

Gender and Identity Responsive and Informed Treatment Court Practices

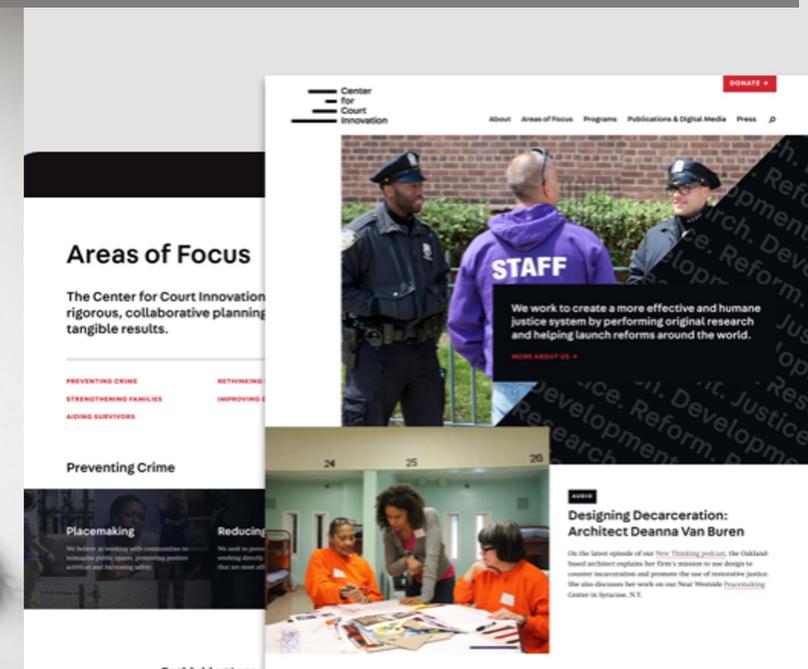
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Center for Court Innovation

OUR MISSION is to make the justice system fair, effective, and humane. We create **operating programs** to test new ideas and solve problems, perform **original research** to determine what works (and what doesn't), and provide **expert assistance** to justice reformers around the world.

CENTER FOR COURT INNOVATION



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WORLD SOCIETY OF
VICTIMOLOGY



Advancing research, services and
awareness for victims



Foundations – Identity

Who Am I?

Our society—through its particular culture, customs, institutions, and more—provides us with language and labels we use to answer that question for ourselves and others.

These labels are based on beliefs about **race, ethnicity, religion, gender, sexual orientation, economic class, educational attainments** and so on.

Sometimes our beliefs about these categories are so strong that they prevent us from seeing the unique identities of others.

Sometimes these beliefs also make us feel suspicion, fear, or hatred toward some members of our society.

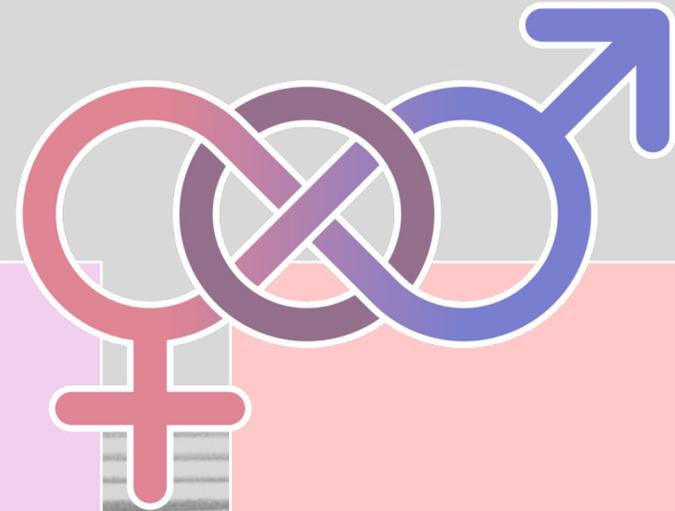
Other times, especially when we are able to get to know a person, we are able to see past labels and, perhaps, find common ground even as we appreciate each person as unique.

