# Substance Abuse Community: Helping Women Re-enter The Community After Incarceration

# Contents

# The Issue

As of 2016, over 1.2 million women in the United States were incarcerated in prison or jail, on probation, or on parole.[1] Since 2000, the rate of women's incarceration in jails rose over 26 percent, whereas the jail-incarceration rate for men decreased by 5 percent.[2] When women are released from jail or prison, they are often ill-prepared to reencounter and address the serious problems they faced prior to incarceration, such as victimization, an unstable family life, difficulties in school, limited work experience, financial issues, poverty, substance use disorders, mental health issues, a lack of vocational skills, and parenting difficulties. Women also tend to face new concerns upon reentering society, such as legal issues, financial restitution, and new trauma or re-traumatization that they experienced while incarcerated.[3,4,5]

There are few randomized studies that have identified gender-responsive, evidence-based practices for women's reentry. In many communities, women receive the same services that were originally designed to serve men being released from jail or prison. However, new findings, such as those from the Office on Women's Health's 2012–2015 Reentry Enhancement Project, are helping to identify effective approaches for women's reentry. This guide provides an overview of promising practices that corrections and community-based service providers should consider in supporting women's transitions from correctional facilities to the community.

Gender-responsive criminal justice approaches acknowledge women's unique pathways into and out of the criminal justice system. These approaches address social factors such as poverty, race, class, gender inequality, and culture.[6,7] The promising practices presented here align with a theoretical framework, created by Bloom, Owens, and Covington, that explains the complex dimensions of a woman's experience when reentering the community following incarceration.[i] This framework includes the following:

- Pathways that lead to women's justice involvement
- Racial and ethnic disparities and the intersectionality of race and gender
- Women's development and relational approach
- Trauma prevalence and its effects on women
- Substance use disorders and their effects on women

The steps presented in this guide align with this organizing framework to ensure a comprehensive approach to women's needs during reentry. A compliment to this guide is the SAMHSA publication *Principles of Community-based Behavioral Health Services for Justice-involved Individuals: A Research-based Guide.* This publication can provide more overarching guidance on what key principles should guide the work of community-based practitioners serving individuals involved with the criminal justice system.

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i The organizing framework for this paper is based on the work of Bloom, Owen, and Covington. See Bloom, B., Owen, B., & Covington, S. (2002, November). *A theoretical basis for gender-responsive strategies in criminal justice.* Presented at the American Society of Criminology Annual Meeting, Chicago, IL. Retrieved from https://www.centerforgenderandjustice.org/assets/files/6.pdf

## CHECKLIST AT A GLANCE

- ☐ Identify Critical Reentry Needs
- ☐ Address Substance Use Disorders
- ☐ Build Links to Mental Health Care
- ☐ Address Physical and Reproductive Health Care
- ☐ Provide Culturally Competent Services
- ☐ Provide Trauma-informed Services
- ☐ Build Healthy, Trusting Relationships
- ☐ Reestablish Family Relationships
- ☐ Facilitate Payment of Justice System Fines and Fees
- ☐ Increase Self-efficacy Through Certified Peer Specialists

# 1. Identify Critical Reentry Needs

Women's needs during reentry can be different from men's due to differing experiences and relative access to critical resources (e.g., history of abuse, poverty, substance use, family support, dependent children). Prior to a woman's release from prison or jail, individuals working with her should assess her needs and develop a reentry plan to ensure that the following are identified and ready to assist with the transition: community-based mental health and substance use treatment providers, healthcare coverage providers (e.g., Medicaid), housing and other social supports, and advocacy organizations. An effective reentry plan should be strengths-based, trauma-informed, and individualized.[8,9]

Many of the available needs assessment tools are "gender-neutral," but needs assessments for women are more comprehensive and accurate when they are gender-responsive. Several commonly used tools that address women's needs are described in the publication *Risk-needs Assessments Appropriate for Women Offenders*.

