

5-2018

# Women's Prisons and Substance Abuse Treatment: A Systematic Review of Shame Interventions

Jamie Herman

*St. Catherine University*, [jamieherman9@gmail.com](mailto:jamieherman9@gmail.com)

---

## Recommended Citation

Herman, Jamie. (2018). Women's Prisons and Substance Abuse Treatment: A Systematic Review of Shame Interventions. Retrieved from Sophia, the St. Catherine University repository website: [https://sophia.stkate.edu/msw\\_papers/844](https://sophia.stkate.edu/msw_papers/844)

This Clinical research paper is brought to you for free and open access by the School of Social Work at SOPHIA. It has been accepted for inclusion in Master of Social Work Clinical Research Papers by an authorized administrator of SOPHIA. For more information, please contact [amshaw@stkate.edu](mailto:amshaw@stkate.edu).

**Women's Prisons and Substance Abuse Treatment: A Systematic  
Review of Shame Interventions**

Jamie M. Herman, BSW, LSW

Presented to the Faculty of the  
School of Social Work University of St. Thomas and St. Catherine University  
St. Paul, Minnesota  
in Partial Fulfillment of the Requirements for the Degree of

Master of Social Work

**Committee Members:**

Mary Tinucci, DSW, MSW, LICSW (Chair)

Jane Hurley Johncox, MSW, LICSW

Katie Beedle, MA, LADC

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University - University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

### **Abstract**

This research is a systematic review of the available literature regarding gender-specific programming in women's prisons. The purpose of this research is to explore if gender-specific chemical dependency programming in women's prisons addresses the issue of shame. A review of the literature provides the historical context of gender-specific programming, identifies the specific needs of women in prison, reviews the prevalence of mental health and substance use disorders, explores shame research, and identifies the interconnection between shame and chemical dependency. This study is grounded in feminist, relational, and shame resilience theories. After reviewing the available literature and applying specific inclusion and exclusion criteria set by the researcher, eight articles were included as data for this study. Findings provide an understanding of what gender-specific programming contains. The researcher identified three prominent themes regarding the importance of emotional safety, social support, and staff training. Two additional subthemes state the need to increase research on gender-specific programming, and the need for macro policy change. The researcher also discusses the importance of including interventions that address shame. Limitations of this study and implications for social work practice, policy, and research are also considered.

**Keywords:** women, prison, gender-specific, shame, substance use, treatment

### **Acknowledgments**

First off, I would like to thank the University of St. Thomas/St. Catherine's University for employing some of the most passionate, and authentic social workers that inspire me to do this work on a daily basis. I want to thank my committee members in agreeing to walk this journey with me, and encouraging me along the way. Katie, you are one of my best friends, and your clients are very lucky to have a counselor with as big of a heart as yours. Jane, I cannot imagine my graduate program without your guidance and genuine, intentional love you pour into each student. Lastly, my chair, Mary, I could not have been more excited to have you as an option to chair this research project. You fanned my flame for group work, and continue to do so. Thank you for believing in the passion I have for shame resiliency with my clients, but also in my own life. Thank you for also being a daily example of how fulfilling and privileged we are to call ourselves social workers. I will never view poems the same after you. You are one of my greatest influencers in keeping my spark. I also would like to thank my family that has supported me not only my entire life, but through the most trying times as I've gone through this program. It could not have been possible without you all. Lastly, I would like to thank my friends who continued to ask me to hang out knowing that 98% of the time my answer was, "No, I have homework", and allowed me to maintain my sanity throughout this crazy chapter in my life. I am very ready to leave this "working full-time graduate student" title behind, and live this crazy, amazing life ahead of me. To my clients, past and future, you are the reason this passion burns.

**Table of Contents**

**Abstract**.....2

**Acknowledgments**.....3

**Introduction**.....6

**Literature Review**.....9

    Historical Context of Gender-Specific Programming.....9

    Needs of Female Offenders.....11

    Educational and Economic Disparities.....12

    Parenting Role.....13

    Trauma.....14

    Mental Health and Substance Use Disorders.....15

    Shame Research.....17

    Neurobiology of Shame.....18

    Shame and Chemical Dependency.....19

**Conceptual Framework**.....20

    Feminist Theory.....20

    Relational Theory.....21

    Shame Resilience Theory.....23

**Methods**.....24

**Findings**.....28

**Discussion**.....33

    Elements of Gender-Specific Programming.....34

    Emotional Safety.....35

    Social Support.....36

    Staff Training.....38

Gaps in Research and Policy Change.....39

Interventions Addressing Shame.....40

Grounded Theory of Shame.....41

Connections Curriculum.....42

**Limitations.....43**

**Implications for Social Work Practice, Policy, and Research.....44**

**Conclusion.....45**

**References.....46**

### **Introduction**

From its origin, the correctional system was created to serve the needs of the male offender. It was developed to make men less criminal, and to maintain safety within the community. At the time, prisons looked a lot like classrooms, and college dormitories (Pishko, 2015). The purpose of imprisonment was to rid men of their criminal behaviors through punitive means and social control of the population of individuals who committed offenses. It was not until 1835 that the very first women's prison opened in New York (Pishko, 2015). Until women's prisons were built, women were imprisoned wherever there was room within men's prisons, which often included attics (Pishko, 2015).

It is found that one in every 100 adults in the United States is facing incarceration (Blumstein & Beck, 1999). To compare men and women, the rate of incarceration for men is 915 per 100,000 versus 62 prisoners per 100,000 for women, indicating a significantly lower incarceration rate. (Covington & Bloom, 2007). Although historically, men have been incarcerated at higher rates than women and there are more men in prisons than women, women faced increased rates of incarceration in the 1980's. It was not until President Reagan's, "war on drugs" in the early 1980's that the United States began to implement harsher sentencing for drug-related offenses that the population of women in prison skyrocketed by an astounding 433% (Covington, 1998). The war on drugs resulted in women getting incarcerated at higher rates for different types of crimes than men. For example, men are two times more likely to commit violent crimes against a person than women (Bloom, Chesney-Lind, & Owen, 1994). Women, on the other hand, have shown to be 71% more likely to be convicted of a drug or property charge versus only 49.7% of men (Bloom, Chesney-Lind, & Owen, 1994). For these and many other reasons, women's needs

differ greatly from their male counterparts. Consequently, gender-specific services and treatment practices warrant consideration.

Research shows that women are more relationally focused and that much of their criminality is connected to criminal behavior of their family members or a significant others (Bloom & Covington, 1998). Additionally, female offenders are much more likely to be victims of domestic violence, physical, sexual, and emotional abuse than male offenders (Golder et al., 2014). Long histories of abuse often result in numerous mental health disorders. Many women are incarcerated for drug-related crimes and have both mental health and substance use disorders. With the prevalence of co-occurring disorders, it is vital to include integrative care and interventions within the women's correctional system (Wolff, Frueh, Jing, & Schumann, 2012).

There is a link between women's experiences with addiction and previous victimization, as well as their criminal activity and subsequent incarceration. There is also a link to hidden layers of shame regarding their past experiences. Shame is described as an intense self-conscious emotion that produces a negative evaluation of the self (Benetti-McQuoid & Bursik, 2005). Studies show that "when shamed, people feel physically, psychologically, and socially diminished. There's a dramatic shift in one's perception and experience of the self. People in the midst of a shame experience feel small, inferior, unworthy, despicable, even" (Tangney, Stuewig, Mashek, & Hastings, 2011, pp. 2). One can imagine that for an individual who is incarcerated and in the midst of feeling "inferior" or "despicable," effective treatment to address mental and chemical health concerns would be nearly impossible. Social science researcher, Brene Brown, found that women and men experience shame very differently; therefore, treatment interventions should take these



gender differences into consideration within the correctional system (Brown, 2006). Women often feel shamed under socially expected pressures and standards they fail to meet (Lutwak & Ferrari, 1996; Brown, 2006). Additionally, women experience shame from not being able to be physically present with their children. Over 70% of women in prison are mothers, and 85% of them were the sole caretakers before they were incarcerated (Boudin, 1998; White, 2012). The mental health and chemical dependency treatment provided in prisons may address some of these high-risk areas for women, but may not directly address shame.

The purpose of this research is to explore if gender-specific chemical dependency programming in women's prison address the issue of shame. This research is presented as a systematic review of the available literature on gender-specific programming in women's prisons. As we have developed gender-specific programming that suits women's needs, shame is an important element to include in curriculums and treatment modalities. In addressing shame in women's prisons, we are not only treating the issues at hand: co-occurring substance use and mental health disorders; but also, the deeper experiences and feelings that are often unspoken. Without proper healing, individuals will return to the cycle of unhealthy behaviors previously used for coping. If the goal of prison is to rehabilitate and return individuals to the community for good, they need to treat some of the most vulnerable and marginalized populations past the surface issues and find the root of their shame. What follows is a literature review of scholarly articles regarding treatment services within women's prisons, the conceptual framework supporting this research, the methods used, findings, and a discussion of the present study's implications for social work research and practice.

### **Literature Review**

What follows is a review and synthesis of the literature regarding the treatment needs of women in prison. It reveals a focus on several categories including the history of gender-specific programming, defining women's needs within the prison context, prevalence of mental health and substance use disorders for women in prison, and the prevalence of shame within this particular population of women.

#### **Historical Context of Gender-Specific Programming**

Gender-specific programming (also referred to as gender-responsive or gender-informed) has developed overtime as providers have realized women have many struggles that men do not commonly share. This realization came due to the increase of female arrests, and levels of incarceration. From 2002-2011, the rate of women arrests increased 5.8% where we see the arrests for men decreased by 11% (Saxena, Grella, & Messina, 2016). As the correctional system has moved from being less punitive to more rehabilitative, the differences between genders must be considered in regards to programming and treatment. Men and women come into the criminal justice system through different pathways; their decisions and criminal actions look very different (Covington & Bloom, 2007). Additionally, men and women respond to probation and being taken into custody differently, exhibit substance use symptomology differently, express experiences of trauma and mental illness differently, have different parenting roles, and show differences in employment histories (Covington & Bloom, 2007).

