access to controlled/illicit substances in prison, a need to display empathy or compassion and establish rapport, and a perceived lack of ability for treatment staff to understand female offenders. To begin, a couple of study participants highlighted the challenges of providing effective clinical treatment in an environment that was not absent of controlled and/or illicit substances. Subject 5 stated:

And, finding ways to adjust goals for that person so that they could feel like they were making progress, would be a huge challenge. I mean – especially around issues with substance abuse – that there is rampant substance abuse in the

prison...still. It was terrible. It was ridiculous. Like, how did this person get

Suboxone in prison? How did this person get cocaine? How did this person get crack? How did this person get heroine?

According to subject 6, "That, with the amount of substances that are somehow floating around the prison, make it hard to do good work. You have to have someone that's really motivated and committed to staying sober - if that's something they struggle with."

Secondly, other study participants identified a need for treatment staff to display empathy or compassion and to establish rapport with female offenders. For example, subject 7 noted:

So, to kind of have some understanding for the fact that it's okay that they don't want to be here and if you were being forced to do something that you didn't necessarily want to do, you wouldn't be happy about it either. And, have more empathy - in regards to along that line - than trying to make them feel like you understand what they're going through.

In addition, subject 4 specified that:

I mean, it's really just knowing how to be an empathetic individual. Not empathetic - you know the term. It's compassionate...I guess. You're not supposed to fully have empathy; but, you know what I mean, its genuine human interaction that those folks - I think - could benefit from most in those areas.

With regard to the need for social workers to be able to develop rapport with female offenders, subject 6 stated:

I don't know. I think that - I seem to be really – at least compared to some of my colleagues – able to develop a rapport and relate to them or they seem to be able to relate to me. And so, I've just had a lot of the ladies I work with - like I said - say things like, "I've never told people this" or "I feel more comfortable talking to you." So, I think - kind of - like being more relaxed without violating like the facility policies or procedure about the professional relationship. And, being able to be more genuine, kind of helps me to work with the ladies.

Another identified barrier to clinical effectiveness is the perception, among female offenders, that treatment staff can't understand them. Subject 7 observed,

You know, I think the biggest thing that I've experienced is: there's a barrier that is almost unavoidable between yourself and the client - unless you have been in the system yourself or have that background yourself. And, so, from somebody that's sitting in the seat of the client, they feel like – most of the time – that there's no way that you could understand what they've been through; what they're going through; where they came from. Because there's just a disconnect there. They feel like they're - they're almost from a different world than the person they're talking to.

With regard to this issue, subject 5 stressed, "I mean, I think the most important thing is to be non-judgmental. Because, as you work with offenders, part of providing clinical work is understanding their backgrounds and histories."

Some study participants highlighted the delay in and/or lack of access to treatment services and other resources available to female offenders in the targeted Midwestern

state's women's prison. This was also noted as a barrier to effective clinical treatment.

For example, subject 2 made the following observation:

If a woman comes in and she's got 5 years of prison time, she does not get into programming until maybe her fourth year. So, she spends 4 years in prison learning the prison lifestyle from all the other prisoners that are there and not getting treatment so that she can work on those skills while incarcerated. ... But, for them to spend 5, 10, 15 years in prison and not get treatment until their final year - because, as I said, they only get a half an hour a month from us - it's ridiculous. That's one of the biggest barriers.

Subject 6 further stressed:

And there needs to be parity between the men and women. So, like, the men's inpatient mental health prison, they get more treatment and they get schooling. Like, they are in one prison just for them. So, they can go to school four times a week. The women's facility, the inpatient unit - if you're on the inpatient unit, you can't go to school because you have to stay on the unit. The men's prison is 200 mental health - like the severely mentally ill - 200 of them. And, they have like 10 clinicians and like 8 activity therapists. The women's prison, just recently for their inpatient population - granted it's only 30 women because the unit is not big enough, it should be bigger - but, spacewise, it's just not. So, they get one activity therapist that's split between inpatient and RTP. So, it's just, like a lot of programming and stuff that men in prison get, the women in prison don't necessarily get.

Primary Theme 5: Post-incarceration Needs of Female Offenders

Study participants provided useful insight into the needs of female offenders upon their release from jail and/or prison. There was a lot of discussion about the importance of addressing the practical needs of these women including case management, housing, and employment. But, it was also noted that there is a great need to address the underlying clinical treatment issues.

Case management and support. Study participants described case management in terms of assistance and/or an individual that might help post-incarcerated women with obtaining resources and/or acquiring the necessary tools for successful adjustment and reintegration into society. According to subject 1:

But, also these people need something to look forward too. They need a future. And, that future could be: they need help getting a job they feel good about; they need assistance getting into school and staying in school or being able to learn; they need help getting into a physical environment – a neighborhood or an apartment, even, that is safe for them. So, I think the biggest need that these folks have is in terms of case management.

Subject 6 observed:

I guess it kind of depends. But, a lot them have been there for a long and they need help getting connected to all resources. A lot of individuals I work with came in or are coming in at a very young age. So, in addition to like mental health treatment or substance abuse treatment that they need, they don't know how to do a budget or balance a checkbook. I work with some, they don't know

how to drive. And so, they're leaving and they're worried about learning to drive, learning to balance a checkbook - those kinds of things. And, I don't know that people always think of that.

Subject 2 summarized:

But, I would think possibly having somebody, a liaison, kinda guiding them to remind them of what they need to do. I mean, coming out of prison, after being there for a long amount of time, is daunting for a lot of the women. They need time just to acclimate to all the air and all the people and everything else of being outside of those gates. So, support; support and programs. That would be helpful.

Housing. Four of the seven total study participants identified housing as a primary need for female offenders upon their release from jail/prison. This need was discussed in more detail as it relates to individuals that are also in substance abuse treatment/recovery. Subject 2 described it in this way:

Housing is a big issue for several of the women. If they have a substance abuse issue and they have lost all of their support from their family because they've burned all those bridges, they end up going to community placement. Community placements are shelters – the little raggedy hotels where all the addicts go to use drugs when they get their social security checks and then go back to the shelter when they've used up their check. The buildings that they might have apartments in are also usually in drug areas, so better housing possibilities – even if it's a rooming house where they have a room and share a common area. More

transitional houses for women who need to go possibly to a women's halfway house or transitional house that has a substance abuse dynamic going on.

Vocational training. Employment opportunities and vocational training were cited by three study participants as a needed option to aid female offenders post-incarceration. Subject 2 stated:

Women need to have vocational training. And, they just began job fairs – which is great – so that women can go to a job fair a little bit before they leave. They'll have their resumes on-hand. They are able to pick up business cards of people who they've talked to and maybe have a job when they get out. That's one of the huge, huge things that needs to happen - for women to have training.

Subject 6 further noted:

The more training programs we have, for like good vocational training, I think the better we will do at lowering recidivism. Because, we have a dental hygienist program; and, unless they're lying to us, all of the ladies that complete that program - when they're released from the program - none of them have come back because they all go out and they get really good paying jobs.

Mental health and substance abuse treatment. Both mental health treatment and substance abuse treatment were identified among the post-incarceration needs of female offenders. With regard to mental health treatment, subject 5 stated:

Like I said, for people who have very severe mental health issues, having mental health supports in the community that accommodate them versus them returning

to prison. I mean, I think this is like an ongoing issue - not just for women, but for all incarcerated individuals.

Subject 6 noted:

My personal opinion is that a lot of them, maybe there's some like facts or professional support for this, a lot them needed like trauma intervention, mental health services. And if they had those services, before, maybe they wouldn't have ended up in the system. If we put more an effort into giving them these services, maybe we can get them out and keep them out.

Subject 3 emphasized that:

To be connected with mental health providers who are truly going to give them the services that they need. My fear is: women get out; they get on services through the Department of Health and Human Services and people don't take them seriously. That's a limited resource. And, they already have a feeling; they already complex about themselves for doing time, for being in an addiction, for being away from their family, from abandonment issues they suffered as a child. And now, it's following them through adulthood. And then to go sit in front of a doctor or clinical therapist - to not give them what they want or to tell them what they need - as opposed to listening to them.

Substance abuse treatment is also a need that was discussed by four of the seven total study participants. Subject 2 noted, "post-incarceration would be for those that have the substance abuse issues - treatment; continue treatment." Subject 1 summarized it in

this way: “The substance abuse treatment they get in the jail is a good start, but it’s not sufficient on its own. They need more substance abuse treatment.”

How the Findings Impact the Social Work Practice Problem

In the current section, I reviewed the clinical social work practice problem for each primary and sub theme that was identified during the data analysis process. The study’s practice problem explored the challenges faced by social workers while providing clinical treatment services to female offenders within the targeted Midwestern state. The following section discusses the impact of the social work practice problem in the context of the literature review and the study’s key theoretical concepts.

