

A PROPOSAL TO EVALUATE THE EFFECTIVENESS OF PROJECT ELAN
A THERAPEUTIC COMMUNITY TREATMENT PROGRAM FOR WOMEN
FELONY OFFENDERS

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CHAPTER I

STATEMENT OF THE PROBLEM

Introduction

Project Elan is a residential community corrections program for adult women felony offenders. It is an alternative program for those women who, because of the serious nature of the crime they have committed or because of their lengthy criminal histories, would otherwise be incarcerated at the Minnesota Correctional Institution for Women. It is the purpose of the program to change those behaviors that have led to arrest and incarceration. Project Elan is structured as a therapeutic community and is eighteen months long.

A major aspect of Project Elan is its Child Support and Family Maintenance Program component. The component is an effort to deal with the special problems of women offenders with children. The children's component deals with the detrimental effects of mother-child separation during the mother's treatment, the limited assistance nuclear families are able to provide both mothers and children during treatment, and the negative effects commonly experienced by children whose mothers are in treatment or incarcerated. The program attempts to meet the needs of incarcerated parents by special programming along a continuum from training sessions in parenting to residence of the women's children with the mothers in the treatment program.

The numbers of women committing crimes and becoming involved in incarceration or its alternatives is increasing (Howard and Howard, 1974). With the increased opportunities in employment and education, the opportunities for serious crimes have risen proportionately. The needs of women as a special group will probably be more emphasized and there is evidence to suggest that some of the special needs, e.g. women as parents and/or the mainstay of a single parent family, are being incorporated with the current correctional trend of considering alternatives to incarceration in a prison.

The problem of the female felony offender is complicated and compounded by the parenting role. Alternatives to incarceration for women may be particularly appropriate as programming children with mothers in prison is not appropriate.

Therapeutic communities have shown some measure of success with heroin addicts and are presently being used for addicted and non-addicted criminal offenders. Therapeutic communities are compatible with the need for a supervised setting for high risk or serious offenders, but at the same time are located in the community. They may be especially appropriate for women offenders whose crimes are serious but whose special needs dictate a community setting.

If Project Elan via the therapeutic model changes behavior that leads to arrest and incarceration, then those changes should be reflected in the arrest rates for residents who have successfully completed the program.

The Need

There are presently forty-five community corrections projects of various types throughout the State of Minnesota. Included in the group of projects are programs based on the therapeutic model. Although research on the effectiveness of the model has been limited to male clients, the model is being utilized in women's programs. As there is evidence to suggest that, because of the special needs of women, data from studies conducted on male populations should not be generalized to female populations, there is a need for evaluative research on programs specifically designed for and serving women offenders.

Purpose

It is the purpose of this study to evaluate the effects of a therapeutic community treatment program for women felony offenders. Recidivism, defined as arrest rates, of residents of Project Elan who have successfully completed the program and have been released will be compared to a comparable group of women who have been incarcerated at the Minnesota Correctional Institution for Women and have been released.

Hypothesis

It is hypothesized that the post release illegal behavior of a group of women offenders who have been incarcerated in a correctional institution, the Minnesota Correctional Institution for Women, will significantly exceed the post release illegal behavior of a comparable group of women offenders who have completed a therapeutic community program, Project Elan, where illegal behavior is defined in terms of numbers of arrests.

Overview

A review of the pertinent literature is presented in Chapter II. This includes discussions in three related areas: the history of therapeutic communities, women offenders as a special group, and evaluative studies of therapeutic communities. A design of a study to evaluate the effectiveness of a therapeutic community for women, Project Elan, is presented in Chapter III. The limitations of the study are identified and implications for further research are discussed.

CHAPTER II

REVIEW OF THE LITERATURE

In this chapter the background of the therapeutic community model in corrections is reviewed, the status of women offenders in correctional literature is identified, and evaluative studies of the therapeutic community concept are discussed.