Effective reentry services for women should address needs based on the gender-specific issues involved when women interface with the justice system. Based on the guiding framework set forth for this document, the following critical needs should be discussed and included in the reentry planning process:

## Pathways:

- Housing providing distance from prior abusive relationships
- Transportation
- Clothing
- Income and employment, often to support children/single-parent households
- Identification (e.g., Social Security card, birth certificate, government ID)
- Education[10]

## Racial and Ethnic Factors:

- Past and potentially present systemic barriers or disparate treatment of women based on racial or ethnic differences should be considered when providing assistance across all critical areas of need
- Programming that meets the needs of women of a specific race, ethnicity, or culture can lead to improved outcomes compared to programs created for the general population or the dominant culture of that community; for example, the Diane Wade House provides Afrocentric transitional programming for women reentering the community, increasing their participants' access to culturally specific treatment and services

## Relational:

- Legal support, including obtaining or maintaining child custody[11]
- Family reunification, including parenting education and planning to resume custody and care of minor children
- Domestic violence or intimate partner violence interventions[12]
- Childcare[13]

## Trauma and Addiction:

- Mental health care or trauma-related symptomology
- Substance use disorder treatment[14]
- History of sex work/trafficking[15]
- Primary health concerns,[16] including pregnancy, gynecologic health, and weight gain associated with incarceration
- Reproductive health care, prenatal care, and treatment for sexually transmitted diseases[17]

Safe and stable housing is particularly important for women to ensure their physical and emotional safety immediately following release. Having a secure place to live can minimize the risk of women returning to sex work or relying on unhealthy relationships to meet basic needs. Safe and stable housing should be located away from prior abusive or unhealthy relationships with space for the woman to make her transition back into the community a positive and productive experience. A woman's criminal history can make it difficult to find appropriate housing, as many communities lack sufficient housing options for people with a criminal conviction. Some communities may have transitional housing or halfway houses for women; however, not all jurisdictions certify or regulate these programs. Housing programs should be vetted to ensure they do not engage in predatory practices, such as requiring significant portions of a woman's disability check (if she receives disability benefits) or paycheck, or forcing program participants to engage in inappropriate or illegal behaviors or labor (e.g., panhandling, prostitution) to generate income for the program.

Employment is crucial for women in meeting their needs and building their independence. Making a livable wage is critical to ensuring that temptations to resume unhealthy relationships for financial reasons or engaging in unhealthy or illegal behaviors to earn income are minimized. However, having a criminal history can be a major barrier to employment. Women should be supported in finding and retaining employment. This may include providing women help finding organizations that are receptive to hiring individuals with criminal histories; overcoming barriers to obtaining an interview; accessing clothes that are appropriate for interviews; securing transportation to interviews and employment when hired; arranging childcare during working hours; reconciling work schedules with requirements for any criminal justice oversight, such as probation visits; and addressing other needs that arise.

# More Information and Resources:

## Treatment locators

- SAMHSA's treatment access page contains links to multiple treatment locators.
  - The federal *Substance Use Treatment Locator* is searchable by city, zip code, region, program, payment option, and treatment type to identify mental and substance use treatment providers.
  - *SAMHSA's Behavioral Health Treatment Services Locator* is searchable by address, city, or zip code to identify treatment facilities for mental and substance use disorders.
  - *SAMHSA's Buprenorphine Practitioner & Treatment Program Locator* is searchable by state, city, or zip code to identify buprenorphine providers for the treatment of opioid use disorder.
  - *SAMHSA's Early Serious Mental Illness Treatment Locator* is searchable by state to identify treatment facilities for recent onset of serious mental illness.
  - *SAMHSA's Opioid Treatment Program Directory* contains directories of opioid treatment programs in each state.
- Health Resources and Services Administration's Federally Qualified Health Center locator is searchable by city, zip code, or street address to identify Health Resources and Services Administration (HRSA)-funded health centers.

## Other resources

- National Resource Center on Justice Involved Women
- National Resource Center on Children and Families of the Incarcerated
- Directory of programs for women with criminal justice involvement
- Reentry Considerations for Justice Involved Women
- "Reentry Resources: When Victims of Battering Return to the Community after Jail or Prison"
- *Reentry Tipsheets for Women* (includes fillable worksheets)
- *The Jewish Vocational Services Women Offender Reentry Collaborative: A Practitioner's "Blueprint" for Replication*

# 2. Address Substance Use Disorders

Substance use disorders (SUDs) are common among incarcerated women.[18] Though current national rates of SUDs are higher in men than they are in women, this gap is decreasing.[19] In addition, women's substance use patterns and outcomes differ from those of men.[20] For example, managing SUDs during pregnancy is a medical concern unique to women; women are also more likely to have a co-occurring mental health diagnosis than men are.[21] Further, women face considerable gender-specific barriers to accessing addiction treatment compared to men, including pregnancy, the need for childcare, and sexual harassment.[22]

