

# Gender-Responsive Programming

While men still account for the majority of people in the criminal justice system, the proportion of women has been growing steadily over the past several decades. More than a million women are now either in prison or jail or on community supervision.<sup>1</sup> Despite this, criminal justice policies, practices, and programs have historically been designed for men and applied to women without consideration of women's distinct needs. While gender-neutral approaches—if evidence-based—can be effective in reducing recidivism for both men and women, research has shown that gender-responsive approaches result in far better outcomes for women.<sup>2</sup>

Gender-responsive and trauma-informed policies, practices, and programs recognize that women have distinct histories, pathways to offending, and experiences in the criminal justice system.<sup>3</sup> These approaches address issues that may contribute to women's involvement in the justice system, such as domestic violence, abuse, and victimization; family and relationships; trauma; and poverty, mental illnesses, and substance use disorders.

## The Problem

Existing gender-neutral correctional and community programming has historically been developed for men and as such has not taken into account the unique pathways of women into the criminal justice system. Women also have distinct criminogenic risks and behavioral health needs that must be addressed to support successful reentry, recovery, and recidivism reduction.

## Applying a Gender-Responsive Approach

Gender-responsive programs seek to meet the specific needs and challenges of women in the criminal justice system. Program content recognizes the unique pathways that often lead women into contact with the criminal justice system. Interventions are also tailored to meet women's criminogenic risks and needs, including parenting stress and mental health issues. In addition, applying a gender-responsive approach to programming recognizes women's high rates of past and recent trauma (which may interplay with other behavioral health needs) and incorporates a trauma-informed approach and/or trauma treatment into programming as needed.<sup>4</sup>




1. The Sentencing Project, *Incarcerated Women and Girls* (Washington, DC: The Sentencing Project, 2020), <https://www.sentencingproject.org/publications/incarcerated-women-and-girls/#:~:text=Though%20many%20more%20men%20are,of%20the%20criminal%20justice%20system>.



2. Kelley Blanchette, Renee Gobeil, and Lynn Stewart, "A Meta-Analytic Review of Correctional Interventions for Women Offenders: Gender-Neutral Versus Gender-Informed Approaches," *Criminal Justice and Behavior* 43, no. 3 (2016): 301–322.

3. Barbara Bloom, Barbara Owen, and Stephanie Covington, *Gender-Responsive Strategies: Research, Practice, and Guiding Principles for Women Offenders* (Washington, DC: U.S. Department of Justice, National Institute of Corrections, 2003), <https://info.nicic.gov/nicrp/system/files/018017.pdf>.

4. Renee Gobeil, Kelley Blanchette, and Lynn Stewart, "A Meta-Analytic Review of Correctional Interventions for Women Offenders: Gender-Neutral Versus Gender-Informed Approaches," *Criminal Justice and Behavior* 43, no. 3, (2016): 301–322, <https://www.centerforgenderandjustice.org/assets/files/meta-analyti-review-of-ci-final-criminal-justice-and-behavior-2016-gobeil-301-22.pdf>.

The table below highlights programs that have been found to be effective when working with women in the criminal justice system. This table can be used to explore evidence-based programming options for women both pre- and post-release (or to enhance existing intervention protocols).

SYMBOL KEY		
 Mental Health	 Substance Use Disorder	 Trauma

Evidence-Based and Gender-Responsive Programming for Women in the Justice System: Evaluation Findings <sup>5</sup>		
PROGRAMMING	DESCRIPTION	EVALUATIONS
  <b>A Woman's Addiction Workbook: Your Guide to In-depth Healing<sup>6</sup></b>	This is a self-help workbook for women with substance use disorders and other addictions. The workbook includes material on dual diagnosis, trauma, and violence.	Results of a pilot outcome study indicated significant decreases in drug use (verified by urinalysis) and impulsive-addictive behavior along with global improvement and enhanced knowledge of the treatment concepts. <sup>7</sup>

5. Some content adapted from Krista Gehring and Ashley Bauman, *Gender-Responsive Programming: Promising Approaches* (Cincinnati, OH: University of Cincinnati, 2008); Van Voorhis et al., "Women's Risk Factors."

6. Lisa M. Najavits, *A Woman's Addiction Workbook: Your Guide to In-depth Healing* (Oakland, CA: New Harbinger Publications, 2002).

