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_____ **Research Report** _____

Evidence-Based Review of Gender-Matching in Psychotherapy to Inform Best Practices in Cross-Gender Facilitation of Women Offender's Correctional Programming

Ce rapport est également disponible en français. Pour en obtenir un exemplaire, veuillez vous adresser à la Direction de la recherche, Service correctionnel du Canada, 340, avenue Laurier Ouest, Ottawa (Ontario) K1A 0P9.

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**Evidence-Based Review of Gender-Matching in Psychotherapy to Inform Best Practices in
Cross-Gender Facilitation of Women Offender's Correctional Programming**

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Executive Summary

Key words: *Women Offenders, gender matching, treatment practices.*

The purpose of this paper is to review empirical literature that can inform decision-making concerning whether it is appropriate to employ men as program facilitators for women offender's group programming, both in young offender and adult populations. This issue contains two distinct components, and the report presents literature that addresses both dimensions. One issue pertains to the potential differential effectiveness of men and women as program facilitators. This research determines if there are quantifiable differences in a woman client's therapeutic gains when working with a man or woman facilitator. The second part involves the therapeutic process as experienced by women working with men and women facilitators.

Since no literature was found that examined the impact of men facilitators in women offender's correctional programming, this review presents research completed on gender-matching in the general psychotherapy literature as well as in populations that share characteristics with many incarcerated women, such as a history of sexual victimization and substance abuse.

One of the most common findings in support of matching women therapists to women patients is that women and girls often believe they would prefer to be in treatment with a woman. This has been found with children and adolescents seeking treatment for childhood sexual abuse as well as with women undergoing psychotherapy. University women not currently in therapy have also reported a preference for a woman therapist when asked to imagine seeking treatment for a problem of a sexual nature. Some researchers believe that client preferences for therapist gender should be taken into account whenever possible.

There is some evidence to suggest that women will experience the process of psychotherapy differently with a woman therapist. Some reported that women experience more distress during self-disclosure to a woman therapist. It is not clear that this distress would necessarily lead to negative outcomes. It could be argued that greater emotional intensity is positive. For example, reported that women working with women therapists experienced greater emotional intensity, which was in turn positively correlated with outcome.

One aspect of the therapeutic process known to have an impact on outcome is the working alliance between patient and therapist. However, none of the published studies reviewed here indicated an advantage in terms of working alliance for women working with women therapists.

Generally, there is little evidence to demonstrate that there are negative effects of matching women to men therapists in terms of either process or outcome. Gender-matching has not been found to predict entering into or remaining in treatment. Nor has it been shown to predict outcome in terms of change in treatment targets. Although this literature base is somewhat small, there is as yet no convincing data to suggest that women will do better in therapy if they have a woman therapist.

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Introduction

Purpose

The purpose of this paper is to review empirical literature that can inform whether it is appropriate to employ men as program facilitators for women offender's group programming, both in young offender and adult offender populations. This issue contains two distinct components, and the report presents literature that addresses both dimensions. One portion of the issue pertains to the differential effectiveness of men and women as program facilitators. This research determines if there are quantifiable differences in a client's therapeutic gains when working with a man or woman facilitator. The second part involves the therapeutic process as experienced by women working with men and women facilitators.

Method

A wide base of literature was searched in preparation for this report. Databases such as PsychInfo as well as internet and internal documents were reviewed. Experts on women offender literature were contacted to determine if there was unpublished literature on this topic. The review consisted of a number of published articles as well as unpublished reports. Due to the lack of literature specifically related to cross-gender¹ facilitation in correctional treatment programming, this review focuses on therapeutic populations that often have similar treatment needs to those of many women offenders. These include women who are survivors of sexual abuse, are dealing with addiction issues, and/or have the need for individual or group therapy for other mental health concerns. Often, women offenders deal with one or all of these issues, so it is expected that treatment results may be similar, although psychological stress may be elevated in offender populations due to the nature of the secure custody environment in which they live.

¹ We recognize that there are distinctions between the terms 'gender' and 'sex' and that the term 'sex' may be more appropriate for our purposes. However, in an effort to maintain consistency in this report with terminology used in the literature and the Correctional Service of Canada, we have chosen to use the term 'gender.'

