

Who are the Women?

- Most marginalized, vulnerable women
- Economically disadvantaged
- Women of color overly represented
- Families with domestic violence and addiction problems
- Minimal education and work experience
- Histories of substance misuse
- Physical and mental health problems
- High rates of physical and sexual abuse

2

4

Women in the CJ System

Compared with men, they -

- · Are typically primary caregivers for minor children
- Have more limited education and employment histories
- Commit fewer violent crimes
- Higher rates of abuse and trauma
- Respond differently to treatment and CJ supervision

Who Are the Girls?

- Families struggling with poverty, domestic violence and substance abuse.
- Low rates of serious and violent crime.
- Higher risk for status offenses promiscuity, truancy, running away.
 High incidence of physical and sexual abuse.
 High incidence of substance misuse.

- Run away to survive abuse.

3

Who Are the Girls? (cont.)

- · Girls' rate of involvement in juvenile justice is increasing.
- Victims of trafficking are often arrested.
- Overrepresentation of girls of color.
- Overrepresentation of LGBTQ girls.
- Disproportionately victims of sexual violence.

Strengths & Challenges Understanding Gender-Responsive Creating an environment through understanding of the lived experiences of strengths and challenges - site selection **Treatment** - staff selection women and girls program developn - content - material Source: Covington, S.S., & Bloom, B.E. (2006). Gender-responsive treatment and services in co. In E. Leeder (Ed.), Inside and out: Women, prison, and therapy. Binghamton, NY: Haworth.

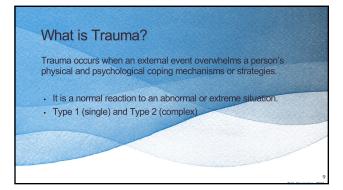


Toxic Stress, Trauma, and Children

Stress of adversity (relentless stress) is toxic to the development of the brain
Important consideration with children
Emotions – dysregulation
Behavior – unmanageable
Relationships – lack of connection, trust
Impact on Children

Attachment—relationships
Regulation—feelings and behavior
Competencies—learning

7

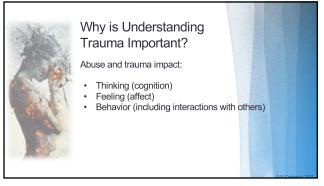


Historical Trauma

Historical or cultural trauma is massive group trauma that occurs across generations. It is intentional subjugation of a population that results in psychological and physiological harm in the first generation, which is passed to subsequent generations through in-utero exposure to stress, maladaptive parenting, and vicarious trauma.

Examples include the displacement of indigenous or Aboriginal peoples, enslavement, genocide and massacres, and forced intermment in prison-like camps. In the U.S., this has affected African American, Native American, Native Hawaiian, and Native Alaskan people as well as Japanese families sent to internment camps during World War II.

9



Gender and Abuse

Childhood

10

8

Girls and boys at equal risk from family members and people they know

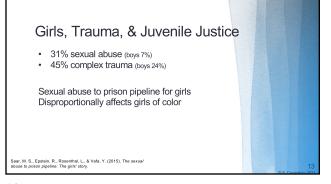
Adolescend

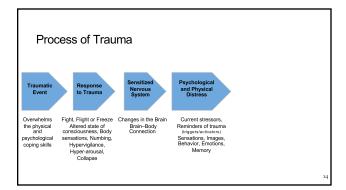
- Young men at risk from people who dislike or hate them. Boys at greater risk if they are gay, young men of color, gang members, or transitioning.
- Young women at risk from lovers or partners people to whom they are saying, "I love you."

Adulthood

- Men at risk from combat or being victims of crime
- Women at risk from those they love
- LGBTQI and gender nonconforming people are at the highest risk.

