

**An Evaluation of the Cook County Community Based Transitional Services for Female
Offenders Program**

Prepared for the Illinois Criminal Justice Information Authority

By

Gaylene S. Armstrong, Ph.D.

George Burruss, Ph.D.

Martha Henderson, Ph.D.

Center for the Study of Crime, Delinquency and Corrections

Southern Illinois University Carbondale

Carbondale, IL 62901

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Executive Summary
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Community Based Transitional Services for Female Offenders Program

The situational context of female offending behavior is complex. Prior research has demonstrated that a variety of conditions, most commonly substance abuse and victimization (both prior and ongoing), may precede and/or perpetuate the female offending cycle. If the root causes of offending behavior are not identified and addressed, the negative cycle of substance abuse, offending and victimization will undoubtedly continue for the majority of these women. In response to the rising rates of DUI offenses in Cook County, and in an attempt to break the cycle of offending for the women sanctioned to supervision as a result of a DUI offense, the Cook County Department of Social Services implemented the Community Based Transitional Services for Female Offenders (CBTSFO) program in June 2004. The program is designed to provide intensive, individualized services in addition to group substance abuse treatment for female offenders under the supervision of the Cook County Department of Social Services. All women participating in the program are identified as in need of substance abuse treatment, and charged with a DUI offense, which includes the influence of alcohol or major intoxicating compounds.

As part of the CBTSFO program implementation process, the Illinois Criminal Justice Information Authority contracted with researchers Southern Illinois University to conduct an independent assessment of the program. The assessment consisted of a two pronged approach that included a process evaluation with specific attention to the adherence of the program to best practices for female offenders, and an outcomes assessment based on existing data that allowed for an examination of the success of the CBTSFO program participants in comparison to other female offenders under supervision for a similar offense. Here, we summarize the findings of the full report from this evaluation.

Process Evaluation

The process evaluation is organized by the following categories: 1) Program history and development; 2) CBTSFO program implementation including the referral and assessment process, clients served by the program and services received; 3) Consistency of the CBTSFO program with “Best Practices” for substance abusing female offenders; and, 4) Sustainability of the program.

The documentation of program history and the current state of program implementation are important components for contextualizing the program services offered, the interpretation of the outcomes assessment, and the likelihood of program sustainability and replication at other sites across the State of Illinois. To obtain data that accurately described the program history and development, researchers engaged in a thorough document analysis and face-to-face interviews with program staff members and related stakeholders. Follow up contacts were made as needed. Structured interviews were conducted with the Director of the Social Service Department and Acting Chief Probation Officer of the Adult Probation Department, Circuit Court of Cook County; the CBTSFO specialized case workers; the Director of the CBTSFO program; the Director of Cook County Adult Probation Department; the Cook County MIS; and the Social

Service Department MIS. Existing data were also provided by the Cook County MIS which allowed for the identification and examination of the clients served through the CBTSFO program.

History and Development of the Cook County Community Based Transitional Services for Female Offenders Program

The State of Illinois recognized that female offenders in their community were experiencing a significant gap in services under their previous community supervision model. With the assistance of federal funding, the Cook County Department of Social Services developed a proposal that highlighted the increased number of women convicted of driving under the influence in the past few years and associated needs of this population. The proposal described the gap in services within this subset of the offender population suggesting that significant numbers of female probationers required treatment services for substance abuse, but adequate services were not being received. This lack of treatment for substance abuse resulted in higher levels of DUI offenses for women in recent years including repeat offenders. In response, the Community Based Transitional Services for Female Offenders (CBTSFO) program was proposed.

The CBTSFO pilot program was initially funded between March 2004 and September 2004. The successful implementation of the program led to the provision of an additional year of funding (September 2004 to September 2005). As a result of the program's continued successful implementation, the Cook County Department of Social Services has continued to receive renewal funds to financially support this program thereby allowing for its continued operation through October 1, 2007. The county has already been notified that as of October 1, 2007 the federal funds will no longer be available to support this program. The Director of the Social Service Department and Acting Chief Probation Officer of the Adult Probation Department indicated that the department fully intends to continue funding the project through allocations from the departmental budget and plans to have sustainability discussions to specifically address the budgetary plans.

Historically, the CBTSFO program has operated under the Social Service Department, Circuit Court of Cook County, which has been primarily responsible for offenders convicted of misdemeanor offenses. The counterpart within the Cook County Circuit Court – the Adult Probation Department – is responsible for probationers with felony convictions. During the course of this evaluation discussion regarding a merger between the Social Service Department, Circuit Court of Cook County and the Cook County Adult Probation Department continued to be under consideration. The merger has not directly affected the program at this time.

Program Overview

The CBTSFO program is a supervision strategy that has created a specialized caseload for female substance abusing offenders identified as being in need of treatment and charged with the offense of DUI (including under the influence of alcohol or other intoxicating compounds) in Cook County, Illinois. The majority of the target population served by the program is sentenced to 12 to 18 months of community probation with conditional discharge or supervision. The

CBTSFO program focuses on providing enhanced levels of individualized supervision that includes substance abuse treatment utilizing the “Helping Women Recover” curriculum and improved identification of needs and linkages with appropriate services. The overall goal of the CBTSFO program is for clients engaged in the program to be more successful while under supervision and have a decreased likelihood of both future substance use and criminal involvement thereby resulting in a reduced likelihood of recidivism.¹

The CBTSFO program typically receives 220 referrals of female offenders per year. The active caseload is supervised by four specialized caseworkers who have completed gender specific training for this population and who travel between 12 reporting sites to provide intensive supervision of these clients. Clients referred to the CBTSFO program are initially required by court order to complete Level II or Level III substance abuse treatment, either inpatient or outpatient prior to commencing CBTSFO.

Clients are screened for group treatment readiness based upon an assessment of stability of substance use, mental health, and connections with recovery-oriented activities. Group ready clients attend 14 weekly group meetings each lasting approximately 90 minutes with content based upon the “Helping Women Recover” model developed by Stephanie Covington. Finally, in exceptional cases upon completion of group treatment, individual therapy may be continued for clients identified by their caseworker or group facilitator.

Assessment and Referral into the CBTSFO Program

Prior to the sentencing, all offenders have a mandatory predisposition assessment completed. At the time of this evaluation, the Circuit Court of Cook County utilized Central States Institute of Addiction (CSIA), an independent assessing agency to complete these evaluations. Evaluators at CSIA interview the offender to complete the Uniform Report. A determination of treatment needs is made which categorizes the offenders into levels (minimal, moderate, significant, or high risk) from which they are designated into the treatment level system (i.e., Level I, II, III, and IV). The predisposition assessment is provided to the judiciary who incorporates this assessment into the offender’s sentence. Upon sentencing, offenders sanctioned to probation proceed to probation intake. During the intake process, officers collect information on the offender’s background and criminal history. These data allow an officer to determine if the offender’s case should be assigned to one of four specialized caseworkers in the CBTSFO program or to a diversified (non-specialized) caseload. Offenders are assigned to the CBTSFO program if they are female, have a prior DUI offense, sentenced for a DUI (misdemeanor) offense, and classified as an “Intensive” case based on treatment needs (Level II or III classification). If assigned to the CBTSFO program, the officer will contact the Research Department who is responsible for determining which CBTSFO officer should receive the new case. The caseworker assigned is based on the probationer’s current residence.

¹ Since the data collection phase of this evaluation an alternative curriculum entitled “Thinking for Good” has replaced the “Helping Women Recover” curriculum. The primary impetus for this change was that the latter material allows for open-ended groups. The Helping Women Recover curriculum only allowed for close ended groups which according to the program director are more difficult to manage because of fluctuations in caseloads and life circumstances of women who attend. The CBTSFO staff are conducting the “Thinking for Good” groups opposed to contracted facilitators. This report will focus only on the original curriculum in place at the time of the evaluation.

The first step the caseworker takes with the client is the completion of a secondary assessment of the offender called the Gender Responsive Instrument. This assessment is significantly more in-depth regarding social history, family risk factors, prior substance abuse, DSM classification, children, victimization – both physical and sexual and utilizes a standardized, gender specific intake instrument originally developed by the Cook County Integrated System for Women Offenders (ISWO)² and subsequently modified by CBTSFO program staff. Caseworkers also have access to LEADS and other databases that include criminal history, arrests, etc. which assists them with gathering official data on the women.

During the caseworker's initial contact with the client, the caseworkers will also engage in informational tasks including reviewing the rules of behavior and court order; providing immediate referral to treatment programs; discussing fee assessment and obtaining proof of income; providing referrals to counseling if immediately needed; and discussing any apparent medical issues. Generally, as a result of the court order, clients will have up to 60 days to begin treatment. Upon completion of the assessment and informational review, caseworkers will develop a more specific case management plan, assist clients with service linkages and provide intensive supervision of the case.

Services Received by CBTSFO Clients

The CBTSFO program is essentially an enhanced probation supervision model that as a result of its specialized nature, additional training of its program staff, and a reduced caseworkers-client ratio, is able to provide clients with individualized, gender specific supervision and assistance. A number of differences between the CBTSFO program caseloads as compared to diversified (non-specialized) caseloads exist including the supervision model and associated requirements, services provided to clients, as well as the characteristics of the women on the caseloads.

As would be expected, more significant between group differences are found when the specific types of treatment and services typically received by the CBTSFO program participants are outlined. Not only do clients receive significantly more in-depth assessment of needs, they are also generally mandated to a higher level of substance abuse treatment (either Level II or Level III) in addition to mandated aftercare programs. As part of the treatment aftercare, the majority of program participants (those deemed "group ready") participate in group sessions that utilize the Helping Women Recover curriculum. Some of the additional features of the program include:

Enhanced Assessment Services: All CBTSFO participants complete the Gender Responsive Instrument during their initial office visits with their specialized caseworker. The additional time that is afforded through a reduced caseload for these specialized caseworkers is expected to result in a more complete discussion and assessment utilizing this instrument. As part of the Interview process and enhancement assessment services provided through the CBTSFO program, specialized caseworkers aim to complete the Trauma Symptom Checklist (TSC) with each client to evaluate symptomatology associated with childhood or adult traumatic

² This task force is currently disbanded.

experiences including posttraumatic stress and other symptom clusters found in some traumatized individuals.

Group Treatment: Facilitators utilize the “Helping Women Recover” curriculum developed by Covington in weekly group treatment session with CBTSFO clients. Women who are referred to the group treatment receive credit for attending the weekly session since participation once assigned is considered to be a mandated condition of their supervision terms. If a participant misses two consecutive group sessions, their lack of attendance is viewed as a violation of their conditions of supervision. Attendance is documented by the group facilitator and forwarded to the participant’s caseworker on a routine basis.

Linkages with Other Treatment Services: Other specific types of services that are received by these women are individually tailored to their specific needs identified by their caseworkers. These services generally are provided by SSD in the form of a referral to a specific service provider rather than any program that is offered by SSD.

Specialized Caseworkers: Probationers who are accepted into the CBTSFO program are supervised over the course of their supervision term by one of four specialized probation caseworkers who have a reduced caseload. As a result of their reduced caseload, the specialized caseworkers are expected to have significantly higher levels of contact and involvement with their clients, consequently supervising in a proactive manner rather than reactive (crisis management) mode. The higher level of contact and expected increased connection with other services and/or referrals for programs is evident in the individual case files of the clients given that all contact must be documented by the caseworkers.

Provision of Transportation and Alleviation of Treatment Costs for Indigent Offenders: Women who participate in the CBTSFO program may be eligible for tangible benefits including transportation or reduced treatment costs. Through the federal funding of the program, clients have been provided with transportation to their appointments through the provision fare cards on an as needed basis. The provision of transportation has reportedly alleviated significant barriers to treatment access such as reduced missed appointments, thereby improving success of clients during supervision. Federal funding also provides financial support to alleviate the costs associated with the treatment programs for indigent clients who could not otherwise afford to pay for the treatment mandated by the courts.

The Community Based Transitional Services for Female Offenders Program Fit Within A “Best Practices” Framework

The CTBSFO program is consistent with much of the literature on effective substance abuse treatment for women. The program has incorporated more than half of the “best practices” associated with the provision of ancillary services and treatment to its female clientele. Moreover, the program has in place all of the programmatic components identified in the literature as leading to improved outcomes as part of a gender-responsive treatment program. The CTBSFO program also includes many of the components found within model community-based treatment programs. Thus, the CTBSFO program design and implementation is consistent with the current state of the field with regard to “best practices” for female substance abusers.

Outcomes Evaluation

A number of caveats must be recognized in order to contextualize the relative robustness of the findings associated with the CBTSFO program. First, with the implementation of the CBTSFO program, all female probationers who fit the program criteria defined earlier were referred into the program without exception. Consequently, a comparison group of female probationers with similar offenses and characteristics does not exist during the 2004-2006 period, nor was random assignment into the program a possibility given the adequacy of space availability in the program. As a result, two groups most similar to the CBTSFO caseload were identified and utilized throughout the outcomes assessment as comparison groups: [1] a pre-CBTSFO program implementation group consisting of all female DUI offenders with Intensive supervision terms under supervision between 2000 and 2003; and, [2] the Diversified caseload of female DUI offenders who did not meet the CBTSFO program criteria who were under supervision during the same period the CBTSFO program was in operation.

In discussing these groups with program personnel as possible comparisons, it was perceived that the characteristics and offenses histories of women in the pre-CBTSFO group, hereafter referred to as the Intensive caseload, would not be significantly different from the CBTSFO caseload despite the difference in time. Program personnel deemed the major differentiating factor to be the supervision style and associated services/referrals provided. It is important to recognize however that the post CBTSFO group with term dates of 2005 or later were meant to be subjected to a significantly more intensive monitoring. This monitoring includes more frequent arrest checks including out of county arrest checks via the Law Enforcement Data System (LEADS) accessed through the Illinois State Police. Thus, elevated arrest rates may be a direct result of scrutiny rather than actual behavioral differences.

Further, staff members felt that the diversified probationers were also a reasonable comparison group given that many of those women were characteristically similar to the CBTSFO women and in their opinion merely had not yet developed the offense history that would deem them program eligible and as a result received a different level of supervision and services than the CBTSFO program participants. In other words, since data was not readily available on offense history, it was determined through the opinion of program personnel that the offense history of the Intensive group was similar to that of the CBTSFO (just a different point in time and without CBTSFO services), and that the offense history of the Diversified caseload was less serious than that of the CBTSFO (making them ineligible for the program). However, the probationers were characteristically similar in both groups. It is arguable however that the diversified group is categorically more law abiding and potentially less likely to be substance dependent.

The result of this analytical approach is that one comparison group (Intensive) consists of women with similar offense histories who received less specialized supervision as compared to the CBTSFO caseload; and, a second group (Diversified) that consists of women with less serious offense histories who are supervised during the same period by regular officers on a less intensive caseload than CBTSFO participants. In part, the Intensive caseload acts not only as a comparison of more similarly situated offender but also as a control for diffusion of benefits effect of the CBTSFO program, in that effective practices used in the CBTSFO program may have worked their way into practice by regular officers within the Diversified caseload.

By utilizing these two groups as comparisons, the outcomes assessment is able to better indicate the impact of the supervision strategy implementation through the CBTSFO program while controlling for seriousness of offense history or alternatively the risk and needs level of the women, as well as the time period these women were under supervision. Unfortunately, the data available did not contain specific documentation about the offense histories of the women in any of the groups.

Second, given that all comparisons are based on electronic data entered by supervisory staff, in some cases, documentation of service referrals and so forth may be underreported in comparison groups due to a difference in training, mandates and priorities of the supervising officers as well as differences across staff within groups. It is reasonable to assume however, that the majority of the outcomes measured here including failed urinalysis, positive arrest checks and so forth would be relatively standardized in reporting practices given the serious nature of these violations.

Third, Cook County data systems did not allow for an indicator field of CBTSFO program participation. Researchers worked to identify CBTSFO program participants through a series of reasonable assumptions. CBTSFO program participants were assumed to be only those women under the supervision of one of the four specialized caseworkers. Further, the arrest or conviction date of the female probationers was not available; however, as noted earlier the typical sentence for this offense in Cook County is 12 months. Given that the program began in January 2004, only those women who had a termination date of 2005 or later and were assigned to one of the four specialized caseworkers were included as a member of the CBTSFO group. Cases that terminated in 2004 and were assigned to one of the four caseworkers were excluded from analysis to ensure validity of the group assignment.

Fourth, a number of women were serving multiple sentences concurrently or had multiple convictions during the period examined. To the extent that the data allowed due to its identification of participants by a case identification number only, multiple sentences were reduced to only include the probationer's initial case but did account for the existence of the subsequent cases as part of an indicator of recidivism. This data reduction allowed for the examination of the female probationers as the unit of analysis rather than the cases themselves. Examination of data from the Intensive caseload began with the termination year of 2000 to reflect relatively equal pre and post program implementation time periods.

Finally, to reiterate, data contained in this outcomes assessment is based on availability of officially documented data as of June 1, 2006 that was generously provided by the Cook County SSD MIS staff. Table 5.1 demonstrates the number of female probationers under supervision by termination year.

Table 5.1: Female probationers utilized in comparisons by termination date.