Literature Review

Gender-Matching in Therapy for Sexually Abused Women Clients

A recent study (Komarovskaya, Booker Loper, Warren, & Jackson, 2011) of trauma exposure and post traumatic stress disorder (PTSD) in incarcerated men and women indicates that women offenders report high rates of sexual trauma (60%) occurring during childhood (31%), adolescence (36%), and adulthood (28%). Furthermore, a considerably higher percentage of women in prisons (40%) meet criteria for PTSD compared to incarcerated men (13%; Komarovskaya et al., 2011). Thus, it is evident that any programming for women offenders will need to be sensitive to the particular needs of women who have suffered sexual abuse and other trauma. Among the potential ill-effects that employing a man as a program facilitator for women in such vulnerable situations is increased psychological distress (Blow et al, 2008). Although the assumption that clients will prefer a therapist who is similar to them is intuitive, the general psychotherapy literature suggests that gender-matching of client and therapist does not typically have a significant impact on treatment outcomes (Blow et al., 2008; Bowman, Floyd, Scogin, & McKendree-Smith, 2001; Huppert et al., 2001).

In addition, there is some evidence that this is also true for women survivors of sexual abuse. Studies conducted with sexually abused children have found that the match between gender of client and gender of therapist is not a significant predictor of entering into or retention in treatment (McPherson, Scribano, & Stevens, 2012), nor does it appear to have an impact on outcome of therapy (Wagner et al., 1993). Thus, it would appear from this limited evidence that men therapists can, at least in the case of children and adolescents, effectively counsel women survivors of sexual abuse.

The age of the client may, however, play a more nuanced role in the therapeutic process. It was noted in one study, that when older girls between the ages of 12 and 17 were asked by their men counselors to talk about their thoughts and feelings related to the abuse they experienced, they were rated as less involved in the therapeutic process than were younger girls (Moon, 2000). Other researchers have emphasized that men therapists must be sensitive to the fact that women survivors may be particularly fearful and mistrustful of men (Cobia, Sobansky, & Ingram, 2004) and that these feelings of distrust may persist within the therapeutic relationship. In fact, some researchers strongly believe that client preference for therapist gender

should be taken into account whenever possible, not only in the case of abuse survivors (Blow et al., 2008).

Gender preferences

Most of the individual therapy research in this area has been done with younger women clients (under the age of 17). It has been found that most young women and girls anticipate feeling more comfortable with a woman therapist (Moon, Wagner & Fowler, 1993). Generally, it has been found that the younger the girl, the greater the preference for a woman therapist. For example, girls aged 7 – 11 were more likely to prefer a woman counselor and to anticipate feeling more comfortable with a woman counselor than were girls aged 12-17. Fowler and Wagner (1993) investigated the preference for and comfort with men versus women counselors in sexually abused girls in individual treatment. They found that before treatment started, the girls unanimously indicated a preference for a woman counselor. Subsequently, half of the girls were paired with men counselors. At the end of a six-session treatment it was shown that the girls treated by men counselors reported significantly higher preference for a man counselor than did girls treated by women counselors. This study suggests that a girl's comfort level in a therapeutic relationship with a qualified man counselor has the potential to increase relatively quickly despite an initial preference to work with someone of the same gender.

Further results from this study indicated that when sexually abused girls who were counselled by women were compared to those counselled by men, there were no differences in self-reports of improvement in self-concept, depressive symptoms, or suicidal ideation (Wagner et al., 1993). This suggests that women who have been sexually abused are able to engage in and benefit from therapy with a man counselor. It is important to note that the authors consider it essential that these men be trustworthy professionals trained to work with sexual abuse survivors (Wagner et al., 1993).

Simpson and Fothergill (2004) explored the views of mental health practitioners (i.e., nurses, psychologists, social workers, etc.) on the practice of matching adult survivors of sexual abuse with therapists of the same sex. Men and women practitioners did not differ significantly in their views and felt that a woman survivor of abuse would prefer to be counselled by a woman practitioner. Preferences aside, there was a consensus among the professionals that it is the quality of the therapeutic relationship and not gender-matching that is the most important factor

when working with both men and women abuse survivors.