It is also important to note the specific types of crimes that men and women commit that lead to their incarceration. Historically, female offenders are shown to commit more nonviolent crimes in comparison to the male population of offenders. Women tend to be

involved in minor property crimes such as larceny, fraud, forgery, and embezzlement, whereas men are seen to be involved in serious person or property crimes (Wright, Van Voorhis, Salisbury, & Bauman, 2012). Additionally, when looking into drug-related offenses, women are sentenced at a much higher rate of 25.7% versus men at 17.2%(Wright, Van Voorhis, Salisbury, & Bauman, 2012). When men and women commit similar offenses, their roles are vastly different. For example, in drug-related offenses, women are likely to be “the runner” versus the “drug dealer,” which men are more likely to fulfill this role (Bloom, Owen, & Covington, 2004). Furthermore, women commit specific criminal offenses with different motivations than men. For instance, women who commit forgery or fraud may do so to escape unsafe home environments or economic marginalization (Bloom, Owen, & Covington, 2004).

In 1999, The National Institute of Corrections (NIC) conducted one of the first major studies that further examine gender-responsive treatment in corrections. Their project became known as the Gender-Responsive Project. (Wright, Voorhis, Salisbury, & Bauman, 2012). The four women's prisons involved in the study were in Colorado, Minnesota, and Missouri (Wright, Van Voorhis, Salisbury, & Bauman, 2012). The purpose of this study was to “examine whether gender-responsive factors are risk factors for institutional misconduct and community recidivism, as well as whether these factors improve the classification of women when they are considered in classification assessment tools” (Wright, Van Voorhis, Salisbury, & Bauman, 2012, pp. 1,613) In short, these studies found it is imperative that the differences between men and women be clearly understood and considered when determining and implementing correctional strategies in women's prisons. This study indeed provided significant evidence for the grounds to which gender-

responsive programming was built on.

### **Needs of Female Offenders**

Before articulating the specific needs of women, it is important to note the historical demographics of women who have often been imprisoned. Many women in the prison system hold a low-socioeconomic status, have little formal education, and are disproportionately women of color. Additionally, most women are in their early-to-mid thirties, likely to have been convicted of a drug-related offense, have a history of family members who have been incarcerated, are survivors of abuse either as a child or adult, have substance abuse issues, significant physical and mental health issues, and are unmarried with minor children (Covington, & Bloom, 2007).

In considering the needs of women, providers must look at the person as a whole. Research has shown that incarcerated women, who are deemed most successful once they return to the community, have been provided with “wrap around” services in a holistic manner (Cobbina, 2009). A “wrap around,” holistic approach allows all areas to be addressed in treatment. This approach includes vocational, educational, relational, physical, chemical, and spiritual health. There is a consensus in the literature that gender specific programs should address the history of victimization and abuse, healthy relationships, mental illness, chemical dependency, view of self, economic well-being, and parenting skills (Van Voorhis, Wright, Salisbury, & Bauman 2010). In efforts to clarify the needs of women, there have been attempts to create a universal assessment tool to be used in the corrections setting, but nothing has been created yet that is used as a standardized measure (Van Voorhis, Wright, Salisbury, & Bauman 2010). Establishing an evidenced-

based assessment tool would be useful for direct practice, as well as for advocating for policy changes regarding federal regulations for such assessments.

In further differentiating the unique needs of men and women in prisons, it is important to note the need of establishing a prison environment conducive to women. Because women are typically less violent than men, research suggests that prison management should focus less on punitive security measures and be more concerned on proper staff that are trained in interacting with women who have a high occurrence of mental illness and histories of trauma (Wright, Van Voorhis, Salisbury, & Bauman, 2012). Additionally, a women's prison experience is an implicating factor on her internal transformation while serving her time. A woman's ability for internal transformation is dependent, in part, on the availability of prison programming and the opportunity to foster positive networks and relationships inside the prison with peers, officers, and other staff (Bui & Morash, 2010). Relationships and connections are of particular importance for women. To change their self-concept, the environment in prison must provide opportunities for connection and promote self-efficacy, empowerment, and encouragement to improve their self-esteem (Doherty, Forrester, Brazil, & Matheson, 2014)

**Educational and economic disparities.** Literature indicates one of the most prominent issues for female offenders leaving prison is low-educational levels and lack of professional work experience (Cobbina, 2009). Research shows that 48% of women who are incarcerated report less than a 10<sup>th</sup> grade education level (White, 2012). Women often rely on partners for financial support and stay home as the main caregiver to their children. Unhealthy relationships with partners may have influenced their criminal activities. As stated in a previous section of this paper, many women turn to criminal means out of

desperation due to financial scarcity. Research indicates that to address these women-specific issues, it is important that prisons provide services that will provide educational opportunities, employment-seeking assistance, and lessen homelessness (Golder, Higgins, Hall, & Logan, 2014).

As stated previously, female offenders show less self-efficacy than their male-offender counterparts. Self-efficacy is the extent to which one believes they can do what is needed to reach a desired goal (Saxena, Grella, & Messina, 2016). In this case, self-efficacy is related to a women's belief that she has the ability to sustain employment to provide a stable living for herself, and her family. Prisons have the opportunity to provide these women with services that will increase their self-efficacy and successful re-entry after release. Prisons could do this by offering vocational courses, college-level courses, teaching specific trades, and providing life skills classes.

**Parenting role.** It is less common for male offenders to have been their child's primary caregiver prior to incarceration, whereas, female offenders are more likely to have fulfilled this role. Consequently, women deal with an added stress while incarcerated- no longer being able to raise their children. (Golder, Higgins, Hall, & Logan, 2014). Because many women who are incarcerated have limited work histories, there is a high percentage of women who must rely on another parental guardian, not necessarily the child's father, to become the primary breadwinner for their children. Since 1991, the number of children younger than 18 years of age with a mother in prison has doubled, and more than one-third of those children will reach 18 years old while their parent is imprisoned (Harris, 2014). This separation is not only difficult for the mother, but also for the child.

Before being incarcerated, situations related to drug use, arrests, child protection involvement, and foster care placements often resulted in frayed relationships with their children. As a result, women experience a significant amount of guilt and shame (Boudin, 1998). Many women who have sole custody of their children avoided going to treatment for fear of losing custody (Spjelfnes & Goodkind, 2009). Continuing to parent from prison is difficult. First, the women must rely on the child's current caregiver to bring them to visitation, which may be the parents' father, foster parents, grandparents, or other family members. Secondly, 60% of parents in prison are incarcerated up to 100 miles away from their child's home (Harris, 2014; Covington, 2007).

Additionally, with the high number of women who are an imprisoned and struggling with substance use issues, their needs of parenting assistance are even greater. Mothers with substance abuse issues are more likely to exhibit a lack of parenting skills, low employability, lack of support from their community, financial deficits, and unstable housing (Spjelfnes & Goodkind, 2009). Furthermore, when mothers are single parents and heads of households, it adds another level of stress (Harris, 2014). These areas can be a cause for great concern once the mother transitions back to the community. Mothers are in great need of supportive services, life skill classes, and parenting classes while incarcerated, and upon re-entry, to promote stable living and healthier relationships with their children.

**Trauma.** Women experience victimization at higher levels than their male counterparts. A significant number of women in prisons have been previous victims of domestic violence, physical, sexual, and emotional abuse (Golder, Higgins, Hall, & Logan, 2014). Dysfunctional relationships throughout childhood with caregivers and personal

romantic relationships appear highly correlated to the mistreatment women have experienced (Kreis, Gillings, Svanberg, & Schwannauer, 2016). Trauma is a highly related factor in women's criminal behaviors, particularly drug-related offending, and substance use. Trauma is also highly related to women's mental health status. Samples of women offenders show that one quarter to one third has developed posttraumatic stress disorder (PTSD) from childhood and adult trauma exposures (Grella, Lovinger, & Warda 2013).

The prison culture and staff must operate through knowledge of complex trauma that many of the women have in order to not re-traumatize them. Complex trauma consists of traumatic experiences that occur over and over again during a period of time (Courtois, 2004). Living in a state of constant concern of safety will overtime effect a person's emotional regulation, and how they perceive threats to their safety. Seeking Safety is a cognitive-behavioral therapy module that has shown to be effective in treating women with co-occurring disorders. This treatment curriculum was specifically designed to address the needs of women in need of trauma recovery (Wolff, Frueh, Jing, and Schumann, 2012). A large piece of gender-informed care is bearing the weight of the complexities of women's trauma histories. Women are seven times more likely to have experienced sexual abuse and 4 times more likely to have experienced domestic violence than male offenders (Saxena, Grella, & Messina 2016). These factors cannot be ignored when considering the prison environment that women need for proper treatment and the large number of women that are likely to have traumatic histories.

### **Mental Health and Substance Use Disorders**

It is essential to consider the interconnectedness of mental health and substance use issues for women who are in prison. As many as 80% of women who are incarcerated meet



the diagnostic criteria for at least one lifetime psychiatric disorder; the most common diagnoses found are PTSD, schizophrenia, major depression, substance use disorders, psychosexual dysfunction, and antisocial personality disorder (Bloom & Covington, 2008). Additionally, of those women, three-fourths of them are diagnosed with a substance abuse disorder (Bloom & Covington, 2008; Saxena et. al., 2016). The most common mental health disorder for women who are incarcerated and who have substance use disorder is posttraumatic stress disorder (PTSD) (Wolff, Frueh, Jing, & Schumann, 2012). These numbers account for a significant amount of women, and in turn, provide evidence for the need to further explore the connection between mental health status and the high rates of trauma women offenders have endured. Research appears to exemplify a significant association between victimization and substance use disorders in women (Golder, Higgins, Hall, & Logan 2014).

