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Public Perceptions Of Female Offenders And Their Treatment Needs

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PUBLIC PERCEPTIONS OF FEMALE OFFENDERS AND THEIR TREATMENT NEEDS

By

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Bachelor of General Studies, University of Kansas, 2017

A Thesis

Submitted to the Graduate Faculty

of the

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in partial fulfillment of the requirements

for the degree of

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INCARCERATED WOMEN NEEDS

This thesis, submitted by Laurel Purcel in partial fulfillment of the requirements for the Degree of Master of Science from the University of North Dakota, has been read by the Faculty Advisory Committee under whom the work has been done and is hereby approved.

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Date

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Laurel Purcel
April 9, 2020

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Abstract

There has been an abundance of research examining public perceptions toward various areas of the criminal justice system. Much of this research has focused on measuring public support toward punishment and rehabilitation for offenders within prison. However, less is known with regards to public attitudes toward female offenders. The current study examined public perceptions toward rehabilitation among offenders in general, and female offenders in particular, the risk factors that contribute to female offenders committing crimes, and toward various issues that are common among female offenders and their subsequent treatment needs. Two hundred and fifty participants were recruited through Amazon Mechanical Turk where respondents responded to four questionnaires that measured their perceptions toward offender rehabilitation, female offender risk factors, female offender characteristics, and female offender treatment. The results of this study concluded that the public is supportive of rehabilitation among offenders. In addition, the public requires more education regarding the risk factors that contribute to female offenders committing crimes, specifically in the areas of family and marital problems, emotional and personal issues, and substance use and abuse. However, results of this study indicated that the public is knowledgeable on the issues that are common among female offenders and are supportive of rehabilitation among this offender population. The policy implications of these findings are discussed, limitations are addressed, and directions for future research are considered.

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Introduction

The United States has the highest incarceration rate in the industrialized world (American Psychological Association, 2014). In the last twenty years, women have been incarcerated at higher rates than their male counterparts (Browne, Miller, & Maguin, 1999). This is especially the case for non-violent offenses such as property, drug, and disrupting public order (Hughes & Wilson, 2002). According to a report conducted by the Bureau of Justice Statistics, between 1986 and 1991, the number of women in prison increased by 75% (Snell & Morton, 1994) and has since grown exponentially. Since 1995, the growth rate of women who are incarcerated has increased by 4.6% compared to the 3.0% growth rate among the male inmate population (Harrison & Beck, 2006). The increasing rate of incarcerated women signifies a need for greater understanding on women offenders and their needs. This is important because research has shown that female offenders may have different treatment needs than male offenders (Bloom & Covington, 1998; Messina, Burdon, Hagopian, & Prendergast, 2006).

In addition to the high incarceration rate among women, recidivism plays an important role for both women and men. Approximately 1,900 prisoners are released from prison each day (Sabol, Minton, & Harrison, 2006) and roughly three-quarters are rearrested within five years of their release (Durose, Cooper, & Snyder, 2014). Furthermore, studies of recidivism rates indicate that approximately one half of female offenders are on probation or have some other criminal justice sanction at the time of incarceration (Beck, 1991). In addition, Hughes and Wilson (2002) report that approximately two thirds of female offenders are rearrested within three years of their release and half are reincarcerated. As a consequence of America's increasing incarceration and recidivism rates among female offenders, research aimed at understanding the characteristics of female offenders and their treatment needs is informative. Public perceptions are important to

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examine as their attitudes could play an important role in the development and implementation of new policies and restructuring of current policies that better respond to the needs of female offenders within the correctional settings and out in the community. If the criminal justice system ignores the realities of women's lives and the issues among women, then the system will be ineffective in helping reduce recidivism rates among this population.

Public Perceptions Toward Rehabilitation

In the last two decades, there has been an abundance of research investigating public perceptions among various areas of the criminal justice system. Public attitude research on correctional issues has primarily focused on measuring how much the public favors punishment or supports rehabilitation in general (Cullen, Skovron, Scott, & Burton, 1990; Krisberg & Marchionna, 2006) and findings from many national polls have revealed that the public views rehabilitation as the main goal that should be emphasized in prison (Applegate, Cullen, & Fisher, 1997; Applegate, Cullen, & Fisher, 2002; Cullen, et al., 1990).

Early studies found that rehabilitation such as education and job training have consistently shown to be the most popular prison programs supported by the public (Cullen, et al., 1990) while the public supports funding for drug treatment programs and mental health services outside the prison (Garland, Wodahl, & Schuhmann, 2013). In addition, research has suggested characteristics among the public that are related to positive attitudes toward rehabilitation in the criminal justice system. Specifically, women (Applegate, et al., 2002), younger respondents (Haghighi & Lopez, 1998), non-whites (McCorkle, 1993), higher education (Haghighi & Lopez, 1998) and those who have a more liberal political orientation are more likely to support rehabilitation efforts (Applegate, et al., 1997).

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Overall, Americans tend to believe that prisons should rehabilitate and treat rather than punish especially when the person has committed a non-violent crime. In a telephone survey measuring if treatment support varied by the type of offender in Cullen, et al.'s (1990) study, 40.7% of the sample said rehabilitation would not be helpful and 43% reported that rehabilitation would only be slightly helpful for violent offenders. On the contrary, among non-violent offenders, as high as 60% of respondents believed that rehabilitation would be helpful. In another telephone survey, McCorkle (1993) investigated punitive and rehabilitative attitudes toward six crimes: robbery, rape, molestation, burglary, drug sale, and drug possession. Results of the survey revealed that respondents held more punitive attitudes toward violent crimes compared to property and drug crimes indicating that the non-violent crimes revealed the greatest support for rehabilitation.

A majority of Americans believe that the use of alternative sentencing programs for people who commit non-violent crimes should be increased. Eighty-four percent of Americans were in support of providing non-prison alternatives such as drug treatment, community service or probation for drug and other non-violent crimes (Lake, Gotoff, & Pultorak, 2013). In other surveys measuring public support for alternative sentences, Doherty and colleagues (2014) report that 67% of Americans were in favor of treatment over prison for people who use illegal drugs, and Peter and D. Hart Research Associations (2002) reported that 82% of Americans support placement in mental health facilities over prison for individuals who are mentally ill. Similar results were found in The Opportunity Agenda (2014) where 88% of the public were in support of sending people with serious mental health problems to mental hospitals and institutions for treatment rather than prison.

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Another area that has been studied throughout the criminal justice literature is whether the public supports prisoner programs and services that take place in the community. While much of the public believes that treatment should be provided to offenders while they are incarcerated, including job training, mental health treatment and drug treatment (Sundt, Vanderhoff, Shaver, & Lazzeroni, 2012), they also believe in prisoner reentry (Krisberg & Marchionna, 2006). Krisberg and Marchionna (2006) analyzed data from a national Zogby poll and found 11% of the public supported state-funded rehabilitative services available to incarcerated prisoners while they are serving a sentence while 70% supported services during prison and after release. In addition, 79% reported that drug treatment should be made available to offenders, approximately 70% favored mental health services, and 61% were in support of family support services. Similar findings were found in Garland and colleagues (2013) with more than 90% of the public favoring programs that provide substance abuse and mental health treatment to prisoners who are coming out of prison.

Although research has examined public attitudes toward rehabilitation in the criminal justice system in general, among different type of offenses, and various correctional and reentry programs, little research has investigated public perceptions of rehabilitation among female offenders and their treatment needs. This emphasis is troubling in light of research that shows incarcerated women are imprisoned for different criminal offenses and have different treatment needs compared to incarcerated men (Messina, et al., 2006). This study focuses on the unique characteristics and treatment needs that are specific to female offenders.

Treatment Needs of Incarcerated Women

Female offenders present complex profiles including mental, physical, educational, and financial difficulties (Rodda & Beichner, 2017). The literature consistently shows that

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incarcerated women present multiple problems including high rates of sexual and physical abuse (Browne, et al., 1999), mental illness (James & Glaze, 2006; Jordan, Schlenger, Fairbank, & Caddell, 1996), substance abuse (Johnson, 2006; Proctor, 2012), and child rearing challenges (Greenfeld & Snell, 1999).

Because these issues are uniquely experienced by female offenders, research has suggested that treatment should acknowledge the unique characteristics and treatment needs for this population. To address this, actuarial risk and need assessments have been developed for use within correctional institutions. These assessments are used to gather information on offenders and serve many purposes such as predicting misconduct in prisons and identifying the unique needs among various subgroups of the criminal justice system. In addition, these assessments help establish treatment interventions to address treatment needs, determine which needs are most predictive of recidivism, and classify which offenders are considered to be “high risk” (Morash, 2009). An example of a widely used actuarial risk and need assessment is the Level of Service Inventory-Revised (LSI-R).

Level of Service Inventory-Revised

The level of service inventory (LSI-R) is a quantitative survey used to make probation and placement decisions, security level classifications, and determine specific treatment intervention programs (Andrews & Bonta, 1995). The LSI-R identifies the needs that are associated with criminal activity and helps establish programming to reduce those needs. Identifying the criminogenic needs that contribute to offending behaviors amongst the incarcerated population is critical so behavioral intervention programs can be created and developed that can target those specific needs and help reduce offenders’ risk of recidivism. The LSI-R is composed of ten subscales that assess the categories of individual criminogenic needs

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that are dynamic and can be targeted through treatment and intervention. Subscales include: (1) criminal history such as prior arrests and convictions, (2) participation and performance with regards to education/employment, (3) financial stability and problems, (4) family/marital relationships such as the role of motherhood, (5) accommodation including the satisfaction with current living situation, environment and level of domestic stability, (6) composition of social network such as the quality of friends and acquaintances, (7) time spent during leisure and recreation time, (8) alcohol/drug problems, (9) emotional/personal problems such as trauma, abuse, and victimization and mental health, and (10) attitudes/orientation including how a person thinks about themselves, others, and the world (Andrews & Bonta, 1995; Heilbrun, Dematteo, Fretz, Erickson, Yasuhara, & Anumba, 2008; Hollin & Palmer, 2006; Manchak, Skeem, Douglas, & Siranosian, 2009). The scores of each category produce a total score which predicts the likelihood of recidivism and classification level (low, medium, high).

