

TO: Michele Martinez-Campbell
FROM: Carla Bailey
RE: Independent Research Project, Grafton County Drug Court Programming for Women
DATE: December 10, 2012

Introduction

This past summer, Michele Martinez-Campbell asked if I would be interested in working on a project with and for the Grafton County Drug Court, researching and recommending programming for women who are drug court clients. The results of this research would then go to her, Robert Gasser, and Ben Nordstrom for evaluation and suggestions toward the goal of securing an enhancement grant from the Department of Justice (or other granting organization) to implement such programming. The need for this project rose from the consistent statistics that demonstrate that women are succeeding in the GCDC at a much lower rate than the men. The GCDC team hoped to discover what we might be able to do in Grafton County to remedy that situation.

I have not footnoted this report but I have included within the body of the report the sources for my information. At the end of this report, I list the resources I consulted, recognizing that there should be more direct contact with other drug courts that have designed and implemented programs for women. Because of Caroline Cooper's extremely busy schedule, I have not been able to include as much information from those models before this deadline as I would like. Before any grant applications are submitted, I will be in receipt of this information and will forward it to MM-C, BG, and BN for inclusion in an application's supporting documents.

For the purposes of this report, I have identified three areas of concern and possible programming, recognizing several programs that have already been attempted in New Hampshire and identifying organizations with whom we could/should partner to provide programming for women. Members of the GCDC team may not agree with some of my assumptions/conclusions about women in recovery, which is certainly understandable, however, I make them from the perspective of a recovering alcoholic/addict, feminist, pastorally trained scholar who has been involved in several of the non-profit helping organizations in the Upper Valley for a number of years. In addition, members of the congregation I serve have expressed a strong interest in supporting and participating in a program of support for women in the drug court. Several of them serve on the Board of Directors of WISE, and have been involved in providing volunteer support for incarcerated women for quite some time. I write with them in mind, as well.

Addicted Women – Chicken or Egg

Significant recent research has demonstrated that addicted women present a number of issues/needs that are not as present as with addicted men (*Stephanie Covington, The Handbook of Addiction Treatment for Women: Theory and Practice, 2002*). Dr. Covington and many others describe a need for "gender-responsive" treatment, defining it as "creating an environment through site selection, staff selection, program development, content, and material that reflects an understanding of the realities of women's lives, and is responsive to the issues of the clients". What research has shown is that addiction is rarely the single issue with which women contend by the time they are eligible for drug court. This is not surprising, of course, but it makes the need for a more particularized program for women especially necessary. The overwhelming majority of addicted women (and this applies to all incarcerated women in general), have experienced some form of trauma in their personal history. This trauma may be the result of childhood abuse or neglect, childhood or adult sexual abuse or assault, extreme poverty, unintended pregnancy, homelessness, mental illness, forced prostitution, among others.

While there is no doubt that male addicts may also have experienced trauma in their personal histories, the impact of sexual trauma for women in particular complicates treatment in significant ways. Women nearly always have difficulty describing the trauma they have experienced, particularly in a court

setting. One most obvious addition to existing programs is women-only support groups. Almost without exception, sexual trauma for women is shame-based. Addicted women are extremely unlikely to reveal, let alone deeply uncover sexual trauma in a mixed gender twelve-step group or to a male counselor. This issue, which has a serious impact on the success rate for women in recovery, is akin to the chicken and egg dilemma. Which came first? Which issue do we address first? Did the trauma cause the addiction or exacerbate the addiction? Is the use of mind-altering chemicals covering up any appropriate emotional response to the trauma? The frequent answer for drug court personnel is that addressing the addiction must come first. It is the addiction that brought them to drug court in the first place. Within the addiction recovery community is the general assumption that until the alcohol consumption is arrested or the mind-altering chemicals cleared from the body, an addict is not capable of addressing any other issue.