For primary theme one, the study findings aligned with the practice problem as there was data to support the assertion that female offenders may present with past experiences and behaviors that distinguish their needs from those of their male counterparts. While several study participants validated this research finding, Subject 2 noted: “I would say probably 90 - if not more - percent of the women that are incarcerated have some kind of trauma in their past – whether it was physical or sexual or emotional.” Consequently, it is important that those providing clinical treatment services to this population are trained to implement empirically-based interventions that have a demonstrated capacity to meet the unique needs of female offenders. Additionally, policymakers and those developing the rules and regulations for jail/prison systems should increase their knowledge of and inclusion of trauma-informed practices that minimize further harm/trauma to female offenders. As subject 4 observed, “our

institution had all staff trained in trauma informed care; and I think it was effective in understanding that trauma helps shape people's lives.”

As noted above, participants stated that female offenders may also display certain personality traits and personality disorders as a result of their prior trauma. According to the study's literature review, it has been argued that childhood abuse has a negative effect on an individual's capacity for emotion regulation and anger regulation (Gobin, Reddy, Zlotnick, & Johnson, 2015). If these difficulties continue into adulthood, the outcomes can include violent and aggressive behaviors – which are primary attributes of ASPD. The findings of this study identified personality disorders as being among the top three mental disorders a correctional social worker should have knowledge about and/or be prepared to treat. Both personality disorders and other traits identified by study participants - like being manipulative, deceptive, and emotional - were consistent with the literature review in that these issues may cause difficulty for social workers when trying to engage the study population and in observing progress towards meeting the goals of treatment (Knight, 2015). Thus, social workers should receive specific training to interact with and to treat those having these diagnoses and personality traits in order to effectively engage with them in treatment.

Primary theme two discussed the factors that contribute to the incarceration of women. Several study participants suggested that changes in systemic policies and harsher sentencing practices have resulted in an increase in the number of women that are confined to jails and prisons. The findings of this theme were consistent with the study's literature review. Both the War on Drugs policies and laws that impose mandatory

minimums and harsher sentencing policies have been identified as significant elements that resulted in an increase in the number of women who have passed through the justice system (Belknap et al., 2016; Kelly, Cheng, Spencer-Carver, & Ramaswamy, 2014).

When considering the impact of this phenomenon, subject 1 stated:

The question I find myself asking throughout the first year I've had this job: how can you quantify the consequence of 30 days in jail for somebody who you don't believe needs to be there? How do you really determine what the toll of that is? And, I think if I went to jail for 30 days...oh, my God. What would happen to my life?

Another identified issue was untreated mental health and substance use disorders.

All study participants noted the impact of these problems within their responses to my questions – which was consistent with the literature review. Saxena et al. (2014) observed that, for women, trauma is likely to precede their substance use issues. Additionally, women are more likely than men to use controlled and/or illicit substances in order to cope with their victimization and the resulting psychological distress (Fuentes, 2014; Kennedy et al., 2016). Subject 2 stated that:

Substance abuse always plays a role - even if there's a history of trauma – which might be the underlying issue. Substance is one of the coping mechanisms a lot of women who have had trauma use. So, those two together also seem to be contributing factors.

Finally, theme two highlighted the influence of romantic relationships as an additional factor that has contributed to the incarceration of women. The study's

literature review found that women often become involved in drug distribution at the request or requirement of family members and male partners and typically function as an accomplice to men who commit violence or drug related crimes (Pettus-Davis, & Ayers, 2016). According to subject 3, “when I was working at the prison, the trend that came up was addiction, substance abuse, mental health, and women being locked up - taking a case for their boyfriend, partner, spouse - things like that.” Consequently, it is important that correctional and judicial officers assess for evidence of coercion and manipulation and modify their policies to reflect alternative methods of rehabilitation such as restorative justice.

In theme three, the findings of the current study described the nature of prison. Subthemes that emerged were that prisons were created for men and not women, prisons are more punitive than rehabilitative, negative perceptions among prison staff leads to poor treatment of female offenders, and prison leads to separation from family and children. Theme three is consistent with the literature review in that scientific studies have substantiated that the care models and interventions that have been used to address the needs of female offenders are based on those that were developed for men (Kennedy et al., 2016; Kubiak et al., 2015; Saxena et al., 2014). Furthermore, the literature review also noted that policies for addressing incarcerated individuals have historically been more punitive than rehabilitative (Covington, 2002). As a result, strategies for reducing increases in the overall prison population and the increasing rate of incarceration among women have been ineffective (Epperson et al., 2013). In light of this, prison officials should critically assess whether their current policies and practices are effectively

addressing the unique needs of female offenders. If not, they should work to develop and implement interventions that have been proven to reduce recidivism.

Additionally, this study requested that participants identify promising practices and/or treatment approaches – used by their facilities - which they viewed as particularly effective. Among these were: Dialectical Behavioral Therapy (DBT), Advanced Substance Abuse Treatment (ASAT), “Moving On,” “Healing and Trauma,” and “Beyond Violence.” Subject 4 further noted that, “Our institution had all staff trained in trauma informed care, and I think it was effective in understanding that trauma helps shape people’s lives.” Lastly, subject 7 provided this example:

Like, we have a program in this area called the PRISM Program. And, PRISM is like an IOP type of a program. So, it’s for people that are experiencing a substance abuse problem, but they actually do have contracts with the county where they can provide transportation back and forth to the facility, where the program takes place, and then back home again as long as they live in the county. And, they actually do have childcare options during the time of programming. Every once and a while you run into a cool program like that where it’s like...okay...we’re really trying to look at the needs of women – in particular – and figure out what we can do to help them get the services that they need while taking care of their life responsibilities.

Secondly, the literature review also discussed the negative consequences for children and families when women are incarcerated. It was noted that the incarceration of a mother – as opposed to that of the father - increases the likelihood of future

incarceration for children (Menting et al., 2015). It was further stressed that children of incarcerated women suffer negative consequences that have been shown to have a long-term impact on their functioning and overall well-being (Dallaire et al., 2015).

Furthermore, this author also reported that the adult children of incarcerated women are 2.5 times more likely to be incarcerated than the adult children of incarcerated fathers.

These themes were also identified in the current study. According to subject 2:

The other I would say is that there is trauma that comes from being imprisoned. And that, I think a lot of the women aren't aware of that. And, there's also a lot of loss. There's loss of freedom. There's loss of family. There's loss of children, you know. Because women lose custody of their children if they're incarcerated over 2 years. They lose their parental rights. That's one of the things that I believe needs to be looked into. If the woman does not have a family member who's willing to foster her children, she'll just lose them completely.

In light of this, more correctional systems/facilities should foster environments that support family visitation and reunification efforts – when appropriate. Judicial officials and staff should also consider allowing more time for family reunification activities prior to terminating the rights of incarcerated mothers that are willing to actively participate with a treatment plan for reunification.

Theme four identified barriers to effective clinical treatment with female offenders. Among the emergent subthemes were that social workers lack sufficient education and training specific to the needs of female offenders, time constraints and insufficient numbers of clinical treatment staff, mistrust of clinical treatment staff, and a

discussion of other issues that create barriers to effective clinical treatment. The study's findings were consistent with the literature review when considering that social workers have reported that their education and practice training did not prepare them to meet the specific needs of female offenders (Knight, 2015). In this study, subject 1 stated that:

I think people could know more about what it's like to work with people in corrections. And - for social work - I mean, its ground zero. In the jail, there are people from every walk of life, with every strength imaginable, every need imaginable; but, it still feels foreign. And, I'm a person with two social work degrees. I think there's something lacking in the education.

Consequently, social work training programs should consider adding specific training programs/ courses and clinical practice opportunities that will allow students with an interest in working with offenders and in correctional settings to obtain the necessary education and preparation to be effective in these environments and with these populations.

For theme five, study participants identified the post-incarceration needs of female offenders. These needs included the following: case management and support, housing, vocational training, and mental health and substance abuse treatment. Several of these identified items were also highlighted during the literature review. Barrick et al. (2014) and Heidemann et al. (2016) noted the following barriers to reintegration for formerly incarcerated women: employment, housing, civic participation, reunification with families and children and income assistance. Clone and DeHart (2014) stated that these barriers can increase the likelihood that formerly incarcerated women will engage

in repeat offending. This, will ultimately result in re-incarceration. With regard to the need for ongoing treatment, subject 2 noted:

The impact of releasing women back into my and your communities with no additional coping tools to change and not having the opportunity to heal from past trauma would be women returning to crime and committing more fatal crimes due to undiffused anger, more children in the foster care system which is traumatic for the child and begins the pattern of dysfunctional and criminal behavior, recidivism to crime and drug use and the need for more prisons.