Controversy persists concerning the use of the LSI-R with female offenders because it was originally developed for male offenders. Opponents argue that female offenders have gendered pathways to crime and have unique experiences that require special needs (DeHart, 2008; DeHart, Lynch, Belknap, Dass-Brailsford, & Green, 2014; Hollin & Palmer, 2006; Holtfreter & Cupp, 2007; Salisbury & Van Voorhis, 2009). Holtfreter and Cupp (2007), among others, argue that women are more likely to have needs related to children, experience sexual abuse as a child and victimization as an adult, histories of drug abuse, mental health issues, lack of education, and have limited employment skills. This gender responsive perspective has criticized the use of the level of service scales because they do not encompass the full range of needs that are specific to female offenders (Hannah-Moffat, 2009). On the other side of the argument, the gender-neutral theory approach contests that the criminogenic needs are similar for

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both male and female offenders thus the LSI-R has validity among female offenders (Coulson, Ilacqua, Nutbrown, Giulekas, & Cudjoe, 1996; Folsom & Atkinson, 2007; Lowenkamp, Holsinger, & Latessa, 2001; Olver, Wormith, & Stockdale, 2014; Smith, Cullen, & Latessa, 2009).

Irrespective of this debate, research conducted using the LSI-R with women offenders have found particular domains to be elevated among women. Hollin and Palmer (2006) conducted a review on the criminogenic needs of women offenders within the domains of the LSI-R. Women were more likely to report needs in the domains of education/employment, financial difficulties, family/marital, alcohol/drug problems, and emotional/personal. Similar findings were found in a meta-analysis conducted by Olver and colleagues (2014) reporting higher scores among women on the domains associated with education/employment, family/marital, financial, accommodation, and the personal/emotional subscale. In addition, results showed that the subscales of substance abuse and the personal/emotional domain were the strongest predictors of recidivism among female offenders and with elevated scores reported within the family/marital, alcohol/drug problems, and emotional/personal domains (Holsinger, Lowenkamp, & Latessa, 2006). Similar results were also found in Heilbrun, et al. (2008) as women scored higher in the financial, companion, family/marital, and alcohol/drug domains.

Other studies that have examined the needs that are unique to incarcerated women, from the perspectives of correctional workers and administrators, reported needs related to trauma, mental health, substance use, and parenting. Van Voorhis and Pressor (2001) surveyed correctional workers with regards to the needs of women offenders and found issues related to trauma and abuse, self-esteem, mental health, relationships, and parenting and child care as the unique needs that were indicated by respondents. Related findings were found in a national

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survey that was conducted in 1993 and 1994 where the needs related to children, spousal abuse, and childhood sexual abuse were identified from the perspective of administrators and program staff (Morash, Bynum, & Koons, 1998). The views among warden's working in women prisons identified similar needs among incarcerated women in a study conducted by Van Wormer and Kaplan (2006). The results of the national survey indicated the perceived needs for female inmates included substance abuse treatment, anger management skills, victim and trauma services, relationship skills, parenting assistance, mental health services, and general life skills. In summary, these studies conclude the issues that are related to trauma, mental health, substance use and abuse, and parenting as the areas which are specific to and problematic for incarcerated women.

In addition to understanding how others perceive the treatment needs among women offenders, attention has also been devoted to offenders' understanding of their own risk factors and needs. Including the inmate's perspectives on their treatment needs is critical for understanding what services should be included in correctional systems. Research on women's reentry reveal the areas of need that are crucial to their success. These areas include: childcare and parenting skills, healthcare, mental health counseling and substance abuse treatment, housing, education, employment and job training, and social support services (Petersilia, 2004). While some studies have reported that offenders' do not have an understanding of the risk factors that increase their risk for criminal offending and recidivism (Holliday, King, & Heilbrun, 2013), other studies show that offenders' have an awareness of their risk factors and needs, especially among female offenders (Freudenberg, et al., 2005; Spjeldnes, Jung, & Yamatani, 2014).

Salina and colleagues (2011) administered assessments to incarcerated women to identify their most important needs upon release. Sixty-two percent of women reported housing as the

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most prevalent need followed by employment and job training. In addition, 64% of women reported needs relating to their children and 48% indicated needing help with parenting. Women in jail who were administered a needs assessment by Rodda and Beichner (2017) also identified needs that are consistent with the existing research on incarcerated women such as past trauma and abuse, mental health, substance abuse, and parenting.

Another study, conducted by Green, Miranda, Daroowalla and Siddique (2005) interviewed 100 females detained at the Prince George's County Correctional Center about their own perceptions of need and the services they would find most useful while serving their sentence. The women indicated their biggest problem, aside from incarceration, was substance abuse followed by family problems. The women also reported the types of programs they would be interested in participating in if programs were available at the facility. Seventy-five percent reported drug treatment, 45% wanted alcohol treatment, 80% were interested in individual mental health counseling, 69% wanted to participate in group mental health counseling, and 79% wanted classes on parenting skills (Green, et al., 2005).

Taken together, these studies are consistent with the literature regarding female offenders' needs within the criminal justice system. Specifically, female offenders appear to have needs that are associated within the emotional and personal, alcohol and drug, and family and marital domains of the LSI-R. These needs are important to analyze in order for correctional facilities to provide appropriate treatment services for female offenders and help reduce their risk of recidivism.

Trauma, Abuse, and Victimization. Needs within the emotional and personal domain include trauma and abuse. These treatment needs are specific to incarcerated women due to the high prevalence of adverse childhood and adult experiences that encompass the lives of female

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offenders. Incarcerated women experience trauma, childhood sexual abuse, intimate partner violence, and other victimizations at a much higher rate than women in the general population (Bloom, Chesney, & Owen, 1994; Browne, et al., 1999). These experiences encompass a range of adverse life events that continue into adulthood including physical and sexual violence and re-victimization (Tripodi & Pettus-Davis, 2013). In addition, these experiences of victimization are linked to women's criminal activity (DeHart, 2008; McClellan, Farabee, & Crouch, 1997), substance use (McClellan, et al., 1997; Mullings, Hartley, & Marquart, 2004) and are associated with many psychological disorders (Green, et al., 2005; Lynch, Fritch, & Heath, 2012; Messina & Grella, 2006).

Research elucidates the complexity and multiplicity of traumas that women experience prior to incarceration (Browne, et al., 1999; Green, et al., 2005). In the general population, the rate of childhood sexual abuse is between 10% to one quarter of women (Dong, Anda, Dube, Giles, & Felitti, 2003) while studies of incarcerated women estimate childhood sexual abuse before the age of 18 between a third to one half (Bloom, et al., 1994; Browne, et al., 1999). A national study conducted in 1991, by the Bureau of Justice, reported more than 4 in every 10 women indicated that they had been abused at least once before entering the prison system. The report noted 34% of the women were physically and sexually abused, 32% reported abuse occurring before the age of 18 and 24% experienced abuse since age 18 (Snell & Morton, 1994). In another Bureau of Justice Statistics report, Harlow (1999) found that 61% of women in state prison, 66% in federal prison, and 43% in jails reported abuse. Lastly, a national survey conducted in 1987 by the American Correctional Association (1990) found that 53% of incarcerated women reported physical abuse and 36% reported physical abuse occurring before

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age 20. In addition, 36% reported sexual abuse and 30% reported sexual abuse between the ages of 5 and 14.

High rates of abuse and victimization was found similarly by Bloom, et al. (1994). After examining the abuse histories among 297 incarcerated women in California, Bloom and colleagues (1994) found that 29% experienced violence by parental caretakers, 29% were victims of childhood sexual abuse, 60% were physically assaulted in adulthood, and 23% experienced adult sexual assault. High rates of sexual assault were also found in Singer, Bussey, Song, and Lunghofer (1995) and even higher rates of abuse were found in Browne, et al. (1999) with 70% of women reporting childhood physical violence from a caretaker or parent and 59% reporting childhood sexual abuse. In addition, adult victimization was also prevalent with three quarters of women reporting physical violence by intimate partners.

With the vast amount of research on the prevalence of victimization and prior abuse among women in the criminal justice system, the need for trauma-sensitive services is paramount. Understanding how victimization contributes to women being incarcerated can help shed light into the rehabilitative efforts for this population. For example, victimization, especially physical or sexual abuse has been suggested to be a risk factor for recidivism among female offender graduates of a boot camp program (Benda, 2005). Childhood victimization has also been suggested to precede mental health problems which leads to self-medication with substance use and other high-risk behaviors that can lead to arrest for drug-related crimes (Salisbury & Van Voorhis, 2009). In light of the association between childhood victimization and subsequent mental illness and substance use problems among incarcerated women, public awareness of these issues is important to gauge. Indeed, public sentiment could influence support for various resources for women in correctional settings and in reentry outcomes.

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Psychiatric Disorders. Another treatment need that is associated within the emotional and personal domain of the LSI-R are mental health problems. The mental health profile of incarcerated women is characterized by high rates of Post-Traumatic Stress Disorder (PTSD), borderline personality disorder, depression, anxiety, and substance use disorders (McPhail, Falvo, & Burker, 2012; Proctor, 2012; Salina, et al., 2007; Zlotnick, 1997) and compared to women in the general population, and incarcerated males, mental health disorders are more prevalent among this population.

Teplin and colleagues (1996) examined the prevalence of lifetime mental health disorders among women detained in jail and found that 81% had at least one serious mental disorder, more than 75% were diagnosed with PTSD and 64% were diagnosed with drug abuse or dependence. In another study conducted with female jail detainees, Farkas and Hrouda (2007) found 82% of female detainees met criteria for at least one psychiatric disorder with 69% meeting criteria for major depressive disorder, 60% for PTSD, and 30% meeting criteria for generalized anxiety disorder.

In a similar study, Lynch and colleagues (2014) investigated the current lifetime prevalence of mental illness among female offenders in jails across the United States. Findings showed high prevalence rates with 91% meeting lifetime criteria and 70% meeting a current diagnosis of at least one disorder (Lynch, et al., 2014). Twenty-eight percent of the women met lifetime and 22% had a current diagnosis for major depressive disorder and 53% met lifetime and 29% had a current PTSD diagnosis. In addition, 82% met lifetime diagnosis and 53% had a current diagnosis of substance use disorder (Lynch, et al., 2014). Similarly, Trestman, Ford, Zhang, and Wisbrock (2007) found among female jail inmates that 77% were diagnosed with a

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psychiatric disorder with approximately 50% of women reporting an anxiety disorder and 41.8% meeting criteria for a lifetime diagnosis of PTSD.