Foundations – Sex / Gender

Sex assigned
at birth

Gender
expression

Gender
identity



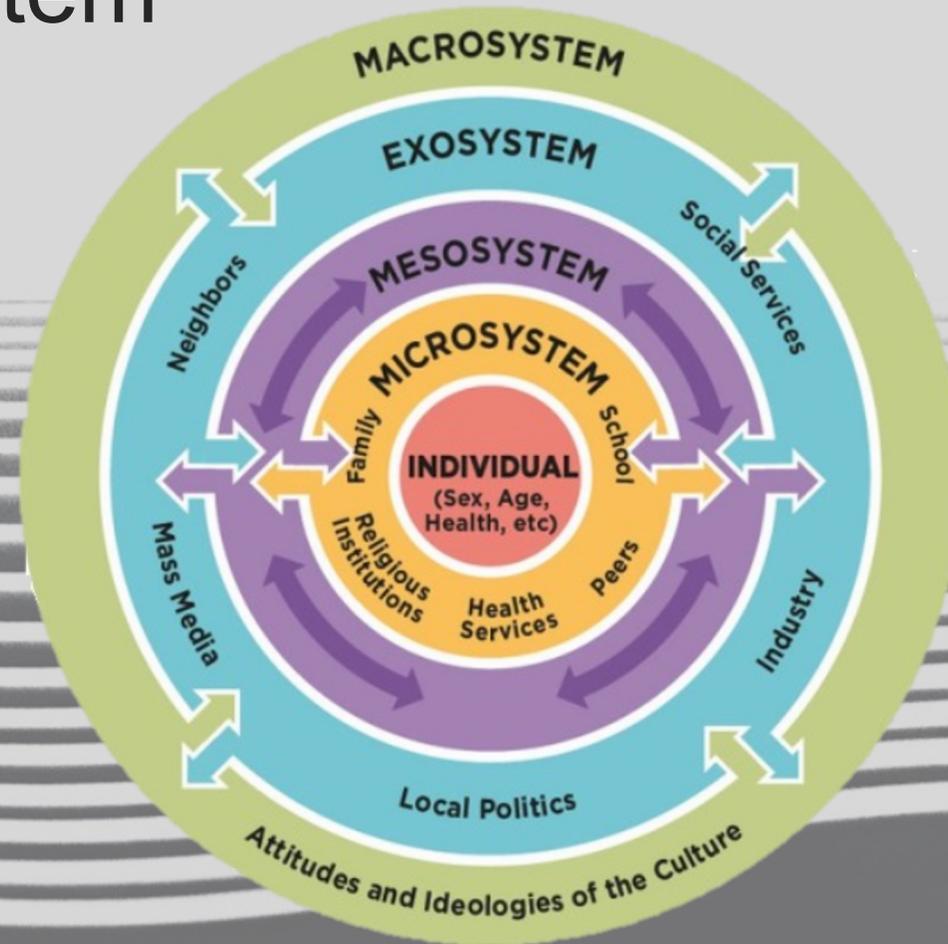
Foundations – “the System”

