INCLUSION OF WOMEN IN BOOT CAMP PROGRAMS: THEORETICAL AND ANECDOTAL PERSPECTIVE

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Abstract

The female offenders are entering the criminal justice system at a rapidly increasing rate. Once in the system, women present correction officials with medical, psychological, employment, lengthy histories of physical and psychological abuse, and extensive substance abuse histories beginning at earlier ages. Typically, women are more likely to use drugs and alcohol during criminal activity. Many females have pregnancy issues, HIV/AIDS issues, and family related problems. Currently, eight states have female inmates in boot camps. To date, empirical and anecdotal data on these programs are non-existent. The specific purpose of this article is to review the theoretical and programmatic issues related to women addicts in boot camp. Inmate anecdotes are presented to identify critical aspects of this intervention.

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The rapidly increasing number of female offenders (7.4%) in the Federal Bureau of Prisons (Quinlan, 1992) has highlighted the need for equal treatment and access to rehabilitation for women in corrections. Consequently, the issues arise of equal programming with gender specific programs. A historical review of the criminology literature supports the position that criminal populations, male and female, are the highest risk for substance abuse (Wellisch, Anglin & Prendergast, 1993). Illegal drug usage for women arrestees was over 60% (Chaiken, 1989). Typically, women are more likely to be using drugs and alcohol during criminal activity. A disproportional percentage of women arrestees are convicted of activities (larceny, burglary, fraud, possession of drugs, and prostitution) which are used to support drug habits. Wellisch, Anglin & Predergast (1993, pg. 8) supports the position, "The vast majority of the nation's men and women prisoners - more than 80% are recidivist", with their drug/alcohol usage identified as a major factor (National Institute of Justice, 1990).

d'Auteuil-Bartolo (1992), an expert in female offenders, identifies the following issue/need for incarcerated females: medical care, namely, gynecological and obstetrical care. In psychological care with a high incident of moderate/severe depression related to guilt of one's imprisonment, poor ego identity, lengthy histories of physical and social abuse, and

extensive substance abuse histories with usage beginning at an earlier age, mental health needs are paramount. A typical female offender presents herself as being dependent on males, frequently, substance abusing males. Many female offenders are high school dropouts and lack vocational opportunities afforded to male inmates. Life skills, wellness, and parenting classes are primary needs for the reunification of women with their families. Exercise classes are necessary to relieve stress and maintain control over their weight. Since more than 80% of the women are single parents, family visitations are important to inmates in their attempt to maintain family ties.

Other unique issues presented to correction facilities are the care of pregnant offenders (Huft, et. al., 1992) and those females with HIV positive and AIDS (Lawson & Fawkes, 1992). Concerns have drifted from fear of transmission to medical, housing, and treatment of a growing population of AIDS infected inmates. Waring and Smith (1991) see the issue of AIDS in terms of epidemic proportion in the prison system.

Women's Boot Camp Programs

Currently, Marlette (1991) has identified eight states which have boot camp programs for female inmates. Those states are: Colorado, Illinois, Kansas, Louisiana, Mississippi, New Hampshire, New York, and South Carolina. King and Suman-Huggins (1992) have identified needs of female inmates in terms of the following issues: (1) sex roles, (2) sexual abuse, (3) relationships, (4) discrimination, and (5) making positive contributions to society.

Typical programs have not made substantial programmatic changes to incorporate the female offenders. Females, in traditional shock incarceration programs, may be subject to the same "abusive situation" they have been trying to escape (King & Suman-Huggins, 1992). To date, an empirical research base addressing females in boot camp settings is virtually non-existent.

Overview of Treatment Considerations

A review of the many sources of literature on women substance abusers and on women as inmates, points to the need to develop different strategies. Strategies, not only for the incarcerated substance abusing women, but for overall program development and staff supervision as well.

Turnbo (1991) identified three critical areas, which differ from males in the female prison population, which should be considered in developing treatment programming:

1) Women participate more intensely and become more invested in program activities;
2) Women develop more intense relationships with other inmates, staff, and volunteers;
3) Women respond better to positive incentives than their male counterparts.