For all of these reasons, gender-specific treatment in women's prisons is vital. Because women are much more likely than their male counterparts to have substance use histories, it is particularly important that the substance use treatment is gender-specific (Finfgeld-Connett, 2011). There are several elements that must be involved in gender-specific substance abuse treatment. As stated earlier, women often have less work history, less formal education, and have different motivations for committing their crimes. Therefore, educational classes, vocational classes, and empowerment-focused treatment models are essential to their success upon re-entry. Elements that best work for women in a prison setting are building trust-based relationships with staff within the program, individualized care, and remaining separate from the general prison population while

participating in the program, which is referred to as a therapeutic community (Fingfeld-Connett, 2011).

### **Shame Research**

Shame has been called a moral and self-conscious emotion (Tangney, Stuewig, & Mashek 2007). Shame has been studied since the early 1900's and continues to be further researched today. A large portion of research on moral emotions focuses on the difference between shame and guilt. They are described differently based on three defining factors: the type of preceding event that produced the emotions, the public versus private nature of the situation, and the degree to which the person determines the event as a failure of personal fault, or of a behavior (Tangney, Stuewig, & Mashek 2007). Brene Brown defines shame as, "an intensely painful feeling or experience of believing we are flawed and therefore unworthy of acceptance and belonging" (Brown, 2006, p. 45).

Shame is more internalized than guilt and carries with it more significant detriments to the psyche and well being of a person. Guilt has shown to bring about more reparative action, but shame brings people to be avoidant, and hide (Tangney, Stuewig, Mashek, & Hastings, 2011). Brown developed 12 categories in which both men and women commonly experience shame: appearance and body image, work and money, parenting, mental health and physical health, addiction, sex, aging, religion, surviving trauma, and being stereotyped or labeled

When it comes to susceptibility to shame, it is important to analyze and understand gender differences (Benetti-McQuiod, & Bursik, 2005). There are also higher levels of shame found in the female offender population when compared to the men offender population (Tangney, Stuewig, & Hafez, 2011). Women's reports of higher mental health

needs could correlate to the higher level of shame experience. Two other factors to consider when examining shame include societal norms and gender roles. Women report experiencing shame due to “conflicting and competing expectations about how women are supposed to be” (Hernandez, & Mendoza, 2011, pp. 46). Women are often held to a higher standard regarding outer appearance and body image than men, often setting unrealistic expectations for women.

**Neurobiology of Shame.** Taking a closer look at the neurobiological effects of shame can provide a more thorough picture as to why individuals engage in particular behaviors when experiencing shame. A study was completed to provide a picture of what regions of the brain are active when an individual is experiencing the emotion of shame. This study concluded that the prefrontal cortex and anterior insula cortex are interacting during a shaming experience (Bastin, Harrison, Davey, Moll, & Whittle, 2016). The prefrontal cortex is responsible for rational decision-making as well as cognitive, complex, and social functioning. This area of functioning is important as it provides for mature actions and logical thinking that is necessary when under stress. If the prefrontal cortex is active within a shame experience it is safe to assume that overtime, the ability to self-regulate emotions may be diminished (Izard, 1992). The activity of the anterior insula cortex assists in emotional regulation. The anterior insula cortex is a part of the limbic system that performs emotional functions particular to sensory experiences (Bastin et. al., 2016). This can explain why shame can be triggered by sensory experiences such as sights, smells, sounds, or tastes. As Brown (2006) explains, a shame experience also activates the fight or flight response our brain goes to when feeling the need to protect ourselves physically and/or emotionally. The fight or flight response is also triggered within

posttraumatic-related functioning. Additionally, this shows a link between the brain activity of someone going through depression, and shame (Izard, 1992).

Shaming experiences are common throughout the lifetime, regardless of the age and the stage of brain development of the individual. However, it is important to note that the earlier the age the shame-based responses occur, if the person is a child or in their early teens, the more detrimental it is to development of the pre-frontal cortex. This is not to say that shaming experiences do not have an affect on the adult brain, as the responses can become behaviorally conditioned in an adult as well and lead to changes in emotional-response. These complexities increase within individuals with substance use disorders in the reconstruction of the self and formulating an identity in recovery. The prefrontal cortex is greatly related to a person's ability in forming an identity, and Kaufman (p. 5, 1989), states, that "no other affect [shame] is more central to identity formation." If there is ambivalence about identity and sense of belonging, shame is likely a culprit, which originates to the distortions that have been created in the prefrontal cortex.

**Shame in Chemical Dependency.** Those who have substance use disorders often struggle with shame at a higher level than the general population. Shame is often a contributing factor in the onset of addictions, as well as maintaining use due to using the substance to deal with the shame (Hernandez & Mendoza, 2011; Wiechelt, 2007). Shame has been said to be a by-product of trauma and addiction (Milliken, 2008). Milliken (2008) goes so far as to say:

Addiction is fueled by and in turn fuels disabling shame, which in its own turn, frequently leads to criminal activity, including violence and consequent incarceration. Without interventions that focus not only on the addiction but also, importantly, on the underlying toxic and debilitating shame, a large percentage of inmates who are released will use again, re-offend...(pp. 10)

This research indicates that shame continues to build upon the addiction and fuels greater despair in an individual that is trying to maintain sobriety. Research suggests individuals with addictions carry higher levels of shame than individuals with other mental health diagnoses (Wiechelt, 2007). Shame is related to unmet expectations of self, letting down family members and supports, losing time one can't get back, and making choices that are out of that individual's character due to being under the influence. Particularly for women who abuse substances, shame tends to be a factor in their low self-esteem and low self-efficacy (Hernandez, & Mendoza, 2011).

### **Conceptual Framework**

The purpose of this research is to explore if gender-specific chemical dependency programming in women's prison addresses the issue of shame. While no single theoretical perspective can address the full scope of issues relevant to this topic, the conceptual frameworks guiding this research study include feminist, relational, and shame-resiliency theories.

### **Feminist Theory**

There are numerous theoretical perspectives identified as constituting a feminist theory, and each type of feminism holds a unique focus. For this research study, the theoretical framework of liberal feminism is most closely aligned. Liberal feminism's goal is for women to achieve equal access to the same opportunities that men have always had (Dominelli, 2002). Related to this research study, men within the prison system have always had service that fit their needs. Women have not. They have had to fight for, and earn services to fit their needs. The development of gender-specific programming is a direct result of this feminist movement. Feminist theory transpired out of the core beliefs

of: “eliminating false dichotomies, valuing process equally to product, renaming one’s reality, reconceptualizing power, and believing the personal is political” (Van Den Bergh, 1995, pp. xxxiii). This theory focuses on the individuality of women and how they have always functioned differently in society than their male counterpart. Women operate out of the need for connection and being a part of their community (Willison, & O’Brien, 2017). This connection is to themselves, and those who are important to them.

This research study considers women’s needs in the prison setting and how their needs differ from men’s. Feminist theory emphasizes the many ways in which women are victimized and marginalized, and it recognizes the reality and impact of their low-socioeconomic status in society (Willison, & O’Brien, 2017). In considering the criminal behaviors exhibited by women, feminist theory speaks to oppressive, patriarchal part of society that may drive women to these decisions (Willison & O’Brien, 2017). This speaks to the large number of women who are incarcerated for drug-related crimes in pursuit of financial stability. Gender-specific programming informed by feminist theory recognizes the impact of oppression, marginalization, and patriarchy on women’s lives. Feminism is rooted in the understanding of gender-based power and oppression, and relationships that are collaborative. Feminist theory holds that the personal is political and values the empowerment of women for their healing, advocacy, self-efficacy, and ability to affect social change (Dominelli, 2002).

### **Relational Theory**

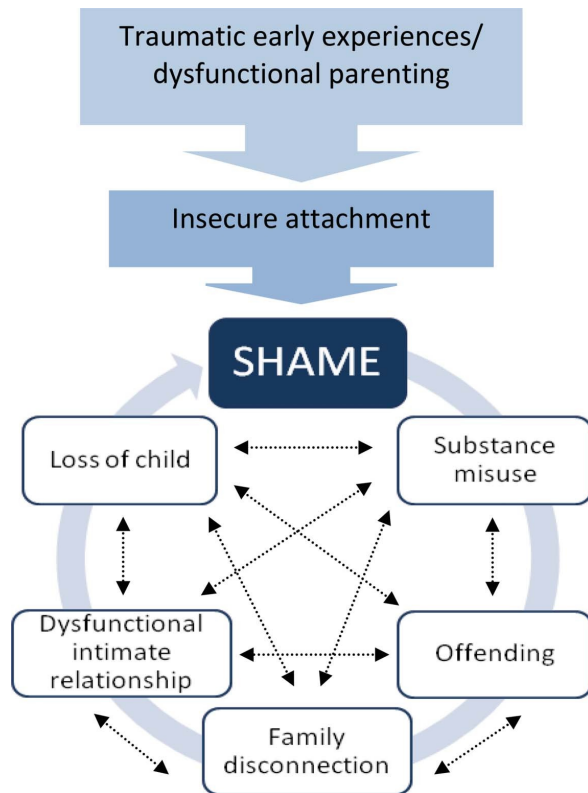
Relational Theory explores the connection between women’s offending behaviors, substance use, mental health status, and trauma experiences (Kreis, Gillings, Svanberg, & Schwannauer 2016; Covington, 2007). This theory built the foundation for what we now

see as gender-responsive treatment for women offenders (Bloom, Owen, & Covington, 2004). Relational theory is defined by viewing a woman's primary motivation as "to build a sense of connection with others...women develop a sense of self and self-worth when their actions rise out of, and lead back into, connection with others" (Covington, 2007, pp.3).