Family System

Criminal Justice System

Child Welfare System

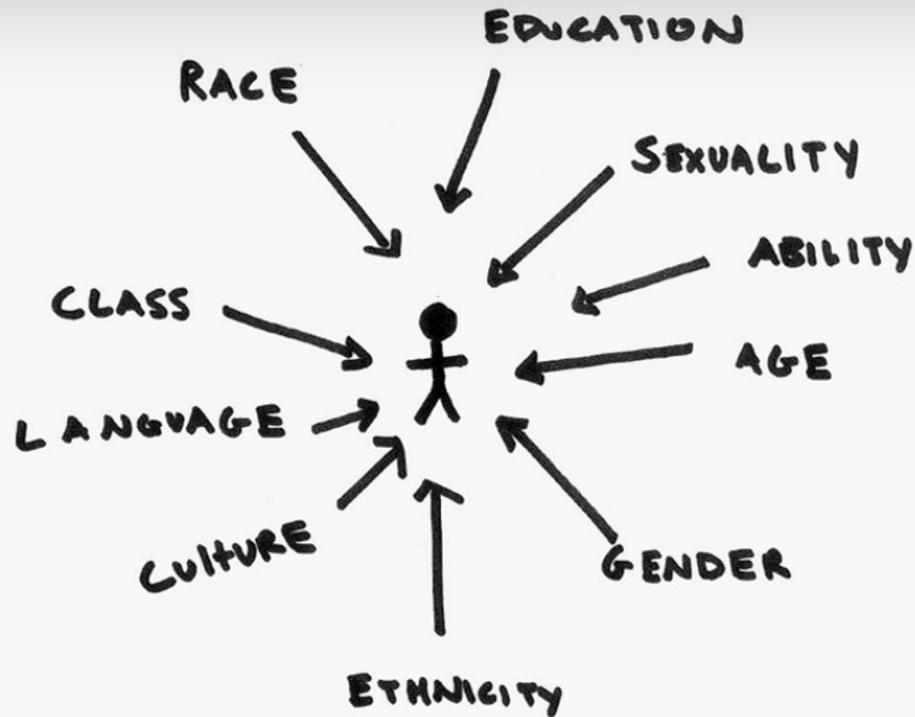
Family Court System



Foundations – “Intersectional”

Nearly
2/3

of incarcerated women in jail are of women of color—44% are black, 15% are Hispanic, and 5% are of other racial or ethnic backgrounds.



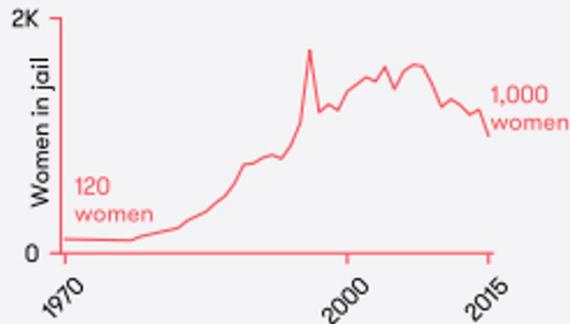
- Intersectionality – dynamics that are not attributed solely to being women or to another marginalized group
- Existing power dynamics and cultural structures of legal and cultural systems
- Issues of racial and sex discrimination: race-neutral framing of gender *has been criticized* as inadequate, especially given the evidence that women of color and indigenous women are incarcerated at significantly higher rates than any other group of women

Justice-Involved Women: Jails and Treatment Courts

- What do the numbers show?
- Framing the issue

Women in Jails

JAILS



The number of women in Maryland's jails has increased more than eightfold, from 120 in 1970 to 1,000 in 2015.

Nearly
1/2

of all jailed women are in small counties.

The growing number of women in U.S. jails

 = 1,000 women in jail

1970



2014



- Fastest growing incarcerated group = women
- Although men's jail admissions have declined by 26 percent since 2008, women's admissions have increased both as a total number and as a proportion of all jail admissions
- From 2009 to 2018, there was a 23% increase in the number of women in city and county jails
- Women = nearly one out of every four jail admissions, up from fewer than one in 10 in 1983
- Small counties are driving the growth of the number of women in jail—with numbers increasing 31-fold between 1970 and 2014
- Women in jail now account for approximately 1/2 of all women behind bars in the country
- Most of the increase in women jail admissions was related to drug charges

But I thought we were talking about Treatment Courts?

“Drug courts are a nod to the inherent harms of incarceration and its overall ineffectiveness in addressing the health needs of drug-using offenders. ***Jail sanctions, however, remain a common drug court practice.***”

JAIL MORTALITY

- In 2018, nearly 7% higher rate than men
- 1 in 6 of all jail deaths in 2018 were women (up from 1 in 10 in 2000)
 - Illness
 - Suicide
 - Drug/alcohol intoxication
- Women in jail died of drug and alcohol intoxication at twice the rate of men (opposite of prisons, where women died at half the rate of men)
- Small jails (population under 49) report the highest mortality rates

82%
of jailed women

report a history of drug or alcohol abuse or dependency.

