

## Reentry and the (Unmet) Needs of Women

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*The number of women under community-based criminal justice supervision in the U.S. has reached an all-time high. Because of this, there is an increased need for programs meant to address the unique needs of reentry women. In this article we examine a sample of 155 such programs to determine whether currently available reentry programs in the 10 largest metropolitan areas of the U.S. are able to meet the needs of reentry women. We find that currently available reentry programs do not sufficiently meet the needs of postincarceration women.*

**KEYWORDS** *community-based rehabilitation, female offenders, gender, reentry, women*

The number of women under community-based correctional supervision in the United States has reached an all-time high. At yearend 2006, women comprised more than 12% of the nation's parolees (Glaze & Bonczar, 2007). Of these women, nearly two-thirds were not first-time offenders, and most had been incarcerated for nonviolent offenses (Snell, 1994).

The fact that most women offenders have been incarcerated more than once signifies that recidivism is an important issue for female parolees. In fact, a study of recidivism rates reveals that almost two-thirds of women incarcerated for property, drug, and public order offenses are rearrested within three years of their release from prison; among those rearrested, nearly half are reincarcerated (Hughes & Wilson, 2002). Further analysis reveals that a record of incarceration makes successful reentry less likely (Hughes & Wilson, 2002).

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Women are confronted with a variety of challenges upon their release from prison. Indeed, patterns of marginalization that women experience throughout their lives create unique problems that must be addressed if successful reentry is to be achieved. In response to this, recent years have seen an increase in programs intended specifically to help reentry women as they transition from incarceration to freedom.

Research on women's reentry generally reveals five broad areas of need that are essential to the postincarceration success of women. These areas are: (a) childcare and parenting skills development; (b) healthcare, mental health counseling, and substance abuse treatment; (c) housing and transportation services; (d) education, employment, and job training services; and (e) social support programs (Petersilia, 2004). Although it has been established that such needs exist, little has been done to examine whether programs created to help reentry women build successful lives outside of prison walls provide the services that are most likely to assist women in achieving this goal.

In this article we outline the unique needs of reentry women. We then examine the services of a sampling of reentry programs to determine whether the postincarceration needs of reentry women are being met. We conclude with a discussion of our findings and suggestions for future research.

## BACKGROUND

### Women and Crime

Even though they do so with less frequency than men, women engage in criminal activity. Often, scholars emphasize the life experiences of women when attempting to explain their participation in crime. A discussion of the relationship between these life experiences and criminal engagement follows.

Women's unequal status in society has resulted in their economic and social marginalization; increased rates of single-parent households, high female unemployment rates, and the gender gap in wages contribute to this problem. As a result, many women commit crime out of economic necessity (Berman, 2005; Maher & Daly, 1996; Messerschmidt, 1986; Steffensmeier & Allan, 1988). Indeed, when women commit crimes, they are most likely to choose crimes that are associated with poverty (Chesney-Lind, 1988; Heimer & Kruttschnitt, 2006; Small, 2000). For instance, although women make up very few annual arrests for violent offenses, they comprise a significant portion of those arrested for property, drug, and vice offenses (Greenfeld & Snell, 1999). Given the poverty-crime link, it is unlikely that the female crime rate will decrease unless the factors which contribute to the poverty of women are addressed.

Women who commit crime often do so under the influence of their male partners (Jones, 2008). In fact, research reveals that involvement with deviant men increases the likelihood that women will participate in criminal activity (Pettitway, 1987; Wright, Capsi, Moffitt, & Silva, 2001). In many cases, when women end these relationships they also desist from crime (Griffin & Armstrong, 2003). Positive social support may be an important factor in helping women break the connection between power relationships in intimate partnerships and criminal activity.

There is also a relationship between women's victimization (e.g., sexual abuse and family violence) and women's crime (Chesney-Lind, 1988). Recently, scholars have found that histories of victimization are associated with female offending (Agnew, 2002; Katz, 2000). Though there are various explanations for this pattern, one of the most prominent is that abuse leads to drug use, which leads to other types of offending. Social support, substance abuse rehabilitation, and counseling may all be important factors in breaking this pattern.