Subject 5 further stated:

This is bigger than incarceration solely and inclusive of all society if we do not recognize that we are actively removing people from participating in their communities and then further stigmatizing them with this additional label of being a convict or a felon. In our system currently, there is no room for mercy or rehabilitation, but rather, ongoing unaddressed traumas that perpetuate this cycle.

Discussion of Unexpected Findings

The problem statement for this study involved a considerable dialogue about the trends related to female offenders. There has been an increasing rate of female offenders and incarcerated women throughout the United States and internationally (Fritz & Whiteacre, 2016; López-Garza, 2016; Mancini et al., 2016). Since the 1970s, women have been incarcerated at higher rates than men (Heidemann et al., 2014). According to Fuentes (2014), “although comprising only 12.3% of all jail inmates and approximately 7% of state and federal prisoners, women nonetheless constitute the fastest-growing

segment of incarcerated people in both jails and prisons in the United States” (p. 86).

But, according to subject 1, this phenomenon is not something he has witnessed. He stated that:

Sometimes, I'll have female clients at the County Jail that have - I mean, some women have left and come back more than three times and have not been out of jail for over a year and it seems like, in the targeted Midwestern state at least, the women that I'm working with in my county have rarely gone to prison. So, I'm surprised to hear that incarceration or prison rates are going up in the U.S. because it seems like folks around here are not going to prison. And it seems like men with the same charges would go - with the same kind of histories - would go to prison and the women are not.

This subject further indicated that perhaps his experience is different because of the method(s) his county is using to manage this issue. He stated that:

It seems like there's an initiative via the Sheriff right now to incentivize people engaging in treatments that are in the community as a diversion method to keep people out of jail and prison. So, women are getting multiple chances to be released from jail early through substance abuse treatment; there's funding for women that are on probation to receive three-month long substance abuse treatment stays. And, that is incredibly common with the women I'm working with in the jail. So, there's the initiative to really be treating rather than correcting.

In light of this, similar models can be useful for other localities that are having difficulty identifying effective methods of reducing the number of females that are being incarcerated as well as determining alternative methods of addressing female offending.

In Section 1, pathways theory is identified as a lens through which female offending and female incarceration was to be examined. Pathways Theory asserts that women have a different pathway into the criminal justice system and thus, different fundamental service needs than male offenders (Belknap et al., 2016, Burgess-Proctor, 2012). While several study subjects acknowledged the differences between the factors that contribute to male and female offending as well as the need for a variance in the type(s) of services provided, subject 7 offered another view:

...I really feel like, that for the most part, you've got the same factors contributing to female and male offending. Other than every once and a while, I have had – again back to that mom thing – clients who are coming in that have been incarcerated or charged due to retail fraud offenses and they were trying to take care of their children in regards to what they were stealing at the time.

This subject further stated:

I feel like - I do feel like accountability is a big thing and I don't think that female offenders should be held to any other standard than male offenders. So, I guess I don't have a super good answer for that question. Because, again, I don't feel like there should be different standards that are held for people in regards to what laws they need to follow.

Consistent with the literature review, primary theme four included some discussion of the barriers to effective clinical treatment with female offenders. Specifically, the literature review identified that there's a lack of social work education and training to effectively prepare social workers to meet the unique treatment needs of female offenders. But, there were also some emergent themes that were not expected. Despite feeling unprepared to work in corrections with female offenders, several study participants emphasized that basic social work principles and values were quite useful in guiding their practice and helping them to be successful in working with this population.

Subject 1 noted:

There was nothing that I learned specifically about working with women who are incarcerated or being supervised by corrections. And, I think it's important to say that - though none of my training was specific to women in correctional settings - I think that I have the clinical skill that's appropriate to do good treatment with them. So, I would say that the skills I learned that are relevant and practical are to do thoughtful assessment and to let accurate diagnosis inform treatment appropriately....

This subject also stated:

I think that the biggest - the most important parts of the practice that I'm in - are our social work core values. I advocate when I think injustice is being done. I act with integrity. I only practice things that I'm competent in and I refer out if somebody has a need that I'm not able to meet. We treat people appropriately regardless of demographic. And, I think that's really it.

According to subject 3, “I think that one of the things that’s high on my list - seriously, and as a social worker - what I learned is respecting humanity. Respecting each individual. Meeting them where they were at.” Subject 6 further noted:

I think the big cliché thing of like meeting people where they are. And, you know how they teach us that the relationship is like the most important factor - well, like after the person’s own stuff that they bring. But, like realizing that’s really true...From this, it can be concluded that an educational program that offers a strong curriculum surrounding basic clinical social work skills can provide a beneficial foundation for those seeking to work with offenders/female offenders.

Though more specific education and training were identified as necessary tools for preparation, these basic clinical social work skills provided study participants with some knowledge and capacity to engage in an effective manner.

Summary

Section 3 of this action research project provided an overview of the study’s findings. This presentation included data analysis techniques, the study findings, and a summary of the results. The research question was the following: What are the issues and challenges of providing clinical social work services to female offenders in the targeted Midwestern state? The practice problem explored the difficulties encountered by clinical social workers when providing treatment services to female offenders. The study participants provided useful insight into the overarching challenges they face as well as those that may be secondary. The themes included experiences and characteristics of female offenders, factors contributing to the incarceration of women, the nature of prison,

barriers to effective clinical treatment, and post-incarceration needs of female offenders. Given that the targeted Midwestern state has one prison to house female offenders, it is important understand the factors that have contributed to an increasing rate of female inmates and the subsequent problems that have emerged. Within the study findings, there was also a discussion of unexpected findings. One subject indicated that he had not observed an increase in the number of women being sent to prison within his local region in the targeted Midwestern state. This is perhaps due to methods the county is using to divert female offenders into treatment rather than prison. Another subject did not agree that there were different factors contributing to the commission of criminal acts for females than for those of males. This subject further indicated that she did not believe there should be any variance in the proposed standards for managing male and females within the justice system. Another unexpected finding was that social workers – whom several stated that they were not prepared by their school and/or prior training to work with female offenders - felt that their basic clinical skills were quite useful in treating female offenders. Lastly, two study participants identified some systemic barriers – specific to their experience(s) within the targeted Midwestern state’s correctional system– that were obstacles to effective clinical treatment.

The purpose of this study is to understand the issues and challenges faced by clinical social workers when providing clinical social work services to female offenders in the targeted Midwestern state. Section 4 will provide a discussion of the practical application of the study’s findings to social work ethics, recommendations for social work practice, and implications for social change. Section 4 will also include

recommendations for future research that are based on the current study's findings. This will aid in the exploration of additional practice problems as well as in the identification of solutions with more generalizable results.

Section 4: Application to Professional Practice and Implications for Social Change

The purpose of this research project was to explore the challenges faced by clinical social workers when providing treatment services to female offenders in the targeted Midwestern state. The practice focused research question was: What are the issues and challenges of providing clinical social work services to female offenders in the targeted Midwestern state? I used a participatory action research design to explore and understand the factors that inhibit effective social work practice with female offenders. This study was conducted to learn about clinical social work services with female offenders in the targeted Midwestern state in order to identify additional methods of reducing female offending and decreasing the likelihood of recidivism.

I interviewed six master's level clinical social workers and one bachelor's level clinical social worker who were all licensed in the targeted Midwestern state. All initial interviews were conducted by phone and the follow-up information was obtained through email/written correspondence. During the individual interviews, the study participants identified a number of themes that were consistent with the literature regarding the factors that contribute to female offending as well as the challenges related to service provision with this population. The following is a summary of the primary themes: the unique background of female offenders, factors contributing to the incarceration of women, the nature of prison, barriers to effective clinical treatment, and post-incarceration needs of female offenders. While most of the social workers discussed their lack of training and preparation for working with female offenders and in correctional settings, it was unexpected that several of them indicated that knowledge of social work

ethics and basic clinical skills for building rapport helped them to feel confident in their ability to engage and to treat this population. The key findings of this study helped to inform social work practice by providing further validation for existing data which emphasizes the unique experiences and gender-specific needs of female offenders and by providing direction for the education and training needs of clinical social workers in correctional settings.

