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Evaluation of the House of Healing: An Alternative to Female Incarceration

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The House of Healing (HOH) is a court-mandated, community-based residential program for female offenders. Women reside with their children at the HOH, which serves as a base from which to receive health/mental health care and substance abuse treatment while working toward successful community reintegration. An evaluation based on the records of 94 female offenders residing at the HOH for various time periods between 1998 and 2006 revealed a significant relationship between residents' reunification with their children and successful completion of the HOH program. Furthermore, there was a significant relationship between successful program completion and female offenders' recidivism.

Key words: *incarceration, female offenders, recidivism, reintegration*

Approximately one third of the women and girls held in penal institutions throughout the world are in the U.S., positioning the U.S. first on the International Centre for Prison Studies' World Female Imprisonment List (Walmsley, 2006). Nationwide, more than one million women are currently imprisoned or under the control of the criminal justice system (Lapidus et al., 2005). Although there are more males than females incarcerated in the U.S., the Sentencing Project (2007) reports that between 1985 and 2005, the number of women in prisons has increased at nearly double the rate of men, 404% compared to 209%, respectively. This trend toward higher levels of female incarceration continues as evidenced by the most recent Bureau of Justice Statistics release, reporting that the number of women in prisons "rose faster during 2006 than over the previous five years" (Sabol, Couture, & Harrison, 2007, p. 3).

In addition to this alarming increase in the number of women entering the criminal justice system, these women are also entering for longer periods of time. The Women's Prison Association (2005) reported that the number of women incarcerated for over a one-year period increased 757% between 1997 and 2004.

The current study addresses an alternative to the prevailing 'mass imprisonment' policies (Garland, 2001) through an evaluation of a community-based program, the House of Healing, located in Pennsylvania, the state ranked fifth in the nation for the highest rates of female involvement with the correctional system (Hartney, 2007). In recent years a variety of such residential programs for female offenders have been initiated in community settings throughout the U.S. Unfortunately, as is the case with the one examined in this study, the vast majority of these programs are small, private, non-profit entities, which have received minimal public financial support (Austin, Bloom, & Donahue, 1993). Consequently, few have had the resources to conduct formal evaluations.

Relational Theory and Female Incarceration

Miller (1976) and the Stone Center at Wellesley College are credited with pioneering a developmental theory that

recognized the primacy of supportive interpersonal connections for females—a premise that contradicted the prevailing male-oriented assumptions of the period, which extolled the virtues of independence and autonomy (Covington, 2008). Miller's Relational Theory posits that mutual, empathic and empowering relationships are central to women's healthy psychological development, and positions relational qualities and activities as strengths and pathways to growth (Covington, 2008).

From the perspective of Relational Theory, imprisonment is more punishing to the female psyche than to that of the male. Indeed, society would be hard pressed to relegate female offenders to circumstances more detrimental to their well-being than the condemnation into isolation within prisons constructed for the very purpose of separating and secluding them (Magnani & Wray, 2006).

In Covington's (2008) critique of the criminal justice system through the lens of Relational Theory, she notes that disconnection and violation characterize many of the relationships of female offenders, and warns that the prison experience serves to exacerbate those past psychological injuries. According to the Bureau of Justice Statistics, over half the women in state prisons have histories of physical or sexual abuse (Harlow, 1999), and other studies report that more than 80% of women in prison have experienced significant and prolonged exposure to physical abuse (Browne, Miller, & Maguin, 1999). Haney (2003) observes that unsympathetic and oppressive institutional conditions, coupled with occasions of cruelty from fellow inmates, results in a re-traumatization experience for many of these women. Even among female offenders whose history may not include abusive relationships, the widespread physical, emotional and sexual abuse encountered by women in corrective custody (Amnesty International, 1999) is likely to subject them to long-term struggles with depression, nightmares, Post Traumatic Stress Disorder, Rape Trauma Syndrome and suicidal impulses (Lapidus et al, 2005). In short, "the prison culture is a culture controlled by violence and the threat of violence" (Magnani & Wray, 2006, p. 114), permitting little opportunity for the development of supportive, empowering or mutually empathetic relationships.