Comorbidity of psychiatric disorders are also prevalent among the incarcerated female population. After examining the comorbidity of psychiatric disorders and substance use disorders among women detained at the Cook County Department of Corrections in Chicago, Illinois, Abram, Teplin, and McClelland (2003) reported that 72% of the women who had a mental disorder also had a substance use disorder and 21.6% had both alcohol and drug use disorders. Findings also showed that women with mental disorders were 1.5 to 4.9 times more likely to have a substance use disorder and 14.9% of women who had a substance use disorder also had a severe psychiatric disorder. Likewise, Lynch, et al. (2014) found high comorbid rates of mental illness and substance use with 20% of women detainees having a current diagnosis of substance use disorder and mental illness, 14% met criteria for both PTSD and another mental illness, 18% having a diagnosis for both PTSD and substance use disorder and 9% meeting current criteria for a mental illness, PTSD, and substance use disorder. In addition, in a report by the Bureau of Justice Statistics, three-quarters of females in state prisons who had a mental health problem also met criteria for substance dependence or abuse and 68% had past physical or sexual abuse (James & Glaze, 2006).

With the high rates of childhood victimization and psychiatric disorders within the female incarcerated population, research has focused attention to the relationship between early trauma and psychological impairment in adulthood for female offenders (Aday, Dye, & Kaiser, 2014; Lynch, et al., 2012; Silberman, 2010; Tripodi & Pettus-Davis, 2013). Tripodi and Pettus-Davis (2013) conducted a study looking at the associations between victimization and mental health problems, adult sexual victimization, and substance abuse among female inmates in a North

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Carolina prison. Findings showed that childhood victimization was associated with mental health problems and substance use disorder as an adult. In addition, women who experienced both physical and sexual victimization as a child were likely to have a substance use disorder as an adult. In a nationally representative sample of female inmates, Aday, et al. (2014) found that women who endured previous sexual abuse were at an increased risk to have been diagnosed with various psychiatric disorders and problems such as depression, manic-depression, schizophrenia, PTSD, and other anxiety disorders. Similar findings were found in Lynch, et al. (2012) after studying the experiences of interpersonal violence and mental health outcomes among female prisoners and finding that a history of interpersonal trauma was associated with depression, PTSD, and general psychological stress.

In summary, the mental health needs of incarcerated women are substantial and complex. Indeed, these women are in need of effective interventions that are aimed at improving their mental health. In addition, due to the high rates of trauma that encompass the lives of incarcerated women, researchers have recognized that traumatic events increase the risk of subsequent psychological problems (Lynch, et al., 2012). Thus, mental health programs offered in prison that integrate trauma-focused interventions may be beneficial for incarcerated women. Public opinion on the value of such programs may be especially important in persuading state officials to prioritize various resources.

Substance Use/Abuse. Substance use, abuse, and dependence is a treatment need for offenders that should be addressed through rehabilitation programs. Although both male and female offenders suffer from substance use, research has shown that the problem is more paramount among incarcerated women. According to data collected through the 2007-2009 National Inmate Surveys, the Bureau of Justice Statistics report that 69% of female state

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prisoners and 72% of female jail inmates met DSM-IV diagnostic criteria for substance dependence or abuse compared to 57% of male state and 62% male jail inmates (Bronson, Stroop, Zimmer, & Berzofsky, 2017). In another report by the Bureau of Justice Statistics, 69% of women reported having substance dependence and 52% of female inmates were dependent on alcohol or drugs compared to 44% of male inmates (Karberg & James, 2005). Women were also more likely to meet diagnostic criteria for abuse or dependence of drugs (61%). High rates of substance use were also found among female inmates incarcerated at the Minnesota Department of Corrections state prison. Proctor (2012) found that 70% of inmates met diagnostic criteria for substance dependence and approximately 8% met criteria for substance abuse. In addition, 44% of women were dependent on two or more substances. Among inmates who were dependent on alcohol, 64% were dependent on other substances and among those who were dependent on drugs, 30% were also dependent on alcohol (Proctor, 2012).

Research consistently shows that substance use contributes to criminal behavior among female offenders. In a report conducted by the Bureau of Justice Statistics, female drug arrests accounted for about 18% of all arrests for drug law violations in 1998 and in 1996, 37% of women convicted of a felony in state courts had been charged with a drug offense (Greenfeld & Snell, 1999). Violence and drug trafficking accounted for 17% of women on probation, 24% of women sentenced to local jails, 46% of women incarcerated in state prisons, and 65% of women confined in federal prisons (Greenfeld & Snell, 1999). In addition, DWI offenses accounted for 18% of women on probation, 7% of women sentenced to local jails, and 2% of women held in state prisons.

Many incarcerated women have also reported to be under the influence of substances at the time they committed the offense which led to their incarceration. Greenfeld and Snell (1999)

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report in the Bureau of Justice Statistics that around half of women offenders confined in state prisons had been using alcohol, drugs, or both at the time of the offense for which they had been incarcerated for. In addition, an estimated 25% of women on probation, 29% of women in local jails, 29% of women in state prisons, and 15% of women in federal prisons had been consuming alcohol at the time of the offense. Another report by the Bureau of Justice Statistics indicate close to 25% of females on probation nationwide in 1997 were drinking at the time they committed the offense they were arrested for (Mumola, 1999). Female inmates are also more likely to report committing their offense in order to obtain money to support their drug habits (Greenfeld & Snell, 1999). Snell and Morton (1994) report that female inmates who use drugs differ in the types of crimes they commit. Among women who reported committing their offense to get money to buy drugs, 43% were serving a sentence for a property offense. In addition, they were twice as likely to be incarcerated for robbery, burglary, larceny and fraud.

Women's status as trauma survivors has been suggested to play a role in their paths to substance use. Throughout the literature, trauma has been identified as a risk factor for drug use among incarcerated women. Tripodi and Pettus-Davis (2013) sought to explore whether childhood victimization was associated with substance use problems among incarcerated women and found that women who were physically victimized as children were 4.8 times more likely to have a substance use disorder and of women who were physically and sexually victimized, they were approximately 3.2 times more likely to develop a substance use disorder. In another study, Mullings and colleagues (2004) reported a relationship between childhood trauma and later alcohol dependency problems among female prisoners concluding that a previous history of abuse is related to later substance use problems among the incarcerated female population.

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Previous trauma has also been suggested to play a role among incarcerated women as a way to use substances to cope for their trauma experiences. Mooney, Minor, Wells, Leukefeld, Oser and Staton (2008) found that incarcerated women reported substance use was considered a ‘resource’ for dealing with stress. Additionally, Chen (2009) reported that drug addiction was a strategy, among incarcerated women, for coping with the trauma of sexual abuse, as drugs took away unwanted feelings and memories by suppressing or numbing their emotional pain.

Given the high rates of substance use, abuse, and dependence among female offenders and the relationship between drug use and crime, it is clear that the majority of female inmates could benefit from substance abuse treatment. In addition, given the relationship between prior trauma and substance use, prisons should implement substance use interventions that consider abuse histories, trauma symptoms, and appropriate coping mechanisms that would benefit incarcerated women.

Motherhood. The treatment needs that encompass the family and marital domain of the LSI-R is important to analyze. While this domain measures many different aspects of family and marital problems, the concept of motherhood will be the current focus as the majority of incarcerated women are mothers to minor children. Reports conducted by the Bureau of Justice Statistics indicate that 66% to 70% of incarcerated women have children under the age of 18 (Greenfeld & Snell, 1999; Snell & Morton, 1994) and are likely to be the primary caregivers of children prior to incarceration. Mumola (2002) reported that 64% of mothers incarcerated in state prisons and 84% of mothers incarcerated in federal prisons lived with their children prior to incarceration and 58% of mothers in state prison and 73% of mothers in federal prison lived with their children in the month before their arrest. However, once incarcerated, the majority of children move into the care of grandparents or enter the foster care system. In fact, children are

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five times more likely to enter foster placement when their mother is incarcerated (Krisberg & Temin, 2001).

One of the most devastating aspects of imprisonment for women is not only the separation from their friends and family, but also their children. Historically, prisons did not permit inmates to receive visits from family members. The belief was that separation would be beneficial to inmates. However, as research has been conducted with incarcerated populations, the importance of family and contact has emerged as a critical component for rehabilitation and reentry success (Casey-Acevedo & Bakken, 2002; Mignon & Ransford, 2012).

When women are incarcerated, mother-child visits are advocated throughout the literature as a primary strategy for decreasing the detrimental impact of incarceration on mothers. Such visits are viewed as important for maintaining mother-child attachments, seen as a way for mothers to maintain their parental roles, carry out their parenting responsibilities, and facilitate reunification of families (Hairston, 1991). Despite the importance of visits, incarcerated mothers receive little or no contact from their children. Snell and Morton's (1994) data showed that only 9% of mothers were visited by their children and Mumola (2000) report that 54% of incarcerated mothers had no visits with their children that year. Higher rates were seen in Hairston's (1991) study reporting 71% of incarcerated mothers had not seen their children since admission. Several reasons for this limited contact include prison policies and practices, incarcerated mothers' relationships with their children's caretakers, and the distance of the correctional facilities (Bloom & Steinhart, 1993). The barriers for incarcerated mothers to maintain familial bonds with their family is problematic because when it is time for them to be released, they will not have the familial support that is needed for them to succeed.

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Incarcerated mothers also experience feelings of guilt, shame, and despair due to their imprisonment and separation from their children. When a mother is incarcerated, she is often viewed as a bad mother, by society, and they often feel as if they are invisible to society, and are “throwaway moms” (Allen, Flaherty, & Ely, 2010). Mothers who enter the criminal justice system often do not fit the idealized role of motherhood and the stigma associated with being an incarcerated mother contributes to members of society looking poorly on these women and negate their needs. Berry and Smith-Mahdi (2006) report this population is unique and although they do hold the status of being a mother, they are unable to fulfill their role as a mother in a traditional way because they no longer have contact with or custody of their children (Berry & Eigenberg, 2003). However, research in this domain has found that incarcerated mothers are as acculturated into their parenting role as non-criminal mothers. This indicates that mothers in prison should be provided the opportunity to maintain contact with their children and supported to fulfill her social role of a mother (LeFlore & Holston, 1990).

Not only is maintaining a mother role difficult for female inmates to maintain when imprisoned, but their relationship challenges continue outside of their imprisonment. Irrespective of this, Dodge and Pogrebin (2001) found that incarcerated mothers actually have a desire to establish and maintain relationships with their children. Imprisoned mothers also express a desire to develop the necessary parenting skills to be able to continue their maternal responsibilities upon release. However, the prison environment offers little opportunity for mothers to prepare for reentry back into the family. Because family reunification is an important goal for many women in prison, Koons, et al. (1997) argue that programming is needed regarding appropriate parenting behaviors and education on the developmental needs of children. In addition, correctional facilities should implement parenting programs. In order for incarcerated mothers to

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have a chance at successfully rebuilding their relationship with their children upon release, increasing their parenting skills while they are in prison may increase their ability to be an effective parent. Public awareness of challenges related to motherhood are important to examine. Indeed, extending beyond policy implications, public awareness of challenges that previously imprisoned women face can also influence the support these mothers will have extended to them within the community.