Women in the movement to address violence against women, particularly sexual violence, disagree. Until a woman can address the violence that was done to her, and uncover the dimensions of the trauma she is experiencing, she will be unable to address even the thought, let alone the reality of living without alcohol or drugs. This perspective is strong, well-informed by experience, and undergirded with a fair amount of research. (*Susan Armstrong, "Complex Interactions: Women, Trauma, Addictions, and Mental Health", British Columbia Partners for Mental Health and Addictions, 2007; Gatz, Brown, Hennigan, Rechberger, O'Keefe, Rose, and Bjelajac, "Effectiveness of an Integrated, Trauma-Informed Approach to Treating Women with Co-occurring Disorders and Histories of Trauma", Journal of Community Psychology, 2007; Laura D'Angelo, "Women and Addiction: Challenges for Drug Court Practitioners", The Justice System Journal, Volume 23, Number 3, 2002*). But it presents challenges for a relatively small, fairly rural drug court program. There are not enough women-only twelve-step meetings to accommodate the requirements of women clients in the GCDC. This is an area that ought to be addressed in any gender-specific programming we might hope to add.

Another chicken/egg issue concerns how to adequately treat women who are also single mothers. Several problem-solving court programs around the country are beginning to address the particular needs of women who have children. In Eau Claire County, Wisconsin, the first drug court I explored, Judge Lisa Stark described four problem-solving courts there. Eau Claire County has a drug court, a court for veterans, a mental health court, and a court for single mothers. This last, called AIM, Alternative to Incarcerating Mothers, is the program Judge Stark believes accounts for the greater success rate among women in the drug court and in AIM itself. In other words, when the issues for single mothers are addressed by a specialized court, the women left in the drug court program succeed as well as the men. (*Interview with Judge Lisa Stark, Circuit Court, Branch I, Eau Claire County, Wisconsin, August 24, 2012*). The AIM court targets single women who have AODA and/or mental health issues, addiction issues, and with minor children, and women convicted of nonviolent misdemeanors and/or felonies. The literature clearly states that the "AIM Specialty Court has been modeled after the research-based/best practices found effective in problem-solving courts, i.e. drug court. There is an extensive intake evaluation that tests comprehensive needs and risks, but also goal planning, parenting skills, and social support. All these are combined into a treatment plan, monitored weekly by the AIM team. This program is supported in Eau Claire County by the Department of Corrections, the Public Defenders' Office, the Department of Human Services, the District Attorney's Office, the Circuit Court, and the County Criminal Justice Collaborating Council.

I know it seems unlikely Grafton County will find its way to support such a collaborative project, but it is exactly the type of comprehensive model that appears to be most effective in working with addicted women. An increasing number of drug courts are employing similar, gender-based programs that seek to address the particularities of women's issues that are intertwined with their addictions – minor children, sexual trauma, participation in the sex industry, and so on. We do not need to determine which issue needs to be addressed first, as long as we remain open to the possibility that a multiplicity of issues is making it extremely difficult for the one issue – ongoing ingestion of harmful drugs and alcohol – to be successfully addressed.

A Growing Population to Which Drug Courts Are Responding

The *Bureau of Justice Assistance Drug Court Clearing House*, the organization from which more drug court information will be forthcoming from Caroline Cooper, has prepared a memorandum of Frequently Asked Questions concerning women in drug court programs, though it does not appear to have been updated since 2007. Nonetheless, it is a fairly comprehensive report on the issues related to treating women found in drug courts across the county. In addition, the Bureau's report cites that "during the past decade, the number of female offenders has grown at a much faster rate than that for male offenders in all parts of the correctional system". This particular report contains extensive information that is exactly on point, therefore, I have reproduced most of it in the following pages. For ease of access, I have organized the information into five areas.

Multiple Issues:

Many [drug court] programs report that women participants appear to be more heavily involved with drugs and a drug "lifestyle" (including prostitution) by the time they become involved in the criminal court process than men; this situation necessarily bears on the likelihood of a woman's success in the program and the special needs which she will likely present – three of the most significant of which entail:

- the need for clean and sober housing;
- the need for support in dealing with negative relationships which likely keep her in drugs (e.g., economic, domestic violence, etc.); and
- the need to deal with the impact of physical and other abuse she has likely experienced.

