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Lethbridge Undergraduate Research Journal
ISSN 1718-8482

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Treatment Efficacy for Female Offenders

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Citation:

Ashley Jespersen: Treatment Efficacy for Female Offenders. *Lethbridge Undergraduate Research Journal*. 2006. Volume 1 Number 1.

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The treatment of female offenders is becoming an increasingly important issue. The number of federally incarcerated adult female offenders in Canada increased by approximately 75% from 1981 to 2002 (Correctional Service of Canada, 2002). In the United States the number of female inmates under correctional supervision escalated from 410, 300 in 1986 to 895, 300 in 1997 (Bureau of Justice Statistics, 2001). In the past, we have considered male and female inmates to have similar treatment needs, but as we become aware of the increasing numbers and differing needs of female offenders we must re-evaluate available treatment programs and begin to implement program revisions. In this paper I will discuss the needs of female offenders, the goals of treatment, the components of effective and successful treatment programs, and describe and evaluate current programs available to female offenders.

There is a drastic gender difference in the number of offenders incarcerated in Canada, with males reaching 34, 156 in 1996 and females reaching 1, 694 (these statistics include both federal and provincial/territorial correctional facilities) (Correctional Service of Canada, 2003). In the United States the number of male inmates under correctional supervision was 4, 797, 200 in 1997 in comparison to 895, 300 female inmates (Bureau of Justice Statistics, 2001). However, the gender difference can be deceiving. Although the population of male inmates is considerably higher than female inmates, what is absent from these data is that the population of female inmates has been escalating over the years, at a much faster rate than males. The number of adult females incarcerated has nearly tripled in the past 15 years, while the male population is just shy of doubling (Bureau of Justice Statistics, 2005). One focus of current research is why the population of female offenders is increasing so drastically in comparison to the male population (the increase may be due to an increase in female offenders but it is more likely due to a decrease in tolerance to female criminal activity). The Correctional Service of Canada (2003) offers the suggestion that due to gender differences between men and women (e.g., upbringing; learning patterns; access to power; and how they deal with and use anger, aggression, and violence) perhaps different reasons and different circumstances facilitate violence in males compared to females. The drastic increase in the number of female inmates illustrates that there is a strong need to increase the number of treatment programs available to these women and to provide more programming specific to female offenders and their needs (Koons et al., 1997).

Koons et al. (1997) discuss common issues and needs of female offenders: (1) substance abuse and drug dependency, (2) childhood victimization; e.g., physical and sexual abuse, (3) parenting issues; it is common for female offenders to begin having children prior to 18 years of age, (4) mental illness, (5) lack of education, and (6) prolonged periods of unemployment and a lack of skills needed to gain stable employment. The Correctional Service of Canada (2004) lists additional issues common to female offenders, including low self-esteem, dependency, unstable foster care placement(s), street life, participation in a sex trade, self-injurious behaviour, suicide attempts, and the loss of a parent at an early age. Female offenders also tend to be young, unmarried, and poor (Bloom, 1993). Although these characteristics are neither requirements nor causes of criminal behaviour in females, it is important to keep them in mind when designing and evaluating the treatment programs available to these women. Another important factor to keep in mind is the types of crimes that women are committing. The Bureau of Justice Statistics (1999) reports that women are most commonly convicted for fraud, property, and drug related offences. Violent offences are among the least common types of offences committed by women and the rate of violent offending among women has been on a steady decline since the 1990's (Bureau of Justice Statistics, 1999).

Problems with current correctional programming for female offenders

include the use of traditional programs that do not allow these women to adapt to the changing society we live in. As I previously illustrated, female offender populations are growing substantially, but both the quality and quantity of correctional programming for these offenders remains considerably low and inadequate. The number of programs available to female offenders is few and most involved extensive waiting lists making it nearly impossible for female offenders to obtain the programming and resources that they need.

