

JUSTICE-INVOLVED VICTIMS OF BATTERING WITH MENTAL HEALTH, SUBSTANCE ABUSE, AND CO-OCCURRING DISORDERS

Internet Resources

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When Survivors Reenter their Communities after Jail or Prison
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Introduction

As an increasing number of women enter the criminal legal system – and subsequently reenter their communities after serving time in prison or jail – there has also been a growing recognition that many of these women are living with substance abuse and/or mental health issues. Additionally, many of these women also have trauma and abuse histories. This internet resource listing includes research and reports that address the intersections of gender with histories of trauma and with mental health, substance abuse, or co-occurring disorders.

Unfortunately, we were not able to find many resources that specifically address mental health, substance abuse, or co-occurring-related issues specific to women’s reentry. Given this reality, we instead included resources that were developed for practitioners working with incarcerated women and with other justice-involved women believing that these resources are also useful for those working with reentering women.

Knowing that reentry starts at arrest, we have also included some background resources that are about women who are incarcerated. You will also find resources about the how experiences of abuse, mental health and/or substance abuse issues can be one of the “pathways” to incarceration.

AUDIENCE

Practitioners and advocates working with justice-involved women, and reentering women/victims of battering, with mental health, substance abuse, and/or co-occurring issues.

A NOTE ABOUT LANGUAGE

Labels can often stigmatize people and create barriers between those using the labels and those being labeled. Given this reality, we really struggled with what language to use in this listing. For example, the term “mental health issue” has been challenged as being problematic for some people; yet, we have not found alternative terms that are less problematic. In this listing, we use the word “disorder” because it is the term often utilized in the substance abuse and mental health fields. We have sections about “treatment programs,” even though we realize the idea of “treatment” might be problematic for some people. However, “treatment programs” were the types of interventions most frequently discussed in the resources we found. We recognize that the terminology in this listing is far from perfect and that some of the terms may have negative connotations and even pathologize women’s experiences. We welcome your suggestions and ideas on how best to describe the issues and experiences covered in this listing.

Additionally, some of the resources included in this listing use the term “offender” for women incarcerated or returning home from jails and prisons. It is not a term we use at the National Clearinghouse. Many incarcerated and formerly incarcerated women have objected to that term. We believe it is critical that individuals not be defined by their crime/alleged crime. Instead, we use terms such as “reentering woman,” “person returning from jail/prison,” or “formerly incarcerated woman.”

In this resource listing we changed words like “offender” or “inmate” when they did not appear in the title and when it did not affect the integrity of the document being described.

If you know of additional online resources that should be added to this list, please contact the National Clearinghouse. We would also like to know if you find errors or changes in any of the web addresses. Thanks.

This resource is part of a series of internet listings about When Survivors Reenter their Communities after Jail or Prison published by the National Clearinghouse for the Defense of Battered Women. Copies of these resources are available at www.ncdbw.org/reentry_resources.htm. Or email us at ncdbw@ncdbw.org and we will forward copies.

Incarcerated Women and Mental Health, Substance Abuse, and Co-Occurring Disorders: Background Resources

The background resources included below are overview pieces about issues that arise for women involved with the criminal justice system who are experiencing mental health, substance abuse and/or co-occurring disorders. These resources are not reentry-specific. We have included them here, however, because we believe that the issues they address will be helpful to practitioners and advocates working with reentering women.

NOTE: *The materials in each section are listed by year from the most recently published to those published longest ago. Within each year, they are listed alphabetically by title.*



RISK PROFILE AND TREATMENT NEEDS OF WOMEN IN JAIL WITH CO-OCCURRING SERIOUS MENTAL ILLNESS AND SUBSTANCE USE DISORDERS

Kathryn M. Nowotny et al. (2014)

Author's Abstract: "Recent research has documented the unusually high rates of incarcerated women's serious mental illness (SMI) and substance use disorders (SUD). Complicating these high rates is the high comorbidity of SMI with SUD and trauma histories. Yet, incarcerated women have significantly less access to treatment and health services while incarcerated than men. We used data from a multi-site, multi-method project funded by the Bureau of Justice Assistance (2011–2012) to determine the risk profile of women in jail (n=491) with a current co-occurring SMI (i.e., major depressive disorder, bipolar disorder, schizophrenia spectrum disorder) and SUD (i.e., abuse, dependence). The study spanned multiple geographic regions, and structured diagnostic interviews were used to understand better the women that comprised this vulnerable population. One-in-five of the women had a current co-occurring disorder (CCOD). The findings revealed that significantly more women with a CCOD had been exposed to violence and were exposed to drugs at a younger age. Further, about one-third of women with a CCOD had received no treatment from a health care professional in the past year, demonstrating a substantial unmet need. We conclude that investing in mental and behavioral health care in jails is critical to the health and safety of women as well as the communities to which they return."