This theory has allowed researchers to see the pattern of relational risk factors from broken relationships women experience; whether this be a romantic partner or family members, and how this greatly connects to women's reasoning for substance use. These relational factors are why this theory so greatly supports the purpose for this research study. Women may say they use substances to cope with frayed relationships, state their partner first introduced them to substances, or report watching their parents use as a child. Even more so, substance use may intensify their relationship problems, which in turn intensifies mental health symptoms. Kreis et. al (2016) stated:

The theory posits that positive human connectedness is a core need essential to healthy psychological growth across gender, but considers it particularly salient to women's sense of identity and self-worth. Relationship disconnection or violation is therefore thought to be key to women's psychological problems. (pp. 36)

Relational theory also states that in order to attend to the needs of connection that women so strongly hold, their relationships must include elements of empathy and mutuality (Covington, 2007). Below, Figure 1, demonstrates the cycle that occurs within relational pathways, and shame as the interconnection between them. Gender-specific programming highlights these elements in their approach to empowering women to move forward in healthier relationships that will support their new life paths following their incarceration. The historical approach to rehabilitation does not address these specific needs of women.



**Figure 1.** “Hypothesized model of relational

pathways to substance misuse and drug-related offending in some women.” (Mette, Gillings, Svanburg, & Schwannauer, pp. 42, 2016).

### **Shame Resilience Theory**

Brene Brown developed the Shame Resilience Theory (SRT) after rigorous research over several years that started as research solely focused on the life experiences of women. Shame Resilience Theory provides a conceptual definition of shame and works to identify strategies to develop shame resilience (Brown, 2006). Shame is defined as “an intensely painful feeling or experience of believing we are flawed and therefore unworthy of acceptance and belonging” (Brown, 2006, p. 45). Shame exists in many aspects and circumstances of life and can be detrimental to a person’s well being. Historically, shame has been analyzed as it relates to various aspects of mental health including areas of self-esteem/self identification, depression, addiction, suicide, family violence, and sexual



assault (Brown, 2006). Participants in Brene Brown's research studies (2006) commonly identified shame as something that made them feel "trapped, powerless, and isolated" (pp. 46).

It is likely that women will experience shame following a traumatic experience. Due to the high rate of trauma experiences for women who are incarcerated, shame is a very important factor to keep in mind. These feelings can make it very difficult psychologically to push forward in challenging situations. Because chemical dependency has a high prevalence of shame, shame resiliency should be a key factor to consider in developing gender-specific chemical dependency treatment for women in prisons.

## **Methods**

### **Research Design**

The research methodology for this study was a systematic review. Other study designs considered for this research were a meta-analysis or an exploratory qualitative study. After analyzing these designs, the researcher determined that a meta-analysis would not provide information on the specifics of the intervention and a qualitative study held too many time limitations and barriers to gathering women inmates as research subjects. A systematic review allowed the researcher to set specific inclusion and exclusion criteria of the literature to be considered and provide the most relevant information for the purpose of the study. A systematic review produced a comprehensive search strategy, and thoroughly synthesized the available literature to best answer the research question at hand (Wallace & Peterson, 2012).

The purpose of this systematic review was to analyze the available literature on gender-specific chemical dependency programming on women in prison and explored the

question: Does gender-specific chemical dependency programming in women's prisons address the issue of shame?

For this study, gender-specific programming refers to chemical dependency treatment only. Gender-specific programming can also be used to describe mental health focused treatment, but in this study, the term "gender-specific programming" or "treatment" is focused solely on treatment for substance use, or co-occurring mental health disorders, not on mental health alone. This study considered elements of therapeutic approaches for substance abuse and gender-specific programming and analyzed data for a specific focus on shame. Although shame may not be addressed in the title of the treatment method, the authors of the studies must make a point of addressing shame within the treatment program, and address its significance to successful recovery.

### **Types of Studies**

Wide ranges of articles were considered during the initial data collection process. The search focus included longitudinal, quantitative outcome measures, qualitative interview measures, mixed method controlled trials, and systematic reviews. The goal of this research was to find shame as an element of treatment, so articles discussing shame as a concept, but not a part of the intervention, were not considered.

### **Search Strategy**

A preliminary search for articles included databases that would be most likely to provide relevant material for this research topic. Databases included in the initial search were: Psychinfo, Criminal Justice Abstracts, SocioIndex, Scopus, and Pilots. Due to the newness of shame research within the treatment context, the researcher also searched for specificity and sensitivity. A search on specificity allowed the researcher to narrow down

the focus of the articles that were drawn while searching to find the most relevant articles. On the other hand, a sensitivity search allowed the researcher to browse the topics of shame and chemical dependency treatment through a broader lens.

### **Review Protocol**

Only peer-reviewed, scholarly articles and full-text articles were considered for this systematic review. To be included, the research must have been conducted between the years 2000-2018. The data collection of articles began in February 2018.

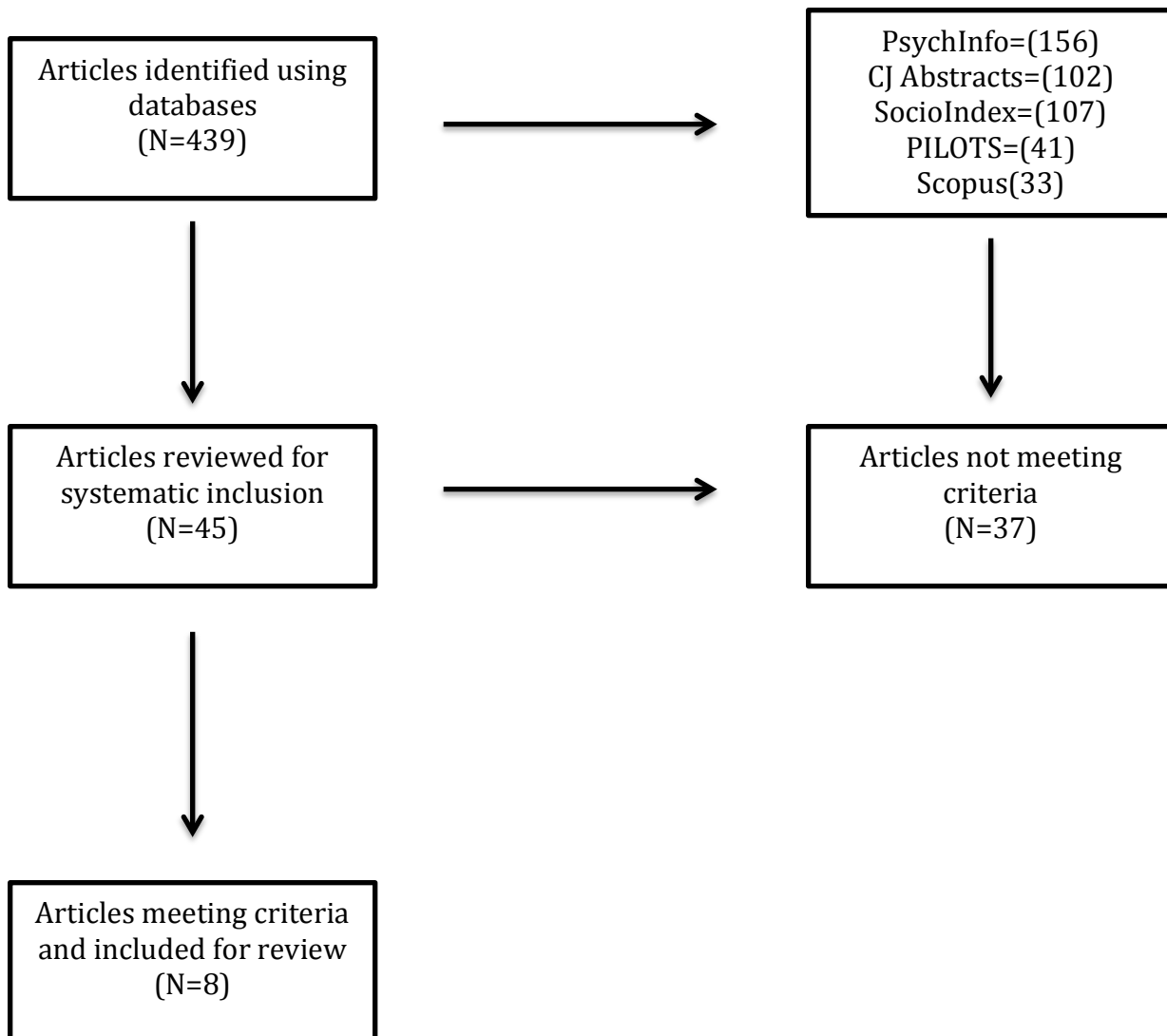
**Inclusion Criteria.** Using key search terms the researcher searched the following databases: Psychinfo, Criminal Justice Abstracts, SocioIndex, Scopus, and Pilots. It is important to note that each database is different in the search language, so the researcher had to consider each database's preference in ways of searching. For example, Psychinfo accepted the word "treatment," but to find relevant articles in Criminal Justice Abstracts, "therapeutics," is the preferred search term. Search terms for this study were: female inmates, drug addiction treatment, female prisoners, drug rehabilitation, treatment outcomes, women offenders, substance abuse treatment, addiction, gender-specific, and female criminals. In an attempt to find relevant articles on shame interventions, the researcher included the following terms to narrow the search: blame, guilt, and moral injury. All articles considered for the study had to be set within the women's prison context.

**Exclusion Criteria.** The mention of shame did not have to be included in the title, but if shame was mentioned in the description of the research within the abstract, articles were kept for further analysis. Articles were excluded if they discussed shame in the context of interventions for a particular mental health diagnosis, but outside of substance

use. All articles that included shame interventions for jails, women who have reintegrated in the community from prison, women on probation, or women on parole were also excluded. Additionally, studies in which their main focus was looking at reducing recidivism were not included.

Below you will find a flowchart demonstrating the article selection process:

**Figure 2.** Flowchart demonstrating the article selection process



### **Findings**

The purpose of this systematic review was to analyze the available literature regarding gender-specific chemical dependency programming for women in prison and to explore the question: Does gender-specific chemical dependency programming in women's prisons address the issue of shame? To narrow the content of the articles searched in the databases, the researcher did an initial search to find the treatment elements included in gender-specific chemical dependency programming in women's prisons. By narrowing down the articles (n=8) found in this research, the researcher then analyzed for interventions related to reducing shame (n=1). The databases used to find articles included Psychinfo, Criminal Justice Abstracts, SocioIndex, Scopus, and PILOTS. After fully analyzing the articles from these databases, the databases that provided the data for this study were SocioIndex and Criminal Justice Abstracts. Scopus and PILOTS were excluded due to duplicate articles. Psychinfo did not produce data results meeting full criteria. However, several articles included content on shame that will be referenced in the discussion portion of this paper.