Mental Health and Independence:

It is also frequently observed that men often play a major role in a woman's initiation to and maintenance of substance use; in light of the above, the availability of clean and sober housing and a means of employment are especially critical for females participating in drug courts; the availability of child care for women participating in drug courts is also critical; many programs recognize the need to permit women to bring their children to the treatment facility.

Low self esteem and the presence of depression or other mental health conditions were noted among 87% of family drug court participants, 84% of whom were female; it would therefore appear likely that these problems would be found at a comparable rate among female participants in all drug courts.

Additional Needs That Hinder Success:

When day care, special women's groups, and other special services are offered, females appear to be graduating at a higher rate than their male counterparts; when these services are absent, however, they appear to fail at a higher rate (emphasis added).

Female drug court participants face more severe socioeconomic disadvantages than male participants;

- female participants face more severe addiction problems, as measured by primary drug of choice and previous treatment episodes; and
- female participants have more extensive criminal histories than male participants.

It is widely believed that women in drug courts face particularly severe barriers to recovery, including more severe addictions, greater socioeconomic disadvantages, and a greater frequency of co-occurring mental health disorders such as bipolar disorder, major depression, and schizophrenia. This has already been shown to be the case in a separate study of the Brooklyn drug court (*D'Angelo, 2002*). Also, several studies of non drug-court clients find that women are less likely than men to be retained in treatment (*e.g., Beckman 1979*). With eleven [female only] drug court populations available for study this presented

an unprecedented opportunity to test whether men and women in drug courts in fact differ systematically across multiple characteristics.

Findings From Other Relevant Research:

Sexual Abuse is a Major Problem for Women in Treatment:

The following are findings presented by speakers at that *Annual Conference of the National Association of Alcoholism and Drug Abuse in September 2003* and reported by Bob Curley in a Feature Story for Join Together Online October 16, 2003:

More than a third of women in addiction treatment have been physically forced to have sex, according to experts looking at the relationships between addiction, HIV, and sexual abuse among female addicts and alcoholics. People who abuse alcohol and other drugs are both more likely to act out violently and to be the victims of sexual violence. (*Jerry Flanzer, DSW, social scientist with the services research branch of NIDA*). Addiction, HIV, and violence are interrelated problems that disproportionately affect women. Women in addiction treatment programs are three times more likely to be victims of partner violence than the general population and studies have shown that between 50 to 80% of women in treatment have been victims of childhood sexual abuse. Many women who abuse alcohol and/or other drugs are in relationships with men who force them to have sex without the use of condoms; some of the Latino and African-American men studied viewed requests for condom use as a sign of infidelity, or an insult to their masculinity. In some cases, women were forced to trade sex for drugs, then were abused by their partner for doing so (*Nabila El-Bassel, DSW, Director of the Social Intervention Group (SIG) at Columbia University*).

Needs of Incarcerated Women

Mental Health, Substance Abuse and Domestic Violence Task Force in Oklahoma published a study in February, 2005, which made the following recommendations:

- Non-violent persons who suffer from major mental illness or addiction should be identified and targeted as early as possible upon entry into the criminal justice system for referral to more cost effective systems that are better able to treat, monitor, rehabilitate, and appropriately supervise these citizens.
- Special priority should be given to the female inmate population. According to the Task Force on the Incarceration of Women chaired by Lieutenant Governor Mary Fallin, and a report generated from their work entitled "Women Incarcerated in Oklahoma: Report from the Special Task Force for Women Incarcerated in Oklahoma," incarcerated women are statistically more prone to suffer from mental illness or addiction and are likely to be custodial parents whose children are in the costly foster care system.

The 2000 Drug Court Survey indicated the availability of child care and related services for female drug court participants as follows: approximately 27% (up from 20% in 1997) of the responding treatment programs in 2000 provided childcare services for participants while they were attending treatment sessions. Forty-nine percent also reported that they developed special treatment service components for pregnant or post partum women. Approximately 21% of the responding treatment programs in 2000 also permitted participants to bring children to the treatment sessions – a decrease from the 33% reported in 1997.