Opioid misuse is currently a major concern in the United States, and in recent years there has been an increase in the number of females using opiates.[23] Between 2000 and 2014, the number of deaths due to opioid overdose in the United States increased by 200 percent.[24] The opioid epidemic has impacted the criminal justice system, with a higher rate of opioid use among incarcerated individuals than among the general population. This fact has particularly serious implications for women, who are more likely than men to experience overdose and death related to opioid use after release.[25]

It is important to connect clients with substance use treatment and services during and after incarceration and to support their continued engagement. If women are engaged in substance use treatment programs while incarcerated, efforts should be made to help them continue utilizing these services when they reenter the community. This might include having contact with the same treatment provider post-release, receiving services within 24 to 72 hours after release, and receiving long-term follow-up.[26,27,28] A number of treatment approaches have been found to be effective or promising among justice-involved women:

- Medication-assisted treatment (MAT) is an evidence-based practice for treating opioid and alcohol use disorders.[29] MAT is considered a best practice for treating pregnant women.[30]
- A range of cognitive-behavioral therapies show effectiveness—rated between promising and proven—in reducing substance use disorders. These therapies include motivational interviewing and contingency management, among others.[31]
- Harm reduction is not a specific treatment but a general approach to substance use intervention. Harm reduction focuses on reducing the consequences of substance use and recognizing the non-linear process of recovery during substance use treatment.[32]

Other potential barriers should be addressed for reentering women with substance use disorders. For instance, providing childcare and transportation options can increase participation and retention in substance use treatment programs.[33] Assessing the woman's relationships with loved ones who are also experiencing substance use disorders is key to understanding who is available in the woman's network to support recovery and what relationships may need to be considered with caution or severed during the transition back into the community. Understanding the woman's ability to pay for treatment is also critical. Women reentering the community may be eligible for Medicaid coverage, particularly if they are mothers

with custody of their children. If they are not eligible for Medicaid, it will be important to help women navigate options for obtaining health insurance or conversations with her treatment providers to see if they are able to charge for services using a sliding scale, arrange an achievable payment plan, or provide some other subsidized means for accessing treatment at a manageable rate.

# More Information and Resources:

### Publications

- SAMHSA's Treatment Improvement Protocol, No. 51, Substance Abuse Treatment: Addressing the Specific Needs of Women
- *Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants*
- *A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders*

### Treatment locators

Please refer to page 6 for information about SAMHSA's treatment locators and the Health Resources and Services Administration's Federally Qualified Health Center locator.

# 3. Connect to Mental Health Care Services

Incarcerated women have higher rates of mental disorders than non-incarcerated women and incarcerated men do,[34] and they often have complex treatment needs due to co-occurring mental or substance use disorders or other types of chronic health disorders.[35] Trauma is common among women in the criminal justice system (see Section 6, "Provide Trauma-informed Services"). Traumatic events can have significant consequences for an individual's mental and behavioral health. For example, experiences of trauma have been associated with depression, anxiety, and substance use disorders.[36]

Reentry is a stressful time and can be especially difficult for women with mental health needs.[37] One study showed that they may experience poorer health conditions, more frequent hospitalizations, and a greater frequency of suicidal thoughts compared to reentering women without mental illness.[38] The following information provides helpful ways to increase support during this period of transition.

## Screenings and Assessments:

Women with mental disorders may have received assessments, services, or treatment during previous phases of their justice involvement. If at all possible, previous assessments and records should be obtained and worked into the reentry planning process to ensure continuity of care as the woman moves from the justice system setting back into the community. If no assessments or treatment have been provided, the reentry planning process should include screenings to ensure further assessments are not merited. If screening tools are needed, SAMHSA's *Screening and Assessment of Co-Occurring Disorders in the Justice System* provides a number of recommendations for screenings that can provide insight into possible mental illness, substance use disorders, and trauma.

## Reentry Planning:

If the woman has a previously identified mental disorder, her optimal reentry plan would include a scheduled appointment at a mental health treatment provider occurring as soon as possible after release. In addition, be sure that medical records from the correctional facility are shared with the community-based provider. This can ensure that critical services and medications are provided accurately and in a timely manner. Having a scheduled appointment is proven to be more effective than simply referring a person to an agency. If transportation supports are available, leverage those services to ensure the woman is able to reach the provider agency.

