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Powerlessness or Empowerment? Special Issues in Treating Women Offenders Who Abuse Substances

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This distance learning coursework was developed for CEUMatrix by Robert A. Shearer, Ph.D.

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About the Instructor:

Dr. Robert A. Shearer is a retired professor of Criminal Justice, Sam Houston State University. He received his Ph.D. in Counseling and Psychology from Texas A & M University, Commerce. Prior to teaching Criminal Justice, he taught Educational Psychology at Mississippi State University on campus and in the extension program across rural Mississippi during the civil rights era.

He has been teaching, training, consulting and conducting research in the fields of Criminal Justice, human behavior, and addictions for over thirty-six years. He is the author of over sixty professional and refereed articles in Criminal Justice and behavior. He is also the author of *Interviewing: Theories, techniques, and practices, 5th edition* published by Prentice Hall. Dr. Shearer has also created over a dozen measurement, research, and assessment instruments in Criminal Justice and addictions.

He has been a psychotherapist in private practice and served as a consultant to dozens of local, state, and national agencies. His interests continue to be substance abuse program assessment and evaluation. He has taught courses in interviewing, human behavior, substance abuse counseling, drugs-crime-social policy, assessment and treatment planning, and educational psychology. He has also taught several university level psychology courses in the Texas Department of Criminal Justice Institutional Division, led group therapy in prison, trained group therapists, and served as an expert witness in various courts of law.

He has been the president of the International Association of Addictions and Offender Counseling and the editor of the *Journal of Addictions and Offender Counseling* as well as a member of many Criminal Justice, criminology, and counseling professional organizations prior to retirement.

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Powerlessness or Empowerment? Special Issues in Treating Women Offenders Who Abuse Substances

by Robert A. Shearer, Ph.D.

Goals:	The goal of this course is for the learner to understand and identify the primary issues in treating woman offenders who abuse substances.

Objective:	In order to meet the preceding goal, several objectives are required for this course. They are: • To understand the powerless-empowerment continuum in both institutional and program environments. • To understand the causes of addiction. • To understand low self-esteem. • To understand race, cultural, and ethnic issues. • To understand gender discrimination and harassment. • To understand disability issues. • To understand attachment to unhealthy relationships. • To understand interpersonal violence, rape, battering, and other abuse. • To understand eating disorders. • To understand sexuality. • To understand grief. • To understand appearance and hygiene. • To understand isolation and lack of support systems. • To understand life plan development. • To understand coexisting psychiatric disorders. • To understand criminogenic characteristics. • To know how to assess the program needs of women offenders who abuse substances.

Special Issues in Treating Offenders

Research and Practice suggest that women offenders have special needs not typically addressed by programs designed for male offenders. The focus on these special needs has been amplified by an increase in the number of female offenders. Even though the total number of female offenders is significantly smaller than that of males, the startling increase in female offenders has prompted the suggestion that programs need to be gender specific. However, this dramatic increase in female offenders does not coincide with an equivalent increase in female prison facilities or rehabilitation/treatment programs geared toward the needs of female offenders. On the other hand, the National Institute of Corrections produced a directory of community-based programs for women offenders that included 250 programs in 32 states. This may indicate some progress is being made in program development in community corrections. There is still a nationwide shortage of substance abuse facilities for women with young children. In addition, about 25 percent of all pregnant women in substance abuse treatment are referred by the criminal justice system.

The correctional system has historically been male-dominated. Not only are the structure of prison settings, the rules, the operating procedures, and the treatment programs largely based on the needs of males, but research studying the effectiveness of programs is also based on male subjects. Correctional systems frequently can assign male inmates to programs based on the individual rehabilitative or treatment needs of the offender, the severity of the crime the offender committed, and/or the security risk of the offender.

Women offenders are not afforded these same considerations. Prison facilities that house female offenders are few in number. Most states within the U.S. maintain only one facility to house female inmates. Thus, most female offenders are not assigned to facilities based on their individual rehabilitative or treatment needs or on issues of security or the severity of the offence committed, but on the sole basis of gender. This is true, even though female offenders who abuse drugs are the fastest growing segment of the criminal justice system.

Table 1 (page 6) presents a comparison of the treatment needs of male and female offenders.

Powerlessness and Empowerment

Institutional. The concept of empowerment has been identified as critical to female offenders in recovery. On the other hand, most substance abuse treatment programs exist within a larger institution or agency that has traditionally created an environment of powerlessness. Prisons, jails, and detention centers, which house treatment programs, have traditionally not been designed to create a sense of empowerment in the residents. Table 2 (page 7) presents an array of these differences between institutional characteristics.

Programs. Substance abuse treatment programs for women in recovery can also have powerlessness/empowerment characteristics depending on the focus of the program. Table 3 (page 8) presents an array of these characteristics. Figures 1 and 2 (pages 9 and 10) present a visual representation of the relationship between institutional and program powerless-empowerment characteristics when the treatment program is contained in an institution or agency with its own powerlessness-empowerment characteristics. As Figure 1

indicates, the most effective treatment programs for women offenders are ones where institutional and program characteristics are both focused on empowerment.

For all women offenders who abuse substances, the substance abuse cannot be successfully treated in isolation from the major issues in which their addiction is embedded. Critical issues to address are:

- Empowerment
- Self-esteem
- Sexual abuse
- Physical abuse
- Victimization
- Health and high risk behaviors

These major issues are the central focus of this course. They are not in any order of priority, and all are critically important for treating women offenders who abuse substances.

The *Powerlessness-Empowerment Scale (P-E Scale)* found at the conclusion of this course will provide an opportunity for personal exploration on this issue.

Table 1

Differential Characteristics of Substance Abuse Treatment Needs for Male and Female Offenders

Treatment/Curriculum	Male	Female
* Vocational training	Effective	Highly effective
* Parenting skills	Low motivation/high resistance	High motivation/low resistance
* Family therapy	Low need	High need
* Mental health	Substance abuse, antisocial, psychosis, personality disorders	Substance abuse, depression, post-traumatic stress (childhood abuse)
* High-risk behaviors	Intravenous drug use, sexual activities without condoms	Intravenous drug use, sexual activities without condoms, sex for money or drugs, partner with substance use problem
* HIV/AIDS	Moderate risk factor	High-risk factor
* Confrontational Techniques	Effective	Limited effectiveness
* Anger management	Effective	Limited effectiveness
* Group therapy	Moderately effective	Very limited effectiveness
* Individual therapy	Effective	Effective
* Empowerment training	Limited need	Highly effective

Table 2

Correctional/Criminal Justice Powerlessness-
Empowerment Institutional Characteristics

Powerlessness	Empowerment
* Control Focus	* Self Reliance
* Authoritarian	* Graduated Responsibility
* Depersonalizing	* Identity Search
* Diminished Responsibility	* Assertiveness
* Decreased Identity	* Growth Focus
* Self Depreciation	* Self Regulation
* Passivity	* Change Focus
* Regimentation	* Developmental Focus
* Obedience	* Independent Living Goal
* Minimal Decision Making	* Risk Assumed
* Security Focus	* Focus on Effective Choices

Table 3

Female Substance Abuse Treatment Powerlessness-Empowerment Program Characteristics

Powerlessness	Empowerment
External locus of control	Internal locus of control
Support network	Self efficacy
Loss of control	Social skills development
Weakness	Strength
Gripped by a disease	Self esteem

Figure 1

Minimum, Maximum, and Conflicted Powerless-Empowerment
Institutional and Program Effectiveness Models

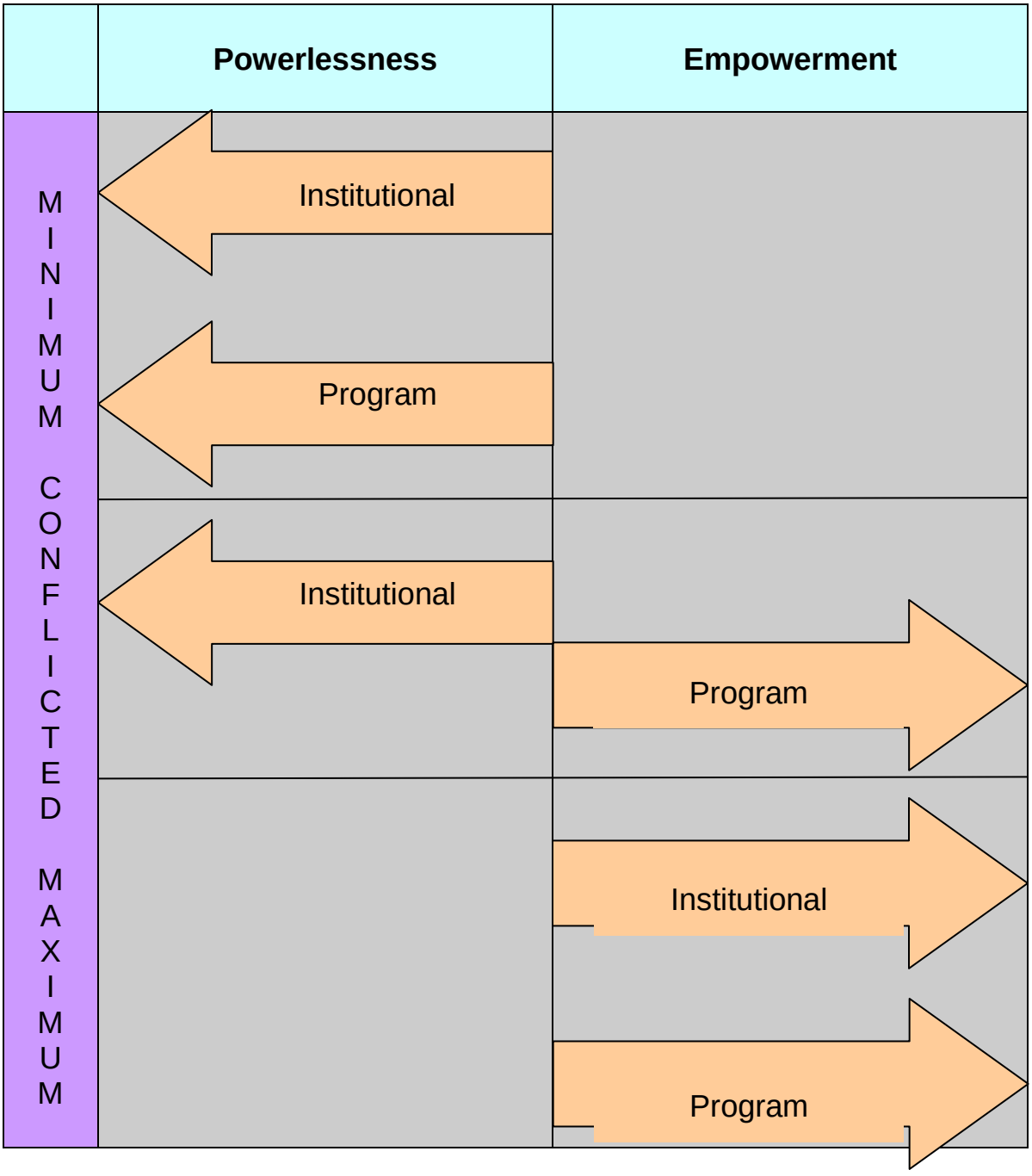
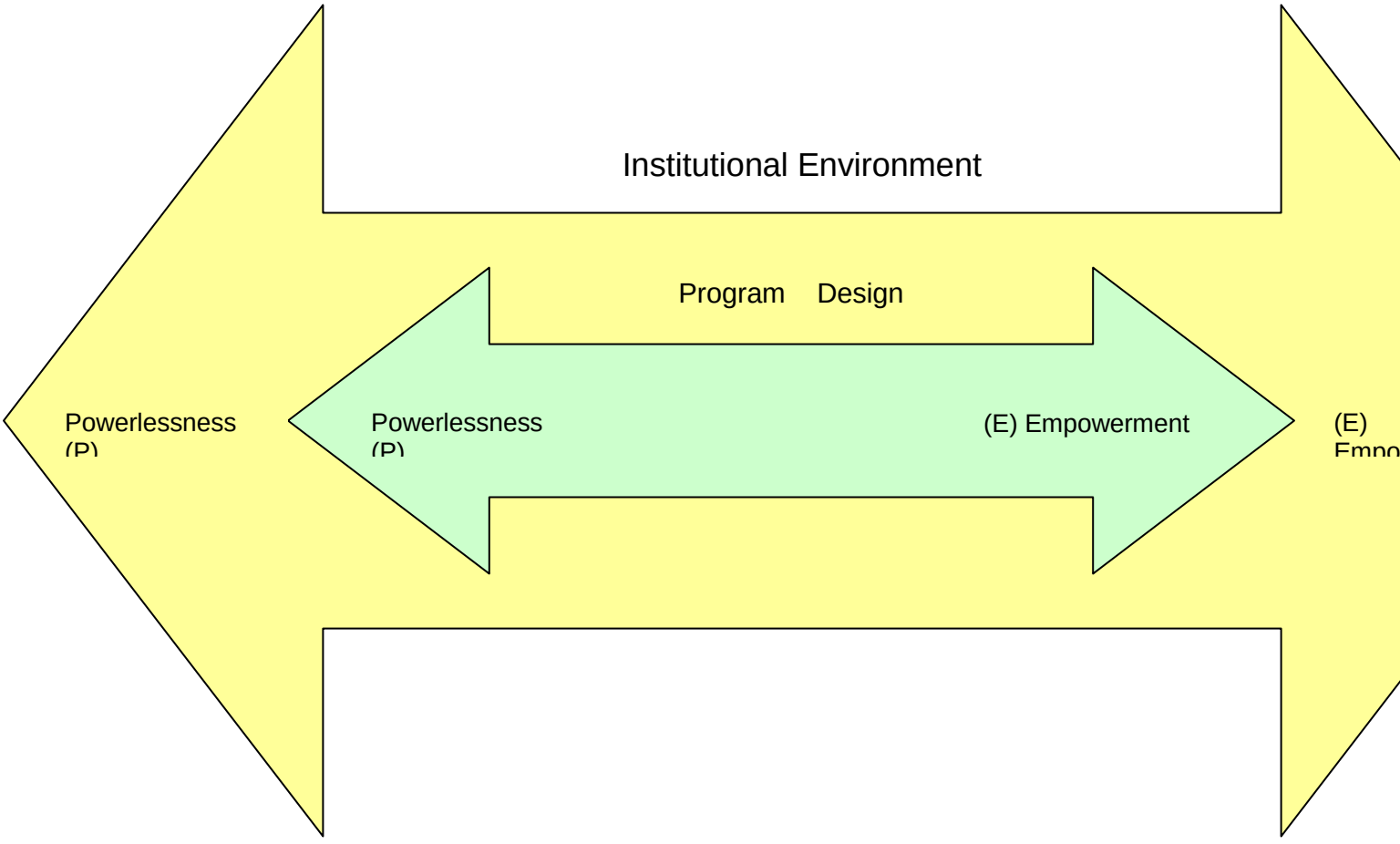