Principles of Effective Treatment Programs

The primary goal of correctional treatment programs is to reduce recidivism (Dowden & Andrews, 1999). Additional goals include assistance in achieving economic and social independence, and family reunification (Koons et al., 1997). There are three main principles underlying effective treatment: risk, need, and responsivity (Dowden & Andrews, 1999). The risk principle follows logically from the treatment goals; the offenders with the highest risk to recidivate should be granted more treatment services than those with a lower risk. The needs principle takes the goal of reducing recidivism, and looks at the needs that programs are targeting. For example, if the goal is to reduce recidivism, treatment needs to target criminogenic needs. Dowden and Andrews (1999) suggest that criminogenic needs may differ for female offenders in comparison to other offender populations. They suggest including prior victimization and low levels of self-esteem as criminogenic needs for female offenders. Their argument merits further investigation considering that both prior victimization and low self-esteem are widespread and debilitating features that the majority of female offenders possess. They are also issues that amplify the struggle for success that female offenders face when re-entering the community. The final principle to effective treatment, responsivity, proposes that the characteristics of program delivery, as well as the styles and modes of service used within the program should be matched to the learning styles of the offenders (Dowden & Andrews, 1999, p.440). Dowden and Andrews argue that meta-analytic evidence suggests that the treatment methods with the largest influence on female offenders are those programs that use social learning and behavioural strategies. Clinical research supports these three principles, finding that programs based on these principles were associated with significant reductions in recidivism, therefore achieving the primary goal of treatment (Dowden & Andrews, 1999).

According to Gendreau (1996), the following principles are key aspects of what makes a treatment program effective for female offenders: 1) intensive behavioural strategies that are “enforced in a firm but fair manner” and a focus on the criminogenic needs of the offenders while promoting prosocial behaviour; 2) characteristics of programs, offenders, and therapist should be matched; 3) interpersonal relationships should be responsive and constructive; and 4) they should possess relapse prevention strategies, advocacy, and brokering services in the community. These principles are similar to the previous three principles I described; especially the need and responsivity

principles. Gendreau extends the list of principles focussing on other areas that are important to offenders such as advocacy and community services. Hume elaborates on the same idea when she states, "effective treatment must address both the intervention (cognitive, affective, and behavioural) and the environment (safety, connection, and empowerment)" (2001, p. 48). One final and essential principle to effective treatment is the use of women-centered principles. At the core of women-centered principles is a focus on the individual needs of each woman, as well as reflecting on the social realities that these women face (Correctional Service of Canada, 1994).

A task force, Creating Choices, was created in 1990 for federally sentenced women (Hume, 2001). The design for all core programming for female offenders originates from its five key principles, "empowerment, meaningful and responsible choices, respect and dignity, supportive environment, and shared responsibility" (Hume, 2001, p.48). There are many different treatment programs available to female offenders, the most important and most common programs focus on issues specific to female offenders such as: substance abuse/addiction, parenting and child care, educational/vocational, health and mental health, and relapse prevention/transition/aftercare. In the subsequent section I will outline several of the treatment programs that are currently available to female offenders and evaluate the efficacy of each of these programs.

Substance Abuse and Drug Dependency

The majority of programs currently available to female offenders address substance abuse and drug dependency (Koons, et al, 1997). The Correctional Service of Canada estimates that 80 to 90 percent of female offenders have a substance abuse problem (Hume, 2004). Hume (2004) goes on to say that these women often have a significantly greater number of problems and they are much more likely to recidivate. One important criterion of substance abuse programs is that they combine education and treatment issues into each program. The combination of treatment with education produces more effective programs with more successful outcomes.

The first gender-based substance abuse program designed to focus on the specific treatment needs of female offenders was developed in 1995, entitled The Substance Abuse Program for Federally Sentenced (SAPFS) (Hume, 2001). This program was implemented and provided for successful outcomes at the Edmonton Institution for Women (EIFW). In 1998 a more intensive version of the program, 'Solutions', was developed at EIFW (Hume, 2001). Solutions uses a cognitive-behavioural approach and focuses primarily on behaviour change, rather than the more specific use of substances (Peachey, 1999, p.34). In the Solutions program offenders first receive basic education regarding behaviour change, substance abuse, and the effects of substance on the brain, among other things. Once participants are given the

basic education they need, or the groundwork, they are taught how to deal with difficult situations through visualization, relaxation, and other techniques. The next step, the skills of change, involves each participant choosing a behaviour that they want to change and to actually go through the complete behaviour change process. The fourth stage involves educating the participants on emotions (e.g., fear, anger, depression) and discussing techniques of how to manage them. The final stage teaches female offenders recovery skills and relapse prevention strategies.