Existing Programs and Studies in New Hampshire and in the Upper Valley

I interviewed three programs/study leaders in the Upper Valley that could become partners in additional programming we may choose to implement for women in GCDC - New Hampshire League of Women Voters, WISE of the Upper Valley, and Hannah House. Unfortunately, since exploring some possible partnership programs with Hannah House for drug court participants with young children, their board of directors has decided Hannah House will close as of December 31st, at least for the foreseeable

future. It may be that when conversations happen between WISE of the Upper Valley and Hannah House in the future, GCDC could be at the table, seeking program assistance for our female drug court participants who are mothers of minor children. Until that time, however, Hannah House is not available to us. Hopefully, we can find other resources to assist with the needs of addicted moms with kids.

New Hampshire League of Women Voters

The New Hampshire League of Women Voters conducted a study of the needs of incarcerated women in New Hampshire, and, in concert with the New Hampshire Commission on the Status of Women, has made several recommendations for support and change. Their recommendations were adopted by their board on April 27, 2012. From the study, the League drew several conclusions: LWVNH believes that the incarceration of women in NH, whether in the county Houses of Correction, the women's prison or the halfway house, impacts not only the offenders and their families but also society as a whole. The League believes that the corrections system should encompass gender-specific strategies in their policies for the treatment of women within that system. The League also believes that the goal of the corrections system for women should be to provide opportunities for rehabilitation while recognizing the need to address and repair the harm caused by criminal behavior.

The League supports the following:

- the use of alternatives to incarceration for non-violent offenders who can be safely managed in the community,
- the strengthening of policies designed to support the role of the mother in her children's lives,
- the use of gender-specific assessment tools,

In addition, the League calls for a priority emphasis on rehabilitative programs that

- provide parity between programs offered for men and women while recognizing the gender-specific needs of women,
- ensure focus on and treatment of a woman's pre-existing trauma,
- use evidence-based treatment protocols for offenders with substance abuse and/or mental health related diagnoses,
- increase educational opportunities, including vocational training,
- incorporate the use of technology to increase an offender's access to programs.

League Action would include measures that would address the following:

- Sentencing alternatives, including drug and mental health courts, probation, restorative justice, weekend sentencing, use of electronic monitoring or fines should be considered as efforts to keep families together and allow offenders to earn a living, pay taxes and contribute to their communities.
- Work toward the establishment of mental health and drug courts in every county or circuit court division.
- Support reliable, stable funding for community support and services in alternative programs
- Strengthen linkages and increase the capacity of community agencies that work with women offenders.

Develop policies to support the role of the mother, including:

- Parenting education and support programs within the HOC, prison and halfway house,
- Increased DCYF involvement in support of services available to children and women,
- Alternatives to placement for children of offenders,
- Support for visitation including those children in foster care,
- Adequate notification of parental rights termination hearings and priority efforts to ensure woman's attendance at those hearings,
- Release to home monitoring prior to delivery of a child by a pregnant offender whenever possible

In addition, the League supports the use of gender specific assessment tools to ensure intake and assessment collection of information is specific to females.

The League of Women Voters is committed to addressing many of the issues faced by incarcerated women in New Hampshire, particularly the disparity between programs of support, education, and community reentry for men and women. To that end, and again, in concert with the New Hampshire Commission on the Status of Women, the League has determined that a high priority must be comprehensive and consistent data collection between all the drug courts in the state and all women incarcerated in the state. This consistency in data collection would make it easier to apply for grants, track repeat offenders as they travel to other counties within the state, and more accurately compare outcomes of a variety of programs as they are implemented.