Figure 2

Institutional P-E and Substance Abuse Treatment Program P-E Continua



Issue 1
The Causes of Addiction, Especially Gender-Specific Issues

Women's drinking and drug abuse is different from men's. Knowledge about how and why women become addicted to alcohol and drugs has been steadily growing since the 1970's. Current research indicates that chemically dependent women differ from their male counterparts in significant ways: In their patterns of drug use, their psychosocial characteristics, and in the physiological consequences of their drug use. For example, unlike men, women often describe the onset of drug use as sudden and heavy rather than gradual.

Women are more likely than men to be addicted to more than one mood-altering substance, and many addicted women report that they began using drugs after a specific traumatic event in their lives. Most importantly, for women, chemical addiction frequently represents an effort to self-medicate for depression and other mental impairments to numb the pain, and to make tolerable what is a painful and hopeless life. Women have higher rates of psychiatric comorbidity than men.

Women substance abusers often have experienced physical and sexual abuse during their childhood. More than for men, women's substance abuse is intertwined with the drug and alcohol abuse of their partners. To achieve lasting recovery from substance abuse, women need to work through issues of guilt and shame, lack of self-esteem, and feeling of disconnection and disempowerment. Substance-abusing women need to build trust, bonding, and hope as a basis for recovery.

Women's addiction is complex and embedded in psychosocial and other issues. Many clinical, developmental, and economic issues are intertwined in the framework for substance abuse in women offenders. The major issues affecting substance abuse in women fall into the following categories:

- Psychological stressors for women, including sexual and physical abuse, violence, and victimization
- Social and cultural role issues for women, which pertain to stigma, self-esteem, under-education, and economic deficits
- Centrality of women's relationships as an organizing principle in their lives, particularly their relationships with children and family
- Loss of self-image and personal empowerment
- Vulnerability in health and high-risk behaviors, with frequent medical problems and a high rate of HIV/AIDS and sexually transmitted diseases

Issue 2
Low Self-Esteem

Substance-abusing women lack self-esteem, regardless of their socioeconomic level. Addicted women offenders who serve time in jail or prison have been reported to have very low self-esteem, combined with a feeling of almost total lack of power over any aspect of their lives.

Women clients typically feel powerless over their lives and exhibit extremely low self-esteem. One program, in testing for self-esteem, found that more than 70

percent of their women clients fell in the lowest 1 percent on a scale normed for the general population. As one project director pointed out, these women have experienced such powerlessness that they have no sense of self-efficacy. That is, the women truly see no cause and effect relationship between their actions and the consequences. An initial step in treatment is to develop the woman's consequential thinking—the belief that she can affect how things happen.

Programming approaches. New psychological approaches, called "alternative approaches," offer great promise as a framework for helping women offenders who have serious substance abuse problems. These theories perceive women to be developing within the confines of a culturally driven society, with a "cultural mandate to be powerless." The theorists look at the impact on women of growing up in a society whose institutions were built and designed by and for men. It is important to understand this "cultural mandate" as the backdrop to understanding why women feel powerless and may resist independence and autonomy.

Women offenders—whose boundaries of self have been profoundly violated—need to face the realities of their situation without being mired in guilt and shame. These marginalized women need a program that is designed to help them become empowered, to build their self-esteem, and to find their inherent inner strengths.

Programs for incarcerated women need to provide an approach that supports and bolsters these women's very low self-esteem. The approach needs to encourage trust, bonding, and empowerment, and to provide confrontation that is low key and supportive. Firm, but supportive, confrontation is absolutely essential for these women—a theme that will be stressed throughout this course.

Rather than being a specific intervention, the push toward empowering the women and developing their self-esteem and identity are underlying motifs throughout the entire program. This is accomplished by the program's policies and by the many small gestures that set a program's tone. For example, one program never asks a woman to face a difficult issue in group alone. A buddy is always beside her and uses either verbal reinforcement or physical touching to convey support, and the belief that the woman can face this difficult issue in her life.

Issue 3
Race, Ethnic, and Cultural Issues

Many incarcerated women with substance abuse problems come from minority racial and ethnic groups. Race, ethnicity, and culture are all important to a woman's sense of identity, to her life experience, and to her personal history of drug use. The nuances of these differences need to be understood and respected.

For women of color, racism may be a central issue. Racism is a very sensitive and often uncomfortable issue to talk about. Because the topic is so difficult, racism often is not addressed in treatment programs. In addition, women of color can find it very difficult to ask for help with such problems as substance abuse and mental health issues because they do not trust the systems that have traditionally provided this care. Incarcerated women of color especially feel that the criminal justice system does not treat them equitably. These women feel that

counselors and clinicians will not understand them; just as those who were supposed to help them during the judicial process did not.

Every clinician must seriously consider the intense, historical, and reality-based conflict that some battered women of color have about protecting themselves from violence vs. protecting their family or community from judgment or further stigmatization as a result of institutionalized racism. Practitioners must balance the issue of safety for the battered victim with the real and perceived experiences of battered women of color; and that the very institutions mandated to help them, such as the police and courts, themselves have a legacy of violence toward men and women of color.

Because of their own cultural experience, women of color may approach certain important issues from a different perspective than other groups. For example, women of color have a harder time than others in acknowledging abuse by the men in their lives. These women often use the excuse that their men are constantly faced with racist attitudes; the only place where the men can express their anger is at home. In addition, women of color are also more reluctant to report abuses against themselves and their children than other women may be. These women fear the consequences of the criminal justice system not only for themselves and for the men of color in their lives, but for their children as well.

Programming approaches. Treatment programs for women work to provide a culturally sensitive environment; and, in many cases, special programming for specific ethnic and minority groups. As a base, such programs approach each woman with respect for her cultural traditions and an understanding that her acculturation exerts profound effects on how a woman views herself and others, on her feelings and what she values, and on her behavior. Designing a culturally sensitive program requires attention to at least the following two key issues:

- *Awareness of the wide differences within ethnic groups.* For example, Hispanic or Latina women come from a variety of different countries and cultural traditions. . American Indian tribes represent a considerable range of cultural attitudes and values, with differences pertaining to women's traditional roles and power, child-rearing practices, and many clinical issues.
- *Awareness of the challenges in providing a culturally sensitive staff.* It is important to realize that all staff, regardless of their ethnicity, may need training in cultural sensitivity and knowledge. Just because a peer counselor or professional staff member comes from a particular racial or ethnic group does not mean that the person will necessarily be sensitive to specific cultural issues of that group. Staff members' life experiences may have been quite different from those of the group they are asked to counsel and treat.

One recommended strategy is to make the discussion of cultural differences a part of everyday conversations in the program, especially in process groups. This ongoing attention fosters respect for differences. Both clients and staff learn from each other what their difference and similarities are. In our society, we have learned to talk about how women and men think and act differently, based on their acculturation. Similar differences occur as a result of racial and ethnic issues, but as a society we find these issues difficult to talk about.

In substance abuse treatment, women's groups are used to focus on topics affecting special populations. Several programs offer special counseling and process groups for culturally specific and older women's groups.

Issue 4
Gender Discrimination and Harassment

Programs for women need to acknowledge and explore the broad-ranging effects on women of the sexism still encountered in American society. The differential treatment of men and women underlies many of the issues that women need to address, including self-esteem, roles, and work opportunities.

Alcoholic and addicted women suffer from the social stigma attached to women's drinking and drug use. It is widely recognized that this stigma is greater for women than for men. The shame and secrecy that surrounds this addictive behavior is one challenge. Cultural disapproval and disdain for abusing women is damaging to the women's sense of self. The vehemence of this disapproval can be seen in recent U. S. social and legal response to women's substance abuse, such as efforts in some States to imprison substance-abusing women who are pregnant rather than to treat them. Substance-abusing women in prisons and jails must combat not only the stigma attached to being a woman with addiction problems, but also the multidimensional effects of being a woman—often a single mother—without education or job skills, with few or no legal sources of income, and living in poverty if not homelessness.