11 12

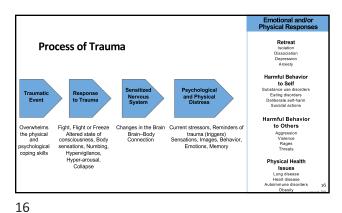




13 14

Possible Triggers for Women in the Criminal Justice System

- Restraint
- Handcuffs
- Isolation
- · Searches (pat & cavity)
- · Loud noises
- Yelling
- · Smell of disinfectant



15 10

Trauma's Impact on the Brain & Body

Woman expe<u>ri</u>ences trauma

Brain and body become overwhelmed; nervous system is unable to return to equilibrium

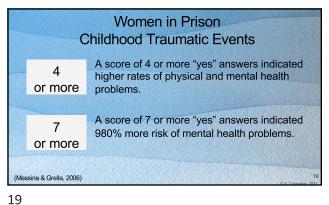
Trauma goes untreated; woman stays in "stress response" mode

Cues continue to trigger trauma (e.g. loud voices, sirens, searches, cell extractions)

Woman reacts to trauma cues from a state of fear

ACE Study (Adverse Childhood Experiences) Action About Environment Growing up in a household with: Original study in 1998 · Recurrent and severe Both biological parents not being 17,000 adults in San emotional abuse Diego, CA Recurrent and severe physical abuse A mother being treated violently An alcoholic or drug-using family member 10 questions First 10 years – largely ignored · Contact sexual abuse A mentally ill, chronically depressed, or institutionalized family member · Physical neglect · Past 10 years -· Emotional neglect A family member being imprisoned

17 18



Impact of ACEs for Incarcerated Women is Strong & Cumulative > Sex work Substance misuse 4 > Aggressive behavior or more Eating disorders > Sexually transmitted infections > Hepatitis and TB > Gynecological problems (Messina & Grella, 2006)

20

Definitions: Three Levels of Trauma Work 1. Trauma-informed services include things we all need to know. 2. Trauma-responsive services include what we need to do (policies, practices, environment = culture) When we work with trauma survivors.

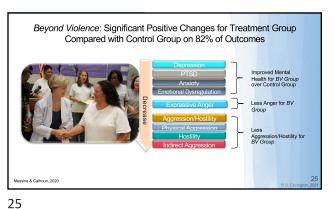
3. Trauma-specific what services we need to

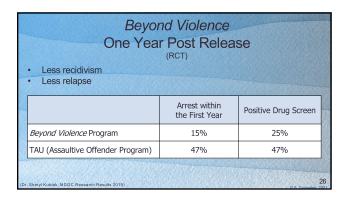
Rationale Results of becoming trauma informed and trauma responsive: Organizations and facilities become safer Staff and those receiving services feel safer Staff jobs become easier Programming becomes more effective

22 21

Benefits of Becoming Trauma Informed (Framingham Institution for Women) (Massachusetts Intensive Treatment Unit) By The Numbers: Phased System of Services 15% ↓ in all self-injurious - One-to-one behavior 15 minute watch Join community for meals, exercise, activities 54% ↓ prison resident-on-Program in gen. pop. and ret to unit prison resident assaults 60% ⊥ suicide attempts

Results of Healing Trauma: A Brief Intervention for Women Significant Positive Post-Intervention Changes Depression Serious Mental Illness Aggression Social Connectedness **Emotion Regulation** 3,500 participants and 1,000+ in research



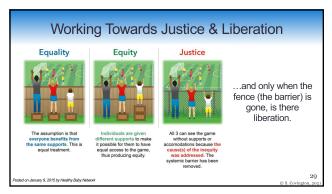


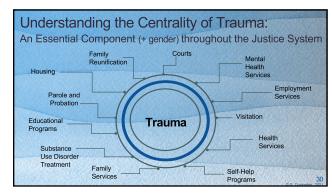
26

Helping Women Recover and Beyond Trauma: Significant Positive Differences in Post-release Outcomes for the GRT Group Compared with the TC Group Findings show: · The odds of the GRT participants being returned to prison were decreased by about two thirds (67%) compared with the TC participants. A greater reduction in drug use for the GRT group across time compared to the standard TC group Messina et al., 2010



27 28





29 30

Contact Information

Stephanie S. Covington, PhD, LCSW Center for Gender & Justice Institute for Relational Development

7946 Ivanhoe Ave., Suite 201B La Jolla, CA 92037 (858) 454-8528 (858) 454-8598 FAX

www.stephaniecovington.com www.centerforgenderandjustice.org sc@stephaniecovington.com