In 1999, a panel of experts evaluated the SAPFS and Solutions programs and provided specific recommendations for the improvement and development of future programs. As these recommendations were implemented a new modified program developed, the Women Offenders Substance Abuse Program Continuum (WOSAP). Hume (2004) provides a descriptive illustration of this program: it begins with eight sessions focusing on 1) initial contact between the offender and the group leader, providing a basis for support and motivation, and 2) education on institutional living and coping, substance abuse, and self-management. Upon completion of this stage offenders move on to intensive therapeutic treatment. The intensive therapeutic stage of treatment concentrates on both emotional and cognitive issues, consisting of 20 sessions each. Some specific topics discussed include emotions, spirituality, relationships, self, goal-setting, coping and problem solving skills. The final stage of WOSAP addresses pre-release and release issues such as relapse prevention and maintenance in both the institution and the community.

WOSAP is the product of continuous evaluation and remodelling, for this reason and others it is one of the best substance abuse programs available to female offenders. It adopted every critique and recommendation from the previous programs and with the help of research and further evaluation amalgamated them into one comprehensive substance abuse treatment program. A major strength of the program is the building blocks approach; dividing the program up into several stages that build upon one another and the use of peer support groups. WOSAP supports many of the keys to effective treatment, particularly behavioural strategies addressing criminogenic needs, relapse prevention and the use of community services. It holds high rates of program satisfaction and successful completion, and is considered to be both challenging and effective (Hume, 2004).

It is important when evaluating correctional programming to examine feedback from the offenders who have been a part of the program as well as from correctional staff and management to ensure that your evaluation is not developed from a single, biased viewpoint. For this reason I will report some comments from female offenders who are currently enrolled in, have successfully completed, or are returning to the program following relapse. The offenders demonstrate support for these programs with comments such as, "They didn't preach quitting, but pointed out my options...Helped me take responsibility, to separate the person from the action" and illustrate weakness

with their own recommendations for future improvement with comments such as, "There's not much on relationships and how my use affects the people around me...I thought I'd be safe, but I succumbed to peer pressure...aftercare is really needed" (Hume, 2001, p.49). With such a high proportion of female offenders abusing substances, especially among aboriginal women (93%), and substance abuse leading to higher recidivism rates (Dowden & Blanchette, 1999), Substance Abuse and Drug Dependency programs are imperative to the treatment of female offenders and should continually be re-evaluated and enhanced to produce a greater number of successful outcomes in the future.

Parenting and Child Care

"Approximately 80, 000 women detained or incarcerated in jails or prisons are mothers, and many are pregnant" (Koons et al, 1997, p.521; Johnston, 1995). In the United States, "women under supervision by the justice system agencies were mothers of an estimated 1.3 million minor children (Bureau of Justice Statistics, 1999). What is worse than the soaring number of offenders who have children or who are pregnant is that many female offenders are severely lacking in both the quantity and quality of knowledge they possess regarding the birthing process, proper nutrition, and child care/guidance and they are far too often denied access to the reproductive services that they require (Pollock-Byrne, 1990).

Incarceration imposes many adverse effects on the mother-child bond, the family unit, and the development of children born to female offenders. For mother who have very young children as well as for pregnant offenders the separation takes place nearly directly after birth or at an age too young for the necessary bonding to occur. Without this bonding period the mother-child relationship can be seriously hindered and may never have a chance to occur (Bloom, 1993). The separation of the child from the mother can be a traumatic event for many children of all ages if their mother is sentenced to incarceration. The trauma associated with the separation can impose emotional, psychological, and physical problems for these children (Bloom, 1993). Research shows that the children of incarcerated women often struggle in school, with interpersonal relationships, and are at a far greater risk for delinquent behaviour and future incarceration than children whose parents are not incarcerated (Bloom, 1993). After discussing the adverse effects that incarceration has on children and the mother-child relationship, I must note that family reunification is a goal for many women in prison. In order to help female offenders achieve this goal and be successful in their parenting practices, programming is needed to educate them on parenting roles and the developmental needs of children (Koons et al, 1997).

The main concerns that parenting and child care programs attempt to address are prenatal care, the care and placement of children, visitation policies, and custody rights (Koons et al, 1997). The New York women's prison at Bedford Hills initiated a string of programs in the United States that allow for

mothers who have 2 years or less of their sentence remaining, in which their offence did not involve their child, are able to have their babies with them and care for them in prison (Radosh, 2002). These 'nursery programs' provide counselling, support groups, parenting classes, substance abuse treatment, and vocational training (Radosh, 2002, p.312). Each of these program elements is essential for the rehabilitation and successful recovery of mothers in prison. Rodash (2002) further discusses the impact that mother-infant programs have on offender recidivism, arguing that female inmates who are mothers and participate in parenting programs have a significantly lower recidivism rate than other offenders.