All substance-abusing women feel the effects of this social stigma and disapproval. But women in prison or jail must face this disdain on all levels. These are typically poor women who are undereducated and generally without jobs. Many are women of color. Women generally have low-ranking roles in male-dominated drug-dealing, which don't net them much income. Many of these women are forced by economic need to support their drug habits through prostitution or the barter of sex for small sums of money. Our society thinks very badly of such women. Their children have been neglected and, in some cases, abused. It is devastating for women to feel they have failed to be a "good woman" on so many dimensions. Women often turn the cultural disdain for this behavior inward on themselves. The effect is to erode a woman's self-esteem and paralyze her ability to recover and build a different life.

Women are most often the victims of domestic violence, but they can also be the perpetrators of physical and sexual abuse. In our society, we have a strong social taboo regarding women who are perpetrators, particularly when they neglect or abuse their children. Because of the stigma, it is very difficult for clients and for staff, as well, to discuss these behaviors. Staff needs to be aware and empathic about the fact that many women offenders are at risk for these behaviors because of their histories of physical and sexual abuse, as well as incest. This experience of abuse, combined with their present alcohol and/or other drug abuse, make these women offenders particularly vulnerable to such behaviors and to "acting out" in terms of their own stigma.

The programming approaches. Gender discrimination, combined with racism and social stigma, are deep-seated currents in U.S. society that create guilt, shame, and lowered self-esteem for substance-abusing women, as well as lessening their real opportunities. Their effects on women need to be recognized within the program. For example, a women-centered program philosophy can acknowledge the many ways in which women in our society may be economically disadvantaged, financially dependent, and lacking in marketable job skills. This perspective lets the woman offender know she is not personally deficient because she is poor and has few job skills. These are circumstances a woman can hope to change.

An important strategy is to provide female role models who demonstrate competence and power. Aspects of this include:

- Providing female counseling staff, including women who are in recovery from substance abuse and/or are ex-offenders themselves.
- Ensuring that women staff members have administrative positions of authority (it is more common for treatment programs to have men in the key administrative and supervisory positions while women work as counselors)
- Hiring an ethnically diverse staff and bringing back successful program graduates of differing backgrounds to serve as additional role models.

Issue 5
Relevant Disability-Related Issues

Disabilities place a woman at increased risk of drug and alcohol abuse. For substance-abusing women who have disabilities, the role these disabilities may play in a woman's addiction is an important topic to pursue. For this reason, the presence of disabilities is an important clinical issue in treating women. This topic needs to be considered and addressed by anyone designing and setting up a treatment program.

Issue 6
Relationships with Family and Significant Others

Importance of relationships in the woman's life. The "relational model" is useful for understanding the importance of relationships in women's lives and in the process of their recovery. This model emphasizes that relationships are central in the emotional development of women. A woman's development hinges on her relationships with others, including serving and caring for others, and on her connections with others. These nurturing and caregiving roles are organizing principles in a woman's life, which can be a source of great strength during her recovery. Women offenders often develop their dependency on drugs early, frequently in early adolescence. Such adolescent drug dependency interferes both with a young woman's cognitive and emotional growth and development. These emotionally immature and dependent women need the opportunity, in a drug-free environment, to become emotionally mature adults capable of real connection with others.

Many substance-abusing women offenders have had few or no positive relationships in their lives. Such women have no models for developing healthy relationships, nor do they even have a sense of what a healthy relationship could be.

Addicted women lose their sense of self. Women offenders who became dependent on alcohol and other drugs during their teen years did not have a chance to develop a deep inner sense of self and of personal identity. Without a sense of who she is, a woman is incapable of having real connections to others. Recovery from addiction is about expansion and growth of the self.

Family of origin issues. Women also need to understand how alcohol and drug problems may have affected the family in which they grew up, including the relations between family members. Substance use patterns—and relationships—are modeled within families. Norms about drinking are "set" by family members as well as by peers. Substance abuse creates a dysfunctional family structure, even for mainstream families. Both this family dysfunction, and problems with the chemical dependency, tend to be passed on from generation to generation. In some cases, there is a genetic predisposition to alcohol or drug dependence. But substance abuse is also learned. Children and codependent adults develop family roles and behavior patterns that help them survive in this environment. These dysfunctional patterns persist and limit the family members' ability to connect with others and to live a full and satisfying life.

Women alcoholics are more likely than male alcoholics to have a family history of alcoholism. In state prisons, 32 percent of women inmates have a parent who abused alcohol, and 7 percent have a parent who used drugs. In New Jersey, 43 percent of the women in State prisons lived with alcoholic relatives while they were growing up, and 45 percent lived with drug-using relatives. Among these women's siblings, 39 percent have an alcohol problem, and 50 percent have a drug problem.

Programming approaches. A good treatment program needs to establish an environment in which women are encouraged to grow in maturity and to connect with others. Issues of trust, intimacy, and bonding are all central, and the program's approach should encourage sharing of feelings and bonding among the women. Staff members can be important role models for how to connect and relate to others in healthy, caring relationships.

Programs also need to make women aware of the emotional dynamics in substance-abusing families. These dynamics affect not only the attitudes that a woman develops while growing up with a substance-abusing parent, but also the woman's life with her children.

Nearly half of female inmates report that at least one member of their immediate family has been incarcerated. These women need to look at what effect their family environment may have had on their attitudes, values, and behavior, and on how they connect with others.

Several women's programs provide education on the effects of family addiction, and one has a group for adult children of alcoholic families (ACoA). A number of communities have ACoA groups that could provide post-release support for women and their families.

Issue 7
Attachment to Unhealthy Relationships

Women who abuse alcohol and other drugs tend to have relationships characterized by unhealthy dependencies and poor communication skills. Substance-abusing women offenders often have unhealthy, illusory, or unequal relationships with spouses, partners, friends, and family members. Some drug-dependent women use addictive substances to mask the inadequacies and pain of their relationships—to help them maintain relationships with drug-using partners to fill up the void of what is missing in the relationship, or to deny the pain of being abused.

Problems connected with drug using male partners. Having a drug-using male partner is a particularly critical problem for the incarcerated woman with substance abuse problems. Many women say a man introduced them to drugs, while men more often began using drugs with male peers. In one study, 33 percent of female heroin addicts said a male friend, spouse or partner influenced their decision to use narcotics. Only 2 percent of male addicts said that a woman influenced their decision.

It is accurate to say that some of the women are addicted to both the substance and to a man who is addicted. A man introduces them to drugs, and they depend on the man for their supply. In many cases, the woman's criminal activities can result from the dependent-acquiescence in responding to the wants of an addicted male partner.

Lack of awareness of exploitation. The woman may not recognize that she has a history of being exploited by the addicted partner. Physical, sexual, and emotional abuse often go hand-in-hand with these relationships. The woman may be part of a drug-using environment in which not only her partner, but also her siblings and parent(s) are involved with drugs. Incarcerated women need to build the strength to break their unhealthy dependency bonds on their partners, not only as a step toward substance abuse recovery but to prevent recidivism to criminal activities through the partner's influence.

Programming approaches. Programs for incarcerated women need to place an emphasis on overcoming disempowerment and disconnection from others as a basis for recovery. This approach looks at a woman's relationships in terms of her own needs, her sense of self, and the responsibility she owes herself. The woman needs first to understand what a healthy relationship entails, so she is able to assess her own relationships. Before entering treatment programs, many women do not see how they are being exploited or even realize that they are being abused.

Through an effective treatment program, the woman finds that she can care about others, while also making responsible choices in her own behavior. She learns that she has a responsibility to set boundaries and take care of her own needs. For a woman to break her pattern of unhealthy relationships, she needs help to:

- Recognize intimacy and friendship, as distinct from sexuality
- Develop trust in herself as a way of developing trust in others
- Attend to her own needs and identify how these needs could be met through friendship and support from others, especially from other women

- Develop actual relationships of trust and support with others
- Understand the different qualities of dependence, independence, and interdependence
- Identify and deal with any codependent behaviors in which the woman represses her own feelings, neglects herself, and doesn't set her own boundaries

Many drug-dependent women, when they leave prison or jail, will face the necessity of cutting themselves off from the significant people in their lives. To maintain recovery, the woman needs to live in a safe and drug free environment. She needs to be independent from addicted family members—whether a partner, a brother or sister, or a parent. Treatment programs need to prepare women to make this kind of emotional break, and also to help the woman find safe and drug-free housing and a network of support.

Issue 8
Interpersonal Violence, Including Incest, Rape, Battering, and Other Abuse

Research shows that a high proportion of both alcoholic women and those addicted to drugs have a history of being physically or sexually abused. Incarcerated women, particularly those with substance-abuse problems, have almost universally suffered some form of violence, including sexual abuse as children.

Two of every three women offenders ran away from home at some time as children (a frequent reaction to abuse at home); about one in every four have attempted suicide; and nearly seven of every 10 offenders were victims of severe and prolonged physical and sexual abuse primarily as children, but continuing into adulthood for many. In prison programs—the project directors estimate that 90 percent of their clients have suffered some form of abuse from an early age, and 90 percent of that is sexual abuse.

Sexual abuse during childhood is particularly devastating, since it can lead to distrust, depression, anxiety, shame, and poor self-image, all of which can hinder recovery from addiction. Violence has a psychological impact on women that is manifested in such disorders as depression, post-traumatic stress disorder, and low self-esteem. Among pretrial jail detainees in the large-scale study in Chicago, fully one-third (34 percent) met criteria for post-traumatic stress disorder.

Many studies have shown the correlations between domestic violence and substance abuse. Because so many substance-abusing women offenders are involved in relationships with substance-abusing men, the women suffer a high level of verbal/physical abuse and victimization. Both victimization and post-traumatic stress disorder are related to relapse in women.

Over the past decade, a good deal has been learned about the etiology of domestic violence and battering and about strategies for helping women to avoid and escape such relationships. Most researchers now view violence against women in a broad social and cultural context, not solely as a mental health problem resulting from individual pathology. The psychological model explains violence as a

manifestation of both individual psychopathology and learned behavior, with roots in early childhood abuse, family dysfunction, drug abuse, or disorders of personality, thought, or impulse control. In accord with this view, intervention strategies for women need to be comprehensive in approach.

The programming approaches. Treatment programs for incarcerated women need to start with the recognition that many participants have suffered from physical, verbal, psychological, and sexual mistreatment. For many, this abuse is a central factor in their addiction and in their inability to maintain recovery. Women who return to violent relationships tend to relapse.

Establishing an environment for recovery. Survivors feel unsafe in their bodies. Their emotions and their thinking feel out of control. They also feel unsafe in relation to other people.

In the early stages of recovery from trauma, the essential element is safety. A woman must feel that she is in a safe environment, both physically and emotionally. Successfully establishing such an environment within the prison or jail setting is primary.

Working through feelings about abuse. The second essential element is to help the woman confront and deal with her feelings about the emotional and physical trauma she has endured. As one program director stated, "The abuse these women have suffered is at the core of their substance abuse. If women don't have a chance to work through their rage, they soon relapse and end up right back in prison." For women, the issue of abuse is a sensitive, emotionally charged issue. Program staffs recommend addressing this issue in various ways, depending on the stage in the treatment process and the length and intensity of the program.

How best to introduce these sensitive issues will depend on the woman's readiness to acknowledge the abuse and to process her feelings. For some women, the preferred way to handle issues of abuse is in women's process groups. Other women may fare better with individual therapy.

Within their process groups, programs have chosen to deal with these sensitive issues in two different ways. Some programs consider violence, victimization, and abuse to be so pervasive that it is a subject which emerges throughout all the group work. This avoids any stigma attached to a special group on the topic. Other programs utilize a variety of specific groups, such as: Domestic Violence and Abuse, and Surviving Sexual Abuse.