Women reentering the community should be involved in determining the most appropriate treatment provider for follow-up services. Research shows that people of color may have difficulty obtaining appointments[39] or finding a provider that delivers culturally-responsive mental health treatment.[40] There may be religious or cultural considerations that the woman wants to take into account when choosing a provider. Involving the reentering woman in the decision-making process enables her to begin taking ownership of her own healing and recovery.

Women with mental illness are found to have greater difficulties meeting their critical needs during the year following their release compared to women without mental illness, including significant challenges in obtaining housing, employment, and financial support from families.[41] This should be taken into account when helping a woman consider and address her critical reentry needs (see Section 1 for more guidance). Extra effort may be needed to identify transitional housing that is supportive of women with mental illness as well as supported employment programs that focus on helping people with mental illness become gainfully employed. Women with mental illness may benefit from additional guidance in developing healthy connections with formal and informal supports as part of a recovery-oriented community.

## Other Critical Supports:

If an appointment with a mental health provider is not immediately available after release, ensure the woman is able to obtain sufficient amounts of any prescribed medications to last until the scheduled appointment. Ideally, the correctional facility will provide medications upon release; however, it may still be necessary to obtain a written prescription refill if the amount of medication provided might not last until the scheduled appointment. If a written prescription refill is not provided, it may be necessary to contact the correctional facility for that paperwork to maintain medication access until the woman is able to see a community-based provider.

Where possible, link reentering women with peer support specialists who have lived experience of mental illness and justice involvement and who can provide another level of support and guidance as the woman begins work on her reentry plan and transitions into the community. See Section 9, "Increase Self-efficacy Through Certified Peer Specialists," for more guidance.

## More Information and Resources:

- To find local mental health providers, refer to *SAMHSA's Behavioral Health Treatment Services Locator* on page 6.
- For information on suicide prevention, visit the National Suicide Prevention Lifeline

# 4. Address Physical and Reproductive Health Care

Incarcerated individuals have higher rates of sexually transmitted diseases (STDs) than non-incarcerated individuals do, and the prevalence of hepatitis C among currently or formerly incarcerated individuals is high.[42,43] Incarcerated women are at an especially high risk of STDs and HIV,[44] often due to engagement in transactional sex.[45]

Pregnancy should also be addressed during and after incarceration. About 75 percent of women in jails and prisons are of childbearing age.[46] Although a comprehensive national count of incarcerated pregnant women does not exist, estimates indicate that over 3 percent of women entering prisons are pregnant,[47] and about 6 to10 percent of women in local jails are pregnant.[48,49]

Women's access to health care within jails and prisons varies and is often limited.[50] Many individuals do not receive adequate health care while they are incarcerated,[51] and upon reentry, women often experience additional barriers to quality health care.[52] One study showed that women leaving jail or prison under community corrections supervision were more likely to use the emergency department or experience hospitalization than were men under community corrections supervision and the general population.[53] This points to the critical need to link women with healthcare coverage or insurance:

- If working with a woman who may qualify for Medicaid, begin the necessary paperwork to initiate or reinstate enrollment in the state Medicaid program prior to her release whenever possible. The paperwork should be started prior to release so that it may be submitted and coverage initiated as promptly as practicable following release.
- Women with custody upon release of children who are minors should be considered for Medicaid eligibility. If the woman has disabilities and qualifies for Social Security Disability Insurance, check to see if she is automatically eligible for Medicaid coverage as well.
- If working with a woman who may not qualify for Medicaid, federally funded health centers or community-based centers that charge fees based on a sliding scale may provide affordable services to address a number of different health needs.

The reentry process is an opportunity to provide women with essential healthcare services. Their needs will likely differ depending on a woman's health conditions or childbearing status. Providing long-acting, reversible contraceptive services to incarcerated women prior to reentry helps them avoid common barriers to contraceptive care in the community. This can allow them to focus on other aspects of reentry without having to worry about an unintended pregnancy.[54] Recommendations for contraceptive services are as follows:

- Offer contraception, in a non-coercive manner, prior to reentry to help women avoid unintended pregnancies[55]
- Ensure women understand their choice to receive or not receive contraception

- Provide education on contraception methods and services[56]
- Consider long-acting, reversible contraceptives such as intrauterine devices (IUDs) and implants, which can last several years without follow-up[57]

Pregnant women reentering the community might face additional stressors related to reproductive health care. Recommendations for working with pregnant women during reentry include the following:

- Identify, educate about, and link to agencies providing comprehensive reproductive healthcare services
- Link to substance use disorder treatment; provide education on the safe use of pharmacotherapy for substance use treatment during pregnancy
- Link to mental health treatment, with particular attention paid to anxiety and perinatal depression disorders; provide education on the safe use of pharmacotherapy for mental illness during pregnancy
- Engage client in parent or maternity counseling and classes

## Additional Resource:

Please refer to page 6 for information on locating a federally funded healthcare center, such as a Federally Qualified Health Center.

