

Justice-Involved Women with Co-occurring Disorders and Their Children *Series*

In 1998, women comprised 22% (3.2 million) of annual arrests in the U.S. Between 1990 and 1998, the number of women in prison increased by 88%, on probation by 40% and on parole by 80% (Chesney-Lind, 2000). Today, women account for

11% of the U.S. jail population (Beck & Karberg, 2001). The facts are compelling: women are a rapidly increasing presence in a male oriented justice system. Women offenders present multiple problems: mental illness and substance use disorders, child-rearing, parenting and custodial difficulties, health problems, histories of violence, sexual abuse and corresponding trauma (Veysey, 1998). Among women entering jails, 12.2% are diagnosed with serious mental illnesses, almost double the rate of males at intake (Teplin, 2001), and 72% present a co-occurring substance use disorder. Many women in jail have been victims; a staggering 33% are diagnosed with post-traumatic stress disorder (Teplin et al., 1996). In a recent jail survey, 48% of women reported a history of physical or sexual abuse and 27% reported rape (BJS, 2001).

Women entering jail may be pregnant, post-partum or leave children in the community. More than 100,000 minor children have a mother in jail (Bloom & Owen, 2002). History of abuse is known as a correlate of behavior leading to contact with the justice system; the cycle of intergenerational violence is well documented. Early identification of this history is critical in treatment decisions, planning for community re-entry and the return of the ex-offender mother to a parenting role.

Though many correctional facilities recognize that women bring different health and relationship issues to their period of incarceration, operationally most have not adjusted practices already established for male inmates. Jails present a challenge to service provision due to their 'short-term' nature where lengths of stay may range from overnight detention to a sentence of up to one year. This series discusses topical issues relating to women in jails and highlights promising programs from around the nation.

Co-occurring Disorders

Women with co-occurring mental and substance use disorders in contact with the justice system, especially those with young children, represent a particularly vulnerable population with multiple needs. Diversion programs provide alternatives to jail with access to treatment services and community support. For female offenders, diversion not only provides a community treatment alternative but helps derail potential entrenchment in the criminal justice system, avoid re-traumatization in jail settings and avert damaging temporary separation from minor children or protracted involvement with the child welfare system. While men may also have parenting issues, women are more frequently primary caregivers and a woman's incarceration is more likely to disrupt the family (Bloom, 1993).

Jail Diversion

Diversion programs aim to avoid the human and financial costs of justice processing and to provide services outside the justice system that better suit the rehabilitative needs of the offender. Individuals in contact with the criminal justice system are considered for participation in diversion programming following screening by mental health professionals in the jail, or through police-based interventions such as the Memphis CIT model, (Crisis Intervention Training). Individuals with co-occurring disorders may be identified at any point of contact with the justice system for diversion, which can occur through dropping criminal charges, deferring prosecution, or by imposing conditions of bail or probation (National GAINS Center, 1998). Services address physical and mental health needs (medical care, psychiatric care, medication

and shelter) as well as supports for personal growth such as parenting skills courses, career guidance counseling, access to educational opportunities (to earn a high school diploma, a GED, an applied degree, or a college degree), job training and job placement.

Pre-booking programs are usually police-based interventions that occur before formal charges are brought. Pre-booking diversion occurs at the point of contact with law enforcement officers and relies heavily on effective interactions between police and community mental health services. The Memphis Crisis Intervention Training (CIT) model is perhaps the most prominent program, training a specialized cadre of police officers to resolve police-civilian interactions involving mental health crises. The model or components of the model

have been successfully replicated in several jurisdictions including Akron, OH, Ventura County, CA, and Portland, OR.

Post-booking is the most prevalent type of jail diversion program in the United States. These programs based in arraignment courts, specialty mental health courts and jails, screen individuals who are potentially eligible for diversion for the presence of mental illness. Once a person's eligibility for diversion is evaluated, diversion program staff negotiate with prosecutors, defense attorneys, community-based mental health and substance abuse providers and the courts to develop and implement a plan that will produce a disposition outside the jail in lieu of prosecution or as a conditional reduction of charges (whether or not a formal conviction occurs). (GAINS, 1998; Davidson, 2001)

Demographics

Women of color, specifically African-American and Latina, are increasingly at risk for entry into the criminal justice system. There is a consensus of opinion that criminal involvement by African-American women stems from complex social problems. Prior to her incarceration, the profile that emerges of the African-American female offender is that of a young, uneducated (French, 1983), single mother (Snell, 1994). She is likely to be unemployed, with few marketable skills (Baunach, 1985), and is likely to be on welfare (Bresler & Lewis, 1983). Complex social and psychological variables predict that women of color have limited access to social networks and opportunities that would, in all likelihood, reduce their risk of involvement in the justice system.

Since the mid-1980s, numerous studies have pointed to changes in sentencing laws involving drug-related charges as a primary factor in the increased rate of incarceration among African-American

women (Nossiter, 1994; Richie, 1996; Rocawich, 1987). Recent studies have reported, for example, that African-American women make up more than 80 percent of imprisoned female crack cocaine offenders (DiMascio, 1995). Incarcerated African-American women have disproportionately higher rates of sexual abuse histories than peers who

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have not been incarcerated (Richie, 1996; Snell, 1994). Chesney-Lind & Sheldon (1992) reported a variety of prior physical and sexual abuse rates ranging from 40 percent to 73 percent among African-American female inmates.