Staff needs to be aware that many of these women have been so violated since childhood that they don't even recognize they have been abused. It is important to raise their awareness about their personal rights and boundaries, and about what constitutes verbal, physical, and emotional abuse. Only then can the women set their own personal boundaries.

Racial and cultural differences. The patterns and outcomes associated with violence do vary, depending on the woman's racial, ethnic, and cultural background. Most researchers now agree that domestic violence does exist in a social and cultural context. Research is beginning to show what the differences are across cultural lines on this issue, and providers need to be sensitive and knowledgeable about these complex cultural differences.

Intervention strategies with women of color in battering relationships, both in terms of individual clinical interventions as well as organizational development

activities, are very important. Studies suggest that having social supports available, such as social networks and extended family, is a positive factor in helping women of color perceive options for leaving their battering partners. It is recommended that comprehensive approaches be used for women of color; individual therapy can be a helpful tool but it needs to be incorporated with group work, educational sessions about the etiology of violence against women … family therapy, and most importantly, culturally specific healing regimens and ceremonies.

Battering in lesbian relationships. Battering and domestic violence may be present in lesbian as well as heterosexual relationships, and is often related to drug abuse. The isolation and invisibility that is enforced by society make this a difficult issue for any woman, and this difficulty is compounded for lesbian women. Separate groups for lesbian women are desirable, since these women may not feel comfortable in support groups for battered heterosexual women.

Issue 9
Eating Disorders

The culturally driven urge to be slender is widespread among women in the United States. On any given day, from 33 to 40 percent of American women are trying to lose weight. Substance-abusing women are particularly prone to eating disorders. In part, this is because cocaine, heroin, and tobacco are all linked to being thin. Women who give up these substances are likely to gain weight. Bulimia and anorexia occur more frequently among alcoholic women than other women.

Among the women offenders in the treatment programs, eating disorders are not a major problem. Some information suggests that the cultural pressures to be thin may not be as strong for women of color as for other groups. In some programs, nutrition is the more important concern. Incarcerated women demonstrate a number of issues around eating. One of these is cultural: The fact that women and mothers are equated with nurturing and food. Addiction, recovery, and relapse are associated with drastic fluctuations in weight loss and gain. Women in institutional settings may be rewarded for gaining weight because of the perception that extra weight signifies a woman is not using drugs. In prison, women who have been heavy cocaine or heroin users will tend to gain weight. Obesity can also result from the heavy prison diet, often designed for men.

Good nutrition is a problem. Many of the women have never had a well-balanced, nutritional diet. The women tend not to have knowledge about nutrition and good eating habits. Establishing good nutrition, and reducing food cravings from nutritional imbalances, is important for preventing relapse.

Although some programs do not focus on nicotine addiction, this can be an important issue in prisons and jails. The current information about nicotine addiction suggests that, particularly in the case of young white women, nicotine addiction is on the rise. Smoking is used to control weight gain. However, the same information suggests that smoking is on the decline among African-American teenage girls because the cultural pressures to be thin are not as strong.

Women in prisons and jails may actually be heavier smokers than male inmates. An increasing number of prisons and jails are becoming smoke-free

environments, and nicotine addiction then becomes a necessary treatment issue. The OPTIONS Program in Philadelphia is one model that addresses this issue.

The programming approaches. Because of the high rate of malnutrition among substance-abusing women offenders, programs need to educate the women about proper nutrition. In prison TC settings, it may be possible for the women to plan and cook their own meals, which gives practical benefits. The women need to know how to prepare nutritious, well-balanced meals on a low budget. Many programs provide educational sessions on nutrition.

In general, prisons and jails often do not provide the types of foods most appropriate and desirable for women. Treatment programs may not be able to influence their institution's food. However, the kinds of concerns that are important are that (1) institutional food tends to be too heavy on meat, cheeses, and starches, so the women gain weight, (2) women who are vegetarian have difficulty achieving a balanced diet, and (3) meals may not be nutritionally adequate for pregnant women.

The most desirable physical arrangement is for incarcerated women's treatment programs to be located in their own separate space. The women eat together in their unit rather than with the overall jail or prison population. Under these conditions, program providers may be able to provide meals that demonstrate good nutrition for women.

Issue 10
Sexuality, Including Sexual Functioning and Sexual Orientation

Women often go through substance-abuse treatment without ever addressing issues of sexuality and intimacy. Yet sexual dysfunction is very common among women with substance-abuse problems, often predating their problem drug use. It has been reported that only 55 percent of women recovering from alcohol abuse report satisfaction with their sexual functioning, compared with 85 percent of nonalcoholic women. Contrary to social stereotypes, alcohol depresses a woman's interest in sex. There is also a lack of sexual desire among heroin-addicted women. Alcohol and drugs will aggravate, not help, a women's sexual dysfunction.

Developing a sense of healthy sexuality is tied to a person's sense of self-worth. It represents the integration of the biological, emotional, social, and spiritual aspects of who the woman is and how she relates to others. A woman's sense of her sexuality is a developmental process that occurs over time. For women offenders, this normal developmental process has often been interrupted by addiction and distorted by her personal experiences. She may never have experienced sexuality without being under the influence of alcohol or other drugs.

Few women in prison have a positive view of sex. Some have been prostitutes, many have been sexually abused, and most connect sex with shame and guilt. Even women who have been the most sexually active may have little accurate information about sex.

Incarcerated women have a number of issues around sexuality. Women with substance-abuse problems are frequently confused about the difference between intimacy and sex. These women may never have experienced intimacy with another

person, so they have difficulty in achieving intimacy in their relationships. It is common for these women to confuse sexuality with the intimacy they really seek, on the assumption that sex and intimacy are the same.

Sexual identity and self-acceptance may be an issue for some lesbian and bisexual women. Older women have their own issues. The many women with severe addiction problems can experience physiological consequences, such as hormonal changes and liver damage that affect their sexual functioning. One program reports that many of the women in the program, as a result of severe substance abuse, are starting menopause very early—in their late 30s and early 40s.

The programming approaches. Sexuality is an essential area for addiction treatment programs to address, because issues around sexuality are a major cause of relapse among women. Approaches need to help women work through their sexuality issues on a number of dimensions.

Basic information about drugs and sexuality. As a first step, all the women need to know about the role that alcohol and drugs can play in diminishing sexual desire and sexual functioning.

Common concerns among recovering women. The program should also help women understand that they share many concerns common to women offenders entering the early stages of recovery. These include concerns about sexual dysfunction, shame and guilt, sexual identity, prostitution, sexual abuse, and the fear of having sex "clean and sober."

The relationship of substance abuse to physical and sexual abuse. The women should understand that substance abuse is related to physical and sexual abuse. Alcohol consumption, for example, has been linked to assault, rape, spouse and child abuse, and fight-related homicide. Many women in this population will not be able to separate sexuality from issues of incest, rape, or sexual abuse. These are often the core problems that underlie sexual dysfunction in these women. Both individual and group counseling are helpful approaches. Several programs offer groups on "surviving sexual abuse."

Sexual identity and self-acceptance. Women who are lesbian or bisexual may feel shame and stigma, which can be a factor in relapse. Women of color face particular difficulties in dealing with three sources of stigma—their sex, their race or ethnicity, and their sexual preference. Special groups for lesbian and bisexual women are one programmatic approach.

Prostitution. Many of the women have either been prostitutes or have exchanged sex for drugs. These bartering conditions, especially in "crack houses," may be degrading and demeaning for teenage girls and women. Substance-abusing women involved in this kind of "sex for survival" have issues on many levels, from shame to concerns about intimacy and self. The women need help in exploring their lifestyle, and they also need the practical tools to change that lifestyle. Either a group or individual counseling approach, or both, is helpful. One program offers specific counseling for prostitutes in a group called the "Ex-Sex Workers Group."

Issue 11
Parenting

Many disadvantaged women with substance-abuse problems have grown up in families where they experienced parental neglect or abuse. These women do not know how to be nurturing parents because they never experienced nurturing as children. The women often have no role model for consistent, positive parenting. In addition, experts who treat poor, substance-using women report that disadvantaged women often do not know what normal child behavior is. They tend to have unrealistically high expectations about how their children should behave, combined with harsh disciplinary practices.

Incarcerated, substance-abusing women have an acute need for help with mothering behavior. When mothers have been imprisoned, their children are likely to feel abandoned and to demonstrate both behavioral and emotional problems. If the mother used drugs during her pregnancies, her children may also have subtle behavioral or cognitive problems that create a need for special tolerance and parenting skills.

It can be emotionally difficult for treatment staff to accept the fact that some women will not be reunited with their children or may not want to have custody. In some cases, reunification will not be practically possible or in the best interests of the children. Whatever the outcome regarding eventual custody, these are difficult, painful parenting issues for women to handle. Treatment staff can help incarcerated women assume—and plan for—as great a role as possible in the decisions about their children. But staff needs to be sensitive and self-aware, so they do not inadvertently increase the guilt these women clients already feel about their children and their inadequacies as mothers.

The programming approaches. Relationships with her children are almost always a central focus in a woman's sense of self and her emotional life. Parenting and mothering are important issues. Many addicted women offenders need to learn what positive parenting entails. The longer term treatment programs offer the chance for women to observe and practice how to nurture themselves and their children. These longer women's programs (2 months or more) address parenting issues through a variety of education, skills-building, counseling, and child visiting/observation efforts.

When the child visits, skilled observation of the interaction between mother and child can give a concrete basis for the therapy with the mother. As an example, one mother was observed to be functioning as a sister to her visiting children, rather than as a parent; she was then helped to understand and assume the parental role.

The following topics are important to cover in parenting programs:

- *Education on child development*. This education needs to focus on normal patterns of child development and what is reasonable to expect in terms of behavior at different ages. Incarcerated mothers need special help concerning the feelings and behavior of children after the separation from her. Their behavior may be very difficult for a parent to handle.
- *Family communication*. Among the skills needed are listening skills, confrontation, resolving conflicts, handling stress, expressing emotions,

redirecting children's misbehavior, building self-esteem, and effective discipline.

- *Fetal alcohol syndrome (FAS), fetal alcohol effects (FAE), and drug exposure in utero*. The women need to be aware of possible effects on their children from the mother's use of alcohol and drugs during pregnancy. Such children are often not identified by the schools, although the children may be experiencing learning disorders, attention deficit disorder, and other problems. These children may be fussy and hard to console as infants, and later may be nervous and distractible with subtle behavior problems. Women need to know what to look for and what help is available for the children

The types of interventions offered by several women's programs are parenting education groups, parenting counseling groups, counseling and therapy for the individual woman as a parent and for the entire family, and a group dealing with mother/daughter issues.

Issue 12
Grief

Clinical evidence suggests that women will experience a sense of acute grief and loss in acknowledging their drug use and need to sustain sobriety. Incarcerated addicted women are also faced with almost overwhelming grief and loss as the result of their past lives. To recover from addiction, women need to work through their feelings of guilt and shame, as well as loss. Several women's programs report that it is difficult for their women clients to recover and maintain sobriety if they do not go through a grieving process first.

There is the loss of the substance itself, which has been serving some critical function for the woman. By the time a woman is incarcerated, she has suffered overwhelming losses—her children, her partner, her self-respect, often her health and appearance. The many women who have been in abusive relationships with substance-abusing partners will come to understand that their lives must start over. They must give up the people who have been important to them and build other, positive relationships. Women with parents or siblings who abuse drugs will have to distance themselves from their families in the interest of recovery.