Due to the lack of generalizability, the findings of the current study may have limitations when considering how they extend knowledge in the discipline of social work. There are, however, some useful implications for correctional social work practice in the targeted Midwestern state. While the State's overall prison population declined since 2007, the number of imprisoned women increased during that same time period (Egan, 2016). This is consistent with national trends. Though officials in the targeted Midwestern state's correctional system denies that the prison is overcrowded - in light of available beds - experts have reportedly observed that the conversion of recreation rooms and storage rooms into cells doesn't allow for adequate ventilation and space for basic options such as a chair in some cells. It has further been alleged that this situation has contributed to depression and an increase in both violent incidents and suicide attempts among women incarcerated at this facility.

Section 4 of this Proposal includes the Application for Professional Ethics in Social Work Practice, Recommendations for Social Work Practice, and Implications for Social Change. The Application for Professional Ethics in Social Work Practice Section will present and explain at least two specific principles or values from the NASW Code

of Ethics related to this social work practice problem, explain how the NASW Code of Ethics guides social work practice in this area of focus, and describe how these findings will impact social work practice - specifically related to the area of professional ethics. The Recommendations for Social Work Practice will include the following: at least two recommended action steps for social work practitioners who work in this area of focus, a discussion of the usefulness of the findings from this study to the broader field of social work practice, and recommendations for further research that are grounded in the strengths and limitations of the current study. Finally, the Implications for Social Change will describe the potential impact for positive social change at the appropriate level(s): micro, mezzo, and macro and/or practice, research, and policy.

Application for Professional Ethics in Social Work Practice

According to the National Association of Social Workers (NASW) (2017), ethics are a vital component of social work. These Ethics are to guide the professional conduct of social workers and social work students as they interact with clients, coworkers, and others on a daily basis (NASW, 2017). This Section will discuss the clinical social work practice challenges related to female offenders/incarcerated women in the context of the profession's ethics and values.

Principles from the NASW Code of Ethics Related to the Practice Problem

Two specific principles or values from the NASW Code of Ethics related to this social work practice problem are social justice and dignity and worth of the person. In this study, the social workers identified poor systemic policies and harsher sentencing

practices as factors that have contributed to an increase in female incarceration. It is through this lens that the principle of social justice will be explored. Secondly, several study participants shared their observations regarding the poor treatment and disrespect of inmates in the targeted Midwestern state's women's prison. These interpretations will guide the exploration of how the dignity and worth of the person should be considered in the context of the practices in the targeted Midwestern state.

Social justice. Social justice refers to the responsibility of social workers to seek social change on the behalf of oppressed and vulnerable populations (NASW, 2017). As stated earlier, female offenders/incarcerated women are a marginalized or oppressed population (Section 2). Since 2000, there has been a 50% increase in the number of women in prison, while the number of men in prison increased by 18% (Willison & O'Brien, 2017). From a systems perspective, this phenomenon can be related to the structural oppression of impoverished and marginalized populations and to the criminalization of individuals that do not conform to dominant cultural norms (Willison & O'Brien, 2017). It is in this light that social workers are urged to advocate for social justice on the behalf of female offenders. In this study, subject 5 asserted that:

I think for women, also too, there's a double standard in relationship to the crimes that they commit; that men might get a shorter sentence while women might get a longer sentence based on this perception of what a woman should be or how a woman should react in a situation and a woman's like, motherly instincts. ... In terms of having harsher sentencing for women, like I said, I think there are intersecting systemic issues related to that. I mean, obviously, like I said, just this

perception of what a woman should be or how a woman should react, to a certain situation, making it possible for them to have harsher sentencing.

While society has made numerous efforts to protect vulnerable individuals and groups, the practices of a patriarchal social system that often minimizes the constraints faced by women continues to be a source of oppression (Sered & Norton-Hawk, 2014). For example, Willison and O'Brien (2017) stated that women's crimes are significantly related to their role as primary provider and to their socio-economic standing/poverty.

Subject 7 observed:

Barriers, like I kind of mentioned before, really seem to be in direct relation - back to life circumstances. So, for example, 'how can I get in for treatment or the treatment that I need or the treatment that's being requested of me, when I've gotta get kids on and off the bus or kids to and from school?' 'I can only work at night because I have to have somebody at home with the kids cause I have to be home with them during the day.' ...A big thing that we see with women a lot, here and in past places where I've been, is that they have a need to bring their children with them. And, so, how can you have an effective therapy session when they're trying to keep their kids entertained in a small office where they're supposed to be - you know - when they're trying to talk back and forth?

Because of this, it is important that social workers advocate for quality education, employment at fair wages, and economic supports that increase the safety net for women by addressing basic needs. Social justice and change must not simply focus on the behavior(s) of the individual, but must also include a serious discussion and challenge to

the social and political structures that drive criminalization and the imprisonment of women (Burch, 2017). In addition to advocating for changes to local prison policies, social work practitioners need also confront the systemic policies that have continued to punish female offenders instead of considering their crimes within the context of their unique experiences.

Dignity and worth of the person. According to the NASW (2017), social workers should strive to respect each person's inherent dignity and worth. Several study participants discussed concerns about the negative views of and the poor treatment of incarcerated women in the targeted Midwestern state's women's prison. This creates an environment in which the women can be further victimized. But, if perhaps viewed and treated with respect, the female offenders might be motivated to aggressively pursue rehabilitation. When considering what has contributed to her ability to be successful in working with this population, subject 6 shared this insight:

And I think also – like I guess it goes along with the being genuine – but like saying things to them like, “I am only one mistake away. We’re not that different. It easily could happen to me or anyone I know.” Or, just kinda trying to like relate to them and let them know that, “You’re just a normal person; it’s just that you’re here in prison.” I mean, while there’s factors there that we need to look at and consider, I don’t think of them or treat them any differently than the people I worked with in the community before I got to the prison system.

Additionally, social workers are to aid in the resolution of conflict between the interests of the broader society and the interests of clients in ways that are consistent with the profession's values and standards. In this study, subject 5 stated:

I guess the thing is like, when social workers work in the system, they are the front line people who are trying to - for lack of a better way to put it - work against the system: in terms of working against the system that they're currently in to sort of do what they can to provide protective measures so that the system doesn't continually harm the individual, right.

While it was considered that society should maintain the practice of holding individuals accountable for their actions, this subject further noted:

And, I think - like I said - that this is a bigger systems issues that people have to sign on to, right? But, it's a hard one in terms of, like looking at it from a broader sense of society, because people want others to be punished. And, it's this lack of understanding that their loss of freedom is the punishment. That the continued punitive and privations of being incarcerated - that's not necessary.

Though there was some dissonance regarding whether there should be differences between how male and female offenders are handled by the judicial system in light of their varying experiences, this study validated the social work principle which emphasizes that individuals should be treated with respect and dignity. And, social workers must not only consider their personal views and treatment of female offenders, but it's important that we work to help others to understand that holding individuals

accountable for criminal acts is not necessarily consistent with punitive approaches to intervention.

Recommendations for Social Work Practice

Based on the outcomes of the current study, a predominant recommendation is that there should be additional research into the challenges faced by social workers when providing clinical treatment services to female offenders. The information gained from this study is representative of foundational knowledge that should be built upon in order to achieve more generalizable results. The focus of additional research studies might include a broader range of correctional systems and an increased number of social workers both inside and outside of the targeted Midwestern state. More specifically, it is important to increase the understanding of the barriers resulting from systemic factors (macro) as well as those that emerge during the individual treatment relationship (micro). This knowledge will help to steer and frame the course of future action. The following Section will include a discussion of practice and policy recommendations for social work practitioners who work in this area of focus.

Action steps for social work practitioners

Practice. Based on the findings of this study, one action step is that practitioners in this area of focus should pursue specialized training to address trauma and the related mental health conditions. The majority of study participants emphasized a need for more training and education related to the unique needs of female offenders. When asked about the top three mental disorders a correctional social worker should have knowledge

about and/or be prepared to treat, the following were among those identified by study participants: PTSD and other anxiety disorders, depression, Borderline Personality Disorder and other personality disorders, attachment disorders, bipolar disorders, substance use disorders, Schizophrenia, and dissociative disorders. It was widely expressed that these conditions often emerge and/or are exacerbated in the context of trauma. Given that these findings are consistent with prior research that has indicated that female offenders are more likely to have experienced some type of interpersonal trauma and to also have a related mental health and/or substance use disorder, it is important that practitioners feel confident in their ability to provide effective clinical interventions to address these experiences and conditions. While some study participants indicated that they had to seek this training at their own initiative and sometimes at their own expense, the specialized training seemed beneficial in providing the practitioner with some tools for meeting the treatment needs of the female offenders to which they were assigned.