The eight studies found to meet full criteria for this systematic review included research designs of exploratory studies, longitudinal, quantitative outcome measures, qualitative interviews, mixed methods, and systematic reviews. The average number of participants in each study was 175 women prisoners. The two systematic reviews included in this study analyzed an average of 34 articles. Women participants from these studies were from various locations: two prisons were located in California, one in the U.K., and another in Colorado. One study that met criteria focused on the input of prison wardens

regarding women’s needs, and included 35 wardens from various prisons throughout the United States. A complete analysis of the articles can be seen in Figure 3.

**Figure 3.** Article Analysis

Author, Date	Title	Measures	Sample	Findings	Discussion	Shame Content
Messina N., Grella C., Cartier J., & Torres S. (2010)	A Randomized Experimental Study of Gender-Responsive Substance Abuse Treatment for Women in Prison	Baseline interviews. Standardized measurements	115 inmates in California	Women in GRT had overall better outcomes following treatment	1. Results greatly align with the literature 2. Need to improve the ability to implement GRT 3. Advocacy for effective rehabilitation and cost effectiveness of providing GRT programming vs. standard programming	Use of Beyond Trauma and Helping Women Recover
Hall E., Prendergast M., Wellisch J., Patten M., & Cao Y. (2004)	Treating Drug-Abusing Women Prisoners: An Outcome Evaluation of The Forever Free Program	Bivariate analyses, multivariate analysis, cox regression, and logistic regression.	182 prison inmates in California	Forever Free participants significantly more successful treatment outcomes.	1. Provides support for gender-specific CBT 2. Policy makers should encourage or mandate community aftercare following prison release	None specified
Mahoney A., Chouliara Z., & Karatzias T. (2015)	Substance Related Offending Behavior Program (SBORP): an exploration of gender responsibility and treatment acceptance issues for female prisoners	Interview transcriptions analyzed using interpretive phenomenological analysis	15 inmates in the UK	Themes: 1.Importance Aspects of Recovery 2.Supportive Therapeutic Process 3.Disruptions to Therapeutic Processes	1. Overall positive experience participating in the SROBP 2. Disclosure of traumatic events and experiences were precursors to substance-related offending 3. Emotional safety is highly-related to disclosure in the prison-based programming	None specified
Anderson, T. (2018)	Social support and One-year Outcomes for Women Participating in Prison-Based Substance Abuse Treatment Programming	Demographic questionnaire, One-year post release interviews.	182 prison inmates in California	1.Relapse related to treatment intensity, perceived social support, aftercare participation 2.Women in Forever Free 65% less likely to relapse 6.Relapses related to levels of emotional social support	1. Earlier interventions to identify social support. 2.Encourage patients to attend AA, NA or other self-help groups 3. Encourage client participation in activities following release that increase social integration in pro-social relationships	None specified
Sacks J., McKendrick K., Hamilton Z., Cleland C., Pearson F., & Banks S. (2008)	Treatment Outcomes for Female Offenders: Relationship to Number of Axis I Diagnosis	Standardized assessments, interview at 6, 12, and 18 months post-release	584 inmates in a Colorado prison	1. Women more likely to have co-occurring disorders 2. Over 70% of participants had a PTSD diagnosis 4.TC modified for female offenders treatment was more effective	1. Importance of treatment planning and delivery of treatment services to female offenders 2. More comprehensive programming is necessary 3. Need for better MH screenings, assessments and diagnoses to assess more thoroughly and accurately 4. Interventions viable in prison setting due to modest cost	None specified
Wormer K, & Kaplan L. (2006)	Results of a National Survey of Wardens in Women's Prisons: The Case for Gender Specific Treatment	Responses of multiple-choice and open-ended questions were collected (14 questions)	35 wardens from various US prisons	1. Perceived level of safety linked to experiences of abuse 2.Men officers restricted from strip searching, UA test	1. Meeting psychosocial needs of women may enhance their perception of personal safety 2. Gender-specific programming: therapy geared toward childhood and partner victimization, low self-esteem and shame, and parenting	Named shame as a component of gender-specific programming, but not specific interventions

				and shower duties 3. Respondents reported the need for gender-specific programming	skills 3. Changes at the macro level are necessary to introduce policies gender-specific to women's needs	
Tripodi S., Bledsoe S., Kim S., & Bender K. (2011)	Effects of Correctional-Based Programs for Inmates: A Systematic Review	Inclusion and exclusion criteria set by researchers	24 articles comparing the risk-reduction model and enhancement model	1. Substance use outcome improved CBT-focused treatment 2. HIV prevention outcomes were not significant 3. Parenting skills outcome increased in parenting confidence	1. Female offenders who participated in SUD treatment are 45% less likely to re-offend 2. Future research should be considered on cost-benefit analysis for TC 3. Literature unclear of what works with women--SW need to become more involved	In regards to HIV Programs used in , in prison programs intervene to address inmate's feelings of isolation, stigma, shame and poor self-image
Adams, S., Leukefeld, C., & Peden, A. (2008)	Substance Abuse Treatment for Women Offenders: A Research Review	Inclusion and exclusion criteria set by researchers	45 articles synthesized to identify the treatment needs of SUD of women in prison	1. Address physical and sexual victimization 2. Therapeutic sanctions vs. punitive sanctions 3. Training staff 4. Focus on building self-esteem. & personal development 5. Comprehensive CM services	1. High comorbidity of SUD and MH disorders, importance of relationships, and importance of reunifying with children 2. Continuum of care between prison and community-based services 3. Emphasize empowerment, support networks, collaborative approach vs. authoritarian. 4. Limited research on empirically based evidence to support interventions for women	None Specified

One of the articles produced evidence that the gender-specific curriculums, *Beyond Trauma and Helping Women Recovery*, meant for treating women with co-occurring substance use and PTSD, implies that the material in the curriculum would ultimately lower the extent of shame experienced by the women (Messina et. al., 2010). Another article described the relevance of HIV programming has for women in substance abuse treatment and how it will address the issue of shame that women feel experiencing those health-related symptoms, but no specific intervention was listed (Tripodi et. al., 2011). The third and final article that mentioned shame simply stated “shame” as a concept that should be included in gender-specific chemical dependency programming, but did not reference a particular intervention in treating it (Wormer & Kaplan, 2006).

Three main themes regarding the actual implementation of gender-specific programming in women’s prisons developed throughout the analysis. These themes are

identified as the need to include a sense of emotional safety within the treatment process, the importance of integrating social support to continue in recovery, and the need for adequate trainings for staff to build a gender-specific environment within the prison. Additionally, two broader sub-themes identified as the need for increased research on gender-specific programming, and the need for macro policy change to consider the cost-effectiveness of gender-specific programming and setting legislative protocols for gender-specific treatment.

### **Emotional Safety**

Of the eight articles included in this data, three articles (37%) discussed the importance of women feeling emotionally safe in order to disclose trauma within the prison treatment setting. According to Messina et al. (2010), women felt more open to sharing in a group and comfortable with emotional vulnerability in programming that was gender-specific. The studies that analyzed the *Forever Free* program in California found that women in their therapeutic community model of treatment showed high levels of emotional safety evidenced by participant satisfaction reports (Hall et. al., 2004).

Emotional safety is also correlated to an individual's growth in personal affirmation and validation while active in the treatment process (Adam, Leukefeld, & Peden, 2008).

### **Social Support**

Three articles (37%) in this study described the importance of social support in the treatment process and continuing into the community to maintain sobriety. Hall et al. (2014) spoke to the gender-specific programming implemented in the therapeutic community model of treatment and how it provided a foundational ground of social support for the women. The women portrayed a better sense of social support when they



receive positive affect from other group members, and when they knew that other members of the group were invested in their growth (Mahoney, Chouliara, & Karatzias, 2015). Anderson (2017) found that women's likelihood of relapse following release was correlated to perceived social support they received while participating in aftercare programming in the community.

### **Staff Training**

Three articles (37%) discussed the need for proper staff training on gender-specific programming, and the protocols to follow. Messina et al. (2010) discussed the therapeutic community model and attributed the success found in the *Forever Free* program to the specific training required for staff members to be informed of working through a gender-specific lens. These staff members included everyone from mental health professionals, medical staff, and officers on the units. Gender-specific training for staff allows the prison environment as a whole to promote a more therapeutic method for the delivery of treatment services, which differs from the traditional punitive tactics traditionally used in rehabilitation (Sacks et al., 2008; Adams, Leukefeld, & Peden, 2008).

### **Gaps in Research**

Half of the studies (n=4, 50%) discussed the need for increased research regarding gender-specific programming, the specific treatment elements, and implementation needed to provide adequate treatment. Messina et al. (2010) suggested the need for the increase of experimental method of studies to clarify more of the essential components of gender-specific programming. Additionally, research follow-ups that occur three years following release vs. one year following release would provide much more diverse data than we see with the traditional one year post-release data (Hall et. al., 2004). Tripodi et al. (2011)

discussed the limited research available that shows inconclusive results, which does not assist in the development of effective gender-specific programming, but leaves more questions for those evaluating programs. Other suggested areas for research included a greater understanding of contributing factors and protective factors for women, development of theories that provide gender-sensitive models of care for the psychological and relational needs of women, and outcomes studies of gender-specific interventions currently being implemented in prisons (Adams, Leukefeld, & Peden, 2008).