7. Lisa M. Najavits et al., "A New Gender-Based Model for Women's Recovery from Substance Abuse: Results of a Pilot Outcome Study," *The American Journal of Drug and Alcohol Abuse* 33, no. 5 (2007): 5–11.



**Beyond Trauma:  
A Healing Journey  
for Women<sup>8</sup>**

The Beyond Trauma program incorporates the insights of neuroscience with the latest understanding of trauma and PTSD. The materials are designed for trauma treatment, although the connection between trauma and addiction in women's lives is a primary theme throughout. The program is based on the principles of relational therapy; it uses cognitive behavioral techniques, mindfulness, expressive arts, and body-oriented exercises.

Studies on the program's use in women's prisons indicate the importance of addressing both trauma and substance use disorders in women's recovery.<sup>9</sup> Positive changes were found in specific domains of the Texas Christian University (TCU) Criminal Thinking, TCU Psychological Adjustment, and TCU Social Functioning scales for women who completed a combined Helping Women Recover/Beyond Trauma program at an Oklahoma women's prison.<sup>10</sup> Additional studies show that women who participate in Beyond Trauma demonstrate a decrease in depression, improvement during parole, increased participation in voluntary aftercare treatment services, decreased likelihood of being incarcerated at 6-month follow-up, and reported reduction in PTSD.<sup>11</sup>



**Beyond Violence: A  
Prevention Program  
for Criminal Justice-  
Involved Women<sup>12</sup>**

Beyond Violence (BV) utilizes a multi-level approach and a variety of evidence-based therapeutic strategies (i.e., psychoeducation, role playing, mindfulness activities, cognitive behavioral restructuring, and grounding skills for trauma triggers) to assist women in understanding trauma, the multiple aspects of anger, and emotional regulation.

BV's use with incarcerated women shows significant reductions in PTSD, anxiety, anger, aggression, and symptoms of serious mental illness.<sup>13</sup> Preliminary results from a pilot BV program in one correctional facility in Michigan showed that during the first year on parole, BV participants were less likely to recidivate (33 percent of BV participants vs. 40 percent of non-participants); were less likely to test positive for drugs (58 percent vs. 80 percent); and produced fewer positive drug screens (average number of positive drug tests per person was 1.88 for those in the outpatient BV group vs. 3.6 positive tests for those in the "treatment as usual" outpatient substance use group of women with violent offenses). BV participants also had better treatment adherence outcomes.<sup>14</sup>

8. For information on the program, see Stephanie Covington, *Beyond Trauma: A Healing Journey for Women* (2nd Edition) (Center City, MN: Hazelden Publishing, 2016), <https://www.stephaniecovington.com/beyond-trauma-a-healing-journey-for-women1.php>.

9. Nena Messina, Stacy Calhoun, and Jeremy Braithwaite, "Trauma-Informed Treatment Decreases Posttraumatic Stress Disorder among Women Offenders," *Journal of Trauma & Dissociation* 15, no.1 (2014): 6–23; Preeta Saxena, Nena P. Messina, and Christine E. Grella, "Who Benefits from Gender-Responsive Treatment? Accounting for Abuse History on Longitudinal Outcomes for Women in Prison," *Criminal Justice and Behavior* 41, no. 4 (2014): 417–432.



10. Oklahoma Department of Corrections, *Helping Women Recover/Beyond Trauma: Program Effects on Offender Criminal Thinking, Psychological Adjustment, and Social Functioning* (Oklahoma City: Oklahoma Department of Corrections Evaluation and Analysis Unit, 2013).

11. Nena Messina, Stacy Calhoun, and Umme Warda, "Gender-Responsive Drug Court Treatment: A Randomized Controlled Trial," *Criminal Justice and Behavior* 39 (2012): 1536–1555; Stephanie Covington et al., "Evaluation of a Trauma-Informed and Gender-Responsive Intervention for Women in Drug Treatment," *Journal of Psychoactive Drugs* 5 (2008): 387–398.

12. For further information on the program, see Stephanie Covington, *Beyond Violence: A Prevention Program for Criminal Justice-Involved Women* (Hoboken, NJ: Wiley, 2013), <https://www.stephaniecovington.com/beyond-violence-a-prevention-program-for-criminal-justice-involved-women1.php>.