Women also experience grief, shame, and guilt associated with the real damage they have done to those they love, particularly their children, and to themselves. Several programs have stressed how important it is to have some spirituality component in work with women. If women are to endure and rise above all this grief and pain, then there must be the sense that it has all been for some reason. Spirituality can be important in providing this sense of purpose.

The programming approaches. Programs designed for women use a philosophy that focuses on the strength of each individual and uses her experience, both past and present, as a learning tool rather than as a source of grief and shame. The women need to take responsibility for the harm they have done to others, while also learning to value themselves.

Several programs use either a modified 12-Step model or a TC that includes 12-step principles. They believe that the spirituality embedded in the 12-step model is an important advantage for treating women.

Many programs stress that helping women to connect to their own definition of the spiritual is critical to their recovery process. Religion and spirituality are not the same, although for some women they are connected. Religion rests with institutions, and is based on forms, dogma, and rituals. Spirituality, for women, is about "transformation, connection, wholeness, meaning, and depth".

Women connect to their inner sense of spirituality in many ways. Those who have rejected religion must find a different path; others may be drawn back to the religion of their childhood. It may be useful to give art history books to women in recovery groups. Women connect with the energy of the prehistoric earth goddesses, worshipped in apparently all cultures for thousands of years before patriarchal religions developed. It is affirming for women to realize that they are part of a long history in which females have been revered as "birthers, growers, and care-givers."

Issue 13
Work

Both low levels of education and unemployment are correlated with substance abuse for women. Incarcerated substance-abusing women are extremely vulnerable to recidivism and to relapse if they cannot sustain themselves (and their families) economically through lawful employment. This factor has become critical since passage of the Federal welfare-to-work legislation. Women formerly sustained through welfare programs will find this to be only a temporary help, if they are eligible at all. The legislation requires, unless the State opts out or modifies the requirement, that anyone convicted of a drug-related felony after August 22, 1996 will not be eligible for cash benefits or food stamps. Women in many programs present the following issues:

- *Education.* The low educational level of women offenders in the programs adversely affects their ability to sustain themselves and their families economically and legally. Among the programs, one program has the highest average educational level of women clients—11th grade. Another program is typical, with 65 percent of clients not graduated from high school. Most programs encourage education, especially acquiring a GED, as a base for achieving self-sufficiency.
- *Employment.* In prison studies, incarcerated women in general often mention substance abuse as a reason for their unemployment. Few women in programs have had any specialized vocational training and most are unemployed. As an example, the Baltimore pretrial program reports that more than 70 percent of their clients are aged 26-40 years, and only 8 percent state that wages/salary were their primary income source before incarceration; just 12 percent report working full- or part-time in the past year. Some 32 percent of the women receive public assistance, and 65 percent report being unemployed.

The programming approaches. Substance-abuse treatment programs do not generally provide vocational training for women during incarceration or after their release. Actual training is done as part of the institutional programming, in work-release programs, or through community referrals.

The treatment program's role is to provide the planning, outreach, and advocacy needed to equip their women with necessary job skills. Women suffer from a dearth of the well-paying, unskilled labor jobs available for men. Since women often support a family, not just themselves, there needs to be a real focus on preparing women for jobs that pay a decent living wage. In the several programs, the following types of help are provided:

- GED testing and assessment and adult basic education to pass the GED (graduate equivalency diploma)
- Vocational testing for training programs
- Job hunting skills, including writing resumes, interviewing
- Vocational planning

Issue 14
Appearance and Overall Health and Hygiene

Physical and dental health. Typically, indigent drug-abusing women do not seek treatment for physical ailments until their conditions are serious. Women come into prison with more medical needs than do men. Drug-abusing women enter incarceration with a host of untreated mental and physical health problems. All drug users (cocaine users in particular) are at increased risk for a range of physical problems, including extreme weight loss, dehydration, digestive disorders, skin problems, dental problems, gynecological and venereal infections, tuberculosis, hepatitis B, hypertension, seizures, respiratory arrest, and cardiac failure.

For drug-abusing women offenders, medical treatment is important not only for reasons of health but to increase their self-esteem. For women, body image is tied to self-esteem. Several programs report that women offenders who have used crack cocaine heavily often present with disfiguring facial sores, missing teeth, and other physical evidence of neglect. Because of the prison diet, women may have gained considerable weight and consequently feel obese and unattractive. It has been stressed that resolving these types of problems is important, because it bolsters the women's sense of self-worth.

The programming approaches. Medical services need to be provided for incarcerated women with substance-abuse problems. Many jails and some prisons lack the facilities to provide women with the level and type of care they need. For treatment programs for the incarcerated women, the approach is threefold:

- The program needs to arrange for adequate medical and dental services. Staff may need to advocate on behalf of the women for adequate medical and dental care. It is important to help women gain access to the services available within the jail or prison setting

- The program should help women understand how substance abuse has affected their health and underscore their responsibility for the health of their own bodies
- The program should stress that it is important whether the women's teeth are fixed and their physical problems are treated. This kind of attitude says, "You are a worthy person and it matters how you look and feel."

Pregnant women offenders. Most of the pregnant women coming into prison are young first offenders in need of intensive drug treatment. Alcohol- and drug-abusing women who are pregnant when they enter prison face multiple and severe problems. The outcome of the pregnancy is often complicated not only by the mother's substance abuse, but by her general ill health, poor nourishment, sexually transmitted diseases, battering, and late or no medical attention. These are high-risk pregnancies. Especially in jails, the women may receive no medical care at all or inadequate prenatal care. The detoxification process can be hazardous for the fetus.

The programming approaches. Substance-abusing women who are pregnant when they enter custody need specialized obstetrical care for their high-risk pregnancies. Many protocols used for detoxification do not address the special cautions required for pregnant women.

It is particularly important to identify and treat pregnant women who are HIV positive. Transmission from the mother is the foremost cause of pediatric AIDS in the United States. Medical treatment with pharmacotherapy of HIV-infected pregnant women can now cut by 68 percent the chance that the mother will transmit the virus to the fetus.

Most institutions automatically remove the baby after birth from mothers who are pregnant when they enter prison. Several programs have special components designed to help new mothers. One program helps a pregnant woman prepare for loss of the baby and lets her help choose the baby's caregiver, if possible. Another program operates a volunteer foster parent program for the babies. These volunteer parents bring babies for visits to the mother.

AIDS and other sexually transmitted diseases. Women who inject drugs or who have drug-injecting sex partners face increased risk of contracting HIV/AIDS. An appreciable number of drug-abusing women already have HIV infection or untreated sexually transmitted diseases (STDs) when they enter prison. The costs of medical care in prison have risen dramatically with the advent of the AIDS epidemic. Among State prison inmates nationwide, a higher percentage of women than men test positive for the human immunodeficiency virus (HIV). In New York, one out of every five women entering the State prison system is HIV positive.

In addition, women who smoke crack are emerging as a population at equal or greater risk than intravenous drug users for HIV and other STD infections. This is because of high-risk sexual behaviors, particularly the barter of unprotected sex for crack or money with numerous sex partners. A three-city study by the Centers for Disease Control and Prevention found that the overall prevalence of HIV among crack users was 15.7 percent, with women having higher rates of infection than men.

In New Your City, where rates of HIV infection are high, the available data suggest that the rate of infection is between 12 and 20 percent for crack users who do not have other risk behaviors.

Rural women who use crack cocaine seem to be at as great a risk for HIV infection and transmission as inner-city women. A study of 60 crack-using women in rural Georgia and Miami showed that of those tested for HIV, 15 percent of the Miami women and 11 percent of the rural Georgia women were HIV positive.

The programming approaches. Some programs are required to make testing and screening for infectious diseases, including HIV, available for all clients. Such testing involves a number of confidentiality issues, which programs need to understand and be prepared to explain to women offenders. Pre-test counseling is required for all participants who elect to be tested. Programs that screen for HIV also need to be sure to provide counseling for those who test HIV-positive.

Some prison programs provide education and counseling on HIV and other high-risk health behaviors. Even a 2-week pretrial program addresses the prevention of HIV and sexually transmitted diseases (STDs); medical screening to identify women with STDs is available through the detention center medical services program.

Issue 15
Isolation Related to a Lack of Support Systems

Having a network of people to turn to is a critical element for women in recovery. Because substance abuse is a chronic disorder, recovery is punctuated for most individuals by “slips,” or periods of relapse. It is important for a recovering woman to have people who will support her at these times. The families of many incarcerated women cannot provide this support. For these women, their families may be one source of their substance abuse problem, rather than a support in recovery.

Who is in a woman’s personal network of associates is absolutely critical after the woman leaves prison or jail. Her prior associations will mainly be other substance-abusing individuals. If the woman does not cut herself off from these associations and step into a new network of non-abusing people, she is likely to relapse.

Programming approaches. Many treatment programs consider it vital for addicted women offenders to have a support system after they leave the institution. Incarcerated substance-abusing women can benefit from help aimed at developing this support. First, trust is a real issue. Many women offenders will need the experience of connecting with other women and learning to trust them before they will become able to utilize peer support. Second, women offenders may find it hard to believe that success is possible for women in their situation—in trouble with the law and with severe substance abuse. Successful role models—women who have themselves been substance-abusing offenders—can provide both understanding support, and the proof that success is possible.

Several programs use two different approaches. First, several jail and prison programs have developed their own alumnae groups to offer support to the women

after release. The second approach is to encourage program participants to become involved in community mutual-help groups. These groups sometimes meet in jails, so that program participants have already made personal contacts before they leave the institution.

Program-sponsored groups. Support groups are an integral part of the intensive program efforts to keep women offenders involved in treatment after their release from jail or prison. Some of these groups include:

- A mentor program that matches each individual offender with a trained woman volunteer in her community; these women are successful role models recruited through professional and community organizations
- Several support groups made up of women ex-offenders who have graduated from the treatment program
- A Winners Circles mutual-help group, part of a new national mutual-help organization for people who are addicted ex-offenders

Twelve-step and other mutual help groups. Most programs utilize 12-step study groups within their treatment programs. All the programs also encourage women to participate in mutual-help support groups, such as Alcoholics anonymous (AA), Narcotics Anonymous (NA), Cocaine Anonymous (CA), and Women for Sobriety. Very strong efforts go into making arrangements to connect women after custody with support groups in their local communities. These groups offer many advantages for women—the groups are free, available at a variety of day and evening hours, and provide a non-using peer support group.

Women-only groups are especially important during the early stages of recovery for women who have a history of abusive relationships with men. The women-only support groups have keen importance for the following reasons:

- *Their spiritual component.* Addicted women offenders need not only hope but a sense that their lives, and the pain and suffering they have endured, have meaning. The 12-step groups offer women a spiritually sustaining process for change.
- *Their chance for bonding with other women.* The 12-step groups, by providing peer support and bonding, provide one key way to keep women involved and committed to recovery after release from custody.
- *Their opportunity for peer modeling.* Women offenders get both encouragement and practical help from women like themselves who have struggled with a range of obstacles and are now recovering.

Although not treatment per se, the great value of these mutual-help groups lies in their capacity to supply support at all stages in the recovery process. These groups fit into a woman's life after her self-discovery and recognition of an addiction problem. The groups work by giving women a process for maintaining their motivation and commitment to recovery.

Issue 16
Life Plan Development

The woman with a severe substance-abuse problem tends to be living hopelessly in the present, without any long-range goals or plans for her life. Incarcerated women enter their programs without the planning and coping skills needed to make life plans. The women first need to grow in terms of self-esteem, self-assertion, and in their sense of empowerment. These are the sources of hope that a woman will need to change her life. Then these women need help in acquiring the practical skills, such as education and vocational training that form building blocks for a life plan.