Purpose

Incarcerated women have unique needs that differentiate them from incarcerated men including high rates of trauma and victimization, mental health problems, substance use, and the role of being a mother (Browne, et al., 1999; Greenfeld & Snell, 1999; Jordan, et al., 1996; & Proctor, 2012). Furthermore, female prisoners have different risk factors for engaging in criminal activity and are primarily incarcerated for non-violent offenses (Hollin & Palmer, 2006; Hughes & Wilson, 2002). Incarcerated women are in need of treatment programs that can increase their relationship and coping skills, decrease anxiety and depression, and improve parenting. The literature has established the need for effective interventions that integrate treatment for trauma-related distress, mental health problems, and substance use among incarcerated women (Lynch, et al., 2012) as well as parenting programs that can help incarcerated mothers be an effective parent once released from prison (Koons, et al., 1997). Efforts to assess public perceptions are important because their attitudes could have implications in the development and restructuring of correctional programs specific to the characteristics of incarcerated women. The current study will examine the public perceptions toward rehabilitation among offenders in general and toward female offenders and their subsequent treatment needs. It is hypothesized that the public will

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have limited knowledge in identifying the unique characteristics, risk factors, and treatment needs that are specific to female offenders.

Method

Participants

Two hundred and fifty participants were recruited using the Amazon Mechanical Turk recruitment system and 76 participants were excluded. The decision to exclude participants was due to completing the study in five minutes or less. All participants were over 18 years of age and received monetary compensation of \$0.75.

Of the 174 participants, 53.5% (n = 93) were women and 46.6% (n = 81) were men. Twenty-one percent (n = 37) of the sample were between the ages of 20-25, followed by approximately 30% (n = 50) of participants who reported ages between 30-39, and a little over 20% (n = 36) of the sample were aged between 40-49. In addition, approximately 14% (n = 25) of the sample were between the ages of 50-59, 13.7% (n = 22) were among the ages of 60-69 and participants who were 70 and older were least represented making up less than 3% (n = 4) of the sample.

The majority of the sample, 78.2% (n = 136), were Caucasian and 15% (n = 26) identified as Black or African American. Least represented were those who identified themselves as multi-ethnic making up less than 3% (n = 4). In addition, American Indian or Alaskan Native (n = 2), those from Asian descent (n = 3) and participants who are Mexican or Mexican American (n = 3) all made up less than 2% of the sample.

Finally, respondents who identified themselves as belonging to a Democratic party made up 42% (n = 73) of the sample, 32.2% (n = 56) of participants identified as Republican and

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approximately 22% (n = 39) reported themselves as Independent. Less than 3% (n = 5) identified their political affiliation as other.

Materials

Perceptions Toward Rehabilitation Questionnaire. To assess the public's general attitude toward rehabilitation in the criminal justice system participants completed a 13-item questionnaire. Three questions were derived from previous research (Applegate, et al., 1997; Applegate, et al., 2002; Cullen, et al., 1990), that asked participants to rate the importance of various statements related to prison such as, "prisons should punish the individual convicted of a crime," "prisons should rehabilitate the individual so they might return to society as a productive citizen," and "prisons should protect society from future crimes an individual might commit". A 7-point scale, ranging from "not important" (1) to "very important" (7), was used to indicate the level of importance. The survey also derived 10 similar questions from Cullen, et al. (1990), Hartney and Marchionna (2009), The Opportunity Agenda (2014), and Sundt, et al. (2012) that assessed various types of treatment interventions that respondents endorsed. A 7-point scale was used to assess support and ranged from "strongly oppose" (1) to "strongly favor" (7). (See Appendix D).

To identify participant attitudes toward rehabilitation and treatment interventions, the items were combined to create four themes and a composite score was obtained for each theme. The first theme was punitiveness. Six items were combined to create this theme and included, "prisons should punish the individual convicted of a crime," "prisons should protect society from future crimes an individual might commit," "the best policy for dealing with inmates while they are in prison is to keep them locked in their cells," "prisons should rehabilitate the individual so they might return to society as a productive citizen," "rehabilitation programs, that are currently

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offered in prisons, should be expanded,” and “inmates recently released from prison should be provided with reentry services” ($\alpha = .702$). Items were recoded as necessary with higher scores indicating less favorable views toward the rehabilitation of offenders.

The second theme was perceptions toward education and vocational training. The questions that were combined to create this theme included, “prisoners should be allowed early release through good behavior and participation in educational work programs,” “the best policy for dealing with inmates while they are in prison is through educational and vocational training,” and “inmates recently released from prison should be provided with job training” ($\alpha = .654$). Higher scores indicated greater perceptions toward education and vocational training treatment.

The third theme was composed of questions that assessed perceptions toward mental health rehabilitation. Questions that comprised this theme included “the best policy for dealing with inmates while they are in prison is through psychological counseling,” “inmates who are mentally ill should be placed in mental health facilities instead of prison,” and “inmates recently released from prison should be provided with mental health services” ($\alpha = .720$). Higher scores reflected more positive attitudes toward mental health rehabilitation.

The fourth and finale theme was substance abuse rehabilitation and was comprised of two questions, “inmates, who you use illegal drugs, should be placed in substance abuse treatment instead of prison” and “inmates recently released from prison should be provided with drug treatment” ($r = .539, p < .001$). Higher scores showed greater beliefs toward substance abuse treatment and interventions.

Perceptions of Female Offenders’ Characteristics Questionnaire. Participants completed a 16-item questionnaire in which they responded to a number of statements related to their perceptions toward female offenders. Questions were created for the purpose of this study.

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A 7-point scale was used to assess perceptions and ranged from “strongly disagree” (1) to “strongly agree” (7). (See Appendix E).

Questions were combined to create four characteristics that are specific to female offenders such as trauma, mental health, substance/drug use, and motherhood. A composite score was derived for each characteristic.

Questions that were combined to create the trauma characteristic included “female offenders experience sexual and physical abuse in childhood,” “female offenders experience sexual and physical abuse in adulthood,” “female offenders who experience trauma develop psychiatric disorders,” and “childhood trauma leads to substance use problems among female offenders” ($\alpha = .875$). Higher scores indicated that participants viewed trauma as a common characteristic among female offenders.

The mental health characteristic was composed of the questions “female offenders have higher rates of psychiatric disorders than male offenders,” “PTSD is a common disorder that is diagnosed among female offenders,” “depression is a common disorder that is diagnosed among female offenders,” “anxiety is a common disorder that is diagnosed among female offenders,” and “female offenders who have a psychiatric disorder also have a substance use disorder” ($\alpha = .833$). Higher scores reflected participants endorsement of psychiatric disorders as characteristic specific to female offenders.

Questions that comprised the substance/drug characteristic were “female offenders have higher rates of illicit drug use than male offenders,” “female offenders have higher rates of alcohol use than male offenders,” “female offenders are more likely to be arrested for drug-related crimes than male offenders,” and “female offenders are likely to resort to crime in their

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pursuit of drugs” ($\alpha = .820$). Higher scores indicated participants beliefs that substance abuse/drugs are common problems among female offenders.

The last characteristic was motherhood and the questions that were combined to create this characteristic were “the majority of female offenders are mothers,” “incarcerated mothers are bad parents,” and “incarcerated mothers are not as accultured in their parenting as compared to non-incarcerated mothers” ($\alpha = .549$). Higher scores demonstrated participants endorsing the role of being a mother as a common characteristic among female offenders.

Risk and Need Perception Survey. To measure participants understanding of the risk factors related to female offenders committing crimes, the risk and need perception survey was adopted from Holliday et al. (2013). The survey consists of a 30-item questionnaire using a three-point scale for responses: 1 (not important), 2 (possibly important), or 3 (very important). The list of factors include gender-neutral factors from the LSI-R that have been shown to be related to offending behavior (Andrews & Bonta, 2010), factors that are considered to be gender-responsivity factors, and factors that have no relationship to criminal activity (See Appendix F).

Subscales of the LSI-R included criminal history and was assessed by the “criminal history” survey item. The education/employment subscale was assessed by the “education level,” “employment history,” and “IQ’ survey items ($\alpha = .580$), and the financial subscale was assessed by the “financial difficulties” survey item. In addition, the family/marital subscale was assessed by the “family members,” and “significant other” survey items, ($r = .411, p < .001$), while the leisure/recreation subscale was assessed by the “how free time is spent” survey item. Other subscales included the companion subscale, which was assessed by the “friends and acquaintances” survey item, the alcohol/drug subscale, which was assessed by the “use of drugs or alcohol” survey item, and the emotional/personal subscale, which was assessed by six items

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and included “self-esteem,” “anxiety,” “mental illness,” “stress,” “childhood experiences,” and “depression” ($\alpha = .764$). The final subscale, attitudes/orientation, was assessed by the “attitudes and thoughts” survey item. The subscales that were of particular relevant to this study were education/employment, family/marital, alcohol/drug, and emotional/personal.

Perceptions of Female Offenders’ Treatment Needs Questionnaire. Participants completed a 12-item questionnaire that measured their perceptions regarding the treatment needs among female offenders. Questions were created for the purpose of this study. A 7-point scale was used to assess perceptions and ranged from “completely disagree” (1) to “completely agree” (7). (See Appendix G).

Questions were combined and assessed to create five treatment needs that are specific to female offenders. These needs included rehabilitation among female offenders, trauma, mental health, substance/drug use, and parenting. A composite score was derived for each treatment need.

Questions that were combined to create the need for rehabilitation among female offenders included “it is important to try to rehabilitate adult females who have committed crimes and are now in the correctional system,” “it is a good idea to provide treatment to female offenders who have been released from prison,” “it is a good idea to provide treatment to females who are in prison,” and “female offenders require different treatment than male offenders” ($\alpha = .745$). Higher scores indicated that participants viewed rehabilitation as important to female offenders.

The treatment need related to trauma was assessed by the question “female offenders would benefit from trauma-informed programs offered in prison” while the treatment need of mental health was assessed by the question “female offenders would benefit from psychological

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counseling programs offered in prison.” Higher scores for both treatment need indicated that participants viewed treatment for trauma and treatment for mental health important to female offenders.

Questions that comprised the treatment need related to substance use included “female offenders would benefit from alcohol treatment programs offered in prison” and “female offenders would benefit from drug treatment programs offered in prison” ($r = .681, p < .001$). Higher scores demonstrated that participants viewed treatment for substance abuse important to female offenders.