Policy. As previously discussed, the War on Drugs and changes in policies related to harsher sentencing are thought to have contributed to the rise in the number of incarcerated women. To this end, one recommended action step is that practitioners should advocate for changes to laws and practices that facilitate the imprisonment of women for status offenses and non-violent crimes. Several study participants noted that women are often incarcerated for drug-related offenses and/or crimes that do not involve violence. In light of this, it may be more beneficial to provide these women with an alternative form of resolution that seeks to avoid incarceration. Furthermore, a

significant number of female offenders commit crimes in the context of their own experiences of interpersonal violence and victimization (Lynch et al., 2017).

Consequently, restorative justice interventions can be useful in addressing these issues by maintaining accountability for the perpetrator while resolving the matter in a way that avoids jail and/or imprisonment. For example, there is a considerable amount of research indicating that women are often the victims of childhood abuse and interpersonal violence prior to them becoming the perpetrators of a crime (Crable et al., 2013; Lynch et al., 2017; Österman & Masson, 2018; Smith, 2017; Solinas-Saunders & Stacer, 2017). In the case of women who commit illegal acts in order to protect themselves from violence/interpersonal violence, restorative interventions can be useful in avoiding further victimization of these individuals because this process facilitates increased empathy and encourages the management of complex emotions in a way that is less destructive (Österman & Masson, 2018). Therefore, social workers can raise awareness about restorative alternatives, as a mechanism by which positive change can occur for female offenders, and advocate for policies that support their use instead of more punitive forms of resolution (Österman & Masson, 2016).

How these findings will impact the researcher's social work practice

As a result of my research, I will strive to raise awareness about the unique needs of female offenders and continue to advocate for the use of interventions and practices that will best meet their specific needs. Burch (2017) discussed the tendency of both practice and policy to solely focus on the symptoms and responsibility of the individual while neglecting to consider the political and social root causes of imprisonment. This

can often lead to the reinforcement of these inequalities. Because of this, I think it's very important that my work as a practitioner extend beyond the clinical treatment setting and that I become more active and involved in opposing the structural forces that promote the punishment of female offenders while negating the importance of clinical treatment. One way that I will do this is by choosing to speak in support of female offenders and by encouraging others to consider their criminal acts in the context of the unique experiences of women. I think that one of the most basic ways that systemic inequalities are perpetuated is through the maintenance of negative ideologies and beliefs – among those in power - about certain populations. In both my personal and professional capacities, I frequently have the opportunity to interact with individuals that either provide direct services to and/or supervise the provision of services to women. My goal is to continue to raise awareness about the unique experiences of women and female offenders and about how their history of trauma can negatively impact their thoughts and actions. By doing this, I hope to promote social change and reduce injustice on the behalf of female offenders as they are both a vulnerable and a marginalized population.

Though I'm no longer working within a prison system, I maintain a passion for ensuring that social work students and clinicians are trained to provide effective treatment services to female offenders. My goal is to continue to supervise and to train social work students in the practice setting, but I would also like to become a professor/instructor within a clinical social work program. I believe that it is important to share with future clinical social workers/practitioners both the knowledge that I have gained from my research as well as the knowledge I have gained from my experience in order to increase

their capacity and confidence in their ability to provide effective clinical treatment services to female offenders/incarcerated women.

Lastly, I would like to develop gender-based treatment materials that will be used for personal growth and healing as well as for individual and group treatment sessions. These materials will be in the form of published books and workbooks that focus on the multidimensional challenges of female offenders. At the present, *Seeking Safety* and *Beyond Violence* are among the only gender-based resources being used in correctional settings to address co-occurring disorders and the concomitant trauma(s) that are prevalent among women offenders. I would like to expand the number of available materials and resources that are designed to help social workers in correctional settings better target and treat these complex conditions. These materials/publications will use evidence-based knowledge and concepts to support the user as they engage in the process of healing and transformation.

Usefulness of study findings to the broader field of social work practice

Gambrill (2016) stated that social workers have one of the most difficult tasks among helping professional as we are faced with the challenges of managing individual distress in the context of social, political, and economic policies that foster preventable inequities. As a result, these influences impact social work funding and frame social work problems, service provision, and what is taught in schools of social work. The findings of the current study provided beneficial insight into the challenges of providing clinical social work treatment services within the targeted Midwestern state. But, these findings can also be useful within the broader field of social work practice. This section will

explore the implications of the current study findings upon practice, policy, and research considerations within the broader field of social work practice.

Practice. Within the social work profession, burnout has been identified as a serious problem (Savaya, Melamed, & Altschuler, 2018). Savaya et al. (2018) further noted that burnout can contribute to diminished physical and emotional health as well as a reduced sense of general well-being for practitioners. In addition, practitioners suffering from burnout exhibit decreased empathy and attentiveness to clients and are less likely to be able to develop a cooperative relationship with them. Furthermore, these authors identified high turnover rates for practitioners with burnout and emphasized that turnover disrupts the continuity of care for clients. In this study, subject 6 stated that, “I was there for not even 6 months – I think – when I first started burning out. I was like, “I can’t do this.” This subject further observed:

... there is research out there that can be used to show who’s more likely or less likely to burn out. Or, you can use it – once you have clinicians or even non-clinical staff – to teach them so that they can perform better and lower their risk of burn out. So, I think that would be - if they used those kinds of things – that it would be beneficial to the clinical staff and the non-clinical staff. And, then, in turn, also the offenders or the inmates. Because, if you have staff that’s more resilient and more likely to stick around, then you have continuity of care and probably better treatment outcomes.

The findings of this study provided support for an increased recognition of the harmful consequences of practitioner burnout. This is consistent with the existing data which

indicates a need to address this problem throughout the broader social work field. Wilson (2016) noted that social workers must advocate for themselves and their colleagues by openly expressing concerns about job burnout within their organizations. In addition, it is important that organizations provide support and encourage self-care among clinical staff, including social workers, in order to minimize burnout and secondary trauma. Lastly, professional counseling is also a useful method for managing professional and personal concerns that contribute to social worker burnout (Wilson, 2016).

Professional networking and collaboration provide opportunities for social workers to manage and reduce the impact of workplace issues in a way that is confidential and safe (Wilson, 2016). During the course of this study, I became affiliated with Facebook Groups such as Mental Health Professionals and Social Workers of the targeted Midwestern state, the targeted Midwestern state's Network of Professional Social Workers, and Social Workers of the targeted Midwestern state Resources. These groups for social work professionals can serve as resources for peer-based support, professional development opportunities to aid social work practitioners in managing stress, and local activities for self-care.

Secondly, Kubiak and Milanovic (2017) stated that the United States has the largest number of incarcerated individuals - across the globe - and these individuals are disproportionately disadvantaged when considering their economic and minority status. Due to the presence of these social inequities, this issue is one of importance to social work. But, despite this, few schools teach social work students about issues related to

criminal justice reform or to the criminal justice system (Kubiak & Milanovic, 2017). In this study, subject 1 emphasized:

I think people could know more about what it's like to work with people in corrections. And, for social work, I mean, its ground zero. In the jail, there are people from every walk of life, with every strength imaginable, every need imaginable; but, it still feels foreign. And, I'm a person with two social work degrees. I think there's something lacking in the education.

Several study participants discussed the need for more education and training opportunities for social work students. Subject 3 summarized it in this way:

I know we don't use it too much, but that diagnosis - that mental health, substance abuse thing. Mental health and substance abuse. I was not familiar with any of that. I didn't realize how it just all ties in and I wish I had gotten more information on my own and I wish that the substance abuse part was taught in school. That it was taught like a separate, you know Gerontology, Substance Abuse, Children and Family, they were separate disciplines, but I wish they had mixed them all in at some point. You know where we could actually do some – and I know we have to decide – but just internships, externships, something where we would – especially in our Master's Program – where we could, you know, could interact with each population.

In light of this, an additional recommendation for social work practice is to increase access to learning opportunities for social work students that have a specific interest in working with forensic populations and in correctional settings. There are specific

organizations within the targeted Midwestern state that provide trainings and conferences to help social workers and other practitioners to gain skills and tools for working with formerly incarcerated individuals. The Association for Justice-Involved Females and Organizations also hosts an annual conference that increases opportunities for networking and for sharing information regarding best practices for use with justice-involved women and youth (Association for justice-involved females and organizations, n.d.). Both these organizations encourage student attendance and offer resources that can aid students as they prepare for practice.

