The Road to Recovery 2016

May Show

Criminal Justice System Involvement: The Role of Mental or Substance Use Disorders

December 11, 2015

Striking racial and ethnic disparities in U.S. incarceration rates are evident in every region of the country. According to national data from the U.S. Census, Blacks are incarcerated five times more than Whites are, and Hispanics/Latinos are nearly twice as likely to be incarcerated as

[1] Substance Abuse and Mental Health Services Administration. (2015, June 15). Criminal and juvenile justice. From http://www.samhsa.gov/criminal-juvenile-justice (accessed April 12, 2016).

[2] Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2011, March 3). The TEDS report: Characteristics of probation and parole admissions aged 18 or older. Rockville, MD. From http://archive.samhsa.gov/data/2k10/231Parole2k11Web/231Parole2k11Web.htm (accessed April 12, 2016).

Panel 1: Criminal Justice System Involvement Among People With Mental or Substance Use Disorders: Addressing Disparities and Trauma

Key Questions

1. Why is it important to address mental or substance use disorders in the criminal justice system?
2. What is the prevalence of mental or substance use disorders among people involved in the criminal justice system?
3. What is the prevalence of behavioral health problems among young people involved in the juvenile justice system?
4. What is the impact of criminal justice involvement on the families, particularly the children of these individuals? What is the impact on society?
5. How do ethnic, racial, gender, and sexual orientation disparities affect how the criminal justice system deals with behavioral health problems?
6. Are there racial and ethnic disparities related to the criminal justice system? If so, how are drug courts managing ethnic and cultural differences?
7. Are there specific efforts to reduce behavioral health disparities in the criminal justice

Source: SAMHSA. (2011, March 3). Characteristics of probation and parole admissions aged 18 or older. The TEDS Report. From

http://archive.samhsa.gov/data/2k10/231Parole2k11Web/231Parole2k11.htm (accessed April 12, 2016).

- According to data from 2008 SAMHSA's Treatment Episode Data Set (TEDS), the criminal justice system was the largest source of referrals to substance use treatment, with probation / parole treatment admissions representing the largest proportion of these criminal justice system referrals.
- The most common substances of abuse reported by probation or parole admissions were alcohol (30.6 percent), marijuana (26.4 percent), and methamphetamines (15.6

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Source: Sakala, L. (2014, May 28). Breaking down mass incarceration in the 2010 census: State-by-state incarceration by race/ethnicity. Prison Policy Initiative. From http://www.prisonpolicy.org/reports/rates.html (accessed April 12, 2016).

- A closer look at which communities are most heavily impacted by mass incarceration reveals stark racial and ethnic disparities in U.S. incarceration rates in every region of the country. Nationally, according to the U.S. Census, Blacks are incarcerated five times more than Whites are, and Hispanics are nearly twice as likely to be incarcerated as Whites.
- According to the 2010 U.S. Census, whites made up 64 percent of the general population and 39 percent of the incarcerated population. Blacks made 13 percent of the general population and 40 percent of the incarcerated population. Hispanics made up 16 percent of the general population and 19 percent of the incarcerated population.

Source: The Sentencing Project. (n.d.). Racial disparity. From http://www.sentencingproject.org/template/page.cfm?id=122 (accessed April 12, 2016).

- More than 60% of the people in prison are now racial and ethnic minorities. For Black males in their thirties, 1 in every 10 is in prison or jail on any given day.
- These trends have been intensified by the disproportionate impact of the "war on drugs," in which two

journalists, and justice advocates, just as they have vexed prosecutors around the country.

Source: Justice and Health Connect. (n.d.). Health disparities in the criminal justice system: Quick facts. The Vera Institute of Justice. From http://www.jhconnect.org/wp-content/uploads/2015/03/Health-Disparities-Fact-Sheet.pdf (accessed April 12, 2016)

People who are involved in criminal justice systems experience significantly higher rates of chronic, acute, and behavioral health problems than the general population. Arrests are concentrated in low-income communities where people are more likely to be medically underserved. Underlying behavioral health condition, 20eceav

2. Women's pathways to criminal justice are different than men's. Women entering jails are much more likely to have experienced poverty, intimate partner violence, sexual abuse, and/or other forms of victimization often linked to their offending behavior. Justice-involved women are also much more likely to have co-occurring disorders—in particular, substance abuse problems interlinked with trauma and/or mental illness.
3. Women's engagement in criminal behavior is often related to their connections with others. Relationships with children, family, and others are often paramount for women. Their exposure to dysfunctional and abusive relationships throughout their lives can elevate their risk for future victimization and the perpetration of violence—and their often unhealthy relationships (with men or others) can lead to their own involvement in crime and criminal justice.
4. Women entering jails and prisons often report histories of victimization and trauma, and continue to be vulnerable to victimization within correctional settings. Trauma such as sexual victimization is often linked to mental health, substance abuse, and relationship difficulties and contributes to criminal pathways for women. Research indicates that traumatic experiences cause chemical and structural changes in the brain

history immediately preceding incarceration. Finding "safe" housing where women can live and support their children is very challenging.

