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The Mental Health Services Needs of Women in the Criminal Justice System

by:

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under contract to:

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and

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5600 Fishers Lane
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October 31, 1994

Part of 92-IJ-CX-Ku20 (see NCJ-162143)

INTRODUCTION

In February 1993, Policy Research Associates contracted to produce a report to Congress on mental health services to persons who come into contact with the criminal justice system. The development of this report was supported by Center for Mental Health Services (CMHS) funds provided to National Institute of Justice (NIJ) through an interagency Memorandum of Understanding. This report, "Double Jeopardy: Persons with Mental Illnesses in the Criminal Justice System," synthesized the research and state of knowledge on mental health services and systems interactions with police, jails, prisons, probation and parole. A major focus of this report was the need for specialized mental health services for specific populations, including women, youth, persons of color, homeless people, and persons with HIV/AIDS.

As part of the MOU between the Center for Mental Health Services, the National Institute of Justice and the National Institute of Corrections, Policy Research Associates convened a meeting of experts with experience in women's issues in correctional settings as a first step toward developing appropriate mental health services for women.

The meeting was held on September 21, 1994 in Arlington, VA. Experts on women in correctional settings attended, including federal representatives of Substance Abuse and Mental Health Services Administration (SAMHSA), CMHS, the National Institute of Mental Health (NIMH), Center for Substance Abuse Treatment (CSAT), NIJ, the National Institute of Corrections (NIC), Jails and Community Corrections Divisions; administrators of jails, prisons and community corrections; mental health services providers; researchers; and consumer advocates.

With an eye toward developing a monograph on the issues facing women with mental illnesses in the criminal justice system, this one day planning meeting discussed what we know about women's special needs when they come into contact with police, and when they are in jails, prisons and community supervision and how mental health services can be provided to women with mental illnesses in these settings.

BACKGROUND

Although women represent only a small percentage of jail and prison inmates, between 5 and 10 percent, studies show they are more likely than incarcerated men to have severe mental illnesses (Teplin, unpublished; Rice and Harris, 1993). They are also more likely than men to be diagnosed with an affective disorder, which is easier to overlook since it is less often associated with disruptive behavior.

Because women represent a small proportion of jail and prison populations, many facilities do not provide a full range of mental health services, or appropriate housing options, for female inmates/detainees. Further, services that are offered are often based on the needs of men.

Compounding the problems of women with mental illnesses in the criminal justice system are issues that are not common or are non-existent among men. Among these concerns that may require special attention are pregnancy and primary responsibility for minor children, a history of being survivors of domestic violence and early childhood physical or sexual abuse, and inadequate mental health treatment and housing in jails and prisons.

In 1991, 67 percent of women in prisons had one or more children under 18, and 6 percent of all women who entered prison that year were pregnant. This represents 56,000 minor children for the 38,462 women incarcerated in U.S. prisons. Approximately 70 percent of these women lived with their minor children prior to being incarcerated (Bureau of Justice Statistics, 1993).

Some women who are pregnant and/or who have minor children will also have mental illnesses, and women separated from children or who are pregnant are under increased stress and may require mental health services targeted specifically to these issues. These additional stresses often can be reduced by policies in jails and prisons that allow children to visit and programs that offer parenting courses.

Mental health and substance abuse treatment programs that are offered to women in jails and prisons should assess and provide additional services to women with histories of physical or sexual abuse. Among persons with mental illnesses in general, women are more likely than men to be victims of abuse, particularly sexual abuse (Carmen, Rieker, and Mills, 1984; Jacobson and Richardson, 1987).

In addition, histories of abuse are common among incarcerated women. Rann (1993) found that 50 percent of female Michigan jail detainees had been victims of physical or sexual abuse at some point in their lives. More than 70 percent of women with drug or alcohol abuse problems were victims of violence, including domestic assault by adult partners, rape and incest (National Council on Alcoholism, 1990)

POINTS OF CONTACT

The overall goal of this project is to explore the issues relating to women, violence and mental illness at all stages of the criminal justice system, including contact with law enforcement, incarceration in jails or prisons, and supervision by probation or parole. General points include:

- There is a general lack of emphasis on women's services. Among the strategies that may be used to remedy this general lack are: (1) the use of standards or mandates in all criminal justice settings, (2) an acknowledgement of the differences between men and women, particularly interpersonal relationship styles, types of crimes committed, and skills and resources, and (3) the use of "strengths" vs. deficit models in program activities.

- In order to design appropriate mental health programs for women, it is important to encourage the participation of the women for whom the services are designed at all levels of development.
- Throughout the criminal justice and mental health systems, there is a pressing need for cultural awareness and competency training.
- In addition, there are specific issues that cut across the criminal justice system that must be considered, including: (1) establish mechanisms to identify and overcome barriers between systems to avoid turf conflicts, (2) education, including developing cross-training curricula, and resources and strategies to educate the general public, (3) services integration, particularly substance abuse/mental health services and natural community resources.

Police

The issues facing law enforcement officers when interacting with women perpetrators of crimes, women victims of crimes, and women who are suspected of being mentally ill may involve different types of legal responses and interpersonal interactions with the individual, the need for specialized training of officers, and community options and resources appropriate for women, particularly victims.