Stats for Women in Drug/Treatment Courts

- ❑ Illicit drug use is a significant contributor in women's involvement in the criminal justice system generally
- ❑ Men exhibit higher rates of non-medical prescription opioid use and heroin relative to women; women exhibit an accelerated progression in their use of heroin and a slower progression in decreasing their non-medical use of prescription opioids; greater risk for non-medical prescription opioid use than men
- ❑ Women in drug court identify opioids as their preferred substance more often than men
- ❑ Women in treatment courts experience higher rates of traumatic incidents compared to male participants
- ❑ Women in treatment courts exhibit higher rates of mental health symptoms and are more likely to experience comorbid mental health and substance use disorder
- ❑ FEW STUDIES on gender-specific drug courts, but women drug court participants have, on average:
 - ❑ less money and less education
 - ❑ more likely to be homeless, mentally ill, unemployed, and abused
- ❑ Outcomes of women **improve significantly** when drug courts offer *gender-specific treatment* using *evidence-based practices* AND *trauma-focused services*

Traumatic Life Events

- Intimate Partner Violence
- Gender-based Violence

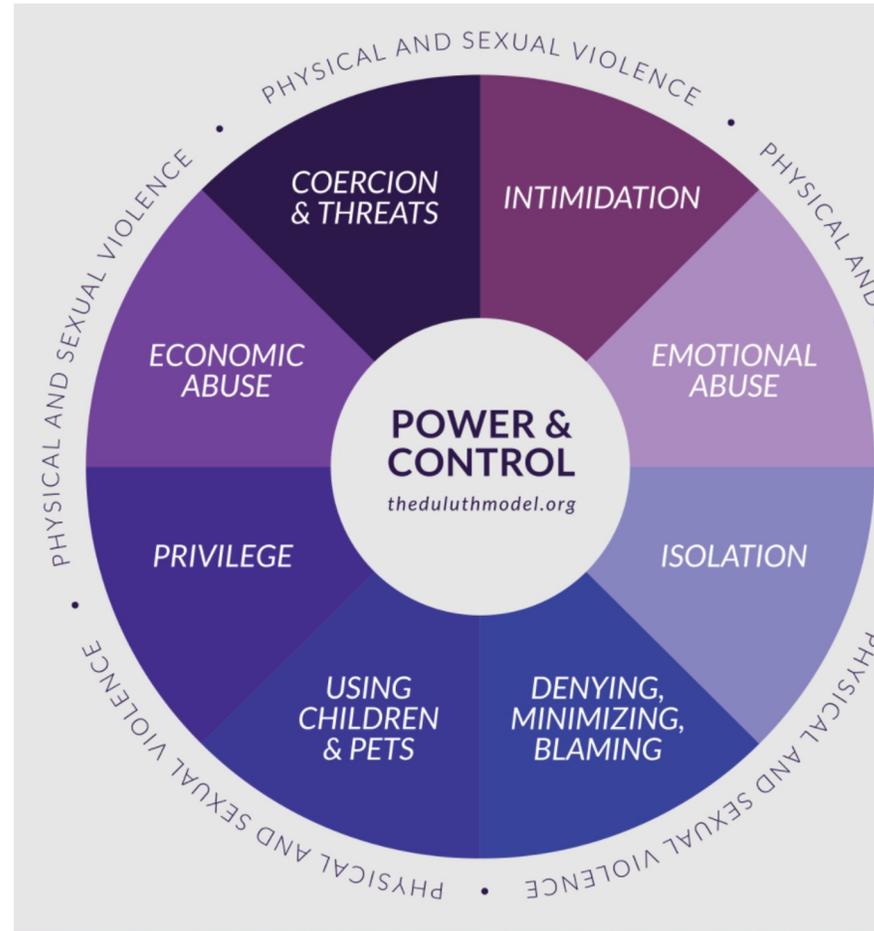
Traumatic Life Events - IPV

- More than 43 million women have experienced the most common form of IPV, psychological aggression (e.g., humiliation, coercion, and a partner's control of reproductive health).
- 1 in 4 women have been experienced IPV including physical violence, sexual contact without consent, or stalking
- IPV also increases the risk for mental health problems, such as depression, post-traumatic stress disorder, sleep disorders, and substance use.
- Victims of violence are at increased risk of chronic health conditions, including obesity, chronic pain, depression, and substance use.
- IPV was a “known circumstance” for 45.4% of homicides involving female victims in 2015, according to data from the Centers for Disease Control and Prevention (CDC).

Traumatic Life Events - IPV

- One of every 4 homeless women is homeless because of violence committed against her
- The [Institute for Women's Policy Research](#) reports that:
 - More than 20 percent of black women are raped during their lifetimes — a higher share than among women overall.
 - Black women were two and a half times more likely to be murdered by men than their white counterparts. And, more than 9 in 10 black female victims knew their killers.
 - Black women also experience significantly higher rates of psychological abuse — including humiliation, insults, name-calling and coercive control — than do women over all.
- Transgender individuals experience a dramatically higher prevalence of IPV victimization compared with cisgender individuals, regardless of sex assigned at birth.

Traumatic Life Events - IPV



