

*Against the Odds: Improving AOD Treatment and Recovery Outcomes for
Formerly Incarcerated Women*

By Nena P. Messina, Ph.D.

According to the Bureau of Justice Statistics, nearly **one million** women in the United States are under some type of criminal justice supervision. African American women who are more than three times as likely as white women to be incarcerated, represent over 30 percent of those women (Bureau of Justice Statistics, 2006), making “the disparity in arrest rates one of the most devastating consequences of substance abuse among African Americans, affecting the abuser, their families and communities.” (NIDA, 2003)

The rapid influx of women into the criminal justice system raises new issues for prison officials and other agencies governing their care, as women offenders are a population with complex problems and needs. A considerable amount of research has focused on assessing the treatment needs of these women as compared to their male counterparts. One key finding from this body of literature are the strikingly consistent findings among women offenders regarding their elevated histories of childhood trauma and abuse, interpersonal violence in adolescent and adult relationships, adolescent conduct disorder, addiction, criminal activity, and homelessness (Bloom, Owen, & Covington, 2003; 2004; Grella, Stein, & Greenwell, 2005; Langan & Pelissier, 2001; Messina, Burdon, & Prendergast, 2003; Messina et al., 2006; Peters et al., 1997; Pollock, 2002). Another major concern is the health of women offenders, as they are significantly more likely than men to have co-occurring mental and physical health problems in addition to their chronic addiction by the time they come to the attention of the criminal justice system (Messina & Grella, 2006).

The current state of overcrowding in California prisons signifies an urgent need for alternatives to incarceration for drug-dependent offenders. Community re-entry programs and diversion from prison into residential treatment programs are viable and cost-effective alternatives to incarceration. Drug-dependent women offenders are an ideal population for community-based treatment, as they are predominantly convicted of non-violent drug or property crimes (CDCR, 2006), and typically the primary caregivers to their minor children (Messina et al., 2003). A series of research studies on the post-release outcomes of women offenders indicates that community-based treatment significantly increases success on parole (Messina et al., 2006).

The following paper provides a detailed review of the key issues relevant to treating drug-dependent women offenders in the community. Recommendations for substance abuse treatment providers, criminal justice officials, and policy makers are also provided. Additionally, a unique and innovative exemplary program for women parolees in Los Angeles County, California is described in detail, along with recommendations for implementation and replication.

I. Literature Review

A growing body of research has examined the various life histories of incarcerated women. This research offers valuable information on the types of services and approaches that should be emphasized when treating women offenders and outlines factors relevant to their patterns of substance abuse and criminal behavior.

Drug Use and Criminal Histories. Compared with men, women offenders more often report poly-drug use, earlier use of hard drugs (i.e., cocaine and heroin), use by injection, and more frequent drug use prior to incarceration (Grella, Joshi, & Hser, 2000; Langan & Pelissier, 2001). Women offenders are also more likely than men to report illegal activities as their primary source of income prior to

incarceration (Messina et al., 2003). Criminal histories for women nationwide are predominantly non-violent and drug-related, including their involvement in prostitution (Bloom et al., 1994). In fact, a recent report from the California Department of Corrections and Rehabilitation (CDCR) states that 67% of incarcerated women in California are currently imprisoned for non-violent, non-serious offenses (CDCR, 2006). Women offenders' patterns of substance abuse and non-violent crime indicate a need for more comprehensive treatment plans specific to women's issues as they integrate back into the community.

Co-Occurring Disorders. Women offenders are consistently more often diagnosed with co-occurring psychiatric and substance abuse disorders compared with their male counterparts (Bloom, 1999) and with women in the general population (Bloom & Covington, 2008). In addition, co-occurring psychiatric and substance abuse disorders are primary predictors of recidivism (Messina et al., 2004). Women offenders are also more likely than men to be taking or abusing prescribed medications for psychiatric disorders (Messina et al., 2004; Messina et al., 2007). Women's increased likelihood of co-occurring disorders and use of psychotropic medications indicates the need for a comprehensive assessment of participants as a means of informing program staff of their diverse psychological needs as they transition from prison to community.