At the moment, the League is waiting for a state decision to be made concerning whether an additional prison will be built in New Hampshire and whether it will be run privately or by the state. Once that decision is made, depending on what it is, the League intends to go forward with fund-raising for increased internet access to education programs for incarcerated women at a residential state facility, either Goffstown or a yet-to-be-identified state prison facility. While that will not directly impact the program of our drug court, the New Hampshire League of Women Voters is a strong network of active, well-educated and public-minded women who have already identified the needs of women offenders in New Hampshire as a high priority. Many of their goals for incarcerated women in New Hampshire align closely with the goals for women offenders in the drug courts. They actively support “services and programs that include but are not limited to: education, vocational training, substance abuse/mental health treatment and counseling, parenting, self-help, health care, recreation, spiritual guidance and transition plans to re-enter the community. Where appropriate, the programs should be gender-specific” (*New Hampshire League of Women Voters – lwvnh.org – state study*). In addition, “programs offered within the prison should include recognition of a woman’s pre-existing trauma. Treatment for that trauma should be given so that other programming can be effective. An increased priority on treatment for offenders with substance abuse and/or mental health diagnoses is a high priority.”

Recently, Liz Tentarelli, co-president of the New Hampshire League, has been traveling around the state, speaking to local chapter of the League and in public settings about the League’s study and recommendations. At the session she conducted in Hanover, she was very complimentary of GCDC and all the drug courts in the state. I interviewed her following her presentation at the Howe Library on November 15th, and again by telephone on December 8th. One idea I suggested we might pursue for women in the GCDC would be a mentoring program – not directly related to addiction but in support of developing healthier relationships and in seeking employment. Ms. Tentarelli told me of the Second Chance Act award to the Office of the New Hampshire Attorney General. The federal Bureau of Justice Assistance (BJA) granted the Attorney General’s office and the NH Department of Corrections (NHDOC) - \$400,000 to help reduce recidivism by 50% for targeted populations over a five year period. Goodwill Industries of Northern New England was chosen to administer the grant by providing a full-time employment specialist to assist people leaving prison who intend to reside in Merrimack County. An additional part of the Second Chance grant was to provide, train, and support mentors for incarcerated women in the last months of their imprisonment and in the transition out of prison. Ms. Tentarelli said the mentoring program was not successful in that not enough qualified mentors could be found. If we are to develop a mentoring type of program for GCDC women, that will be an important issue for us.

WISE of the Upper Valley

One important partner in our efforts to assist female participants in GCDC could be WISE of the Upper Valley. From their website – “WISE is a non-profit organization which has been serving the needs of the Upper Valley for almost forty years. WISE provides advocacy, crisis services, and community

education to those affected by domestic and sexual violence and stalking throughout the Upper Valley region. All WISE services are free and confidential.

Violence against women, men and children is a community and societal issue affecting all of us who live and work in the Upper Valley. WISE Crisis Intervention and Support Programs provide a continuum of services for victims and their children with the goal of making the Upper Valley a safer place for families to live. The WISE Community Education and Prevention Program works with local-area service providers to increase their knowledge and skill-level regarding the needs of clients impacted by domestic/sexual violence. WISE has been providing a full range of services to victims of domestic and sexual violence in the Upper Valley, including Lebanon, since 1976.”

I interviewed WISE executive director Peggy O’Neil about services for female drug court participants, seeking both her perception of the efficacy of GCDC programs for women who have experienced sexual trauma, and to seek some willingness to explore a partnering between GCDC and WISE. Not surprisingly, Ms. O’Neil believes that providing a safe, nurturing environment to uncover issues of sexual trauma are essential before there can be any freedom from chemical addiction (remember the chicken and the egg?). She and WISE Program Coordinator Abby Tassel, attended an early session of the GCDC to learn about the program and explore ways WISE might be supportive for women participants. At that time, both women felt that the public nature of the drug court, and the mixed gender groups would be difficult barriers to overcome for WISE to actively participate in drug court services. In our interview, we wondered together how to make WISE services more available to female drug court participants. WISE is considering beginning a program of support for sexual assault survivors who struggle with chemical addictions but their framework for support is significantly different than the traditional twelve-step model. The highest priority for WISE is to provide emotional and physical safety for women so that they can begin to uncover the layers of trauma caused by sexual abuse or assault.