### **Macro Policy Change**

Furthermore, three of the articles (37%) referenced the need for macro policy change to consider the cost-effectiveness of gender-specific treatment and to set legislative protocols for gender-specific interventions in treatment. An area of consideration for policy change is the mandate of community aftercare for women who are being released from prison-based treatment programs (Hall et al. 2004). In order to produce influential macro policy change, evidence-based data is required to introduce gender-specific protocols to legislators with political power (Wormer & Kaplan, 2006). If further research is done on the effectiveness of gender-specific interventions, an area to emphasize in the political realm is the cost-effectiveness of providing these type of services to individuals going back into the community (Tripodi et al., 2011).

### **Discussion**

The purpose of this systematic review was to analyze the available literature regarding gender-specific chemical dependency programming for women in prison and to explore if the treatment interventions address shame. The researcher's first task was to find available literature defining and addressing the elements included in gender-specific

chemical dependency treatment. Next, the researcher analyzed the data further for interventions relating to shame. In this discussion, the researcher will further describe and interpret the findings of this systematic review. She will articulate implications of these findings on existing interventions, future programming, research on shame resilience-based interventions, and policy changes related to gender-specific programming in women's prisons.

### **Elements of Gender-specific Programming**

Concerning the treatment needs of women in prison, findings suggest the need to consider socio-demographics of women that makes them different from their male counterparts. For women, it is essential that treatment addresses "mental health, physical health, substance abuse, trauma and victimization histories [including emotional, physical, sexual, and partner violence], and parenting issues" (Adams, Leukefeld, & Peden, pp. 63, 2008). Men might also struggle with these issues; however, women are at much higher risk for relapse and reoffending when these issues are not addressed. Specific therapeutic factors should be included in the treatment process. Interventions to facilitate inner healing for women should include building self-esteem and self-worth, treatment of shame, personal development, affirmations and personal validation, and empowerment (Wormer & Kaplan, 2006; Adams, Leukefeld, & Peden, 2008). These therapeutic approaches should include the use of the group therapy process, approaches to support the processing of trauma, psycho-education modules, and trauma-informed cognitive behavioral therapy (CBT) (Tripodi, Bledsoe, Kim, & Bender, 2011).

The therapeutic community model also appeared to be commonly effective for women in prison-based treatment. Three of the studies that met criteria for the data

analyzed the therapeutic community model in the Forever Free program located in a prison in California. The program is gender-specific and six months in duration, which includes programming for four hours a day, five days a week (Hall, Prendergast, Wellisch, Patten, & Cao, 2004). What is unique about the therapeutic community model is that the treatment participants are residentially set apart from the general prison population. Additionally, this model of treatment is of higher intensity than other treatment models typically implemented in the prison setting. Universally, the women found this model of treatment particularly helpful in meeting their bio-psycho-social needs, an aspect often lacking when participating in standard treatment programming. The research on therapeutic communities found that 65% of the participants were sober one year after completing the program (Anderson, 2018; Sacks, McKendrick, Hamilton, Cleland, Pearson, & Banks 2008). Based on the likelihood of co-occurring disorders for women who are incarcerated, this model includes components to address their mental and chemical health, as well as their behavioral needs. The success of this model points to the necessity of comprehensive treatment for women, which is provided through prison-based therapeutic communities.

### **Emotional Safety**

The importance of emotional safety was a common theme among all the articles collected in the data. Women in prison have various views of what "safety" is. These studies found that the women's perception of physical and emotional safety is greatly correlated to their personal experiences of abuse during their childhood, and into adulthood (Wormer K, & Kaplan L. 2006). The women spoke of their experience of safety in the community (outside of prison) and how this compared to their experience of safety while in prison. Some women identified feeling physically safer within the prison than they did in the

community. Physical safety will result in their ability to find emotional safety as well (Wormer K, & Kaplan L. 2006). Emotional safety will positively influence their willingness and motivation to be fully engaged in the treatment process.

Women shared their experiences of what builds and erodes emotional safety in treatment. The women shared that structure in the therapeutic process, a therapeutic alliance with the facilitator and positive affect and support from peers within treatment groups were contributors to high levels of emotional safety. Factors that negatively impacted participants' level of emotional safety were negative and non-participatory peers, dominate or disruptive peers, and having a non-involved facilitator (Mahoney, Chouliara, & Karatzias, 2015). This points to the necessity of clinically trained staff. Gender-specific programming has been shown to provide the most emotionally safe treatment components for women (Messina, Grella, Cartier, & Torres, 2010). It is imperative to recall the extensive research about women, trauma, substance abuse, and addiction. A particularly high number of women in prison who are chemically addicted have experienced trauma. Therefore, long-term recovery is greatly dependent on the women's ability to process past traumas. Emotional safety must be a high priority for treatment providers to consider when implementing treatment in a prison.

### **Social Support**

The necessity of social support was a key factor discussed throughout the data. The importance of social support described by the women provides grounds for the framework use of Relational Theory discussed earlier in this paper. As a reminder: Relational theory is defined by viewing a woman's primary interpersonal motivations as "to build a sense of connection with others...women develop a sense of self and self-worth when their actions

rise out of, and lead back into, connection with others” (Covington, 2007, pp.3). As noted throughout the research many of the women have histories of trauma, which often lead to difficulties in interpersonal relationships, which severs that relational connection they so deeply desire. Additionally, many women are introduced to substances and criminal behaviors through family members, and significant others, so relations are greatly linked to the women’s start into the criminal justice system, and care also their saving grace in getting onto a better path. As noted by the common elements of gender-specific programming, the successes of higher intensity treatment while in prison-based programs, was found that those of higher intensity programming are linked to higher levels of perceived social support (Anderson, 2018). Higher intensity programs allow for women to become comfortable within the treatment setting, and build a level of trust with the treatment providers and fellow peers in a safe space. In that safe space of emotional safety, women are better able to feel supported towards disclosing trauma and processing it (Mahoney, Chouliara, & Karatzias, 2015).

The importance of social support also correlates to the importance of treatment providers encouraging treatment participants to build their social networks outside of treatment, which includes participation in aftercare in a community setting once released from prison. These social networks can include support groups like AA, NA, or any self-help related social interaction that promotes pro-social reintegration (Anderson, 2018). The data reported that women in gender-specific treatment settings have higher aftercare participation, and longer sustained sobriety after release (Messina et al., 2010). Based on the data, it appears that the participation in aftercare is beneficial to the women growing their pro-social relationships.

### **Staff Training**

As indicated by the history of rehabilitation of the criminal justice system, there is still a culture within the staff that fulfills their roles through the typical lens used within men's prisons. The data was unanimous in that staff should receive specialized training specifically on building a gender-specific environment. Many of those familiar with a gender-specific approach are the treatment providers, but correctional officers, medical staff, administrative staff, and recreational personnel should also know how to be active in meeting the standards of gender-specific services. One of the studies emphasized the importance of utilizing a therapeutic approach to behavioral interventions over the traditional punitive approach, as the punitive approach may be triggering to traumatic experiences the women have experienced, which also leads to further traumatization (Adams, Leukefeld, & Peden, 2008). The traditional punitive means for rehabilitation further create an environment that invokes more trauma for the inmates. It will take a cultural shift in the prison system, and time for a more therapeutic model of training to hold dominance among staff.

The data also presented examples of what implementation of a gender-specific environment looks like. One prison in the data restricts male correctional officers and other male staff from performing strip searches, urinary analysis, or shower duty. (Wormer K, & Kaplan L. 2006). As the literature reports, the therapeutic community models appear successful in providing treatment supportive of women's needs, and the example of the Forever Free program indicated that specialized training for gender-specific treatment is provided to their staff (Sacks et al., 2008). The success of the program provides a compelling rationale for implementing training for staff to be intentional in building a

gender-specific environment for the women, which will co-exist in the gender-specific treatment context.

### **Gaps in Research and Policy Change**

All of the data gathered in this study spoke to the need to address the gaps in research particular to treatment interventions for women in prison, and the need for policy changes on a national level in their closing statements. The data indicated that more information is needed on the elements of the treatment, fidelity, and the duration of successful programs for women (Hall et al., 2004). Not only is there limited studies on the specifics of treatment for women in prison, but these missing studies could be the grounds set for influencing policy changes that are needed to regulate gender-specific programming in the criminal justice system. When considering the financial costs of treatments, the data suggests looking at the cost-effectiveness of implementing gender-specific programming, and that from a macro standpoint, it could reduce the overall cost of treatment, and decrease the high levels of incarceration, which would positively influence the economy (Messina et al., 2010). In considering cost benefits, the data suggested specifically looking at the financial factors of implementing a therapeutic community within prisons that have shown to be useful for women (Tripodi et al., 2011).

Evidence from more in-depth studies of gender-specific programs would speak more boldly to the need for policies on gender-specific programming. These policies would allow for protocol and standards to be set regarding the implementation of gender-specific programming and hold the criminal justice system accountable for following this standard of treatment (Wormer & Kaplan, 2006). At this time there is awareness of the need for gender-specific programming, but it is up to the facility on the implementation of it without



a safeguard to what implementing it is suppose to look like. Even if politicians were to see the current studies on gender-specific programming, the limited number provides for inconclusive results, and does not provide enough evidence to invest in programs that do not show generalizable findings and benefits (Tripodi et al., 2011). This creates inconsistencies in what constitutes as gender-specific programming and leaves it up to the professional whether they choose to practice out of that lens. Inconsistencies in treatment perpetuate the same types of marginalization that women in prisons already experience and again do not provide an environment for long-term healing.

### **Interventions Addressing Shame**

Three of the articles mentioned shame directly. However only one of those articles indicated the intervention was a direct correlation to reducing shame. The curriculums by Dr. Stephanie Covington, *Beyond Trauma, and Helping Women Recover*, are of the first curriculums designed as a gender-specific approach treatment to women's experiences of trauma, mental illness, and substance abuse (Messina et al., 2010). Although these curriculums may assist in lowering the level of shame experienced by the women, the curriculums do not speak directly to the purpose of healing shame, but elements around it that are shame-producing. The foundation of these studies is to understand the after effects of their traumatic experiences, what to expect and to develop coping skills in moving forward (Messina et. al, 2010). These curriculums point in the right direction towards the treatment of shame, however, does not provide the results that the researcher was seeking in identifying shame-specific interventions present within the prison system that serve women.