Children of Women Offenders

According to the Bureau of Justice Statistics (Greenfield, 1999), more than 1.3 million children under the age of 18 have mothers who are involved in the criminal justice system, and over 100,000 minors have a mother in jail (Bloom & Owen, 2002). The absence of a holistic perspective in treating female offenders with co-occurring disorders has a ripple effect in the lives of her children. A mother's repeated incarcerations, ongoing difficulties with substance abuse and under-addressed psychological problems have an impact on the psychological and social development of her children. In spite of this, the criminal justice system tends to treat offenders as if they had no dependents (Henriques, 1981), ignoring that the future of these children is dependent upon what their mothers experience and learn while incarcerated (Clark, 1995). A brief by the Sentencing Project (1999) asserts "...having become

a nation of jailers, we are paying a steep price both financially and in the human currency of lost human connections." This is an arena in which diversion programming has the potential to have its greatest impact—through the provision of appropriate tools to succeed 'on the outside'.

Diversion Programs for Women Offenders

Women are disproportionately represented in diversion programs. Recent data from the SAMHSA Jail Diversion Multi-Site KDA Study show 34 percent of jail diversion referrals are for female offenders (Steadman, 2001), while only 11 percent of jail detainees (Beck & Karberg, 2001) and 6 percent of prison inmates are women in the U.S. (Beck & Harrison, 2000). Most diversion programs target nonviolent, low-level offenders who are frequently in contact with the justice system in large part due to their mental and substance use disorders. Women are frequently detained on drug related or 'quality of life' charges, such as prostitution, and are often viewed as a lesser flight risk due to children in the community. While diversion programs receive a large number of referrals for female offenders, the screenings, assessments and services are the commonly the same for male and female clients, and few are tailored to gender-specific needs.

Diversion programs are designed to provide essential social and psychological services to address problems faced by the offender and her family. Family counseling is essential to help mothers and their children respect each other and learn their roles in the family and to help the offender recognize both the strengths the family has to offer in support, and the weaknesses that threaten her successful rehabilitation. For women in an ongoing relationship with someone who has been abusive to them in the past, home visits and related diversion plans must address

the continued presence of that individual in her life. In such cases, it is necessary to ensure that appropriate safety assessments are conducted and plans for protection considered.

Gender-Specific Services in Jails and Diversion Programs

Veysey (1998) identified eight comprehensive and integrated strategies as critical for gender-specific program development for women diagnosed with mental illnesses in jail settings. Several of these attend to the need for identification, which could aid jail diversion referrals. Others should be included in the development of diversion programs themselves.

- *Parity of mental health services.* Basic services must be available to all women before specialized services can be developed through the targeted allocation of resources.
- *Targeted screening/evaluation procedures and gender-specific instruments.* Women-specific tools must be developed that support appropriate classification of women and that can identify issues that complicate treatment and supervision, including histories of abuse, medical problems and child care issues.
- *Special crisis intervention procedures.* Due to the overwhelming prevalence of physical or sexual abuse histories among female jail detainees, with or without mental illness, protocols for crisis intervention should be developed for all women in crisis. Jails should consider the use of noninvasive, non-threatening de-escalation techniques for general use and to avoid re-traumatizing procedures.
- *Peer support and counseling programs.* Peer-counseling programs, in coordination with existing mental health services, show promise in helping women to address mental health problems and violent events in their lives. Peer-support programs offer an opportunity to connect the woman with her community prior to release.
- *Parenting programs.* Targeted parenting programs directed at education, empowerment and practical skills are a promising practice in severing cycles of violence in families.
- *Integrated services.* Integrated services, in jail settings and in transition to the community, hold the most promise in assisting women to remain in the community and prevent recidivistic contact with the justice system.
- *Training programs for security, mental health and substance professionals.* To maximize gender-specific programming, all correctional and treatment staff need to be trained to understand the specific issues and needs of female detainees, potential triggers and purpose of program procedures.
- *Outcome measures.* Attention must be given to the development of appropriate outcome measure for treatment interventions designed to affect women diagnosed with mental illness in jails, and should acknowledge the wide variation in women's life experiences, adaptive styles and modes of recovery. Measures should be developed through a joint effort by mental health professionals, researchers and the women using services.

Promising Program...

The Phoenix Project, Wicomico County, MD.

The Phoenix Project was one of nine sites initially funded in 1997 through the SAMHSA Jail Diversion KDA study. The Phoenix Project is both a pre- and post-booking diversion program. Women may be referred to the program prior to or after an arrest by mobile crisis staff, law enforcement, jail staff, judges, prosecutors, defense attorneys, and district court commissioners. The program focuses on the specific needs of women with severe mental illness and co-occurring substance use disorders who have committed misdemeanors or nonviolent felonies, and diverts them from the jail to receive intensive treatment in the community. Phoenix provides intensive case management, integrated mental health and substance abuse services and trauma treatment on site. Case managers coordinate access to a full spectrum of specific services for women including parenting classes, transportation, safe housing, medical services, domestic violence services, educational and vocational training and other community resources.

The Phoenix Project is a strength-based program that works predominately with high-end service users and assists women in becoming self-sufficient, in navigating services and assuming responsibility for themselves and their children. There is no timeframe for completion; services are provided until they are no longer needed.

The Phoenix Project specifically focuses on one of the major areas of concern for women in the criminal justice system—their children. Almost 50 percent of the women in the project have custody of their children while others are working to regain custody. The Phoenix Project provides *parenting classes* to address the impact of incarceration on their children, maternal guilt and trauma histories; *childcare* to enable full participation in the program and employment opportunities; *re-unification* assistance in re-establishing positive relationships with estranged children; and *mental health services for children* affected by trauma and violence.

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