The final treatment need was related to parenting and the questions that were combined to create this need included “prisons should offer parenting education programs or classes to female offenders,” “prisons should allow mothers to maintain contact with their children while in prison,” and “it is important for a mother to see her child while they are in prison” ($\alpha = .783$). Higher scores indicated that treatment with regards to parenting is important to female offenders.

Procedure

Participants signed up through Amazon Mechanical Turk (MTurk). Mturk is an online recruitment system that allows the general public to participate in research. Mturk was used in this study because it allowed for a diverse participant pool that is more representative of the general public (Buhrmester, Kwang, & Gosling, 2011). After signing up, participants were directed to Qualtrics, which is an online survey system that allowed participation for the study. Participants completed an electronic consent form, which provided the purpose of the study (See Appendix B). After granting informed consent, participants completed a demographic questionnaire, a perceptions toward rehabilitation questionnaire, a perceptions of female

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offenders' characteristics questionnaire, the risk and need perception survey, and the perceptions of female offenders' treatment needs questionnaire.

Results

Perceptions Toward Rehabilitation

A series of one-sample t tests were conducted with $\alpha = .05$ to determine whether participant responses for each question varied significantly from the midpoint of the scale.

Punitiveness. A single-sample t-test was conducted on the punitiveness theme and yielded significance, $t(172) = 49.25, p < .001$. Overall, participants did not endorse punitiveness as a goal of prison ($M = 3.48, SD = 0.93$).

Education and Vocational Training. When tested against the midpoint of the scale, the questions that derived this theme were significant, $t(172) = 73.99, p < .001$. Overall, participants viewed education and vocational training ($M = 5.60, SD = 1.00$) as an effective rehabilitation and treatment intervention for prisoners.

Mental Health Rehabilitation. When looked against the midpoint of the scale, this theme yielded significance, $t(172) = 76.59, p < .001$. Overall, participants endorsed the view mental health is an important treatment intervention ($M = 5.66, SD = 0.97$).

Substance Abuse Treatment. When tested against the midpoint of the scale, this theme was significant, $t(172) = 55.98, p < .001$. Participants endorsed the view that substance abuse treatment is an important treatment intervention ($M = 5.48, SD = 1.29$).

Gender Differences. A Hotelling's T-squared was conducted across all subscales in order to evaluate gender differences. Men ($M = 3.65, SD = 0.89$) were more likely than women ($M = 3.33, SD = 0.94$) to believe that offenders should be punished rather than rehabilitated, $F(1, 171) = 5.36, p = .02$. In contrast, men and women failed to differ in their perceptions regarding

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the usefulness of education and job training, $F < 1$, (men, $M = 5.62$, $SD = 1.00$; women, $M = 5.58$, $SD = 1.00$). Women ($M = 5.81$, $SD = 1.03$) were more likely than men ($M = 5.49$, $SD = 0.88$) to believe that offenders should be rehabilitated with mental health services, $F(1, 171) = 4.73$, $p = .031$ and men and women failed to differ in their perceptions regarding substance abuse treatment $F(1, 171) = 3.59$, (men, $M = 5.28$, $SD = 1.33$; women, $M = 5.65$, $SD = 1.24$).

Political Differences. A Hotelling's T-squared was conducted across all subscales in order to evaluate differences in political affiliation. Results indicated that conservatives ($M = 3.93$, $SD = 0.88$) were more likely than liberals ($M = 3.26$, $SD = 0.94$) to endorse the role of punishment as a goal of prisons $F(1, 126) = 16.81$, $p < .001$. Conversely, liberals and conservatives failed to differ in their perceptions regarding the effectiveness of education and vocational training among prisoners, $F(1, 126) = 3.23$, (liberals, $M = 5.78$, $SD = 0.85$; conservatives, $M = 5.47$, $SD = 1.13$). Liberals ($M = 5.89$, $SD = 0.94$) were more likely than conservatives ($M = 5.48$, $SD = 1.00$) to endorse the view that mental health is an important treatment intervention for prisoners $F(1, 126) = 5.83$, $p = .017$. Moreover, liberals ($M = 5.72$, $SD = 1.21$) were more likely than conservatives ($M = 5.21$, $SD = 1.39$) to view that substance abuse treatment is an important treatment for prisoners $F(1, 126) = 4.89$, $p = .029$.

Perceptions of Female Offenders

A series of one-sample t tests were performed with $\alpha = .05$ to examine whether participant responses for each question varied significantly from the midpoint of the scale.

Trauma. The trauma characteristic was created to examine the public's perceptions regarding female offender's history with various traumatic experiences including childhood and

¹ Due to the lack of representation in the sample ($n=44$), participants identified as 'independent' and 'other' were not included in the analysis.

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adulthood sexual and physical abuse, and consequences of trauma which yielded significance, $t(172) = 61.34, p < .001$. Participants perceived trauma as characteristic among female offenders ($M = 5.03, SD = 1.08$).

Mental Health. Overall, participants perceived high rates of mental health and various psychiatric disorders, including PTSD, depression, and anxiety as common characteristics among female offenders ($M = 4.97, SD = 1.02$), $t(172) = 63.87, p < .001$.

Substance/Drug Use. Participants were asked to indicate the extent to which they endorsed the view that substance/drug use was a characteristic among female offenders. In addition, participants were asked to indicate the extent to which they believed drugs impacted female offenders committing crimes. When tested against the midpoint of the scale, results were significant, $t(172) = 43.61, p < .001$. Participants perceived that substance use and/or drug use ($M = 4.16, SD = 1.26$) is a characteristic that is specific to female offenders, especially with regards to committing crime.

Motherhood. The questions that created the motherhood characteristic, which included perceptions of incarcerated mothers, yielded significance $t(172) = 52.22, p < .001$. Participants endorse the view that motherhood ($M = 4.40, SD = 1.11$) is a characteristic specific to female offenders.

Risk and Need Factors

Items that have no relationship to criminal activity were not analyzed. These included, “physical attractiveness,” “sleeping habits,” “medical history,” “being a perfectionist,” “patience,” “being outgoing,” “sexual prowess,” “racial or ethnic background,” “smoking cigarettes,” “age,” “athleticism,” “creativity,” and “religious beliefs”. A series of one-sample t-

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tests were conducted with $\alpha = .05$ to determine whether participant responses for each item varied significantly from the midpoint of the scale.

When tested against the midpoint of the scale, all of the item results yielded significance and were viewed as risk and need factors by participants (as shown in Table 1). Criminal history was significant, $t(171) = 58.61, p < .001$, indicating that subjects viewed criminal history as a factor that contributes to female offender's risk for committing a crime ($M = 2.56, SD = 0.57$). Other factors that yielded significance and were viewed as risk and need factors were companions, $t(171) = 50.07, p < .001, (M = 2.45, SD = 0.64)$, leisure/recreation, $t(171) = 43.36, p < .001, (M = 2.12, SD = 0.64)$, financial difficulties $t(171) = 57.22, p < .000, (M = 2.55, SD = 0.59)$, and attitudes/orientation, $t(171) = 52.56, p < .001, (M = 2.42, SD = 0.60)$.

The focus of the current study is on the subscales of the LSI-R related to female offenders. These included education/employment, family/marital, emotional/personal, and substance abuse. When tested against the mid-point of the scales the education/employment factor yielded significance, $t(171) = 57.22, p < .001$. Participants viewed female offenders' educational level, intelligence level, and employment history ($M = 2.55, SD = 0.59$), as factors that contribute to their risk for committing a crime.

When tested against the mid-point, the family/marital factor which included two items, family members and significant other ($M = 2.29, SD = 0.55$), was also viewed as a risk factor for female offenders, $t(171) = 54.59, p < .001$. The items that were combined to create the emotional/personal factor similarly yielded significance, $t(171) = 77.78, p < .001$, indicating that participants endorse the belief that self-esteem, anxiety, stress, mental illness, childhood experiences, and depression all contribute to female offenders risk for committing a crime ($M =$

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2.43), $SD = 0.41$). Additionally, alcohol and drug was also viewed as a risk and need factor for female offenders ($M = 2.46$, $SD = 0.64$) and also yielded significance, $t(171) = 50.72$, $p < .001$.

Perceptions of Female Offenders' Treatment Needs

A series of one-sample t tests were performed with $\alpha = .05$ to examine whether participant responses for each question varied significantly from the midpoint of the scale.

Rehabilitation for Female Offenders. The questions that were combined to assess how rehabilitation is viewed toward female offenders yielded significance $t(170) = 81.71$ $p < .001$. Participants endorsed the view that rehabilitation ($M = 5.73$, $SD = 0.92$) should be utilized for female offenders.

Trauma Treatment. Participants endorsement toward trauma treatment yielded significance $t(170) = 61.48$ $p < .001$ suggesting that participants believe that trauma interventions ($M = 5.76$ $SD = 1.23$) would be beneficial for female offenders.

Mental Health Treatment. Participants viewed mental health as a beneficial treatment need among female offenders ($M = 5.86$, $SD = 1.22$), $t(170) = 62.61$ $p < .001$.

Substance Use Treatment. Questions that were combined to create the substance use treatment assessed participants view toward alcohol and/or drug treatment among female offenders. When tested against the midpoint of the scale, results were significant, $t(170) = 69.28$ $p < .001$. Participants perceived that substance use treatment ($M = 5.91$, $SD = 1.12$) is an important treatment need among female offenders.

Parenting Treatment. Questions that derived the parenting treatment need assessed participant's views toward parenting programs and female offenders maintaining contact with their children while in prison and results yielded significance $t(170) = 70.812$ $p < .001$. This

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suggests that participants endorsed the belief parenting and motherhood treatment ($M = 5.72$, $SD = 1.07$) is important for female offenders.

Gender Differences. A Hotelling's T-squared was conducted across all subscales in order to evaluate gender differences. Results indicated that men and women failed to differ in their perceptions regarding rehabilitation toward female offenders, (men, $M = 5.63$ $SD = 1.00$ and women, $M = 5.81$, $SD = 0.87$), $F(1, 171) = 1.63$, *ns*, and female offenders benefiting from trauma treatment (men, $M = 5.59$ $SD = 1.23$; women, $M = 5.91$, $SD = 1.21$), $F(1, 171) = 3.02$, *ns*. Conversely, women ($M = 6.08$, $SD = 1.16$) were more likely than men ($M = 5.61$, $SD = 1.26$) to believe that female offenders should be rehabilitated with mental health services, $F(1, 171) = 6.33$, $p = .031$ and substance abuse treatment $F(1, 171) = 4.03$, $p = .046$ (men, $M = 5.73$, $SD = 1.18$; women, $M = 6.07$, $SD = 1.04$). With regards to female offenders benefiting from parenting treatment, men and women failed to differ in their perceptions (men, $M = 5.63$ $SD = 1.11$; women, $M = 5.79$, $SD = 1.07$), $F(1, 171) = 3.51$, *ns*.