In addition, the ability to cope with stress is an important factor in avoiding relapse to drug use. Women clients face extreme levels of stress in their lives, combined with poor coping skills. They need ways to cope with both internal stressors, such as lack of self-esteem, depression, and separating self from abusive relationships; and such external stressors as finding a job and managing on a small income. Those working with substance-abusing women suggest that it is important to introduce the women to drug-free recreational activities as well as to a host of other coping mechanisms for handling stress.

Programming approaches. The substance-abusing woman offender needs to develop a vision for her future and to create a life plan. For addicted women offenders, the goal is comprehensive: To help the woman remake her life. Programs can provide the scope to help a woman develop and integrate the necessary pieces to build a sober, self- sustaining life for herself and possibly also for her children.

Individualized treatment plan. Most programs develop an individualized treatment plan for each woman. In the longer treatment programs, this plan evolves as the woman works through the treatment process. The plan helps a woman think through not only her goals and the steps toward recovery from substance abuse, but also the goals for her life. These would include her hopes and steps for reunification with her children, her education, job goals, and plans for housing.

Life skills. An important piece of the rehabilitation process is to help women offenders develop the life skills required to overcome the multiple problems they will face upon leaving the institution. Many of these women lack the basic skills to meet the demands of day-to-day living. Among the topics covered by the several projects are budgeting, grocery shopping, cooking, practical problem solving, and assertive communication skills.

Recreational activity and stress management. Another important area is stress reduction. Women are eager to learn skills for controlling and reducing stress, including meditation. How to manage anger as well as stress is also a component in several programs. Among the interventions used by the programs are:

- Exercise classes
- Meditation
- Yoga classes
- Relaxation techniques
- Acupuncture
- Art therapy

Many of the women don't know how to nurture themselves or to have a good time. Leisure time activities—including those with children—help sustain women in recovery. The women also need to learn self-soothing techniques in order to deal with the many painful feelings that surface when they are abstinent.

Issue 17
Child Care and Custody

For mothers confined to prison, their families are broken apart. Two-thirds of women in State prison have children under age 18; and, before being incarcerated, 72 percent of these women lived with their dependent children. When these mothers enter prison, their children are placed in foster homes or with relatives and friends; for these women, separation from their children is one of the most damaging aspects of a prison sentence. Imprisonment compromises the incarcerated woman's ability to maintain relationships with her children, thus adding to family difficulties following her release. The psychological stress of incarceration related to separation from family and loss of control over their lives may also exacerbate existing depression or induce other mental health problems.

Family reunification issues. Women who are pregnant when they enter prison are nearly always separated from their infants soon after birth. The infants go to foster care or to a relative, and the mother has no opportunity to bond with the baby. Many of these women are themselves products of the foster care system, and fear what will happen to their children.

Since the early 1980s, advocates for women prisoners have pressed for services to assist incarcerated women in strengthening and sustaining bonds with their children. Child visitation and other contacts are critical for maintaining a mother-child bond. Without institutional and program support, these visits tend not to happen. Although nearly all state prisons allow child visits, more than half of women inmates never receive a visit from their children. Fewer than 40 percent of jails nationwide permit contact between women and their children during visits, and only 15 percent allow extended visits between women inmates and their children.

*Advocacy. M*any of the women also need legal advocacy to regain custody of their children. A national project of Child Custody Advocacy Services found that 80 percent of the women seeking help with legal custody problems had been incarcerated for drug offenses or drug-related crimes. This project found a dramatic correlation between mother-child reunification and post-release residential drug treatment for mothers. More than 90 percent of clients released to residential drug treatment achieved reunification with their children.

Programming approaches. One of the most significant deficits of male-oriented programs is that they pay little or no attention to the inmate's role as the caretaker of children. Approaches for women offenders need to help them cope with the concrete and excruciating difficulties they will face as the primary financial and emotional support of their families. Planning should begin from the woman's first entry into the program about her goals and what kind of help she will need. Even non-substance-abusing women who are poor and single can find the problems and

challenges of being a single parent almost overwhelming in our society. We should not minimize how difficult this role is. The mother in prison or jail is often concerned about losing custody of her children. If she does have custody, then she must be prepared to support and manage her children after her release. Programs need to focus on the woman's role as mother, on her expectations and skills as a parent, and on improving her parenting skills.

Organizing visits between children and their mothers is one important way of maintaining the bond among families. A few advanced programs across the country use these family visits as an opportunity to offer therapy for families and for the children. Engaging sentenced mothers and their children in treatment together is most easily accomplished in community alternatives to incarceration or in local jails. However, involving the children is possible in prison settings and is a promising strategy for helping incarcerated women. Women's programs have strong family support and reunification components. This strategy is important for a number of reasons.

- At least three-quarters of the women will resume custody of their children after release. Their children are the most important factor in their lives; most women with children want to be good mothers and to be reunited with their children. This factor can be a major motivation for women in seeking and staying in treatment.
- Parenting education and therapy can also help women meet court-mandated requirements and regain custody of their children.

One program has a playground for children visiting their mothers. At the program, children come for visits, and a family therapist conducts play therapy sessions with the children. New mothers receive education on bathing babies and other care. The program works with a church volunteer program dedicated to helping the women resume custody of their children upon release. The volunteers serve as foster parents and legal guardians until the women are released. The social services department is usually not involved. The volunteer foster parents bring the babies to visit once a week.

In terms of legal advocacy, some programs have a number of strategies that combine parent education with family reunification efforts. In addition to the parenting component, one project provides a legal advocate who helps the women with custody and other legal issues. An advantage of a family reunification component is that it can realistically, and professionally, address whether a woman is ready to resume custody of her children. When necessary, counselors can help a woman face and cope with the fact that she is not at this point able to care for her children. The program can then help the woman assume some control in the decisions about what is best for her and her children.

One program points out that the drive toward family reunification should not obscure a tragic reality—up to 25 percent of these women will not get their children back. The staff must also assist women to live with this reality. Several programs have discovered how essential spirituality is for women in these circumstances. The women need comfort and support in coming to terms with their emotions, which include not only guilt and grief, but relief as well. This is a difficult issue not only for

the women but for the program staff to handle. Staffs tend to project their own values on women who don't get their children back.

Issue 18
Coexisting Psychiatric Disorders, Including Depression

Alcohol- and drug-abusing women have high rates of depression and a number of other psychiatric disorders. The coexistence of major mental illness, as defined by the DSM-IV criteria, can complicate both the diagnosis and treatment of substance abuse. Prisons and jails contain many women who have coexisting psychiatric disorders along with substance abuse problems.

In the past few years, ever greater numbers of women who have prior histories of psychiatric hospitalization and/or suicide attempts appear to be entering correctional systems. Economically marginalized women with serious mental illness, once institutionalized, are now living in the community, where they may fail to seek help from mental health clinics or may discontinue their medication and treatment. Those leaving mental institutions may find little support from family or community and then become homeless. As these women make their way from the streets to shelters, they frequently stop taking prescribed medications and self-medicate with street drugs that are easily accessible. It is only a matter of time before they become caught up in the criminal justice system.

Programming approaches. A good treatment program for women in the criminal justice system will conduct mental health screens to look for underlying mental disorders. With women, the focus will be on identifying co-occurring mental disorders, including depression, in addition to identifying criminogenic traits.

Traditionally, substance-abuse programs have not admitted women with diagnoses of schizophrenia and similar psychotic disorders. There is an overwhelming need within the criminal justice system for programs that serve incarcerated women who have coexisting psychotic disorders and substance-abuse problems.

Most programs for incarcerated women have made a concerted effort to admit such women to their programs, provided that the women are stabilized on appropriate psychiatric medications and are able to handle the intensity and interpersonal demands of the program. Their experience is that these women may need extra time in the program and the understanding help of skilled staff, but they can be successful. This approach requires close coordination with the mental health staff of the institution. Institutional barriers often make such cooperation difficult.

Ideally, treatment approaches for substance abuse should be designed to deal with a range of women who may also exhibit antisocial and other personality disorders. It is important to be aware that a subset of women may have organic brain damage and impairment resulting from abuse and seizures. Some will have low intelligence quotients.

Issue 19
Crimnogenic Characteristics

An important area where women offenders differ from men is in their level of sociopathy. A major subset of male offenders meet DSM-IV criteria for having personality patterns that are basically unsocialized, bringing them constantly into conflict with other people and society. Drug treatment programs for male offenders are designed to deal with a high rate of sociopathy and criminal thinking. One of the most sophisticated criminal justice screening systems classifies offenders for treatment by a scale that measures their risk for criminality in combination with their level of drug addiction.

Criminal thinking is also a factor with women offenders, but experts suggest that—for women—the context is different. First, recent studies suggest that a relatively small percentage of women offenders can be classified as having antisocial personality disorders. The study of pretrial female detainees found a lifetime prevalence rate of only 14 percent for antisocial personality according to DSM-III-R criteria. Among convicted female felons entering prison, 12 percent had a diagnosis of antisocial personality disorder, with a rate of 17 percent for young women aged 18-24, 11 percent for women aged 25-44, and of 2 percent for women aged 45-64. Antisocial personality disorder was highest among those with the least education and those from urban areas.

The experience of several programs supports these statistics. For example, the director of a rehabilitation facility says she has found that these women are not "sociopaths" in the commonly accepted sense. That is, the women are not callous, narcissistic, antisocial people with no sense of guilt, no loyalty, and no mainstream social values. Instead, these are alienated and marginalized women with an extreme lack of self-efficacy. The women feel so powerless that they can't learn from their mistakes, because they perceive no relationship between their behavior and its consequences. These self-esteem issues are frequently tied to their history of victimization and dependence on a male criminal partner.

Many women do, however, engage in such criminal behavior as prostitution and robbery to support their drug habits. Some experts suggest that a women's tendency toward antisocial behavior is often based on codependency. She is not the perpetrator of a crime, but a codependent in this behavior and this lifestyle. Her lifestyle depends on the relationships the woman enters into, and being dependent on a drug-using male may lead her into antisocial and criminal behavior to please him and supply her habit. The women need to address any criminal thinking regarding such behavior from the perspective of a woman's emotions and motives.

All the women need to look at taking responsibility for their own behavior and at the alternative choices they actually have. This requires changing from an acquiescent, passive role to a more active, assertive one. Many of these women have a very traditional and limited view of women's roles. It is important for the women to understand that they can, and should, take on the responsibility for the decisions in their lives.

Some subgroups of women do have sociopathic tendencies and attitudes similar to those found among many male substance abusing offenders. These sub-groups include:

- Younger women (primarily in gangs) who show violence, criminality, and predatory behavior; this is a disturbing recent phenomenon. One criminal expert suggests this does not signify a radical change for women. The rising violence among women is simply proportional to the extraordinary, unprecedented level of violence being shown today by certain subgroups of young males in large cities.
- Young women who have a variety of cognitive deficits and are developmentally delayed. These young women may form unhealthy emotional attachments. As a program director pointed out, some young hangers-on in gangs—actually sweet, gentle people—can do horrible things to gain a sense of belonging, inclusion, and support from gang members. Because of some recent State laws, women as young as 18 or 19 ("really adolescents," points out the program director) are now being incarcerated in the criminal justice system for drug-related offenses.

The programming approaches. Learning to take responsibility for one's own behavior and to abide by society's rules are two essential elements in a treatment program for incarcerated women. A program needs to have rules that are clearly stated, understood by all the participants, and consistently applied. The sanctions that will apply if the rules are broken should also be clear and consistent.