Therapeutic Communities

The concept of a therapeutic community was developed in 1958 by Charles Dederich. Dederich founded an organization, Synanon, to treat heroin addicts using innovative, confrontive therapy in a residential setting (Deissler, 1970; Endore, 1968). Numerous drug treatment programs have been developed on his model and share common approaches.

The structure of a therapeutic community is built upon a rigid hierarchy and the novice earns his way up the hierarchy with increasing responsibilities and privileges. Within the community addicts are not coddled, but are prepared for the harsh realities of life. The individual and group therapies used are confrontive and are designed to improve the individual and group adaptive capacities of the members. The overall purpose is to inculcate a new value system via group pressure. One essential element is that the addict wants to change and all therapeutic communities require that the individual seeking entrance into the community undergo a rigorous interrogation and examination of his motives and sincerity. This interrogation is conducted by community members who are ex-addicts and who are familiar with what Synanon refers to as the

traditional hustles and manipulations of the addicted person (Meyer, 1972).

In general most drug treatment therapeutic communities require the addict to remain in their community for periods ranging from nine to twenty-four months. Another characteristic the programs have in common is that the treatment experience is divided into phases along a continuum of initial extensive therapy in the residence to supervised re-entry into the community (Ramirez, 1968).

Therapeutic communities were not developed out of any professional discipline. Therapies used in the method are eclectic and difficult to define, and the programs generally have not been subject to scrutiny by evaluators. Observers have tried to at least identify the essential elements in the program. Volkman and Cressey (1963) defined five sociological principles based on Volkman's experiences at Synanon and based on Sutherland and Cressey's (1960) work with criminals.

These principles are as follows:

" 1. If criminals are to be changed they must be assimilated into groups which have precise values conducive to law-abiding behavior and, concurrently, alienated from groups emphasizing values conducive to criminality. 2. The more relevant the common purpose of the group to the reformation of criminals, the greater will be its influence on the members' attitudes and values. 3. The more cohesive the group, the greater the member's readiness to influence others and the more relevant the conformity to group norms. 4. Both the reformers and those to be reformed must achieve a status within the group by exhibition of anti-criminal values and behavior patterns. As a novitiate of the therapeutic community the individual is a therapeutic parasite and not actually a member until he accepts the group's own system for assigning status (p. 140)."

Casriel (1963) looked for the specific mechanisms within Synanon that could be identified as therapeutic tools common to therapeutic communities. He cited a paternalistic family structure with conditional

love rather than unconditional love; the initial screening process; an indoctrination process whereby clients are informed that anti-social behavior is not tolerated while any form of verbal behavior is encouraged; the principles of hierarchy and earned status; public speaking lessons in which adaptive behavior is developed; the ritual in which those who break rules are confronted and ridiculed into an open revelation of the offense which encourages the taking of responsibility by individuals for other individuals; the community work program within the house where each member is necessary for the continuance of the program; and the group therapy sessions.

The development of therapeutic community programs within the criminal justice system can be traced to two origins. One origin was that it was being used with corrections clients prior to being formally recognized and adopted by the criminal justice system as a treatment alternative to incarceration. The therapeutic community concept as noted previously was initiated and developed outside any recognized discipline, including corrections. Many of the clients of Synanon and similar programs, however, were also offenders by nature of their heroin addiction. Due to the length and intensity of the treatment, the programs had as clients only the most hard core addicts. These addicts by necessity had developed criminal patterns to support the addiction (Yablonsky, 1965).

A second origin of the development and use of the therapeutic community concept in corrections can be traced to the current trends in correctional philosophies. Rehabilitation, resocialization, and reintegration are now the objective in corrections (Flynn, 1973).

This is a treatment oriented philosophy as opposed to a punishment oriented philosophy. A second identifiable trend is the move towards administering the treatment outside the traditional prison setting. The assumptions underlying the current trends are that prisons do not deter crime and that community alternatives will be more successful than prisons in rehabilitating offenders (Greenberg, 1975).