Arguably, the most crucial relationships for females are those relationships they have with their children. Over 70% of female offenders are mothers (Stuart & Brice-Baker, 2004; Tebo, 2006). Covington's (2008) literature review on the grief, loss and shame endured by incarcerated mothers indicates that "the stress of separation from and concern about the well being of their children is among the most damaging aspects of prison" (p. 145).

Consistent with Relational Theory, Gabel & Johnston (1996) report that inmates engaged in regular family visits reintegrate more easily once released from prison. However, 54% of incarcerated mothers never receive a visit from their children and 53% report one telephone conversation with their children per month or less (Johnson & Waldfogel, 2002). Imprisonment in facilities over 100 miles from their place of residence (Mumola, 2000) and exorbitant telephone fees (Lapidus et al., 2005) contribute to the incarcerated females' isolation from her family and friends.

The subject of the current study, the House of Healing, is an example of a program that operationalizes many of the concepts and principles embodied in Relational Theory. It is a court-mandated, community-living residential program with the capacity to house a maximum of eight female offenders and their children. It emphasizes the tenets of Relational Theory as is most emphatically evidenced by the contact, visitation and telephone policies that contrast drastically to the policies in state correctional institutions. HOH serves women that have been arrested, convicted and sentenced for primarily non-violent violations of the law, who throughout this article will be referred to as female offenders. Although the HOH was designed to meet the needs of mothers, approximately 5% of the women accepted into the program have been childless.

Female offenders who are pregnant or have children under the age of twelve are able to live with their children while completing their sentences. However, even children over age 12 are permitted overnight visitations. In addition, when custody arrangements or the age of the child prohibit residence at the HOH with their mother, day visits are invited and phone calls are encouraged and permitted for nominal or no fees depending upon the individual's circumstances. This contrasts

significantly with state correctional facilities that restrict visitation and limit telephone contact through scheduling impediments and exorbitant telephone fees (Lapidus, et al, 2005).

The intensive program in which the female offenders participate at the HOH is a three-phase model, with women transitioning through phases upon meeting specific benchmarks, and sequentially obtaining additional privileges. The core program includes classes in parenting and communication skills, self-esteem, anger management, and budgeting. Counseling for chemical addictions, domestic violence, sexual abuse, and mental health issues is also a critical part of the program, as well as health care referrals and job placement assistance.

Beyond its role as a facilitator in strengthening healthy family relationships, the HOH serves as base from which to seek employment, receive health/mental health care and obtain substance abuse treatment, while working toward a variety of other goals geared toward reintegration into the community within 6 to 12 months. The programming conducted within HOH is designed to keep families together, stop the cycle of crime, and teach women and children the skills and appropriate behaviors to successfully reintegrate into society.

The children of female offenders reside at the facility and remain in the care of their mother. The HOH strives not only to aid mothers with successful re-entry into the community, but also to safeguard the children from a life of crime. This is a critical program component because multiple studies report that criminal conviction of parents increases the likelihood of future criminal convictions of their children (Gabel & Johnston, 1996; Rowe & Farrington, 1997; Widom, 2000). For many children, residence within the HOH offers their first experience of security, or a regular schedule for meals, homework, and bedtime. Positive behaviors are reinforced while mothers learn appropriate communication and discipline to correct children's unruly behaviors. Each woman works closely with an intensive case manager to develop goal plans for her family.

Consistent with the tenets of Relational Theory the communal living arrangement strives to foster a sense of responsibility for the lives of others as the women in residence and their children share household chores, cooking, and meals.

Residents participate in both on and off-site recreational and cultural activities. Community service is required of participants until they obtain paid employment. Residents are encouraged to develop their spirituality, a positive support system, and work an active 12-step recovery program. Contact between the residents and their recovery program sponsors is promoted by HOH through the use of an office telephone without fees to residents.