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4224671/>

PATHWAYS PROJECT – RESEARCH FACTSHEET: MENTAL HEALTH & TRAUMA AMONG WOMEN IN JAILS

by Shannon M. Lynch, Dana D. DeHart, Joanne Belknap, and Bonnie L. Green (2012)

This factsheet summarizes findings from a national study on the prevalence of serious mental illness (SMI), substance use disorders (SUD), and posttraumatic stress disorder (PTSD) in nearly 500 female jail [prisoners] in urban and rural counties in the U.S. These statistics show the overwhelming prevalence of SMI, SUD, and PTSD in these populations. This resource would be helpful to practitioners working within these communities.

<https://www.prainc.com/wp-content/uploads/2015/10/mental-health-trauma-women-jails.pdf>

ADDRESSING THE MENTAL HEALTH NEEDS OF WOMEN OFFENDERS

by Barbara E. Bloom and Stephanie Covington (2008)

Excerpt: “Although they are therapeutically linked, substance abuse, post-traumatic stress, and mental health problems have been treated separately. One of the most important developments in mental health care over the past several decades is the recognition that a substantial proportion of women offenders have experienced trauma and this plays a vital and often unrecognized role in the evolution of a woman’s physical and mental health problems (Bloom, Owen, & Covington, 2003). There are important mental health differences between incarcerated women and women in general. For example, 12% of females in the general population have symptoms of a mental disorder, compared to 73% of females in state prison, 61% in federal prison, and 75% in local jails (James and Glaze, 2006). Another study, comparing incarcerated women matched by age and ethnicity to those in the community, found that incarcerated women have a significantly higher incidence of mental health disorders including schizophrenia, major depression, substance use disorders, psychosexual dysfunction, and antisocial personality disorder (Ross, Glaser, & Stiasny, 1998).”

<http://stephaniecovington.com/assets/files/FinalAddressingtheMentalHealthNeeds.pdf>

WOMEN’S PATHWAYS TO JAIL: THE ROLES & INTERSECTIONS OF SERIOUS MENTAL ILLNESS & TRAUMA

by Shannon M. Lynch, Dana D. DeHart, Joanne Belknap, and Bonnie L. Green; submitted to the Bureau of Justice Assistance, US Department of Justice (2012)

Excerpts: “Understanding [justice-involved females’] pathways to offending, including both risk for onset and risk for continued offending, helps elucidate the complexity of their experiences and identify key factors and intervening variables that may ameliorate or exacerbate risk. This type of research is critical to development of gender responsive programming, alternatives to incarceration, and problem-solving court initiatives. . . . This project assessed the prevalence of serious mental illness, posttraumatic stress disorder, and substance use disorders in women in jail, and pathways to offending for women with and without serious mental illness.”

[https://www.bja.gov/Publications/Women Pathways to Jail.pdf](https://www.bja.gov/Publications/Women_Pathways_to_Jail.pdf)

SURVIVING; CONNECTING; FEELING: PSYCHOSOCIAL DIMENSIONS OF RECOVERY FROM DRUG DEPENDENCE AMONG WOMEN IN THE CRIMINAL JUSTICE SYSTEM

by Kathryn A. Sowards and Marsha Weissman (2005)

Author’s Abstract: “We present findings from a qualitative pilot study designed to uncover mechanisms in the treatment process that foster recovery from drug dependence among women with felony level criminal involvement. We interviewed eleven women who had successfully completed treatment in one gender-sensitive program. Their extended personal narratives reveal an uncharacteristically intimate and client-centered perspective on how women internalize treatment interventions to promote positive change. Surviving extreme adversity and trauma; identifying and engaging with peers; and healing longstanding emotional wounds played crucial roles in the recovery processes shared by these women. Our findings support the main principles on which gender-specific interventions rest. Recovery is about more than getting off drugs; it is often involves healing from years of abuse, neglect, and shame; as well as the necessity of creating a relationally meaningful, legal, and materially sustaining livelihood in the face of substantial social and economic barriers.”

http://www.communityalternatives.org/pdf/surviving_connecting.pdf

THE SPECIAL NEEDS OF WOMEN WITH CO-OCCURRING DISORDERS DIVERTED FROM THE CRIMINAL JUSTICE SYSTEM

by Holly A. Hills (2004)

Author's Abstract: "This document is intended to provide diversion program and specialty court staff with an overview of the issues specific to women involved with diversion programs/specialty courts, as well as to provide key areas of modification to services to improve and enhance services for women."