10. The cost of overly involving women in criminal justice is high. Given what we now know about women – their low risk, parental responsibilities, and significant needs (mental and physical health, history of trauma, substance abuse, financial, etc.) and some of the strategies we can employ to improve their outcomes, it is difficult to reconcile that 60 percent of women released from incarceration are arrested and nearly a third are returned to confinement. Most instances of these are for technical violations rather than new crimes, and they often stem from unmet "survival needs," such as difficulty meeting financial obligations, lower employment skills, or the inability to secure safe housing.

x Evolving research on justice-involved women indicates that focusing on the differences in male and female pathways to criminality, their responses to custody and supervision, and applying gender-informed interventions and treatments yields better results and contributes to more successful outcomes for women offenders. In addition, the safety and security of jails and prisons are enhanced.

Source: Wilder Research. (2013). Through the eyes of a child: Life with a mother in prison. Volunteers of America. From http://nicic.gov/library/027920 (accessed April 12, 2016).

x Most people assume that women in prison are unfit mothers, and that their children are simply better off without them. But a growing body of research suggests that children with incarcerated parents may actually achieve better outcomes when they can maintain some type of positive contact with their father or mother.

x In continuing to support the children of incarcerated mothers, it is important for advocates and policymakers to keep in mind the following:

  - Caregiver well-being is clearly linked to the well-being of the child. Supporting the children of incarcerated mothers means also providing support for their caregivers. Particular attention must be paid to a caregiver's mental health. If a caregiver is depressed or overwhelmed, she cannot provide the quality care and nurturing that a child needs, which can, in turn, affect the child's emotional and behavioral well-being. In addition to a healthy caregiver, children also need to have a stable living environment.
  - Children need the ability to visit their mothers in a safe, non-hostile environment. Currently, the visiting areas at prisons vary widely from spaces where children can play and interact with their parents to austere rooms with barbed wire and the inability for any physical contact. While it may be emotionally difficult for children to visit a parent in prison, they need the opportunity to interact with their incarcerated mother in a safe, non-threatening place. This is especially true for younger children, who have a harder time processing the situation and dealing with their emotions.
  - Children need strong emotional support, especially those who already exhibit serious emotional or behavioral problems. The children of incarcerated mothers may have difficulty expressing or controlling their emotions because of their traumatic situation, and studies show that children who are less able to regulate their emotions are significantly more likely to engage in problem behaviors. Therefore, it is important for policymakers and advocates to fight for

more children's mental health services to get children the emotional support they need to cope.

- It is important to try to support families before incarceration occurs. As mentioned previously, many of the children who experience maternal incarceration are already at a high risk of emotional, behavioral and intellectual problems; therefore, it is important to reach out to high-risk youth even before a parent may be incarcerated.

Sexual Orientation and Gender Expression Disparities

Source: Gay and Lesbian Advocates and Defenders (GLAD). (n.d.). Know your rights: Criminal justice system & prisons. From http://www.glad.org/rights/topics/c/criminal-justice-system-prisons (accessed April 12, 2016).

- LGBT and HIV-positive individuals often experience unique difficulties when dealing with

- Many gay and transgender youth charged with nonsexual offenses are also unfairly treated as sex offenders and ordered by the court to undergo sex offender treatment programs or sex offense risk assessments simply because of their sexual orientation or gender identity.
- From the moment gay and transgender youth enter a detention facility they are at risk of being inappropriately classified and housed. Transgender youth, for example, are often placed according to their birth sex rather than by their gender identity in an effort

as follows:]

- African-Americans appear to be underrepresented in adult drug courts by an average of a few percentage points.
- African-American participants, and to a lesser extent Hispanic and Latino/Latina participants, are considerably less likely than Caucasians to graduate from a plurality of drug courts, but not all drug courts. This difference does not appear to be a function of race or ethnicity per se, but rather a function of other socio-demographic characteristics which may be correlated with race or ethnicity.
- Evidence suggests graduation rates for African-American and Hispanic participants may be substantially increased by: providing vocational services and assistance; administering structured, cognitive-behavioral treatment curricula; administering treatments that are focused on the prevalent drugs of

My Brother's Keeper Initiative

Source: The White House (President Barack Obama). (2014, February 27). My Brother's Keeper. From https://www.whitehouse.gov/my-brothers-keeper# (accessed April 12, 2016).

- President Obama launched the My Brother's Keeper initiative to address persistent opportunity gaps faced by boys and young men of color and ensure that all young people can reach their full potential.
- Through this initiative, the Administration is joining with cities and towns, businesses, and foundations who are taking important steps to connect young people to mentoring, support networks, and the skills they need to find a good job or go to college and work their way into the middle class.