- The role of power and control in recovery activities.
 - Inability to safely leave the home
 - Not allowed to attend treatment/court/AA/recovery support activities
 - Lack of transportation/transportation being deliberately kept from them
 - Unable to access funds
 - Visible injury that may lead to a report
- Period of leaving an abusive partner is the most dangerous time for someone experiencing IPV

Traumatic Life Events – Gender-based Violence

- More than 1 in 3 women and 1 in 4 men have experienced sexual violence involving physical contact during their lifetimes.
- Nearly 1 in 5 women have experienced completed or attempted rape.
- One in two transgender individuals are sexually abused or assaulted at some point in their lives.
- Out of every 100 cases of rape, 12 lead to an arrest, 9 are prosecuted, and only 5 lead to a felony conviction

Lifetime Prevalence of Sexual Violence by Race/Ethnicity-U.S. Women:

Rape:

Multiracial women: 33.5% (452,000 women)
Native women: 26.9% (234,000 women)
Black women: 22.0% (3.1 million women)
Hispanic women: 14.6% (2.2 million women)
White women: 18.8% (15.2 million women)

Other sexual violence:

Multiracial women: 58.0% (786,000 women)
Native women: 49.0% (424,000 women)
Black women: 41.0% (5.9 million women)
Hispanic women: 36.1% (5.4 million women)
Asian or Pacific Islander women: 29.5%
(1.6 million women)*
White women: 47.6% (38.6 million women)

**Estimate was not reported for lifetime prevalence of rape among Asian or Pacific Islander women*

Source: [National Intimate Partner and Sexual Violence Survey, 2010 Summary Report](#)
(Centers for Disease Control & Prevention)

Traumatic Life Events

Physically or emotionally traumatized people are at much higher risk for drug use and SUDs and the co-occurrence of these disorders is associated with inferior treatment outcomes.

Family and Other Systems

- What are the conflicts?



Parenting & Caregiving

Nearly
80%
of women in jail are mothers, and most are single parents.

- Addressing the needs of children and the family system is generally outside the purview of criminal justice system goals
- Majority of women in prisons and jails are mothers to minor children
- Some states require courts to consider the impact of a parent's incarceration on a child or elderly/ill family members
- Most incarcerated mothers are/were the primary caregiver to their children
- Social support contradictions
- Unique barriers to treatment



Multiple systems: Family Court

- Family Treatment Courts (FTC) / Family Drug Courts / Dependency Drug Courts
- 50% of families who participate are reunified
- FTC evaluations have consistently found that, compared with parents receiving conventional child welfare and dependency court interventions, parents participating in FTCs:
 - enter treatment more quickly
 - stay longer
 - complete treatment at higher rates
 - receive more court review hearings
 - reunite with their children more often