<http://pacenterofexcellence.pitt.edu/documents/WomenAndSpects-7.pdf>

Reentry Resources for People with Mental Health, Substance Abuse and Co-Occurring Disorders

The following are resources specifically about reentry issues and planning specifically for justice involved women in the community with co-occurring disorders.

NOTE: *The materials in each section are listed by year from the most recently published to those published longest ago. Within each year, they are listed alphabetically by title.*



General Resources

RESOURCES FOR MENTAL HEALTH AND JUVENILE JUSTICE PROFESSIONALS

by the National Child Traumatic Stress Network (2014)

Host Description: “Children who come to the attention of the juvenile justice system are a challenging and underserved population. The National Child Traumatic Stress Network has developed resources to help juvenile justice professionals understand and provide trauma-focused services to these youth. We invite you to share these fact sheets and other resources with your juvenile justice partners, community leaders, policy makers, teachers, parents, and families.”

<http://www.nctsn.org/resources/topics/juvenile-justice-system#q2>

AN INNOVATIVE PROGRAM MODEL FOR MENTAL HEALTH CLINIC SERVICES FOR CORRECTIONAL REENTRY POPULATIONS: THE FORTUNE SOCIETY'S BETTER LIVING CENTER

by Policy Research Associates (2013)

This brief profile looks at The Fortune Society’s “Better Living Center” – the only New York State Office of Mental Health–licensed Article 31 mental health clinic with services tailored specifically to the unique and complex needs of the justice-involved population. The profile includes “Keys to Success” and “Future Directions” from the Better Living Center.

<https://nicic.gov/innovative-program-model-mental-health-clinic-services-correctional-reentry-populations-fortune>

BEST PRACTICES FOR INCREASING ACCESS TO SSI/SSDI UPON EXITING CRIMINAL JUSTICE SETTINGS

by Dazara Ware and Deborah Dennis for the Substance Abuse and Mental Health Services Administration (SAMHSA), SSI/SSDI Outreach, Access and Recovery (2013)

Excerpt: “The Social Security Administration (SSA), through its Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) programs, can provide income and other benefits to persons with mental illness who are reentering the community from jails and prisons. The SSI/SSDI Outreach, Access and Recovery program (SOAR), a project funded by the Substance Abuse and Mental Health Services Administration, is a national technical assistance program that helps people who are homeless or at risk for homelessness to access SSA disability benefits. SOAR training can help local corrections and community transition staff negotiate and integrate benefit options with community reentry strategies for people with mental illness and co-occurring disorders to assure successful outcomes... This document addresses: mental illness, homelessness, and incarceration; incarceration and SSA Disability benefits; role of transition services in reentry for people with mental illness; access to benefits as an essential strategy for reentry; SOAR collaborations with jails;

SOAR collaborations with state and federal prisons; and best practices for assessing SSI/SSDI as an essential reentry strategy – collaboration, leadership, resources, commitment, and training.”

[http://soarworks.prainc.com/sites/soarworks.prainc.com/files/Best Practices CJ Systems.pdf](http://soarworks.prainc.com/sites/soarworks.prainc.com/files/Best_Practices_CJ_Systems.pdf)

GUIDELINES FOR THE SUCCESSFUL TRANSITION OF PEOPLE WITH BEHAVIORAL HEALTH DISORDERS FROM JAIL AND PRISON

by Alex M. Blandford and Fred Osher (2013)

This document provides constructive guidelines, practice tips and rationales for each for the implementation of a cross-system reentry approach geared towards practitioners working with individuals with mental health needs with criminal justice system involvement. Excerpt: “Despite the significant number of individuals with behavioral disorders in the criminal justice system, 2010 marked the first time in nearly 40 years that the number of state prisoners in the United States declined. To achieve better outcomes, policymakers and researchers agree that a shift away from a reliance on incarceration to an emphasis on expanding capacity to supervise and treat individuals in the community is necessary. This shift has focused attention on the importance of cross-system approaches to providing effective criminal justice and behavioral health treatment interventions with the dual goals of reducing recidivism and promoting recovery. A critical component of cross-system work occurs at the transition from jail or prison to the community. Reentry into the community is a vulnerable time, marked by difficulties adjusting, increased drug use and a 12-fold increased risk of death in the first two weeks after release. Effective transition planning and implementation can minimize the risk of these hazards, enhance public safety by increasing the possibility that individuals will participate in and complete supervision and treatment requirements, and improve individual outcomes.”