Turnbo's position is supported by the work of such theorists in women's development as Gilligan (1992), Surrey (1984), Miller (1976), and Stiver (1990) who state that women's relationships and their responses to these relationships must be understood in the context of their impact on treatment. These theorists hold that

disconnections in important relationships are a source of shame and low self-worth. This is identified as the "Relational Model". Surrey (1987) stated that the individual is organized and developed in the context of important relationships. As a result, substance abuse clinicians are often frustrated by female patients' tenacious dependence on relationships with chemically dependent men, despite the fact that they understand it will harm newly won sobriety. Acknowledging current relationships and understanding their importance to the women substance abuser as a priority, can assist program developers in both treatment efforts and aftercare planning.

In addition to the priority of relationships shifting the nature of treatment for women, there is increasing evidence of differences in cognitive priorities, in moral reasoning, and the possible interconnectedness of substance abuse, trauma, domestic violence, and abuse. Treatment cannot be effective if it is in isolation from relational and emotional realities of the women, or if it does not account for educational and economic considerations. Women who have difficulty accessing daycare for their children, for example, may find attendance at 12-step recovery meetings difficult on an aftercare basis.

The above treatment considerations, particularly those concerning relationship issues, have a significant impact on the staff supervision process. Staff needs to be closely supervised and monitored to assure that appropriate boundaries exist between inmates and staff. Lerner (1988), in "Women in Therapy", devotes an entire chapter to the counter-therapeutic effect of the "giving"

therapist. Avoiding the drama triangle is a major goal of the therapeutic process. Treatment providers present positive role models for inmates to follow.

Another area of concern relates to attitude. In general, both staff and inmates may exhibit strong reactions to the treatment of substance abusing women. As Finkelstein (1990, pg. 6) notes, "There are very few people for whom the words 'drug addict/ alcoholic mother' do not evoke negative images".

The Accountability Training Model (Valle, 1989) of substance abuse treatment is designed to insure that delivery of services to the female inmate population is neither counter-therapeutic nor without accountable boundaries.

"Accountability training forges a direct link between chemical dependency and the consequences of one's behavior by applying leverage as a result of their incarceration and coercion to facilitate behavioral change" (Valle, 1989, pg. 8). The primary goals of accountability include teaching offenders to: (1) live a chemical-free lifestyle; (2) use the resources of self-help; (3) adapt skills to meet the needs of individual/social environments; (4) assess the consequences of their behavior and let go of the "victim mentality"; and, (5) realize the "we" comes before "I", the group and society comes before individuals.

Goals for Boot Camp Program Planning

It is clear from research and experience that women often come to treatment with multiple and somewhat unique issues including: (1) poor self-care; (2) low self-esteem; (3) parenting and

childcare concerns; (4) deficits in education; (5) limited income earning potential; (6) housing needs, and several other areas of skill deficits or emotional support needs. Thus, the existing treatment model adapted for the female population is presented. In the current program, inmates receive approximately 30 hours of direct staff lead programming in Adult Basic Education, substance abuse, life skills, wellness, and community meetings.

The women's model emphasizes a variety of intervention strategies and super learning techniques. A preponderance of the curriculum has been developed in a small group discussion format, namely, teaching of parenting skills. Music is an example of a learning technique utilized in this service delivery model. An initial development of programming is included, generated to address the unique needs of the female offenders in the Massachusetts Boot Camp. It must be noted that most offenders identify a significant history of both physical and sexual abuse. Due to the short term of the program and general overriding clinical chemical abuse, the issues of abuse, abandonment, and neglect must be held off until post discharge, when a one-to-one long term, relationship with a therapist can be established. This type of relationship is not available in the boot camp setting. The substance abuse area focusses recovery-based issues in the relational model in the substance abuse sessions.

Wellness/Life Skills Programming

1. Boundaries
2. Assertiveness/Empowerment
3. Street/Domestic Smarts
4. Co-Dependency & Interdependency
5. Women's Wellness
6. Abuse & Neglect Issues
7. Self-Help for Women
8. Violence Prevention
9. Parenting Skills:
    a) parent/child conflict
    b) building children's self-esteem
    c) understanding children's behavior
    d) effective discipline for children

Inmate Anecdotes

The following inmate statements were obtained as part of the ongoing quality assurance and research efforts conducted at the Massachusetts Boot Camp. The purpose of this report/information is to develop knowledge of "what works" with female offenders. What the participants tell us about effective intervention must be included in substantiating future programs. The names have been changed to assure confidentiality.