There were several articles in the primary and secondary analysis during the data collection that point to interventions relating to shame, and the utter-importance of shame-specific material, but did not meet criteria to be presented as data in this study. This researcher feels it is important that these articles are reflected as areas for future direction, and consideration for shame-specific treatment for women in prison. The articles that are discussed include interventions regarding shame treatment for individuals with similar symptoms, and life experiences as the women in prison may have experienced which show evidence that these same interventions would be useful with this population.

**Grounded Theory of Shame.** A grounded theory is a helpful way of studying shame, as grounded theory was developed to “help researchers explain how people behave, change, and interact in the context of a specific phenomena and concern” (Vliet, pp. 235, 2008). In this case, the specific phenomenon is the experience of shame and how to bounce back from its crippling effects. Vliet (pp. 237, 2088) states:

Shame undermines the individual's being with the most positive aspects of the self being the brunt of the attack. It undermines their positive self-concept, damages the individual's connection to others, and results in a diminished sense of power and control. This assault on the self is associated with efforts at avoiding the pain with withdrawal behaviors.

Potter-Efron (1989) identified that individual's with substance use disorders often try to avoid feelings of shame through projecting behaviors of denial, withdrawal, rage, perfectionism, arrogance, or exhibitionism. When these behaviors are present, the individuals may be close to the occurrence of a relapse, which is again fueled by shame. Evidenced-based practices exist that have shown to assist in reducing the experiences of shame and creating resilience of future occurrences. One of these interventions is therapy through the lens of Acceptance and Commitment theory. Acceptance and Commitment

Therapy (ACT) works on the reframing of experiences and allows the individual to create their own new meaning. This new meaning increases an individual's self worth and productivity when it relates to the experience of shame (Wilson, Schnetzer, & Kurz, 2012).

Furthermore, according to Wilson et. al (2012) ACT:

employs a number of strategies, including contact with the present moment, acceptance of self and others, defusion, and deliteralization (cognitive defusion), contact with a transcendent self, values-based living, and committed action as a means to help clients move in valued directions (p. 2).

In this process, one can see that an individual will be able to separate the shameful experience from the self and project it externally, which takes the blame away from the fault of self. With individuals with substance use disorders, this could assist with formulating a new identity away from being "an addict" and more towards a hopeful future.

### **Connections Curriculum.**

The *Connections* curriculum was developed by Brene Brown, shame researcher, previously mentioned as the developer of the Shame Resilience Theory in the conceptual framework portion for this study. The *Connections* curriculum runs for 12 weeks providing psycho-education, readings, videos, and discussions in a group-based treatment model to assist in building shame resilience (Hernandez & Mendoza, 2011). This curriculum was not necessarily created for individuals with substance use disorders, but for a wide array of individuals struggling with various issues working towards healing shame triggering areas of their lives.

A study was done on three women residential treatment centers for substance use disorders to see if the curriculum was effective in lowering shame in the participants. At

the start of the curriculum and at the end, the participants completed the TOSCA (Test of Self-Conscious Affect) assessment, which uses scenario-based questions that measure their likelihood to gravitate towards shame, guilt, or blaming thoughts (Wiechelt, 2007). The research results on these specific treatment centers indicated the individual's shaming self-talk decreased significantly, and their shame triggers self-awareness increased (Hernandez & Mendoza, 2011). Although the curriculum evaluation only includes individuals in the community substance abuse treatment setting, the curriculum could be useful and applies to women in correctional settings due to having similar life experiences. The research indicated the curriculum has also been used in mental health settings, organizations, psych wards, and jails, but not within the prison setting (Hernandez & Mendoza, 2011).

### **Limitations**

It is important to bring awareness to the limitations of any research study, regardless of its design. As noted throughout the study, there is very limited research on the implementation and specific factors that comprise gender-specific substance abuse programming in women's prisons. Furthermore, there has been little collected on the interventions relating to shame resilience, and no studies have been done to explore the implications of the use of shame-resilience-based interventions in women's prisons. The systematic review study design is meant to analyze and synthesize the available data on particular subjects, and with limited available data, it was a challenge in finding articles that met the specific criteria set for this study.

Additionally, the researcher had a limited time to gather research data, per the timelines set by St. Catherine's University for the clinical research paper assignment. As a student researcher, and having very minimal experience in the research process, it was a

feat to coordinate all the pieces that needed to be put in place for this study. With only one researcher as part of this study, there was only one individual performing all aspects of putting this research together, whereas a team of researchers may have been able to find more comprehensive results.

### **Implications for Social Work Practice, Policy, and Further Research**

Two of the themes found in this study pertain directly to the implications for social work practice, policy, and further research surrounding this topic. The findings of this study suggest the need for additional research and policy changes about gender-specific substance abuse treatment for women. The Social Work Code of Ethics explicitly states it is the duty of the social work field to advocate for change that inhibits social justice and to speak for the marginalized populations (NASW, 2018). In this case, we are speaking directly about the women involved in the criminal justice system. Not only is it our responsibility to be in the frontlines for advocating for policy changes on a macro level, but also to be involved in the research of data needed to provide grounds for the need to change. Social workers must take this inherit responsibility seriously, and as we can see today, women involvement in the criminal justice system is only growing.

As a whole, social work practice within the criminal justice system is an area of the profession that has historically held less focus than other areas such as school social work, medical, or geriatrics. In my educational experience at the bachelor's level, none of my professors had worked within the criminal justice system. In my master's program, I am familiar with only one professor who has experience as a social worker in the criminal justice system. Additionally, very few of my peers have an interest in this area of practice. As a social worker and researcher, my hope is that this study will spark a desire in social

workers to become more engaged within the criminal justice system as an area of practice, bring the person-centered perspective of social work practice to women's prisons, and implement interventions that address shame and resilience as central to effective treatment of women in prison.

### **Conclusion**

This systematic review analyzed the available literature regarding gender-specific chemical dependency programming in women's prisons. The researcher explored the prevalence of gender-specific chemical dependency programming in women's prisons addressing the issue of shame. Although the findings of this systematic review pointed to little evidence of the presence of shame-resilience focused interventions in women's prisons, research on such interventions in other contexts is promising. It leaves this researcher hopeful that it is possible and evidence-based to implement shame-resilience interventions in women's prisons. Clinical services and chemical dependency treatment within women's prisons should include a focus on shame resilience. It is hopeful that the implementation of the Connections Curriculum and the Acceptance and Commitment Therapy framework will be utilized through the advocacy of social workers, and professionals from similar fields. It is essential that additional research on these specific interventions continue.

### References

- Adams, S., Leukefeld, C., & Peden, A. (2008). Substance abuse treatment for women offenders: a research review. *Journal of Addictions Nursing*, Vol. 19, pp. 61-75. DOI: 10.1080/10884600802111648
- Anderson, T. (2018). Social support and one-year outcomes for women participating in prison-based substance abuse treatment programming. *Criminal Justice Studies*, 31(1), pp. 80-94. DOI: 10.1080/1478601X.2017.1396218
- Bastin, C., Harrison, B., Davey, C., Moll, J. & Whittle, S. (2016). Feelings of shame, embarrassment and guilt and their neutral correlates: a systematic review. *Neuroscience and Biobehavioral Reviews*, vol: 71, pp. 455-471. DOI: 10.1016/j.neubiortv.2016.09.019.
- Benetti-McQuiod, J., & Bursik, K. (2005). Individual differences in experiences of and responses to guilt and shame: Examining the lenses of gender and gender role. *Sex roles*. 53(1/2). doi: 10.1997/s11199-005-4287-4
- Bloom, B., & Covington, S. (1998). *Gender-Specific Programming for Female Offenders: What is it and Why is it Important?*. La Colla, CA: The Center for Gender and Justice.
- Bloom, B. & Covington, S.. (2008). *Addressing The Mental Health Needs of Women Offenders*. Retrieved from: <http://stephaniecovington.com/assets/files/FinalAddressingtheMentalHealthNeeds.pdf>
- Bloom, B., Chesney-Lind, M., & Owen, B. (1994). *Women in California prisons: Hidden victims of the war on drugs*. San Francisco: Center on Juvenile and Criminal Justice.

- Bloom, B., Owen, B., & Covington, S. (2004). Women offenders and the gendered effects of public policy. *Review of Policy Research*, 21, 31-48.
- Blumstein, A., & Beck, A. J. (1999). Population growth in US prisons, 1980-1996. *Crime and Justice*, 26, 17-61. Retrieved from: <http://www.journals.uchicago.edu/toc/cj/.current>
- Boudin, Kathy. (1998). Lessons From a Mother's Program in Prison. *Women & Therapy*. 21:1, pp. 103-125. DOI: 10.1300/J015v21n01\_01
- Brown, Brene. (2006). Shame Resilience Theory: A Grounded Theory Study on Women and Shame. *Families in Society: The Journal of Contemporary Social Services*: 2006, Vol. 87, No. 1, pp. 43-52.
- Cobbina, Jennifer. (2009). From Prison to Home: Women's Pathways in and Out of Crime. Retrieved from: <https://www.ncjrs.gov/pdffiles1/nij/grants/226812.pdf>
- Courtois, Christine. (2004). Complex Trauma, Complex Reactions: Assessment and Treatment. *Psychotherapy: Theory, Research, Practice, Training*. 41(4), pp.412-425. DOI: 10.1037/0033-3204.41.4.412
- Covington, Stephanie. (2007). The Relational Theory of Women's Psychological Development: Implications for the Criminal Justice System. *Female Offenders: Critical Perspectives and Effective Interventions*. Retrieved from: <http://www.stephaniecovington.com/assets/files/FinalTheRelationalTheorychapter2007.pdf>
- Covington, S., & Bloom, B. (2007). Gender Responsive Treatment and Services in Correctional Settings. *Women and Therapy*, 29:33. DOI: 10.1300/J015v29n03\_02