	2000	2001	2002	2003	2004	2005	2006	2007	2008
CBTSFO caseload	---	---	---	---	---	106	232	210	60
Intensive caseload	195	187	176	191	150	35	9	6	2
Diversified caseload	---	---	---	---	---	106	379	387	57

Note: Shaded area indicates years of CBTSFO program implementation.

Characteristics of Clients Served in the CBTSFO Program

Approximately 608 female probationers in Cook County have received intensive supervision and ancillary services through the CBTSFO program. As Table 5.2 demonstrates, the demographic characteristics of a female probationer typically served by the CBTSFO program is a 37 year old, white female who is assigned to the maximum level of supervision based on an assessment of high treatment needs assessed as a level 3 or level C monitoring under Pilot of Circuit Court Rule 11.2 (Revised) hereafter referred to as Rule 11.2 of the Cook County Circuit Court. The majority of the women had between a 9th grade and 12th grade education including a GED. These women were almost equally likely to have been employed at the time of their intake as unemployed.

The CBTSFO program is comprised of higher risk offenders as compared to those female offenders on diversified caseload based on DUI monitoring level (risk and needs assessments). Further, the CBTSFO program has continued to serve those clients who would have previously existed on Intensive caseloads though the reporting demands on these women have increased as a whole.

In comparison to the female probationers who were on a diversified caseload, CBTSFO participants have significantly higher reporting requirements and are assessed at a higher risk level as indicated by the DUI reporting level. Regarding demographic comparisons between the CBTSFO caseload and Diversified caseload, women on the Diversified caseload are on average two years younger than CBTSFO program participants and slightly more likely to be of Hispanic decent and less likely to be White, although the overwhelming majority of Diversified caseload women are also White (62 percent). These data indicated that most frequently, the women on the Diversified caseload were employed and obtained an education above a 9th grade level.

In comparison to female probationers who were on Intensive caseloads prior to the existence of the CBTSFO program, CBTSFO participants were assigned to higher levels of reporting requirements, more likely to be assessed as a Level C monitoring level under 11.2 rule cases and less likely to be assessed as a level 3 cases. Other available demographic indicators including age and racial composition demonstrate substantial similarity between the two groups.

Table 5.2: Cook County Female DUI Offenders on community supervision: 2004-June 2006.

Characteristic	CBTSFO ¹ (n=608)	Diversified ² (N=924)	Intensive ³ (n=951)
Level of reporting (%)			
Low	2.1	29.1	17.9
Medium	15.3	37.7	31.5
Maximum	78.0	23.4	45.3
Missing data	4.6	9.8	5.3
DUI Monitoring Level (%)			
Level 1	0	.1	.1
Level 2M	0	1.0	.2
Level 2S	13.0	38.7	25.6
B monitoring level for 11.2 rule cases	.2	6.4	.8
C monitoring level for 11.2 rule cases	40.5	34.5	19.9
D monitoring level for 11.2 rule cases	0	.2	0
Level 3	28.6	.3	49
Missing data	17.7	18.7	4.4
Age, <u>M</u> (SD)	37 (11.2)	34.8 (11.5)	37.7 (9.9)
Race (%)			
White	69.9	61.8	70.0
African American	19.1	20.9	19.5
Hispanic/Mexican	8.1	13.4	6.2
Asian	1.2	1.1	.6
Indian	0	.4	0
American Indian	0	.1	0
Other	.5	.2	.4
Missing data	1.3	1.7	3.3
Education level			
8 th grade or less	2.3	2.7	n/a
9 th to 12 th grade (includes GED)	31.7	39.2	
Bachelor's degree	10.5	16.7	
Master's degree	1.2	1.2	
Doctorate	.3	.4	
Trade School	0	.4	
Missing data	53.9	39.4	
Employed (%)			
Yes	25.8	40.8	n/a
No	20.2	20.7	
Missing data	53.9	38.5	
Annual Wages, <u>M</u> (SD)	n/a	\$12,330 (18,957)	n/a
Range of wages		0-\$124,800	

Supervision and Treatment Services Received by CBTSFO Program Participants

This next section describes the results from a descriptive comparison between groups of the content of supervision experienced while on probation based on data officially recorded by the supervising probation officer or caseworker assigned to the probationer. When a caseworker engages in some type of supervision or related activity, they are meant to document this activity in the probationer's file. The challenge in comparing these data, as noted earlier, is that the extent to which the officer or caseworker engages in this documentation may vary. CBTSFO caseworkers were chosen in part for their positions because they were amenable to electronic documentation of activities on a regular basis. Thus, results of comparisons between groups must be interpreted within the context of this knowledge realizing that non-CBTSFO officers may be

less likely to document referrals and other services provided during supervision. Table 5.4 categorizes “events” into four different primary categories: Treatment, Casework Planning, Supervision Contacts, and Supervision: Other. Related subcategories exist within each of these four primary categories. The columns for each of the three groups examined contain the raw number of each type of event (columns 2, 4 and 6) as well as the percentage of cases within that group that received the service. A brief summary of significant findings from each category of services received are noted below.

Table 5.4: Supervision and Treatment Services Received

	CBTSFO (n=608)		Diversified (n=924)		Intensive (n=951)	
	Total #	% of group	Total #	% of group	Total #	% of group
<i>Treatment: Assessments, Evaluations and Referrals</i>						
Alcohol treatment referral made (initial)	550	83.6	511	47.2	100	8.8
Alcohol/ drug evaluation	18	2.3	1	.1	4	.3
Gender Responsive Instrument Interview scheduled	852	93.9	715	64	361	25.6
Domestic violence referral	1	.2	1	.1	0	0
DUI group meeting referral	159	23.7	1	.1	0	0
Inpatient treatment	0	0	0	0	1	.1
Mental health evaluation	1	.2	0	0	0	0
Mental health treatment/ counseling	6	.3	0	0	11	.3
Rehabilitative Confinement	1	.2	0	0	5	.2
Trauma symptom checklist scheduled	310	48.5	6	.6	0	0
<i>Casework Planning</i>	5086	94.6	2680	46.9	1855	21.9
<i>Supervision Contacts</i>						
Arrest checks	6974	96.7	4958	85.7	3952	40.7
Appointment letters	389	20.7	136	8.9	21	1.4
Letter (non appointment)	527	40	324	18.4	169	17.8
Office interviews scheduled	6804	91	5233	79.3	4117	31.9
Random urine tests and referrals	598	35.5	921	29.4	201	4.5
Telephone contacts and reporting	3234	79.1	1819	44.3	2081	25.1
Unscheduled interviews	57	8.2	70	6	43	3.4
<i>Supervision: Other</i>						
SWAP sign up	57	8.7	44	4.1	47	4.7
Victim impact panel (scheduled)	547	69.6	922	78.3	429	27.7

Treatment Services

- Both officers and caseworkers are more likely to refer probationers to alcohol treatment more recently as compared to pre 2000.
- CBTSFO program participants do receive more alcohol treatment referrals.
- An increased use of the Gender Responsive Instrument Interview since 2000 within both the CBTSFO and Diversified caseloads as compared to the Intensive caseload existed.

- The large percentage of CBTSFO program participants that have the Gender Responsive Instrument Interview completed is a strong, positive indicator of the program meeting its goals of in-depth, individualized, and gender specific treatment of female offenders.
- Given that the female offender DUI group meetings, based on the Helping Women Recover curriculum, are meant to be specific to the CBTSFO program, it is not surprising that the Diversified and Intensive caseloads do not have a significant number of event occurrences of this type. On the other hand, given the importance of the DUI groups as a fundamental aspect of the CBTSFO program, it is surprising that only 159 referrals to this service (affecting less than one quarter of the group) were indicated in official records.
- Within the CBTSFO group, the TSC was scheduled a total of 310 times impacting almost half of the program participants. In a closer examination of the data, the majority of these occurrences are single occurrences (n=280) rather than multiple occurrences within the same participants.
- Only 15 participants had the completion of the TSC instrument more than once. These results most likely indicate that while the initial baseline TSC is completed with the participant, subsequent post-test administrations of the TSC are either not being completed or not being documented.
- A limited number of other types of services were also provided to probationers within various groups though in small numbers. Some of these alternative services included referral for additional alcohol and/or drug evaluation, domestic violence related counseling/services, inpatient treatment, mental health evaluation, mental health treatment or counseling, and rehabilitative confinement.

Casework Planning

- The CBTSFO group as compared to the Diversified caseload and Intensive caseload had two to three times as many documented contacts with clients and a significantly higher percentage of clients receiving this type of supervision activity. While this finding appears to confirm the goal of a high level of client-specialized caseworker contact and case planning within the CBTSFO program it is important to note that prior to September 2006, the SSD did not require contact/progress notes to be entered electronically. Thus, the diversified or pre-CBTSFO staff may have documented contacts that were not available to the research team.

Supervision Contacts

The third category of services received by probationers was grouped to encompass other types of supervision related contacts than casework planning. These contacts included direct contacts through scheduled and unscheduled office interviews, telephone contacts, urine tests and referrals, as well as indirect supervision through arrest checks and letters to the probationer.

- A significantly higher percentage of the CBTSFO group was the subject of arrest checks as a method to confirm that the probationer refrained from criminal activity, or at

minimum, criminal activity was not officially detected reinforcing the higher level of supervision and monitoring received by CBTSFO clients.

- Trends similar to arrest check trends are represented in other forms of supervision including appointment letters, letters that are unrelated to appointments, scheduled office interviews, and telephone contacts. In all of these subcategories, available official data indicate that in comparison to the Diversified and Intensive caseloads, a greater majority of CBTSFO program participants experience these supervision events and do so at a higher rate.
- The exception to this overall supervision trend rests with random urine tests and referrals. Within the CBTSFO group, urine tests were less intensive for each individual with a total of 598 tests administered. These statistics in comparison to the Diversified group that experienced more concentrated testing within the 29.4 percent of the group who received a total of 921 tests and/or referrals combined.

Supervision: Other

- Slightly more CBTSFO program participants engage in SWAP compared to the other two groups, however, this raw number of CBTSFO participants are almost double the percentage of the other two probation groups, approximately 8 percent versus approximately 4 percent respectively.
- Probationers from each of the groups participated in victim impact panels with higher levels for recent probationers in the CBTSFO and Diversified groups.

Recidivism

Probationer success while on supervision can be measured in a variety of ways including official documentation of recidivism or failure to adhere to terms of supervision. In the data available through Cook County Circuit Court, this evaluation is able to compare probationers on their abstinence from substance use through the percentage of failed urinalysis, new criminal offenses committed based on arrest checks that revealed a new offense, and finally, the scheduling of a new hearing that indicates either a new crime or a technical violation of the terms of supervision. Each of these program outcomes are presented by group in Table 5.

Table 5.5: Measures of Probationer Success while on Supervision.

New offenses, sanctions and hearings	CBSTFO (n=608)		Diversified (n=924)		Intensive (n=951)	
	Total #	% of cases	Total #	% of cases	Total #	% of cases
Random urine tests/referrals	598	35.5	921	29.4	201	4.5
Urine screens failed	145	12.8	131	8.4	14	.9
Failure rate per 100 urinalysis	24.2		14.2		6.9	
Arrest check – new offense found	120	19.7	78	8.4	119	12.5
New violation hearing	216	33.1	277	27.8	254	24.9

Positive Urinalysis. To account for the risk of detection in comparison to the rate of failure, the actual number of referrals or urine screens that occurred within each group and the percentage of those referrals in which an offender failed the test is measured. Results indicate the number and proportion of probationers who were referred for urinalyses dramatically increased in recent years. Not only were a greater percentage of probationers referred for urinalysis in the CBTSFO and Diversified caseloads, those referred engaged in a higher number of tests per probationer resulting in higher likelihood of detection.

Given the above information, the total number of urinalyses for each group was divided by the number of reported failed urinalysis to provide the rate of positive urinalysis for each group within those tested. Failure rates indicated in row 4 by group show that the CBTSFO program caseload has a urinalysis failure rate that is almost twice as high as the diversified caseload and almost four times the rate of the Intensive caseload.

Arrest Checks. The second measure of recidivism that was available through official data was the results of routine arrest checks completed by caseworkers and probation officers. The instances in which a new charge is found to exist should be documented in case files. While the majority of these arrests should result in a new violation hearing, we examine these positive arrest events separately. As demonstrated in Table 5.5, comparisons across the three groups indicate that the total number of new crimes was similar between the CBTSFO program caseload and the Intensive caseload; however, a significantly greater percentage of CBTSFO program participants were re-arrested as compared to the Intensive caseload probationers. The Diversified caseload had significantly fewer new crimes as detected through arrest checks than either of the two groups, and had a smaller percentage of their overall group recidivate.

It is important to recognize however, that the post CBTSFO group with term dates of 2005 or later were meant to be subjected to a significantly more intensive monitoring. This monitoring includes more frequent arrest checks including out of county arrest checks via the Law Enforcement Data System (LEADS) accessed through the Illinois State Police. Thus, elevated arrest rates may be a direct result of scrutiny rather than actual behavioral differences.

New Violation Hearing. The final measure of recidivism was a new violation hearing in Cook County. A new violation hearing could be scheduled as the result of an arrest for a new crime, or as the result of a probationer's failure to comply with terms of probation. In either case, a new hearing indicates a probationer's maladaptive behavior while under supervision. Table 5.5 indicates that a significant number of new violation hearings occurred for each of the three groups with the CBTSFO program caseload demonstrating the highest percentage of the group involved in a violation hearing. Thirty-three percent of CBTSFO participants failed to comply with some aspect of their terms of probation. This level was significantly higher than failure to comply statistics in the Intensive caseload, with slightly less than 25 percent of that group failing to comply either through commission of a new crime or a technical violation.

The CBTSFO program caseload was also higher than the Diversified caseload, in which almost 28 percent of that group had a new violation hearing. It should be noted as a caveat here in considering failure to comply with conditions of supervision that as indicated earlier in Table 5.3, the CBTSFO program participants oftentimes had a greater likelihood of additional special

conditions of their supervision. Further, for those program participants who engage in group treatment that spans up to fourteen weekly sessions, three consecutively missed treatment appointments would also result in a violation of supervision conditions. Thus, higher rates of new violations may be due in part to a greater number of opportunities for the probationer to fail.

Brief Summary of Process Evaluation

It is clear that the development and implementation of the Cook County Community Based Transitional Services for Female Offenders is well developed, organized and implemented within the targeted population. The program reflects the goals initially outlined in the program proposal. One of the primary concerns of the program was to develop a gender specific supervision model that targeted an at-risk group of female probationers in Cook County to close identified gaps in services for these clients. Our evaluation finds that the CTBSFO program is consistent with much of the recommended practices in literature on effective substance abuse treatment for women. The program has incorporated more than half of the “best practices” associated with the provision of ancillary services and treatment to its female clientele. Moreover, the program has in place all of the programmatic components identified in the literature as leading to improved outcomes as part of a gender-responsive treatment program. The CTBSFO program also includes many of the components found within model community-based treatment programs. Thus, the CTBSFO program design and implementation is consistent with the current state of the field with regard to “best practices” for female substance abusers.

Program Impact

The impact of the CBTSFO program is more difficult to delineate since an ideal comparison group did not exist in Cook County. The composition of the probationers who are participating in the CBTSFO program clearly demonstrated a higher level of risk and treatment needs than their diversified caseload counterparts. With a comparatively high level of confidence, we can conclude that the CBTSFO program group has a higher level of risk and identifiable needs related to substance use and criminal behavior as compared to the Diversified caseload. Further, the program is serving the higher risk offenders that are comparable to the previously existing Intensive caseload. As such, program goals are being met.

With respect to the three measures of recidivism that were available in the data, our conclusions are less robust but suggest that CBTSFO clients fail at a higher rate than either the Diversified caseload or Intensive caseload. Because of the differences in group compositions that were available for comparison purposes, it is pertinent to be careful in the interpretation of these data and underscore the caveats noted earlier:

- This program serves offenders who are already at a higher risk of recidivism and failure as compared to the diversified caseload clients thus higher rates of failure are not inconsistent with expectations.

- CBTSFO participants may be at a higher risk of detection of their behavior as a result of the lower caseloads of their caseworkers and increased conditions placed upon them. Analyses indicated that arrest checks and other forms of monitoring were not only more widespread but also more intensive as compared to other groups.

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An Evaluation of the Cook County Community Based Transitional Services for Female Offenders Program

Section I: OVERVIEW

The situational context of female offending behavior is complex. Prior research has demonstrated that a variety of conditions, most commonly substance abuse and victimization (both prior and ongoing), may precede and/or perpetuate the female offending cycle. If the root causes of offending behavior are not identified and addressed, the negative cycle of substance abuse, offending and victimization will undoubtedly continue for the majority of these women. In response to the rising rates of DUI offenses in Cook County, and in an attempt to break the cycle of offending for the women sanctioned to supervision as a result of a DUI offense, the Cook County Department of Social Services implemented the Community Based Transitional Services for Female Offenders (CBTSFO) program in June 2004. The program is designed to provide intensive, individualized services in addition to group substance abuse treatment for female offenders under the supervision of the Cook County Department of Social Services. All women participating in the program are identified as in need of substance abuse treatment, and charged with a DUI offense, which includes the influence of alcohol or major intoxicating compounds.