The life experiences of women often facilitate criminal behavior. Female offenders are often young, poor mothers who lack education, job skills, or a stable employment history, and whose lives have been characterized by patterns of abuse and addiction (Arditti, 2006; Berman, 2005; Bloom, Owen, & Covington, 2003; Richie, 2001). Upon their release from prison, most women are still young, still poor, still parents, still uneducated, still unemployed, still deal with substance abuse problems, and still traumatized by experiences of abuse during childhood and early adulthood (Bloom et al., 2003). In short, incarceration does not demarginalize women; a criminal record further marginalizes women, negatively affecting their chances for successful reentry in the absence of programs meant to address these unique issues.

## Women and Reentry

Statistically, most women who are incarcerated will eventually be released, though less than half of those released experience successful reentry (Hughes, Wilson, & Beck, 2001). Instead, most women who are released from prison are reincarcerated within a few years of their initial release (Greenfeld & Snell, 1999). This trend highlights the critical need for programs to help women's transition from incarceration to freedom.

An analysis of literature on offender rehabilitation reveals five broad areas of need experienced by reentry women. These five areas of need are: (a) childcare and parenting skills development; (b) healthcare, counseling, and substance abuse treatment programs; (c) housing and transportation assistance; (d) education, employment, and job training services; and (e) social support. Each of these areas addresses the unique issues that many reentry women experience as a result of their marginalized social and economic position and negative personal experiences (Petersilia, 2004).

## Childcare and Parenting Services

Nearly 80% of incarcerated women have children for whom they were the primary caregiver at the time of their incarceration, compared to 26% of incarcerated fathers (Arditti, 2006; Glaze & Maruschak, 2008; Greenfeld & Snell, 1999). Due to the relative scarcity of women's prisons, most women are incarcerated an average of 160 miles from their home, which makes the maintenance of parent-child ties difficult, since distance limits contact, especially in families that were already economically disadvantaged prior to the incarceration of the primary caregiver (Arditti, 2006; Berman, 2005). Many incarcerated women reveal that their relationships with their children have suffered during their period of incarceration (Arditti, 2006). In such cases, parenting skills classes help mothers regain (or build) skills that may have eroded while they were in prison. A woman's perception that she has the ability to make such positive changes in her life can positively influence her reentry experience, as it demonstrates to her that she is able to be an effective parent and, ultimately, a contributing member of society (Koons, Burrow, Morash, & Bynum, 1997).

Similarly, the availability of adequate childcare is of paramount importance to those women who will regain their status as primary caregiver upon their release from prison. First, because judges are hesitant to release children to mothers who cannot demonstrate their ability to care for their children under varied circumstances, safe, affordable childcare is important for women who must deal with custody issues upon their release (O'Brien, 2001). Second, women with children must secure childcare so that they can engage in education, job training, employment, rehabilitation, and myriad other programs that promote successful reentry (Berman, 2005; O'Brien, 2001). If these reentry needs go unmet, it becomes more likely that women will experience difficulties as they transition from incarceration to freedom. On the other hand, women who are able to care for children for whom they have primary custody are less likely to engage in criminal activity (O'Brien & Young, 2006).

## Healthcare, Counseling, and Substance Abuse Services

The need for healthcare and counseling services receives frequent mention in literature outlining the needs of reentry women. Women who have been incarcerated have higher rates of physical and mental health disorders than do women in the general population (Arditti, 2006; Berman, 2005). Without treatment, women will continue to experience the negative consequences of these problems, such as physical and psychological illness. Often, inability to meet one's healthcare needs decreases the likelihood of experiencing successful reentry, as it inhibits one's abilities to meet her basic needs without resorting to criminal activity (O'Brien, 2006).

Drug and alcohol rehabilitation programs are often essential to women's successful reentry (Koons et al., 1997). Nearly half of all incarcerated women admit to having had an addiction to either drugs, alcohol, or both at the time of their arrest, and a significant percentage of women who recidivate are found to be using again (Richie, 2001). The maintenance of sobriety is one of the greatest challenges to successful reentry, and although some of these healthcare and addiction concerns may be addressed over the term of a woman's incarceration, ongoing programmatic support is imperative to continued sobriety and to the reduction of the likelihood of recidivism (Arditti, 2006; Austin & Hardyman, 2001; Berman, 2005, O'Brien, 2001).