Exposure to Childhood Trauma. Research findings have repeatedly linked trauma to later problems in psychosocial functioning among women offenders, particularly high-risk sexual behaviors (Mullings, Marquart, & Brewer, 2000), personality disorders, depression, post-traumatic stress disorder (PTSD), panic disorders, eating disorders, and other forms of psychopathology (Haller & Miles, 2004; Grella, 2003; Messina et al., 2004). Although reports vary, many women offenders report incest and molestation as children (19% to 55%) prior to their drug abuse (Langan & Pelissier, 2001). Messina and Grella (2006) directly explored the effect of cumulative childhood traumatic experiences on the adult mental health problems of women parolees. Results showed that the impact of childhood trauma on adult mental health outcomes was strong and cumulative. Persistent experiences of trauma have been identified repeatedly as issues that need to be addressed within treatment for drug-dependent women offenders. The association between sexual/physical abuse, drug abuse, and crime among women suggests a need for trauma-informed program components that address past abuse and the mental health issues that often result from abuse.

- Life Factors Relevant to Women's Recovery**
- ❖ Drug Use and Criminal Involvement
 - ❖ Co-occurring Disorders
 - ❖ Trauma and Abuse
 - ❖ Domestic Violence
 - ❖ Physical Health
 - ❖ Relationships
 - ❖ Employment/Educational
 - ❖ Parenting/Family Responsibilities
 - ❖ Shame and Stigma
 - ❖ Culture and Social Class

Physical Health Needs. Women offenders often suffer from a variety of chronic physical health problems including TB, hepatitis, toxemia, anemia, hypertension, diabetes, and asthma (Pollock, 2002). Drug-dependent women offenders also cite dental problems and diabetes as recurring health problems. Women's more complex reproductive system also increases their risk of gynecological problems and other female-specific disorders (Grella, 1999). Pregnant and postpartum women offenders require additional specialized treatment such as instruction in the medical, cognitive, and social needs of their alcohol/drug-exposed babies (Welle, Falkin, & Jainchill, 1998). Women offenders

are also at greater risk than men of contracting sexually transmitted diseases and HIV/AIDS due to their increased participation in prostitution for money or drugs (Pollock, 2002). Women's health problems are often compounded by the limited health care they receive in the community and their inability to access benefits, such as social security or Medi-Cal. In fact, women on parole automatically lose their eligibility for the Temporary Assistance for Needy Families (TANF) program. The particular health care service needs of women offenders are an important factor to consider when defining the specific needs of this population and require ongoing collaborations with social service partners in the community.

Relationship Issues. Women's patterns of drug abuse are more closely linked to relationships with their sexual partners than they are for men (Langan & Pelissier, 2001). Women's psychological development is different than men's. Women tend to define themselves and their self-worth in terms of their relationships, and relapse to drug use is often related to ongoing domestic violence and/or failed relationships (Covington & Surrey, 1997). Additionally, partner opposition to recovery can include elements of intimidation, threats, and violence (Amaro & Hardy-Fanta, 1995). These women need to develop strong interpersonal skills to help them assess their past and present relationships with their partners in the context of their addiction and criminal behavior, while also learning appropriate skills for successfully coping with future relationship issues.

Employment/Educational Needs. Women offenders are more likely than their male counterparts to be financially dependent on family members and to be in need of public assistance. However, as mentioned earlier, women with drug offenses are not eligible for most public assistance programs. These women also more often report being homeless or dependent on others for housing prior to incarceration (Messina et al., 2008). Most of these women have not completed high school and have inadequate vocational skills (Langan & Pelissier, 2001). Basic education, literacy skills, and marketable vocational training are particularly important components of re-entry programs for women.