Political Differences. A Hotelling's T-squared was conducted across all subscales in order to evaluate differences in political affiliation. Results indicated that liberals ($M = 5.94$, $SD = 0.76$) were more likely than conservatives ($M = 5.47$, $SD = 0.97$) to perceive female offenders benefiting from rehabilitation in prison $F(1, 124) = 9.10$, $p = .003$. Similarly, liberals ($M = 6.04$, $SD = 1.00$) were more likely than conservatives ($M = 5.48$ $SD = 1.45$) to endorse the view that female offenders would benefit from trauma programs $F(1, 124) = 6.58$, $p = .011$. Consequently, liberals and conservatives failed to differ in their perceptions with regards to female offenders benefiting from mental health services (liberals $M = 6.10$, $SD = 1.18$; conservatives, $M = 5.70$, $SD = 1.18$), $F(1, 124) = 3.45$. On the other hand, liberals were more likely than conservatives to believe that female offenders would benefit from substance abuse treatment (liberals, $M = 6.10$,

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$SD = 0.97$; conservatives, $M = 5.55$, $SD = 1.26$), $F(1, 124) = 7.88$, $p = .006$ and parenting programs offered in prison (liberals, $M = 6.07$, $SD = 0.96$; conservatives, $M = 5.54$, $SD = 1.12$), $F(1, 124) = 8.27$ $p = .005$.

Discussion

The purpose of this study was threefold. First, to examine the public perceptions toward rehabilitation among female offenders. Second, to examine the public's knowledge on the risk factors that contribute to female offenders committing crimes. Third, to examine attitudes toward female offenders and their subsequent treatment needs. Overall, results indicated the public endorses rehabilitation as a goal of prison and are in support of various rehabilitation programs for prisoners. In addition, it appears that the public needs more education regarding the risk factors that contribute to female offenders committing crimes, specifically in the areas of family and marital problems, emotional and personal issues, and substance use and abuse. However, despite this, it does appear that the public is educated on the issues that are most relevant to female offenders and is supportive of rehabilitation among this offender population.

Offender Rehabilitation

Since the 1990s, there has been a shift in public views on the criminal justice system (The Opportunity Agenda, 2014). The public has shifted their views toward prison as a way to punish those who have committed illegal acts to viewing prison as a way to get prisoners on the right path. This study examined the public's attitudes toward offender rehabilitation in order to further understand the direction of America's attitudes toward the criminal justice system. Results indicated that participants do not endorse punitiveness as a goal of prison and instead, believe prisons should emphasize rehabilitation. In addition, participants did not endorse the belief that locking inmates in their cells, punishing them, and prohibiting them from receiving any treatment

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or services while incarcerated is an effective strategy for rehabilitating them. This is consistent with previous research that reinforces the finding that the public supports correctional treatment and views rehabilitation as a legitimate goal of the criminal justice system (Applegate, et al., 1997; Cullen, et al., 1990).

The literature also reports unanimous support among the public regarding education and vocational programs, mental health services, and substance abuse treatment in correctional facilities and for ex-offenders in the community (Cullen, et al., 1990; Garland, et al., 2013). Results from the current study reflect these findings. Responses demonstrated that the public viewed education and vocational training, mental health treatment, and substance abuse treatment as important rehabilitation interventions for offenders. These results are important to public policy because it demonstrates the types of offender treatment that is supported among the public. Future empirical research investigating the relative importance and value of various treatment modalities could better inform policy.

The current study also sought to determine whether there are individual differences in attitudes toward offender rehabilitation in general and among female offenders in particular. Due to the fact that women are a subset of all prisoners, examining them as a distinct group may be worthy of attention. Studies examining public attitudes have demonstrated that women, compared to men, endorse more positive views toward rehabilitation, correctional interventions, and prisoner reentry (Applegate, et al., 2002; Haghghi & Lopez, 1998). Results of this study showed that rehabilitation was more favorable among women, while punitiveness was more favorable among men, which is consistent with the literature (Applegate, et al., 2002; Haghghi & Lopez, 1998). However, men and women failed to have differing opinions with regards to rehabilitation among female offenders. Future research should look at gender differences toward specific populations.

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This study also examined how men and women perceive specific treatment modalities for offenders in general and among female offenders in particular. Results showed that men and women did not differ in their perceptions regarding offenders being rehabilitated with education/vocational training and substance abuse treatment. The failure to detect gender differences with regards to offenders being rehabilitated with educational/vocational training is consistent with the literature (Haghighi & Lopez, 1998). In addition, the public views substance abuse and addiction as a public health concern that needs to be addressed (Pew Research Center, 2014; Ridder/Bradden, Inc., 2001). This may indicate why men and women have similar opinions on the importance of offenders receiving substance abuse treatment. However, men and women held differing opinions on the importance of female offenders receiving substance abuse treatment as women were more likely to believe that female offenders would benefit from substance abuse treatment. In addition, women were more likely to believe that offenders in general, and female offenders in particular, should be rehabilitated with mental health services. Consequently, results also failed to detect gender differences in perceptions toward female offenders benefiting from trauma treatment and parenting programs. These results suggest that women may not be more supportive of rehabilitation and that men and women may have similar perspectives toward offender rehabilitation than expected.

In an effort to explain gender differences regarding crime policies, research that has looked at gender differences has consistently found that women are more supportive of rehabilitation compared to men (Applegate, et al., 2002; Haghighi & Lopez, 1998; Hurwitz & Smithey, 1998). Carol Gilligan's theory on moral differences has helped researchers understand why women are historically more likely to be supportive of rehabilitation while men are punitive.

The theory on moral differences states that men base their moral decisions on an ethic of justice which emphasizes justice, equality, and rights (Hurwitz & Smithey, 1998). Women, on the

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other hand, base their moral decisions on an ethic of care which emphasizes their sensitivity to the needs of others and care (Hurwitz & Smithey, 1998). This suggests that women, compared to men, are more compassionate, empathetic, and more concerned about the well-being of others. In addition, women are more supportive of policies that conform to the ethic of care such as efforts to control crime, protect vulnerable individuals, and prevent future victimization through rehabilitation, treatment, and intervention (Hurwitz & Smithey, 1998). Because rehabilitation is intended to help offenders reform, this ethic of care perspective can support the results that rehabilitation is supported more among women. In addition, Applegate, et al. (2002) found in their study that female respondents were more strongly influenced by the gender of the offender as women were more supportive of rehabilitation when the offender was a woman, which is inconsistent with this study. Additional research should look at men and women's views toward correctional populations. This is important for policymakers because men and women may have different perspectives toward rehabilitation among specific offenders which could influence public policy.

The supportive attitudes, among women, toward mental health treatment can be explained by women exhibiting fewer stigmatizing attitudes toward individuals suffering from a mental health problem (Corrigan & Watson, 2007) thus, being more receptive to mental health rehabilitation among offenders. In addition, these results can be further explained by societal standards on how men and women are supposed to behave (Galdas, Cheater, & Marshall, 2005). Women are to be vulnerable with others, talk about their feelings, and be expressive with their emotions while men are supposed to conform to the concept of masculinity where showing emotions and talking about feelings is a sign of weakness. Due to the fact that mental health treatment has a component of psychotherapy, where talking about emotions, symptoms, and problems is emphasized, one can imply that women, compared to men, would be more supportive

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of the usefulness of mental health treatment among offenders because they are socialized to conform to societal standards of being a woman.

Surprisingly, results indicated that men and women did not differ in their views toward female offenders benefiting from trauma treatment and parenting programs. Due to the ethic of care perspective and the duty of being a woman, one would assume that women would view trauma treatment and parenting programs as more beneficial to female offenders compared to men. These results suggest that there may not be a gender bias toward perceptions of rehabilitation and toward offenders.

Political affiliation was also analyzed to determine if there were any political differences in their beliefs toward offender rehabilitation. Results indicated that conservatives were more likely to endorse the value of punitiveness in prison, while liberals believe prisons should value rehabilitation. Consistent with the literature, these results can be explained based on their views toward crime and punishment (Wood & Viki, 2001).

Overall, conservatives endorse in the crime control model. They view that because crime is caused by the individual and is a rational choice, punishment is deserved. In addition, conservatives are concerned with protecting society and public safety, and the only way to keep the public safe is through incarceration (King & Maruna, 2009) Thus, this crime control model emphasizes that the main goal of the criminal justice system is to reduce crime through aggressive law enforcement and harsher punishment. On the other hand, liberals are concerned with individual rights. In addition, they believe that the causes of crime are the result of external factors (Silver & Silver, 2017) and thus, to combat crime, prisons should focus on rehabilitating individuals.

These views on crime and punishment can be extended to specific treatment modalities for offenders. Results, from the current study, indicated that liberals were more likely than

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conservatives to view substance abuse treatment as an important treatment intervention among offenders in general and female offenders in particular. In addition, liberals were more likely to view the importance of trauma interventions and parenting programs for female offenders. Results also indicated that liberals were more likely than conservatives to view mental health treatment as important rehabilitation for offenders in general. This finding can be explained by the stigma that mental health displays throughout society. Those who portray more liberal ideologies have fewer stigmatizing attitudes toward individuals with mental health problems compared to those who have more conservative attitudes (Phelan & Link, 2004). Conservatives are more likely to perceive individuals who suffer from mental illness as dangerous (Watson, Corrigan, & Angell, 2005); thus, one can suggest that conservatives would be less supportive of rehabilitation among dangerous individuals. However, results failed to detect differences in their perceptions toward mental health treatment for female offenders. In addition, results failed to find differences between conservatives and liberals on the importance of offenders receiving educational and vocational training.

These results have important implications for public policy because it provides useful information in terms of understanding which political party will support particular rehabilitation programs thus, further influencing public policy. The literature consistently shows that conservatives are consistently less in favor of supporting rehabilitation programs such as job and vocational training, drug treatment, and mental healthcare due to the requirement of extensive government funding. And while limited research has been conducted on political differences toward rehabilitation among correctional populations, results from the current study suggest that regardless of the gender of the offender, liberals are more supportive of rehabilitation.

