

Gender-Responsive Programming for Women in the Criminal Justice System

Catching Up With COSSAP, October 2021

Over the last 50 years, the rate of incarceration among women has grown faster than among men. This increase is attributed to issues unique to women, as well as to universal factors, such as poverty and unemployment, that are often disproportionately borne by women.¹ Too often, local jails—particularly those serving small communities that account for much of the growth of female detainees²—do not have the resources to meet women’s complex substance use and mental health needs. However, gender-responsive programming has emerged in recent years to show significant promise as an effective strategy to meeting those needs.

Scope of the Challenge

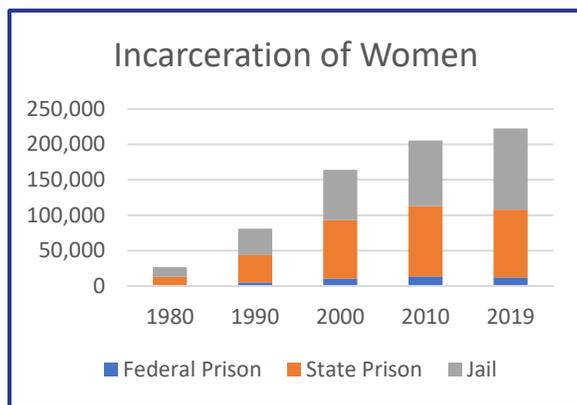


Figure 1

Source: Adapted from <https://www.sentencingproject.org/publications/incarcerated-women-and-girls/>.

Women are reported to be the fastest-growing segment of the incarcerated population and are more likely to be held in local jails than in state prisons.³ (See Figure 1.) Between 2008 and 2019, the number of women in local jails increased by 11 percent, compared to a 9 percent drop among men.⁴ As a result, women in jails, who typically pose less risk to public safety than men but have more complex medical and behavioral health needs, are

increasingly confined in custody settings with the lowest capacities to meet those needs.⁵

A greater percentage of women than men in jail report using drugs in the month before their current offense.⁶ Likewise, 72 percent of women serving sentences in jail meet the *Diagnostic and Statistical Manual of Mental Disorders* criteria for drug dependence or abuse, compared to 62 percent of their male counterparts.⁷ The average annual rate of drug and alcohol intoxication-related deaths in custody for women is nearly twice that of their male counterparts, as are their risk of overdose death in the immediate post-release period and their likelihood of having one or more co-occurring disorders.^{8,9,10}

Resources for Improving Gender-Responsive Programming

Historically, women have not always met criteria for inclusion in drug court programs, nor has women’s low-risk status made them the focus of reentry reforms aimed at reducing recidivism.¹¹ But resources, innovative programs, and evidence-based practices are leading the way to better meeting women’s needs.

Among the many resources available, the Substance Abuse and Mental Health Services Administration (SAMHSA) offers *After Incarceration: A Guide to Helping Women Reenter the Community* and *Substance Abuse Treatment: Addressing the Specific Needs of Women—A Treatment Improvement Protocol (TIP 51)*. Its recent update to the latter in the form of a *SAMHSA Advisory* presents key factors of a gender-responsive approach to substance use disorder (SUD) treatment. The following factors are particularly relevant to women living with SUDs who are in contact with the criminal justice system.

Relationships and family exert great influence on women’s substance use patterns, treatment-seeking behaviors, and ongoing recovery success, as well as their ability to succeed under community supervision. Consider the following examples:

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- Nearly 80 percent of women booked into jails are either mothers of minor children or pregnant. Stigma and fear of losing child custody can prevent women from seeking treatment, and family responsibilities often interfere with consistent treatment attendance.¹²
- Women may have intimate partners with whom they use substances and may fear losing these relationships if they stop. Partners may also be controlling, abusive, or violent; limit women's activities; sabotage recovery efforts; or encourage criminal activity.¹³

Building strong therapeutic alliances with behavioral health and justice professionals, coupled with women's support groups, mentoring, recovery coaching, or other enhancements, can contribute to success in the community. Gender-responsive support also includes:

- ✓ Ensuring that conditions of community supervision do not place unnecessarily high burdens on women with sole parenting responsibilities. For example, women under community supervision often navigate multiple agencies and systems, such as public assistance and child welfare services, often without childcare or access to transportation.¹⁴
- ✓ Aligning conditions of community supervision with family reunification plans when women are involved with child protective services.
- ✓ Addressing safety in the home and the high risk of recidivism associated with intimate partner violence upon release.