### Housing and Transportation Services

Adequate, affordable housing and reliable transportation must also be made available to women postincarceration. A 2004 study reveals that state-sponsored support for the provision of housing reduces a woman's odds of recidivating (O'Brien, 2001). Moreover, because a significant percentage of women are homeless at the time of their arrest, the availability of safe housing upon reentry does much to distance them from prior lifestyles (Austin & Hardyman, 2004). It is not enough, however, just to offer housing to women; in order for it to be an effective aid to successful reentry, housing must be safe, affordable, child-friendly, and supportive of a sober lifestyle (Berman, 2005). Without these housing options, women face more barriers to successful reentry.

In addition to housing, reentry women also demonstrate a need for transportation. Although public transportation is an option for many women, it is not suitable for the needs of all women. Some women find themselves spending more than four hours each day on a bus just so that they can arrive at all of their obligations (Richie, 2001). For reentry women who are dealing with custody issues, reliable, on-time transportation that does not require hours of time is an ever-important commodity (O'Brien, 2001). Moreover, Berman (2005, p. 31) points out that women are put at risk when forced to rely on public transportation, which often requires walking alone, as "women are not necessarily safe walking or taking public transportation at certain times or in certain places." If women cannot count on their method(s) of transportation, the likelihood that they will be able to meet their needs on a regular basis is decreased and the chance that they will recidivate is increased (O'Brien, 2006).

### Education, Employment, and Job Training

Education, employment, and job training are also highlighted as important for the successful reentry of women. Only one third of incarcerated women have completed high school or a GED program, and even fewer have begun

college at the time of their incarceration (Freudenberg, Daniels, Crum, Perkins, & Richie, 2005). Without education, women are unable to compete in the labor market. This decreases their chances of successful reentry, as uneducated women are likely to continue to experience situations of poverty and all of its related problems (Koons et al., 1997).

Moreover, in some jurisdictions, more than two-thirds of all parolees are unemployed (Petersilia, 1999). Skill building is essential in decreasing joblessness, as unemployment contributes to poverty and all of its associated problems, none of which contribute to successful reentry. Since a large majority of incarcerated women do not have strong work histories, it is unlikely that they have sufficient job skills to gain and maintain adequate employment; job training programs can mediate the effects of negative life histories (Arditti, 2006).

### Social Support

For women attempting successful reentry after incarceration, positive social support has been shown to decrease the criminogenic effects of negative life histories and positively affect the ease with which women are able to reintegrate into society (Arditti, 2006; Austin & Hardyman, 2004; O'Brien, 2001). Simply, the availability of positive social support from friends, family, and community decreases the likelihood that a woman will recidivate or find themselves reliant on deviant others. Without this support, many women end up in situations that are not conducive to successful reentry.

Though not all postincarceration women will require each of these services to meet their reentry needs, childcare and parenting services, health-care, counseling and substance abuse programs, housing and transportation, employment, education and job training, and social support are widely recognized in current reentry literature as integral to the successful reentry of the many women who were marginalized before incarceration and experience even greater marginalization after incarceration. The remainder of this article is an examination of currently available reentry programs that serve women.

## DATA AND METHOD

Data for this study come from publicly available, online descriptions of women's reentry programs in the 10 largest metropolitan areas of the United States (New York, Los Angeles, Chicago, Dallas, Philadelphia, Houston, Miami-Ft. Lauderdale, Washington, DC, Atlanta, and Boston, U.S. Census Bureau, 2007). We selected our sample from organizations listing their services as reentry-based for two reasons. First, reentry-specific programs are most likely to address the multiple needs specific to reentry women. Second,

because reentry programs specifically target reentry women, reentry women do not find themselves competing against women without a criminal record for the limited number of spaces available in the programs. Although there may be other organizations (halfway houses, homeless shelters, etc.) that provide selected services to women, these are often not meant to be used as reentry services and, therefore, fall outside the scope of this research.

We limited our sample to programs available in the 10 largest metropolitan areas in the United States for two reasons. First, crime rates are higher in large urban areas (Kyckelhahn & Cohen, 2008), and most incarcerated individuals return to the community of their arrest upon release (Adams, Roth, & Scalia, 1998; Kantor, 2003; La Vigne, Mamalian, Travis, & Visser, 2003; La Vigne, Kachnowski, Travis, Naser, & Visser, 2003; Watson et al., 2004). Second, women comprise nearly one-quarter of probationers and more than 10% of parolees released to the 10 largest metropolitan areas each year (Glaze & Bonczar, 2007). Therefore, a large number of women who need reentry programs live in the nation's largest metropolitan areas and, as a result, a large number of reentry programs exist in these areas compared to other areas of the country.