Source: The White House (President Barack Obama). (2014, February 27). Fact sheet: Opportunity for all: President Obama launches My Brother's Keeper initiative to build ladders of opportunity for boys and young men of color. From https://www.whitehouse.gov/the-press-office/2014/02/27/fact-sheet-opportunity-all-president-obama-launches-my-brother-s-keeper- (accessed April 12, 2016).

- President Obama will sign a Presidential Memorandum establishing the My Brother's Keeper Task Force, an interagency effort, chaired by Assistant to the President and Cabinet Secretary Broderick Johnson, that will help us determine what public and private efforts are working and how to expand upon them, how the Federal Government's own policies and programs can better support these efforts, and how to better involve State and local officials, the private sector, and the philanthropic community in these efforts.
- Leading foundations and businesses have long worked with others in philanthropy to create opportunities for young men and boys of color and today are committing significant resources to research critical intervention points in the lives of boys and young men of color; change the often-damaging narrative about them; and catalyze coordinated investments to seed, replicate, and scale up effective community solutions.

Importance of Addressing Trauma Among People With Mental or Substance Use Disorders in the Criminal Justice System

Source: SAMHSA. (2015, August 19). Trauma training for criminal justice professionals. From http://www.samhsa.gov/gains-center/trauma-training-criminal-justice-professionals (accessed

- Challenge a person's capacity for recovery
- Pose significant barriers to accessing services
- Result in an increased risk of interacting with the criminal justice system

Source: SAMHSA. (2014, July). SAMHSA's concept of trauma and guidance for a trauma informed approach. From http://store.samhsa.gov/product/SMA14-4884?from=carousel&position=4&date=09032014 (accessed April 12, 2016).

- [This document] introduces a concept of trauma and offers a framework for how an organization, system, service sector can become trauma-informed. [It] includes a definition of trauma (the three "E's"), a definition of a trauma-informed approach (the four "R's"), 6 key principles, and 10 implementation domains.

Source: Rosenberg, L. (2011). Addressing trauma in mental health and substance use treatment. Journal of Behavioral Health Services & Research, 38(4), 428-431.

- Trauma-informed care is now the expectation, not the exception, in behavioral health treatment systems. In a trauma-informed human services system, the following applies:
  - Repeated trauma is viewed as a core life event around which subsequent development organizes. Symptoms are understood not merely as complaints but as attempts to cope and survive.
  - Treatment for individuals who have been traumatized recognizes both their vulnerabilities and their strengths. By the very fact that people we serve have experienced violence or the threat of violence and have come out on the other side, they are survivors, not victims.
  - Services for trauma survivors are based on the principles of safety, voice, and choice as defined by the people we serve. Our primary goals as helpers and healers must be the individual's empowerment and recovery. The consumer must be an active planner and participant in services. Peer support can be lifesaving.
  - Trauma services are ethnically, racially, and spirituality relevant to the individual and gender specific. Cultural competence is more than the latest buzzword in our field. It is the best way to ensure that the people we serve receive treatment that is meaningful to them.
  - Finally, trauma treatment is coordinated across multiple service systems. The problems engendered by violence cut across emergency services, mental health care, primary health care, substance abuse treatment, and domestic violence. But all too often trauma survivors cycle in and out of these various systems without ever receiving appropriate services. We cannot let that continue.

Source: Miller, N., & Najavits, L. (2012). Creating trauma-informed correctional care: A balance of goals and environment. European Journal of Psychotraumatology, 3. doi: 10.3402/ejpt.v3i0.17246.

- [This literature review] includes a comparison of gendered responses, implications for men's facilities, and the compatibility of trauma recovery goals and forensic programming goals.
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- [By searching the keyword “trauma,” visitors can find information and resources on trauma and addressing trauma among people in the criminal justice system, including Building a Trauma-Informed Nation: Moving the Conversation Into Action (webcast)].

Source: National Clearinghouse for the Defense of Battered Women. (2014). Justice-involved women: Understanding trauma and violence [webinar]. From http://nicic.gov/library/029601 (accessed

cultural change and relevant clinical approaches. We also focus on gender differences in

- Trauma-informed judicial interactions begin with good judicial practice, treating individuals who come before the court with dignity and respect. Every interaction between a judge and a treatment court participant is an opportunity for engagement. For a person who has experienced past trauma or may still be experiencing violence in their lives, a judge's words can be potentially hurtful or potentially healing.
- Trauma-informed judicial practice recognizes the role that trauma may play in how an individual perceives what the judge says and how he or she says it. The courtroom setting can be intimidating, even for individuals who have not experienced violence and trauma in their lives. Many practices may be perceived as shocking and dehumanizing to someone experiencing the court for the first time. For example, in some c