Women have unique needs, such as those related to pregnancy. Methadone has long been recognized as the gold standard of care for pregnant women with an opioid use disorder (OUD).¹⁵ In 2017, the Louisville Metro Jail in Kentucky began providing methadone induction and maintenance to its pregnant patients with an OUD. The Louisville Metro Department of Corrections (LMDC) partnered with Wellpath, a medical and behavioral health care provider, and the Louisville Metro Department of Public Health and Wellness's Medication Oriented Recovery and Enhancement (MORE) Center to address the needs of incarcerated pregnant women with an OUD. This partnership began with initiation of methadone maintenance for pregnant women, followed by a transition to the MORE Center upon release for continued

comprehensive medication-assisted treatment (MAT) and case management.

The women's program fast-tracked community acceptance; advanced the relationship between the jail and public health services; and solidified partnerships with SUD treatment programs, the faith community, family and children's services, and transitional housing providers. Assisting this population of pregnant women with advanced SUD services enabled the jail to build its capacity for effective treatment.

However, barriers and challenges remained.

Consequently, the Louisville Metro Jail applied for and was awarded start-up funding through COSSAP's Building Bridges Between Jails and Community-Based Treatment for Opioid Use Disorder program. The funding supported the expansion of the jail's MAT programming to coordinate OUD treatment, provide maintenance doses of methadone for individuals who are already patients of an opioid treatment program prior to arrest, and facilitate connections to community service providers upon release. LMDC has recently been awarded COSSAP funding to expand in-custody access to MAT for female and male residents to reduce overdose deaths, reduce criminal behavior, and improve treatment retention and treatment outcomes for the justice-involved population impacted by OUDs.

Pregnancy is a key opportunity to address OUD; however, pregnant or parenting women receiving MAT are often subject to stigma around drug use during pregnancy. They may benefit from support and encouragement to continue their treatment. For more information, see SAMHSA's [*Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants*](#).

Other resources useful for meeting the specific needs of women in the criminal justice system include a [risk and needs assessment](#) developed by the National Institute of Corrections (NIC) in cooperation with the University of Cincinnati and a [case management model](#) piloted by NIC in Connecticut and replicated in several other states.

Trauma is prevalent in the lives of most women in jail, with as many as 90 percent reporting experience of some sort of interpersonal or sexual violence.¹⁶ The correctional environment involves unavoidable triggers for women, such as pat-downs, male officers in authority roles, restricted movement, and discipline.¹⁷ This can increase women's negative behaviors and medical symptoms,

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which can be difficult for jail staff to manage or understand.¹⁸ Rates of exposure to violence among women and men with co-occurring disorders in jails are extremely high and strikingly similar; however, women are far more likely than men to develop trauma-related disorders as a result.¹⁹

In 2014, SAMHSA released *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*, which includes key principles (see Figure 2) that are applicable to multiple settings, including correctional facilities. Integrated SUD and trauma interventions developed for women that have been successfully used in custody settings include the *Trauma Recovery and Empowerment Model* (TREM), a manualized group intervention that has been adapted for use with men as well, and *Trauma, Addictions, Mental Health, and Recovery* (TAMAR). *Seeking Safety* has also been studied for its efficacy with women in custody.²⁰

SAMHSA's Key Principles of a Trauma-Informed Approach

1. Safety
2. Trustworthiness and transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice, and choice
6. Cultural, historical, and gender issues

Figure 2

Making a Difference

Understanding and applying lessons learned about gender-responsive programming maximizes opportunities for intervention with women at all points of contact with the criminal justice system, leading to better outcomes for women, families, and the community. For example, research indicates lower recidivism rates among women participating in TAMAR.²¹ A study of women in the justice system found that gender-responsive treatment led to more positive changes regarding their trauma experiences than non-gender-responsive treatment.²² One researcher suggests that the collaborative nature of these programs helps women move along the pathway to desistance and offers prosocial alternatives.²³

For More Information

Adopting a Gender-Responsive Approach for Women in the Justice System: A Resource Guide. The Council of State Governments Justice Center.

After Incarceration: A Guide to Helping Women Reenter the Community. SAMHSA.

Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants. SAMHSA.

Female Reentry and Gender-Responsive Programming: Recommendations for Policy and Practice. National Institute of Justice.

National Directory of Programs for Women With Criminal Justice Involvement. NIC.

National Resource Center on Justice Involved Women. NIC in partnership with the Center for Effective Public Policy.

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. SAMHSA.

Substance Abuse Treatment: Addressing the Specific Needs of Women—A Treatment Improvement Protocol (TIP 51). SAMHSA.

If your jail needs training or technical assistance with gender-responsive programming or other matters related to SUDs, contact BJA's COSSAP Resource Center at <https://cossapresources.org/Program/TTA>.

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Endnotes

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