This report delineates the results from an independent evaluation that assessed the implementation of the CBTSFO program along with an outcomes evaluation of the program's impact on the participating women. More specifically, this report contains a review of existing empirical literature on female offenders regarding factors related to female offending behavior including substance use, factors related to victimization of substance abusing females, and a brief discussion of the best practices for women's substance abuse treatment. Second, this report describes our methodological approach to the process evaluation. Third, this report describes the history, development and current implementation of the CBTSFO program including an outline of the assessment and intake process of the program participants, content of the program, and a comparison of the program to the best practices for female offenders. Fourth, this report describes the analytical approach and results of the outcomes evaluation. The final section of this report summarizes this study's findings and provides our recommendations for the CBTSFO program including a discussion of the sustainability of the program. Also included in this report is a list of references cited and relevant appendices.

Section II: LITERATURE REVIEW

The pathway to criminal offending and drug use has a later onset and is significantly more complex for females than for males. Research on female offending and substance abuse indicates that typically a breakdown of individual, familial, and environmental protective factors as well as an increase in fears, anxieties, phobias, and failed relationships precede and perpetuate both offending and substance use. Furthermore, the roots of female drug use are often connected to psychiatric disorders that began prior to the drug abuse (Bloom, Owen, and Covington, 2003). Thus, it follows that the target population of female probationers served by the CBTSFO program would also require a multidimensional approach beyond a traditional supervision approach. Given that this population of female probationers is known to have elevated risk levels of mental health disorders and substance abuse, in addition to an existing history of physical and sexual abuse and/or current victimization, it is insufficient to narrowly focus on a single aspect of these women's lives to impact criminal behavior.

This literature review provides the context to underscore the importance of monitoring a variety of facets of female probationer's lives including their local life circumstances and short term changes in life circumstances that could also be impacted by the CBTSFO program in turn improving their likelihood of success while under supervision.

Factors Related to Female Offending and Drug Use

The criminal behavior of females is a dynamic process that is impacted and perpetuated by a myriad of factors. In addition to substance abuse, researchers have continued to recognize the importance of lifestyle factors, or social bonds, as they impact desistance from criminal behavior. Laub and Sampson (2001) found that the most significant factors associated with the complex process of desistance from crime appeared to be age, a strong marriage, secure legitimate work, and the decision or motivation to 'go straight'. While a woman's associations with social institutions positively influence her desistance from criminal behavior, it is important to recognize the potential negative influences that also may result from her relationships with social institutions. That is, merely noting the presence of the abovementioned factors is insufficient and an incomplete indication of positive changes in a women's life.

Further, we must recognize the quality and nature of these relationships, especially social relationships, as they impact her offending behavior. Researchers such as Laub and Sampson (1993) have reinforced the notion of examining the nature and quality of change in life circumstances, conceptualizing change as a "dynamic process whereby the interlocking nature of trajectories and transitions generates turning points or a change in life course" (p. 304). They focused specifically on turning points in one's life characterized by a modification in the structure of significant relationships and associations with social institutions. They found change in and of itself is less important than its effect on an individual's investment in relationships and social networks. For example, the end of a relationship is a significant change only to the extent that the individual valued and participated in that relationship. The strength and quality of positive social ties point to the existence of social capital, which is necessary to promote desistance from crime.

Local Life Circumstances and Short-Term Change in Lifestyles

Unlike Laub and Sampson's (1993) study, which utilized life history data and examined the influence of change (abrupt or incremental) on long-term patterns of offending, Horney et al.'s (1995) study shifted the focus to short-term change, suggesting that rapid and frequent change in the social conditions of an individual's life could occur over a short period. With the use of hierarchical linear modeling, Horney et al. (1995) examined the relationship between life circumstances and month-to-month changes in criminal behavior by serious male offenders. They noted that the "underlying processes involved in producing short-term change may very well be the same process that produces a more enduring change" (p.670), suggesting that immediate life circumstances are part of long-term behavioral pathways. Griffin and Armstrong (2003) applied Horney et al.'s short term change model to a substance abusing population of female probationers and found similar results that highlight the importance of examining short term change as it relates to offending behavior. From this perspective, short-term change can be viewed much like a building block. Incremental change resulting from short-term variations in an individual's response to social realities may allow enough social capital to develop which in turn motivates an individual to develop and maintain conventional social ties (Horney et al., 1995).

In other research examining female offending, researchers have engaged in a comparison between male and female offenders regarding the extent to which offenders are dissuaded from committing crimes due to strong social bonds. Alarid et al. (2000) studied first-time convicted felony offenders (both males and females) and found social control variables (measured as attachment to friends, attachment to family, attachment to partner, involvement, and belief) had a greater influence on female offenders than males offenders. More specifically, key findings from the Alarid et al. study indicated a woman's lack of parental attachment was a significant predictor of increased criminal involvement including violent, property, and drug crimes; her lack of involvement in conventional activities predicted increased participation in drug and violent crime; and finally, her involvement in a relationship with a man (married or living together) was significantly related to increased participation in drug and/or property offenses.

Li and MacKenzie (2002) also examined the influence of social bonds on the likelihood of continued criminal activity for a group of convicted male and female felony offenders placed on probation. For the female probationers, the likelihood of being involved in crime *increased* if she lived with a spouse, was employed, or attended school. Li and MacKenzie (2002) suggested their findings were further evidence of the need for a gender-specific theory of crime that considers the centrality of relationships in women's lives, as well as their lower antisocial tendencies.

These results agree with Griffin and Armstrong's (2003) finding that for women the presence of social relationships often facilitates crime. Armstrong and Griffin (2007) found the same factors noted in this body of research also increased the likelihood of victimization of female offenders. Clearly, addressing the nature and quality of the relationships these women are involved in is paramount to the impact of relationships on desistance from crime and substance abuse. Thus, approaching an identified group female offenders with a rehabilitation perspective that is holistic and gender specific would be expected to significantly improve the quality of these women's lives while also improving their performance under supervision.

This point is further illustrated by Simons, Stewart, Gordon, Conger, and Elder's (2002) study on the gendered role of romantic bonds in criminal activity. Building on Warr's (1998) alternative explanation for the role of marriage in desistance from crime (the idea that with marriage comes a termination of activity with deviant peers, resulting in decreased criminal behavior), Simons et al. (2002) suggest that involvement with deviant peers is decreased only in the presence of a conventional partner. While having an antisocial partner was strongly associated with criminal behavior for both men and women, Simons et al. (2002) found that romantic partnerships exerted greater influence on the criminal behavior of women than men.

In addition to understanding quality and nature of relationships, it is also important to examine a woman's level of motivation and source of motivation to make a positive change in her life away from crime and/or drugs. Uggen and Kruttschnitt (1998) brought a different perspective to this research on gender and desistance in examining individual motivations to desist from crime. They found that for women, increased education, the presence of children, and the presence of a 'straight' friend lowered the risk of engaging in behavior resulting in illegal earnings.

Several qualitative studies provide a more descriptive examination of women offenders and their desistance from crime (Baskin and Sommers, 1998; Eaton, 1993; Harm and Phillips, 2001; O'Brien, 2001). Studies examined the complex process of change and transition for women offenders in their attempts to avoid involvement in crime for significant periods of time. In particular, Baskin and Sommers (1998) described a complex process of change triggered by crisis and reassessment of one's life that had become "bereft of conventional involvements, obligations, and responsibilities" (p. 128).

A common theme throughout this research was the need to reestablish conventional social networks and relationships – most notably with their children, family, and legal employment. It becomes clear, however, that it is the *nature* and *quality* of these relationships, not their mere presence that proved to be significant in the desistance process. For example, in their attempts to reenter relationships and strengthen attachments to the conventional world, many women experienced high levels of stress and isolation. Often, the role of parent was cited as a source of stress for women offenders. Once released from prison, women frequently faced resistance in their attempts to negotiate their role as mother with their children and the person (usually the offender's own mother) who assumed the role of mother during their incarceration (Baskin and Sommers, 1998; Easton, 1993; Harm and Phillips, 2001; O'Brien, 2001). Another source of stress emanated from the women's attempts to regain legal custody of their children, as well as the uncertainty of being able to provide for their children (Harm and Phillips, 2001; O'Brien, 2001). While the women involved in the CBTSFO program may not be in parallel circumstances to incarcerated women, it is important to recognize the potential centrality of relationships to these women's lives and the struggle for instrumentality or empowerment within relationships as key to their refraining from offending and non-compliant behaviors.

What is less apparent from this body of research is the role an intimate partner plays in the entrance into or desistance from crime. Few of these studies examined closely the dynamics of involvement with a spouse or partner. In their life history interviews with 170 women who had committed violent felony crimes, Baskin and Sommers (1998) note only that the women

interviewed rejected the notion that they were forced into crime (presumably by an intimate partner) and objected to the idea that they would ever “go up the river” for a man (p. 9). Harm and Phillips (2001) stated that of the 38 women prisoners interviewed, only 6 percent returned to living with a spouse or significant other after release from their previous prison sentence, and of those who discussed their relationships with men, all but one described an abusive situation.

Speaking more broadly of the need to alter the patterns of relationships in general, Eaton (1993) suggested that for the 33 women she studied, “successfully changing their lives involved a move away from the traditional gender stereotype and a hierarchical pattern of relationships” (p.93). Only O’Brien (2001), in her study of 18 female offenders released from prison over a period of twelve years, discussed the way in which attachment to a significant other could support or inhibit the process of reentry into conventional society. According to O’Brien (2001), a woman’s self worth is often derived from her attachment to a significant other and her ability to maintain that relationship. This coupled with the observation that “the primary relationship that lawbreaking women create is often characterized by a high degree of abuse, violence and exploitation” suggests for women, the relationship between criminal activity and an intimate relationship is multifaceted and complex (p.87). Although they provide little description of the role of intimate relationships in the desistance process, these studies do illustrate the importance of ‘social capital’ and the way in which social networks found within conventional lifestyles influence criminal behavior including substance abuse.

As demonstrated through this literature review, addressing recidivism alone for women with substance abuse issues is insufficient. Root causes of behavior and lifestyle factors must also be addressed in order to affect positive behavioral change. This perspective is especially noteworthy given the broad based approach of the “Helping Women Recover” curriculum that is utilized as part of the CBTSFO program³. The curriculum focuses on self, relationships, sexuality and spirituality as a part of substance abuse recovery. Furthermore, this curriculum is also important to affecting positive behavioral change as a result of addressing a primary correlate of both substance abuse and criminal behavior for these women – victimization.

Victimization of Substance Abusing Females

A significant body of literature has emerged over the last thirty years exploring the victimization of women. Studies have examined a wide array of behavioral processes, situational contexts, and other correlates associated with violence and victimization of women, including violence between spouses and intimates (Fagan and Browne, 1994; US DOJ, 2000a), distribution of violence across groups of women (Browne, Miller, and Maguin, 1999; Dugan and Apel, 2003; Mustaine and Tewksbury, 2002; Wenzel, Leake and Gelberg, 2001; Vogel and Himelein, 1995), and demographic factors related to victimization (Lauritsen and White, 2001; O’Donnell, Smith and Madison, 2002). Most recently, scholars have examined the relationships among individual,

³ Since the data collection phase of this evaluation an alternative curriculum entitled “Thinking for Good” has replaced the “Helping Women Recover” curriculum. The primary impetus for this change was that the latter material allows for open-ended groups. The Helping Women Recover curriculum only allowed for close ended groups which according to the program director are more difficult to manage because of fluctuations in caseloads and life circumstances of women who attend. The CBTSFO staff are conducting the “Thinking for Good” groups opposed to contracted facilitators. This report will focus only on the original curriculum in place at the time of the evaluation.

family and community correlates of violence to provide a multi-level examination of women's victimization (Lauritsen and Schaum, 2004; Van Wyk, Benson, Fox and DeMaris, 2003). A more limited number of studies have examined the victim-offender overlap within a female population (Klevens, Duque and Ramirez, 2002; Lauritsen, Sampson et al. 1991; Sampson and Lauritsen, 1990). Much of this research has attempted to identify factors that place women at an increased risk of victimization.

Victim-Offender Overlap in Substance Abusers

With a limited number of exceptions (see Piquero and Hickman, 2003; Schreck, 1999; Schreck, Wright and Miller, 2002; Stewart, Elifson and Sterk, 2004), the majority of studies that have examined factors affecting victimization have done so almost exclusively from a lifestyle exposure/routine activities theoretical perspective (Dugan and Apel, 2003; Gover, 2004; Klevens, Duque and Ramirez, 2002; Miethe and Meier, 1990; Mustaine and Tewksbury, 1998, 2002; Sampson and Lauritsen, 1990; Schreck, Wright, and Miller, 2002; Schwartz and Pitts, 1995). Lifestyle-exposure theory of victimization (Hindelang, Gottfredson and Garofalo, 1978) postulates that variation in risk across demographic groups is attributable to differences in individual lifestyle characteristics. Variation in an individual's activities and interactions with others results in "differential exposure to dangerous places, times, and others – that is, situations in which there are high risks of victimization" (Meier and Miethe, 1993:466). Routine activity theory (Cohen and Felson, 1979) postulates that customary or expected patterns of an individual's activities provide an opportunity structure for crime to occur. Societal and individual changes in these patterns of activity "influence crime rates by affecting the convergence in time and space of three elements of direct-contact predatory crimes: motivated offenders, suitable targets, and the absence of capable guardians against a violation" (Meier and Miethe, 1993:470).

In these similar theoretical perspectives, factors external to the individual that are attributable to everyday life circumstances leads to a convergence of circumstances conducive to a criminal event. One of the primary triggers related to the convergence negative circumstances is substance abuse. As a lifestyles exposure/routine activities perspective would anticipate, involvement in deviant activities such as drug use or criminal behavior increases one's proximity to potential offenders and exposure to criminogenic situations; consequently, increasing one's likelihood of victimization. Other studies have reached similar conclusions regarding the association between substance use and victimization. In most instances, researchers suggest that substance use inhibits an individual's ability to ward off unwanted sexual or physical contact, and/or decreases one's ability to recognize risky situations, resulting in an increased likelihood of victimization (Malik, Sorenson and Aneshensel, 1997; Muehlenhard and Linton, 1987; Mustaine and Tewksbury, 1998).

The Self Medication Hypothesis: The Role of Prior Victimization

The argument that intoxicated persons are more ideal or "safe" targets, which attract perpetrators (Kilpatrick, Acierno, Resnick, Saunders, and Best, 1997) and/or that substance users tend to associate with individuals more likely to be perpetrators, may only provide partial understanding of the substance use-victimization link. Substance use is a common maladaptive method of coping used by women to minimize the emotional trauma of an abuse incident (Perez,

2000). Polusny and Follette (1995) found 14 to 31 percent of abused women exhibited drug related problems later in life as compared to 3 to 12 percent of women who were not victims of abuse. Burnam, Stein, Golding, Siegel, Sorenson, Forsythe, and Telles (1988) noted that after a traumatic event, 16 percent of participants reported alcohol abuse and 18 percent reported drug abuse problems, compared to 8 and 2 percent, respectively, of matched control participants. Recently, studies have recognized a reciprocal relationship between drug use and victimization or revictimization. Researchers have postulated that a vicious cycle exists may begin with an assault incident, which then leads to substance abuse and a greater likelihood of revictimization.

It is equally likely that the substance abuse precedes victimization. Regardless of the precipitating condition, the theory focuses on the cyclical nature of these events. Kilpatrick et al. (1997) found support for this hypothesized reciprocal relationship between drug abuse and subsequent victimizations when they examined three waves of longitudinal data collected through structured interviews with women in the National Women's Study. Interestingly, they found an increased likelihood of violent assault among women who used drugs, but not among those who exclusively used alcohol. Kilpatrick and colleagues (1997) interpreted their findings within a risky lifestyle perspective:

Because purchase, sale, and consumption of drugs are illegal, women who acquire or use drugs might have some contact with a deviant subculture involved in illegal behavior, at least some members of which may be predatory in nature. Moreover, such predatory assailants may view women purchasing or consuming drugs as particularly 'safe' targets because of the potential victim's probably reluctance to report assaults to police that occur in the context of their own illegal behavior. (p.851)

Through the CBTSFO project, the antecedent conditions of a criminogenic lifestyle including substance abuse and the victimogenic nature of the female probationer's lifestyle are addressed by utilizing the "Helping Women Recover" program in combination with probation supervision.

Best Practices for Women's Substance Abuse Treatment

There is a growing body of literature which delineates and recognizes the differences in "best practices" between male and female offenders (Bloom, Owen, and Covington, 2003; Bloom and Covington, 1998; Kassebaum, 1999). A variety of research reveals that improved outcomes for female offenders result when programs address the realities of women's lives. Several researchers (Bloom, Owen, and Covington, 2003; Bloom and Covington, 1998; Kassebaum, 1999; McCampbell, 2005) have stressed that an effective system for female substance abusing offenders appears to be significantly different than the system for male substance abusing offenders, leading Bloom, Owen, and Covington (2003) to call for the development of a gender-responsive criminal justice system. Thus, much is already known about what constitutes "best practices" for female substance abusing offenders.