<https://nicic.gov/guidelines-successful-transition-people-behavioral-health-disorders-jail-and-prison>

SUPPORTED EMPLOYMENT FOR JUSTICE-INVOLVED PEOPLE WITH MENTAL ILLNESS

by Gary R. Bond (2013)

Excerpt: “Employment is a key to community reintegration for both people with mental illness and those with justice involvement. At present, the empirical literature on employment services for justice-involved people with or without mental illness is meager. By contrast, an extensive evidence base documents the effectiveness of a specific employment model for people with severe mental illness: the Individual Placement and Support (IPS) model of supported employment. This brief (1) describes the IPS model and its evidence base, (2) identifies current trends in IPS services for justice-involved people, (3) summarizes studies of employment services for justice-involved people, and (4) suggests IPS adaptations for justice-involved people with mental illness.”

<https://nicic.gov/supported-employment-justice-involved-people-mental-illness>

HEALTH AND PRISONER REENTRY: HOW PHYSICAL, MENTAL, AND SUBSTANCE ABUSE CONDITIONS SHAPE THE PROCESS OF REINTEGRATION

by Kamala Mallik-Kane and Christy A. Visher for the Urban Institute (2008)

Excerpt: “This report describes the ways in which returning prisoners with physical health conditions, mental health conditions, and substance abuse problems navigate the first year after release. It explains the distinct challenges they face with regard to finding housing and employment, reconnecting with family members, abstaining from substance use and crime, and avoiding a return to prison. . . . [W]e present a description of returning prisoners in the study sample and an overview of their reentry experiences regardless of health status. Following the overview, we address the experiences of those with physical health conditions, mental health conditions, and substance abuse problems individually: we describe the prevalence of each type of

condition and the extent to which individuals received treatment, and then proceed to discuss the ways in which those with physical, mental, and substance abuse problems had distinctly different reentry experiences from other returning prisoners. The report concludes with a discussion of the role of health in reentry and offers empirically-based recommendations for improved policy and practice.”

http://www.urban.org/UploadedPDF/411617_health_prisoner_reentry.pdf

A BEST PRACTICE APPROACH TO COMMUNITY REENTRY FROM JAILS FOR INMATES WITH CO-OCCURRING DISORDERS: THE APIC MODEL

by Fred Osher, Henry J. Steadman, and Heather Barr (2002)

Author’s Abstract: “Almost all [prisoners in jail] with mental illness will leave correctional settings and return to the community. Inadequate transition planning puts [prisoners in jail] who entered the jail in a state of crisis back on the streets in the middle of the same crisis. The outcomes of inadequate transition planning include the compromise of public safety, an increased incidence of psychiatric symptoms, hospitalization, relapse to substance abuse, suicide, homelessness, and re-arrest. Although there are no outcomes studies to guide evidence based transition-planning practices, there is enough guidance from the multisite studies of the organization of jail mental health programs to create a best practice model. This article presents one such model – APIC. The APIC Model is a set of critical elements that, if implemented, are likely to improve outcomes for persons with co-occurring disorders who are released from jail.”

<http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.855.9991&rep=rep1&type=pdf>

Treatment Programs for Justice-Involved People with Mental Health, Substance Abuse, or Co-Occurring Disorders

The resources below are focused on treatment programs for justice-involved women. You will find resources about treatment programs that are specific to women who are currently incarcerated and/or reentering their communities, as well as about how to create “trauma-informed” treatment programming for justice-involved women.

NOTE: The materials in each section are listed by year from the most recently published to those published longest ago. Within each year, they are listed alphabetically by title.



Women-Specific Treatment Programs

IMPLEMENTING GENDER-RESPONSIVE TREATMENT FOR WOMEN IN PRISON: CLIENT AND STAFF

by Stacy Calhoun, Nena P. Messina, Jerome Cartier and Stephanie Torres (2010)

Excerpt: “Relational theory could provide guidance to create the kinds of programs in the criminal justice system that will be most effective for drug-dependent [justice-involved women]. The expectation is that programs that focus on women's specific needs, guided by a theoretical understanding of women's psychological development, are in a better position to meet these needs than programs using the typical TC approach. The authors of this article are evaluating a women-focused treatment program implementing curricula based on relational theory to determine its relative effectiveness compared to a standard prison therapeutic community (TC) treatment program.”

https://www.uscourts.gov/sites/default/files/federal_probation_journal_december_2010.pdf