Taken together, results of this study show that the public endorses rehabilitation as a goal of prison, reveals public support for several types of rehabilitation interventions among offenders in general and female offenders in particular. This study also demonstrates that gender and political

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affiliation are important indicators related to supportive attitudes toward offender rehabilitation. However, there are questions that still need to be discovered such as how these views are expressed through policy. For instance, are these views reflected in what prisons do today? What are the treatment programs that are commonly offered in prison? Do they reflect the programs that the public is most supportive of? In addition, do these views translate into community support? Another question that could be examined is determining the public's perceptions toward offenders receiving different types of educational degrees. As the results indicate, the public is supportive of offenders receiving educational/vocational training. However, does the public have differing opinions among offenders receiving a high school degree compared to a college degree? Future research could examine these questions

Risk and Need Factors

Studies using the LSI-R with female offenders found the factors related to the domains of education/employment, family/marital, alcohol/drug, and emotional/personal were found to be elevated among this specific group (Hollin & Palmer, 2006; Holsinger, et al., 2006; Olver, et al., 2014). One of the aims of the current study was to determine if the public is knowledgeable of the risk factors that are related to female offenders committing crimes. This was achieved by having participants indicate how important each risk factor contributes to female offenders. The hypothesis that the public is limited in their knowledge of the risk factors related to female offenders was supported.

The public viewed all categories of the LSI-R (criminal history, education/employment, financial, family/marital, companion, alcohol/drug, emotional/personal, and attitudes/orientation) to be risk factors that contribute to female offenders committing crimes. However, the literature shows that the domains related to education/employment, family/marital, alcohol/drug, and emotional/personal to be the categories that contribute most to female offenders' risk of

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committing crimes. These results suggest that the public needs to be more informed about the factors that contribute to female offenders risk to commit criminal acts.

Educating the public about female offenders and the factors that perpetuate their criminal behavior can help legislatures and policy makers make decisions regarding prison reform. Correctional facilities use risk and needs assessments, such as the LSI-R, to identify the risk factors that are associated with criminal activity and establish programming to reduce those factors (Andrews & Bonta, 1995). However, the literature has consistently shown that even though correctional facilities use these actuarial assessments, many treatment programs that are offered in prison are homogeneous instead of gender-responsive treatment. This is problematic because if female offenders have different risk factors than male offenders, they need different treatment programs to effectively reduce their specific risk factors. The public could greatly benefit from obtaining empirically based information regarding this offender population. Without this knowledge, the public will not be able to advocate for treatment programs that can benefit this group and will be ineffective in helping reduce recidivism rates among female offenders.

Perceptions of Female Offenders and Their Treatment Needs

Finally, this study also sought to explore the perceptions of female offenders and their treatment needs. There has been an abundance of research depicting the profile of incarcerated women. The literature consistently shows that female offenders present complex profiles that include high rates of trauma, specifically sexual and physical abuse, (Browne, et al., 1999), mental health issues (James & Glaze, 2006; Jordan, et al., 1996), substance abuse, such as alcohol and drug problems (Johnson, 2006; Proctor, 2012), and parenting challenges (Greenfeld & Snell, 1999). Studies have looked at the treatment needs among female offenders from the perspectives of correctional workers, administrators, and program staff working in women prisons (Morash, et

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al., 1998; Van Voorhis & Pressor, 2001; Van Wormer & Kaplan, 2006). Lacking from the literature has been how the public views issues female offenders face and their treatment needs.

The public acknowledged the role of trauma, including sexual and physical abuse, in the lives of incarcerated women and believe that female offenders would benefit from trauma programs. The literature consistently shows that prior trauma has a strong influence on offending behavior (DeHart, 2008; McClellan, Farabee, & Crouch, 1997). Therefore, providing trauma treatment that can help offset negative effects of trauma and promote appropriate coping strategies for trauma survivors may help reduce recidivism rates among this vulnerable population.

In addition, the public perceived mental health problems and psychiatric disorders as problems female offenders suffer from and perceive that female offenders would benefit from psychological counseling programs. Prior research demonstrates that female offenders suffer from multiple mental health disorders such as PTSD, depression, and anxiety at higher rates than women in the general population (Farkas & Hrouda, 2007; McPhail, et al., 2012) and these high rates of psychiatric disorders render them socially vulnerable to recidivism (Bebbington, et al., 2017). It is imperative for female offenders to receive effective treatment for their mental illness to develop the skills that are necessary to enhance their mental state. Finally, participants viewed substance abuse, including alcohol use and illicit drug use, as issues that are common among female offenders and they believe that drugs contribute to female offenders committing crimes. Indeed, they believe that female offenders would benefit from alcohol and drug programs. This is important because literature has indicated that substance abuse is a major contributing factor to women being incarcerated and is a critical factor in recidivism (Greenfeld & Snell, 1999; Marotta, 2017; Mumola, 1999)

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Gender-specific trauma, mental health and substance abuse treatment are critical for women in prison and previously incarcerated women. Without effective treatment the cycle of inappropriate coping strategies will continue and increase their likelihood of recidivism. Additionally, Langan and Pelissier (2001) indicate that the types of drugs and the reasons why women use drugs differ from men, and the psychosocial issues related to drug usage and treatment differ. Similarly, the public perceives motherhood as being an issue that is common among female offenders and view the need for parenting programs as an important treatment among female offenders. Most incarcerated women feel they are inadequate in their parenting and because many are responsible for their children upon release, programs that can enhance their parenting abilities are crucial.

Limitations

Results notwithstanding, this study does have limitations. First, the term “female offenders” that is used in this study is a broad phrase for a such a heterogenous population. Future research could counteract this limitation by examining public perceptions for specific female offender groups by explicitly asking respondents to consider treatment needs for a certain type of female offender (e.g. ‘violent offender’ or ‘non-violent offender’) or specific crimes committed (e.g. ‘murder’ or ‘domestic assault’).

Second, an assessment of the respondent’s willingness to pay for treatment or rehabilitation programs was not included in the study. Gauging the public’s support for resource allocation is important, because policymakers frequently justify expenditures on the basis of public opinion (Holtfreter, Van Slyke, Bratton, & Gertz, 2008). To better inform policy, future research should address this issue by asking respondent’s willingness to pay for specific reforms.

Conclusion

This study contributes to the literature by examining the public's knowledge on female offenders by having participants indicate whether they perceived risk factors and certain issues, including trauma, mental health, substance abuse, and the role of being a mother, relevant to female offenders. Additionally, this study contributes to research on public attitudes toward offenders by examining the public's perspective regarding rehabilitation among female offenders. These results suggest that the public is knowledgeable on the issues impacting female offenders. It also suggests that the public is not only supportive of treatment for female offenders but are also aware of the types of treatment that female offenders need. It is important that the public's perceptions toward female offender treatment is consistent with the literature because these results have important policy implications.

There has been extensive research on gender-specific programs and interventions for female offenders including the types of programming that is available for female offenders, the characteristics of these interventions, and aspects of programs that are most effective for female offenders (Bloom, et al., 2004; Koons, et al., 1997; Morash, et al., 1998). However, even though there has been an abundance of information, the criminal justice system is still ill equipped to meet the needs of female offenders due to programs being suited more for male offenders and the lack of availability of programs. These results can help further advocate for policy changes at the macro-level by providing public support for treatment programs for female offenders.

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Table 1

One Sample T-Test for Risk and Need Survey Factors

Factors	t	df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
Criminal History	58.61	171	.001	2.56*	2.48	2.65
Education/Employment	62.02	171	.001	2.20*	2.12	2.26
Financial	57.22	171	.001	2.55*	2.46	2.64
Family/Marital	54.59	171	.001	2.29*	2.21	2.38
Leisure/Recreation	43.37	171	.001	2.12*	2.03	2.22
Companions	50.07	171	.001	2.45*	2.36	2.55
Alcohol/Drug	50.72	171	.001	2.46*	2.37	2.56
Emotional/Personal	77.78	171	.001	2.43*	2.37	2.49
Attitudes/Orientation	52.56	171	.001	2.42*	2.33	2.51

Note: *p<.05

Appendix A
Invitation to Participate

You are invited to participate in a research study on examining the public perceptions of offenders and rehabilitation. Your participation will take about 25 minutes and is completely anonymous. You will be paid \$0.75 as compensation for your participation in the study. If you choose to participate in this study, you are free to skip any questions that you would prefer not to answer. If you are willing to participate, please click the following link to be directed to the Qualtrics site: link inserted here.

If you have any questions, you may contact the student advisor of the Principal Investigator, Dr. Cheryl Terrance by email at Cheryl.terrance2@und.edu or by phone at 701-777-3921.

**Appendix B:
Informed Consent**

TITLE: Public Perceptions of Offenders and Rehabilitation

A person who is to participate in the research must give his or her informed consent to such participation. This consent must be based on an understanding of the nature and risks of the research. This document provides information that is important for this understanding. Research projects include only subjects who choose to take part. Please take your time in making your decision as to whether to participate. If you have questions at any time, please ask.

Approximately 200 people will take part in this online study. If you join this study, you will be asked to respond to various questions regarding your perceptions toward offenders and various forms of rehabilitation. The purpose of this research is to examine the public's perceptions toward offenders and rehabilitation.

You may experience frustration that is often experienced when completing surveys. Some of the questions may be of a sensitive nature, and you may therefore become upset as a result. However, such risks are not viewed as being in excess of "minimal risk." If, however, you become upset by questions, you may stop at any time or choose not to answer a question. If you would like to talk to someone about your feelings about this study, you are encouraged to contact the resource listed below (Please remember that any cost in seeking medical assistance is at your own expense) <http://www.211.org/>. 2-1-1, set up by the United Way, provides free and confidential information and referrals. Call 2-1-1 for help with food, housing, employment, health care, counseling and more. You may also call 211 from a landline phone to get connected with service providers in your local area.

You may not benefit personally from being in this study. However, we hope that, in the future, other people might benefit from this study because results will provide a better understanding on how people evaluate perceptions of offenders and rehabilitation.

It will take about 15-20 minutes to complete the questions.

No identifying information about participants will be reported or kept. Confidentiality will be maintained by storing your responses in a password protected file. Your name is not being collected. However, given that the surveys can be completed from any computer, we are unable to guarantee the security of the computer on which you choose to enter your responses.

As a participant in our study, we want you to be aware that certain "key logging" software programs exist that can be used to track or capture data that you enter and/or websites that you visit. In any report about this study that might be published, you will not be identified. Study results will be presented in a summarized manner so that you cannot be identified. Your study record may be reviewed by government agencies, and the University of North Dakota Institutional Review Board. The only other people who will have access to the data are the research investigators conducting the study, and the investigator's advisor, Dr. Cheryl Terrance.

The primary researcher conducting this study is Laurel Purcel. If you have questions, concerns, or complaints about the research please contact the research advisor, Dr. Cheryl Terrance at 777-3921 during the day. If you have questions regarding your rights as a research subject, or if you have any concerns or complaints about the research, you may contact the

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University of North Dakota Institutional Review Board at (701) 777-4279. Please call this number if you cannot reach research staff, or you wish to talk with someone else.