The first step toward effective programming for female offenders is acknowledging that gender makes a difference and ensuring that program policies and procedures reflect such differences. Male and female offenders take different pathways into criminality and differ in

terms of their levels of participation and motivation for criminality (Bloom, Owen, and Covington, 2003; Bloom and Covington, 1998; Kassebaum, 1999). Family violence, trauma, substance abuse, relationships, mental health and other socio-behavioral factors appear to matter more for females. Consequently, agencies must recognize that programs and curricula designed for men may not work in the same manner for women (Kassebaum, 1999). Implementing “best practices” for female offenders requires that programs develop and implement services that reflect the nature of female offending and effective change management strategies. For example, programs should incorporate the use of all female groups, all female treatment staff, and the use of curricula documented as effective for female populations (Bloom, Owen, and Covington, 2003; Bloom and Covington, 1998; Kassebaum, 1999).

Research also indicates that female substance abusing offenders benefit from a treatment environment characterized by safety, respect, and dignity (Bloom, Owen, and Covington, 2003; Bloom and Covington, 1998; Kassebaum, 1999). The environment must be free of physical, emotional, and sexual harassment (Bloom, Owen, and Covington, 2003; Bloom and Covington, 1998; Kassebaum, 1999). Staff, both correctional and treatment, should be trained on the needs and issues of female offenders. The client-staff relationship must be one of mutuality rather than authoritarian in nature for the greatest impact to occur (Bloom, Owen, and Covington, 2003; Bloom and Covington, 1998; Kassebaum, 1999). Such a supportive environment has been shown to generate more positive changes among female substance abusing offenders.

In addressing the specific programmatic components of “best practices” for female substance abusers, the Center for Substance Abuse Treatment (CSAT) indicates that female substance abusing programs must address substance abuse, trauma, mental health issues, and other issues unique to female offenders through comprehensive, integrated, and culturally relevant services (Kassebaum, 1999). CSAT provides a list of recommended services that programs delivering to female substance abusers should attempt to address to increase the odds of positive outcomes: 1) address the etiology of addiction, 2) address low self-esteem and grief, 3) address race, ethnicity, and cultural issues, 4) address gender discrimination and harassment, 5) address disability related issues, 6) address relationships with family and significant others and the isolation related to a lack of support systems, 7) divert women away from attachments to unhealthy personal relationships, 8) address interpersonal violence, 9) address eating disorders, 10) address issues of sexuality, including sexual functioning and sexual orientation, 11) provide information on appearance and overall health and hygiene, 12) address parenting skills, child care and custody issues, 13) address employment concerns, and 14) emphasize life plan development. The failure to target such factors for change results in a “revolving door” for substance abusing women (Kassebaum, 1999).

The research literature has continued to support CSAT’s recommendations for programs designed to address the issues faced by substance abusing women. Most recently, Ashley, Marsden, and Brady’s (2003) meta-analytic study of effective substance abuse treatment programming for women found positive outcomes for women in programs incorporating many of CSAT’s recommended treatment components. In a similar manner, the extant literature on the special needs of women with co-occurring disorders has indicated some of these same recommendations as effective targets for improving the success rate for female offenders (Gillece, 2000, 2002; Henriques, 2002; Hills, 2004).

The approach taken to providing services to female substance abusing offenders is consistent with the “What Works” movement. Programs developed for female substance abusing offenders should use a multimodal and multilevel service delivery model (Andrews and Bonta, 2003; Kassebaum, 1999). Service delivery should emphasize the utilization of treatment based on cognitive-behavioral models, that are affective in nature, that are self-help based, and relational (Bloom, Owen, and Covington, 2003; Bloom and Covington, 1998; Kassebaum, 1999).

In addition, programs should include skills-based programming. Skills-based training includes the incorporation of self-defense training, assertiveness training, self-esteem enhancement, empowerment training, physical training, life skills, women’s issues, and art-based curriculum (Knight and Farabee, 2004; Morash, Bynum and Koons, 1998). In 2005, McCampbell reviewed “best practices” and programming available within jails across the country. She described the need for model jail programs for female substance abusing offenders to establish a system of community supervision and reentry with comprehensive collaborative services (see also Hoskins, 2000, and Marlowe, 2003). A close comparison of McCampbell’s work with the National Institute of Corrections recommendations for implementing “what works” in corrections yields extensive overlap in the organizational structures necessary for successful interventions (see NIC publication *Topics in Community Corrections, Annual Issue 2000: Responding to Women Offenders in the Community* for additional detail). McCampbell’s emphasis on comprehensive collaborative services provided in the community is echoed by Reed and Leavitt (2000) in *What Works Assessment to Assistance: Programs for Women in Community Corrections* and Gillece’s (2002) review of reentry practices.

The elements of effective interventions for female substance abusing offenders are evident from this snapshot review of “best practices.” The next step is for agencies to analyze how well individual programs incorporate these practices as part of program implementation and consequently, for those programs to take action in improving areas where gaps exist. An approach taken by the National Institute of Corrections (NIC) and CSAT in advancing “best practices” for offender populations is to conduct a comparison between “best practice” or model programs and service delivery within an agency. McCampbell (2005) uses such an approach in her review of effective principles and strategies for implementing gender-responsive jail programs for substance abusing women. Both CSAT and NIC have publications available that outline effective programs which are specifically designed for female offenders and can be used to assess gaps in service delivery and program implementation.

Section III: Process Evaluation of the Community Based Transitional Services for Female Offenders Program

As part of the CBSTSFO program implementation process, the Illinois Criminal Justice Information Authority contracted with researchers Southern Illinois University to conduct an independent assessment of the program. The assessment consisted of a two pronged approach that included a process evaluation with specific attention to the adherence of the program to best practices for female offenders, and an outcomes assessment based on existing data that allowed for an examination of the success of the CBTSFO program participants in comparison to other female offenders under supervision for a similar offense. The balance of this report delineates the results of this evaluation.

Process Evaluation Methodological Approach

An overview of the methodological approaches utilized in the process evaluation are organized by the following categories: 1) Program history and development; 2) CBTSFO program implementation including the referral and assessment process, clients served by the program and services received; 3) Consistency of the CBTSFO program with “Best Practices” for substance abusing female offenders; and, 4) Sustainability of the program.

The documentation of program history and the current state of program implementation are important components for contextualizing the program services offered, the interpretation of the outcomes assessment, and the likelihood of program sustainability and replication at other sites across the State of Illinois. To obtain data that accurately described the program history and development, researchers engaged in a thorough document analysis and face-to-face interviews with program staff members and related stakeholders. Follow up contacts were made as needed. Structured interviews were conducted with the Director of the Social Service Department and Acting Chief Probation Officer of the Adult Probation Department; the CBTSFO specialized case workers; the Director of the CBTSFO program; the Director of Cook County Adult Probation Department; the Cook County MIS; and, the Social Service Department MIS. Existing data were also provided by the Cook County MIS which allowed for the identification and examination of the clients served through the CBTSFO program.

Through these methods an in-depth description of the program design and implementation including data allowing for the examination of agreements, collaborations, and obstacles in program development, problem solving techniques utilized, evolution of program goals, and milestones achieved were obtained. Researchers reviewed documents including the initial program proposal; budgets developed for the program; agreements between Social Service Department, Circuit Court of Cook County and other agencies or treatment providers pertinent to this project; program descriptions or protocols developed; program reports; curricula materials used; and other existing program related documents (e.g. lists of agencies associated with the program, data collection forms, etc.) identified as significant during preliminary interviews. The document analysis also collected information noting the unique approach to accommodating the special needs of female participants such as the provision of child care, transportation and so forth. This information is included in the program description and is subsequently compared with the best practices knowledge for this population.

To understand issues surrounding program sustainability, we utilized information gathered during the face-to-face interviews with administrators, document analysis, and our knowledge of the Best Practices literature for this population. The analysis of this information included an examination of human resource capabilities, the organizational structures of the program and allied agencies, and political support for continuation of the program.

History and Development of the Cook County Community Based Transitional Services for Female Offenders Program

Paralleling the national trend recognizing the need for gender specific programming and supervision models for juvenile and adult female populations, the State of Illinois recognized that female offenders in their community were experiencing a significant gap in services under their previous community supervision model. As a result of federal funding received, the Illinois Criminal Justice Information Authority (ICJIA) approached administrators in Cook County to gauge the feasibility of developing a pilot program that would implement a new model of community supervision which included gender specific programming. Since this new supervision strategy would be more responsive and individualized to the needs of this special population it was expected that significant improvements upon the current supervision strategy of this population and compliance with terms of supervision would result.

The Cook County Department of Social Services responded to ICJIA with a proposal that highlighted the increased number of women convicted of driving under the influence in the past few years. The proposal further described the gap in services within this subset of the offender population suggesting that significant numbers of female probationers required treatment services for substance abuse, but adequate services were not being received. This lack of treatment for substance abuse resulted in higher levels of DUI offenses for women in recent years including repeat offenders. As described in the literature review, many women engage in substance abuse, in part, as a method of self-medication for prior episodes of victimization. In some instances, the interrelation of substance abuse and victimization results in a higher risk of criminal behavior in female populations. The Cook County Department of Social Services recognizes this relationship between victimization and substance abuse. In response, the Community Based Transitional Services for Female Offenders (CBTSFO) program was proposed.

The Community Based Transitional Services for Female Offenders (CBTSFO) program was approved for initial funding, which was administered by the Illinois Criminal Justice Information Authority (ICJIA). The CBTSFO pilot program was initially funded between March 2004 and September 2004. The successful implementation of the program led to the provision of an additional year of funding (September 2004 to September 2005). As a result of the program's continued successful implementation, the Cook County Department of Social Services has continued to receive renewal funds to financially support this program thereby allowing for its continued operation through October 1, 2007. The county has already been notified that as of October 1, 2007 the federal funds will no longer be available to support this program. The Director of the Social Service Department and Acting Chief Probation Officer of the Adult Probation Department indicated that the department fully intends to continue funding the project

through allocations from the departmental budget and plans to have sustainability discussions to specifically address the budgetary plans.

Historically, the CBTSFO program has operated under the Social Service Department, Circuit Court of Cook County, which has been primarily responsible for offenders convicted of misdemeanor offenses. The counterpart within the Cook County Circuit Court – the Adult Probation Department – is responsible for probationers with felony convictions. During the course of this evaluation discussions were underway for the consideration of a merger between the Social Service Department, Circuit Court of Cook County and the Cook County Adult Probation Department. The merger discussions have not directly affected the program at this time.

CBTSFO Program Implementation

Program Overview

The CBTSFO program is a supervision strategy that has created a specialized caseload for female substance abusing offenders identified as being in need of treatment and charged with the offense of DUI (including under the influence of alcohol or other intoxicating compounds) in Cook County, Illinois. While Illinois law allows for the convicted first time DUI offenders over the age of 21 to be sentenced up to 12 months in jail, revocation of driving privileges and up to 100 hours of community service for their first DUI offense, the majority of the target population in this study is sentenced to 12 to 18 months community probation with conditional discharge or supervision. During this supervision period, the CBTSFO program focuses on providing enhanced levels of individualized supervision that includes substance abuse treatment utilizing the “Helping Women Recover” curriculum and improved identification of needs and linkages with appropriate services⁴. The overall goal of the CBTSFO program is for clients engaged in the program to be more successful while under supervision and have a decreased likelihood of both future substance use and criminal involvement thereby resulting in a reduced likelihood of recidivism.

Each year, the CBTSFO program receives approximately 220 referrals of female offenders who are subsequently assessed for the specialized caseload. The active caseload is supervised by four specialized caseworkers who have completed gender specific training for this population and who travel between 12 reporting sites to provide intensive supervision of these clients. Clients referred to the CBTSFO program are initially required by court order to complete one of the following gender specific treatment programs (either inpatient or outpatient) depending upon their level of assessed needs:

⁴ As stated earlier, since the data collection phase of this evaluation an alternative curriculum entitled “Thinking for Good” has replaced the “Helping Women Recover” curriculum. The primary impetus for this change was that the latter material allows for open-ended groups. The Helping Women Recover curriculum only allowed for close ended groups which according to the program director are more difficult to manage because of fluctuations in caseloads and life circumstances of women who attend. The CBTSFO staff are conducting the “Thinking for Good” groups opposed to contracted facilitators. This report will focus only on the original curriculum in place at the time of the evaluation.

- Level II substance abuse treatment (30 hours of substance abuse counseling and aftercare), or
- Level III substance abuse treatment (75 hours of substance abuse counseling and aftercare).

Following the completion of this initial phase of substance abuse treatment, caseworkers screen clients for inclusion in the CBTSFO program group treatment. Clients are screened for group treatment readiness based upon an assessment of stability of substance use, mental health, and connections with recovery-oriented activities. Those assessed as “group-ready” meet with facilitators prior to a group session for an individual session; subsequently, clients deemed “group ready” attend 14 weekly group meetings each lasting approximately 90 minutes. Group sessions are based upon the “Helping Women Recover” model developed by Stephanie Covington. Finally, upon completion of group treatment, individual therapy is continued for those clients identified by their caseworker or group facilitator as in need of further treatment.

The majority of correctional based treatment programs have historically lacked a gender specific approach. Through utilization of gender responsive assessment tools and the “Helping Women Recover” material designed by Stephanie Covington, the CBTSFO program responds to this void through its gender specific design aiming to meet the unique needs of women who are addicted to alcohol and other drugs. As discussed earlier, it is clear that while addiction may be gender blind, the root causes related to the antecedent conditions of addiction are distinct for women as compared to men. A history of physical and/or sexual abuse in addition to current victimization is just one example of this distinction. Further, the modes of responsivity and methods of communication and healing in treatment are also gender specific. Treatment groups comprised of females often have very different dynamics as compared to coed and male specific treatment groups. Over the course of the curriculum utilized, the Helping Women Recover model focuses on topics that have been identified as common triggers for relapse in female populations such as self, relationships, sexuality, and spirituality. Additional details on the specific services provided through the program and the population served will be subsequently documented in this section.

Assessment and Referral into the CBTSFO Program

The process of assessment and referral into the CBTSFO program has remained consistent since the inception of the program. Based on discussions with key stakeholders and the program caseworkers, the case flow of female offenders into the program is satisfactory. Prior to the sentencing of a DUI offender in Cook County Circuit Court, all offenders have a mandatory predisposition assessment completed by Central States Institute of Addiction (CSIA). CSIA is currently contracted by Cook County to complete substance abuse assessments at approximately 110 approved provider locations. These approved providers are based on the IL Division of Alcohol and Substance Abuse (DASA) list of approved providers. Offenders are given the list of approved providers and are able to choose the location nearest them. Approximately 20-30 of the 110 providers/agencies are more commonly utilized for reasons that include office location and bus routes, hours of operation among other factors. The Court relies on the DASA accreditation of the providers and does not engage in any further oversight of these services other than reviewing resulting reports.

During this initial assessment of the offender, evaluators at CSIA conduct an in-person interview with the offender in order to complete the Uniform Report. The Uniform Report includes information on the offender's substance abuse history, risk factors and related information, and a limited social history. For some clients, a drug test may be completed as part of the initial assessment. CSIA also has access to the Cook County Circuit Court Clerk's information and Secretary of State database; as a result, all prior driving history is also included in the Uniform Report.

Based on the information CSIA personnel gather during this interview, a determination of treatment needs is made which categorizes the offenders into levels (medium, significant, high risk). From this classification, the designation of the offender into the treatment level system (i.e., Level I, II, III, IV) follows. Increasing treatment levels indicate higher levels of addictions and associated treatment needs. Generally, as a result of this assessment, offenders are mandated to treatment by the court as noted earlier.

This predisposition assessment is provided to the judiciary who incorporates this assessment into the offender's sentence (including treatment level). Once the offender is sentenced in court, those receiving a probation sanction proceed to the general probation intake. The Social Service Department, Circuit Court of Cook County (hereafter referred to as SSD) rotates their officers through the responsibilities in general intake. At any given time, eight probation officers are responsible for general intake. During the general intake process, officers collect information on the offender's background and criminal history. These data allow an officer to determine whether the offender's case should be assigned to one of four specialized caseworkers in the CBTSFO program or to a diversified (non-specialized) caseload.

A case is assigned to the CBTSFO program if the offender:

- is female,
- has a prior DUI offense,
- is sentenced for a DUI (misdemeanor) offense,
- and, is classified as an "Intensive" case based on treatment needs

Further, a case is classified as intensive and therefore referred to CBTSFO if the offender was assessed as a Level II – significant treatment needs and had a prior DUI in previous 5 years, or was assessed as having Level III treatment needs. An offender's typical sentence length is 12 months of supervision. Upon a determination by the intake officer during general intake that the probationer meets the above criteria, the officer will contact the Research Department who is responsible for determining which CBTSFO officer should receive the new case.

The jurisdictions of the four specialized caseworkers in the CBTSFO program are assigned based on residential location as one of four Cook County regions (N, NW, S, and SW). Thus, the caseworker assigned is based on the probationer's current residence. The research department will initialize the case file and forward that file to the caseworker's supervisor. In turn, the supervisor will forward the case to the caseworker along with the time and date of the offender's initial appointment which was already booked by the research department. It should be noted that the caseworker's supervisor is distinct from the CBTSFO coordinator and that each

specialized caseworker reports to a distinct supervisor but will access the CBTSFO coordinator for program specific assistance.