Mixed-gender facilitator teams

In a qualitative study, Roesler and Lillie (1995) examined the use of men-women co-therapist teams in single-sex groups of men and women adult survivors of childhood sexual abuse. In these groups, gender of therapist often arose as an issue that could then be effectively explored within the treatment setting. The most common areas in which gender of the therapists became an issue were: joining the group, trust, anger, sexuality and competence.

At the first session of treatment and when new members joined the group, it was common for gender-related comments to be made by the clients. This allowed clients to explore how their automatic reactions to people were influenced by gender. In addition, feelings of anger were frequently elicited in these groups. Patients were able to discuss how these feelings may have been evoked by the gender of the therapist. The presence of facilitators of each gender also brought up the topic of sexuality, while providing a supportive and safe environment to discuss these feelings. Finally, the women clients were able to challenge their concerns regarding interpersonal competence. Some women felt as though the woman therapist allowed the man therapist to dominate and failed to stand up to him. These women could then identify and process their automatic reaction that the behaviour of men will be oppressive and the behaviour of women will be disappointing and weak. Dealing with these issues and allowing the women clients to both observe and to experience how to interact with a man in a positive way was identified as an important component of the healing process.

The fact that not all women will be able to engage therapeutically in treatment with a man facilitator is recognized by Roesler and Lillie (1995). Screening for this type of group is necessary, selecting only women who are ready to challenge their beliefs about men, and to be open to sharing their story with a man. It is important to note that this may only be possible at an advanced stage of treatment. These authors recommend that for survivors of childhood sexual abuse, treatment should proceed in stages, beginning with individual therapy, followed by group therapy with a same-gender facilitator, and subsequently group therapy with a mixed-gender co-facilitator team.

In a quantitative study on the effect of mixed-gender co-leadership on group counselling for adult women survivors of childhood sexual abuse, Threadcraft and Wilcoxon (1993) looked

at pre- and post-treatment scores on measures of self-concept and depression. For women that completed 10 weeks of counseling, there was a statistically significant enhancement of self-concept and a decrease in depression scores. Although, there was no comparison group in this study, these results support the assumption that men counselors are suitable for adult women survivors of childhood sexual abuse.

The aforementioned literature is relevant for our incarcerated population when taking into account the extensive abuse histories many of these women have experienced. Largely, the women in these studies were receiving treatment as adults, even though the abuse occurred as a child. In summary, the literature suggests that women survivors of sexual abuse generally express a preference for a woman therapist when seeking treatment for this issue. Among the few studies have been conducted to assess treatment outcomes there is evidence that gender of the facilitator does not play a significant role in treatment outcome for adult women victims of sexual abuse.

Gender-Matching in Therapy for Posttraumatic Stress

One study was found that assessed women patients ($n = 60$) who either met criteria for posttraumatic stress disorder or adjustment disorder (Jones, Krupnick, & Kerig, 1987). The majority (75%) were seeking treatment following bereavement, 10% had experienced a robbery or assault, 3% were raped, and 5% had undergone a mastectomy. The remaining 7% were experiencing a posttraumatic stress or adjustment reaction to other serious negative life events. All patients received 12 sessions of psychodynamic psychotherapy from one of 25 therapists (14 men and 11 women). Women treated by women therapists experienced more improvement in symptoms based on both self-report and clinically evaluated improvement. In addition, they also reported higher satisfaction with treatment. The authors noted that although significant, therapist gender was not the strongest predictor of treatment outcome. Pre-treatment symptom level accounted for 22% of the variance in their outcome measures, followed by patient age (13%), and therapist gender (8%).

The authors went on to investigate aspects of the therapeutic process that differed with men and women therapists. Their results indicated that women treated by men therapists experienced more negative affect and their attitudes toward the therapist were characterized as more ambivalent, conflicted, and wary. Clients of the women therapists were more trusting,

secure, and less concerned about how their therapist would react to them. In the discussion of these results, Jones and colleagues note that the women treated by men therapists had most often entered therapy for reasons involving men in their lives, for example, death of a husband or physical assault by a man. Thus, their results may not generalize beyond a sample of women seeking treatment specifically for an abnormal stress response to a negative life event involving a man. To the extent that women offenders have experienced victimization by men, these results may have some applicability to the treatment of women offenders. Not all aspects of correctional programming, however, directly involve this victimization and therefore therapist-gender matching may not be critical in the correctional settings.