Some of the service providers that work with the residents include: Erie County Office of Children and Youth, Family Services, Erie County Office of Drug and Alcohol, Erie School District, Safe Harbor, Stairways Behavioral Health, and Erie County Assistance Office. In addition, the House of Healing began an aftercare program in 2002 for both the mothers and their children upon the conclusion of the court-mandated time at the House of Healing. This continued support from the professional staff is particularly critical during the period of transition to independent living.

Considering the broad spectrum of interventions embedded in this community-based program, HOH's founder and director, Sr. Stephanie Schmidt, OSB was asked to identify what she believed was the single most important feature of the program to which the HOH successes could be attributed. She did not hesitate in her response, "We extend love to every woman that walks through our doors. It's often the first time anyone has really cared about them." Observations gathered from clients, case notes and interviews with HOH staff illustrates how the HOH has provided Karen, Julia and many other female offenders with their first opportunities to form positive, mutually supportive and nurturing relationships.

Karen's childhood of sexual and physical abuse by family members primed her for a series of unhealthy adult relationships. Prior to incarceration for drug-related offenses, her husband "controlled every aspect of her life," with frequent reminders that "women are to be seen, not heard." He prohibited his friends from speaking with Karen and Karen from forming her own friendships. Upon arrival at the HOH, Karen thrived in the environment of peer support, staff encouragement and mentoring. She achieved one-year sobriety, successfully rebuilt her relationship with her daughters, and

rediscovered her passion and talent for music. She composed songs and inspirational reflections about her life's journey that she hopes to copyright.

Julia was transferred from prison to the HOH during the first trimester of a high-risk pregnancy. Julia was consumed with rage, which she attributed to the brutal rapes that she endured in childhood. Altercations in her encounters with others were common. Throughout her teens and early twenties, Julia was involved in the sale and use of drugs, and served time in both state and county facilities. She credits the new found supports she forged with staff, other residents, and her recovery support network as the power that sustained her through the difficult birth of her son and several weeks of crib-side vigils in the neonatal intensive care unit. Thanks to "an excellent relationship with my sponsor," Julia completed a difficult series of trauma therapy sessions, celebrated one year of drug abstinence, obtained her nurse's aid certification and subsequently enrolled in training for licensed practical nurses. Her bond with her child has been a vital motivational force in her success at the HOH. "I'm thankful that my son was raised by me from the start, rather than being raised by someone else until I was released from jail."

Such stories are typical of the female offenders who arrive at the HOH. Many of the HOH residents have their first encounter with some very simple common family experiences that facilitate bonding, like playing board games with a group, baking cookies with her children, singing Christmas carols with others or sharing in the preparation and enjoyment of evening meals. These activities are often foreign to the HOH residents raised in environments of neglect, fear and violence.

Former residents, including those who did not successfully complete the program, attend the HOH family holiday parties, periodic informal dinners, or stop by to avail themselves of sundry supports such as bags of groceries, winter coats or just a listening ear or hand to hold. Likewise, as a demonstration of relational mutuality, staff is regularly invited to significant life events in the lives of HOH alumni over the years, such as funerals and graduations.

Relational theory posits that a woman's primary motivation is to build a sense of connection with others, contending

that "Women develop a sense of self and self-worth when their actions rise out of, and lead back into, connections with others" (Covington, 2003, p. 72). According to the HOH program's founder, 'love' is a key component in the structured community residential program that can help break the self-destructive cycle in the lives of female offenders.

Evaluation of the House of Healing

This report summarizes the findings of the first independent evaluation of the HOH since its inception in 1998. The evaluation was conducted utilizing secondary data sources that were provided by the House of Healing. The data pertain to clients who were both admitted to and discharged from the program during the period between 1998 and August 2006. The specific data sources used were the information contained in the House of Healing Intake forms, Goal Plans, and Discharge Summaries. Recidivism data were collected from the Erie County Adult Probation and Parole department.

In these first years of operation, the HOH focused on developing their innovative program, rather than identifying, monitoring and recording measurable outcomes. Therefore, this initial evaluation is limited to evaluating program effectiveness through residents' successful program completion and subsequent recidivism.