As Bloom (1993) reminds us, it is important to remember the role that child welfare systems play in reuniting female offenders with their children. She notes the need for greater cooperation between correctional institutions and child welfare systems. To date there are few parenting programs available to female offenders, especially in provincial jails. However, there are even fewer child care programs and those facilitating mother-child visits. Parenting and child care is a programming area that is in severe need of further development and implementation. A good place to start is by implementing a 'child-centered environment' during visitations which is designed to promote positive interactions between mother and child (Bloom, 1993).

Mental Health

Mental health programs are designed specifically for the treatment female offenders who have cognitive, emotional, and/or basic skills challenges (Correctional Service of Canada, 2002). The Mental Health Strategy for Women Offenders defines the structure and delivery of mental health programs for female offenders (Correctional Service of Canada, 2002). The key principles are:

1. Wellness, which focuses on holistic program delivery, avoiding stigma and labelling, teaching and reinforcing, and the use of multidisciplinary resources;
2. Access, which stresses the importance of early need identification and intervention;
3. Women-centered, as I described earlier focuses specifically on gendered approaches to working with female offenders such as the involvement of staff who are sensitive to the needs and problems of female offenders;
4. Client participation requires the offender to play an active role in their treatment;
5. Least restrictive measures intended to normalize the daily living of incarcerated female offenders and potentially increase their level of responsibility;
6. Structure and environment is concerned with consistency in structure and interpersonal relationships;
7. Integration and information sharing requires the integration of all related activities;
8. Bridging the gap between correctional and community services; and
9. Staff training/education is to be an ongoing process and only staff motivated to work with female offenders who have mental health issues are to be employed. These principles are in place in order to maximize

the success of treatment by giving extra attention to offenders in need and ultimately reducing recidivism rates.

Mental health issues common to female offenders include: serious mental illness (e.g., schizophrenia), affective disorders (e.g., major depressive disorder), personality disorders (e.g., borderline personality disorder), past trauma related disorders (e.g., post-traumatic stress syndrome), substance-dependence disorders, cognitive difficulties (e.g., low cognitive functioning), antisocial behaviours, impulsive behaviours, emotion dysregulation, serious medical conditions (e.g., HIV/AIDS, Hepatitis C), eating disorders, suicide risk, and other self-injurious behaviours (e.g., cutting) (Boisvert, 2004; McDonagh, Noël, & Wichmann, 2002). The most commonly utilized method of treatment is group psychotherapy, which is seen to be the most effective and efficient form of treatment available to offenders with special needs. Women in prison are also provided with individual psychotherapy, psychiatric services and appropriate medication dependent upon their individual needs. Other recommendations for therapy and/or specialized training are Dialectical Behaviour Therapy (DBT), Psychosocial Rehabilitation (PSR), therapeutic letter-writing (TLR), mental health awareness, crisis intervention, and responding to suicide/self-injurious behaviour (Boisvert, 2004; McDonagh, Noël, & Wichmann, 2002). Correctional programming has significantly improved for female offenders overall, focusing much more on the specific needs of women. However, still lost in the cracks are those female offenders who also suffer from serious mental illness, their needs have yet to be examined and implemented into current programming.

Educational

Educational programs are focused around education upgrading, vocational interest and preparation, resume writing, employability skills, and skills training programs. Pollock-Byrne (1990) discusses Chapman's study in 1980 that found that 60 percent of female inmates were high school dropouts (p.90). If nothing else this finding further illustrates the lack of education among female inmates and the immense need for educational programs for these women. Although most institutions now offer adult basic education, according to Pollock-Byrne (1990) these programs only consist of basic literacy and living skills which is clearly not sufficient in today's society. General educational development (GED) programs are commonplace in most institutions today as well, offering women the equivalent of a high school diploma. Even though this is an improvement, it still does not provide the adequate education that female offenders desperately require. College programs are becoming more common, but there is a strong need to expand these programs to be offered to more offenders in more institutions.