Gender-Matching in Therapy for Substance Abuse

Many women offenders have treatment needs related to substance use. In two studies, Sterling, Gottheil, Weinstein, and Serota (1998, 2001) examined the effect of matching therapist and client gender in individual therapy for substance abuse. In both studies, there was no evidence that gender of therapist influenced the likelihood of a client returning for treatment after an initial interview, nor was there a significant effect of gender-matching on retention in treatment.

NeSmith, Wilcoxon, and Satcher (2000) randomly assigned women to receive treatment for chemical addictions in a group setting, from either a man or a woman facilitator. Women in the man-facilitated group ($n = 21$) showed significant positive gains over time in measures of self-acceptance and attitude toward men. In contrast, the women in the woman-facilitated group ($n = 25$) displayed more negative attitudes toward men after treatment than they had before treatment. Based on these results, the authors suggest that men should not be excluded from leading group programming for women in substance abuse treatment solely due to their gender.

Although there is very little research examining the effect of gender-matching in therapy for substance abuse, the literature that has been published provides no evidence that men should be excluded from facilitating groups for women with substance abuse problems.

Gender-Matching in General Psychotherapy Literature

Client preferences

Several studies have been conducted to assess the preferences of clients for various

therapist characteristics, including gender. Often, these studies have used university student samples (Atkinson, Furlong, & Poston, 1986; Atkinson, Poston, Furlong, & Mercado, 1989; Bernstein, Hofmann, & Wade, 1987; Yanico & Hardin, 1985). Only one study used a sample of actual psychotherapy clients (Pikus & Heavey, 1996). Typically, in university samples, being of the same gender was not the therapist characteristic ranked to be of the highest importance (Atkinson et al., 1986; Atkinson et al., 1989). Characteristics such as having more education, similar attitudes, and being older than the client were more important to the participants than was therapist gender (Atkinson et al., 1986; Atkinson et al., 1989). Other researchers asked university students to imagine seeking help for various different problems. When asked specifically about seeking help for sexual problems, both men and women university students were more likely to prefer a therapist of the same sex than they were to have no preference or to prefer a therapist of the opposite sex (Bernstein et al., 1987; Yanico & Hardin, 1985). Likely, this result comes closer to replicating the preferences of actual psychotherapy clients because the concerns one discusses in therapy are typically of a sensitive nature.

In fact, in the one study conducted with psychotherapy clients, 42 of the 75 women sampled preferred a woman therapist; whereas only 9 preferred a man therapist (Pikus & Heavey, 1996). The most common reasons cited for preferring a woman therapist were that they felt more comfortable talking with women and that they thought a woman would understand them better. The most common reason for preferring a man therapist was to get a different perspective on their problems.

Overall, the general psychotherapy literature related to client preferences for therapist gender is somewhat equivocal. It seems, however, that when faced with specific problems, particularly those of a sexual nature, it is not uncommon for women to prefer a woman therapist. At the same time, it also seems clear that one cannot assume a universal preference for women therapists among all women and for all types of problems. Also, preference does not imply an impact on outcome, as studies reported earlier showed that while same-sex therapist were the initial preferred choice, outcomes were similar when the preference was not met.

Process of psychotherapy and client satisfaction

Several studies have moved beyond asking people about their preferences to examine the processes of psychotherapeutic change and client satisfaction within gender-concordant and

gender-discordant client therapist dyads. A few studies have examined the nature of the working relationship between therapist and client, referring to this variously as attachment, alliance, and bond. The importance of the relationship between client and therapist is thought to be important to the success of therapy. In a meta-analytic review, it was found that there is a moderate, but reliable association between good working alliance and positive therapeutic outcome (Horvath & Symonds, 1991). Thus, if gender-matching is correlated with quality of the working alliance, it would be important to understand this relation.