Special attention should be given to:

- Developing emergency services and alternatives to arrest. Specifically, mental health crisis teams have been found to be useful for managing women, if staff are:
 - well-trained in women's issues
 - able to listen to the individual
 - know about what services are available to women in the community
 - accountable to someone in community
- Services that police can access that provide emergency housing for women *and their children* are very important
- Special needs facing pregnant women or women with responsibilities for minor children who also have a mental illness that must be considered are:
 - the reaction of women who are pregnant when they are taken off psychotropic medications,
 - options for care for minor children, other than Child Protective Services, when a woman is taken into custody,
 - the use of court-ordered or required treatment through probation or diversion are difficult for women who have responsibility for minor children, if the terms of the agreement require women to participate in programs during daytime hours or for long periods of time.
- Police use of mandatory arrests of the batterer, when there is evidence that the woman is a victim of "domestic" violence.

Jails

Jails, as short-term detention facilities, face different issues, including providing minimal mental health care at least on parity with men's services, screening for history of sexual or physical assault, co-morbidity of substance abuse, separation from minor children and the need for visitation and parenting skills programs.

Special attention should be given to:

- Profiling women and sub-groups of women as a stage in the designing of mental health programs to determine
 - characteristics/contexts of women's lives
 - the in types of crimes women commit
 - the mental health and other service needs
- Parenting training as a necessary component of services to women, because most women plan to parent after release. In addition, policies for visitation with minor children and in-jail nurseries for newborns must be considered.
- Many women in jail did not have a "conventional lifestyle" at the time of arrest. To assist women integrate into the community after release, a change from a medical model to a rehabilitative model is necessary
- Need to identify and properly diagnose mental health problems stemming from physical or sexual abuse
- Language and understanding of subcultures are important for accurate assessment and the provision of appropriate mental health and other services

Prisons

In comparison to jails, prisons are much more likely to have mental health services in place that address women's needs. Similarly, as long-term facilities with larger numbers of women confined in the same facility, they are much more able to provide on-going care. In addition, research indicates that a higher percentage of women utilize mental health services than men in prison. The issues facing jails, also are present in prisons, including providing minimal mental health care at least on parity with men's services, screening for history of sexual or physical assault, co-morbidity of substance abuse, separation from minor children and the need for visitation and parenting skills programs.

Special attention should be given to:

- Developing a diagnostic process that is sensitive to the differences between men and women. The instruments currently used are not appropriate for women. Specifically, screening forms are not tailored for women, particularly in regard to histories of abuse.

- A classification process (i.e., assignment of security levels) must be designed for women.
- Mental health evaluations using well trained clinical staff, who are experts in women's issues to ensure an appropriate diagnosis and to identify less disruptive, but serious mental illnesses, such as depression.
- Developing mental health/medical standards that are appropriate for women. Currently the standards are the same for men and women, except OB/GYN. Given that women represent 5% of the population in prison, yet use 50% of the health care, interventions must be holistic and targeted to multiple problem patients.
- Behavioral modification strategies that appear to show great promise with women offenders. In addition, all programs need to be more empowering. Thought should be given to peer support programs, especially for women with substance abuse issues and with histories of abuse.
- The possibilities for continued abuse. Specifically, clinical staff need to be sensitized to trauma to avoid re-traumatization, and need to be aware of the pervasiveness of sexual abuse by staff.

Community Corrections

Community supervision (probation and parole) is an area where there is a tremendous potential for intervention for women offenders with mental health problems. With social pressures for courts to keep women in the community and with their children, attention should be given to supervision strategies for women with mental illnesses, women victims of domestic abuse, and women perpetrators of violence, such as child abuse. Many female offenders require comprehensive services to assist them in remaining in their communities, including housing, mental health, health and substance abuse services, job skills training and placements, assistance with sexual victimization/abusive relationships, life skills training (including parenting, nutrition, budgeting, problem-solving, parenting skills and child care, and social supports.

Special attention should be given to:

- the standards applied to release decisions for men and women that place additional burdens on women being released from prisons. Structural obstacles, such as the lack of family-based community housing, can prevent a woman's release or cause her terms of release to be violated.
- Developing staff training curricula to prepare probation/parole officers to manage women's multiple needs. In addition, supervision must consider the costs of technical violations and build in flexibility around relapse.
- The use of Intensive Case Management programs that show great promise for use in conjunction with probation or parole

- In designing mental health intervention strategies for probation or parole, consideration must be given to rural/urban differences and the availability of resources. If at all possible, services should be imbedded in geographic communities
- Primary concern among women is financial support for themselves and their families. Often conditions of release require women to participate in programs or report during daytime hours. This means they cannot work and report or use services. Similarly, acquiring safe and cheap childcare to report or participate in services is difficult.

Special Topics

In addition to the priorities listed above, other special topics deserve attention, including:

- A discussion on the impact of race/ethnicity and class on the provision and the receipt of services. This topic requires specific focus and discussions should attend to the unique characteristics of African Americans, Hispanics, and Asians
- Lesbian and bi-sexual issues
- The role of consumer self-help groups in the recovery process
- Special issues faced by youth in adult settings

MAJOR TASKS AND TIMELINE

To complete this project in a timely fashion, the following timeline is proposed.

TASKS	MONTH
• Convene a 10 member Steering Committee in Washington, DC	1
• Confirm monograph contents and select chapter authors	2
• Authors write chapters	2-6
• Dr. Veysey conducts site visits to 5 selected innovative programs	2-4
• Chapters submitted to Dr. Veysey for editing	7
• Steering Committee designees review chapters	7
• Authors revise chapters	8-9
• Final edits	10
• Production	11-12