The evolution of the emphasis of the newer approaches can be seen from the successive versions of the Model Sentencing Act. The 1963 version advocated sentencing non-dangerous offenders to minimum security prisons where rehabilitation would be emphasized (Advisory Council of Judges, 1963). The 1973 revision called for the use of community options whenever such a disposition would not pose a serious threat to public safety (Board of Directors, National Council on Crime and Delinquency, 1973). Two federally appointed commissions have also advocated expanded use of community alternatives to incarceration (President's Commission, 1967; National Advisory Commission, 1973).

In summary as the community and treatment philosophies developed in the criminal justice system, the therapeutic community model developed as an alternative to incarceration for offenders with histories of serious criminal behavior and histories of addiction. The structured therapeutic community meets the need for a high degree of control and supervision of the serious offender without being custodial as is a prison setting. At the same time the therapeutic community is in accord with the community and treatment philosophies.

Women Offenders

The bulk of correctional research and program planning has concerned itself with male offenders and male institutions or treatment programs. Rasche(1974) identifies reasons for the neglect of women offenders. The major problem is that women comprise less than five percent of the entire prison population of the United States. Further, women are not arrested as often as men. Because there are substantially fewer women arrested and imprisoned there are substantially fewer treatment programs. Nor are women involved in programming proportionately to their numbers. Innovative programming is first initiated with the male target groups because the pool of men is larger and research on that correctional group is therefore more conducive to scientific study.

When male programs are evaluated it is questioned whether findings from the studies can be generalized to female programs. Wheeler(1975) notes that findings gathered on male inmate populations should not routinely be considered valid for female inmates as the institutions differ in size and thus differ in internal group structures. Two comparison studies on inmate social structures showed that aspects of the inmate social system common to male groups were not present at all or to the same degree in female groups. Researchers concluded that the social structures differed because the structures are the result of psychological needs of the inmates and the male-female needs within the institution differ (Giallombardo, 1976; Ward and Kassebaum, 1965).

Panton (1975) in a comparison study of personalities of prison inmates using the MMPI concluded that male inmates appear to be more

anti-social with neurotic overlays, while the female inmates appear to be more asocial with overlays of greater emotional sensitivity.

Hathaway and Monachesi (1969) also found differing personality characteristics between males and females. Their study sample included juvenile delinquent boys and girls. Meyer (1972) in studying therapeutic communities and related programs questioned automatic application of the programs to adolescents, in particular, and other groups in general. He notes that the psychological effects of the very confrontive modality have not been adequately studied on differing populations with possibly differing psychological needs.

Women appear to face a special set of problems when faced with incarceration. Most of these problems relate to the female offender's role as mother and putative mainstay of a single-parent family. Although the rise of the feminist movement has encouraged alternative lifestyles and provided women more opportunities for alternatives in correctional planning and elsewhere (Lawrence, 1974), the situation remains that the female prison populations show that the segment of society that ends up being incarcerated are the poor, the uneducated and the black. Many counselors and personal development courses ignore the reality of what the typical female offender has to face out on the street. Survey studies (Goodman and Price, 1976; Singer, 1973, Zalba, 1960) observe that consistently half of the female prison population are women who have children. It would appear that, frequently, incarcerated mothers have lower than average educational and financial resources, but greater than average responsibilities for child rearing and family management.

Burkhart (1973) found that lack of family ties is a critical deprivation experience for women in prison, which contributes to much situational homosexuality and personal anxieties. Gibbs (1971) in studying the effect of incarceration on the children of women inmates concluded a possible detrimental effect on the children. She noted, however, that a seemingly significant item of information that came out of the study was that the group of women was characterized by general social disruption in the way of lack of housing, broken marriages, and separation from children for one reason or another prior to incarceration. She concluded that alternatives to incarceration that might prevent separation of mother and child would not be of much help unless the alternatives included programming aimed at working on the multitude of problems surrounding the parent role.

In summary, there is a need for research in the area of women offenders where the information gained is from the target population not from studies of males. Programming and alternatives to incarceration should be explored with the recognition of the special needs of the offender population.