Policy. Several study participants discussed the impact of policy changes that resulted in the incarceration of women for non-violent crimes. Not only is this an occurrence in the targeted Midwestern state, but the increase in the number of women in jails and prisons is a phenomenon that has been experienced nationally and internationally (Belknap et al., 2016; Kelly, Cheng, Spencer-Carver, & Ramaswamy, 2014). Given the empirical basis for the assertion that women are often the victims of violence and/or interpersonal crimes prior to them becoming offenders, there is a growing recognition that the complex circumstances surrounding women's experiences need to be considered in order for the criminal justice system to provide effective interventions and rehabilitation (Österman & Masson, 2018). Consequently, the findings in the current study validate the need for continued efforts to scrutinize these policies and to perhaps rewrite them with provisions that address the vulnerabilities that contribute to *female offending* while also requiring some level of accountability for their criminal acts. As previously discussed in Section 2, restorative justice allows offenders to assume

responsibility for their actions and to make amends while also permitting the victim(s) and community members to express the impact and negative consequences of the crime (Osterman & Masson, 2016). Through a process that is more cooperative than punitive, restorative justice seeks to facilitate the offender's successful return to community participation. In light of this, communities in the targeted Midwestern state should provide more restorative justice options as alternatives to incarceration and other punitive forms of resolution. In 2016, the governor of the targeted Midwestern state implemented a law that requires the state's school systems to consider using restorative practices instead of simply utilizing policies such as suspension or expulsion. This law can serve as the basis for laws that promote the use of restorative options, as opposed to mandatory sentencing and imprisonment, in addressing female offending. Consequently, social workers in the targeted Midwestern state can collaborate with existing local groups that to advocate for the use of policies and laws similar to this in resolving legal issues and criminal offending among women.

One local university within the targeted Midwestern state has also offered a three-week course that provided information about the use of restorative justice as an alternative to punishment. Both this course and the instructors can be resources for aiding social workers in educating, mobilizing, and raising awareness among professionals, community members, and other stakeholders about restorative justice options as an unconventional way to respond to criminal offending. Additionally, the local university's Office Of Student Conflict Resolution has infused restorative options into all of their practices. This Office provides resources related to restorative justice and

can also be a source of information for social workers within the targeted Midwestern state as they work to empower community members to implement restorative options.

Research. Clinical supervision is an important aspect of skills development and training for practitioners (Alfonsson, Parling, Spännargård, Andersson, & Lundgren, 2018). According to Samson, Tanchak, Drolet, Fulton, and Kreitzer (2019), supervision that encompasses a detailed review of cases, an evaluation of intervention plans and related outcomes, as well as relevant learning activities, has been linked to improved effectiveness and efficiency of services to clients. Oftentimes, however, there are few opportunities for mentoring, support, and training available to social workers (Samson et al., 2019). Multiple study participants indicated that they would have benefited from more training and clinical supervision in the context of addressing the clinical treatment issues that are prevalent among female offenders. Subject 6 provided this observation:

But, in the targeted Midwestern state's department of corrections system, like there's not really clinical supervision. And, I think that would be helpful because it seems like times when I don't know what to do or I'm like, 'I could do this or I could do this,' there's no one to talk to; there's no one to ask. So, by the time my supervisor gets back to me, its days later.

In light of this, it is recommended that future research studies explore the intersections between clinical supervision, practitioner competence, and treatment quality. Given that clinical supervision has been connected to positive practitioner and client outcomes, it would be beneficial to gain more insight into how this tool can better aid in the training and supervision of social work practitioners.

Limitations of study findings impacting usefulness

Due to time constraints and the challenges with recruitment, the sample for the current study was small ($N = 7$). According to Etz & Arroyo (2015), a small sample can pose a barrier to the generalizability of the study's findings. Thus, it cannot be assumed that the study's results will apply to populations beyond those from which the sample was obtained (Etz & Arroyo, 2015). Consequently, the application of the research findings can be limited. In contrast, the use of a larger sample size allows for the inclusion of broader perspectives and increases the capacity for greater exploration of the challenges faced by clinical social workers when providing treatment services to female offenders. While I received more inquiries than those who were included as study participants, factors such as schedule constraints, perceived ethical issues, and not meeting the study's participation criteria were among the other reasons that more clinical social workers did not participate in the study.

In addition, the investigational aspect of the study solely focused on the challenges within the targeted Midwestern state. Therefore, it cannot be assumed that the identified barriers and challenges are necessarily the same for those providing clinical social work services outside of the targeted Midwestern state. In addition, all study participants were in two specific counties within the targeted Midwestern state. This further limited the inclusion of perspectives from those that might have worked in areas outside of these two counties. Perhaps those in rural provinces or smaller districts might have different experiences and challenges from those that are primarily located in more urban counties.

Furthermore, the majority of study participants were primarily female. This resulted in an inability to determine whether representatives from other genders and gender identities might have offered alternative perspectives. Though there was a good mix of clinical social workers from both public and private settings, greater demographic diversity among study participants may have provided more knowledge and insight into the challenges faced by clinical social workers in the treatment of female offenders.

Recommendations for further research

Gitterman (2014) stated that the goal of practitioner research is to improve the quality of practice for both the practitioner and the agency. To this end, practitioner research should aid in the process of solving organizational and practice problems in order to enhance service provision to clients. Drisko (2014) further noted that the use of the best available research knowledge can assist the practitioner with identifying approaches and treatment options that the clinician might not have otherwise identified. This section will briefly discuss recommendations for further research in the areas of insufficient staffing and large caseloads, impact of staff views on motivation of female offenders, and specialized training for social work practitioners.

Insufficient staffing & large caseloads. Multiple study participants discussed the difficulty with providing effective clinical treatment services with large staff to client ratios and the significant time restraints for individual therapy sessions. Subject 1 stated that “it is difficult to start the conversation about trauma and to be able to have enough time and access to a specific client to begin appropriate trauma informed treatment.” Subject 2 described it in this way:

The last thing I would like to see would be more mental health treatment. The groups are wonderful, but the women come in to see us once a month for 30 minutes. That's not treatment, its case management. A lot of these women have very, very profound, long-term trauma histories that need to be addressed and dug into and the only time that really happens is if they're in a group. And, some of the issues women won't even speak about in group. But, because our time is so short and our staffing is terrible... They have to understand that women are not like men when it comes to mental health issues and therapy. Women will talk; men you have to drag it out of. But, women have so much trauma and there's areas that they need to talk about that by the time they get in the office, the half hour is up. So, increased treatment for these women on an individual basis.

Finally, subject 5 noted:

... And listening to that research, listening to that understanding - that women want more psychological services - so that women's prisons are more effectively staffed to be able to provide those services would be, I think, the number one thing. Because, the burdens on staff to be able to provide what they felt was effective services, would diminish the higher their caseload went.

Therefore, a recommendation for further research would include an exploration of the impact of large staff to client ratios upon the effectiveness of clinical social work treatment services in correctional settings. I might further suggest a comparative study among the targeted Midwestern state and correctional systems in other states which

focuses on their respective treatment models and how these and other variables impact the quality of treatment as well as treatment outcomes for female offenders.

Impact of staff views on motivation of female offenders. There was a great deal of feedback from study participants regarding the negatives views and treatment of female offenders within the targeted Midwestern state's women's prison. Subject 6 asserted:

...sometimes the custody staff is the barrier. It seems like they undo the work you've done. Sometimes, and I get that their job is really hard and they're burned out and they're working doubles, but sometimes they're really...they're not trained in mental health. So, the things they say or do can be damaging.

In light of this, future research might provide more insight into impact of prison staff views and treatment upon the attitudes and behaviors of female offenders. For example, Holmstrom et al. (2017) found that female offenders were more likely to report positive views and improved behavioral effects related to probation officers that offered informational support, as well as, emotionally supportive messages. Similarly, it would be interesting to examine whether positive feedback and improved treatment of female offenders might motivate them to more actively engage in the rehabilitative process.

Specialized training for social work practitioners. Another recommendation for further research would be to explore the relationship between population-specific/specialized training on practitioner confidence and clinical treatment outcomes. Subject 6 stated:

Since I've been there, my initial training – specific for that population – was 3 days through the facility. And most of the trainings that the State does provide me – for like continuing education – aren't specifically related to the female offender population. So, I guess I'm saying I feel it's inadequate. I mean, finally, I'm in my 3rd year and they're finally sending me to, my first corrections specific training was like a month or so ago - mental health corrections specifically. I think lot of people get hired having no idea.

The following are research questions for consideration: Are practitioners that have received training in trauma treatment, gender-specific programming, and co-occurring disorders more confident in their ability to provide effective clinical treatment to female offenders? If so, how does this impact the practitioner-client relationship and/or the achievement of the treatment goals and outcomes? It can be hypothesized that practitioners with training and education that is more specific and/or applicable to female offenders would be more confident in their ability to effectively provide treatment to them. This, in turn, might improve client engagement and increase the likelihood of more successful clinical treatment outcomes.