In treatment programs, sanctions are in essence "calling people out" for not going by the rules; that is, a pre-announced penalty is enacted when a program participant does not abide by the rules of the program. One example of a sanction might be that the woman must leave a grogram and go back into the general prison population for a period of time. In therapeutic communities (TCs), people may lose privileges for transgressing rules. Generally, programs use a series of graduated sanctions, with the sanction becoming more severe with each transgression.

Issue 20
Assessing Program Needs of Women Offenders Who Abuse Substances

The final issue in this course concerns how to assess and identify the special program needs of women offenders who abuse substances. In order to assess program specific needs, the *Female Offender Critical Intervention Inventory (FOCI)* was developed by drawing on the accepted issue areas in the field and testing the internal reliability and validity of the instrument.

The *FOCI* appears to be a reliable and valid instrument that can be used in assessment of program needs. A copy of the *FOCI* and supportive data can be found at the conclusion of this course.

APPENDIX A

The Powerless-Empowerment Scale (P-E Scale)

(Revised)

Robert A. Shearer, Ph.D.

P-E Scale

Directions: The following is a series of attitude statements. Each represents a commonly held opinion and there are no right or wrong answers. You will probably disagree with some items and agree with others. We are interested in whether you agree or disagree with these matters of opinion.

Read each statement carefully. Then indicate whether you agree or disagree by placing a check (✓) in the appropriate space on the separate answer sheet. Give our opinion on each statement.

If you are not sure, answer the closest to the way you feel. Also keep in mind the statements primarily are referring to heavy use of substances, addictions, and dependence, not occasional, non-problematic substance use.

1. Substance abusers cannot recover from addiction by themselves.
2. The causes of substance abuse have become more complex.
3. Most people who recover from addictions do so by simply quitting on their own.
4. Substance abusers are powerless over alcohol and drugs.
5. Alcohol and cocaine, even in moderate amounts, can present medical risks.
6. Identifying oneself as sick in unhelpful in treating addictions.
7. Mixing prescription and street drugs is very dangerous.
8. Substance abusers need to find someone else who can manage their lives.
9. Recovering from an addiction is not a matter of believing a dogma or joining a group.
10. Alcoholism is a disease.
11. Street drugs can contain dangerous impurities.
12. People can learn effective methods of changing their addictive behaviors without strong external control
13. Once an addict, always an addict.
14. There is a strong relationship between drug abuse and crime.
15. Each person is responsible for acquiring, maintaining, and ending an addiction.
16. No human power can relieve addictions.
17. Drug or alcohol addiction can lead to other serious health concerns.
18. People who abuse substances can learn effective skills to overcome addictions on their own.

P-E Scale Answer Sheet

Agree	Disagree		Agree	Disagree		Agree	Disagree	
_____	_____	1	_____	_____	7	_____	_____	13
_____	_____	2	_____	_____	8	_____	_____	14
_____	_____	3	_____	_____	9	_____	_____	15
_____	_____	4	_____	_____	10	_____	_____	16
_____	_____	5	_____	_____	11	_____	_____	17
_____	_____	6	_____	_____	12	_____	_____	18

P-E Scale Scoring Key

Factor 1: Powerlessness: Items 1, 4, 8, 10, 13, 16

Factor 2: Empowerment: 3, 6, 9, 11, 15, 18

Buffer Items: 2, 5, 7, 11, 14, 17

Scoring Directions: Add the "agree" checks for the items listed above. The buffer items do not figure into the scoring of the scale.

Powerlessness Score _____

Empowerment Score _____

The higher the score, the stronger the agreement with the factor.

Range: 0-6. The factor can be equally endorsed

Female Offender Critical Interventions Scale- Revised (FOCI-R)

FOCI Factor Analysis Result			
Factor	Items	Loadings	Alpha
1-Substance Abuse Life style risk	6	0.82	
	7	0.60	
	8	0.68	0.68
	13	0.70	
	18	0.71	
	9	7.53	
2-Abuse	1	0.83	
	2	0.78	
	11	0.44	0.85
	12	0.38	
	14	0.69	
3-Personal Attributes	4	0.63	
	5	0.52	
	15	0.52	0.72
	16	0.96	
	17	0.71	
			Total Alpha .89

No identifiable factor
3
10

FOCI Factor Analysis
Items

Original number	Item

Factor 1—Substance Abuse/Life-Style risk

6. My counselor or group has talked with me about drug dependency problems.
7. AIDS awareness has been discussed with me by my counselor or group.
8. My counselor or group has talked with me about lifestyle alternatives to drug abuse and addiction.
9. Violence in relationships has been discussed with me by my counselor or group.
13. My counselor has talked with me about the process of recovery from drugs or alcohol
18. My counselor or group has discussed with me problems with alcohol dependency.

Factor 2—Abuse

1. My counselor or group has talked to me about physical abuse of a child.
2. My counselor or group has talked with me about childhood sexual abuse.
11. Stress and temptation has been discussed with me by my counselor or group.
12. My counselor or group has talked with me about emotional abuse of me and others around me.
13. Sexual abuse has been discussed with me by my counselor or group.

Factor 3—Personal Attributes

4. My counselor or group has talked with me about my self-esteem.
5. My counselor or group has talked with me about treatment programs available to me.
15. Parenting skills have been discussed with me by my counselor or group.
16. Anger management has been discussed with me by my counselor or group.
17. Becoming an alcohol or drug counselor has been discussed with me by my counselor or group.

No Identifiable Factor

3. My counselor or group has talked with me about the effects of addiction on a parent.
10. My counselor or group has talked with me about physical abuse of others in my family.

_____

FOCI-R

This survey measures differences in attitudes about working with people—that is, how people differ from each other in their personal viewpoints. Read each item carefully, and decide to what extent you think the three answer choices apply to the statement. Then mark your answer in the space provided on the separate answer sheet.

0) Never 1) Sometimes 2) Frequently

SAMPLE: _____ 1. My counselor talks to me about world affairs.

If this situation occurs "frequently", place a 2 on the line next to the appropriate item number on the separate answer sheet.

___2____ 1. My counselor talks to me about world affairs.

If this situation "never" occurs, place a "0" on the line next to the appropriate number.
If it occurs "sometimes", place a "1" on the line next to the appropriate item number.
Try to be as honest as you can, and be sure to give your own opinion about how often the activity occurs.

1. My counselor or group has talked to me about physical abuse of a child.
2. My counselor or group has talked with me about childhood sexual abuse.
3. My counselor or group has talked with me about my self-esteem.
4. My counselor or group has talked with me about treatment programs available to me.
5. My counselor or group has talked with me about drug dependency problems.
6. AIDS awareness has been discussed with me by my counselor or group.
7. My counselor or group has talked with me about lifestyle alternatives to drug abuse and addiction.
8. Stress and temptation has been discussed with me by my counselor or group.
9. My counselor or group has talked with me about emotional abuse of me and others around me.
10. My counselor or group has talked with me about the process of recovery from drugs or alcohol.
11. Sexual abuse has been discussed with me by my counselor or group.
12. Parenting skills has been discussed with me by my counselor or group.
13. Anger management has been discussed with me by my counselor or group.
14. Becoming an alcohol or drug counselor has been discussed with me by my counselor or group.
15. My counselor or group has discussed with me problems with alcohol dependency.

FOCI-R
Answer Sheet

0) Never 1) Sometimes 2) Frequently

_____ 1.	_____ 6.	_____ 11.
_____ 2.	_____ 7.	_____ 12.
_____ 3.	_____ 8.	_____ 13.
_____ 4.	_____ 9.	_____ 14.
_____ 5.	_____ 10.	_____ 15.

FOCI-R
Scoring Key

Factor 1 = items 5, 6, 7, 10, 15

Factor 2 = items 1, 2, 8, 9, 11

Factor 3 = items 3, 4, 12, 13, 14

Factor 1 score _____

Factor 2 score _____

Factor 3 score _____

Total Score _____

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Appendix B: Post Test and Evaluation for
Powerlessness or Empowerment – Special Issues in Treating Women Offenders Who Use Substances

Directions: To receive credits for this course, you are required to take a post test and receive a passing score. We have set a minimum standard of 80% as the passing score to assure the highest standard of knowledge retention and understanding. The test is comprised of multiple choice and/or true/false questions that will investigate your knowledge and understanding of the materials found in this CEU Matrix – The Institute for Addiction and Criminal Justice distance learning course.

After you complete your reading and review of this material, you will need to answer each of the test questions. Then, submit your test to us for processing. This can be done in any **one** of the following manners:

1. *Submit your test via the Internet.* All of our tests are posted electronically, allowing immediate test results and quicker processing. First, you may want to answer your post test questions using the answer sheet found at the end of this appendix. Then, return to your browser and go to the Student Center located at:

   http://www.ceumatrix.com/studentcenter

   Once there, log in as a Returning Customer using your Email Address and Password. Then click on 'Take Exam' and you will be presented with the electronic exam.

   To take the exam, simply select from the choices of "a" through "e" for each multiple choice question. For true/false questions, select either "a" for true, or "b" for false. Once you are done, simply click on the submit button at the bottom of the page. Your exam will be graded and you will receive your results immediately. If your score is 80% or greater, you will receive a link to the course evaluation. , which is the final step in the process. Once you submit the evaluation, you will receive a link to the Certificate of Completion. This is the final step in the process, and you may save and / or print your Certificate of Completion.

   If, however, you do not achieve a passing score of at least 80%, you will need to review the course material and return to the Student Center to resubmit your answers.

   OR

2. *Submit your test by mail using the answer sheet found at the end of this package.* First, complete the cover page that will identify the course and provide us with the information that will be included in your Certificate of Completion. Then, answer each of the questions by selecting the best response available and marking your answers on the sheet. The final step is to complete the course evaluation (most certifying bodies require a course evaluation before certificates of completion can be issued). Once completed, mail the information, answer and evaluation sheets to this address:

   CEU Matrix - The Institute for Addiction and Criminal Justice Studies
   P.O. Box 2000
   Georgetown, TX 78627

   Once we receive your exam and evaluation sheets, we will grade your test and notify you of the results.

   If successful, you will be able to access your Certificate of Completion and print it. Access your browser and go to the Student Center located at:

   http://www.ceumatrix.com/studentcenter

   Once there, log in as a Returning Customer using your Email Address and Password. Then click on 'Certificate' and you will be presented with a download of your Certificate of Completion that you may save / and or print. If you would rather have your Certificate of Completion mailed to you, please let us know when you mail your exam and evaluation sheets; or contact us at ceumatrix@ceumatrix.com or 800.421.4609.

   If you do not obtain the required 80% score, we will provide you with feedback and instructions for retesting.

   OR

3. *Submit your test by fax.* Simply follow the instructions above, but rather than mailing your sheets, fax them to us at **((512) 863-2231**.

If you have any difficulty with this process, or need assistance, please e-mail us at **ceumatrix@ceumatrix.com** and ask for help.

Answer the following questions by selecting the most appropriate response.