Joyce is a 36 year old Native American (Wampanoag) female who has a 2-1/2 year sentence. Her lengthy criminal history involves possession of a hypodermic syringe, larceny, liquor law violation, driving/operating to endanger, knowingly receiving stolen property, and other assorted charges. Her drug/alcohol history includes extensive poly-substance experimentation and usage as well as numerous years of heavy alcohol and heroin use. Currently, Joyce

is separated from her husband with five children and is being supported by her current boyfriend. She has entered the boot camp to get a new start on her life. Joyce is a 10th grade dropout.

> "Coming to the boot camp was the hardest thing I have ever done. I didn't know that I had the strength to do this. You can't manipulate the program. In the past, I manipulated men before they manipulated me. I want equality with men and until that happens, I don't want to be controlled by them. I am separated from a very manipulative man that beats me up all the time. He was jealous of his wife, jealous of me. He made me sell drugs and I got busted in the ninth grade with drugs, but he didn't let anyone know that we drank or smoked. I wasn't allowed to have any friends and could only speak when spoken to; kind of like with the DIs. I block the DIs out of my mind. No man, just Jesus, tells me what to do. I ran from a detox center four times because of the male teachers. When the DIs scream in your ear, you feel like you've failed, but I'm getting used to it. I realize it's going to be something that helps me gain confidence. I have more confidence now that I ever have.
>
> Having men and women DIs balances out the experience. It is helping me deal with men. Even though I don't like men, I know I need them. I've been living with a drug addict and now I know that we have to stay separate in order for me to stay sober. The substance abuse classes are outstanding. I ran from court ordered detox because I found a way to leave. Boot camp is different because it works. It is voluntary and you do it because you want to. When I leave here, I want to maintain my sobriety and my military bearing. Military bearing teaches you to be neat, clean, and respect of yourself at all times. I'm doing excellent. I'm 80% better now than when I was on the streets. I did drugs to abuse myself. I've learned to love myself and who I am, since I've been here, and I think I'm beautiful, too."

Suzanne is a 22 year old Caucasian female from Boston who was expelled from a Catholic school in the 8th grade and never returned. Her criminal history includes larceny, assault & battery with a dangerous weapon, intimidation of a witness, and insurance violations. Her substance abuse history includes experimentation and frequent usage of PCP, alcohol, crack, tranquilizers, and marijuana. She has been detoxed three times and participated in a

3-day treatment program. There was no history of involvement in AA. Suzanne identified her first drink at 10 years old and drug usage at age 15. Significant life events include the death of her close friend, seeing her sister get stabbed, and the loss of her freedom. She saw boot camp as an opportunity to get the help with her drug problem.

> "I came to the boot camp for the discipline and structure that I've never had in my life. This is my last chance. The next place for me to go was death. I started doing cocaine to keep a relationship going. It was a way to get attention. He was an addict and I figured he wouldn't pay attention to me unless I did it, too. The majority of my partners have been either physically or verbally abusive. My father was an alcoholic and physically abusive. At first, the male DIs would yell at me and all that they would get is tears, like my father. Sometimes it would scare me. I would go back to my old relationships and think, what if he accidentally hits me. Now, I feel like I have more control, although, sometimes it still bothers me. Sometimes I get tired of the yelling; I go up and down with it. I want respect, but the yelling is the only way to get through to us. I observe the DIs, then read them. Some of them still have a lot of 'correction officer' in them. I'm use to hearing people swear at me, so it doesn't phase me. The DIs are out to help you, though. The female DIs give more advice. They are the ones you go to with a problem.
>
> I didn't think I'd make it this far. I've learned that I have a bad attitude. Sarcastic people and pettiness makes me have the attitude. Some of the petty comments in the platoon -- the jealousy. I want to keep my attitude under control. I've learned that I am a stronger person than I thought. In the beginning, I fought change and put up a wall, now I'm letting it down and internalizing what I'm learning. Sometimes I still doubt myself, but this is the first time that I'm putting 100% into care of where my life is going. This place is a positive environment where I can do this. In the next two months, they will put obstacles in my way and I want to see if I can pass them. They throw things at you here to see if you can handle it, because it's going to be worse in society. When I get out, I want to be able to live a 'normal' life with a house and a family. I won't go back to jail and I want to stay in recovery."