Children and Families: An important factor to consider in terms of long-lasting societal impact is that the children of women offenders are at high risk for continuing intergenerational patterns of drug abuse, criminal behaviors, and neglectful parenting (Sheridan, 1995). Greene and associates (2000) found that a number of criminogenic influences experienced by women offenders were replicated in the lives of their children, including sexual/physical abuse, poverty, and being victims of violence. The nature of the relationship that women offenders have, or develop, with their children is a key factor in their rehabilitation. In fact, many of these women are faced with the loss of custody of their children and need legal advice to address this issue, which could ultimately increase their participation in treatment (Grella et al., 2000). The greater incidence of mothers' involvement in their children's lives makes parenting programs a critical part of treatment for women. Additionally, services for mothers and their children offer a solution to the intergenerational cycle of substance abuse and its related consequences, while improving child health and safety.

Probably the most significant event in a women's incarceration is her release from prison. This event provokes feelings of deep emotion, stress, anxiety, fear, and uncertainty. Women entering the community upon release often have a range of personal networks in the community, including family members who they may rely on for emotional and financial support. Family members can be a powerful support system to these women during and after incarceration. Re-entry programs should make services available that support the family members and children of women parolees, and when

appropriate, help to establish, re-establish, expand, and strengthen relationships between parolees and their families.

Women's Re-Entry: Re-entry is a difficult process for both women and men. Both must comply with conditions of supervised release, achieve financial stability, access health care, locate housing, and try to reunite with their families (Bloom et al., 2003). The research reviewed above outlines specific services that may be more effective for women offenders. Access to childcare and transportation, safety from abusive partners, and appropriate programming services all contribute to successful re-integration. Once released into the community women on parole may be excluded from the job market, certain benefits, and judged for their past criminal behavior, which complicates successful reintegration. In addition to the painful stigmatization, shame, guilt, and social alienation also hinder reintegration and reunification for women.

II. Key Recommendations of Service Delivery for Women

According to Harris & Fallot (2001), trauma-informed services recognize the importance of trauma in women's psychological development, avoids triggering trauma reactions, adjusts the behavior of counselors and staff members to support the woman's coping capacity, and allows survivors to manage their trauma symptoms successfully to access, retain, and benefit from the services. Bloom et al. (2003, p. 42) further define gender-responsive treatment services as "the creation of an environment – through site selection, staff selection, program development, and program content and materials – that reflects an understanding of the realities of women's and girls' lives and that addresses and responds to their challenges and strengths". Gender-responsive programs are designed to provide a secure environment for women offenders to safely discuss histories of trauma, abuse, and addiction without fear of judgment (Bloom et al., 2003; Covington, 2002; Grella et al., 1999).

Program curricula that focus on women's specific needs may be better suited to meet these needs than a generic treatment program using a more standard approach (e.g., mixed-gender environments, confrontational and hierarchical programming). In fact, research indicates that women will engage in, and benefit greatly from, services that attend specifically to histories of trauma and abuse (Messina et al., 2008). Sensitivity to these types of issues is necessary for women to form trusting relationships with treatment staff. Staff training on women's issues is also crucial to maintaining an awareness of the psychosocial issues relevant to women in treatment. Some theorists and clinicians believe that an all-female counseling staff is best for women participating in treatment (Bloom et al., 2003). Gender specific staff can promote a strong therapeutic alliance and provide strong female role models, supportive peer networks, and attention to women's patterns of abuse from childhood to adulthood (Covington, 1999; 2000; 2002a; 2002b). For example, studies have shown that women in women-specific groups discuss issues that they will not discuss in mixed-gender groups, such as histories of prostitution and sexual abuse (Covington, 2002; Grella et al., 1999). Issues left unaddressed in treatment may magnify feelings of guilt, shame, and failure, adversely affecting outcomes (Copeland et al., 1993).

Examples of Trauma-Informed Treatment Curricula Include:

- ❖ Beyond Trauma (Covington)
- ❖ Seeking Safety (Najavits)
- ❖ Trauma Recovery Empowerment Model (TREM)

Because drug-dependent women usually have fewer economic resources than men, programs that provide sliding-scale fees, housing, transportation assistance, childcare, and vocational training may enhance the ability of women to successfully participate in and complete treatment. Treatment

approaches used within women's integrated programs also need to be adapted to encompass variations among women, such as differences based on race, ethnicity, age, geographic location, sexuality, parental status, and alcohol and drug use history (Grella et al., 1999). In fact, comprehensive screening and diagnostic assessments at intake are vital to assess the diverse mental and physical health needs of women.