A RANDOMIZED EXPERIMENTAL STUDY OF GENDER-RESPONSIVE SUBSTANCE ABUSE TREATMENT FOR WOMEN IN PRISON

by Nena P. Messina, Christine E. Grella, Jerry Cartier, and Stephanie Torres (2009)

Author’s Abstract: “This experimental pilot study compared post-release outcomes for 115 women who participated in prison-based substance abuse treatment. Women were randomized to a gender-responsive treatment (GRT) program using manualized curricula (Helping Women Recover and Beyond Trauma) or a standard prison-based therapeutic community. Data were collected from the participants at prison program entry and 6 and 12 months after release. Bivariate and multivariate analyses were conducted. Results indicate that both groups improved in psychological well-being; however, GRT participants had greater reductions in drug use, were more likely to remain in residential aftercare longer (2.6 vs. 1.8 months, $p < .05$), and were less likely to have been re-incarcerated within 12 months after parole (31% vs. 45%, respectively; a 67% reduction in odds for the experimental group, $p < .05$). Findings show the beneficial effects of treatment components oriented toward women's needs and support the integration of GRT in prison programs for women.”

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2815183/>

SUBSTANCE ABUSE TREATMENT, ANTICIPATED MATERNAL ROLES, AND REENTRY SUCCESS OF DRUG-INVOLVED WOMEN PRISONERS

by Cynthia A. Robbins, Steven S. Martin, and Hilary L. Surratt (2007)

Author's Abstract: "This study reports analyses of recidivism and relapse experiences of substance-abusing women [prisoners] as they reenter the community. Outcomes are compared for women who completed a work-release therapeutic community program, women who entered but did not complete the program, and those who did not receive work-release therapeutic community treatment. Additionally, this article compares women who anticipated living with their children following release to those who did not have children with whom they expected to live. Women who completed the treatment program were more likely to remain arrest-free during the first 18 months following prison, and they used drugs less frequently. Women who expected to live with their minor children were significantly more likely to enter the treatment program, but maternal role expectations had no direct effect on reentry outcomes once treatment experience and background factors were controlled."

<http://www.sagepub.com/stohrstudy/articles/09/Robbins.pdf>

DRUG TREATMENT AND REENTRY FOR INCARCERATED WOMEN

by Doris Wells and Laurie Bright (2005)

Excerpt: "Two recent National Institute of Justice studies of drug addiction treatment and rehabilitation programs for female [prisoners], KEY/ CREST and Forever Free found that a much higher percentage of participants in these two programs remained drug-free and arrest-free at three- and one-year follow-up periods, respectively, than the comparison groups. Results from both studies show that treatment programs that provide aftercare, and recognize and address issues unique to female [prisoners] can help to reduce recidivism."

<https://www.ncjrs.gov/pdffiles1/nij/212776.pdf>

A COGNITIVE-BEHAVIORAL TREATMENT FOR INCARCERATED WOMEN WITH SUBSTANCE ABUSE DISORDER AND POSTTRAUMATIC STRESS DISORDER: FINDINGS FROM A PILOT STUDY

by Caron Zlotnick, Lisa M. Najavits, Damaris J. Rohsenow, Dawn M. Johnson (2003)

Author's Abstract: "Treatment for comorbid substance use disorder (SUD) and posttraumatic stress disorder (PTSD) is of particular relevance for incarcerated women, whose rates of PTSD and SUD are considerably higher than women in the general population. Yet virtually no treatments have been developed or systematically evaluated that target concurrently the symptoms of PTSD and SUD in this underserved population. This preliminary study evaluates the initial efficacy of a cognitive-behavioral treatment, Seeking Safety, as an adjunct to treatment-as-usual in an uncontrolled pilot study of incarcerated women with current SUD and comorbid PTSD."

<https://www.ncbi.nlm.nih.gov/pubmed/14629992>

ASSESSING THE NEEDS OF WOMEN IN INSTITUTIONAL THERAPEUTIC COMMUNITIES

by Nena P. Messina, William M. Burdon, Michael L. Prendergast (2003)

Author's Abstract: "This study outlines the treatment needs of [justice-involved women] entering prison-based therapeutic communities, known as institutional therapeutic communities (ITCs). Intake data for 4,509 women and 3,595 men from 15 ITCs were compared. Results show that men and women entering prison treatment differ with regard to their substance abuse problems, psychological functioning, sexual/physical abuse histories, employment histories, and child support activity. Women have more severe drug use histories and psychological impairment, were more likely to use prescription drugs, and to report histories of sexual/physical abuse...It appears that

women entering treatment programs in state prisons are at a substantial disadvantage compared with their male counterparts.”