Theresa is a 34 year old Portuguese female from Fall River. Included, in her criminal history, are possession of a hypodermic needle, larceny, breaking and entering, shoplifting, forgery, operating to endanger, numerous counts of prostitution, and robbery. The identified motivation for the criminal activity was procurement of a drug supply. Theresa completed high school and has one year of post graduation in college. She identifies a significant history of alcohol abuse as well as daily heroin use over the last five years. Theresa clearly identifies drug use as a serious problem. She further states she has been detoxed at least 10 times as well as numerous self-detoxification. She has been in and out of NA/AA since 1985. Theresa feels her problem is based on her addiction. She has two children and numerous relationships with males. The death of her brother and loss of her freedom and daughter has had a significant impact on her decision to come to the boot camp.

> "I came to the boot camp because nothing else worked. Everybody comes for the four month, but I know I wasn't going to get paroled. I didn't know what to expect, but I know I didn't want to be in a negative environment (prison) anymore. I've known what it's like to be clean and productive and wanted to be that again. I felt guilty because I hurt my children again. I've been in and out of jail for the past seven years. I wanted to get help, do something, something needed to change. This was the door that opened for me. I started shooting dope with my husband. I married him to get out of the house at age 21. My father was an alcoholic and my husband made me feel safe. My father put me on a pedestal but if I messed up, I got it, verbally. He never hit my brothers and sisters and only hit me because I reminded him of my mother, sometimes. When my brother was stabbed to death, my father said it should have been me. My husband isn't abusive, except for the drugs, and treats our kids fine. He's been in jail for awhile and his sister has the kids. They don't come see me here because I'm not going to stay with my husband. My father filed for my divorce. He's my biggest trigger and I have to

leave him in order to survive.

> In here, I've learned to say what I feel and to talk for myself. I don't remember the first week here. My first day here was my first day clean in awhile. I think of the DIs (male and female) as the same. The yelling doesn't phase me with the males because I'm used to it. I know they're yelling for a reason and I know the difference. In the beginning, I had a problem separating them from correction officers. They proved themselves to me by being consistent. That's what did it for me. I read the compassion and know that they care. I never got AA/NA like I get it now. The instructors have been there and the DIs are there. I have seen them 'cry' and I know. I don't want to miss anything while I'm here. We could use classes on AIDS education. Some inmates in my platoon have it and are scared. I'd like classes on parenting and battered women also, at least some resources on it. I'm going back to jail, after this, for about a year. I don't want my thinking to revert back to a negative way in prison. I want to be able to bring them all I've learned. There are positive people in there, and in teaching them I will keep on in a positive direction."

Maria is a 32 year old Caucasian female from New Bedford. Her criminal history includes possession of a hypodermic needle, possession of Heroin, prostitution, breaking and entering, disorderly person, compulsory insurance violations, attaching wrong motor vehicle plates, and unnatural acts. Her criminal activity and history is all drug related during a short and intense period of her life. She sees boot camp as the chance to break up a very negative cycle in her life.

> "I was sick and tired of going to jail. I have been in and out of prison and I always ended up back in there. I came here to see if I could change. I have a 16 years old daughter and a 10 year old son. They live with my ex-husband now. I blame my 'ex' for the fact that I started getting high. He was never around and I was lonely. He was a truck driver and always on the road. He was never abusive; he was never there. We got divorced because I started using again. I quit for four years after my son was born. I didn't use when I was pregnant with my son or daughter, but I didn't find out I was pregnant with my son until the fourth month. The doctors say he has a learning disability because he went

through withdrawal when I quit 'cold turkey' when I had been pregnant four months. Still, my kids visit a lot and after three months in the halfway house, I should be getting them back. I want to live a 'normal' life; drug-free life with them.

I feel better since I came here. My T-cell count is up and I have a lot more motivation here than sitting in jail thinking about it (HIV+). I think this place is unbelievable. My morals and values have changed. I was always so drug induced, I never thought about the fact that I was breaking the law, but now I wouldn't even think of taking a candy bar or pack of cigarettes. This place instills being honest. A month ago, I thought the DIs were 'getting off' on yelling at us. Now, I realize they do it because they care and they're trying to make a change in the world. They treat us all the same. The female DIs get close to us and share women's issues with us. I'm expecting a lot more intense substance abuse classes, in the next month, to prepare us to leave. I'm nervous, but confident, about going back out. I'll take the time to think before I act and use my 5 steps of decision making. I'm doing that by going to the halfway house. I expect to make the right choices. This place teaches you how to stay out of jail and I'm going to."