To create successful programs for women, services will most likely need to be provided across multiple service delivery systems. Multi-agency collaboration is an important element of women's integrated treatment as women offenders are often involved in multiple systems prior to treatment admission (e.g., child welfare, criminal justice, mental health, and social services) and treatment programs in general may not be able to address all of the complex needs of women offenders due to funding constraints. Likewise, these and other service systems have resources to address some of the complex needs of these women (e.g., parenting support, child development, and mental health).

The California Department of Alcohol and Drug Programs (ADP) has also become invested in appropriate services for drug-dependent women (California Department of Alcohol and Drug Programs, 2007). As such, ADP recently outlined a specific set of core competencies (described below) for all programs providing alcohol and drug treatment services to women. ADP recognizes that women's complex histories indicate the need for services that go beyond dealing with their addiction and criminality. These guidelines have been developed in an effort to promote integrated programming approaches based on theories that fit the psychological, social, and developmental needs of females.

Women's Treatment Standards Core Competencies¹

- 1. Safety (Environment):** The program provides for clients' safety, maintaining a treatment environment that is welcoming, protective, respectful, sensitive, diverse and empowering.
- 2. Trauma Informed/Trauma Specific:** The program has a commitment to awareness and understanding of the prevalence of historical and current trauma, its impact on clients and a further commitment to not re-traumatize or do further harm to clients through interventions, policies or procedures.
- 3. Cultural Competency:** The program provides culturally-competent and culturally-responsive services for the target population. Cultural competency includes, but is not limited to, age, sexual orientation, disabilities, religion and racial/ethnic diversity.
- 4. Women Specific Curricula:** Educational and process groups address women's specific pathways to use, consequences of use, barriers to treatment, treatment needs and relapse prevention issues across the life span. Program services will address issues unique to women's recovery to include, but not be limited to, self-efficacy, life skills, parenting, grief, trauma, drug refusal skills, and emotional development.

¹ The full document can be accessed via http://www.adp.ca.gov/Perinatal/pdf/Core_Competencies_Wm_Tx.pdf.

5. Case Management: Each female client receives case management services that include an individual plan and set of activities to provide for related needs and assist the client in establishing and maintaining recovery support and healthy community involvement. The case management includes:

6. Clinical Supervision: Clinical supervision is provided for all treatment staff in a variety of areas such as individual case conferencing, staff education, monitoring of staff ability to execute the treatment plan and the necessary skills to provide an appropriate course of treatment through the continuum of care.

7. Health and Wellness: The program has knowledge of the unique health needs of drug and alcohol dependent women and views physical health as a determinant of recovery. Women's health needs include, but are not limited to, screening and assessment, provision and maintenance of accessible, timely, comprehensive health care services and education for health promotion and risk reduction.

III. The Second Chance Women's Re-Entry Court – A Best Practice Model

In 2007, Los Angeles County developed a unique and innovative pilot program, entitled the *Second Chance Women's Re-Entry Court* (funded by the CDCR). The program is designed to provide an array of services to women facing a state prison commitment and formerly incarcerated women parolees. Specifically, utilizing evidence based research and practices following the nationally proven Drug Court model, the program brings together a variety of criminal justice, clinical, academic, and service professionals to design, oversee, implement, and evaluate an individually tailored treatment plan that provides for successful reintegration into society following a state prison commitment and/or as an alternative to incarceration for women facing a state prison sentence.