The model for many of WISE services is based on trauma recovery, specifically Rape Trauma Syndrome, a sub category of Post Traumatic Stress Disorder.

Rape Trauma Syndrome consists of three phases that were first described by Ann Burgess and Lynda Holmstrom in 1974.

Stage 1: Acute Crisis

- Immediate Reaction
- Physical Issues: injury from assault, tension, fatigue, difficulty sleeping, and eating disturbances (changing of appetite, nausea, stomach pains).
- Emotional Reactions: fear, guilt, anger, embarrassment, shame, revenge, and helplessness.
- Important Outside Reactions: VALIDATE and NORMALIZE.

Stage 2: Denial

- Numbing or reduced involvement
- Attempts to forget
- May explain that they are “over it”
- Comes from the desire to move on with their life
- It’s common for a survivor to alternate between the denial phase and crisis phase

Stage 3: Reorganization & Integration

- Lasts the longest- couple months to many years
- Outside reactions and circumstances- crisis intervention, legal, medical, friends, family, past trauma experience, and the nature of the assault
- Psychological- nightmares, phobias, paranoia, and compulsive behavior
- Physical - gynecological, backaches, migraines, eating disturbances
- Social - disrupted relationships with friends, family and lovers.

According to the NH Violence Against Women Survey:

- Nearly one in four women has been the victim of sexual assault at some point in her lifetime. Nearly a fifth of New Hampshire women were the victims of sexual assault with penetration.
- Sexual violence is a crime in which youth are particularly at risk. Forty one percent of the most recent sexual assaults reported in this survey occurred before the victim's 18th birthday, and 83% occurred before the age of 25.
- The majority of the victims of sexual and/or physical violence knew the perpetrator of their most recent assault.
- Consistent with other research, women reporting multiple types of abuse also reported poorer physical health. Women who report having a chronic disease or medical condition were more likely to report sexual and physical violence than women who do not report having a chronic disease or medical condition.
- Victims of Sexual Assault are:
 - o Three times more likely to suffer from depression,
 - o Four times more likely to be suicidal,
 - o Six times more likely to suffer from post-traumatic stress disorder (PTSD),
 - o Twenty-six times more likely to abuse drugs (*World Health Organization (2002) "The World Report on Violence and Health"*),

According to the Incidence and Economic Burden of Injuries in the United States, sexual violence cost the nation \$187 billion in 2000, 55% of that, involving victims under the age of 25. These costs were more than the cost of impaired driving - \$114 Billion (*Finkelstein EA, Corso PS, Miller TR, Associates. Incidence and Economic Burden of Injuries in the United States. New York: Oxford University Press; 2006. [WISE.org]*)

If we accept the premise that a clear majority of women who are addicted have also experienced sexual trauma, we need to address both the trauma and the addiction in partnership with experts in the field of sexual trauma. That may be a difficult hurdle to jump, particularly because of the difficulty of holding drug court participants accountable for their behavior while in the program. Yet, the best practices reported by WISE, the New Hampshire Coalition Against Domestic and Sexual Violence, and its member organizations across the state tell us that the treatment of sexual trauma requires a different approach than traditional twelve-step treatment models.

Therefore,

Cost-Free Recommendations

- 1) The first recommendation for an enhanced program for the GCDC is to be sure that all intake interviews of women are conducted by women, and that appropriate screening protocols are in place to uncover sexual trauma in the history of female participants; (If this is already being done, we need to make the statistical information available and coordinate these intake protocols with other drug courts in the state.)
- 2) make available as many single sex groups as possible for participants – in particular, twelve-step groups or other substance-free support groups;
- 3) facilitate the participation of female drug court participants in the programs available through WISE, which will require that at those times and in those sessions, drug court participants will be able to participate with absolute confidentiality.

These recommendations won't cost any money. They need to be carefully thought through so that they do not become counterproductive for the participants, but they can be introduced fairly quickly and with few changes in personnel or program particulars. Additionally, coordinating intake protocols across the drug courts in the state would provide helpful information for those courts, as well as ours in Grafton County. This could be done by a VLS intern or other volunteer.