13. Sheryl Kubiak et al., *Long-Term Outcomes of a RCT Intervention Study for Women with Violent Crimes* (Chicago: University of Chicago Press, 2016); Nena Messina, *Beyond Violence Final Report CDCR Cooperative Agreement No. 5600004087* (Sacramento, CA: California Department of Corrections and Rehabilitation, 2014).

14. Sheryl Kubiak, *Evaluation of Specialized Substance Abuse Treatment Services for Women: Report of Long-Term Outcomes* (East Lansing, MI: Michigan State University, 2013), <https://socialwork.msu.edu/sites/default/files/Project-Reports/MDOC-BV-Longterm-Outcomes-Report-0913.pdf>.

 <p><b>Boston Consortium Model (BCM): Trauma-informed Substance Abuse Treatment for Women</b></p>	<p>The BCM program “provides a fully integrated set of substance use treatment and trauma-informed mental health services to low-income, minority women with co-occurring alcohol/drug addictions, mental disorders, and trauma histories.”<sup>15</sup></p>	<p>A quasi-experimental study found decreased substance use and related problem severity; fewer mental health symptoms, including decreased PTSD from the 6- to 12-month follow-up, and decreased risky sexual behavior from baseline to the 6-month follow-up for women in the BCM group compared to women in usual substance use disorder treatment.<sup>16</sup></p>
 <p><b>Dialectical Behavioral Therapy (DBT)<sup>17</sup></b></p>	<p>DBT is a cognitive behavioral approach involving skills training, motivational enhancement, and coping skills.</p>	<p>DBT has been tested in many settings and has been found to increase intermediate outcomes, such as reductions in drug use, suicide attempts, and eating disorder measures, and improvements in mental health symptoms.<sup>18</sup> One study of girls in the juvenile justice system found reductions in behavioral problems.<sup>19</sup></p>
 <p><b>Engaging Women in Trauma-Informed Peer Support<sup>20</sup></b></p>	<p>This guide was created by the National Center on Trauma-Informed Care and is designed as a resource for peer supporters in behavioral health or other settings who want to learn how to integrate trauma-informed principles into their relationships with the women they support or into the peer support groups of which they are members. The guide provides information, tools, and resources needed to engage in culturally responsive, trauma-informed peer support relationships with women.</p>	<p>Research demonstrates that peer support contradicts many of the negative messages received through traumatic experiences and service systems about victims’ identity and capabilities.<sup>21</sup></p>

15. “Boston Consortium Model: Trauma-Informed Substance Abuse Treatment for Women,” SAMHSA’s National Registry of Evidence-based Programs and Practices, accessed April 22, 2020, <https://www.nurturingparenting.com/images/cmsfiles/npbostonconsortiummodel.pdf>.

16. Hortensia Amaro et al., “Effects of Trauma Intervention on HIV Sexual Risk Behaviors among Women with Co-Occurring Disorders in Substance Abuse Treatment,” *Journal of Community Psychology* 35, no. 7 (2007): 895–908.




17. While DBT was not developed specifically for women involved in the justice system, it addresses abuse and trauma in a manner relevant to the population. For a description of DBT, see Marsha M. Linehan et al., *Research on Dialectical Behavior Therapy: Summary of Non-RCT Studies* (Seattle, WA: Behavioral Tech, 2016), [https://behavioraltech.org/downloads/Research-on-DBT\\_Summary-of-Data-to-Date.pdf](https://behavioraltech.org/downloads/Research-on-DBT_Summary-of-Data-to-Date.pdf).

18. Linda Dimeff, Kelly Koerner, and Marsha M. Linehan, *Summary of Research on Dialectical Behavior Therapy* (Seattle, WA: Behavioral Tech, 2002).

19. Eric W. Trupin et al., “Effectiveness of a Dialectical Behavior Therapy Program for Incarcerated Female Juvenile Offenders,” *Child and Adolescent Mental Health* 7, no. 3 (2012): 121–127.

20. Andrea Blanch, Beth Filson, and Darby Penney, *Engaging Women in Trauma-Informed Support: A Guidebook* (Washington, DC: National Center for Trauma-Informed Care, 2012).