Use Caution - Assumptions About Family

- Childhood trauma and abuse at the hands of family members
 - physical abuse
 - sexual abuse
- First substance use with family members
- Chaos and addiction in the family home

SUD, Mental Health, and Women

- There are differences between women and men and engagement in & effect of substance use.
 - Sex differences are based on biological factors, such as sex chromosomes and hormones
 - Gender differences are based on culturally defined roles for men and women, as well as those who do not identify with either term
- Example: Smoking
 - Sex difference: women metabolize nicotine faster than men and have a harder time quitting smoking. Differences in metabolism may help explain why nicotine replacements work better in men than women.
 - Gender difference: Although men are more sensitive than women to nicotine's addiction-related effects, women may be more susceptible than men to non-nicotine factors, such as the sensory and social stimuli associated with smoking (e.g. greater sensitivity to visual and olfactory cues as triggers and greater concern about weight gain while quitting).

Sources: ORWH, 2015; NIDA, 2002

SUD, Mental Health, and Women

- Men are more likely to use almost all types of illicit drugs
- Men have higher rates of alcohol use, including binge drinking, except in women ages 12-20 years old
- More males (7%) than females (4%) are diagnosed with an alcohol use disorder (AUD) each year.
- More men than women are in treatment
- Illicit drug use in men is more likely to result in emergency department visits or overdose deaths

SUD, Mental Health, and Women

Women are just as likely as men to develop a substance use disorder

- Women's substance use tends to progress more quickly from first use to SUD
- Women are more susceptible to craving and relapse
- Women may be more vulnerable to the reinforcing (rewarding) effects of stimulants, with estrogen possibly being one factor for this increased sensitivity.
- Drinking in the long term is more likely to damage a woman's health.
 - This includes death from suicide, alcohol-related accidents, heart disease, stroke, and liver disease
- Withdrawal may be more intense for women
- Women are more likely to seek treatment for dependence on sedatives such as anti-anxiety and sleep medications

SUD, Mental Health, and Women

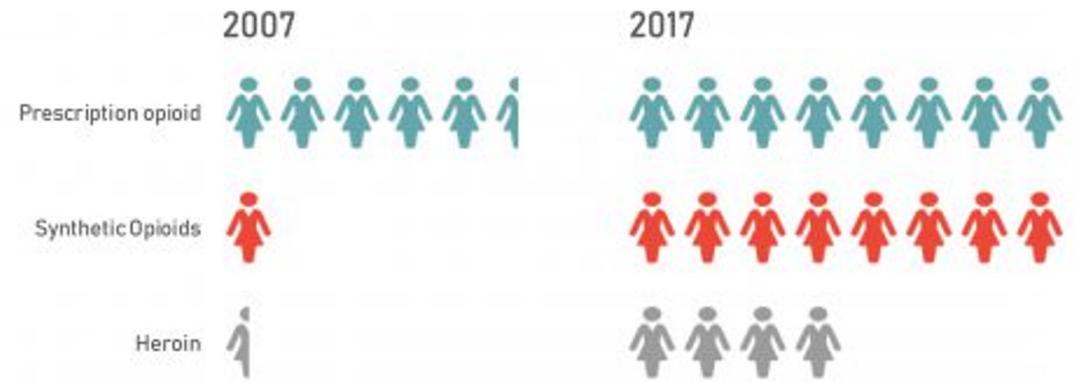
- Most women who inject heroin point to social pressure and sexual partner encouragement as factors
- Women may be more likely to take prescription opioids without a prescription to cope with pain
- Women are more likely to have depression, anxiety, post-traumatic stress disorder, and eating disorders
 - Data show high rates of comorbid substance use disorders and anxiety disorders
- Women are more vulnerable to developing substance use or other mental health disorders following divorce, loss of child custody, or the death of a partner or child

SUD, Mental Health, and Women

Compared with men, women who use heroin are:

- younger
- likely to use smaller amounts and for a shorter time
- less likely to inject the drug
- more influenced by drug-using sexual partners

Increase in **opioid overdose** deaths in U.S. women aged 30-64.