TREATMENT IMPLICATIONS

Prison therapy community programs and boot camps are based on research findings. They focus intervention on goals consistent with the Department of Correctional goals, namely, reduce recidivism (Field, 1985), (Wexler, et. al., 1990, 1991), Gendreau & Ross, 1979, 1987), (Johnson, et. al., 1985). Generating empirical data from women in boot camp programs will be critical to future involvement in these programs. However, program developers must address the critical needs of the female offender as well as base interventions on sound programming principles. Simply providing access does not ensure successful programs. The following treatment and management considerations must be included:

1) Staff training on female offenders' critical issues by employees with expertise in women's programming;

2) Program principles must be based on evolving empirical data in the "Relational Model";
3) Drill instructors minimize loud voice commands within personal space;
4) A significant part of staff working with female inmates be female staff;
5) Continued weekly supervision of staff be part of the management structure focusing on gender specific issues;
6) Since female offenders react differently to military protocols/commands, the drill instructor/vendor staff be involved in ongoing training.
7) Content specific programming be developed based on the population needs.

SUMMARY

This study was designed to address several questions: (1) What is the availability of current research in the area of women's correctional programming; (2) What are the inmates, themselves, saying about their boot camp experierce? There is no doubt that including females in the boot camp experience can be controversial. The findings clearly suggest that those female inmates who volunteer for this program are afforded equal access to that of males. In all of our research, having the choice of treatment options and whether or not to complete or participate in programs are major tools toward recovery and rehabilitation. The three areas of most significant change cited by female inmates were: (1) The structural lifestyle with high expectation, instant corrective

action, and accountability; (2) The opportunity to form positive relationships with drill instructors and treatment staff; and, (3) To form positive alliances with their community members, namely, being able to react out of support and provide comfort as they struggled together.

Women are entering the criminal justice system at increasing rates. They are presenting a broader scope of problems, namely, HIV positive and AIDS, dysfunctional family backgrounds, substantial substance abuse problems as well as many parenting/ child care issues. Many have limited employment histories and have established lengthy criminal patterns frequently related to drug usage/procurement. Providing positively based programs for this neglected population provides opportunities to reduce the likelihood of recidivism due to drug and alcohol use for females.

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ACCOUNTABILITY TRAINING

Accountability Training is a structure attitude and behavioral change model that teaches offenders the skills for adopting an alcohol/drug free life-style while acquiring the skills of functional social living.

Accountability Training is based upon the assumption that punishment when combined with effective substance abuse treatment has better results than punishment alone, or treatment alone. In this model, offenders are held accountable for accepting the consequences of their behavior while learning the skills of how to break free from a chemical dependency cycle that, unless arrested, will continue to result in criminal behavior. The goals and principles of accountability training are as follows:

Goals of Accountability Training

To teach offenders how to live an alcohol/drug free life-style

To teach offenders how to use the resources of self-help

To teach offenders how to maximize their adoption to the demands of the social environment in which they live

To teach offenders how to assess the consequences of their behavior

To teach offenders it is in their own best interest for group's needs to take precedent (we, before I)

To teach offenders how to let go of a "victim mentality" and incorporate an "accountability mentality", which is accepting responsibility for the consequences of one's choices

To prepare offenders for participation in on-going treatment

GET REAL SERVICE COMPONENTS

Education	Life Skills	Substance Abuse
GED Practice Tests/ Training	Time Management	Disease Concept
Pre-GED	Suicide Prevention	12 Steps of Recovery
English as a Second Language (ESL)	Stress Management	Self-Help AA/NA
Tutor Training (H.S. Graduates)	Job Interview Skills	Powerlessness
Special Education (Assessments/Services)	Resume Writing	Relapse Syndrome
Functional Skill (Basic Skill)	Budgeting/Banking	Humility
Literacy	AIDS/Health Management	Negative/Self Image
Math	Social Skills	Destructive Thinking/ Acting
Social Studies/ Science	Career Development	Abstinence
GED Preparation	Positive Leisure Activities	Family Issues
		Denial
		Personal Recovery
		Responsibility