Dissemination of study information

McNiff and Whitehead (2010) emphasized that the importance of sharing or disseminating research findings is so that others may learn from it and from the investigative processes involved. Additionally, it can affirm that the researcher has something significant to contribute to the learning of others in that people will have the opportunity to adapt the researcher's ideas to their own situations. The dissemination of

research findings is an important step in legitimizing both the researcher and their work (McNiff & Whitehead, 2010).

Research participants and the targeted Midwestern state's women's prison leadership. To begin, those who participated in this research study will receive a digital copy of the final report. This will provide them with the opportunity to learn from their cohorts and from the existing data in the field of study. Participants will be encouraged to share this information with those in their own personal and professional networks. This will allow for additional discussion and for the sharing of knowledge within their specific situations and their local places of clinical practice/employment – which is a primary purpose of action research (Stringer, 2007).

Secondly, a copy of this research report will be emailed to the warden of the targeted Midwestern state's women's prison. Though the women's prison did not formally or informally consent to partner and/or participate with the study, the study findings may still be of interest to them. Study participants provided useful information that can aid in both the clinical and administrative change processes that may increase the likelihood of successful community reintegration for parolees/female offenders and reduce the likelihood of repeat offending and recidivism.

People in my workplace. I will also share my research at my workplace. In my current professional capacity, I'm able to advocate for survivors of domestic violence, sexual assault, dating violence, and stalking by influencing policy and by promoting the use of best practices. To this end, I have already been asked to present my research findings to coworkers and to other interested parties throughout my department. In

addition to this, my job position as a grants program specialist allows me to interact with grantees/local organizations, throughout the United States and its territories, which provide housing and support services to survivors of the previously stated interpersonal crimes. During virtual and on-site monitoring, as well as training sessions, I am able to share what I have learned. Unfortunately, many organizations function in a way that doesn't consider the impact of these traumatic experiences upon the behaviors of their clients. Oftentimes, however, this can be due to lack of knowledge than an intention to do more harm. My research can help practitioners and agency staff to better understand the harmful consequences of trauma as well as provide improved methods for engaging their clients and aiding them in achieving both clinical treatment and personal goals.

Conferences and seminars. As a published researcher, it will also be my goal to present the findings of my research at various conferences and seminars. McNiff and Whitehead (2010) noted that this is one of the best ways for achieving further credibility and legitimacy as a researcher. During the process of participant recruitment, I became familiar with some local conferences that will be very appropriate for disseminating my research as their purpose and objectives are consistent with the focus of my study and with the client population of interest. In addition to this, there are both national and international conferences such as the Crimes Against Women (CAW) and the End Violence Against Women International (EVAWI) annual gatherings that seek individuals who are interested in presenting papers and research that is of specific relevance and interest to their conference attendees. These will be prime opportunities for me to display

my work and to interact/engage with those in the field in order to share and generate knowledge.

Implications for Social Change

As previously stated, the NASW Code of Ethics emphasizes that social workers should pursue social change on the behalf of oppressed and disadvantaged individuals and groups (NASW, 2017). And, given that female offenders are present across these categories, it is an unavoidable truth that the social norms must change regarding how these individuals are viewed and in the ways in which they are punished or held accountable for their criminal acts (Burch, 2017). To this extent, the current Section discusses how the findings of this study have a potential impact for positive social change at the micro, mezzo, and macro levels of social work practice.

Micro. Several study participants stressed that educational institutions and correctional systems don't necessarily provide the training that is required of practitioners in order for them to best serve female offenders. While their basic social work skills for developing rapport and client engagement offered some basis for clinical treatment, most study participants expressed the need for specialized training to address the specific needs of the women they treated. When considering this, perhaps practitioners should assume some level of responsibility for pursuing educational and training opportunities that will equip them to better address the unique issues and challenges with which female offenders often present. While it is the primary responsibility of the employer and/or institution to provide appropriate training to their staff, the NASW Code of Ethics also directs social workers to engage in practice with a certain level of knowledge and

competency (NASW, 2017). Therefore, if a social worker decides to assume the role of providing clinical treatment services to female offenders, it is important that they also seek opportunities to gain the necessary training for improving their ability to provide these services. Study participants made the following suggestions for training topics that would be beneficial for a social worker when providing services to female offenders: substance abuse, trauma, personality disorders, understanding criminal thinking, increasing self-esteem, teaching the process of change, trauma informed care, common mental health diagnoses, the use of self-care to prevent burnout, what it is like to live in a prison system, developing and modeling appropriate boundaries, mindfulness, procedures or operations of corrections, and reentry.

As previously stated, both local organizations and national groups, such as the Association for Justice-Involved Females and Organizations, are sources for training and networking opportunities for practitioners that work with formerly incarcerated individuals. In addition, there are several organizations within the targeted Midwestern state that provide trainings, conferences, and other resources to aid in the professional development of social workers. In 2019, the targeted Midwestern state's branch of the NASW is resuming their annual conference, at which they will offer 40 workshops as well as opportunities for networking with colleagues. Some local universities also offer a number of continuing education courses and workshops that can also be useful in providing tools and skills to social work practitioners that are relevant to their specific practice environment and/or treatment population. This micro-level initiative to improve competency among individual practitioners by providing specialized and/or population-

specific training may better aid clients in achieving their treatment goals as well as increase the likelihood of positive social change in that female offenders may have more tools to assist with their successful readjustment upon release from jail/prison.

Meso. Social change at the meso level should involve an increase in the number of reentry programs that aid in the successful adjustment and reintegration of female offenders into their communities. Subject 1 stated:

And, I think if we want things to get better, you continue to invest in supportive services. That these women are not the devil. That they are in need of some more help. And, if they get it, I think I have to maintain the belief that they will get better – they will be better. And, that will benefit everybody.

Prior to their incarceration, many female offenders are already economically disadvantaged and have few resources to support their children and families. Furthermore, their economic status may also be a contributing factor to their decision to commit a crime. Thus, upon their release, these preexistent deficits do not automatically resolve themselves. In fact, the stigma associated with being convicted of a crime and with being incarcerated or imprisoned compounds the deficiencies that existed prior to their incarceration. Consequently, it is imperative that correctional systems and communities work together to create a safety net for returning female offenders that includes effective social supports and social services to aid in their rehabilitation and in the reintegration of these women into their communities.

When I conducted a web search for reentry programs in the targeted Midwestern state, several public and private agencies were identified from a website containing a list

of statewide programs. Some of the web links to programs didn't work and it was unclear whether the list was exhaustive. But, one local organization noted that it would begin offering some services that are specific to women. This program, however, did not identify female offenders as a target population. Thus, one important step would be to identify other local and state-wide programs that offer gender-specific services and encourage more collaboration among these agencies in an effort to develop and increase services that are targeted to female offenders both in the services they offer as well as in the content of those services (i.e. case management, services that integrate trauma, substance abuse, and mental health treatment, housing advocacy, etc.).

Macro. Study participants expressed their concern about the negative views and poor treatment of female offenders by the prison facility staff. Arguably, however, these views may not be confined to the targeted Midwestern state's women's prison and may be, in fact, a primary reason that women continue to be incarcerated at rates that exceed those of men despite the adverse consequences to their children and families, their communities, and to the larger society. Individual study participants noted that female offenders are often viewed on the basis of their criminal status and are not treated with the dignity and respect that is deserving of all human beings. And, feminist theorists have argued that these same views often underpin social policies and practices that seek to maintain individual accountability while ignoring the systemic inequalities that have contributed to the increase in female offending and in the increased rates of female incarceration (Burch, 2017). As a result, more work must be done to address the ideologies and negative views of female offenders that sustain a lack of attention to and a

lack of urgency in addressing the policies that have fostered an increasing rate of female incarceration as well as the economic, social, and political factors that underlie the criminalization of women. One way of accomplishing this is for local social workers to partner with organizations that challenge conventional views of female offenders. For example, I identified one organization within the targeted Midwestern state that has a history of addressing the causes of crime and advocating for policies and laws that are affordable and fair. They also aim to educate justice officials, policymakers, and service providers, implement and evaluate model strategies and programs, and use data-drive advocacy to influence public policy. Another local organization has a mission to advocate for humane and quality treatment for the incarcerated by empowering, unifying, and supporting concerned citizens, loved ones, and prisoners. They also seek to raise awareness about the urgent need for reform of the current corrections system. Their current focus is to inform legislatures within the targeted Midwestern state about the number of human rights violations that have resulted due to the lack of accountability within the state's department of corrections. These and other organizations can be essential in aiding local social workers as they advocate for social change on behalf of female offenders in the targeted Midwestern state.

