

## 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.*

### Ramifications of Maternal Incarceration

Women are increasingly coming in contact with the criminal justice system (Raeder, 2001) and jails can provide a critical link in responding to the needs of incarcerated mothers. Although jails are short term facilities where detainees may be held while they await trial, many women spend long periods of time in jail prior to their trial dates. Women who are sentenced to one year or less will serve their entire time in local jails. In the absence of tailored jail programming, incarcerated mothers may expect to have only limited contact with their infants and children. Visitation is usually non-contact and typically lasts for fifteen minutes. Contact visits allow the mother to embrace visitors and hold infants, only after diapers and clothing have been searched. While some jails, such as Cook

County Jail, IL and Hampden County Correctional Facility, MA, have developed comprehensive gender-responsive programming and address parenting issues for incarcerated mothers, most jails have not focused on available options for child visitation.

Jails, as with prisons, must be aware of the gender-specific needs of women in order to effectively diagnose and treat female offenders. More than half of women test positive for illicit drug use at booking, nearly three quarters have diagnosable substance use disorders, 33 percent of female detainees are diagnosed with post-traumatic stress disorder, and 12 percent of women have a serious mental illness (National GAINS Center, 1997). Women's mental health and

substance abuse problems are often related to extensive physical and sexual abuse, experienced both as children and as adults. Without gender and trauma sensitivity, jail procedures can be re-traumatizing and the inmate's responses may be interpreted as non-compliance.

Very few jails have screening instruments or services tailored to women. In a 1998 jail survey, less than 30 percent of jails screened women for histories of abuse or needs relating to their children. Where gender-specific information was obtained rarely was it used to match women to appropriate services (Morash et al, 1998). Most jails have adopted mental health screening at intake as a required element of physical health screens; many have Management Information Systems (MIS)

to identify prior recipients of mental health services. However, jails vary on the intensity of services provided following screening or identification. Medical budget constraints and rapid client turnover can limit in-jail treatment or medications to “routine medical needs” or emergency responses. The Maricopa County Datalink Project, AZ, is a promising effort to link the jail and the community treatment provider’s MIS systems so the latter may proactively identify new jail admissions who may be in need of services.

Until recently, most correctional facilities have used a male model to treat the distinct needs of women. This stems from the fact that only 11 percent of jail and 6 percent of prison populations are female and institutions have historically been designed to serve men (Mumola, 2000). Techniques that work for men often do not work for women because they do not take into consideration the importance of relationships and the role of trauma in women’s lives. Nor do they recognize the difference in physiology, psychosocial development and life experiences between men and women. Furthermore, problems experienced by women are often unique to their gender. Programs and responses must recognize gender-specific issues to be successful. Women who enter the criminal justice system with co-occurring mental and substance use disorders are likely to need expensive medical and psychiatric services; often they do not receive them (National GAINS Center, 1997).

### **Placement and Care for Children of Incarcerated Parents**

Options for children’s placement are varied. Research indicates that more than half of the children whose mothers are incarcerated are living with their grandparents; one quarter are living with fathers, other relatives, or friends, and 10 percent are living in a foster home or institution (Mumola, 2000).

### **Residential Placement**

Today, nearly a million families in the U.S. are made up of grandparents raising their grandchildren. In fact, almost one child in twenty lives in a home headed by a grandparent, without a parent present. During the period of incarceration in jail or prison, the maternal grandmother is the most likely person to become the caregiver, followed by another older female relative. Grandmothers typically have even less formal education than their incarcerated daughters and are similarly economically marginalized. Clinical contacts with caregivers reveal the financial burdens of care giving, the caregiver’s

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inability to maintain employment and health problems associated with stress. Caregivers may be unable to provide transportation to visit mothers in jail or may feel unable to supervise several children during visitation.

### **Institutional Placement**

When an incarcerated woman gives birth, she is taken to a hospital to deliver her baby and transported back to jail. In-jail nurseries are rare. One innovative model is the WINGS program, located in the Rose M. Singer Center at Riker’s Island, which provides voluntary in-jail substance abuse and mental health treatment services to incarcerated mothers. Treatment services are not provided for children, but the jail houses a nursery for infants. Without dedicated beds, WINGS operates as an outpatient treatment program within a jail setting where the

clients reside within the general population. Another promising program is TAMAR’s Children, MD, which provides designated residential housing for pregnant and post-partum offenders with jail sentences to allow for the mother and child to bond during the first few months of the child’s life. These programs support the concept that incarcerated mothers who maintain strong ties with their families during their incarceration have a greater chance of positive rehabilitation, a lower recidivism rate and a more stable relationship with their children. Strong aftercare components also need to be in place to meet the emotional, social and economic needs of the mother and child when they transition back to the community.

### **Policy and System Reform to Support Placement and Care for Children**

The problems faced by children of incarcerated mothers and their caregivers are numerous; they include poverty, inadequate nutrition, poor health, inadequate housing, and dysfunctional families. More than a decade of work has shown these problems are interrelated and there are no easy solutions. A key factor contributing to this situation is the “family separation paradigm” that operates in the corrections and human services systems with which families come in contact. In the criminal justice system, the family separation paradigm begins with sentencing but is seen most clearly when we look at placement options for children. While relatives and friends step in to provide care, children of incarcerated mothers are often separated from their siblings as childcare arrangements are patched together. For children placed in temporary care, the confined mother may find it difficult to meet the reunification requirements for regaining custody without adequate assistance and supports through effective discharge planning and linkage to services.