Evaluations of Therapeutic Communities

Lipton (et.al., 1975) in an exhaustive survey of correctional treatment evaluations indicated that evaluative research on therapeutic communities used as alternatives to incarceration is negligible and that research that has been attempted generally has been conducted only by agencies funding the programs. Ward (1972) in examining community corrections as a whole found a similar situation for therapeutic communities. He found that other community dispositions that

have been subject to scientific study have found no differences between treated and non-treated groups. He did note, however, that the studies did show that there was no higher risk to the community by placing offenders there as opposed to an institution. Community programs are also cheaper and are usually considered more humane.

Kaplan and Meyerowitz (1969) studied the effects of a therapeutic community in a halfway house for male inmates. They found, in comparison to a control group released directly into the community, that the halfway house residents who completed the program were more successful with regard to employment and lack of arrests. Drug use was not affected. A study by Miller (et. al., 1967) of a similar halfway house therapeutic community found no differences between the arrest rates of halfway house residents and a comparable group of non-treated addicts during a one year follow-up period. No differences were found in the rates of drug use.

The Governor's Commission on Crime Prevention and Control (1977) in the State of Minnesota evaluated five therapeutic communities (four male, one female) in Minneapolis using post recidivism rates as measures of success. They compared residents who completed the program to those who started but left the program. In six, twelve, and twenty-four month follow-up periods the results showed that the recidivism rates for those who completed the program were significantly lower than for those who did not complete the program. There were no significant differences when the successful residents were compared to a control group of institutional inmates.

Evaluations of therapeutic communities are lacking in correctional research. Those studies that have been done show conflicting results.

The primary reason for using community alternatives in light of the research appears to be that the programs are cheaper than institutions, may be considered more humane and they create no greater risk to the community safety.

Summary

The therapeutic community concept was developed in 1958 outside any recognizable professional discipline. Its method was to treat heroin addicts using confrontive therapies and other therapeutic tools within a structured, rigid community environment. The concept was adopted by corrections because the model was originally used on heroin addicts who were also offenders and because the concept was in accord with the current trends in correctional philosophies.

Research indicates that the appropriateness of treatments developed for men's programs may not be automatically transferable to women's programs. Programming for women should be developed and evaluated on the basis of research done on women as a special group in recognition of their possible differing psychological needs and their problems in the area of parenting.

Correctional literature reflects little evaluative research on therapeutic communities. Research that has been done is primarily directed towards male subjects and has produced conflicting results with regard to its effectiveness.

CHAPTER III

THE DESIGN

The aim of this study is to measure the effectiveness of a therapeutic community program for women felony offenders by comparing their post-release arrest rates with the post-release arrest rates of a matched group of women incarcerated in a correctional institution.

Sample

Twenty women residents of a therapeutic community, Project Elan, in Minneapolis, Minnesota, will be subjects for this study. The subjects will be randomly selected. Available data on the population (for the year 1977) of the program reflects the following characteristics. Of the total population of twenty-five women the average age of residents is 24.4 years, 17% are Black, 83% are Caucasian, 39% have histories of prior incarcerations and 56% are chemically dependent. Sixty-five percent of the women have children. All residents have been convicted of at least one felony and all are legal residents of Minnesota.

A control group of twenty women will be drawn from the population of the Minnesota Correctional Institution for Women, Shakopee, Minnesota with subjects matched on four variables. Ages of subjects will be matched within a two year range of each sample subject. The felony offenses which led to incarceration or treatment for each individual will be matched within three offense categories: crimes against a person, property offenses and narcotic offenses. Subjects will also be matched on race and area of legal residency.

After the sample and control group subjects have been selected, brief case histories of each individual will be compiled. This information will be obtained from pre-sentence investigations. On every sentenced felony offender in Minnesota, background histories are compiled by the sentencing court. The information gathered will be in three areas. Demographic data will include date of birth, race, marital status, number of dependents and residence prior to incarceration. Socioeconomic data will include education and vocational training, employment history and means of support prior to incarceration. Criminal history data will include number of prior misdemeanor convictions, number of prior felony convictions and number of prior incarcerations.