http://www.tandfonline.com/doi/abs/10.1300/J076v37n02_05#preview

TREATMENT OF INCARCERATED WOMEN WITH SUBSTANCE ABUSE AND POSTTRAUMATIC STRESS DISORDER, FINAL REPORT

by Caron Zlotnick (2002)

Excerpt: “The overall goal of this study was to evaluate the initial efficacy, feasibility, and acceptability of “Seeking Safety (SS)” treatment in a sample of incarcerated women with comorbid PTSD and SUD. More specifically, the aims of this study were to conduct an open feasibility trial of “Seeking Safety (SS)” treatment in a sample of 6 incarcerated women with SUD and PTSD, and to conduct a randomized controlled pilot study to evaluate the initial efficacy, feasibility, and acceptability of the proposed treatment as an adjunct to treatment as usual (TAU) compared to a TAU control group in a sample of 22 incarcerated women with comorbid PTSD and SUD.”

<https://www.ncjrs.gov/pdffiles1/nij/grants/195165.pdf>

WOMEN IN PRISON: APPROACHES IN THE TREATMENT OF OUR MOST INVISIBLE POPULATION

by Stephanie S. Covington (1998)

Excerpt: “Statistics indicate that a high correlation for women between drug abuse and incarceration and parole/probation violations, and yet our society provides no comprehensive continuum of care for these women. This paper discusses a relational model of treatment that incorporates the multiple issues involved in women's recovery. Three theoretical perspectives – addiction, trauma, and women's psychological development – are interwoven to provide the foundation for a model based on the concept of a woman's journey to recovery. This model can be adapted for both the prison population and community-based programs.”

<http://www.centerforgenderandjustice.org/assets/files/15.pdf>

Trauma-Informed Programming

USING TRAUMA-INFORMED PRACTICES TO ENHANCE SAFETY AND SECURITY IN WOMEN'S CORRECTIONAL FACILITIES

by Alyssa Benedict (2015)

Excerpt: “In the wake of significant research on trauma and the interventions required to address it, a number of correctional agencies have made efforts to increase the use of trauma-based services and curricula (e.g., psycho-educational groups). However, fewer efforts have focused on implementing “universal precautions” or building a more integrated, multimodal trauma-informed culture in correctional facilities to both meet the goals of corrections and maximize the success of trauma-based interventions. The literature on trauma offers corrections professionals with common definitions, guiding principles, and examples of trauma-informed practices that can be adopted and tailored for use in their facilities. This document provides a brief overview of trauma and its effects on women offenders, and specifically defines trauma-informed practices for women's correctional facilities. It also provides key actions that facility administrators, managers, and staff can take to better align their operational practices with the research on trauma and to create a more trauma-informed facility culture.”

<http://cjinvolwedwomen.org/wp-content/uploads/2015/09/Using-Trauma-Informed-Practices-Apr-14.pdf>

FIRST STEP TO INTEGRATE TRAUMA-INFORMED CARE: ASK YOUTHS

by the Performance-Based Standards (PbS) Learning Institute (2014)

Excerpt: “The Maine Department of Corrections, Division of Juvenile Services (DJS), asked PbS to join them and their partners THRIVE, the local system of care provider and Hornby Zeller Associates, Inc. (HZA), a social science research firm with expertise in juvenile justice, to develop a way to use PbS’ improvement model to deepen and sustain Maine’s efforts to change practices, training and approaches to youths to be sensitive and responsive to trauma. Using the experience and expertise in Maine, PbS and its partners launched an initiative to integrate trauma-informed care into PbS for all participants. This issue brief presents the results of the first step completed in April 2014: asking youths about their experiences and perceptions of being treated using trauma-informed practices...In April 2014, the collaborative took the first step and added 10 new trauma-informed care-related questions to the PbS Youth Climate Survey, based on pilot testing and analysis in Maine. PbS shares the first national results about youths’ perceptions of the current level of trauma-informed care in residential facilities and programs in this issue brief. The information offers baseline data to begin work to increase and deepen the positive impacts of integrating trauma-informed care into youth facility practices.”