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MASSACHUSETTS BOOT CAMP THERAPEUTIC COMMUNITY

1) Voluntary

2) Severely restricted interaction with the outside world

3) Behavioral change occurs within the context of community (sanctions/feedback)

4) Universal standards to all members (All inmates are responsible for all behavior at all times)

5) Older, more experienced members model for new members (hierarchy)

6) Abstinence

7) Positive skill based acquisition

8) Micro-interaction/intervention (cognitive therapy)

The Massachusetts Boot Camp, an intensive 16-week modified therapeutic community, focusing offenders on a course of behavioral change. Combining a balance of military style discipline, community service, and programming (Substance Abuse, Adult Basic Education, Wellness and Life Skills), focusing on accountability in a public safety behavioral leveraged treatment model, (Valle, 1989).

In the Massachusetts Boot Camp, inmates receive approximately 30 hours of programming per week. All sessions begin and end with positive, up-beat music played at a high volume to stimulate motivation. During classes, classical music is used to produce an altered state of consciousness. Instructors frequently focus interactions on positive recovery-based themes: give 110%; be all you can be; participate ... take the first step; see the situation clearly. Classrooms and the barracks are filled with mind maps of decision making techniques: the 12-steps; tools of recovery; honest-open and willing; good orderly direction; focus on what works; if you make a mistake ... make it loud; pay attention to details; just do it; believe in what you do; use your whole brain and give yourself a chance to change.

ACCOUNTABILITY TRAINING

Accountability Training is a structure attitude and behavioral change model that teaches offenders the skills for adopting an alcohol/drug free life-style while acquiring the skills of functional social living.

Accountability Training is based upon the assumption that punishment when combined with effective substance abuse treatment has better results than punishment alone, or treatment alone. In this model, offenders are held accountable for accepting the consequences of their behavior while learning the skills of how to break free from a chemical dependency cycle that, unless arrested, will continue to result in criminal behavior. The goals and principles of accountability training are as follows:

Goals of Accountability Training

To teach offenders how to live an alcohol/drug free lifestyle

To teach offenders how to use the resources of self-help

To teach offenders how to maximize their adoption to the demands of the social environment in which they live

To teach offenders how to assess the consequencesof their behavior

To teach offenders it is in their own best interest for group's needs to take precedent (we, before I)

To teach offenders how to let go of a "victim mentality" and incorporate an "accountability mentality", which is accepting responsibility for the consequences of one's choices

To prepare offenders for participation in on-going treatment

Boot Camp General Orders

1) I will follow all orders, given by all staff at all times.
2) I will refrain from the use of violence and/or threats of violence.
3) I will not use drugs or alcohol.
4) I will tell the truth with compassion.
5) I will speak and act with good purpose.
6) I will remain alert and participate in Get Real at all times.
7) I will adhere to the Get Real contract at all times.
8) I will maintain a positive attitude at all times.
9) I will maintain a military bearing at all times.
10) I will remain alert and participate in Get Real, education, and recreation during all sessions.

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Dr. George Ransom

GET REAL ORIENTATION

Get Real is designed to teach inmates that criminal behavior and substance abuse are negative, dysfunctional attempts to deal with life's stressors. It will operate from a perspective that recognizes the difference between "wants" and "needs". Inmates will learn appropriate responses to meeting basic needs.

Inmates are required to make an investment in their rehabilitation process. The program is organized to support growth and confront negativity. Inmates are expected to be involved in productive self-assessment and learn to live effectively in society. Active participation in all aspects of the program.

The program will be designed to promote positive involvement of participants in an environment which focuses on successful reintegration to society. Members participate in program management to the degree that they demonstrate their capacity to make informed, responsible decisions. It is designed to be an approach which fosters involvement, self-direction and individual responsibility. The total learning environment is a reflection of both the individual human system and the larger social system. Inmates must be responsive to physical, emotional, social, cognitive and spiritual needs. Positive behaviors which support other individuals and community growth are expected while negative behaviors are confronted and targeted to be changed.

Program objectives have been grouped in three basic areas.

Primary Objectives

1. Accountability to others
2. Accountability to self
3. Accountability for the quality of their life