# 5. Provide Culturally Competent Services

## Individual or Community Culture:

There are many racial, ethnic, and socioeconomic inequalities that affect justice-involved people throughout the United States.[58] Consequently, culturally competent practices are critical when working with formerly incarcerated women. "Cultural competence" refers to "a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations."[59] Culturally competent behavior is respectful and responsive to the different beliefs, practices, and needs of diverse populations. Both individuals and organizations might need to tailor services to respond to the specific cultures of their clients.

The culture of an individual or community may be defined by factors such as race, ethnicity, gender identity, age, sexual orientation, disability, income level, education level, etc. It is important to consider the language, thoughts, customs, beliefs, and values associated with different groups and to keep in mind that people with the same cultural identities will not share all of the same beliefs and values. It is also worth noting that cultural identities—and the customs, beliefs, and values that inform those identities—can change over time.[60]

Individuals who are part of more than one group, such as being both African American and female, may experience amplified effects of disparate treatment or systemic inequity; this phenomenon is formally known as intersectionality.[61] This combination of negative effects can seriously hinder a woman in her efforts to successfully transition back to the community. Intersectionality should be taken into consideration when providing culturally competent services to ensure that all of the barriers faced by a reentering woman are understood and that sufficient supports are put into place to enable her successful reentry.

## Institutional Culture:

Research suggests that the culture associated with incarceration can influence clients' general functioning during and after incarceration.[62] Jail and prison environments and staff, institutional and community-led programs, security concerns, rigid schedules, and the use of solitary confinement all shape the culture of correctional facilities and can have a lasting impact on a woman's perceptions of safety, time management, and relationships with authority figures. Some researchers recommend that prison culture be included in a culturally competent framework for addressing reentry and other needs of individuals who have experienced incarceration.[63,64]

## Culturally Competent Practices:

Research has found that culturally competent practices are associated with improved provider-patient communication, better treatment adherence, and better patient ratings of care.[65,66] For these reasons,

individuals and organizations who work with formerly incarcerated women should take steps to ensure they are engaging in culturally competent practices. SAMHSA's Treatment Improvement Protocol No. 59, *Improving Cultural Competence*, provides helpful guidance on how to shape services to be more culturally competent.

## More Information and Resources:

### Providing culturally competent services:

- National standards for culturally and linguistically appropriate services
- Georgetown University National Center for Cultural Competence

### Working with Native American populations:

- "Care of Native American Women: Strategies for Practice, Education, and Research"
- "Culturally Competent Treatment of Native Americans"

### Working with Veteran populations:

- Responding to the Needs of Women Veterans Involved in the Criminal Justice System

### Working with LGBT populations:

- Enhanced cultural competency resources for working with LGBT people

### Working with Latina populations:

- Developing Linguistically and Culturally Responsive Materials for Latina Survivors of Domestic Violence

# 6. Provide Trauma-informed Services

Trauma-informed services recognize that trauma plays a role in justice involvement. Trauma is common among women in the criminal justice system, with an estimated 96 percent of women reporting at least 1 traumatic event in their lifetime,[67] and many have experienced, on average, 6 different traumatic events.[68] Although traumatic experiences can affect both men and women involved in the justice system, women experience trauma at a higher rate than men do and also more often experience negative consequences of trauma (e.g., post-traumatic stress disorder).[69]

Trauma may be experienced through events such as abuse or neglect, natural disasters, and war, and historical events, such as the Holocaust and slavery, among others. Traumatic events, particularly exposure to repeated events, can impact the structure and function of the brain[70]—especially in younger individuals[71]—and influence subsequent coping responses to stress and everyday life events. This may result in unhealthy, detrimental responses to stressful situations. Reentry services must include trauma-informed practices to effectively address each woman's experiences. Trauma-informed service providers should do the following:[72]