21. Ibid.

 <p><b>Helping Women Recover: A Program for Treating Addiction<sup>22</sup></b></p>	<p>Helping Women Recover addresses substance use disorders by integrating the four theories of women's offending and treatment: pathways, addiction, trauma, and relational theories.</p>	<p>Evaluation results for the combined Helping Women Recover/Beyond Trauma program at an Oklahoma women's prison are the same as above.</p>
 <p><b>Integrated Cognitive Behavioral Therapy (ICBT)</b></p>	<p>ICBT is non-exposure-based, manual-guided individual or group therapy. ICBT consists of three learning and skill components designed to improve PTSD symptoms and substance use disorders: (1) patient education about PTSD and its relation to substance use and treatment, (2) mindful relaxation, and (3) cognitive restructuring/flexible thinking.</p>	<p>Trials of ICBT have resulted in significantly greater reductions in both PTSD and substance use disorders.<sup>23</sup></p>
 <p><b>Moving On<sup>24</sup></b></p>	<p>Moving On's goals are to provide women with opportunities to mobilize and enhance existing strengths and access personal and community resources. It also incorporates cognitive behavioral techniques with motivational interviewing and relational theory.<sup>25</sup></p>	<p>An evaluation of its use with women on probation in Iowa confirmed its effectiveness in reducing recidivism.<sup>26</sup></p>



22. For further information on the program, see Stephanie Covington, *Helping Women Recover: A Program for Treating Addiction* (Hoboken, NJ: Wiley, rev. 2019), <https://www.stephaniecovington.com/helping-women-recover-a-program-for-treating-substance-abuse.php>.

23. Mark P. McGovern et al., "A Randomized Controlled Trial Comparing Integrated Cognitive Behavioral Therapy versus Individual Addiction Counseling for Co-occurring Substance Use and Posttraumatic Stress Disorders," *Journal of Dual Diagnosis* 7, no. 4 (2011): 207–227.

24. "Moving On," Orbis Partners, Inc., accessed April 20, 2020, <https://orbispartners.com/interventions/for-females/moving-on/>.

25. Ibid.

26. Krista S. Gehring and Valerie Bell, *"What Works" for Female Probationers? An Evaluation of the Moving On Program* (Cincinnati, OH: University of Cincinnati, 2010).

 <p><b>Risking Connection</b></p>	<p>Risking Connection is a comprehensive, manualized, 20-hour, 5-module curriculum program that seeks to further implement trauma-informed service systems; enhance trauma-specific service delivery to trauma survivors; and improve all staff interactions with consumers, including the most difficult to treat, suicidal, and self-injuring ones. Risking Connection has been adapted for use in multiple settings and fields including correctional, substance use, and developmental disabilities.</p>	<p>Risking Connection is based on empirically and theoretically validated concepts, such as the role of the therapeutic relationship, psychoeducation, empowerment, and the effects of the work on the worker.<sup>27</sup></p>
 <p><b>Sanctuary Model</b></p>	<p>This program is a full-system approach that targets the entire organization with the intention of improving client care and outcomes. The focus is to create a trauma-informed and trauma-sensitive environment in which specific trauma-focused interventions can be effectively implemented.</p>	<p>Analyses demonstrate that this model is effective in reducing symptoms from admission to discharge and that treatment gains were maintained one year after discharge.<sup>28</sup> Use of this model in inpatient psychiatric settings resulted in decreases in the following areas: use of locked seclusion, use of emergent and forced medication injections, and overall staff and patient injuries.<sup>29</sup></p>
 <p><b>Seeking Safety<sup>30</sup></b></p>	<p>Seeking Safety treats co-existing trauma, PTSD, and substance use disorders. It draws from the research on cognitive behavioral treatment of substance use disorders, post-traumatic stress treatment, and education.</p>	<p>Evaluations indicate improvements in social adjustment, psychiatric symptoms, problem-solving, substance use, and depression.<sup>31</sup> A study of peer-led Seeking Safety found significant positive outcomes in trauma-related problems, psychopathology, functioning, self-compassion, and coping skills.<sup>32</sup> In a recent randomized controlled study, Seeking Safety participants had significantly fewer trauma symptoms and less depression than the control group.<sup>33</sup> Evaluations on the program's use with women in the criminal justice system also show promising results.<sup>34</sup></p>

27. Naama Tokayer, *A Brief Note on Research Support for the Risking Connection® Approach* (Derwood, MD: Sidran Institute, 2001).