The re-entry court creates a comprehensive support system, with individually tailored and culturally competent program services, case management, and treatment plans that promote social responsibility, self-reliance, family unity, and reduces drug use and recidivism, including:

- Appropriate trauma-informed substance abuse treatment (i.e., Seeking Safety)
- Access to clinical social worker needs assessments and services
- Mental and physical health care
- Education/Employment training and placement
- Caseworker support and mentorship
- Financial management and legal services
- Child support and family reunification services
- Domestic violence education and domestic violence and trauma counseling
- Transportation and child care

The Los Angeles County Re-Entry Court Council represents a pioneering partnership – a voluntary multi-agency collaboration including a variety of governmental, academic, and community agencies and organizations throughout Los Angeles County. The Re-Entry Council was initially charged with the task of designing and developing innovative re-entry program ideas for men and women offenders. The primary objective of the Re-Entry Council is to put these ideas into motion, thus the Council also

prepares proposals in response to program announcements to acquire funding for specific re-entry programs and services. Agencies include:

- Los Angeles Superior Court, Administrative Office of the Court
- Los Angeles County Public Defender
- Los Angeles County District Attorney
- Los Angeles County Sheriff
- Los Angeles County Probation
- Los Angeles County Board of Supervisors
- Los Angeles County Alcohol and Drug Programs Administration (ADPA)
- California Department of Corrections and Rehabilitation (CDCR)
- Prototypes
- UCLA Integrated Substance Abuse Services (training and evaluation)

The Role of the Women’s Re-Entry Court: The Second Chance Women’s Re-Entry Court model is in a unique position to address the issue complex issues faced by women offenders by providing early assessment of mental health and substance abuse disorders and providing eligible offenders with appropriate community-based treatment and ancillary services. In addition, providing case management for the parolee throughout her participation in the re-entry court, and even for a period of time after she has successfully completed the program, can help to ensure successful reintegration into society and to avoid relapse to drug use and crime.

Responsibility for case managing the parolee, overseeing her transition from custody- to community-based treatment, and monitoring her progress in the program is assumed by the Second Chance Women’s Re-Entry Court in conjunction with the CDCR. The Second Chance Women’s Re-Entry Court is based on the drug court model, which combines intensive supervision, mandatory drug testing, positive reinforcement, appropriate sanctions, and court-supervised treatment to break the cycle of addiction and criminal activity in which many repeat offenders are caught.

The Re-Entry Council agreed that this is an optimal setting for the development of a gender-responsive model of treatment and supervision for several reasons:

1st. Judges are in a unique position to address the treatment needs among women offenders by providing frequent and intensive supervision, and in cooperation with treatment providers and other social service agencies, to affect policy by participating in the development of appropriate treatment approaches, recovery expectations, and criminal justice supervision based on a positive reinforcement model for women offenders.

2nd. Court personnel are typically assigned to one court on an ongoing basis creating an optimal setting for training and evaluations with existing staff.

3rd. Women offenders are much less likely than their male counterparts to have a history of violent crimes, thus making community-based treatment and supervision an optimal setting for safety and success.

4th. Women eligible for re-entry court are also likely to have high levels of addiction severity, and as a result of court intervention, participants are more likely to complete treatment.

5th. All of these conditions facilitate a more accurate assessment of a treatment effect during program evaluation.

The Second Chance Women's Re-Entry Court program proposes that criminal justice agencies and related practitioners rely on teamwork and long-term collaborations to provide appropriate services to women offenders in an effort to break the cycle of substance abuse and criminal behavior and successfully reintegrate these women back into society. The expectation is that programs that focus on women's specific needs are in a better position to meet these needs than more generic approaches. The Second Chance Women's Re-Entry Court collaborative effort may be a critical example to the continuation or expansion of such programming state and nationwide.

IV. Recommendations for Replication and Implementation

The Re-Entry Court Council has learned a number of lessons in the pursuit of this program. These lessons can provide guidance for those interested in replicating this exemplary program.

Multi-Agency Partnerships: In order to replicate this court project, key stakeholders within the local criminal justice system must be at the table. Key stakeholders would include the policymakers and department heads of agencies directly involved in the proposed project such as the Superior Court, District Attorney, Public Defender, Probation and Sheriff Departments. Additionally, if the targeted population involves state jurisdictions, such as Parole, representatives from these state agencies must be involved at the onset to avoid jurisdictional disputes. Community providers that are appropriate for the targeted population (i.e., woman, juveniles, co-disordered individuals, etc.) must be identified and participate in the planning stages. Community groups can also advocate for local treatment programs that are able to provide specific treatment components for clients that might not normally be considered viable populations to be treated in the community (e.g., high-risk offenders). Evaluation of such innovative programs is also crucial to provide evidence and to justify continued funding. Thus, a criminal justice researcher is a vital partner for such an endeavor. Lastly, journalists focused on a specific issue, such as incarceration costs and over-crowding prison conditions can aid in information dissemination of the program to further increase opportunities for replication and funding.