The Treatment

Project Elan incorporates a multi-phased rehabilitative approach based on a therapeutic community model. There are four phases in the program, each lasting two to six months depending on the individual's progress, and each phase is structured to meet the specific needs of the client. Progression from one phase to the next is graduated by the client's ability to successfully fulfill criteria within each phase. Judgements on whether the criteria are met in each phase are made by the staff, the client and the other clients in the program.

The emphasis of Phase I is centered around the client accepting total responsibility for her behavior. Before she can alter her behavior and fulfill her needs in a responsible manner, she must be made aware of how her actions affect herself and others. Phase I is tightly structured and its basis is behavioral confrontation.

When a client enters the program it is very likely that she will demonstrate the same types of behavior that collectively put her in her present position. When negative behavior surfaces (behavior that is destructive to herself or others), it is confronted and the client must look for alternatives. The purpose is to foster inter-personal awareness. Hopefully, the more a client is aware of her own behavior, the more perceptive she becomes in recognizing negative behavior exhibited by others. Through this process a confrontive growth producing environment is formed.

In order to advance to Phase II, the client must have begun to construct a positive image, to handle confrontation and responsibility, and to start replacing negative behaviors with positive ones.

In Phase II the client is able to continue testing new attitudes and behaviors acquired in the first phase. She begins this testing process within the structure of the program by being assigned to jobs within the house which require more responsibility. The client also has more time to pursue and develop personal interests. Community involvement increases greatly at this juncture and the client may be asked to try new behaviors in the community such as public speaking or other types of contacts with those with whom she has had no prior experience. When a client has displayed the ability to function effectively and responsibly in a variety of situations and has begun to take steps towards some long term goals, she is considered ready to move on to Phase III.

Phase III is a period of assimilation of knowledge. The process of re-entry into the community starts gradually with the client setting

up supportive services for herself. The personal goals for employment or school initiated in Phase II are planned out in detail and put into operation. After the client has found sound living arrangements she may move into the community and the fourth phase of the program.

In Phase IV the client resumes community living while retaining the support of the program by attending weekly groups and one to one counseling. After six months, if she has established and maintained a stable lifestyle, she is graduated from the program.

The therapeutic community structure calls for involvement and a constant check of responsibility and accountability for behavior during every phase of the program. To stress the involvement and keep check on the responsibility and accountability, the following therapeutic tools are used:

1. When a client enters the program she immediately becomes part of the structure. She is assigned a house job that requires constant interaction between herself and other clients. Jobs of increasing responsibility are given as deserved and the client learns to give and take orders and experiences authority on various levels.

2. Clients are required to keep a personal log and record feelings and events on a daily basis and to share this information with other residents and staff. This is to initiate positive interaction and help clients become aware of specific behavior patterns.

3. Clients maintain behavior charts. These charts allow her to monitor her behavior and note any changes which occur. Periodic charting groups provide feedback to the individual from other clients.

4. Group counseling is used as a therapeutic tool. Concept groups are held three times per week and are used to provide information and

exercises from various counseling therapies. Behavior confrontation groups are spontaneous and are called by staff or clients in response to a problem or display of inappropriate behavior. The emphasis is to confront and identify the problem, suggest a positive alternative and assign a consequence that will reinforce the positive behavior. Assertiveness training and sexuality groups are held each once per week. Marathon groups are scheduled once every three months and involve in-depth discussion of clients' patterns of behavior and progress in the program.

5. Individual counseling sessions with the staff are scheduled once per week.

Other program methods include counseling and referral with regard to vocational or educational goals. Social and cultural function involvement is mandatory. Clients participate in functions decided upon by the group. The purpose of these activities is to provide recreation, to allow the residents to meet new positive people, and to establish a positive use of leisure time.

For women with children Project Elan has additional treatment components that supplement the regular components. The goal is to re-unite the parent and child in Phase III through a series of steps beginning with participation in parent education sessions, on-site regular weekly visits with family members, and regular progress conferences. After the child is moved into the residence, the mother is involved in continuing parent groups and the interaction of parent and child is supervised by staff and other clients. Feedback on behavior and progress is ongoing throughout the process.