<https://pbstandards.org/cjcaresources/158/First-Step-to-Integrate-Trauma-Informed-Care.pdf>

TRAUMA AMONG GIRLS IN THE JUVENILE JUSTICE SYSTEM

by Patricia K. Kerig and Julian D. Ford (2014)

This resource is written for any practitioner interested in implementing trauma-informed and gender-responsive practices in the juvenile justice setting. Excerpt: “This review suggests that trauma-informed and gender-responsive programming and intervention models are needed in order to address girls’ needs and to prevent retraumatization of girls in the juvenile justice system. Experiences of trauma, maltreatment, and victimization play a role in placing many girls on the pathway toward delinquency. Further, girls who participate in delinquent activities are at risk for re-traumatization and the additional long-term consequences associated with polyvictimization. Tellingly, it is in the context of their closest personal relationships that many girls in the justice system have endured their most hurtful experiences and it is also in the context of those relationships that they are most likely to perpetrate violence themselves. Given the importance of relational ties for girls’ development, the fostering of positive relationships – with family members, peers, romantic partners, therapists, and juvenile justice professionals – has the capacity to play a significant role in helping girls to heal from trauma and desist from a delinquent course.”

[http://www.nctsn.org/sites/default/files/assets/pdfs/trauma among girls in the jj system 2014.pdf](http://www.nctsn.org/sites/default/files/assets/pdfs/trauma%20among%20girls%20in%20the%20jj%20system%202014.pdf)

TRAUMA-INFORMED TREATMENT DECREASES POSTTRAUMATIC STRESS DISORDER AMONG WOMEN OFFENDERS

by Nena P. Messina, Stacy Calhoun, and Jeremy Braithwaite (2014)

Excerpt: “Traumatic experiences among [justice-involved women] can impact their psychological well-being and patterns of substance use and offending. However, rigorous research in this area for [justice-involved women] with a history of trauma is sparse. This study combined data from 2 previous studies of [justice-involved women] in order to provide greater statistical power in examining the psychological trends found in the individual studies. Specifically, women in gender-responsive treatment (GRT; n = 135) were compared to women in non-GRT (n = 142) in regard to their change in posttraumatic stress disorder (PTSD) and related symptomatology from baseline to follow-up. . . . The hypothesis for the current examination of the combined data is that a diagnoses of PTSD and related symptomatology will be reduced for [justice-involved women] in the trauma-

informed condition, compared with [justice-involved women] who were returned to prison or randomized into a more generic MG [mixed-gender] treatment condition.”

<http://www.ncbi.nlm.nih.gov/pubmed/24377969>

CREATING A PLACE OF HEALING AND FORGIVENESS: THE TRAUMA-INFORMED CARE INITIATIVE AT THE WOMEN’S COMMUNITY CORRECTIONAL CENTER OF HAWAII

by the National Association of State Mental Health Program Directors (2013)

This resource details the trauma-informed substance abuse and reentry program in use at the Women’s Community Correction Center (WCCC) in Hawaii, and includes information on planning and implementing their Trauma-Informed Care Initiative (TICI). Excerpt: “The WCCC has taken a community building approach to culture change at the facility within a trauma-informed framework. Warden Patterson was inspired by the Hawaiian concept of the pu`uhonua, a place of refuge, asylum, peace, and safety. Under the ancient system of laws known as kapu, in which law-breaking was punishable by death, someone who broke a law and was able to make his or her way to a pu`uhonua would receive sanctuary. There, a priest performed a ritual that absolved the person of blame, which allowed the law-breaker to return to their village and resume their life. The spirit of pu`uhonua – the opportunity to heal and live a forgiven life – informs the vision that is changing the environment for both incarcerated women and staff at WCCC.”

<https://nicic.gov/creating-place-healing-and-forgiveness-trauma-informed-care-initiative-women%E2%80%99s-community>

CREATING TRAUMA-INFORMED CORRECTIONAL CARE: A BALANCE OF GOALS AND ENVIRONMENT

by Niki A. Miller and Lisa M. Najavits (2012)

Excerpt: “This article discusses the centrality of trauma [including posttraumatic stress disorder (PTSD)] in the lives of [prisoners] and explores components of what we will call trauma-informed correctional care (TICC). TICC is the adaptation of trauma-informed care for correctional settings in particular, which have their own unique challenges, strengths, culture, and needs. We will address a variety of themes related to TICC, including institutional and personal safety, staff training, cultural change and relevant clinical approaches. We also focus on gender differences in relation to both trauma and criminal justice.”