## Be Knowledgeable:

- Provide training and education on trauma and women
- Promote trauma awareness and understanding
- Recognize that trauma-related symptoms and behaviors originate from adapting to traumatic experiences
- Foster trauma-resistant skills

## Shape Services Accordingly:

- Minimize the risk of re-traumatization or replicating prior trauma dynamics
- Create a safe physical environment
- Incorporate universal routine screenings for trauma
- Familiarize client with trauma-informed services
- Identify recovery from trauma as a primary goal

## Establish Healthy Relationships:

- Understand trauma in the context of individuals' environments
- View trauma through a sociocultural lens
- Create collaborative relationships and participation opportunities

- Use a strengths-focused perspective and promote resilience
- Support control, choice, and autonomy
- Provide hope and emphasize that recovery is possible

Addressing triggers is another important component of providing trauma-informed services. A "trigger" is a stimulus (e.g., situation, person, object, or circumstance) that reminds an individual of past trauma. Triggers can cause uncomfortable memories, feelings, or physical symptoms. These memories can also result in "flashbacks," or feelings of re-experiencing a past traumatic event.[73] Because these and other symptoms of trauma may be barriers to the successful navigation of everyday tasks and situations, learning to cope with trauma is particularly important for individuals who are managing challenges of reentry.[74]

For a better understanding of how to apply the principles of trauma-informed care into interactions with women reentering their communities, find a local trainer to provide trauma training for criminal justice professionals or request a training session.

## Physical Settings:

Trauma-informed, gender-responsive programs use spaces that are designed to create a warm and inviting physical setting where a woman can feel safe. Ways to ensure that a space is trauma-responsive include the following:

- Keep doors open
- Use adequate lighting
- Offer various seating options, so that women can face the door if preferred
- Have a female provider and/or women-only groups available
- Offer childcare options when possible
- Provide access to a certified peer specialist

## More Information and Resources:

Individuals who provide women with reentry services should ensure that trauma-informed and gender-responsive approaches are used. For more information about intervention strategies, see the following resources:

- SAMHSA's *Concept of Trauma and Guidance for a Trauma-informed Approach*
- "Becoming Trauma-informed: A Core Element in Women's Treatment," available on the U.S. Department of Justice National Institute of Corrections' website

# 7. Build Healthy, Trusting Relationships

## Common Relational Risks and Needs:

It is important for providers who work with formerly incarcerated women to build healthy, trusting relationships with them and encourage honest communication. Many women reentering the community benefit from positive parental and peer relationships.[75] However, recently incarcerated women commonly reconnect with partners who provide social or financial support but may also enable risky behaviors, such as using substances.[76] This dynamic can make women particularly vulnerable when attempting to follow a reentry plan and succeed in their transition from incarceration back into the community.

Education and treatment addressing personal and family relationships may be a critical piece of a woman's reentry plan, particularly if the unhealthy dynamics of a previous relationship with peers, family, or a loved one played a part in her criminal justice involvement. Local social service agencies or behavioral health providers may be able to provide recommendations for effective family or personal therapy and educational opportunities.

## Professional Relationships to Build Trust:

Through a professional relationship with the client, it may also be possible to model and build skills. Trusting relationships encourage women to ask for help when they need it.[77] Unfortunately, many formerly incarcerated women have difficulty trusting others due to experiences of incarceration, trauma, and dysfunctional relationships. A general lack of trust among women who have experienced incarceration can make it difficult for their providers to establish effective therapeutic relationships with them.[78] Service providers should focus on developing rapport with their clients to ensure clients feel comfortable in the professional relationship. Rapport often helps build trust in newly formed professional relationships.[79]

It is also important that providers set boundaries with their clients. Clients might ask for help beyond the scope of an individual's professional responsibilities, or providers might personally identify with their clients and overstep their boundaries or professional duties to help. Violating boundaries, even if done with good intentions, will negatively affect the professional provider-client relationship. Appropriate training should be provided to individuals who work with justice-involved women to support professionals' efforts to maintain appropriate and supportive relationships with their clients.[80]

One method for helping to keep women engaged in the provider-client relationship is motivational interviewing.[81] Motivational interviewing performed in a trauma-informed manner can promote collaboration, allow clients to make their own choices about care, and foster self-efficacy.[82] Motivational interviewing can be an effective trust-building tool for individuals who work with incarcerated or formerly incarcerated women.