Vocational

Previous vocational training programs fall into stereotyped areas, focusing

on training women for domestic work, general and food service, cosmetology, and clerical work (Pollock-Byrne, 1990). This is no longer acceptable in today's society. Women now need much more stable and rewarding employment than previously in order to support themselves and their children (most are single mothers receiving little to no support). Although there has been some improvement to vocational programs, much more is needed.

One of the key problems with educational and vocational programs is that they do not address the main issue, the lack of usable/employable skills among female offenders. Pollock-Byrne (1990) stress this issue arguing that, without such marketable skills and knowledge these women struggle to compete in the current labour market, are often forced into low income jobs, and for many living in or on the edge of poverty. By forcing female offenders into these situations we make it nearly impossible for them to avoid recidivism, as they see criminal activities as an easy out to the problematic situations that they are in. From an optimistic viewpoint, these programs may help female offenders gain the self-esteem and independent thinking that they otherwise lack (Koons et al, 1997). However, that is simply not enough on its own.

The first non-traditional vocational program for female offenders was the WOW program (Wider Opportunities for Women). The goal of this program is to increase female offenders' independence through promoting non-traditional careers such as carpentry, with self-assertion training (Pollock-Byrne, 1990). These programs can offer additional help to female offenders through day-care and housing assistance. There is a significant need for more specialized and non-traditional vocational programs for female offenders.

Additional Programs and Issues of Female Offender Programming

There are many programs available to female offenders, although they are sparse and underdeveloped. Abuse and Trauma Recovery programs are essential to the treatment of female offenders, because many of them have suffered a traumatic experience at least once in their lifetime, most having several traumatic experiences. In the United States, "nearly 6 in 10 women in state prisons had experienced physical or sexual abuse in the past" (Bureau of Justice Statistics, 1999). Programs discussing relationships, sexuality, and love are becoming more common as they address issues that female offenders often struggle with. Life Skills programs are designed to improve cognitive skills (e.g., problem solving and critical thinking), the parenting program, violence and conflict resolution programs, leisure education programs that promote health and nutrition, and community integration programs. Alternatives to Violence, Violence Prevention, and Anger Management Skills are salient programs as they teach female offenders alternative techniques to deal with and manage their emotions, especially anger. Basic Education programs address issues such as hygiene, HIV/health, pregnancy/high risk, etc., important issues that many of these women face but are severely uneducated about. Transition

Services and Aftercare programs are among the most requested by inmates. These programs are essential for successful rehabilitation outcomes as they provide support to female offenders as they struggle re-entering the community.

Another imperative issue of female offender programming is staffing. The success of these programs largely depends of qualified, well-trained staff. When working with female offenders in a treatment oriented setting it is most often suggested that female staff with good interpersonal skills is the most effective (Gendreau, 1996; Hume, 2004; Koons, Morash, Bynum, 1997). However, a strong desire to work with female offenders is an asset and staff members need to be sensitive and aware of the specific needs of these women. Not having enough staff available to run various programs or understaffing the programs is a serious problem that many institutions are faced with. The staffing problem is largely due to the overpopulation of inmates producing a low staff to inmate ratio (Koons, Morash, Bynum, 1997).

Overall provincial jails and correctional centres remain considerably behind in the availability, adequacy, and effectiveness of treatment programs for female offenders. Many of these centres do not have any programs design specifically for female offenders, addressing their gender specific needs. These centres need to step up and follow the lead of federal institutions in the creation of programs addressing the specific needs of female offenders. However, it is salient that both federal and provincial institutions persist in evaluating and performing research to continue improving the quantity and quality of treatment programs available to female offenders. If we resume current trends of using a woman-centered approach and design programs around the three principles I described earlier (risk, need, and responsivity) we will continue to see more successful results. Programs with the best treatment and most promise for successful outcomes for female offenders are those that address the complexity of women's needs and focus on the rehabilitation of several key areas such as, substance abuse, prior victimization, parenting, and educational/vocational skills. However, there is an extreme lack in both generating and evaluating programs in terms of recidivism, such programs and evaluations are nearly non-existent, and they are urgently needed. Program development should be viewed as an ongoing process, utilizing research to incessantly try to create more effective programs producing higher success rates and achieving the ultimate goal of reducing recidivism.

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Lethbridge Undergraduate Research Journal
ISSN 1718-8482

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