In one study, it was reported that women patients seeing men therapists demonstrated higher levels of attachment to their therapist than did patients in the other three types of pairings (Parish & Eagle, 2003). Although measuring a somewhat different construct, this result is in contrast to another study that indicated no effect of gender-matching on therapeutic bond (Werner-Wilson, Michaels, Gellhaus Thomas, & Thiesen, 2003). In this study, it was found that women clients had higher bond scores and women therapists were better able to create a therapeutic bond, but there was no evidence that women clients experienced a greater bond with women therapists compared with men therapists. In another study examining an outpatient cannabis treatment program for adolescents, it was reported that adolescent girls had higher alliance ratings with women therapists than did adolescent boys (Wintersteen, Mensinger, & Diamond, 2005). No other dyads produced significant differences in alliance. Thus, there is no evidence from this study that adolescent women have better therapeutic alliance with women therapists than men therapists. Overall, no study has been published to indicate a differential impact on matching women clients to women versus men therapists in terms of therapeutic alliance.

Client perceptions of the therapist and of the quality of therapy are another aspect of therapeutic process that may vary based on gender-matching. One study of couple and relationship education found a small effect for gender-matching on perceptions of facilitator quality, with matched dyads producing higher ratings of quality (Bradford, Adler-Baeder, Ketring, & Smith, 2012).

Certain therapist qualities, such as empathy, might be expected to be related to feelings of satisfaction with therapy. One study found no gender-match effect on clients' perceptions of therapist empathy (Zlotnick et al., 1998). Interestingly, another study found that same gender pairings of client and therapist produced higher client rating of therapist neutrality, which was

considered to be a positive therapist quality (Jones & Zoppel, 1982). In this same study, it was found that women clients working with women therapists experienced greater emotional intensity, which was a factor that correlated significantly with positive outcome. A small qualitative study of 15 therapy clients illustrated the difficulties of generalizing from client perceptions of therapist qualities to satisfaction with therapy (Gehart & Lyle, 2001). In this study, women therapists were described as more feeling-focused, but only half of clients found this helpful men therapists were described as more problem-focused, but only half of clients found this helpful. In summary, there is some evidence that gender-matching produces higher ratings of satisfaction with therapy, but there is too little research on client perceptions of specific therapist qualities to draw any firm conclusions.

One final aspect of therapeutic process that has been investigated in relation to gender-matching is self-disclosure in therapy. Being able to disclose important and often sensitive information about oneself is an important part of the therapeutic process. Pattee & Farber (2008) found that there was a small effect for gender-matching on distress experienced during self-disclosure. Specifically, they found that women clients of women therapists experienced more distress during disclosure than did either women clients of men therapists or men clients of women therapists. These researchers offered a couple of speculative arguments for why this might be the case. They suggested that for women clients, women therapists might elicit greater feelings of competition or of being judged. Alternatively, men therapists might be seen as authority figures to whom it is appropriate for women patients to self-disclose, thus reducing feelings of distress. Further research on self-disclosure in therapy is necessary to determine if this gender-matching effect is generalizable and if it is, what factors might be responsible for this effect.

Outcome of therapy

Several studies on the outcome of psychotherapy have examined whether matching patient and therapist gender is related to outcome. In the majority of these studies, no differences have been found for gender-matching. For example, there were no differences due to gender-matching on a variety of symptom-based outcome measures in a psychotherapy treatment trial for panic disorder (Huppert, Bufka, Barlow, Gorman, Shear, & Woods, 2001). In another study, patients in therapy for major depression did not differ in level of depression at termination or on

attrition rates based on being gender-matched with their therapist (Zlotnick et al., 1998). These results are similar to those reported in a study of clients with mood and anxiety disorders seen at a training site for doctoral students in psychology (Cottone, Drucker, & Javier, 2002). The only gender-matching difference in outcome was that women compared to men clients of men therapists were more likely to complete three months of therapy (Cottone et al., 2002). This does not directly address whether women therapists are a superior match for women clients, but does point to positive outcomes for women seeing men therapists. In a similar study of college students in individual counseling, Hatchett and Park (2004) found that gender-matching was not related to counseling duration or premature termination. Treatment retention was also found not to differ for adolescent women in treatment for marijuana abuse with a woman therapist compared to a man therapist (Wintersteen et al., 2005). All of these studies are consistent with the results of a meta-analysis that examined studies that included length of stay in treatment and premature termination and concluded that gender of therapist was a poor predictor of outcome for both men and women patients (Bowman et al., 2000).