## More Information:

For more information on the principles of motivational interviewing, see the chapter "Motivational Interviewing as a Counseling Style" from SAMHSA's Treatment Improvement Protocol Number 35.

# 8. Reestablish Family Relationships

Reestablishing family relationships is an important factor to address in the reentry process.

- Approximately 65,600 women in federal and state custody (62 percent) reported being the mothers of 147,400 minor-age children, by the most recent estimate.[83]
    - Of these mothers, 77 percent stated that they provided most of the daily care for their children before incarceration.[84]
    - Eleven percent of incarcerated women reported that their children were placed in foster care, compared to only 2 percent of incarcerated fathers.[85]
    - About 42 percent of mothers in state prisons identified as being in a single-parent household in the month prior to arrest, compared to 17 percent of fathers.[86]
- In 2017, incarceration accounted for 7 percent of all parental-rights termination circumstances.[87]

## The Effects of Maternal Incarceration on Children:

Parental incarceration can have a significant impact on a child's physical and emotional well-being. Children might experience behavioral and mental health issues, poor school performance, and financial hardship while their mother is incarcerated, although these effects vary.[88,89] Helping families repair and maintain mother-child relationships during and after incarceration is important for children regardless of their living situation (e.g., foster care, living with another parent, living with grandparents or other family members, and kinship care).

Women who give birth while incarcerated have additional family-reunification needs, particularly if the jail or prison does not have programs in place to allow the child to remain with the mother after birth. In most states, women are separated from their babies within 48 to 72 hours and have limited time to bond and establish a relationship with the child during incarceration. The mother-infant relationship is a critical part of healthy child development.[90] When this relationship is disrupted, the infant is at risk of developing insecure and/or disorganized attachment styles, both of which are linked to poor developmental outcomes.[91,92] Facilitating reunification has benefits for the child, the mother, and the entire family.

Certain state and federal policies may separate mothers from their children due to incarceration. For example, the Adoption and Safe Families Act calls for states to terminate parental rights for children who have been in foster care 15 of the last 22 months. Accordingly, if a child is in foster care for more than 15 months while their mother is incarcerated, their mother may lose parental rights. Although incarceration is not explicitly listed as a cause for termination, it is a risk that can make the reunification process more complex.[93] This is an obstacle women might face during the reentry processes.

## Strategies to Reestablish Family Relationships:

Women who stay engaged with their families during incarceration generally see more positive outcomes than those who do not, such as increased resiliency among children, reduced family justice involvement, and lowered risk of substance use and other risky behaviors.[94] In some cases, it might not be appropriate for reentering mothers and their children to live together after release. In these situations, the proper agencies should work with the mothers to plan for visits and take steps toward reunification, as appropriate. Regardless of the living situation, agencies and individuals working with reentering mothers should ensure they are linked with evidence-based parenting classes and family reunification supports.

Individuals who work with incarcerated mothers should do the following:

- Ensure mothers have appropriate social support to effectively parent
- Provide legal support regarding child custody concerns
- Engage mothers in family therapy and parenting education, if needed
- Facilitate family reunification upon reentry

## Parenting Skills and Education:

An effective reentry plan for mothers should facilitate participation in parenting classes. Parenting class content and formats vary depending on the focus of each class. Programs that emphasize emotional communication, positive interactions, and disciplinary consistency have been shown to improve both parental outcomes and children's behavioral outcomes.[95,96]

## More Information and Resources:

For more information on supporting mothers and families affected by maternal incarceration, visit the following:

- Child Welfare Information Gateway
- SAMHSA's National Child Traumatic Stress Initiative
- National Child Traumatic Stress Network

# 9. Facilitate Payment of Justice System Fines and Fees

Incarcerated individuals are often required to pay fines and fees related to their crimes, pretrial detention fees, court filing fees, and costs associated with the conviction process (e.g., fingerprinting, public defender fees, and probation or parole fees). Failure to pay fines or restitution, no matter how small in dollar amount, can result in re-incarceration.

Women in particular are at risk for financial instability prior to incarceration and post-release.[97] Regardless of incarceration status, women often have less financial literacy than men have.[98] Additionally, justice-involved women have very high rates of domestic violence exposure, which can affect their access to important financial information (e.g., their partner did not allow them access to this information). Finally, there is evidence that women often engage in criminal behavior that is directly related to generating income (e.g., prostitution or drug offenses).[99] Helping women navigate justice system costs can reduce the likelihood of financially driven recidivism.