We conducted a content analysis to collect data on the reentry programs available in these metropolitan areas. First, we searched reentry program websites for information on services and availability using three popular Internet search engines. Second, we used three popular Internet search engines to search parolee assistance and advocacy group Web sites for service and availability information on reentry programs that were not located during our initial search. Each of the reentry programs included in our sample was operational at the time of our research. Most of the programs we examined are administered by private, not-for-profit organizations.

We used five criteria to select programs for inclusion in our sample. First, the organization must market its program as a reentry service. Second, the program must provide reentry services to women. Third, the reentry program must offer its services in at least one of the 10 metropolitan areas included in this research. Fourth, the programs must be operational at the time of our research. Fifth, information on program services and eligibility must be publicly available. Selection of our sample using these criteria was meant to simulate results that a reentry woman might find if she were looking for program information without the assistance of a parole officer or other offender rehabilitation professional.

**TABLE 1** Number of Reentry Programs in Sample by Metropolitan Area

| New York | Los Angeles | Chicago | Dallas | Philadelphia | Houston | Miami-Ft. Lauderdale | Washington, DC | Atlanta | Boston |
|----------|-------------|---------|--------|--------------|---------|----------------------|----------------|---------|--------|
| 21       | 11          | 17      | 11     | 10           | 14      | 32                   | 10             | 13      | 16     |

**TABLE 2** Number of Reentry Programs in Sample by Metropolitan Area and Service Offered

|                      | Childcare | Parenting | Healthcare | Counseling | Substance abuse | Housing and transportation | Education | Employment | Social support |
|----------------------|-----------|-----------|------------|------------|-----------------|----------------------------|-----------|------------|----------------|
| New York             | 3         | 10        | 8          | 5          | 6               | 5                          | 9         | 14         | 13             |
| Los Angeles          | 1         | 3         | 2          | 3          | 8               | 1                          | 5         | 8          | 4              |
| Chicago              | 3         | 9         | 6          | 8          | 7               | 4                          | 8         | 11         | 11             |
| Dallas               | 1         | 2         | 2          | 3          | 5               | 1                          | 1         | 6          | 5              |
| Philadelphia         | 2         | 5         | 1          | 3          | 4               | 4                          | 7         | 10         | 5              |
| Houston              | 1         | 4         | 2          | 1          | 6               | 1                          | 3         | 5          | 7              |
| Miami-Ft. Lauderdale | 1         | 4         | 8          | 5          | 2               | 3                          | 16        | 11         | 10             |
| Washington, DC       | 1         | 4         | 5          | 2          | 4               | 2                          | 2         | 6          | 6              |
| Atlanta              | 0         | 1         | 0          | 2          | 5               | 1                          | 7         | 10         | 5              |
| Boston               | 0         | 4         | 3          | 5          | 7               | 7                          | 7         | 13         | 11             |

*Note.*  $N \neq 155$  because some programs included in our sample offered multiple services.

Using these criteria, we examined a total of 155 women's reentry programs in the 10 largest United States metropolitan areas. Some of the 155 programs included in our sample offer specialty services (i.e., housing), although others provide a broad range of services (i.e., childcare, healthcare, and education). Table 1 provides a breakdown of the number of reentry programs in our sample by metropolitan area and Table 2 shows the number of reentry programs in our sample by metropolitan area and service offered.

## ANALYSIS

The purpose of our research is to determine whether the needs of reentry women are being met by currently available reentry programs. We looked at 155 reentry programs in an attempt to answer this question. Our overall analysis reveals that the needs of reentry women are not being met by currently available programs, indicating that there are areas where improvement is needed. Our findings, arranged by area of need, follow.

### Childcare and Parenting Services

Childcare is the least frequently provided reentry service in every metropolitan area in our sample except Philadelphia, where it is the second least frequently provided service. At least one program offers childcare to women in 8 of the 10 metropolitan areas in our sample, but no more than 20% of programs in a given area provide this service.

Parenting skills assistance is available through significantly more of the reentry programs in our sample. At least one program offers parenting skills assistance to women in each of the metropolitan areas in our sample, and in the Chicago metropolitan area more than 52% of programs provide this service.