One additional no cost program worth exploring is the Open Doors to Safety Project of the NH Coalition Against Domestic and Sexual Violence. In April of 2009, the New Hampshire Coalition implemented the project whose primary mission is “to enhance domestic violence and sexual assault programs’ response to survivors who have substance abuse and mental health issues due to the impact of experiencing complex trauma. Over the past two and a half years, Linda Douglas, the Trauma Specialist for the project, has provided training to advocates and volunteers at the fourteen domestic and sexual assault programs in the state, provided consultation regarding individual cases or program policies that affect this population, and met with survivors to provide additional trauma-informed support and education. Information about providing trauma informed services has been provided one-on-one, in group discussions, formalized trainings, and via the project blog at <http://opendoorsnh.blogspot.com/>. It could be of considerable value to drug court personnel to seek the training provided. Open Doors assists women in looking at the following issues:

- Does your partner threaten to hurt you if you use (or do not use) drugs?
- Does your partner humiliate you, put you down, and make you feel guilty for past drug use?
- Does your partner physically abuse you for getting high or not getting high?
- Does your partner prevent you from attending treatment programs or NA/AA meetings?
- Does your partner tell you that you caused the abuse by your drug use?
- Does your partner force you to prostitute for drugs or drug money?
- Does your partner force you to sell your property for drugs or drug money?
- Did your partner introduce you to drugs? Does he encourage your drug use and drug dependence?
- Does your partner force you to sell drugs?

The Open Doors project is a statewide resource administered in Grafton County by WISE.

Grant Dependent Recommendations

- 1) Hire a part-time coordinator for drug court services for women, including direct connection with WISE, and with other county or privately funded programs of support for women with children. If this position could be full-time, many of the following recommendations would fall under her position description.
- 2) Connect with the Schweitzer Fellows Program to support one or two Dartmouth Medical School students who would work with women on issues of healthy choices. This could be coordinated with the Family Place in Norwich.
- 3) Either through Schweitzer Fellows Program or through Vermont Law School directly, find one or two female law students who would accompany female drug court participants to all court appearances for support purposes only. These are not the parole officers, prosecutors or drug court personnel. Their only role is to support female drug court participants during court appearances.
- 4) Hire a part-time psychiatric nurse to work only with women participants, providing connections to services in the Upper Valley, including the mental health programs at West Central Behavioral Health and/or Dartmouth Hitchcock Medical Center.
- 5) Establish a connection with the Good Neighbor Health Clinic or Planned Parenthood of New England to assure that female drug court participants are receiving thorough reproductive health care, including screenings for STD’s and HIV.
- 6) If a female drug court participant is a single mom of minor children, coordinate with DCF so that a particularized program that ensures her ability to keep her children with her is developed. Loop in Good Beginnings of the Upper Valley for new born support for single moms.

- 7) Explore housing issues for women that guarantee safe living conditions with public transportation access to employment. The League of Women Voters study was especially adamant that safe, appropriate housing is essential for women to succeed outside of prison. “Facilities used to incarcerate women should be located near public transportation so that families can visit and women whose classification allows them go out into the community have access to transportation for work or other programs as prescribed by their treatment plans. If a facility is not located near affordable and accessible public transportation, the facility should provide transportation for work opportunities, legal interactions for the offender and health care that must be treated off-site.”
- 8) Develop a mentoring program with volunteers that links drug court participants with women who are savvy about addiction manipulation, who aren’t easily shocked, who can provide support in employment matters – this is how you dress for an interview, this is what you do when you’re mad at your boss, this is how you make it through the tedious hours, etc.
- 9) Coordinate with the other drug courts in New Hampshire the implementation of Open Doors to Safety for all female drug court participants.

It has been an honor and a privilege to research these issues and programs available in New Hampshire and I look forward to planning the next steps for one or more grant applications to implement at least a few of these recommendations.

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