Cross-Gender Staffing in Correctional Programming

Given the need for gender-sensitive treatment and assessment of women offenders has been identified, there has been much debate and research on the most effective way to offer programming for this population within a correctional setting. Palmer's (1995) compilation of 32 literature reviews and meta-analyses addressed the effectiveness of correctional interventions and investigated 20 different programmatic approaches (e.g., educational training, group counseling, etc.). The author identified a group of components that were related to successful programs, and concluded that there were also factors contributing to the effectiveness of a program that are not related to the program itself. These 'nonprogrammatic factors' included staff characteristics, the setting that the program was delivered in and offender differences, which were all related to the differential success of correctional programming (Palmer, 1995).

Palmer's (1995) review included a summary of staff characteristics that were repeatedly found in the literature to enhance the success of effective programs. When staff were interpersonally sensitive to conventional rules of conduct and were able to earn the positive regard of the offenders, the attitudinal gains of the offenders were more positive and recidivism rates were lower. A good relationship with the offender was the most important factor in staff's ability to interact positively with the offender. The author concluded that it is essential that, whether a man or a woman is employed as a facilitator of a program, they must be able to establish a respectful working relationship with their clients.

The author mentions other nonprogrammatic factors are not well researched in the literature. These variables include staff characteristics such as gender, age and ethnicity. This influential article goes on to express the importance of reporting these factors in program evaluations in order to provide more information about the factors that characterize successful programming in correctional settings. However, since Palmer's review, the importance of general staff characteristics has been supported by empirical evidence and with the inclusion of staff characteristics (staff training, educational background) in program evaluation tools such as the Correctional Program Assessment Inventory (CPAI) (Gendreau & Andrews, 2000).

In an article summarizing the findings from a national study in the United States, Koons, Burrow, Morash, and Bynum (1997) provided information on the opinions of corrections experts and correctional program participants. These researchers summarized the factors each group considered to be integral to the perceived success of programs. For example, it was noted that

program staff members should be qualified, dedicated, caring women who are ex-addicts and/or ex-offenders. These qualities were selected because the respondents felt they gave staff the capacity to act as believable role models for the program participants. These opinions must be recognized as unevaluated perceptions that the specific participants held recognizing that many successful programs do not adhere to these concepts.

Potential Problems with Cross-Gender Staffing in Women Correctional Centers

The potential problems with cross-gender staffing at women correctional centres are primarily due to the multiple issues that make the residents more vulnerable to abuse. A large number of women who are incarcerated are survivors of sexual, physical and emotional abuse and come from a background of social marginalization. It is suggested that the employment of men in women facilities increases the potential for abuse and impinges on the privacy rights of the women offenders. It is believed by some stakeholders that the risk for abuse is so high and the topic so volatile that removing the potential for this type of abuse is vital (Lajeunesse et al., 2000; Goss Gilroy Inc., 2009)

The perceived negative effects of having men work in women correctional centers are outlined in Lajeunesse et al. (2000). When staff and women were asked what perceptions they had of men staff presence in a women correctional center, 30% of women and 15% of the staff had negative points to consider about the employment of men in their facility. These effects included that the presence of men may be disturbing to some of the women and offer them less privacy than if there were only women working there. As well, some residents felt that they would not be able to discuss some of their personal issues with men staff. Concerns regarding affairs between the women offenders and men staff were brought up, as well as the potential for sexual tension and abuse. A number of people also acknowledged the difficulties that may arise for the men such as allegations or flirtations that may put the men staff in an uncomfortable position.

Women offenders also feared that the presence of men would make the prison environment tense or aggressive and may spark competition or jealous fights among the residents. There were also further concerns regarding the force and security styles of men versus women. Those effects were stated in regards to men corrections workers, it is not anticipated that a program facilitator would fill the function of security officers (Alpert & Crouch, 1991). Also,

these are expectations, not based on actual experience.

Potential Benefits with Cross-Gender Staffing in Women Correctional Centers

The perceived negative psychological effects of cross-gender staffing by offenders are important considerations in the debate of whether men should be employed as facilitators in women correctional centres. Lajeunesse et al. (2000) also detailed the positive views of employing men that were held by both women offenders and staff. It was found that 68% of federally sentenced women and 84% of staff did have some positive perceptions of having men employed at women correctional centers. Even with this high percentage, it is important to note that over 30% of women did not have any positive perceptions of cross-gender staffing.