Conclusion

I think that the most important thing is that the women I'm working with, by and large, are as resilient as any group of people I've seen - as an entity. They went through really, really difficult stuff and they stay the course even if they have a hard time. They maintain motivation well with support. The other thing that really jumps out is that some of the women in jail that I've worked with do not present as conventionally intelligent, but they are more than equipped and capable to be successful in whatever they choose to do. They may not be able to become a professional athlete or something, but they are

totally able to - with a little bit of support - go on and live a happy, healthy, and successful life.

Subject 1

The purpose of this action research project was to expand the current knowledge and increase awareness about the challenges faced by social workers when providing clinical treatment services to female offenders. Clinical social workers remain at the forefront of providing mental health treatment and services to women in the targeted Midwestern state's correctional system. Because of this, they must continue to oppose the systems and practices that oppress women offenders and to advocate for the use of interventions that are grounded in the understanding that this population has unique clinical treatment needs. Female offenders are more likely to present with a history of trauma and interpersonal violence. Empirical data has shown that these adverse experiences are correlated with the development of mental health issues and substance use disorders which often precipitate their involvement with the criminal justice system. As a result, social workers must be educated and trained to effectively address the causal factors that shape the context in which women commit criminal acts and engage in repeat offending. Then, upon their release from custody, female offenders must receive the support and services that enable them to successfully reintegrate into their communities and that empower them to positively contribute to society at large. This can be facilitated by encouraging more collaboration among statewide organizations and encouraging the development and provision of services that specifically target female offenders and that address their unique needs. Furthermore, social workers in the targeted Midwestern state must be prepared to advocate for social change on behalf of this vulnerable population

and to promote policy changes, such as the removal of mandatory sentencing practices, which have fostered the criminalization of women. This can be achieved by partnering with local organizations that aim to promote policies and laws that are effective and fair. Additionally, restorative justice and other approaches to addressing crimes committed by female offenders might be more beneficial given their focus on empathy, interpersonal relationships, listening, forgiveness, and mutual responsibility (Bove & Tryon, 2018; Osterman & Masson, 2016).

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Appendix A: Survey Questions

Correctional Social Work Practice with Female Offenders in a Midwestern State

Trends Among the Study Population

1. What do you know about the current trends among female offenders and incarcerated women?
2. What are your thoughts about the factors that contribute to female offending?
3. What do you know about the reason(s) for the increase in the numbers of women that are imprisoned?

Preparedness/Training for Clinical Social Work Practice in Correctional Settings

4. To what extent do you feel prepared to work with female offenders and imprisoned women? Why?
5. What are the top 3 things that are crucial for a social worker to know when providing clinical services to female offenders?
6. What are some things you learned, while in school, that prepared you to work with this population?
7. What didn't you learn or what do you wish you had learned from your supervisor(s) and/or social worker colleagues about working with female offenders and imprisoned women?
8. What are some of the most important things you have learned from direct work with incarcerated women?
9. How can research about issues pertaining to female offenders/incarcerated women improve your practice with female offenders/incarcerated women?

Practice Outcomes with Incarcerated Women

10. What are barriers to achieving the desired results and outcomes when working with imprisoned women?
11. What has contributed to your ability to be successful in working with this population?
12. How can your clinical effectiveness with imprisoned women be improved?
13. What are the needs of this population post incarceration?
14. What should policy makers understand about female offenders/incarcerated women?

Appendix B: Screening Tool

Correctional Social Work Practice with Female Offenders in a Midwestern State

1. Are you able to fluently read and write in English?
(If respondent is only fluent in one area, select “No”)

Yes No

2. Have you completed a Master’s Degree in Social Work from an accredited school or university?

Yes No

3. Are you or have you ever been licensed as a clinical social worker in the targeted Midwestern state?

Yes No

4. Do you presently or have you ever provided clinical social work services to female offenders within the targeted Midwestern state? (i.e. the state women’s prison, court services, diversion programs, reentry programs, community corrections, private/contractual agencies, etc.)

Yes No

If “yes,” did you provide these services within the last 5 years?

Yes No

If “yes,” with what type of agency were you affiliated? Identify all that apply: the state women’s prison, court services, diversion programs, reentry programs, community corrections, private/contractual agencies

(If respondent says no to any question, thank them for their time and inform that they are not eligible for the study. If they answer yes, proceed to next section.)

Appendix C: Interview Script

Correctional Social Work Practice with Female Offenders in a Midwestern State

Hello, this is Veronica Smith from the Walden University Doctorate of Social Work Program. Just to briefly reiterate some of the information on the Consent Form, I am conducting an action research project about clinical social work practice in correctional settings. Your participation in this study is completely voluntary. This means that you do not have to participate in this study unless you want to. I will cover a lot of information during this interview. If you have questions - at any point - please do not hesitate to stop me in order to ensure that you get your questions answered!

First, would you be willing to answer some questions to help me determine if you are eligible for this study?

(If yes, proceed; if no, thank them for their time and end the call.)

Thank you. I will read off a list of questions. Please allow me to complete the question in its entirety before responding.

REFER TO THE SCREENING TOOL

(If respondent says “no” to any question, thank them for their time and inform them that they are not eligible for the study. If they answer “yes,” proceed to next section.)

From the responses you provided, it seems that you qualify for inclusion in this study. The interview should take approximately 60 minutes depending on your responses. There is a chance that I may need to contact you a second time for clarification and/or to gain further information. If this is a problem, please let me know. Also, if any questions make you feel uncomfortable, you don't have to answer those questions. In fact, you don't have to answer any question that you choose not to answer. I will just skip that question and go on to the next one. And that is fine.

Do you have any questions?

If you have any questions or concerns once the interview has ended, you can refer to the Consent Form for my contact information. If you have questions or concerns about your rights as a research subject, the Consent Form also contains the contact information for the Research Participant Advocate at Walden University. Do I have your permission to begin asking you the interview questions?

(If yes, proceed; if no, thank them for their time and end the call.)

Appendix D: Social Media Announcement

Correctional Social Work Practice with Female Offenders in a Midwestern State

Looking For A Few Good Social Workers **(\$25.00 Amazon Gift Card for Study Participation!)**

My name is Veronica Smith. I'm a doctoral student at Walden University as well as a licensed clinical social worker in the targeted Midwestern state. You might already know me from my prior social service provision in various roles within targeted Midwestern state. I'm currently in the process of implementing my doctoral level research and I'd like to speak with current and formerly licensed clinical social workers that have provided treatment services to female offenders and incarcerated women within the targeted Midwestern state. **The locations for service provision can include the state women's prison, Court Services, Diversion Programs, Reentry Programs, Community Corrections, private/contractual agencies, etc.).** The research will aid in improving practice as well as in the preparation and education of other clinical social workers.

If you are interested in sharing your professional social work experiences with women offenders and/or incarcerated women, please contact me at veronica.smith1@waldenu.edu. Also, please feel free to share this opportunity with friends and colleagues that may be appropriate for the study. Thank you for your time and consideration.

Appendix E: Invitation Letter

Correctional Social Work Practice with Female Offenders in a Midwestern State

Date

Dear Sir or Madam,

You are invited to take part in a research study about the provision of clinical social work services with female offenders and incarcerated women in a targeted Midwestern state. This study is being conducted by a researcher named Veronica Smith, who is a doctoral student at Walden University. You might already know me from my prior social service provision in various roles within the targeted Midwestern state.

I am inviting current and formerly licensed clinical social workers that have provided treatment services to female offenders and incarcerated women within the targeted Midwestern state, over the previous 5 years, and have a Master's Degree in Social Work. The locations for service provision can include the state women's prison, Court Services, Diversion Programs, Reentry Programs, Community Corrections, private/contractual agencies, etc.). The purpose of this research project is to understand the challenges faced by clinical social workers when providing treatment services to female offenders and incarcerated women. The data collected during the course of the study will be used to increase our scientific knowledge of best practices to use with this population. Study data can also be useful in directing future research and for the teaching and training of clinical social workers.

If you agree to be in this study, you will be asked to complete an interview via telephone or Skype. This interview will take approximately 60 minutes - depending on your responses. If necessary, you may be asked to complete a follow-up interview to clarify previously collected information. This should not exceed 30 minutes, but this is also dependent on your responses. You will receive a \$25.00 Amazon gift card for Study participation.

If you are interested in sharing your professional social work experiences with women offenders and/or incarcerated women, please contact me at veronica.smith1@waldenu.edu. Also, please feel free to share this opportunity with friends and colleagues that may be appropriate for the study. Thank you for your time and consideration.

Sincerely,

Veronica L. Smith, MSW, LMSW, CAADC