- Covington, Stephanie. (1998). Women in Prison. *Women & Therapy*, 21:1, pp. 141-155. DOI: 10.1300/J015v21n01\_03
- Dominelli, L. (2002). *Feminist Social Work Theory and Practice*. New York, N.Y.: PALGRAVE.
- Doherty, S., Forrester, P., Brazil, A., & Matheson, F. I. (2014). Finding Their Way: Conditions for Successful Reintegration Among Women Offenders. *Journal Of Offender Rehabilitation*, 53(7), 562-586. doi:10.1080/10509674.2014.944740
- Fingeld-Connett, D., & Johnson, E. (2011). Therapeutic Substance Abuse Treatment for Incarcerated Women. *National Institute of Health*, 20(4), pp. 462-481. DOI: 0.1177/1054773811415844.
- Golder, S., Higgins, G. E., Hall, M. T., & Logan, T. (2014). Justice-Involved women focusing on women on probation and parole. *Corrections Today*, 76(1), 32. Retrieved from: [http://go.galegroup.com.ezproxy.stthomas.edu/ps/i.do?p=GRGM&u=clic\\_stthomas&id=GALE%7CA358059477&v=2.1&it=r&sid=summon&authCount=1#](http://go.galegroup.com.ezproxy.stthomas.edu/ps/i.do?p=GRGM&u=clic_stthomas&id=GALE%7CA358059477&v=2.1&it=r&sid=summon&authCount=1#)
- Goomany, A. & Dickinson, T. (2015). The influence of prison climate on the mental health of adult prisoners: a literature review. *Journal for Psychiatric and Mental Health Nursing*, Vol. 22, pp. 413-422. DOI: 10.1111/jpm.12231
- Grella, C., Lovinger, K., & Warda, U. (2013): Relationships Among Trauma Exposure, Familial Characteristics, and PTSD: A Case-Control Study of Women in Prison and in the General Population, *Women & Criminal Justice*, 23:1, 63-79
- Hall, E., Prendergast, M., Wellisch, J., Patten, M., & Cao, Y. (2004). Drug-abusing women prisoners: an outcomes evaluation of the forever free program. *The Prison*

*Journal*. 84(1), pp. 81-105, DOI: 10.1177/0032885503262456

Hardyman, P. L., & Van Voorhis, P. (2004). *Developing gender-specific classification systems for women offenders*. Washington, DC: U.S. Department of Justice, National Institute of Corrections.

Harris, Marian. (2014). Group Therapy at a Prison for Women: A Therapist's Perspective, *Smith College Studies in Social Work*, 84:1, 40-54, DOI: 10.1080/003377317.2014.862114

Hernandez, V. R., & Mendoza, C. T. (2011). Shame Resilience: A Strategy for Empowering Women in Treatment for Substance Abuse. *Journal Of Social Work Practice In The Addictions*, 11(4), 375-393. doi:10.1080/1533256X.2011.622193

Izard, C. (1992). Basic Emotions, Relations Among Emotions, and emotion-cognition relations. *Psychological Review* 99, (3), 561-565.

Kaufman, G. (1989). *The Psychology of shame*. New York, NY: Springer.

Kreis, M., Gillings, K., Svanberg, J., & Schwannauer, M. (2016) Relational Pathways to Substance Misuse and Drug-Related Offending in Women: The Role of Trauma, Insecure Attachment, and Shame, *International Journal of Forensic Mental Health*, 15:1, 35-47, DOI: 10.1080/14999013.2015.1134725

Lutwak, N., & Ferrari, J.R. (1996). Moral affect and cognitive processes differentiating shame from guilt among men and women. *Personality and Individual Differences*, 21(6). doi: 10.1016/s0191-8869(96)00135-3.

Mahoney, A., Chouliara, Z., & Karatzias, T. (2015). Substance related offending behavior programme (SROBP): an exploration of gender responsivity and treatment acceptance issues for female prisoners. *The Journal of Forensic Psychiatry &*

*Psychology*, 26(6), pp. 798-823. Doi: 10.1080/14789949.2015.1062993

Mette, K., Gillings, K., Svanburg, J., Schwannauer, M. (2016). Relational pathways to substance misuse and drug-related offending in women: the role of trauma, insecure attachment, and shame. *International Journal of Forensic Mental Health*, 15(1), pp. 35-47. DOI: 10.1080/14999013.2015.1134725

Messina, N., Grella, C., Cartier, J., & Torres, S. (2010). A randomized experimental study of gender-responsive substance abuse treatment for women in prison. *Journal of Substance Abuse Treatment*. Vol. 38 pp. 97-107, pp.97-107.  
doi:10.1016/j.jsat.2009.09.004

Milliken, R. (2008). Intervening in the Cycle of Addiction, Violence, and Shame: A Dance/Movement Therapy Group Approach in a Jail Addictions Program. *Journal Of Groups In Addiction & Recovery*, 3(1/2), 5-22.  
doi:10.1080/15560350802157346

NASW. (2018). Code of Ethics. National Association of Social Workers. Retrieved from:  
<https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>

Pishko, Jessica. (2015). A History of Women's Prisons. JSTOR Daily. Retrieved from:  
<https://daily.jstor.org/history-of-womens-prisons/>

Potter-Efron, R. (2013). *Shame, guilt, and alcoholism: Treatment issues in clinical Practice*. Binghamton, NY: Routledge.

Potter-Efron, R. & Potter- Efron, P.S. (1989). *Letting go of shame*. United States, USA: Hazelton.

Sacks J., McKendrick K., Hamilton Z., Cleland C., Pearson F., & Banks S. (2008). Treatment

outcomes for female offenders: Relationship to Number of Axis I Diagnoses.  
*Behavioral Sciences and The Law*. Vol 26, pp. 413-434. DOI: 10.1002/bsl.828

Saxena, P., Grella, C. E., & Messina, N. P. (2016). Continuing Care and Trauma in Women Offenders' Substance Use, Psychiatric Status, and Self-Efficacy Outcomes. *Women & Criminal Justice*, 26(2), 99–121. DOI: 10.1080/08974454.2015.1067173

Spjeldnes, S., & Goodkind, S. (2009). Gender Differences and Offender Reentry: A Review of the Literature. *Journal of Offender Rehabilitation*, vol. 48, pp. 314-355. DOI: 10.1080/10509670902850812

Tangney, J. P., Stuewig, J., & Hafez, L. (2011). Shame, guilt, and remorse: Implications for offender populations. *The Journal of Forensic Psychiatry & Psychology*, 22, 706–723. doi: 10.1080/14789949.2011.617541

Tangney, J., Stuewig, J., Mashek, D., & Hastings, M. (2011). Assessing Jail Inmates' Proneness to Shame and Guilt: Feeling Bad About the Behavior or the Self? *Crim Justice Behavior*: 38(7), pp. 710-734. DOI: 10.1177/0093854811405762.

Tangney, J., Stuewig, J., & Mashek, D. (2007). Moral Emotions and Moral Behaviors. *Annual Review Psychology*, 58:345-372. DOI: 10.1146/annurev.psych.56.091103.070145

Tripodi S., Bledsoe S., Kim S., & Bender K. (2011). Effects of correctional-based programs for female inmates: a systematic review. *Research on Social Work Practice*, 21(1), pp. 15-31. DOI: 10.1177/1049731509352337

- Van Den Bergh, N. (1995). Feminist social work practice: where have we been...where are we going?. In Van Den Bergh, N. (ed.), *Feminist Practice in the 21<sup>st</sup> Century* (pp. xi-xxxix). Washington, DC: NASW Press.
- Van-Vliet, J.K. (2008). Shame and resilience in adulthood: A grounded theory. *Journal of Counseling Psychology, 55*, (2), 233-245.
- Van Voorhis, P., Wright, E. M., Salisbury, E. J., & Bauman, A. (2010). Women's risk factors and their contributions to existing risk/needs assessment: The current status of a gender-responsive supplement. *Criminal Justice and Behavior, 37*, 261-288.
- Wallace, G., & Peterson, L. (2012). Effectiveness of Solution-Focused Brief Therapy: A Systematic Qualitative Review of Controlled Outcome Studies. *Research on Social Work Practice, 23*(3), pp. 266-283. DOI: 10.1177/1049731512470859
- White, Gale. (2012). Gender-Responsive Programs in U.S. Prisons: Implications for Change. *Social Work in Public Health, 27*(3), pp. 283-300, doi: 10.1080/19371918.2012.629875.
- Wiechelt, S. A. (2007). The Specter of Shame in Substance Misuse. *Substance Use & Misuse, 42*(2-3), 399-409.
- Willison, J., & O'Brien, P. (2017). A Feminist Call for Transforming the Criminal Justice System. *Journal of Women and Social Work, 32*(1), pp. 37-49. DOI: 10.1177/0886109916658080
- Wilson, K.G., Schnetzer, L. W., & Kurz, A.S. (2012). Acceptance and Commitment Therapy for INTERVENTION FOR SHAME REDUCTION. S.G. Hayes & M.E. Levin (Eds.), *Mindfulness & Acceptance for addictive behaviors* (pp. 27-68). Oakland, CA:

New Harbinger Publications.

Wolff, N., Frueh, C., Jing, S., & Schumann, B. (2012). Effectiveness of Cognitive-Behavioral Trauma Treatment for Incarcerated Women with Mental Illnesses and Substance Abuse Disorders. *Journal of Anxiety Disorders*, 26, pp. 703-710.  
DOI: 10.1016/j.janxdis.2012.06.0012015.1115539

Wormer K, & Kaplan L. (2006). Results of a national survey of wardens in women's prisons: the case for gender specific treatment. *Women & Therapy*, 29(1-2), pp. 133-151. DOI: 10.1300/J015v29n01\_07

Wright, Van Voorhis, Salisbury, & Bauman. (2012). Gender-Responsive Lessons Learned and Policy Implications for Women in Prison. *Criminal Justice and Behavior*. Vol 39:12, pp. 1612-1632. DOI: 10.1177/0093854812451088