These findings are significant. Because nearly 80% of incarcerated women have children for whom they were the primary caregiver at the time of their incarceration, it is important that they are able to secure safe, affordable childcare upon their release (Arditti, 2006). The fact that only a small number of programs in our sample offer childcare to reentry women suggests that securing this service may be difficult for women. Additionally, based on limited information from a small number of programs in our sample detailing service capacities and length-of-use restrictions—some as low as 16 women and three months, respectively—it is unlikely that all women who need these services are able to utilize them. It is also likely that those who do receive childcare may not receive it for as long as their needs require. Even in metropolitan areas where childcare and parenting services are available, program space is limited and the length of time that the programs can be used is often insufficient.

As indicated, there are more parenting skills development services than there are childcare services. These services are important because many women say that extended period of incarceration far from their homes has facilitated the erosion of parent-child bonds and parenting skills (Arditti, 2006). Many mothers report a need for parenting skills development assistance upon their release from prison. Even though there are more parenting skills development services than there are childcare services, it is possible that the combination of program availability, service capacities, and length-of-use restrictions, may result in services that do not sufficiently meet the parenting skill development needs of mothers upon their reentry into society.

### Healthcare, Counseling, and Substance Abuse Services

Healthcare services are provided relatively infrequently by the reentry programs in our sample. In the Atlanta metropolitan area, for example, none of the reentry programs in our sample provide healthcare services to women, and in Washington, DC—the highest-providing metropolitan area—only half of the programs provide this service.

Counseling and mental health services are offered more frequently than general healthcare services by the reentry programs in our sample. These services are offered by at least one program in each of our metropolitan areas but fewer than 50% of programs in any metropolitan area provide these services.

Of the three categories of health services provided by the reentry programs in our sample, substance abuse treatment is the most readily available. At least two programs in each metropolitan area provide substance abuse treatment, with a high of 72.7% of these programs offering treatment in the Los Angeles metropolitan area.

These findings are important for multiple reasons. First, because women who have been incarcerated have higher rates of physical health disorders that require medical attention than never-incarcerated women, there is a great demand for healthcare among this population (Petersilia, 2000). However, our data reveal that few programs offer healthcare services to reentry women. Among those programs that do offer healthcare services, low program capacities are often combined with longer length-of-use restrictions. This means that few women are able to utilize the healthcare services at any given time, and some women can wait for as long as 24 months before the services are made available to them. Additionally, although reentry women have a wide variety of healthcare needs, many of the programs we examined limited their healthcare services to HIV treatment and prevention programs. The end-result of this may be that women who need services are unable to secure them because there is such great competition for entry into the programs or because their healthcare needs fall outside the limitations of available programs.

Second, counseling and mental health services were offered by less than half of the programs in our sample. More than 40% of incarcerated women report prior sexual or physical abuse, and in some cases nearly half have come from family environments that may have caused mental distress. These statistics indicate a higher-than-average need for counseling and mental health services among postincarceration women and may also indicate that reentry programs do not have sufficient counseling resources to meet the needs of women (Snell, 1994), especially given that program capacities for counseling and mental health services are generally lower than they are for other services (sometimes as low as one woman per program).

Third, substance abuse treatment is the most widely available service in this category. One study reports that 62% of women claim to have regularly abused drugs or alcohol at the time of their incarceration, which reveals that there is likely a need for rehabilitation at least equal to the available treatment programs (Snell, 1994). Although there is some disparity in the number of programs offering these services by metropolitan area, higher-than-average service capacities decrease the effects of these differences. Based on data from our sample, it is likely that there are sufficient substance abuse treatment programs to meet the needs of the female reentry population.

### Housing and Transportation Services

Housing and transportation services are offered by relatively few women's reentry programs, although at least one program in each of the metropolitan areas included in our sample provides these services. In the Philadelphia metropolitan area, 40% of programs offer this service, but on average only 17.3% of programs offer housing and transportation assistance in any given metropolitan area.

Our findings about housing and transportation services are of particular importance because anywhere from 30 to 50% of parolees in urban areas lack adequate housing (and in many cases do not have reliable transportation). At least one program in each metropolitan area offers housing and transportation services (these are almost universally offered together in our sample), but few programs are capable of serving more than a handful of women at a time. Although some of the programs in our sample offer off-site housing assistance, quite a few are residential programs which offer temporary housing solutions and, sometimes, do not permit children. Based on this information, our analysis of the data reveals that the need for housing and transportation services exceeds the supply provided by these programs.