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3402099/pdf/EJPT-3-17246.pdf>

SEEKING SAFETY: AN INTERVENTION FOR TRAUMA-EXPOSED INCARCERATED WOMEN?

by Shannon M. Lynch, Nicole M. Heath, Kathleen C. Mathews, and Galatia J. Cepeda (2012)

Author’s Abstract: “Recent guidelines for incarcerated women’s programming have called for interventions that address [justice-involved women’s] traumatic experiences, posttraumatic stress disorder (PTSD), and substance use in an integrated manner. Seeking Safety (SS) is an empirically supported cognitive behavioral manualized treatment for individuals with PTSD and substance use disorders. This study examined the effectiveness of SS with 59 incarcerated women who completed the intervention and 55 who were waitlisted. Participants in SS demonstrated greater symptom improvement in PTSD and depression as well as improved interpersonal functioning and coping as compared to waitlisted [women]. These findings provide preliminary support for the use of this intervention with incarcerated women.”

<https://www.tandfonline.com/doi/abs/10.1080/15299732.2011.608780?journalCode=wjtd20>

WOMEN AND ADDICTION: A TRAUMA-INFORMED APPROACH

by Stephanie S. Covington (2008)

Author’s Abstract: “Historically, substance abuse treatment has developed as a single-focused intervention based on the needs of addicted men. Counselors focused only on the addiction and

assumed that other issues would either resolve themselves through recovery or would be dealt with by another helping professional at a later time. However, treatment for women's addictions is apt to be ineffective unless it acknowledges the realities of women's lives, which include the high prevalence of violence and other types of abuse. A history of being abused increases the likelihood that a woman will abuse alcohol and other drugs. This article presents the definition of and principles for gender-responsive services and the Women's Integrated Treatment (WIT) model. This model is based on three foundational theories: relational-cultural theory, addiction theory, and trauma theory. It also recommends gender-responsive, trauma-informed curricula to use for women's and girls' treatment services."

<http://www.stephaniecovington.com/assets/files/CovingtonSARC5.pdf>

ADDRESSING HISTORIES OF TRAUMA AND VICTIMIZATION THROUGH TREATMENT

by Colleen Clark for the National GAINS Center for People with Co-Occurring Disorders in the Justice System (2002)

Excerpt: "Women in jail have often been the victims of physical or sexual abuse in childhood and/or adulthood (ACA, 2001). Consistent with the finding that most women with co-occurring mental and substance use disorder have histories of abuse (Alexander, 1996), trauma histories can be considered the norm among women with co-occurring disorders in jail."

<http://www.pacenterofexcellence.pitt.edu/documents/AddressingHistories-6.pdf>

Resources for Community-Based Anti-Domestic Violence Programs

NOTE: The materials in each section are listed by year from the most recently published to those published longest ago. Within each year, they are listed alphabetically by title.



SAFETY AND SOBRIETY: BEST PRACTICES IN DOMESTIC VIOLENCE AND SUBSTANCE ABUSE

by Domestic Violence/Substance Abuse Interdisciplinary Task Force Of the Illinois Department of Human Services (2005)

Excerpt: “This document . . . was conceptualized as a brief, hands-on, Illinois-specific tool for use by substance abuse professionals, the domestic violence community, and workers in other areas such as criminal justice, child welfare, and public assistance. The core sections of the document target four populations defined by the settings where they would first be encountered: (1) men in batterers' programs, (2) men in substance abuse treatment programs, (3) women in domestic violence victim programs, and (4) women in substance abuse treatment. The task force assessed that these four settings – in addition to criminal justice, child protection, and public assistance – are the settings where the confluence between substance abuse and domestic violence can be most effectively addressed. Sections are added to address populations (cultural minorities, gays, and lesbians) and settings (child welfare, public assistance, and criminal justice) that could not be adequately addressed in the main sections.”

<http://www.dhs.state.il.us/OneNetLibrary/27897/documents/CHP/DSVP/SafetySobrietyManual.pdf>

PROJECT WAVE: AN INITIATIVE TO EMBED SUBSTANCE USE AND CO-OCCURRING DISORDER SERVICES IN DOMESTIC VIOLENCE SETTINGS

by Kath Schilling, Norma Finkelstein, and Amy Salomon (date unknown)

This paper documents the implementation, process, and outcomes of Women Achieving Vital Empowerment (Project WAVE) in Barnstable County, MA

Excerpt: “Project WAVE marked an ambitious and challenging attempt to expand substance use disorder services into the domestic violence service system at two very different program sites – one community-based and one residential. Program developers built the project on a history of collaboration among its major partners: a substance use disorder treatment agency, a community-based domestic violence and sexual assault program, a TANF-funded shelter for homeless victims of domestic violence and their children and the Institute for Health and Recovery, the state’s leading services, resources and training institute on gender-specific and trauma-informed substance abuse services.”

http://healthrecovery.org/images/products/32_full.pdf