Post release, the mother may have difficulty in regaining her maternal role

from the temporary caregiver and reasserting parental authority over the child. During jail visitation, the mother's inability to perform basic functions clearly communicates to the child that their mother has no control over her environment. Incarcerated mothers may be reprimanded if their children cry, scream or run during the visit and may be viewed by facility staff as indicators that the mother does not have control of the child. These circumstances frequently yield behavioral repercussions and

children may respond to the mother's incarceration with reactions ranging from aggression and acting out to withdrawal and depression. The child's response will depend on many factors, including age, prior relationship to their incarcerated mother and prior experience in a correctional setting.

Jails without gender-sensitive programs to build parenting skills may not afford any method for mother/child interaction,

even during regular visitation hours. Even during contact visits, jail rules regulate the extent of contact with the children and prevent the incarcerated mother from resuming a parental role. As the numbers of women entering the criminal justice system rise, so do the numbers of women spending increasing amounts of time in jail awaiting trial and sentencing; inevitably prolonging family separation. It should be noted that women in jails return to their families and communities within a

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### ***Promising Programs...***

**WINGS Program, Riker's Island, NY**  
WINGS provides voluntary in-jail substance abuse and mental health treatment services to incarcerated mothers. All mothers, without regard to the age of their children, are eligible to receive treatment services through the program. Treatment services are not provided for children, but the jail houses a nursery for infants. WINGS operates as an outpatient treatment program within a jail setting where the clients reside within the general population. Treatment services are divided into a two-tier system with introductory group sessions held 4 times each week in addition to a full treatment program for 100 mothers. The introductory sessions consist of 3 addiction groups and 1 parenting skills group attended by approximately 15-40 mothers at each session. The full treatment program comprises substance abuse, mental health, and medical treatment services provided in individual and group environments, as well as parenting skills classes, case management, and discharge planning. The program continues to provide follow-up and crisis intervention in the community for women involved in full treatment. Discharge planning is also provided through the NYC-LINK system. Since WINGS began operating in 1992, the program has served approximately 700 mothers in full treatment and 2,500 mothers in the introductory sessions. *For more information, contact: Sandra Carr: (718) 546-7660*

#### **TAMAR's Children, MD**

Funded in 2001, this project is a multi-agency collaboration designed to serve pregnant and post-partum women who are incarcerated in state and local detention facilities and their infants. This program aims to foster secure mother-infant attachments and integrate the delivery of multiple services such as mental health, substance abuse, and trauma treatment with a clinical intervention called the Circle of Security (COS). TAMAR's Children program is funded by multiple sources, including the Substance Abuse and Mental Health Services Administration's (SAMHSA) Prevention Initiative, the Maryland Governor's Office of Crime Control and Prevention (GOCCP) through the Department of Justice's Residential Substance Abuse Treatment (RSAT) funds, the Open Society Institute (OSI), the Abell Foundation, as well as State and local in-kind services. The program has also received Shelter Plus Care funding from the Department of Housing and Urban Development (HUD) so that upon completion of the residential component of the program, participants may move into their own housing and continue to receive community program services.


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#### **FORward MOMentum, Los Angeles County, CA**

FOR MOM, a joint project of the Los Angeles County Sheriff's Department, the Department of Mental Health and the Probation Department, is designed to serve homeless, incarcerated mothers with co-occurring mental and substance use disorders. This three-year initiative was funded in 2001 through the CA Mentally Ill Offender Crime Reduction Grant, (MIOCRG) and includes a jail-based integrated treatment program and an intensive community case management program (ICCM) following release from custody. FOR MOM seeks to develop treatment and intervention approaches to empower mothers, prevent re-incarceration, and provide access to mental health services in jail and the community. The program teaches skills for coping with mental illness and living independently, maintaining AOD sobriety and providing stable and consistent parenting. Project participants are pregnant or have minor children, present co-occurring mental health and substance abuse problems, and are homeless or at risk for homelessness. The jail-based program requires a minimum of three weeks of participation while the ICCM extends services beyond the client's release and provides assistance with transportation, employment, housing, applying for funding sources, parenting, and linkage to coordinated substance abuse and mental health services in the community. *For more information contact: Karen Dalton: [ksdalton@lasd.org](mailto:ksdalton@lasd.org) (213) 893-5882*



short time in comparison to women in prison. In the absence of jail based gender-sensitive programming, the female offender's history of mental illness or substance abuse, intergenerational violence and trauma are unresolved and her home environment or ability to parent at that time is unaddressed. Mothers who are frequently detained in jail on short stays for low-level offenses are particularly vulnerable to a repetitious cycle of sudden removal and sudden return as primary caregiver. Jails can limit the impact of maternal incarceration on the children left in the community by identifying the mother's needs upon entry into the jail through tailored screening instruments and providing linkages to community supports in discharge planning. In this way, the following principles can be used to create a "family success paradigm" through services developed in a jail setting:

- Where appropriate, a correctional system would offer alternative residential housing for pregnant or post-partum mothers or community-based alternatives in cases where the less restricted setting posed no harm to the community.  
*Related publication: The Phoenix Diversion Project, Wicomico County, MD. GAINS, 1999*
- In preparation for release from jail, the re-entry case manager should encourage the mother's self-sufficiency by participating in planning for housing and employment and resumption of her parenting role.  
*Related publication: Re-Entry: The APIC Model, GAINS 2002*
- During longer jail stays, family counseling would strengthen the mother so that she could make the transition from confinement to the community. Parenting programs directed at education, empowerment and parenting skills are a promising practice in severing cycles of violence in families.
- Community behavioral health providers should be encouraged to provide services in the jail setting and to continue treatment and case management in the community to ensure continuity of care. 

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