Prior to the commencement of the project, care must be taken to ensure that all stakeholders agree to:

- The targeted population, including eligibility and suitability factors
- The screening process to identify potential candidates for the project
- Communications among the stakeholders
- The treatment curriculum and continuity of treatment
- The format of progress reports to the court
- How program non-compliance will be communicated to stakeholders
- Generally, how non-compliance will be addressed
- Which agency (generally the judge) will have the ultimate authority of decision making

Steering Committee: It is important that steering committee meetings among the stakeholders are regularly scheduled. These meetings are invaluable to review and improve the process and address deficiencies in the process. Additionally, regular staff meetings to discuss the progress of the

participants in treatment should be open to the stakeholders so that all parties to the collaboration are aware of the status of each participant and can offer resources or suggestions that will assist the participant to succeed in the program.

Evidence-Based Services: Substance abuse treatment services should be scrutinized to ensure that they are evidence based for the targeted population and that they include wrap-around services that are appropriate for every level of treatment including residential treatment, outpatient treatment and aftercare. Ancillary services such as child care, mental health treatment and medication, benefits advocacy, educational and employment services, along with long term housing options should be in place prior to the onset of the program.

Funding Opportunities: Funding can be identified at the federal, state and local government level and from foundations. Funding is most easily obtained when there is a direct cost savings for the funding agency (i.e., a direct benefit to the state or county). The Women's Re-Entry Court provides immediate cost savings for the CDCR by diverting prisoners facing imminent state prison sentences away from prison into community programs. For example, one can speculate that providing appropriate gender-responsive services for women may be more costly than standard treatment initially, with regard to curriculum materials, technical assistance, and specific training needs. Yet, reducing recidivism by delivering appropriate services in the community provides a large benefit in future expenditures for the criminal justice system and potentially from the child-welfare system as well. Re-entry programs are viable alternatives to the use of incarceration for drug-related offenses. Diversion programs providing necessary services in residential community facilities are also a practical and cost-effective alternatives to incarceration.

V. Policy Recommendations

Policy makers are becoming increasingly aware of the need to reform multiple aspects of correctional policies, particularly here in California, and specifically those addressing women offenders. Creating or enhancing multi-agency collaborations is essential for the creation of exemplary programs to further increase success for the offender. Empirical evidence derived from research can guide policy and provide solutions to obstacles faced by criminal justice officials. Criminal justice officials and treatment practitioners can also gain new skills in assessing and measuring their programs if they are involved with ongoing criminal justice research and evaluation. Likewise, researchers can better understand the goals and purposes that criminal justice agencies seek to achieve, and determine credible measures of success. When agencies function as equal contributors, and share a mutual mission, the result may contribute to high-quality research results and the creation of exemplary programs. Key policy areas affecting the lives of women offenders and their children include welfare benefits, drug treatment, housing, education, employment, and reunification with children (Bloom & Covington, 2008).

Nena P. Messina is a Criminologist at UCLA Integrated Substance Abuse Programs and has been involved in substance abuse research for over fourteen years. Her area of expertise is the association between crime, psychiatric disorders, and substance abuse, and the specialized treatment needs of drug-dependent women offenders. Dr. Messina is currently the Principal Investigator of the Children Exposed to Methamphetamine Use and Manufacture Study, assessing the medical, developmental, and placement outcomes of children removed from meth labs in Los Angeles County. She is also the PI of several NIDA-funded grants focused on the effectiveness of gender-responsive treatment for women offenders. She has collaborated on numerous articles and was appointed Special Consultant to the Governor's Rehabilitation Strike Team to create a strategic plan for reforming the California prison system.

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