Full report: bit.ly/MMWRviz1

 = 1 drug overdose death per 100,000 women

Program, Phasing, and Graduation

How does this information change how you engage with women in your treatment court program?

Program, Phasing, and Graduation

- Drug Testing and Continued Use
 - Ensure monitored drug testing is done by same gender and who the participant is comfortable with
 - Account for childcare: How do your program requirements uniquely impact women and custodial parents?
 - Understand continued use in the context of biological factors for individuals assigned female
- Employment & Community Service
 - Acknowledge childcare as work
 - Allow family and childcare events to count towards community service (joining the PTA, attending choir concerts, transporting to and from their children's pro-social activities)
 - Fines and fees

Program, Phasing, and Graduation

- Sanctions & Incentives
 - Consider the role of jail sanctions on those who play the role of primary caregiver
 - Repercussions can include loss of custody, children going to unsafe places during jail stint, and in
- Changing people, places, and things
 - Understand safety concerns surrounding changing

Program, Phasing, and Graduation

Treatment:

- Are they trauma-informed?
- Do they have gender-responsive services? If not, can they refer to them?
- Do they have culturally competent services?

Program Screening & Case Management:

- Engaging with your specialty Domestic Violence dockets to share resources, referrals, advocacy agency connections and danger or risk assessment tools
- Screen for IPV and risk and Screen for those causing harm through IPV
- Ensure a referral to supportive services such as a IPV/Sexual violence advocacy organization and advocates are available right away

Program, Phasing, and Graduation

Training:

- Trauma informed practices and language
- Racial and ethnic disparities
- Cultural humility
- LGBTQ+ services and language

Redefining the Narrative

“I would say most, if not all of the women entering jails have been exposed to some form of **trauma** ... and when they enter into jails and prisons, it becomes **overwhelming**.”

“The whole process of incarceration for everyone continues to de**humanize** and remove **dignity** from a person who already is experiencing difficulty with **hope**.”

A **holistic** approach . . . programming for

- mental wellness
- substance use
- education
- job training

***Gender-responsive
and
Trauma-informed***

**Culturally
Responsive
Treatment
Options**

**Restorative Justice
Approaches**

Center for Women in Transition (St. Louis, MO)

**EMPOWERED
WOMEN**

**STRONGER
FAMILIES**

**TRANSFORMED
COMMUNITIES**



SERVICES & OUTCOMES



\$66,494
grocery
assistance



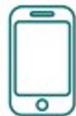
\$22,993
community rent &
utility assistance



\$21,692
transportation
assistance



21 clients
graduated from
vocational
courses



14 virtual
life skills topics
made available to
clients



14,216 nights
spent in safe,
supported
housing



Expanded our behavioral health services by adding new group therapy sessions and trauma-informed therapists to our team.

Family Justice Centers (nationwide)

86%
of women in jail

report having experienced sexual violence in their lifetime.

- Multi-agency, multidisciplinary Centers that provide services to victims of interpersonal violence including intimate partner violence, sexual assault, child abuse, elder abuse, and human trafficking
 - The [Montgomery County Family Justice Center](#) is one of only approximately 40 centers located in the United States and other countries. The concept is to create a family-friendly environment in which a multi-disciplinary team of professionals works together in one, centralized location to provide coordinated services to victims of family violence.
- The Family Justice Center model seeks to alleviate the complex systems and end violence by providing a single location of co-located services for survivors
- What about when survivors' trauma reactions and survival strategies are criminalized? Who are "victims"?

Gender Responsive Approaches

- Gender responsive approaches are not only effective for women, but yield **superior outcomes** to those identified as gender-neutral.
- Women's Justice Pathways (WJP) Model identifies 5 Fundamental Rights & Needs for women and aligns with a Gender Responsive Justice Continuum.
 - Relationship safety
 - Health & well-being
 - Safe & stable housing
 - Economic security & empowerment
 - Supported families



Questions?

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