28. David C. Wright, "An Investigation of Trauma-Centered Inpatient Treatment for Adult Survivors of Abuse," *Child Abuse and Neglect* 27 (2003): 393–406.

29. Ann Jennings, *Models for Developing Trauma-Informed Behavioral Health Systems and Trauma-Specific Services* (Washington, DC: National Center for Trauma-Informed Care, 2008).

30. For further information on the program, see "The Model Seeking Safety," Treatment Innovations, accessed April 21, 2020, <https://www.treatment-innovations.org/seeking-safety.html>.

31. "Seeking Safety: Evidence," Treatment Innovations, accessed April 21, 2020, <https://www.treatment-innovations.org/evidence.html>.

32. Lisa M. Najavits et al., "Peer-Led Seeking Safety: Results of a Pilot Outcome Study with Relevance to Public Health," *Journal of Psychoactive Drugs* 46, no. 4 (2014): 295–302.

33. Stephen Tripodi et al., "Evaluating Seeking Safety for Women in Prison: A Randomized Controlled Trial," *Research on Social Work Practice* 29, no. 3 (2017): 281–290.

34. Shannon M. Lynch et al., "Seeking Safety: An Intervention for Trauma-Exposed Incarcerated Women?" *Journal of Trauma & Dissociation* 13 (2012): 88–101.

 <p><b>The Addictions and Trauma Recovery Integration Model (ATRIUM)<sup>35</sup></b></p>	<p>ATRIUM provides a blend of psychoeducation, process, and expressive activities, all of which are structured to address key issues linked to the experience of both trauma and addiction. This recovery model may be used in conjunction with 12-step or other substance use disorder treatment programs, as a supplement to trauma-focused psychotherapy, or as an independent model for healing.</p>	<p>ATRIUM was used in one of the nine study sites of SAMHSA's Women, Co-Occurring Disorders and Violence Study. Across all sites, trauma-specific models achieved more favorable outcomes than control sites that did not use trauma-specific models.<sup>36</sup></p>
 <p><b>Trauma Addictions Mental Health and Recovery (TAMAR)<sup>37</sup></b></p>	<p>TAMAR is a structured, manualized 10-week intervention combining psychoeducational approaches with expressive therapies. It is designed for women and men with histories of trauma in residential systems. Groups are run inside detention centers, state psychiatric hospitals, and in the community.</p>	<p>Initial research indicates that women participants in TAMAR have significantly lower recidivism rates back to detention centers, improved self-esteem and coping skills, and reduced incidence of contracting HIV and other STIs.<sup>38</sup></p>
 <p><b>Trauma Affect Regulation: Guide for Education and Therapy (TARGET)<sup>39</sup></b></p>	<p>TARGET is an educational and therapeutic approach for the prevention and treatment of complex PTSD. This model provides practical skills that can be used by trauma survivors and family members to de-escalate and regulate extreme emotions, manage intrusive trauma memories experienced in daily life, and restore the capacity for information processing and memory.<sup>40</sup></p>	<p>In field trials with groups of low-income women in residential, intensive outpatient, or criminal justice diversion treatment for substance use disorders or domestic violence (80 percent of which were Black or Latina), 50 percent reported symptoms sufficient to warrant a diagnosis of PTSD prior to TARGET. Following 10 TARGET group sessions, only 20 percent continued to warrant a PTSD diagnosis.<sup>41</sup></p>

35. Dusty Miller and Laurie Guidry, *Addictions and Trauma Recovery* (New York: W.W. Norton Company, 2001).

36. Joseph P. Morrissey et al., "Twelve-month Outcomes of Trauma-Informed Interventions for Women with Co-occurring Disorders," *Psychiatric Services* 56 (2005): 1213–1222.

37. See the New York State Corrections and Community Supervision facilitator's manual, *Trauma Addictions Mental Health and Recovery (TAMAR) Treatment Manual and Modules* (Alexandria, VA: National Association of State Mental Health Program Directors, 2019), <https://www.nasmhpd.org/content/trauma-addictions-mental-health-and-recovery-tamar-treatment-manual-and-modules>.