This evaluation initially included the 105 females residing at the HOH during various times between the years of 1998 to 2006. Admission of these residents to the HOH fluctuated mildly throughout the eight years under review. In 1999 the highest number ($N = 16$) of the study participants were admitted to HOH, while 1998, 2000, and 2002 marked the lowest number ($N = 11$) of participant admissions over the eight year period. However, ten residents discharged from the HOH due to medical/mental health reasons and the one resident released after her charges were dropped, were eliminated from the evaluation. Therefore, the subsequent study reflects data collected on the remaining 94 cases.

The average length of stay at the HOH for the women in our sample was 168 days, with 24 (26%) women in residence for 90 days or less; 20 (21%) in residence from 90 to 180 days; and 47

(50%) in residence from 181 to 365 days. Only 3 (3%) women remained at the HOH longer than one year. The residents' age upon admission to the HOH ranged from 19 to 57, with a mean age of 31 years. Racial composition throughout the seven years was 61 (65%) white, 30 (32%) African American, and 3 (3%) women reporting their race as either Native American or other. In addition, 5 (5%) women reported Hispanic ethnicity.

Of the 88 women responding to the education question, 53 (60%) reported that they did not graduate from high school. However, 62 respondents reported having either a high school diploma ($N = 34$; 36%) or a GED ($N = 28$; 30%). The mean for highest grade completed was 10.6. Based upon the 92 cases with complete information on this variable, 87 (95%) of the women were mothers to a total of 232 children. The mean number of children per resident was 2.5. Most women reported one ($N = 19$; 20%) or two ($N = 29$, 32%) children.

Sixty-six children were residing with their mothers at the HOH at the date their mothers' admission into the program. However, due to new births, family reunification efforts and shared custody arrangements, a total of 128 children eventually joined their mothers at some point in their HOH residency. The difference between the 232 total number of children and 128 children at the HOH was due to a variety of reasons, including custody issues and the age of the child, which resulted in many women being unable to have all their children with them while in residence at HOH.

In summary, approximately 68% of the 94 women included in this review lived at the HOH for some period of time with their children. Twenty-eight (30%) of the 94 women in this study had one child living with them at the HOH and 23 (25%) had 2 children living with them, while 13 (14%) women had more than 2 children living with them at the HOH.

Eighty-six women responded to questions regarding their marital status. Most respondents were single ($N = 53$; 62%), and 13 (15%) of the women were divorced, 8 (9%) were married, 9 (10%) were separated, 2 (2%) were engaged, and 1 (1%) was widowed at the time of their admission to the HOH. Nearly 25% of the 94 residents failed to respond to questions about drug and alcohol abuse. The number of women responding to inquiries about their drug and alcohol use was 74 and 69,

respectively. Forty-three (58%) women reported having a drug problem and 31 (45%) reported having an alcohol problem.

Only 63 cases had information pertaining to women's mental health. Therefore, the following reflects data on less than 67% of the residents. For those women for whom there was mental health information, 36 (57%) indicated having received mental health treatment or reported mental health treatment needs. It is of interest to note that during the period under review, seven residents were discharged due to mental health needs that could not be met through outpatient services rendered while they remained in residence at the HOH, and consequently they were not included in this evaluation.

When asked about abuse in their family of origin, of the 52 women who responded to the question: "Has your mother ever been involved in an abusive relationship?" 34 (65%) of the women answered in the affirmative. Of the 57 women who answered the same question about their fathers, 26 (46%) of the women also reported that their father was involved in an abusive relationship. Unfortunately, the HOH intake forms lacked questions about the residents' own history of abusive relationships. However, although there was an absence of formal records, the HOH Director estimated that nearly 90% of her residents disclosed a personal history of abuse during the undocumented preliminary screening interviews. This is consistent with the research indicating abuse as a primary pathway to crime (Reisig, Holtfretter & Morash, 2006) and reports from the U.S. Department of Justice recounting rates of physical and sexual abuse of approximately 80% and 60%, respectively among incarcerated women (Harlow, 1999). HOH programming related to self-esteem, healthy relationships, and domestic violence is based on the assumption that these core program components are universally beneficial to the vulnerable population they serve.