Procedure

The design used in this study will be a quasi-experimental two group post test only design. Arrest data on the sample group and on the matched control group will be gathered six months after the release of each subject. The data will be obtained from arrest record checks with the Minnesota State Crime Bureau and the Federal Bureau of Investigation.

The proportion of those women in the sample group who are arrested at least once in the sixth month period will be compared with the proportion of those women in the control group who are arrested at least once. The inferential statistical test used will be a chi square analysis testing whether membership in the two groups is related to frequency of post treatment arrest.

Statistical Hypothesis

Null Hypothesis: The proportion of women who are arrested after release from a therapeutic community program will not be different from the proportion of women who are arrested after release from a correctional institution.

Alternate Hypothesis: The proportion of women who are arrested after release from a correctional institution will exceed the proportion of women who are arrested after release from a therapeutic community program.

Limitations of the Study

One primary factor that may possibly affect the validity of the results of this study is whether the sample and control groups are comparable. The subjects will be matched on four relevant variables, but the differences in other possible variables, such as those that will

be summarized as socioeconomic data, demographic data and criminal history data may be affecting the results.

The comparability of the groups may also be questioned as there are a number of unknowns about the populations of the institution and the community program. District Court judges make the decisions as to who will be incarcerated and who will not. It is assumed that once a judge decides that incarceration is in order, then he will consider Project Elan if the offender meets the Project's eligibility criteria. At this point in the decision making there is no information as to what personal criteria a judge is using in making the final decision, i.e. Project Elan or prison. Personal prejudices or biases may be affecting who goes where and this may affect who makes up the populations of the programs. For example the variable of having dependent children or not, is not controlled in this study. Judges are notoriously reluctant to imprison women with children and this variable may be given high priority in their decision making. Similarly, although subjects are being matched on offenses and both groups should be comprised of high risk offenders, the judges may have information not available to a researcher with regard to the details of the offense making the offender a higher risk in the community. In other words the population of the institution could be a much higher risk group and this would naturally skew the results in favor of the treatment program.

Loss of subjects from the comparison groups may affect the internal validity of the study. Subjects may abscond from either the institution or the community program and this may differentially reduce the size of the groups, thus affecting accurate analysis of the results.

Implications of Possible Results of the Study

If no significant differences are found in the arrest rates for the treated and non-treated groups, then the effectiveness of the program in changing behavior is questionable. However, the program has only been in existence since 1974 and could be considered to be still in an experimental stage. It is also probable that the parenting aspects of Project Elan are helping the women or the children even if the women are once again risking arrests by their behavior. The children's program should be evaluated as an entity in itself to shed light on what impact that aspect of the program is having on relevant mother-child interactions.

Studies on community programs have shown that there is no greater risk to the community with regard to use of community programs versus institutions. Community programs are also usually cheaper. It is suggested that if the results of this study are negative, then Project Elan compile appropriate data supporting the no-greater-risk and less-expensive arguments to support further development and evaluations.

If significant differences are found between the sample and control groups, then there is a basis for continuing the program. Significant findings will also validate the need for more sophisticated studies. These studies might include a deeper analysis of measures of success for program participants. In other words, are arrest rates alone a totally acceptable measure of change in behavior or are there other relevant factors that should be identified and considered.

Summary

This study is designed to evaluate the effectiveness of a therapeutic community as compared to a prison. Using a two-group post test only design, a randomly selected group of residents of Project Elan will be matched with a group of prison inmates from the Minnesota Correctional Institution for Women. Post-release arrest rates will be compared using a chi square analysis to test whether membership in the two groups is related to frequency of arrest.

Limitations of the study include problems in comparability of the sample and control groups, possible loss of subjects, and a number of unknown variables about the two populations from which the samples will be drawn.

If this study results in negative findings then the effectiveness of the program is questionable. If positive results are found, then there would appear to be a basis for continuing the program and for more sophisticated research.

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