If you choose to participate, you will be awarded \$0.75 as compensation for your participation. The University of North Dakota and the research team are receiving no payments from other agencies, organizations, or companies to conduct this research study.

Your participation is voluntary. You may choose not to participate, or you may discontinue your participation at any time without penalty or loss of benefits to which you are otherwise entitled. Your decision whether or not to participate will not affect your current or future relations with the University of North Dakota.

If you click continue, this will indicate that this research study has been explained to you, that questions have been answered, and that you agree to take part in this study.

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Appendix C Demographics Questionnaire

1. Age _____
2. What is your gender?
 - a. Male
 - b. Female
3. What is your race/ethnicity?
 - a. American Indian/Alaska Native
 - b. Asian or Pacific Islander
 - c. Black or African American
 - d. White or Caucasian
 - e. Mexican or Mexican American
 - f. Multi-ethnic
 - g. Other (please specify) _____
4. What political party do you identify with?
 - a. Democrat
 - b. Republican
 - c. Independent
 - d. Other (please specify) _____

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Appendix D Perceptions Toward Rehabilitation Questionnaire

Please rate the extent of importance for each of the following statements.

Prisons should punish the individual convicted of a crime.

Not Important *Very Important*
1 2 3 4 5 6 7

Prisons should rehabilitate the individual so they might return to society as a productive citizen.

Not Important *Very Important*
1 2 3 4 5 6 7

Prisons should protect society from future crimes an individual might commit.

Not Important *Very Important*
1 2 3 4 5 6 7

Please rate the extent to which you endorse each of the following statements.

Rehabilitation programs, that are currently offered in prisons, should be expanded.

Strongly oppose *Strongly favor*
1 2 3 4 5 6 7

Prisoners should be allowed early release through good behavior and participation in educational work programs.

Strongly oppose *Strongly favor*
1 2 3 4 5 6 7

The best policy for dealing with inmates while they are in prison is through psychological counseling.

Strongly oppose *Strongly favor*
1 2 3 4 5 6 7

The best policy for dealing with inmates while they are in prison is through educational and vocational training.

Strongly oppose *Strongly favor*
1 2 3 4 5 6 7

The best policy for dealing with inmates while they are in prison is to keep them locked in their cells.

Strongly oppose *Strongly favor*
1 2 3 4 5 6 7

Inmates, who use illegal drugs should be placed in substance abuse treatment instead of prison.

Strongly oppose *Strongly favor*
1 2 3 4 5 6 7

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Inmates who are mentally ill should be placed in mental health facilities instead of prison.
Strongly oppose *Strongly favor*
1 2 3 4 5 6 7

Inmates recently released from prison should be provided with mental health services.
Strongly oppose *Strongly favor*
1 2 3 4 5 6 7

Inmates recently released from prison should be provided with drug treatment.
Strongly oppose *Strongly favor*
1 2 3 4 5 6 7

Inmates recently released from prison should be provided with job training.
Strongly oppose *Strongly favor*
1 2 3 4 5 6 7

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Appendix E Perceptions of Female Offenders' Characteristics Questionnaire

Please rate the extent to which you agree with the following statements.

Female offenders experience sexual and physical abuse in childhood.

Completely Disagree *Completely Agree*
1 2 3 4 5 6 7

Female offenders experience sexual and physical abuse in adulthood.

Completely Disagree *Completely Agree*
1 2 3 4 5 6 7

Female offenders who experience trauma develop psychiatric disorders.

Completely Disagree *Completely Agree*
1 2 3 4 5 6 7

Female offenders have higher rates of psychiatric disorders than male offenders.

Completely Disagree *Completely Agree*
1 2 3 4 5 6 7

Post-traumatic stress disorder is a common disorder that is diagnosed among female offenders.

Completely Disagree *Completely Agree*
1 2 3 4 5 6 7

Depression is a common disorder that is diagnosed among female offenders.

Completely Disagree *Completely Agree*
1 2 3 4 5 6 7

Anxiety is a common disorder that is diagnosed among female offenders.

Completely Disagree *Completely Agree*
1 2 3 4 5 6 7

Female offenders who have a psychiatric disorder also have a substance use disorder.

Completely Disagree *Completely Agree*
1 2 3 4 5 6 7

Childhood trauma leads to substance use problems among female offenders.

Completely Disagree *Completely Agree*
1 2 3 4 5 6 7

Female offenders have higher rates of illicit drug use compared to male offenders.

Completely Disagree *Completely Agree*
1 2 3 4 5 6 7

Female offenders have higher rates of alcohol use compared to male offenders

Completely Disagree *Completely Agree*
1 2 3 4 5 6 7

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Female offenders are more likely to be arrested for drug related crimes compared to male offenders

Completely Disagree *Completely Agree*
1 2 3 4 5 6 7

Female offenders are likely to resort to crime in their pursuit of drugs.

Completely Disagree *Completely Agree*
1 2 3 4 5 6 7

The majority of female offenders are mothers.

Completely Disagree *Completely Agree*
1 2 3 4 5 6 7

Incarcerated mothers are bad parents.

Completely Disagree *Completely Agree*
1 2 3 4 5 6 7

Incarcerated mothers are not as acculturated in their parenting compared to non-incarcerated mothers.

Completely Disagree *Completely Agree*
1 2 3 4 5 6 7

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Appendix F Risk and Need Perception Survey

Please indicate how important each factor is in contributing to female offenders' risk of committing a crime.

1. Criminal History.	<i>Not Important</i>	<i>Possibly Important</i>	<i>Definitely Important</i>
2. Education Level	<i>Not Important</i>	<i>Possibly Important</i>	<i>Definitely Important</i>
3. Physical Attractiveness	<i>Not Important</i>	<i>Possibly Important</i>	<i>Definitely Important</i>
4. Sleeping Habits	<i>Not Important</i>	<i>Possibly Important</i>	<i>Definitely Important</i>
5. Medical History	<i>Not Important</i>	<i>Possibly Important</i>	<i>Definitely Important</i>
6. Employment History	<i>Not Important</i>	<i>Possibly Important</i>	<i>Definitely Important</i>
7. Being a Perfectionist	<i>Not Important</i>	<i>Possibly Important</i>	<i>Definitely Important</i>
8. Self-Esteem	<i>Not Important</i>	<i>Possibly Important</i>	<i>Definitely Important</i>
9. Friends and Acquaintances	<i>Not Important</i>	<i>Possibly Important</i>	<i>Definitely Important</i>
10. Patience	<i>Not Important</i>	<i>Possibly Important</i>	<i>Definitely Important</i>
11. Family Members	<i>Not Important</i>	<i>Possibly Important</i>	<i>Definitely Important</i>
12. Anxiety	<i>Not Important</i>	<i>Possibly Important</i>	<i>Definitely Important</i>
13. Significant Other	<i>Not Important</i>	<i>Possibly Important</i>	<i>Definitely Important</i>
14. Stress	<i>Not Important</i>	<i>Possibly Important</i>	<i>Definitely Important</i>

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15. Being Outgoing	<i>Not Important</i>	<i>Possibly Important</i>	<i>Definitely Important</i>
16. How Free Time is Spent	<i>Not Important</i>	<i>Possibly Important</i>	<i>Definitely Important</i>
17. Sexual Prowess	<i>Not Important</i>	<i>Possibly Important</i>	<i>Definitely Important</i>
18. Racial or Ethnic Background	<i>Not Important</i>	<i>Possibly Important</i>	<i>Definitely Important</i>
19. Smoking Cigarettes	<i>Not Important</i>	<i>Possibly Important</i>	<i>Definitely Important</i>
20. Use of Drugs or Alcohol	<i>Not Important</i>	<i>Possibly Important</i>	<i>Definitely Important</i>
21. Age	<i>Not Important</i>	<i>Possibly Important</i>	<i>Definitely Important</i>
22. Mental Illness	<i>Not Important</i>	<i>Possibly Important</i>	<i>Definitely Important</i>
23. Athleticism	<i>Not Important</i>	<i>Possibly Important</i>	<i>Definitely Important</i>
24. Attitudes and Thoughts	<i>Not Important</i>	<i>Possibly Important</i>	<i>Definitely Important</i>
25. Creativity	<i>Not Important</i>	<i>Possibly Important</i>	<i>Definitely Important</i>
26. Financial Difficulties	<i>Not Important</i>	<i>Possibly Important</i>	<i>Definitely Important</i>
27. Childhood Experiences	<i>Not Important</i>	<i>Possibly Important</i>	<i>Definitely Important</i>
28. IQ	<i>Not Important</i>	<i>Possibly Important</i>	<i>Definitely Important</i>
29. Depression	<i>Not Important</i>	<i>Possibly Important</i>	<i>Definitely Important</i>
30. Religious Beliefs	<i>Not Important</i>	<i>Possibly Important</i>	<i>Definitely Important</i>

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Appendix G Perceptions of Female Offenders' Treatment Needs Questionnaire

Please rate the extent to which you agree with the following statements.

It is important to try to rehabilitate adult females who have committed crimes and are now in the correctional system.

Completely Disagree *Completely Agree*
1 2 3 4 5 6 7

It is a good idea to provide treatment for female offenders who have been released from prison.

Completely Disagree *Completely Agree*
1 2 3 4 5 6 7

It is a good idea to provide treatment for female offenders who are in prison.

Completely Disagree *Completely Agree*
1 2 3 4 5 6 7

Female offenders require different treatment than male offenders.

Completely Disagree *Completely Agree*
1 2 3 4 5 6 7

Female offenders would benefit from trauma-informed programs offered in prison.

Completely Disagree *Completely Agree*
1 2 3 4 5 6 7

Female offenders would benefit from psychological counseling programs offered in prison.

Completely Disagree *Completely Agree*
1 2 3 4 5 6 7

Female offenders would benefit from alcohol treatment programs offered in prison.

Completely Disagree *Completely Agree*
1 2 3 4 5 6 7

Female offenders would benefit from drug treatment programs offered in prison.

Completely Disagree *Completely Agree*
1 2 3 4 5 6 7

Prisons should offer integrated trauma, mental health, and substance use treatment programs to female offenders.

Completely Disagree *Completely Agree*
1 2 3 4 5 6 7

Prisons should offer parenting education programs or classes to female offenders.

Completely Disagree *Completely Agree*
1 2 3 4 5 6 7

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Prisons should allow mothers to maintain contact with their children while in prison.

Completely Disagree

1

2

3

4

5

Completely Agree

6

7

It is important for a mother to see her child while they are in prison.

Completely Disagree

1

2

3

4

5

Completely Agree

6

7