The criminal convictions that precipitated the women's referral to the HOH are consistent with profiles of female offenses derived from the FBI's Uniform Crime Reports, in that less serious offenses and property crimes are most prevalent (Schwartz & Steffensmeier, 2008). Public Order (N = 37; 39%) and Property offenses (N = 31; 33%) were the most frequent convictions among the residents, followed by Drug offenses

(N = 19; 20%) and Revocations/Court Order Violations (N = 17; 18%). Only 9 (9.6%) women were convicted of violent offenses, which were predominately simple assault and resisting arrest. As Kendall (2008) notes, the simple assault offense category can include such minor incidents of threat or physical attack as scratching, shoving, kicking or throwing objects.

Sixty-three (67%) of the 94 HOH residents had a conviction prior to their current offense which precipitated their residence at the HOH. Therefore, 31 (33%) females did not have any documented prior convictions. This does not mean that they were never involved in the criminal justice system, but rather they had not been formally convicted of an offense in Erie County, PA. For those 63 with documented prior convictions, the most frequent types were Public Order (59%); Property (57%); and Drug (19%) convictions. In addition, for the 86 cases for which this information was available, 87% of the women had been incarcerated either directly before their arrival at HOH or during some time in their past, not including juvenile commitments.

When considering discharge status, note that in addition to the mandatory participation in all HOH in-house programs, to successfully 'graduate' residents must adhere to a series of other terms and conditions. These include attendance at weekly Alcoholics Anonymous or Narcotics Anonymous meetings and abstinence from drugs or alcohol. In addition to compliance with all Office of Children and Youth conditions and engagement with mental health and substance abuse service providers, successful program graduates make payment of all court fines, and are in compliance with all stipulations put forth by the probation office.

More than half the residents had positive conclusions of their time at the HOH (N = 50; 53%) by either successfully completing all the formal HOH program requirements for graduation (N = 39; 41%), or being granted approved discharges by their parole officers (N = 11; 12%) without meeting all the HOH requirements. Forty-four (47%) residents either absconded or were discharged due to violations.

This study defines *recidivism* as a dichotomous variable of those 54 (57%) women with and those 40 (43%) without reconvictions between the date of their HOH discharge and December of 2006. Reconviction data was retrieved from

the Erie County Adult Probation department; therefore, if a female was reconvicted in another county that data was not collected.

Logistic Regression Analysis: Program Completion & Recidivism

Two binary logistic regression equations are presented here; one for discharge status (coded 1 = successful, 0 = otherwise) and a second for recidivism (1 = no, 0 = otherwise). For the first analysis, discharge status is estimated from three independent variables: number of children in residence with mother, mother's age, and a dichotomous variable for prior conviction (1 = yes, 0 = otherwise). Two cases were lost in the first analysis due to missing data. The second analysis examines recidivism using three predictors: number of children in residence with mother, mother's age, and discharge status. An indicator for substance abuse was not included in either analysis because the non-responders would have reduced the sample size from 92 to 71, a significant decline in an already modest sample size. Furthermore, an examination of discharge status within the subgroup, substance abusers, indicated no relationship between successful completion and self-reported substance abuse problems.

The first equation estimating discharge status using all three predictors versus a constant-only model was statistically significant, $\chi^2 (3, N = 92) = 9.21, p = .027$, although the Nagelkerke $R^2 = .127$ was relatively small. Classification for the program participants was also modest with overall correct classification at 59.8%, 62.5% for those successfully completing the program and 56.8% for those who did not. Table 1 presents regression coefficients, Wald statistics, p-values, odds ratios and 95% confidence intervals for the odds ratios. Findings indicate that only one predictor—number of children in residence with mother—was significantly associated with discharge status. Accordingly, for each additional child a woman has in the residential program, the odds of successful program completion increases by 1.53. In light of the sizeable odds ratio for the prior conviction variable, a second model was estimated with the number of children variable removed. This model was not significantly different from the constant only model $\chi^2 (2, N = 92) = 4.09, p = .130$, indicating that the parenting relationship and

reunification with children is the most important predictor of women's successful discharge status.