The first step the caseworker takes with the client is the completion of a secondary assessment of the offender called the Gender Responsive Instrument Interview. Most often, the Gender Responsive Instrument Interview is completed over the course of multiple appointments. This assessment is significantly more in-depth regarding social history, family risk factors, prior substance abuse, DSM classification, children, victimization – both physical and sexual and utilizes a standardized, gender specific intake instrument developed by the CBTSFO program staff. Caseworkers also have access to LEADS and other databases that include criminal history, arrests, etc. which assists them with gathering official data on the women. Program caseworkers have engaged in a revision of this secondary assessment tool in the recent months to adjust the format and wording of questions contained therein.

During the caseworker's initial contact with the client, the caseworkers will also engage in informational tasks including reviewing the rules of behavior and court order; providing immediate referral to treatment programs; discussing fee assessment and obtaining proof of income; providing referrals to counseling if immediately needed; and discussing any apparent medical issues. Generally, as a result of the court order, clients will have up to 60 days to begin treatment. Upon completion of the assessment and informational review, caseworkers will develop a more specific case management plan, assist clients with service linkages and provide intensive supervision of the case.

Clients Served by CBTSFO Program

Since its implementation in June 2004, the CBTSFO program has served approximately 608 female offenders who were arrested for a Driving under the Influence (DUI) offense in Cook County, as assessed as appropriate for CBTSFO program services as of May 1, 2006. The criteria used to assess appropriateness, as subsequently described, aim to identify high risk female offenders who have at least one prior DUI offense and are described as DUI Intensive cases. All program participants have received a disposition of supervision, or a conditional discharge indicating the authority for the community supervision of these women is with the Social Service Department, Circuit Court of Cook County. Section V of this report examines the specific demographic and case characteristics of program participants.

Services Received by CBTSFO Clients

The CBTSFO program is essentially an enhanced probation supervision model that as a result of its specialized nature, additional training of its program staff, and a reduced caseworkers-client ratio, is able to provide clients with individualized, gender specific supervision and assistance. A number of differences between the CBTSFO program caseloads as compared to diversified (non-specialized) caseloads exist including the supervision model and associated requirements, services provided to clients, as well as the characteristics of the women on the caseloads.

Many of the between group differences stem from the client base served. As noted by program staff and administration, CBTSFO program participants pose significantly more supervision challenges in part as a result of their addiction behavior but also due to a higher prevalence of previously unidentified mental health issues, both of which are likely causes of the participant's higher level of difficulty in complying with court orders. Since this program is comprised of more challenging clients, a significantly greater amount of personnel time for supervision and advisement is required. Although the impact of the composition of the caseload has a number of resource ramifications, the resulting long term client benefits are expected to be high.

As part of the CBTSFO program design, administrators anticipated the high level of needs within this population and consequently assigned lower caseloads for their specialized caseworkers. While the reduced caseloads allow for the caseworkers to have the personnel time to work with their clients, the "per client" cost to the department is significantly increased. It is anticipated that these associated costs as a result of the caseworker spending more time with their clients will pay off in the long term. Caseworkers have noted that since they have additional time to supervise clients, they also gain an increased ability to identify client needs and consequently link clients with the much needed services.

With respect to differences in administrative or supervision related matters, CBTSFO program participants do incur higher reporting fees as compared to women on diversified caseloads. As a result of the higher level of contact with their caseworker and the increased amount of personnel resources invested in these participants, the resulting program costs assessed are elevated. Thus, the reporting requirements of CBTSFO participants are also more intensive than the diversified caseload. Similar to diversified caseload clients, CBTSFO participants frequently engage in community service as part of their terms of supervision, engage in random urinalysis, participate in victim impact panels, and are required to pay fines. Reporting amounts in Cook County are set on a sliding scale that can be as low as one dollar dependent upon the income level of the probationer.

As would be expected, more significant between group differences are found when the specific types of treatment and services typically received by the CBTSFO program participants are outlined. As noted in the discussion of the assessment and intake process for CBTSFO program clients, not only do clients receive significantly more in-depth assessment of needs, they are also generally mandated to a higher level of substance abuse treatment (either Level II or Level III) in addition to mandated aftercare programs. As part of the treatment aftercare, the majority of program participants (those deemed "group ready") participate in group sessions that utilize the Helping Women Recover curriculum.

Enhanced Assessment Services. As noted earlier in this section, it is expected that all CBTSFO participants will complete the Gender Responsive Instrument during their initial office visits with their specialized caseworker. The additional time that is afforded through a reduced caseload for these specialized caseworkers is expected to result in a more complete discussion and assessment utilizing this instrument. Caseworkers noted during their interviews that additional information for some sections of this instrument are developed over time especially with regard to more sensitive areas such as a client's history of victimization. As the client-

caseworker relationship develops and a higher level of trust is gained, the client is increasingly likely to be forthcoming with information regarding more sensitive matters.

As part of the Gender Responsive Instrument Interview process and enhancement assessment services provided through the CBTSFO program, specialized caseworkers aim to complete the Trauma Symptom Checklist (TSC) with each client. According to the creators of the instrument John Briere and Marsha Runtz:

The TSC-40 is a research measure that evaluates symptomatology in adults associated with childhood or adult traumatic experiences. It measures aspects of posttraumatic stress and other symptom clusters found in some traumatized individuals... The TSC-40 is a 40-item self-report instrument consisting of six subscales: Anxiety, Depression, Dissociation, Sexual Abuse Trauma Index (SATI), Sexual Problems, and Sleep Disturbance, as well as a total score. Each symptom item is rated according to its frequency of occurrence over the prior two months, using a four point scale ranging from 0 ("never") to 3 ("often"). The TSC-40 requires approximately 10-15 minutes to complete, and can be scored in approximately 5-10 minutes.

The TSC instrument is intended to be administered at the outset of supervision during the Gender Responsive Instrument Interview prior to the onset of the DUI group treatment as a pre-test and subsequently at the completion of the group treatment sessions. It is expected that participation in the group treatment will significantly improve a participants score on the TSC such that a lower score indicating decreased trauma would result.

Group Treatment. In order to participate in group treatment subsequent to the completion of their initially mandated intensive Level II or III treatment, CBTSFO program participants are assessed for their "group readiness." If women are currently using substances, they are not eligible for group treatment at that point in time. The program usually requires that the women have abstained from substance use for a minimum of 90 days. Generally, by the time that women have completed their first stage of court mandated treatment, they demonstrate this level of stability and are referred into the group treatment phase of the program. Women who are referred to the group treatment receive credit for attending the weekly session since participation once assigned is considered to be a mandated condition of their supervision terms. If a participant misses two consecutive group sessions, their lack of attendance is viewed as a violation of their conditions of supervision. Attendance is documented by the group facilitator and forwarded to the participant's caseworker on a routine basis.

The majority of CBTSFO program participants are identified as group appropriate and participate in group treatment that is facilitated by contracted therapists. Currently, facilitators are utilizing the "Helping Women Recover" curriculum developed by Covington. New service providers who specialize in gender specific programming (with fidelity to gender specificity) will be contracted mid 2007. This change in providers may also result in a change in curriculum utilized as part of this program with some clients.

In addition to exclusion as a result of failing to meet the criteria for "group readiness," clients may be determined as inappropriate for group treatment for a variety of pragmatic issues

that results in a varied population that is excluded from this component of the program. Clients are excluded if they have a diagnosed DSM disorder that prevents them from a reasonable level of participation in group (e.g., bipolar and not stable on meds, schizophrenia), but also excludes individuals for whom [1] geographic barriers exist (i.e., a site does not have a suitable location within which to provide group therapy), [2] have personal scheduling limitations (i.e., the women is working full time and going to school), [3] have language barriers (most often Spanish or Polish speaking offenders), or [4] have major transportation issues that can not be resolved through the CBTSFO program as a result of the location of the group.

Other specific types of services that are received by these women are individually tailored to their specific needs identified by their caseworkers. These services generally are provided by SSD in the form of a referral to a specific service provider rather than any program that is offered by SSD.

Specialized Caseworkers. Probationers who are accepted into the CBTSFO program are supervised over the course of their supervision term by one of four specialized probation caseworkers. Given that the SSD is part of a unionized workforce, related concerns were evident in the development of positions and hiring of staff. As such, the four staff members hired as specialized caseworkers were hired through a competitive position posting within the department. Program administrators interviewed staff members for these positions and selected individuals who were determined to be most committed to having an impact in specialized supervision of female offenders, technologically oriented with respect to record keeping etc., and motivated individuals who would support and facilitate the success of the program. Although the specialized caseworker position was a lateral transfer position, the reduced caseloads acted as an incentive despite the increased requirement of travel and unique demands of having a more intensive caseload. To assist the specialized caseworkers in their new roles, the four staff members received additional specialized training and participate in regular clinical meetings to discuss issues related to cases. The meetings are overseen by the program coordinator who holds a vast amount of experience and depth of knowledge related to the issues that commonly arise in this population of probation clients.

As a result of their reduced caseload, the specialized caseworkers are expected to have significantly higher levels of contact and involvement with their clients, consequently supervising in a proactive manner rather than reactive (crisis management) mode. The higher level of contact and expected increased connection with other services and/or referrals for programs is evident in the individual case files of the clients given that all contact must be documented by the caseworkers. The confidence in any comparison of the number of contacts, referrals, and services received between the CBTSFO caseload and other caseloads must be tempered by the understanding that the high level of motivation, technological orientation, attention to mandates, and caseload size of the CBTSFO caseworkers in comparison to traditional officers may impact documentation levels.

Provision of Transportation and Alleviation of Treatment Costs for Indigent Offenders.

In addition to improved supervision, treatment services and service linkage, women who participate in the CBTSFO program may also be eligible for tangible benefits including transportation or reduced treatment costs. Through the federal funding of the program, clients

have been provided with transportation to their appointments through the provision fare cards on an as needed basis. The provision of transportation has reportedly alleviated significant barriers to treatment access such as reduced missed appointments, thereby improving success of clients during supervision. Not all clients are in need of transportation assistance but some of the women have had their driver's license revoked as a result of their DUI charge. Thus, utilization of fare cards is generally an indication of overall economic needs of the client but may also indicate their driving status.

In addition to provision of transportation to CBTSFO clients, the ADA federal funding provides financial support to alleviate the costs associated with the treatment programs for indigent clients who could not otherwise afford to pay for the treatment mandated by the courts. Indigent status of the clients is determined by a scale that considers a combination of income and number of dependents. This source of funding further improves access to treatment and consequently supports the CBTSFO program participant success while under supervision.

The Community Based Transitional Services for Female Offenders Program Fit Within A "Best Practices" Framework

This section of the evaluation reviews current knowledge about "Best Practices" in substance abuse treatment for women and assesses how well the CBTSFO program operates within the "best practices" framework. According to Brady and Ashley (2005), effective substance abuse treatment programming is comprised of three essential elements: 1) ancillary services designed to improve access to treatment programming and reduce barriers to participation; 2) services developed to address the specific needs of female substance abusers, such as PTSD, health education, etc.; and, 3) programmatic elements developed to provide a unique treatment environment for female substance abusers, such as women only programs.

The following methodological approach is used. For each component, we first present the "best practices" approach associated with improved outcomes for female substance abusing offenders as identified in the literature in the first column of all tables. Second, we assess whether the CBTSFO program has incorporated those aspects within its treatment design by determining whether the practice is in place, not in place, or whether the approach is not applicable. The tables do not address the nature or quality of the services provided.

Ancillary Services

A growing body of literature is available detailing the barriers for women entering substance abuse treatment (Brady and Ashley, 2005). It is recognized that the most effective programs for female substance abusers make an effort to address factors which impede entry into treatment and the continuation of participation once treatment has commenced. For example, a primary barrier for many women is worry about what to do with children while attending treatment sessions (Brady and Ashley, 2005; Currie, 2001). Thus, it has been recommended that programs for women incorporate childcare as an aspect of the services provided during the treatment process. Table 2 below lists the ancillary services components from the "best practices" literature, which are associated with improved outcomes for female offenders and whether CBTSFO has the component in place as part of the programmatic structure.

CBTSFO has in place at least half of the ancillary components associated with improved outcomes for female offenders. The program has implemented protocol to accommodate transportation to the program, flexible criteria for entering and exiting the program, and has given extensive attention to the referral process. Less clear from a review of documents provided to the research team is what material women entering the program are given upon admittance. Thus, we were unable to draw conclusions about the comprehensiveness of program packets provided to clients.

While the CBTSFO program does an adequate job providing ancillary services to the female substance abusing clients, there are some inadequacies apparent (see Table 3.2). Despite the fact that the stigma associated with receiving substance abuse treatment has received attention in the literature, the program makes no effort to address stigma. One method for alleviating the stigma associated with treatment is community outreach. Community outreach is also considered a “best practice” in the treatment literature; yet, the program does not attempt to educate the community or increase community involvement in the rehabilitation process. The program does provide childcare for women participating in treatment in two of the reporting jurisdictions with a recognized goal of increasing childcare to all reporting areas with expanded hours.

Table 3.2: Analysis of CBTSFO program’s Compliance with Best Practices for Ancillary Services.

Best Practices Approach	In-Place	Not In Place	Not Applicable
Provides transportation to the program	✓		
Provides childcare during treatment sessions	some		
Provides flexible treatment in terms of criteria for entry and scheduling	✓		
Provides comprehensive program information to participants			✓
Provides outreach to community		✓	
Provides adequate and effective referral systems for female participants	✓		
Incorporates an approach designed to address the social stigma associated with substance abuse treatment in the community		✓	

Specific Needs of Female Substance Abusers

In recent years, the literature on effective programs for female substance using offenders has identified the programmatic needs of female offenders. When those needs are addressed during the course of rehabilitative treatment, reductions in the likelihood of continued substance use occur. Experts have identified an extensive number of treatment needs which are important for generating enduring change among female offenders. Table 3.3 presents the list of components and depicts whether the CBTSFO program currently addresses this need as part of their treatment modality.

As revealed in Table 3.3, the CBTSFO program design is 65 percent in congruence with the literature on “Best Treatment Component Practices” for female substance abusing offenders. The program incorporates 15 out of 23 best practice elements. This result is primarily a consequence of utilizing the Helping Women Recover treatment curriculum. The program does not have in place treatment components to address the following needs of female substance abusing offenders: gender discrimination, sexual harassment, eating disorders, and grief. In addition, the research team was unable to find evidence of the provision of parenting skills services, appearance and hygiene components, life planning, or custody aspects discussed as part of the CBTSFO program though these aspects may be addressed during individual contacts with specialized caseworkers on an as needed basis.

Table 3.3: Analysis of CBTSFO program’s Compliance with Best Treatment Component Practices.

Best Practice Treatment Component Addressed	In Place	Not In Place	Not applicable
The etiology addiction	✓		
Drug testing	✓		
Drug education	✓		
Low self-esteem	✓		
Race, ethnicity, and cultural issues	✓		
Gender discrimination and Harassment		✓	
Disability related issues		✓	
Relationships with family and significant others	✓		
Attachments to unhealthy personal relationships	✓		
Interpersonal violence, including incest, rape, battering, and other abuse	✓		
Eating disorders		✓	
Sexuality, including sexual functioning and sexual orientation	✓		
Stress Management (anger management, meditation)	✓		
Spirituality	✓		
Parenting			✓
Grief		✓	
Work	✓		
Appearance and overall health and hygiene			✓
Mental Health (PTSD, depression, etc.)	✓		
Isolation related to a lack of support systems	✓		
Life plan development/continuing care planning			✓
Child care and custody	some		
Aftercare	✓		

Programmatic Elements

Substance abuse treatment programs designed to address the needs of women should attend to several programmatic issues in order to be effective. A gender-responsive approach to treatment necessitates that the program acknowledges that gender makes a difference, is

designed for women only clients, and takes a strength-based approach (Bloom, 1999). In addition the principles of effective intervention also indicate that successful programs have adequate levels of staffing, train staff on issues unique to the population receiving treatment, and take a multimodal approach to service delivery. A recent review of the implementation literature also reveals the importance of staff buy-in, commitment, and attitudes towards clients in shaping outcomes for treatment programs (Bloom, 1999).

As depicted in Table 3.4, the CBTSFO program exceeds expectations related to a gender-responsive treatment approach. One hundred percent of the elements identified by Bloom (1999) as important for creating lasting change with female offenders is in place within the CBTSFO program. More importantly, while many treatment programs are unable to achieve success as a result of staffing problems, a review of the interview and survey data collected from CBTSFO staff indicates commitment to the program on the part of staff and key stakeholders. Greater detail on staff perceptions and commitment to the program will be provided in a subsequent section.

Table 3.4: Analysis of CBTSFO program’s Compliance with Best Programmatic Practices.