### Education, Employment, and Job Training

Education is among the most widely offered reentry services in our sample, with at least one program per metropolitan area offering this service. In the

Dallas metropolitan area a low of 9.1% of programs offer education services, and in the Philadelphia metropolitan area a high of 70% of programs provide education services to reentry women.

Among the programs in our sample, employment and job training are generally the most readily available of all services. At least five programs in each metropolitan area offer employment and job training services, and in the Philadelphia metropolitan area 100% of programs provide these services.

These data reveal that a significant number of reentry programs in our sample provide education services to women, but most of these programs are geared toward women without a high school education. However, approximately one-third of incarcerated women have a high school diploma or its equivalent upon incarceration (and many more complete a GED while incarcerated). Although such services are especially important for women who have not attained at least this level of education (Snell, 1994), many would be better served by programs providing vocational training or college courses. As such, our analysis reveals that, although many education programs are available, they are not necessarily the most needed programs and, therefore, the educational needs of a large portion of reentry women are not being met.

Just as a large number of reentry programs in our sample offer education services to women, many of these programs provide employment and job training services. These services include referrals to employers who hire parolees, résumé and skill-building workshops, and services that provide professional clothing to women as they enter the workforce. Given the relatively large program capacities and long program lengths of these services, we feel that current employment services are sufficient to meet the postincarceration employment and job training needs of reentry women.

## Social Support

Social support services for reentry women are among the most available from the reentry programs in our sample. At least four programs in each of the metropolitan areas included in our sample offer social support services, and no fewer than 31.3% of programs offer these services in any metropolitan area.

Our findings on social support services for reentry women reveal two things. First, a variety of social support programs, ranging from life skills development to friendship and relationship building assistance, are available through the programs in our sample. Second, the combination of the number of programs offering social support services and the operating capacities of these programs makes it likely that these programs adequately meet the needs of the female reentry population in most of the metropolitan areas included in our sample.

**TABLE 3** Number of Referral-based Programs Available Through Sample by Metropolitan Area and Service Offered

|                      | Childcare | Parenting | Healthcare | Counseling | Substance<br>abuse | Housing and<br>transportation | Education | Employment | Social<br>support |
|----------------------|-----------|-----------|------------|------------|--------------------|-------------------------------|-----------|------------|-------------------|
| New York             | 5         | 3         | 2          | 8          | 6                  | 6                             | 5         | 3          | 1                 |
| Los Angeles          | 2         | 1         | 1          | 1          | 0                  | 2                             | 1         | 1          | 1                 |
| Chicago              | 3         | 0         | 0          | 2          | 3                  | 4                             | 4         | 4          | 1                 |
| Dallas               | 1         | 1         | 1          | 0          | 0                  | 1                             | 2         | 1          | 0                 |
| Philadelphia         | 0         | 0         | 0          | 1          | 0                  | 0                             | 0         | 0          | 0                 |
| Houston              | 3         | 3         | 3          | 6          | 4                  | 4                             | 5         | 3          | 1                 |
| Miami-Ft. Lauderdale | 0         | 0         | 0          | 0          | 0                  | 0                             | 0         | 0          | 0                 |
| Washington, DC       | 0         | 0         | 0          | 1          | 1                  | 1                             | 1         | 2          | 0                 |
| Atlanta              | 2         | 2         | 2          | 2          | 2                  | 1                             | 2         | 2          | 1                 |
| Boston               | 1         | 0         | 1          | 1          | 0                  | 0                             | 1         | 1          | 0                 |

## Additional Reentry Programs

Although the reentry programs included in our sample were limited by five selection criteria, we abandoned these criteria to complete an additional content analysis of 137 descriptions of programs offering services to women by referral from the programs included in our sample. This was done to determine whether the criteria by which we selected reentry programs were too limiting to provide accurate data. Use of these additional programs was not limited to reentry women and the programs were not necessarily marketed as reentry programs. Table 3 details this additional sample by metropolitan area and service offered.

When combined with the programs included in our original sample, these referral programs enhance the ability of reentry programs to meet the needs of reentry women. However, the extent to which these referral-based programs do so differs by program and location, and in no case is the difference significant enough that our initial conclusions about the ability of available programs to meet the needs of women change. Even when nonreentry specific programs are considered, reentry women are at a disadvantage when it comes to finding programs meant to address their unique postincarceration needs.