1. What percent of all pregnant women in substance-abuse treatment are referred by the criminal justice system?
    a. 10%
    b. 50%
    c. 90%
    d. 25%
    e. 75%
2. Correctional systems have traditionally been _____ dominated.
    a. male
    b. legally
    c. politically
    d. female
    e. anthromorphically
3. Female offenders are typically assigned to facilities based on:
    a. treatment needs
    b. security issues
    c. offense type
    d. offense severity
    e. gender
4. Which of the following have limited effectiveness with women offenders?
    a. ridicule
    b. confrontation
    c. anger management
    d. group therapy
    e. all of the above
5. Which of the following would be effective with women offenders?
    a. confrontation
    b. anger management
    c. ridicule
    d. group therapy
    e. empowerment training
6. Which of the following would <u>not</u> be a program characteristic of empowerment?
    a. Self-esteem
    b. Disease focus
    c. Self-efficacy
    d. Social skills
    e. Strength

7. Which of the following issues are critical for treating women offenders?
    a. victimization
    b. self esteem
    c. high risk behaviors
    d. physical abuse
    e. all of the above
8. Women offenders typically began using:
    a. as teenagers
    b. after a trauma
    c. after childbirth
    d. as young adults
    e. as dealers
9. For women, chemical addiction frequently represents an effort to self-medicate for:
    a. depression
    b. anger
    c. anxiety
    d. psychosis
    e. non of the above
10. Women often describe the onset of drug use as:
    a. light
    b. gradual
    c. sudden
    d. slow
    e. intermittent
11. Which of the following would be psychological stressors for women?
    a. victimization
    b. sexual abuse
    c. physical abuse
    d. violence
    e. all of the above.
12. Self-efficacy means that a person sees a cause and effect relationship between:
    a. beliefs and consequences
    b. actions and consequences
    c. consequences and values
    d. values and beliefs
    e. personality and actions
13. Women feel powerless typically because of a:
    a. personal mandate
    b. legal mandate
    c. psychological mandate
    d. security mandate
    e. cultural mandate

14. Confrontation for woman offenders should be:
    a. aggressive
    b. supportive
    c. highly visible
    d. strict
    e. demanding
15. Some battered women of color experience a serious conflict between:
    a. protecting themselves vs. protecting society
    b. protecting others vs. society
    c. protecting themselves vs. protecting their family
    d. protecting their family vs. protecting their job
    e. protecting society vs. protecting the law
16. Which of the following is greater for women than men?
    a. enigma
    b. stigma
    c. repression
    d. abreaction
    e. thema
17. Women generally have low-ranking roles in male-dominated:
    a. families
    b. jobs
    c. drug-dealing
    d. drug manufacturing
    e. drug smuggling
18. women offenders who become dependent on alcohol and other drugs during their teen years do not develop:
    a. a sense of thinking
    b. a sense of values
    c. physically
    d. a personality
    e. a sense of self
19. Women alcoholics are _____ male alcoholics to have a family history of alcoholism
    a. less likely than
    b. about as likely as
    c. more likely than
    d. similar to
    e. None of the above
20. What percent of female inmates report at least one member of their immediate family has been incarcerated?
    a. one third
    b. two thirds
    c. half
    d. one fourth
    e. three fourths

21. "ACOA" stands for:
    a. Addiction Conflict of Adults
    b. Addiction Concerns of Adolescents
    c. Adult Children of Alcoholic Families
    d. Amphetamines, Cocaine, and Alcohol
    e. Alcohol Controller Arrests
22. In one study _____ percent of female addicts said men influenced their decision to use, while _____ percent of men said women influenced their decision.
    a. 60, 50
    b. 33, 2
    c. 2, 33
    d. 50, 60
    e. 75, 25
23. For a woman to break her pattern of unhealthy relationships she needs help to recognize intimacy as distinct from:
    a. sexuality
    b. intimidation
    c. eroticism
    d. love
    e. affection
24. Of every ten women offenders, what number were victims of prolonged physical and sexual abuse?
    a. 5
    b. 2
    c. 9
    d. 7
    e. 1
25. In prison programs, it is estimated that _____ percent of women have suffered some form of abuse and _____ percent is sexual abuse.
    a. 90, 50
    b. 90, 90
    c. 50, 50
    d. 10, 10
    e. 50, 90
26. Sexual abuse during childhood can lead to:
    a. distrust
    b. depression
    c. anxiety
    d. shame
    e. all of the above

27. Both _____ and _____ are related to relapse in women
    a. minimization, CSAT
    b. ACOA, CSAT
    c. Victimization, PTSD
    d. Denial, minimization
    e. ADHT, ACOA
28. The psychological model explains violence as a manifestation of _____ and _____.
    a. ADHT, chance
    b. Chance, learned behavior
    c. ACOA, chance
    d. Fate, chance
    e. Individual psychopathy, learned behavior
29. For women of color, individual therapy needs to be incorporated with:
    a. group work
    b. educational sessions
    c. family therapy
    d. healing regimens
    e. all of the above
30. Cocaine, heroin, and tobacco are linked to being:
    a. thin
    b. short
    c. tall
    d. overweight
    e. bald
31. Contrary to social stereotypes, alcohol depresses a woman's interest in:
    a. food
    b. nutrition
    c. sex
    d. relationships
    e. parenting
32. Many women who abuse substances will not be able to separate sexuality from issues of:
    a. incest
    b. rape
    c. sexual abuse
    d. intimacy
    e. all of the above
33. Substance abusing women get involved in:
    a. "food for survival"
    b. "crime for survival"
    c. "shame for survival"
    d. "sex for survival"
    e. "survival parenting"

34. If the mother used drugs during her pregnancies, her children may have _____ or _____ problems
    a. behavioral, cognitive
    b. affective, ADHT
    c. ADHT, PTSD
    d. parenting, nurturing
    e. custody, legal
35. The mothers use of alcohol and drugs during pregnancy can lead to:
    a. FAS and FAE
    b. SAF and EAF
    c. ASF and AFE
    d. ASF and PTSD
    e. FAE and PTSD
36. In dealing with grief, the _____ embedded in a modified 12-step model is important
    a. universality
    b. practicality
    c. spirituality
    d. depth
    e. internal focus of control
37. What percent of women in the Baltimore Pretrial Program were unemployed?
    a. 50
    b. 20
    c. 90
    d. 65
    e. 10
38. Many women in drug treatment programs feel obese and unattractive because of:
    a. digestive disorders
    b. hormone disorders
    c. diabetes
    d. the prison diet
    e. a crack diet
39. Stress management in women's programs includes:
    a. meditation
    b. yoga classes
    c. exercise
    d. acupuncture
    e. all of the above
40. Among convicted female felons entering prison, what percent had a diagnosis of antisocial personality?
    a. 12
    b. 50
    c. 40
    d. 0
    e. 90

Fax/Mail Answer Sheet

CEU Matrix - The Institute for Addiction and Criminal Justice Studies

Test results for the course "Powerlessness or Empowerment – Special Issues in Treating Women Offenders Who Use Substances

If you submit your test results online, you do not need to return this form.

Name*:_____

(* Please print your name as you want it to appear on your certificate)

Address: _____

City: _____

State: _____

Zip Code: _____

Social Security #*: _____

(*Most certifying bodies require a personal identification number of some sort – last 4 digits or License is perfect.)

Phone Number: _____

Fax Number: _____

E-mail Address: _____

On the following sheet, mark your answers clearly. Once you have completed the test, please return this sheet and the answer sheet in ***one*** of the following ways:

1. Fax your answer sheets to the following phone number: **(512) 863-2231**. This fax machine is available 24 hours per day. **OR**

2. Send the answer sheet to:
   CEU Matrix - The Institute for Addiction and Criminal Justice Studies
   P.O. Box 2000
   Georgetown, TX 78627

You will receive notification of your score within 48 business hours of our receipt of the answer sheet. If you do not pass the exam, you will receive instructions at that time.

Name: _____

Course: <u>Powerlessness or Empowerment – Special Issues in Treating Women Offenders Who Use Substances</u>

1. [A] [B] [C] [D] [E]
2. [A] [B] [C] [D] [E]
3. [A] [B] [C] [D] [E]
4. [A] [B] [C] [D] [E]
5. [A] [B] [C] [D] [E]
6. [A] [B] [C] [D] [E]
7. [A] [B] [C] [D] [E]
8. [A] [B] [C] [D] [E]
9. [A] [B] [C] [D] [E]
10. [A] [B] [C] [D] [E]
11. [A] [B] [C] [D] [E]
12. [A] [B] [C] [D] [E]
13. [A] [B] [C] [D] [E]
14. [A] [B] [C] [D] [E]
15. [A] [B] [C] [D] [E]
16. [A] [B] [C] [D] [E]
17. [A] [B] [C] [D] [E]
18. [A] [B] [C] [D] [E]
19. [A] [B] [C] [D] [E]
20. [A] [B] [C] [D] [E]
21. [A] [B] [C] [D] [E]
22. [A] [B] [C] [D] [E]
23. [A] [B] [C] [D] [E]
24. [A] [B] [C] [D] [E]
25. [A] [B] [C] [D] [E]
26. [A] [B] [C] [D] [E]
27. [A] [B] [C] [D] [E]
28. [A] [B] [C] [D] [E]
29. [A] [B] [C] [D] [E]
30. [A] [B] [C] [D] [E]
31. [A] [B] [C] [D] [E]
32. [A] [B] [C] [D] [E]
33. [A] [B] [C] [D] [E]
34. [A] [B] [C] [D] [E]
35. [A] [B] [C] [D] [E]
36. [A] [B] [C] [D] [E]
37. [A] [B] [C] [D] [E]
38. [A] [B] [C] [D] [E]
39. [A] [B] [C] [D] [E]
40. [A] [B] [C] [D] [E]

The final step in the process required to obtain your course certificate is to complete this course evaluation. These evaluations are used to assist us in making sure that the course content meets the needs and expectations of our students. Please fill in the information completely and include any comments in the spaces provided. Then, if mailing or faxing your test results, return this form along with your answer sheet for processing. **If you submit your evaluation online, you do not need to return this form.**

NAME:_____

COURSE TITLE: Powerlessness or Empowerment – Special Issues in Treating Women Offenders Who Use Substances

DATE:_____

COURSE CONTENT		
Information presented met the goals and objectives stated for this course	☐ Start Over ☐ Good ☐ Excellent	☐ Needs work ☐ Very Good
Information was relevant	☐ Start Over ☐ Good ☐ Excellent	☐ Needs work ☐ Very Good
Information was interesting	☐ Start Over ☐ Good ☐ Excellent	☐ Needs work ☐ Very Good
Information will be useful in my work	☐ Start Over ☐ Good ☐ Excellent	☐ Needs work ☐ Very Good
Format of course was clear	☐ Start Over ☐ Good ☐ Excellent	☐ Needs work ☐ Very Good
POST TEST		
Questions covered course materials	☐ Start Over ☐ Good ☐ Excellent	☐ Needs work ☐ Very Good
Questions were clear	☐ Start Over ☐ Good ☐ Excellent	☐ Needs work ☐ Very Good
Answer sheet was easy to use	☐ Start Over ☐ Good ☐ Excellent	☐ Needs work ☐ Very Good

COURSE MECHANICS		
Course materials were well organized	☐ Start Over ☐ Good ☐ Excellent	☐ Needs work ☐ Very Good
Materials were received in a timely manner	☐ Start Over ☐ Good ☐ Excellent	☐ Needs work ☐ Very Good
Cost of course was reasonable	☐ Start Over ☐ Good ☐ Excellent	☐ Needs work ☐ Very Good
OVERALL RATING		
I give this distance learning course an overall rating of:	☐ Start Over ☐ Good ☐ Excellent	☐ Needs work ☐ Very Good
FEEDBACK		
How did you hear about CEU Matrix?	☐ Web Search Engine ☐ Mailing ☐ Telephone Contact ☐ E-mail posting ☐ Other Linkage ☐ FMS Advertisement ☐ Other: _____	
What I liked BEST about this course:		
I would suggest the following IMPROVEMENTS:		
Please tell us how long it took you to complete the course, post-test and evaluation:	_____ minutes were spent on this course.	
Other COMMENTS:		