Best Practice Approach	In Place
Acknowledges that gender makes a difference	✓
Program is designed for female only clients	✓
Creates an environment based on safety, respect, and dignity	✓
Takes a strengths-based approach	✓
Includes adequate number of female staff	✓
Includes adequate number of minority staff	✓
Consistent staffing levels	✓
Staff specifically trained on gender related issues	✓
Staff specifically trained on all curriculum used	✓
Commitment of staff to program	✓
Staff hold positive attitudes towards program and female substance abusers	✓
Staff hold positive attitudes towards female substance abusers	✓
Location of treatment groups near home	✓
Multimodal approach	✓
Individual counseling	✓
Group counseling	✓

CTBSFO Comparison with Other Model Programs

In this section, we discuss how the CTBSFO program compares with other substance use programs designed for women. While a review of Table 3.5 reveals that no model drug treatment program provides every aspect of treatment to female substance abusing offenders, the CBTSFO program does compare favorably with other model intensive community-based substance use programs. The CBTSFSO program offers similar services in the following areas: drug education, individual counseling, group counseling, basic life skills, non-traditional therapy accountability, and aftercare.

The CTBSFO program diverges from the model programs in several meaningful ways. The CBTSFO program provides more extensive group counseling sessions on sexual issues, domestic violence, and cultural issues than many of the model programs. Unlike some of the model programs, the CBTSFO program neglects AIDS/HIV counseling, family reunification issues, educational/vocational services, anger management, cognitive restructuring, and continuing care issues as a structured aspect of their program.

Table 3.5: Components of Model Drug Treatment Programs.

Intervention	North	Baltimore	Phoenix Project	CTBSFO
Location	WA	MD	Wicomico County	Cook County
Drug Education	X	X	X	X
Family drug education			X	
AIDS/STDS Education/Prevention		X		
Individual Drug Counseling		X	X	X
Individual HIV	X			
Group Counseling	X	X		X
Sexual Issues				X
Domestic Violence				X
Cultural Issues				X
Family Reunification	X		X	
Parent education	X		X	
Parent/family educational	X		X	
Educational/Vocational Assessment			X	
GED testing/preparation	X			
Job hunting skills	X			
Vocational training	X			
Medical Health Services				X
Screening for STDs	X	X		
Health/nutrition education	X			X
Pregnancy Services	X			
12-step Study Groups	X	X		X
Relapse Prevention	X	X	X	
Stress Management	X			X
Anger Management	X	X		
Exercise class	X			
Mediation/Yoga/Relaxation	X			X
Non-traditional Therapies				X

Acupuncture	X	X		
Spirituality				X
Life Skills Training	X		X	X
Communication/ Assertiveness	X	X		X
Practical issues (budgeting, etc.)	X			
Psychiatric services	X			X
Criminal Thinking/Cognitive Restructuring	X			
Retail theft	X			
Prostitute group	X			
Accountability- Interventions/training			X	X
Drug testing by program	X	X		X
Continuing care planning	X	X	X	
Housing placement	X		X	
Aftercare services		X	X	X

Note: Table adopted from Kassebaum (1999) and reflects modification by the authors of this report. The Cook County Program in the last column is included for comparative purposes only.

Conclusion from Best Practices Review

The CTBSFO program is consistent with much of the literature on effective substance abuse treatment for women. The program has incorporated more than half of the “best practices” associated with the provision of ancillary services and treatment to its female clientele. Moreover, the program has in place all of the programmatic components identified in the literature as leading to improved outcomes as part of a gender-responsive treatment program. The CTBSFO program also includes many of the components found within model community-based treatment programs. Thus, the CTBSFO program design and implementation is consistent with the current state of the field with regard to “best practices” for female substance abusers.

Section IV: Outcome Evaluation

This section focuses on an assessment of CBTSFO program participant outcomes based on official data provided to the research team by the Cook County SSD MIS current through June 1, 2006. Data were developed based on entries made by caseworkers and probation officers for the groups of female probationers subsequently defined. A number of caveats must be recognized in order to contextualize the relative robustness of the findings associated with the CBTSFO program.

First, with the implementation of the CBTSFO program, all female probationers who fit the program criteria defined earlier were referred into the program without exception. Consequently, a comparison group of female probationers with similar offenses and characteristics does not exist during the 2004-2006 period, nor was random assignment into the program a possibility given the adequacy of space availability in the program. As a result, two groups most similar to the CBTSFO caseload were identified and utilized throughout the outcomes assessment as comparison groups: [1] a pre-CBTSFO program implementation group consisting of all female DUI offenders with Intensive supervision terms under supervision between 2000 and 2003; and, [2] the Diversified caseload of female DUI offenders who did not meet the CBTSFO program criteria who were under supervision during the same period the CBTSFO program was in operation.

In discussing these groups with program personnel as possible comparisons, it was perceived that the characteristics and offenses histories of women in the pre-CBTSFO group, hereafter referred to as the Intensive caseload, would not be significantly different from the CBTSFO caseload despite the difference in time. Program personnel deemed the major differentiating factor to be the supervision style and associated services/referrals provided. Further, staff members felt that the diversified caseload was also a reasonable comparison group given that many of those women were characteristically similar to the CBTSFO women and in their opinion merely had not yet developed the offense history that would deem them program eligible and as a result received a different level of supervision and services than the CBTSFO program participants.

The result of this analytical approach is that one comparison group (Intensive) consists of women with similar offense histories who received less specialized supervision as compared to the CBTSFO caseload; and, a second group (Diversified) that consists of women with less serious offense histories who are supervised during the same period by regular officers on a less intensive caseload than CBTSFO participants. In part, the Intensive caseload acts not only as a comparison of more similarly situated offender but also as a control for diffusion of benefits effect of the CBTSFO program, in that effective practices used in the CBTSFO program may have worked their way into practice by regular officers within the Diversified caseload.

By utilizing these two groups as comparisons, the outcomes assessment is able to better indicate the impact of the supervision strategy implementation through the CBTSFO program while controlling for seriousness of offense history or alternatively the risk and needs level of the women, as well as the time period these women were under supervision. Unfortunately, the data

available did not contain specific documentation about the offense histories of the women in any of the groups.

Second, given that all comparisons are based on electronic data entered by supervisory staff, in some cases, documentation of service referrals and so forth may be underreported in comparison groups due to a difference in training, mandates and priorities of the supervising officers as well as differences across staff within groups. It is reasonable to assume however, that the majority of the outcomes measured here including failed urinalysis, positive arrest checks and so forth would be relatively standardized in reporting practices given the serious nature of these violations.

Third, Cook County data systems did not allow for an indicator field of CBTSFO program participation. Researchers worked to identify CBTSFO program participants through a series of reasonable assumptions. CBTSFO program participants were assumed to be only those women under the supervision of one of the four specialized caseworkers. Further, the arrest or conviction date of the female probationers was not available; however, as noted earlier the typical sentence for this offense in Cook County is 12 months. Given that the program began in January 2004, only those women who had a termination date of 2005 or later and were assigned to one of the four specialized caseworkers were included as a member of the CBTSFO group. Cases that terminated in 2004 and were assigned to one of the four caseworkers were excluded from analysis to ensure validity of the group assignment.

Fourth, a number of women were serving multiple sentences concurrently or had multiple convictions during the period examined. To the extent that the data allowed due to its identification of participants by a case identification number only, multiple sentences were reduced to only include the probationer's initial case but did account for the existence of the subsequent cases as part of an indicator of recidivism. This data reduction allowed for the examination of the female probationer as the unit of analysis rather than the cases themselves. Examination of data from the Intensive caseload began with the termination year of 2000 to reflect relatively equal pre and post program implementation time periods. Finally, to reiterate, data contained in this outcomes assessment is based on availability of officially documented data as of June 1, 2006 that was generously provided by the Cook County SSD MIS staff. Table 5.1 demonstrates the number of female probationers under supervision by termination year.

Table 5.1: Female probationers utilized in comparisons by termination date.

	2000	2001	2002	2003	2004	2005	2006	2007	2008
CBTSFO caseload	---	---	---	---	---	106	232	210	60
Intensive caseload	195	187	176	191	150	35	9	6	2
Diversified caseload	---	---	---	---	---	106	379	387	57

Note: Shaded area indicates years of CBTSFO program implementation.

Program Outcomes

The following sections utilize descriptive statistics to demonstrate differences between the CBTSFO caseload and comparison groups in the following outcome measures: [1] Characteristics of the Clients Served; [2] Special Conditions of Supervision Terms; [3] Type and Frequency of Services Received by CBTSFO participants; and, [4] Recidivism measures.

Characteristics of Clients Served in the CBTSFO Program

Since the inception and implementation of the Community Based Transitional Services for Female Offenders (CBTSFO) program in June 2004, approximately 608 female probationers in Cook County have received intensive supervision and ancillary services including supervision provided by specialized caseworkers.

Utilizing data provided by the Cook County SSD MIS as noted earlier, Table 5.2 provides a comparison of the characteristics of CBTSFO participants with female probationers who received probation sentences for a DUI offense either prior to CBTSFO program implementation or concurrent with CBTSFO program implementation. To reiterate earlier details, the three groups include:

[1] CBTSFO participants - Female probationers with termination dates between June 2004 and June 2006 who participated in the Community Based Transitional Services for Female Offenders program (shown in column 2);

[2] Diversified caseload - Female probationers with termination dates between June 2004 and June 2006 who were supervised on Diversified Caseloads because they did not meet CBTSFO program criteria (shown in column 3); and,

[3] Intensive caseload - Female probationers with termination dates between 2000 and June 2006 who met the criteria for intensive supervision but did not participate in the CBTSFO program because their supervision period began prior to the existence of the CBTSFO program.

As Table 5.2 demonstrates, the demographic characteristics of a female probationer typically served by the CBTSFO program is a 37 year old, white female who is assigned to the maximum level of supervision based on an assessment of high treatment needs. The majority of program participants are assessed as a level 3 or level C monitoring under Rule 11.2 of the Cook County Circuit Court. For those participants who had data available on their level of education, the majority of the women had between a 9th grade and 12th grade education including a GED. Notably, almost 60 of the CBTSFO participants held a Bachelor's degree. Data on the employment status of CBTSFO participants was only present in less than half of the cases. For cases that contained this information, data demonstrated that women were almost equally likely to have been employed at the time of their intake as unemployed.

In comparison to the female probationers who were on a diversified caseload, CBTSFO participants have significantly higher reporting requirements. On average, CBTSFO participants

are assessed at a higher risk level as indicated by the DUI reporting level; however, as demonstrated in Table 5.2 significant overlap in the number of cases assessed at level C monitoring for 11.2 rule cases exists. This similarity confirms the perceptions of program staff that oftentimes women on the diversified caseload are equally high risk as CBTSFO women, they merely do not have the DUI history that results in a program referral at that point in time. Regarding demographic comparisons between the CBTSFO caseload and Diversified caseload, women on the Diversified caseload are on average two years younger than CBTSFO program participants and slightly more likely to be of Hispanic decent and less likely to be White, although the overwhelming majority of Diversified caseload women are also White (62 percent). Finally, a larger proportion of the Diversified caseload had education data and employment data available. These data indicated that most frequently, the women on the Diversified caseload were employed and obtained an education above a 9th grade level. Comparisons of these variables are made difficult due to the large amount of data that was unavailable.

Finally, in comparison to female probationers who were on Intensive caseloads prior to the existence of the CBTSFO program, CBTSFO participants were assigned to higher levels of reporting requirements, more likely to be assessed as a Level C monitoring level under 11.2 rule cases and less likely to be assessed as a level 3 cases. Other available demographic indicators including age and racial composition demonstrate substantial similarity between the two groups.

Based on these data, it is clear that the CBTSFO program is comprised of higher risk offenders as compared to those female offenders on diversified caseload based on DUI monitoring level (risk and needs assessments). Further, the CBTSFO program has continued to serve those clients who would have previously existed on Intensive caseloads though the reporting demands on these women have increased as a whole.

Special Conditions of Supervision Terms

As part of a probationer's conditions of supervision, a judge may apply special conditions in addition to mandatory supervision and reporting that further restrict an offender's behavior in some manner (i.e., prohibition of alcohol consumption), or require an offender to engage in specific treatment oriented activities (i.e., attend Alcoholics Anonymous). While additional conditions are developed in the best interest of the probationer, the application of a greater number of special conditions as part of supervision terms also results in increased contact within the criminal justice system as well as with treatment providers. While generally expected to have a positive impact on the offender, these additional restrictions or requirements may place the offender at an increased risk for a technical violation.

Table 5.3 presents the various special conditions of supervision for the three groups. At the time of sentencing, the probationer has not yet been assigned to the CBTSFO program as per the case flow diagrammed earlier in this reporting Figure 3.1. Any differences in assignment of special conditions then would not be directly attributable to participation in the CBTSFO program and be more likely based on the individual case and offender attributes. As a result,

Table 5.2: Cook County Female DUI Offenders on community supervision: 2004-June 2006.

Characteristic	CBTSFO ¹ (n=608)	Diversified ² (N=924)	Intensive ³ (n=951)
Level of reporting (%)			
Low	2.1	29.1	17.9
Medium	15.3	37.7	31.5
Maximum	78.0	23.4	45.3
Missing data	4.6	9.8	5.3
DUI Monitoring Level (%)			
Level 1	0	.1	.1
Level 2M	0	1.0	.2
Level 2S	13.0	38.7	25.6
B monitoring level for 11.2 rule cases	.2	6.4	.8
C monitoring level for 11.2 rule cases	40.5	34.5	19.9
D monitoring level for 11.2 rule cases	0	.2	0
Level 3	28.6	.3	49
Missing data	17.7	18.7	4.4
Age, <u>M</u> (SD)	37 (11.2)	34.8 (11.5)	37.7 (9.9)
Race (%)			
White	69.9	61.8	70.0
African American	19.1	20.9	19.5
Hispanic/Mexican	8.1	13.4	6.2
Asian	1.2	1.1	.6
Indian	0	.4	0
American Indian	0	.1	0
Other	.5	.2	.4
Missing data	1.3	1.7	3.3
Education level			
8 th grade or less	2.3	2.7	n/a
9 th to 12 th grade (includes GED)	31.7	39.2	
Bachelor's degree	10.5	16.7	
Master's degree	1.2	1.2	
Doctorate	.3	.4	
Trade School	0	.4	
Missing data	53.9	39.4	
Employed (%)			
Yes	25.8	40.8	n/a
No	20.2	20.7	
Missing data	53.9	38.5	
Annual Wages, <u>M</u> (SD)	n/a	\$12,330 (18,957)	n/a
Range of wages		0-\$124,800	

Note: "n/a" indicates data were unavailable or reported in insufficient numbers to present in the table.

¹Female probationers with a termination date between June 2004 and June 2006 who participated in the Community Based Transitional Services for Female Offenders program.

²Female probationers with a termination date between June 2004 and June 2006 who were supervised on Diversified Caseloads.

³Female probationers with a termination date between January 2000 and June 2006 who met the criteria for intensive supervision but did not participate in the CBTSFO program because they were on probation prior to the program's existence.

these data will allow further comparison of the offender groups from the judicial viewpoint of necessary services or conditions. Columns two through four in Table 5.3 indicate the percentage of the group for which the condition was specified and documented in the Cook County Social Service Department electronic files as a term of supervision.

Table 5.3: Special Conditions of Supervision.

	CBSTFO (n=608)	Diversified (n=924)	Intensive (n=951)
<i>Drug/Alcohol Conditions and Treatment</i>			
	%	%	%
DUI/ Alcohol Treatment - Level 1, 2M, 2S or 3	93.6	96.4	94.5
Random Drug/Alcohol Testing	52.8	52.2	24.8
Alcohol/Drug Evaluation	11.7	14.6	4.4
Consume No Alcohol/ Zero tolerance alcohol/drugs	8.4	6.7	8.6
Rehabilitative Confinement	3.6	.2	4.5
Psychiatric, Drug or general Counseling	2.6	.7	7.3
Mental Health Evaluation	0.5	.4	.6
<i>Driving Related Conditions</i>			
Surrender D/L to clerk/ No driving motor vehicle	3.6	.4	.8
Attend Traffic School	.2	0	.5
Breath alcohol ignite interlocking device	.2	0	0
<i>Incarceration Term</i>			
Time served	8.4	1.5	3.5
Jail time	0	0	4.2
Periodic imprisonment	.2	0	0
<i>Fees, Fines, and Courts Costs</i>			
Supervision Fee	89.5	95.2	94.7
Fines and Court Costs	95.2	97.8	78.5
Trauma Fund Fee	15	11.6	54.5
Spinal Cord Injury Fee	14.5	11.6	5.2
Pay reinstatement fees	25.7	3.4	8.8
Dui Analysis Fee	14.3	12.2	29.3
Restitution	0	.1	.8
Criminal/traffic conviction surcharge	.8	0	0
Crime lab fee	0.5	.3	.1
<i>Community Service/ Work Alternative</i>			
SSD Community Service Program	16.4	7.7	12.6
Sheriff's Swap Program	8.2	5.4	11.1
Work Release	.2	0	0
<i>Victim Impact Panel</i>	78.8	91	68.3
<i>Additional Monitoring/ Restrictions</i>			
Obey order of protection	.2	0	0
Electronic Monitoring/Sheriff	.2	0	.2
Permission To Leave State	.2	.2	.3
Increased reporting	0	0	.3
Home Confinement	.2	0	0
<i>Other</i>			
Concurrent sentences	2.5	0	.8
Obtain GED	.3	0	0
Parenting class	0	.1	0
Supervised Visit To Morgue	0	10.3	0
Keep job diary	0	0	.1
No contact with complainant	0	0	.2

Table 5.3 aggregates the special conditions imposed into eight groups including drug/alcohol conditions and treatment; driving related conditions; terms of incarcerations; fees, fines and court costs; community service including work alternative programs; participation in a victim impact panel; additional monitoring or restrictions; and an “other” category. Within each of these general categories, a probationer may be represented in multiple subcategories. For example, within drug/alcohol conditions and treatment, a woman may have DUI alcohol treatment imposed along with random drug/alcohol testing. Columns 2 through 4 indicate the percentage of the total caseload for which each condition was assigned.