Some of the women felt that having men employed at the correctional centre more closely approximates the real world, or normal situations in which they would have to deal with men. This reduces the shock of dealing with men after release. Interacting with men in the correctional centre may also help the women learn how to deal with men in a safe environment. This may provide a model of how men and women can develop a positive, nonsexual relationship. As well, some women stated that having men around helps to balance the prison atmosphere and gives different viewpoints in a chiefly women environment. It was also proposed that the presence of men reduces stress levels and some women interact better with men. Employing men also provides the women with positive male role models and assists women staff. Furthermore, working in that environment is a learning experience for men staff.

Conclusions

Generally, there is little evidence to demonstrate that there are negative effects of matching women to men therapists in terms of either process or outcome. Gender matching has not been found to predict entering into or remaining in treatment (Bowman et al., 2000; Hatchett & Park, 2004; Sterling et al., 1998, 2001; McPherson et al., 2012; Wintersteen et al., 2005; Zlotnick et al., 1998). Nor has it been shown to predict outcome in terms of change in treatment targets (Huppert et al., 2001; Wagner et al., 1993, Zlotnick et al., 1998). Although this literature base is somewhat small, there is as yet no convincing data to suggest that women will do better in therapy if they have a woman therapist.

Commonly described in the literature was for women and girls to have a preference to be in treatment with a woman. This has been found with children and adolescents seeking treatment for childhood sexual abuse (Fowler & Wagner, 1993; Moon et al., 1993) as well as with women undergoing psychotherapy (Pikus & Heavey, 1996). University women not currently in therapy have also reported a preference for a woman therapist when asked to imagine seeking treatment for a problem of a sexual nature (Bernstein et al., 1987; Yanico & Hardin, 1985). Some researchers believe that client preferences for therapist gender should be taken into account whenever possible (Blow et al., 2008). However, to date no evidence exists suggesting that matching a woman's preference for a woman therapist improves therapeutic outcomes.

One aspect of the therapeutic process known to have an impact on outcome is the working alliance between patient and therapist (Horvath & Symonds, 1991). Again, none of the published studies reviewed here indicated an advantage in terms of working alliance for women working with women therapists (Parish & Eagle, 2003; Werner-Wilson et al., 2003; Wintersteen et al., 2005).

There is some evidence to suggest that women will experience the process of psychotherapy differently with a woman therapist. Pattee and Farber (2008) reported that women experience more distress during self-disclosure to a woman therapist. It is not clear that this distress would necessarily lead to negative outcomes. It could be argued that greater emotional intensity is positive. For example, Jones and Zoppel (1982) reported that women working with women therapists experienced greater emotional intensity, which was in turn positively correlated with outcome.

One point worth mentioning is that the reverse cross-gender treatment dynamic already exists in the Correctional Service of Canada such that women facilitators treat men offenders (e.g., facilitating sex offender treatment programs). There may indeed be parallels to draw from this treatment dynamic as to whether men would be appropriate program facilitators for women offenders. However, because of the unique factors associated with the man facilitator/woman offender dynamic, we have chosen to keep the focus of this report on women offenders only.

Limitations

There were no empirical studies available directly related to outcomes for women offenders working with men facilitators. Instead, studies that looked at populations with similar characteristics to women offenders (history of sexual victimization, substance abuse, therapy needs) were reviewed. These studies looked at individual and group therapy, not group programming in correctional institutions. In some cases, the therapists in these studies were in long-term therapy with their clients and most often had professional degrees or were students in degree programs. Although, no studies in this review allow us to directly generalize results to a women offender population, the results remain meaningful as they generally apply to an adult women population.

Conclusion

Overall, it is clear from the literature reviewed that gender of the facilitator is not an important factor in predicting treatment outcome for women (Blow et al., 2008). Having a woman facilitator deliver programming to women participants is not sufficient for program success. Although gender-matching may be associated with some differences in certain elements of the therapeutic process, there is little to no evidence that these differences will affect outcomes.

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