Family members of incarcerated women might also be financially burdened. In addition to legal fees, family members face costs related to prison phone calls, video or in-person visitations, and commissary purchases. This can be a hardship, especially if a woman's incarceration led to the loss of a household income. Reentry costs for the family members of incarcerated women can also be significant financial burdens (e.g., sharing or providing housing, covering utility or cell phone expenses, and more).

Several concrete strategies can help previously incarcerated women manage these debts:

- Ask the debtor to provide information about the fines/fees
- Ask the courts to help develop a repayment plan
- Ask courts to consider waiving fines, fees, and costs for indigent women and families
- Obtain written documentation of the debt
- Help write out a payment plan to provide a sense of control over the repayment process

Individuals who assist women with crime-related debt should also be aware of local initiatives and advocacy groups working to reduce the financial burden and consequences associated with crime-related debt.

# 10. Increase Self-efficacy Through Certified Peer Specialists

"Self-efficacy" refers to an individual's belief that they can effectively complete tasks to produce desired outcomes.[100] People with higher levels of self-efficacy manage challenges more effectively than those with lower levels.[101] Low self-efficacy is associated with negative outcomes such as criminal activity and recidivism.[102] Helping clients build self-efficacy upon reentry is important. Unfortunately, many incarcerated women have had negative experiences (e.g., trauma or financial barriers) that reduce their sense of self-efficacy. The correctional system can also trigger feelings of inadequacy among justice-involved women, given their lack of power and control.[103]

That said, when administered effectively, the reentry process provides an opportunity for women to increase their self-efficacy and empowerment. Trauma-informed systems of care have been shown to increase self-efficacy in justice-involved women.[104] Women might find it especially helpful to engage in psychotherapy to increase their feelings of self-confidence and efficacy.

Professionals should consider using peer support services to assist in building their clients' self-efficacy. Peer-based recovery support services use the knowledge and skills of individuals with lived experience (e.g., substance use, mental illness, and incarceration) to help initiate, support, and maintain the recovery of others. Although there are many models of peer support, "certified peer specialists" are individuals with lived experience who have completed a formal training and certification process to provide peer-support services.[105] In accordance with best practices, women peer support specialists should be assigned to women reentering the community to avoid potential trauma triggers, support healthy relationships, and provide an effective peer-to-peer experience.

The role of peer specialists varies considerably depending on the situation. Roles can include providing social support, encouragement, addressing hopelessness, communicating with providers, managing illness, addressing stigma in the community, transportation, support navigating the reentry processes, etc.[106] In addition to providing support, peer support services often help reduce individual- and system-level barriers to treatment including a lack of professional resources, stigma, lack of treatment engagement, social isolation, and difficulty navigating complex systems (e.g., health care or criminal justice).[107]

The use of peer specialists has been linked with a variety of positive outcomes, including the following:

- Increased engagement in treatment[108]
- Increased stability
- Fewer psychiatric hospitalizations[109]
- Improved quality of life[110]
- Increased hope for recovery[111]
- Improved substance use disorder outcomes[112]

These outcomes can be connected to the theoretical framework of women-specific reentry needs. Traditionally, peer-based support services have focused on individuals with mental or substance use disorders, but more recently peer support services have been extended to people with justice involvement. Although this approach is relatively new, there is evidence that peer specialists with justice experience improve quality of life ratings for their clients, specifically among formerly incarcerated women.[113] Additionally, forensic peers are viewed as prosocial role models by their clients.[114] Finally, there is evidence that peer specialists themselves enjoy higher levels of life satisfaction and self-esteem in their helping role, and that they utilize their role to form new, prosocial identities.[115]

## More Information:

More information about peer services specifically for women can be found in the publication Engaging Women in Trauma-informed Peer Support: A Guidebook.

# Conclusion

As the prevalence of reentry services and programs increases across the United States, it is important that these efforts be shaped to maximize the investment of funds, staff time, and resources and ensure optimal results for women returning to their communities. By comprehensively addressing issues that emerge from a woman's pathway into the criminal justice system, racial and ethnic disparities, relational approaches, trauma, and substance use disorders, individuals providing reentry services may be confident that their work will positively impact the women they serve along with their children and families.

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