As indicated in Table 5.3, the Cook County Circuit Court has supported DUI/Alcohol treatment for probationers convicted of DUI offenses since 2000 for all levels of offenders. Impressive statistics demonstrate that on average 95 percent of offenders across all groups were mandated to some type of DUI/Alcohol treatment. Given that a condition of acceptance into the CBTSFO program was completion of Level 2 or 3 DUI treatment, the resulting data for this group which indicates only 94 percent of the group was mandated to treatment demonstrates either imperfect record keeping or the judicial decision to not include mandated treatment as part of the supervision terms for all appropriate offenders. Further, while the majority of cases already have some type of alcohol/drug evaluation as part of case processing, terms of supervision noted mandated evaluation that may have been in addition to the initial evaluation or to supplement the evaluation. It is interesting to note that once again evaluations tended to be a special condition more frequently applied for the CBTSFO and Diversified caseloads as compared to the Intensive caseload which indicates an increasing tendency of judges to recognize and/or utilize treatment options.

Other special conditions related to drug/alcohol conditions and treatment demonstrate the relatively frequent use of random drug testing between both the CBTSFO and Diversified caseloads wherein approximately half of the probationers are mandated to this condition. This percentage is significantly higher than probationers in the Intensive caseload group which may indicate an increased tendency in the past three years to utilize this option.

Less frequently mandated as a special condition of supervision are non-alcohol related treatment options such as rehabilitative confinement, general counseling and/or mental health evaluation. Despite knowledge garnered from interviews with CBTSFO program personnel that indicated a high level of mental illness among this population, the data clearly demonstrate that judges are not mandating treatment that may address the root causes of the offending behavior. A distinction is noted, though small, between the more intensive supervision caseloads (CBTSFO and Intensive) and the Diversified caseload in the assignment of this additional type of counseling indicating a recognized difference between these groups. The addition of the CBTSFO program as part of the supervision strategy might then be able to offset this gap in mandated conditions through referrals to counseling and mental health evaluations on a case by case basis during the supervision period.

Turning to the next category of special conditions mandated by the court, noted here as driving related conditions, the data demonstrate that although these probationers are all convicted of a DUI offense, very few additional conditions are imposed to restrict or address their driving behavior. In only one instance among the CBTSFO participants did a judge utilize technological

options such as a breath alcohol interlocking device. Clearly, the jurisdiction has not invested in imposing these types of alternative sanctions.

Incarceration terms for each of the three groups of offenders were rarely imposed; however, when time served prior to the hearing was considered, it was most frequently considered among the CBTSFO group.

In addition to treatment and monitoring restrictions, a common source of special conditions imposed for any type of probationer is supervision fees, fines and/or court costs. In reviewing the types of costs imposed on three groups of offenders, data demonstrate relative consistency across groups in the percentage of the total group that was required to pay some form of fines or fees. Supervision fees, fines and court costs were the most common financial incurrance across each of the three groups. Unfortunately, the available data did not contain actual amounts due in each of these categories. Based on interviews with CBTSFO caseworkers, we do know that supervision fees for the CBTSFO program are higher than the Diversified caseload. We would further assume that the costs of the CBTSFO program are at least as high but likely higher than those imposed on the earlier Intensive caseload probationers.

Some between group differences appear in subsequent subcategories in that the Intensive caseload probationers were more frequently required to contribute to the Trauma Fund than the CBTSFO and Diversified caseload probationers. The latter groups were more frequently required to contribute to the Spinal Cord Injury Fund. Also, while less than 15 percent of the CBTSFO and Diversified caseload probationers were required to pay DUI analysis fees, almost 30 percent of the Intensive cases were required to pay these fees. These differences may be an artifact of time – recall that the majority of Intensive caseload offenders were on probation between 2000 and 2004 while the other two groups were supervised post 2004.

A significant difference was demonstrated between the CBTSFO caseload and the Diversified caseload in the percentage of the group that was required to pay reinstatement fees as a result of losing their license. While 25 percent of CBTSFO cases had this condition listed on their court order, less than 4 percent of the Diversified caseload and less than 9 percent of the Intensive caseload had this condition listed. In sum, with respect to fees imposed on probationers many of the between group differences appear to be an artifact of time rather than the existence of any real group differences with the exception of reinstatement fees. To reiterate, this conclusion does not account for any potential differences in the fee amounts required since these data were not available.

The next section in Table 5.3 indicates the judicial mandate for involvement in the Social Services Department Community Service program. Similarities exist between the more serious offenders (CBTSFO and Intensive groups) with approximately 16 and 13 percent of the groups respectively required to participate in the program. A significantly smaller number of probationers (8 percent) were required to participate in the program. Similar trends were evident with the Sheriff's SWAP program, which is a work alternative program.

Next to treatment participation and payment of fees (including fines and court costs), assignment of the offender to participate in a victim impact panel was the most common special

condition. Nearly 80 percent of the CBTSFO group, 90 percent of the Diversified group and almost 70 percent of the Intensive group were mandated to a victim impact panel as part of supervision terms. Finally, a very small number of probationers (limited to one or two women) had various other conditions that included monitoring restrictions or other unique conditions as noted in the final rows of Table 5.3. The one slightly more common condition imposed was a supervised visit to the morgue for a small number of probationers in the Diversified caseload. No probationers in any other group were assigned this condition.

Supervision and Treatment Services Received by CBTSFO Program Participants

This next section describes the results from a descriptive comparison between groups of the content of supervision experienced while on probation. These results are based on data officially recorded by the supervising probation officer or caseworker assigned to the probationer. Specifically, data entered in the event field of the Cook County SSD PROMIS system were analyzed. Each time an officer or caseworker engages in some type of supervision or related activity, they are meant to document this activity in the probationer's file. The challenge in comparing these data, as noted earlier, is that the extent to which the officer or caseworker engages in this documentation may vary. CBTSFO caseworkers were chosen in part for their positions because they were amenable to electronic documentation of activities on a regular basis. Thus, results of comparisons between groups must be interpreted within the context of this knowledge realizing that non-CBTSFO officers may be less likely to document referrals and other services provided during supervision.

Table 5.4 categorizes "events" into four different primary categories: Treatment, Casework Planning, Supervision Contacts, and Supervision: Other. Related subcategories exist within each of these four primary categories. The columns for each of the three groups examined contain the raw number of each type of event (columns 2, 4 and 6) as well as the percentage of cases within that group that received the service. This method of presentation accounts for a single probationer receiving multiple referrals or services of a specific type allowing for clarity in the extent to which a referral or service is provided to a broad group of probationers as compared to a referral or service that is provided to a small group of probationers in an intensive manner. For example, within the CBTSFO group the Gender Responsive Instrument Interview was scheduled to occur 852 times. This number indicates that the interview was scheduled multiple times for a probationer since that group is only comprised of 608 probationers. Further, the Gender Responsive Instrument Interview event occurred across 93.9 percent of the group. This number indicates that it is an assessment (service) that is provided to a broad base of the group's population. A contrasting example is the Random Urine Tests and referrals (noted under the primary category of Supervision). Although 598 occurrences of either random urine tests or referrals for a urine screen were documented, these events were specific to 35.5 percent of the CBTSFO group and therefore not equally distributed across all CBTSFO program participants.

Based on the tenants of the CBTSFO program, we would expect that the CBTSFO caseload would have experienced a higher number of treatment events including various types of assessments, evaluations and referrals for other services as compared to both the Diversified caseload and the Intensive caseload. These events should occur more frequently in comparison to the diversified caseload in part because the CBTSFO program participants have a higher level of

needs. Further, these events would also be expected to occur more frequently in comparison to the Intensive caseload as a result in the change in supervision strategy for this population and reduced caseloads for specialized caseworkers overseeing this clientele.

Table 5.4: Supervision and Treatment Services Received

	CBTSFO (n=608)		Diversified (n=924)		Intensive (n=951)	
	Total #	% of group	Total #	% of group	Total #	% of group
<i>Treatment: Assessments, Evaluations and Referrals</i>						
Alcohol treatment referral made (initial)	550	83.6	511	47.2	100	8.8
Alcohol/ drug evaluation	18	2.3	1	.1	4	.3
Gender Responsive Instrument Interview scheduled	852	93.9	715	64	361	25.6
Domestic violence referral	1	.2	1	.1	0	0
DUI group meeting referral	159	23.7	1	.1	0	0
Inpatient treatment	0	0	0	0	1	.1
Mental health evaluation	1	.2	0	0	0	0
Mental health treatment/ counseling	6	.3	0	0	11	.3
Rehabilitative Confinement	1	.2	0	0	5	.2
Trauma symptom checklist scheduled	310	48.5	6	.6	0	0
<i>Casework Planning</i>	5086	94.6	2680	46.9	1855	21.9
<i>Supervision Contacts</i>						
Arrest checks	6974	96.7	4958	85.7	3952	40.7
Appointment letters	389	20.7	136	8.9	21	1.4
Letter (non appointment)	527	40	324	18.4	169	17.8
Office interviews scheduled	6804	91	5233	79.3	4117	31.9
Random urine tests and referrals	598	35.5	921	29.4	201	4.5
Telephone contacts and reporting	3234	79.1	1819	44.3	2081	25.1
Unscheduled interviews	57	8.2	70	6	43	3.4
<i>Supervision: Other</i>						
SWAP sign up	57	8.7	44	4.1	47	4.7
Victim impact panel (scheduled)	547	69.6	922	78.3	429	27.7

Treatment Services. The first primary category of services that officers and caseworkers document is related to treatment of the offender which we have categorized here as inclusive of any type of assessment, evaluation or referral for treatment or related services. Within this category, four subcategories are most frequently utilized; we will explore group differences across these four categories. First, an initial referral for alcohol treatment is a common type of referral for services within the CBTSFO group affecting almost 84 percent of the group with a total of 550 occurrences. These numbers indicate that a broad number of CBTSFO program participants are receiving these referrals for service. In comparison, the diversified caseload group received a comparable number of referrals impacting a smaller percentage of that group (47 percent). Both of these groups received significantly more referrals

as compared to the Intensive group that had a total of 100 referrals affecting less than 9 percent of that group. These results suggests that both officers and caseworkers are more likely to refer probationers to alcohol treatment more recently as compared to pre 2000, and that CBTSFO program participants do receive more alcohol treatment referrals. It is difficult to determine whether this higher level of referral is due to a difference in need or individualized case management and an increased recognition of these needs.

The second subcategory we will examine here is the Gender Responsive Instrument Interview that is scheduled with probationers. One of the first results evident from this row of data is that the Gender Responsive Instrument Interview is an event that is scheduled multiple times per offender. This is not surprising based on the qualitative feedback from CBTSFO caseworkers who suggested that the completion of this assessment instrument can be lengthy extending over two or three office visits. A second point to note is the increased use of the Gender Responsive Instrument Interview since 2000 within both the CBTSFO and Diversified caseloads as compared to the Intensive caseload. While less than 26 percent of Intensive caseload probationers had the Gender Responsive Instrument Interview scheduled, the majority of the CBTSFO program caseload and 64 percent of the Diversified caseload completed this instrument.

The large percentage of CBTSFO program participants that have the Gender Responsive Instrument Interview completed is a strong, positive indicator of the program meeting its goals of in-depth, individualized, and gender specific treatment of female offenders. Recall that the Gender Responsive Instrument is used to complete an assessment that collects in-depth information regarding social history, family risk factors, prior substance abuse, DSM classification, children, and victimization (both physical and sexual). Furthermore, the instrument has been modified to utilize principles based on gender specific supervision strategies.

The third subcategory of interest is the DUI group meeting referrals. Given that the female offender DUI group meetings, based on the Helping Women Recover curriculum, are meant to be specific to the CBTSFO program, it is not surprising that the Diversified and Intensive caseloads do not have a significant number of event occurrences of this type. On the other hand, given the importance of the DUI groups as a fundamental aspect of the CBTSFO program, it is surprising that only 159 referrals to this service (affecting less than one quarter of the group) were indicated in official records. Through interviews, specialized caseworkers indicated that a relatively high level of cases were involved in the group treatment with exceptions being those women who were deemed to be “not group ready” as discussed earlier, women who had scheduling conflicts due to work, school or both, and women who had language barriers. Although caseworkers did indicate that spaces were not always available for program participants, it was expected that a larger percentage of the CBTSFO program participants would be exposed to this service component. One possibility is that referrals into the program are not well documented by caseworkers. A second possibility is that a significant increase in the number of spaces available for the group treatment portion of the CBTSFO program is needed.

The final subcategory of treatment examined here is the scheduling of the Trauma Symptom Checklist instrument. As indicated earlier in this report, as part of the enhancement

assessment services that are supported through the CBTSFO program, specialized caseworkers aim to complete the Trauma Symptom Checklist (TSC) with each client. The TSC instrument is intended to be administered at the outset of supervision during the Gender Responsive Instrument Interview prior to the onset of the DUI group treatment as a pre-test and subsequently prior to supervision termination. It is expected that participation in the group treatment will significantly improve a participant's score on the TSC such that a lower score, indicating decreased trauma symptoms, would result.

As indicated in Table 5.4, the usage of this instrument is specific to the CBTSFO program with other groups reporting non-significant event occurrences. Within the CBTSFO group, the TSC was scheduled a total of 310 times impacting almost half of the program participants. In a closer examination of the data, the majority of these occurrences are single occurrences (n=280) rather than multiple occurrences within the same participants. Only 15 participants had the completion of the TSC instrument more than once. These results most likely indicate that while the initial baseline TSC is completed with the participant, subsequent post-test administrations of the TSC are either not being completed or not being documented. While base line scores on the TSC were not available to the evaluation team, it appears that even if they were available a pre-test/post-test examination of change in these scores would not have been possible.

Aside from these four subcategories within treatment services provided to clients, a limited number of other types of services were also provided to probationers within various groups though in small numbers. Some of these alternative services included referral for additional alcohol and/or drug evaluation, domestic violence related counseling/services, inpatient treatment, mental health evaluation, mental health treatment or counseling, and rehabilitative confinement.

Casework Planning. A second primary category of services received by probationers was casework planning. These events include office interviews or related supervision activities documented by specialized caseworkers and probationer officers. In comparing the three groups on the occurrence of this event, the CBTSFO group clearly overshadows the Diversified caseload and Intensive caseload with two to three times as many documented contacts with clients and a significantly higher percentage of clients receiving this type of supervision activity. Almost 95 percent of CBTSFO program participant records indicated the occurrence of casework planning activities with a total of 5,085 events in this category. The Diversified caseload received almost half of this level of contact with 2,680 events occurring with only 46.9 percent of the caseload receiving this type of direct contact. Furthermore, even fewer casework planning events (n=1,855) occurred on the Intensive caseload affecting approximately 21.9 percent of the caseload. While this finding appears to confirm the goal of a high level of client-specialized caseworker contact and case planning within the CBTSFO program it is important to note that prior to September 2006, the SSD did not require contact/progress notes to be entered electronically. Thus, the diversified or pre-CBTSFO staff may have documented contacted that were not available to the research team.

Supervision Contacts. The third category of services received by probationers was grouped to encompass other types of supervision related contacts than casework planning. These

contacts included direct contacts through scheduled and unscheduled office interviews, telephone contacts, urine tests and referrals, as well as indirect supervision through arrest checks and letters to the probationer. As demonstrated in Table 5.4, a significantly higher percentage of the CBTSFO group was the subject of arrest checks as a method to confirm that the probationer was refraining from criminal activity or at minimum criminal activity was not officially detected. Almost, 97 percent of the CBTSFO caseload indicated at least one arrest check occurred during their supervision with the majority of program participants receiving multiple arrest checks for a total of 6,974 arrest checks occurring for the group. These numbers are significantly higher as compared to the Intensive group of which approximately 41 percent of the group had documented arrest checks for a total of 3,952 arrest check events. Though the contrast was not to the same extent, the CBTSFO group did have more intensive arrest checks as compared to the Diversified group of which 85.7 percent received arrest checks for a total of 4,958 events. Given the smaller number of probationers in the CBTSFO program in comparison to the Diversified caseload utilized herein, it is clear that not only are a greater number of CBTSFO program participants subject to arrest checks, they are subject to these check on a more routine basis. This finding related to arrest checks reinforces the higher level of supervision and monitoring received by CBTSFO clients.