Table 1. Logistic regression parameter estimates

Dependent Variables	Independent Variables	Coefficient	Wald Test	Odds Ratio	95% Confidence Interval for Odds Ratio
Discharge Status	# of children	.426*	4.609	1.531	1.038 - 2.258
	Age	.038	1.534	1.039	0.978 - 1.103
	Prior Conviction	.714	2.161	2.042	0.788 - 5.292
Recidivism	# of children	-.157	.642	.855	0.583 - 1.254
	Age	-.001	.001	.999	0.941 - 1.061
	Discharge Status	1.939***	15.200	6.954	2.623 - 18.433

* $p < .05$ ** $p < .01$. *** $p < .001$

The second model estimates recidivism of program participants using discharge status, age, and number of children as predictors. Comparing this to the constant-only model yielded statistical significance $\chi^2 (3, N = 94) = 17.90, p < .001$, with a Nagelkerke $R^2 = .233$. Results classification included an overall correct classification figure of 71.3%. The percent correctly classified as successfully avoiding recidivism was 77.5%; those who did not were correctly identified 66.7% of the time. Detailed figures for the model (Table 1) reveal that only status of discharge was significantly related to recidivism. The odds ratio for this variable indicates that those who successfully completed the program were nearly 7 times more likely to avoid recidivism as compared to those who did not. Re-estimation of recidivism using age and number of children only failed to reach significance relative to the constant only model; $\chi^2 (2, N = 94) = 0.43, p = .810$, lending further support to the

significance of discharge status as an important estimator of recidivism.

Recidivism Analysis

In light of the findings indicating the significance of the relationship between successful program completion and reduced likelihood of recidivism, further analysis was conducted. Among the 50 women categorized with an approved discharge from the HOH, only 19 (38%) had subsequent convictions as of December 2006, compared to an 80% reconviction rate among the 44 women discharged due to violations. It is of interest to note that of those 19 recidivists with an approved HOH discharge, 10 (53%) were re-convicted of less serious offenses and 6 (31%) were re-convicted for the same level offense. Only 3 (16%) of those women with an approved discharge status had a subsequent conviction on a more serious charge than the charge that resulted in their initial admission to the HOH.

Kendall (2008) observes that programs for offenders are generally credited with a 10% reduction in recidivism. The current evaluation lacks a properly controlled comparison group. Nevertheless, the 41.5% difference in recidivism rates between those women with an approved discharge and those women not successful in this community-based program suggests a reduction of recidivism that may exceed four times the expected success rate.

Periods of successful adjustment for the 50 women with an approved discharge were calculated as the time between the residents' HOH discharge date and either her next conviction, or the date of data collection in December 2006. The discharge dates of all the women in this analysis were a minimum of six months prior to the date information pertaining to recidivism was collected from the courthouse records. However, the recidivism rate beyond six months was tabulated only for women whose discharge periods were relevant to these specific time frames. For instance, three-year recidivism rates could be calculated only for the women discharged from the HOH by December 2003. (See Table 2.)

Recidivism rates are typically reported at 50% or higher, but vary greatly depending upon methods of calculation and

Table 2. Recidivism rates for House of Healing approved discharges

	Time Interval Between Discharge and Conviction, or December 2003			
	6 months N = 50	1 year N = 45	18 months N = 45	3 years N = 42
Reconviction Rates	14%	20%	31%	40%
Successful Adjustment Rates	86%	80%	69%	60%

time period monitored. Rearrest, reconviction, and recommitment to incarceration (reincarceration) are the three most common recidivism indicators in the correction literature. The recent statistics on recommitment to incarceration, arguably a less conservative measure of recidivism than reconviction, vary from 57% and 49% in California and Colorado, respectively, to 28% in Texas (State of Texas Legislative Budget Board, 2007). Pennsylvania reports three-year reincarceration rates of approximately 47% (Flaherty, 2005). Considering that reincarceration rates are generally lower than reconviction rates, the HOH's 40% reconviction rate compares favorably to the available current data on recidivism, which is limited to reincarceration measures.