38. Ann Jennings, *Models for Developing Trauma-Informed Behavioral Health Systems and Trauma-specific Services* (Alexandria, VA: National Technical Assistance Center for State Mental Health Planning, National Association of State Mental Health Program Directors, 2004).

39. "Trauma Affect Regulation: Guide for Education & Therapy," Advanced Trauma Solutions Professionals, accessed May 5, <http://www.advancedtrauma.com/Services.html>.

40. For information on positive outcomes related to TARGET, see "TARGET Evidence & Research," Advanced Trauma Solutions Professionals, accessed May 5, <http://www.advancedtrauma.com/Evidence---Research.html>.

41. Jennings, *Models for Developing Trauma-Informed Behavioral Health Systems*.



### **Trauma Recovery and Empowerment Model (TREM)**

TREM is intended for trauma survivors, particularly those with exposure to physical or sexual violence. This model is gender specific: TREM for women and MTREM for men. This model has been implemented in mental health, substance use, co-occurring disorder, and criminal justice settings.

TREM groups have shown a very high rate of retention, even among women with multiple vulnerabilities and few supports. Pilot studies have indicated a high level of participant satisfaction with the group, with over 90 percent finding it helpful on a number of trauma-related dimensions, including recovery skill development. Preliminary studies of TREM have found improvement in overall functioning; mental health symptoms (including anxiety and depression); and trauma recovery skills (e.g., self-soothing, emotional modulation, and self-protection). In addition, these evaluations found decreased high-risk behaviors and reduced use of intensive services, such as emergency room visits and hospitalizations. Quasi-experimental study results showed advantages for using TREM over services as usual in both PTSD symptoms and drug and alcohol use.<sup>42</sup>



### **Treating Women with Substance Use Disorders: The Women's Recovery Group Manual<sup>43</sup>**

This manual emphasizes self-care and developing skills for relapse prevention and recovery. Grounded in cognitive behavioral therapy, this manual is designed for a broad population of women with substance use disorders, regardless of their specific substance of use, age, or co-occurring disorders.

Evaluations show that the Women's Recovery Group Manual is effective, as demonstrated by reduction of substance use during and after treatment and increased group affiliation/bonding.<sup>44</sup>

42. Ibid.

43. Shelly F. Greenfield, *Treating Women with Substance Use Disorders: The Women's Recovery Group Manual* (New York: Guilford Press, 2016).

44. Shelly F. Greenfield et al., "The Women's Recovery Group Study: A Stage I Trial of Women-Focused Group Therapy for Substance Use Disorders versus Mixed-Gender Group Drug Counseling," *Drug and Alcohol Dependence* 6, no. 90 (2007): 39–47; Dawn E. Sugarman et al., "Measuring Affiliation in Group Therapy for Substance Use Disorders in the Women's Recovery Group Study: Does It Matter Whether the Group Is All-Women or Mixed-Gender?" *The American Journal on Addictions* 25, no. 7 (2016): 573–580.





**Using Matrix with Women Clients: A Supplement to the Matrix Intensive Outpatient Treatment for People with Stimulant Use Disorders**

This guide enhances the counselor's treatment manual in the Matrix series, addressing the specific needs of women who misuse stimulants. It contains materials to help counselors conduct intensive outpatient treatment sessions on relationships, trauma, body image, and family roles.

Studies have demonstrated that participants treated using the Matrix Model show statistically significant reductions in drug and alcohol use, improvements in psychological indicators, and reduced risky sexual behaviors. This supplement for women participants was developed in response to the unique needs and concerns of women in stimulant dependent treatment.<sup>45, 46</sup>

45. Substance Abuse and Mental Health Services Administration, *Using Matrix with Women Clients: A Supplement to the Matrix Intensive Outpatient Treatment for People with Stimulant Use Disorders* (Rockville, MD: SAMHSA, 2013).

46 Jeanne Obert, Edythe D. London, and Richard A. Rawson, "Incorporating Brain Research Findings into Standard Treatment: An Example Using the Matrix Model," *Journal of Substance Abuse Treatment* 23 (2002): 107–113; Alice Huber et al., "Integrating Treatments for Methamphetamine Abuse: A Psychosocial Perspective," *Journal of Addictive Diseases* 16, no. 4 (1997): 41–50.

For more information on adopting a gender-responsive approach for women in the justice system, see the full Resource Guide.



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