## Are Reentry Programs Accessible to the Women Who Need Them Most?

A special consideration that must be made as we compare the needs of reentry women to the programs available to them is whether reentry programs are accessible to the women who need them most. In many cases, the reentry services in any given need category are available through multiple programs. For reentry women, this often means trips to multiple service-providing locations. However, as previously noted, reliable transportation is often lacking for many reentry women, and since only one-third of the reentry programs included in our sample offer transportation services this problem is not easily alleviated. As such, even when sufficient programs are available to meet the needs of reentry women, use of these programs may be limited by difficult life circumstances.

## CONCLUSION AND DISCUSSION

Literature discussing the needs of women as they transition from incarceration to freedom reveals five areas of need that must be addressed if women are to experience successful reentry. These needs are: (a) childcare and parenting skills development; (b) healthcare, counseling, and substance abuse treatment programs; (c) housing and transportation services; (d) education, employment, and job training assistance; and (e) social support programs.

Because statistics reveal that most female offenders are released to the nation's largest cities, we compiled data on reentry programs available in the 10 most populous metropolitan areas of the United States. We then examined these programs to determine whether they were meeting the needs of reentry women.

Our content analyses reveal that many currently available reentry programs do not sufficiently meet the needs of postincarceration women; these unmet needs include childcare and parenting skills development, healthcare and counseling services, housing and transportation, and education. There are a variety of reasons for this, but most often this disjuncture between needs and services is due to limited program availability, limitations on program capacity, length-of-use restrictions, and a high prevalence of single-service or referral-only programs that require women travel to multiple locations in order to receive all of the services they need for successful reentry.

Though our data are fairly straightforward, our research is not without limitations. First, we were forced to operate under the assumption that the reentry programs included in our sample were functioning as intended (e.g., we did not evaluate their programs) as we conducted our analyses. Although it is outside the scope of this article, additional research would be needed to evaluate whether these programs are successfully providing their services to the women they reach.

Second, we have based our analyses of these programs on categories of need defined by various scholars. However, we do not know for sure if these perceptions of the needs of reentry women are correct; it is possible that reentry women have other needs that have not yet been recognized in scholarly literature. It is also possible that offender rehabilitation practitioners may cite different or additional needs for reentry women. Future research would benefit from an analysis of the needs recognized by different sources.

Third, we have generally assumed two things throughout the course of this research. First, we have operated under the assumption that reentry women believe they need the services of reentry programs; this may not be the case. Second, we have presumed that all reentry women are in a position where they are able to mobilize their resources in ways that permit them to utilize the services of reentry programs; undoubtedly, this is not the case with all women. Further research might benefit from challenging these assumptions.

Fourth, because many of the programs included in our sample did not make program capacities and length-of-use restrictions available on their Web sites, we dealt with a significant amount of missing data during our analyses. In these cases, we excluded the programs for which there was missing data from our consideration of capacity and length-of-use restrictions. If such data had been available to us, it is possible that some of our findings may have been different.

Fifth, many programs in our sample offer a variety of services. As such, published program availability must be split among more than one service, therefore decreasing the spaces available to women for any given service. In such cases, the ability of programs in our sample to meet the specific needs of reentry women may increase or decrease, depending on the number of women utilizing the different services at any one time.

Finally, our research focused on programs only in the 10 most populous metropolitan areas of the United States. Although more than half of ex-offenders are released to these areas, a significant portion of the women who are released from prison each year are released to less populous metropolitan and rural areas. Future research comparing the needs and reentry program availability of women in these areas would highlight areas in need of improvement, which may ultimately improve the chances that women have for successful reentry.

Because the rate of women's incarceration has reached an all-time high, significant numbers of women in the United States will find it necessary to reintegrate themselves into society after a period of imprisonment. Because of this, reentry programs have become increasingly important. However, an analysis of current programs meant to meet the needs of reentry women reveals that there are areas of need that continue to go unmet. Given these findings, it is essential that we continue to develop programs for women's reentry and that we offer them in such a way that all women who need their services can reasonably utilize them. Future research should be done to ensure that this is happening, as until it does, it is likely that we will continue to see extremely high rates of recidivism among women who find themselves unable to successfully reintegrate into society after a period of incarceration.

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