Trends similar to arrest check trends are represented in other forms of supervision including appointment letters, letters that are unrelated to appointments, scheduled office interviews, and telephone contacts. In all of these subcategories, available official data indicate that in comparison to the Diversified and Intensive caseloads, a greater majority of CBTSFO program participants experience these supervision events and do so at a higher rate.

The exception to this overall supervision trend rests with random urine tests and referrals, and unscheduled interviews. In examining the data for urinalysis, the intensive group had a surprisingly low level of tests and/or referrals documented that indicated a mere 4.5 percent of this group received a total of 201 referrals for urinalysis. This finding suggests that either utilization of random and/scheduled urinalysis has significantly increased within this population, or probationer officers frequently failed to document these events in prior years. In comparing the CBTSFO program group to the Diversified group, we find that a substantively similar percentage of the two groups (35.5 vs. 29.4 percent, respectively) engaged in urinalysis tests. Interestingly within the CBTSFO group these tests were less intensive for each individual with a total of 598 tests given as compared to the more intensive or concentrated testing within the 29.4 percent of the group who received a total of 921 tests and/or referrals combined.

Supervision: Other. The final primary category of supervision included SWAP program sign up and victim impact panels as distinct from supervision activities since these are officially sanctioned activities usually based on terms of supervision that are conducted primarily by persons other than specialized caseworkers or probation officers. The SWAP program is the Sheriff's Work Alternative program which requires the probationer to engage in work oriented activities on behalf of the county. As per the program's website (<http://www.cookcountysheriff.org/dcsi/swap.html>), offenders involved in the program engage in tasks that have ranged from "assisting the Medical Examiner in handling the bodies of victims during the 1994 heat crisis to sandbagging during the 1991 Chicago Flood and the cleaning up after 1996 suburban floods, to removing graffiti and beautifying the County's public property."

The program is viewed as a significant benefit to the County given the low cost of the program to taxpayers. The program website also indicated that “only personnel costs are absorbed by the county. All vehicles and equipment are financed through fees paid by the offenders themselves, \$40 to sign up and \$12 per day.”

In examining which of the three groups tend to most frequently participate in the SWAP program from the female probationer population, it is evident from Table 5.4 that slightly more CBTSFO program participants engage in SWAP compared to the other two groups, however, this raw number of CBTSFO participants are almost double the percentage of the other two probation group, approximately 8 percent versus approximately 4 percent respectively.

Finally, probationers from each of the three groups examined herein participated in victim impact panels with significantly higher participation levels for recent probationers in the CBTSFO and Diversified groups as compared to the Intensive probation group. This difference is likely due to the proliferation of victim impact panel utilization across the country in recent years. In comparing the CBTSFO and Diversified groups, Table 5.4 indicates that a significantly greater number of Diversified caseload probationers have participated in victim impact panel (n = 922) as compared to CBTSFO program participants (n = 547), however in comparing the proportion of the group that has participated this difference remains but is somewhat reduced (78.3 percent vs. 69.6 percent).

According to the National Highway Traffic Safety Administration, a victim impact panel most commonly is comprised of “a group of three or four victims who speak briefly about an impaired driving crash in which they were injured, or in which a loved one was killed or injured, and how it impacted their lives. They do not blame or judge those who listen. They simply tell their stories, describing how their lives and the lives of their families and friends were affected by the crash.” Multiple goals for the panel impact both DUI offenders and the associated victims including humanizing the consequences of impaired driving, changing attitudes and behaviors, and to deter impaired driving recidivism. Proponents of the panels suggest that they may aid in the substance abuser’s recovery process by helping to break the denial pattern though the research supporting this claim is unclear.

Recidivism

Probationer success while on supervision can be measured in a variety of ways including official documentation of recidivism or failure to adhere to terms of supervision. In the data available through Cook County SSD, this evaluation is able to compare probationers on their abstinence from substance use through the percentage of failed urinalysis, new criminal offenses committed based on arrest checks that revealed a new offense, and finally, the scheduling of a new hearing that indicates either a new crime or a technical violation of the terms of supervision. Each of these program outcomes are presented by group in Table 5.5 and will be contrasted across the three groups in turn.

Table 5.5: Measures of Probationer Success while on Supervision.

New offenses, sanctions and hearings	CBSTFO (n=608)		Diversified (n=924)		Intensive (n=951)	
	Total #	% of cases	Total #	% of cases	Total #	% of cases
Random urine tests/referrals	598	35.5	921	29.4	201	4.5
Urine screens failed	145	12.8	131	8.4	14	.9
Failure rate per 100 urinalysis	24.2		14.2		6.9	
Arrest check – new offense found	120	19.7	78	8.4	119	12.5
New violation hearing	216	33.1	277	27.8	254	24.9

Positive Urinalysis. In comparing the failure rates of female probationers on random and scheduled urine screens, it is necessary to account for the risk of detection in comparison to the rate of failure. This is accomplished by measuring the actual number of referrals or urine screens that occurred within each group and the percentage of those referrals in which an offender failed the test. Merely comparing the actual number of failed urine screens across groups does not control for differential risk-detection exposure resulting from fewer or greater mandated urine screens.

In comparing the Intensive caseload to the other two groups, it is clear that the number and proportion of probationers who were referred for urinalyses dramatically increased in more recent years. The Intensive group had completed a total of 201 random urine tests which occurred within 4.5 percent of the caseload. These numbers are in contrast to the significantly higher number of referrals for urinalyses in the CBTSFO program - 598 referrals that occurred within 35.5 percent of the group, and 921 referrals that occurred within 29.4 percent of the Diversified caseload. Thus, not only were a greater percentage of probationers referred for urinalysis, those referred engaged in a higher number of tests per probationer. This change in utilization of urinalysis thereby increases the risk of detection for both the CBTSFO and Diversified caseloads as compared to the Intensive caseload.

Given the above information, the total number of urinalyses for each group was divided by the number of reported failed urinalysis to provide the rate of positive urinalysis for each group within those tested. The CBTSFO program caseload had a documented rate of 24.2 failed tests per 100 urinalysis submitted. The Diversified caseload had a documented rate of 14.2 failed tests per 100 urinalysis submitted. Finally, the Intensive caseload had a documented rate of 6.9 failed tests per 100 urinalysis submitted. These statistics indicate that the CBTSFO program caseload has a urinalysis failure rate that is almost twice as high as the diversified caseload and almost four times the rate of the Intensive caseload.

Arrest Checks. The second measure of recidivism that was available through official data was the results of routine arrest checks completed by caseworkers and probation officers. On a relatively routine basis caseworkers and probationer officers search official police databases to determine if their client has been arrested on any new charges. The instances in which a new charge is found to exist should be documented in case files. Further, in some cases the caseworker or probation officer also sent a notice in the form of a letter to the probationer's

address on file. While the majority of these arrests should result in a new violation hearing, we examine these positive arrest events separately in case the arrest was prosecuted in another jurisdiction, a new violation hearing did not occur, in the event that additional court action had not yet occurred, and to distinguish new crimes from a combined grouping in the new violation hearing of new crimes with technical violations.

As demonstrated in Table 5.5, comparisons across the three groups indicate that the total number of new crimes was similar between the CBTSFO program caseload and the Intensive caseload; however, a significantly greater percentage of CBTSFO program participants were re-arrested as compared to the Intensive caseload probationers. The Diversified caseload had significantly fewer new crimes as detected through arrest checks than either of the two groups, and had a smaller percentage of their overall group recidivate.

It is important to recognize however that the post CBTSFO group with term dates of 2005 or later were meant to be subjected to a significantly more intensive monitoring. This monitoring includes more frequent arrest checks including out of county arrest checks via the Law Enforcement Data System (LEADS) accessed through the Illinois State Police. Thus, elevated arrest rates may be a direct result of scrutiny rather than actual behavioral differences.

New Violation Hearing. The final measure of recidivism that was available through official data was the documentation of a new violation hearing in Cook County. Caseworkers and probation officers for clients in each of the three groups were expected to document the scheduling and/or occurrence of a court hearing that was the result of a new violation. As noted in the preceding subsection, a new violation hearing could be scheduled as the result of an arrest for a new crime, or as the result of a probationer's failure to comply with terms of probationer. In either case, a new hearing indicates a probationer's maladaptive behavior while under supervision.

Table 5.5 indicates that a significant number of new violation hearings occurred for each of the three groups with the CBTSFO program caseload demonstrating the highest percentage of the group involved in a violation hearing with 33 percent of that group failing to comply with some aspect of their terms of probation. These levels are significantly higher than failure to comply statistics in the Intensive caseload, with slightly less than 25 percent of that group failed to comply either through commission of a new crime or a technical violation. Finally, the CBTSFO program caseload was also higher than the Diversified caseload, in which almost 28 percent of that group had a new violation hearing. It should be noted as a caveat here in considering failure to comply with conditions of supervision that as indicated earlier in Table 5.3, the CBTSFO program participants oftentimes had a greater likelihood of additional special conditions of their supervision. Further, for those program participants who engage in group treatment that spans up to fourteen weekly sessions, three consecutively missed treatment appointments would also result in a violation of supervision conditions. Thus, higher rates of new violations may be due in part to a greater number of opportunities for the probationer to fail.

Section VI: Summary of Results and Recommendations

Process Evaluation

It is clear that the development and implementation of the Cook County Community Based Transitional Services for Female Offenders is well developed, organized and implemented within the targeted population. The program reflects the goals initially outlined in the program proposal. One of the primary concerns of the program was to develop a gender specific supervision model that targeted an at-risk group of female probationers in Cook County to close identified gaps in services for these clients. Our evaluation finds that the CTBSFO program is consistent with much of the recommended practices in literature on effective substance abuse treatment for women. The program has incorporated more than half of the “best practices” associated with the provision of ancillary services and treatment to its female clientele. Moreover, the program has in place all of the programmatic components identified in the literature as leading to improved outcomes as part of a gender-responsive treatment program. The CTBSFO program also includes many of the components found within model community-based treatment programs. Thus, the CTBSFO program design and implementation is consistent with the current state of the field with regard to “best practices” for female substance abusers.

Program Impact

The impact of the CBTSFO program is more difficult to delineate since an ideal comparison group did not exist in Cook County. The composition of the probationers who are participating in the CBTSFO program clearly demonstrated a higher level of risk and treatment needs than their diversified caseload counterparts. With a comparatively high level of confidence, we can conclude that the CBTSFO program group has a higher level of risk and identifiable needs related to substance use and criminal behavior as compared to the Diversified caseload. Further, the program is serving the higher risk offenders that are comparable to the previously existing Intensive caseload. As such, program goals are being met.

With respect to the three measures of recidivism that were available in the data, our conclusions are less robust but suggest that CBTSFO clients fail at a higher rate than either the Diversified caseload or Intensive caseload. Because of the differences in group compositions that were available for comparison purposes, it is pertinent to be careful in the interpretation of these data and underscore the caveats noted earlier:

- This program serves offenders who are already at a higher risk of recidivism and failure as compared to the diversified caseload clients thus higher rates of failure are not inconsistent with expectations.
- CBTSFO participants may be at a higher risk of detection of their behavior as a result of the lower caseloads of their caseworkers and increased conditions placed upon them. Analyses indicated that arrest checks and other forms of monitoring were not only more widespread but also more intensive as compared to other groups.

Sustainability of the Program

A variety of strategies that could be used to facilitate program sustainability including pragmatic issues such as support of human resources and necessary changes in staffing patterns, increasing and diversifying funding sources, and identifying obstacles to program survival. The discussion could also include broader strategies such as [1] communicating program success through staff recognition, promoting success stories, and exchange of best practices between external agencies; [2] re-measuring performance through systematic evaluations at defined intervals; and [3] building quality into daily work life of program staff through job descriptions, training and emphasis of quality during daily practices.

Challenges to Program Processes and Recommendations

[1] The assessment process was viewed overall as positive by program staff members; however a number of weaknesses were identified through the interview process. Staff perceived that first time offenders often were not honest during the initial treatment assessment with CSIA resulting in an inappropriate, generally lower, treatment classification. From their experience, staff felt that the repeat DUI offenders tended to be more honest during the assessment phase with CSIA.

Improvements in this aspect of the referral and assessment process are already underway within the CBTSFO program. One approach is to improve communication with the CSIA counselors about the level of honesty the caseworkers are finding in retrospect. Caseworkers find that as their relationships with their clients advance, clients underreported in many aspects of the CSIA assessment primarily related to type and frequency of substance use. Secondly, caseworkers have impressed upon their clients the importance of being honest during these types of assessments in order to obtain the best level of services possible.

[2] An additional challenge the CBTSFO program has encountered is the use of judicial discretion during the sentencing phase which impacts the CBTSFO program. It was noted through interviews with staff members that occasionally a judicial decision is made wherein the offender is sentenced to a lower level of treatment classification than recorded by CSIA based on its assessment of the client. Given that initial assessment may be underreporting the treatment needs to begin with, a discretionary judicial decision that results in a downward departure favoring a lower classification of the offender may be detrimental to the offender's overall treatment plan and supervision status.

Education of the judiciary about the utility and services provided to clients through the CBTSFO program may assist with this challenge. While judicial decisions of downward classification may continue, judges may be able to add a condition to the court order that the client be referred into the CBTSFO program if appropriate, despite a lesser requirement of treatment hours. Dissemination of information and empirical findings on the CBTSFO program to the judiciary will likely bolster support for the program given the program's potential impact on clients and added services provided to program participants.

[3] As noted earlier, the reporting line for the specialized caseworkers is such that each caseworker is assigned to a regional sub-office and supervised by a distinct supervisor. Each caseworker accesses the CBTSFO program coordinator for specialized knowledge related to the program. As the Cook County Social Service Department and Adult Probation Department engage in restructuring, discussions should be held between caseworkers and administrators to determine if this structure is the most efficient and effective structure for the program. It should be considered whether a more efficient structure would be one wherein the specialized caseworkers were organized into their own unit and reported directly to the current CBTSFO program coordinator in lieu of individual supervisors. While caseworkers did not report conflict or excessive difficulties with multiple administrative lines, it would seem a more effective utilization of resources, especially personnel time, would result with the formation of the above described unit.

[4] Currently, one of the CBTSFO program criteria is that the female offender has a prior DUI offense in past five years and level II (significant risk) substance abuse classification, or be classified as a level III (high risk) substance abuse offender to be referred into the program. Offenders who do not meet this criterion are referred into the diversified caseload. The reasons for the existence of this criterion should be discussed among program staff and administrators to determine if it is one that should be maintained. Based on interviews with caseworkers, they did not feel that the women in the diversified caseloads with a DUI offense were significantly different from the women that were on their caseloads other than this characteristic. The fact may be that the diversified women are at an earlier point in their offending cycle and behavioral pattern. If this is the case, earlier intervention in these women's lives through referral into the CBTSFO program may benefit these women and prevent them from engaging in the secondary offense that would result in a CBTSFO program referral in the first place. Although the risk levels of the two groups varied according to our analysis, the actuarial measures used to classify offenders are likely in part predicated on the existing criminal behavior. Other measures of risk that are qualitatively oriented may enhance the knowledge base about between group differences that may be masked by the current assessment procedures.

[5] Interviews with caseworkers identified the offender's individual motivation as a key factor in a positive group treatment environment which in turn results in positive group dynamics and greater benefit to the participant as a result. Currently, referral from the CBTSFO program into the group treatment phase is contingent on completion of the first phase of court mandated treatment and demonstrable stability in the client's abstinence for a period of 90 days. This requirement is coupled with a number of potential barriers including treatment space availability, individual's scheduling and transportation issues. Coupling the space limitation, the limited eligibility requirements, and importance of group dynamics that hinge upon individual motivation highlights the importance for the consideration of this final factor. At this point in time, caseworkers do not prioritize women by the level of motivation for change nor utilize an assessment to determine readiness for change. Caseworkers and the program administrator should consider incorporating instruments to measure these factors and prioritize women for the group until program space is no longer an issue. This method of assessment and referral for group treatment will serve to more efficiently utilize the limited treatment resources available and result in enhanced group dynamics by referring those individuals most motivated and ready for change over those women who might be better served through other referrals.

6] A useful outcomes measure that was unavailable during this evaluation would be the comparison of pre and post test Trauma Symptom Checklist scores. Based on a review of the available data, a very limited number of women have completed the post test portion. Difference scores in this instrument would provide added insight to the merit of the CBTSFO program, specifically the utility of the group treatment and service referrals.

7] Available data on the activities of the program participants indicated a surprising low number of referral to group treatment. Given that this component of the program seemed to be emphasized during interviews and in the documents provided to researchers, it is quite possible that referrals are not documented or that an insufficient number of group treatment spaces are available. Conversely, perhaps a high number of participants have scheduling conflicts due to employment. Regardless, the factors that are resulting in 25 percent of CBTSFO group receiving this portion of services should be determined.

8] The documentation of other types of service referrals in electronic format is relatively low though anecdotal evidence from interviews suggests that a large number of community referrals are provided to program participants. Documenting these referrals in a format that can be extracted, aggregated and presented to stakeholders will support the utility of this model and indicate the improved model of gender specific, intensive supervision provided by CBTSFO program.

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