Nonetheless, these comparison efforts are further hampered by statistics based on state prisons' predominately male populations. Statistics based solely on female offender's recidivism is sparse and frequently poorly defined (Stuart & Brice-Baker, 2004), with reports ranging from shorter-term rates of 26% (Kendall, 2008) to longer-term rates of 67% (Fortuin, 2007). In the somewhat dated but most comprehensive national report on recidivism to date (Johnston, 2007), the Bureau of Justice Statistics (2002) reported 48% and 40% of formerly incarcerated men and women, respectively, were reconvicted within three years.

Deschenes, Owen & Crow (2007) reported female 3-year reconviction rates for property and drug offenders of 39.2% and 44% respectively. This is helpful comparative data because over half the of the women were court-mandated to the HOH due to property and drug offenses.

Summary & Conclusion

Consistent with the tenets of Relational Theory, this independent evaluation of the House of Healing indicates a statistically significant relationship between women's reunification with their children and successful completion of the HOH program. Female offenders residing at the HOH who were not reunited with their children were less likely to successfully complete the HOH program.

Furthermore, there is also a statistically significant relationship between the successful completion of the HOH and subsequent recidivism. The overall recidivism rates for those with an approved discharge status and those without an approved discharge status were 38% and 80%, respectively. In a conservative comparison of the recidivism reported in the literature, recidivism rates are equal to or better for female offenders successfully completing the HOH program.

This study is subject to the limitations characteristic of examinations of a relatively small number of female offenders from a single program, including generalizability. In addition, due to incomplete records and missing data, a variety of key indicators were unavailable for inclusion in the analysis. However, these initial findings strongly suggest that the HOH community-based program provides a promising alternative to incarceration, particularly when comparing the daily cost per resident of \$71.72 at the HOH to the \$93.20 daily cost per female inmate as reported by the PA Department of Corrections (2005). Moreover, as an increasing number of children of incarcerated parents swell the already overburdened child welfare system (Johnson & Waldfogel, 2002), there is a potential additional annual savings of \$25,000 per child (Lapidus et al., 2005) from foster care to be garnered by keeping families intact at the HOH.

In light of the Adoption and Safe Families Act's termination of parental rights stipulations, which are threatening family reunification for thousands of female offenders (U.S. General Accounting Office, 1999), it is of interest to note that the majority of children in foster care who are waiting to be adopted are African American. While African-American children are more likely than white children to have an incarcerated parent due to

racial disparities in the criminal justice system, they are, nonetheless, less likely to be adopted (Roberts, 1999). Therefore, African American children may languish, at their detriment and at the public's expense, in the foster care system for many years after their mothers' release from prison.

Like most of its counterparts across the nation, maintaining sufficient funding is one of this community-based and gender-responsive program's major challenges. Consequently, like similar programs, prior to this review, the HOH had been unable to procure a rigorous, independent evaluation (Conly, 1998). The HOH has been sustained primarily by periodic foundation support, funds procured through various grants, community donations and some money from county offices. This lack of a stable funding source has burdened the HOH's Executive Director with ongoing fund-raising tasks in addition to her responsibilities of daily program management. Therefore, the lack of precise and consistent documentation on residents' progress that is required for an examination of other critical outcomes, such as the effectiveness of specific features of the program, or the well-being of children in residence, requires additional resources.

This study adds to the small but growing body of literature on gender-sensitive treatment models that recognizes the unique pathways to promoting the recovery of females from the trauma of poverty, abuse, criminality and addictions (Dowden & Andrews, 1999; Fortuin, 2007; Zaplin, 2008). The results of this evaluation suggest that female offenders, their children and the community would benefit from the investment of public resources in the support of further HOH program development, accompanied by appropriate evaluative mechanisms. Directing a portion of the public investment in the massive and expanding \$38.2 billion prison economy (Stephan, 2004; U.S. Joint Economic Committee, 2007), toward community-based, gender-responsive programs is likely to provide improvements on the present return on the public's investments which currently features high recidivism rates, broken families and weakened communities.

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