

Mental Health Concerns of Justice Involved Young Adult Women

Victoria D. Ojeda, Ph.D., M.P.H.

Associate Professor, UCSD School of Medicine

Workshop on Women's Mental Health across the Life Course through a Sex-Gender Lens

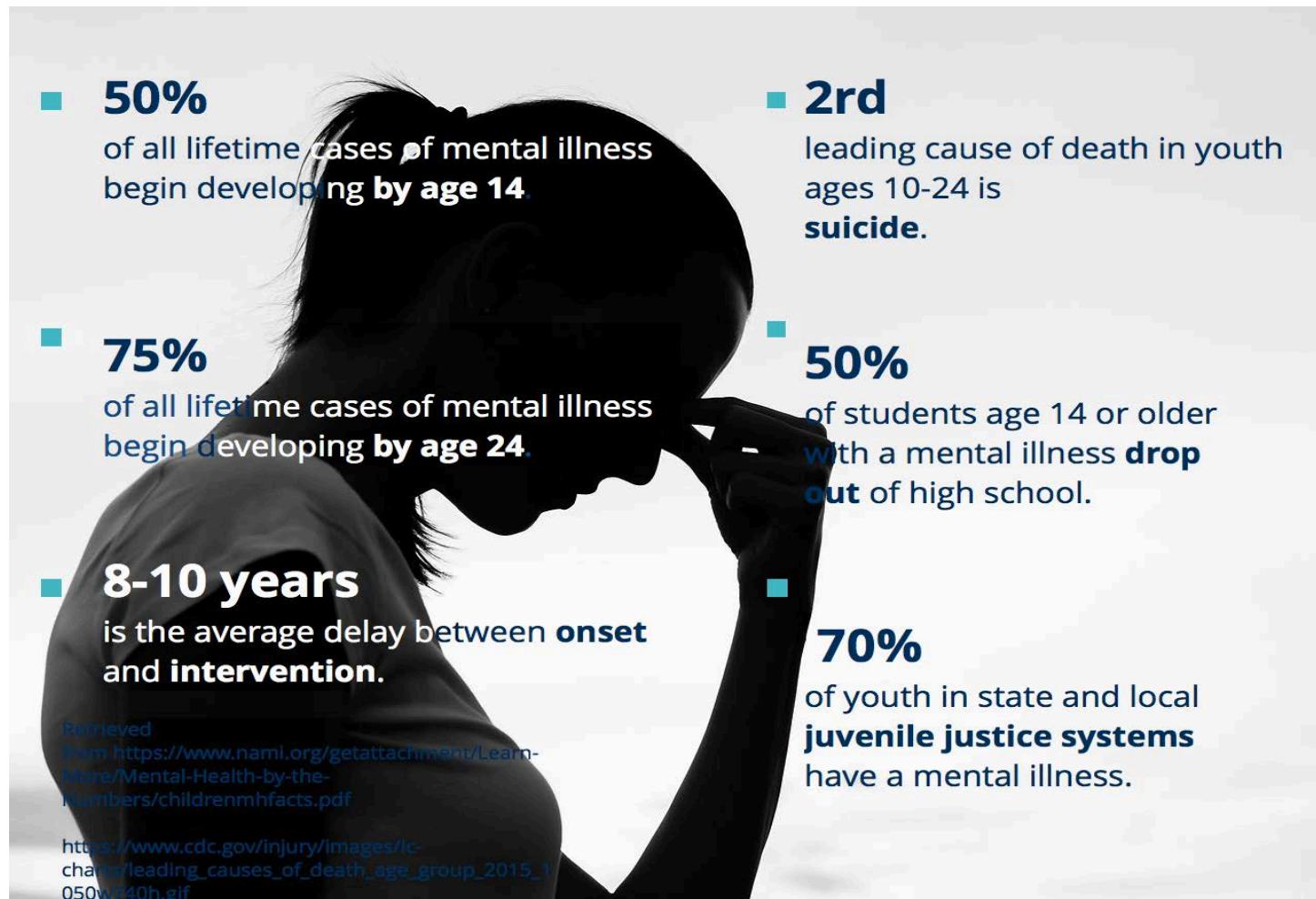
March 7, 2018

Photo: <https://www.thenation.com/article/why-are-there-so-many-women-in-jail/>

Session Objectives

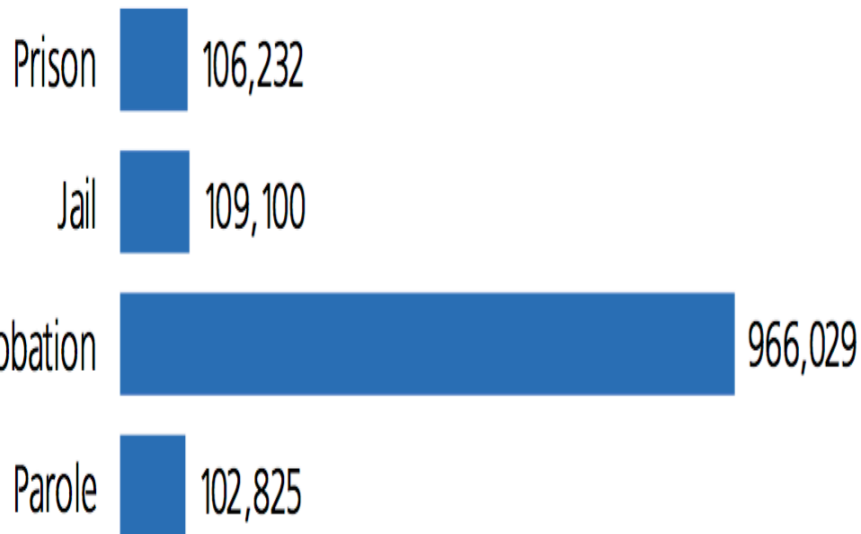
- To describe the impact of justice system involvement for women, including young women
- To describe justice-involved women's needs while detained and during re-entry into communities
- To highlight the role of peer providers for young women's re-entry
- To describe research opportunities

Adolescent mental health in relation to justice system involvement



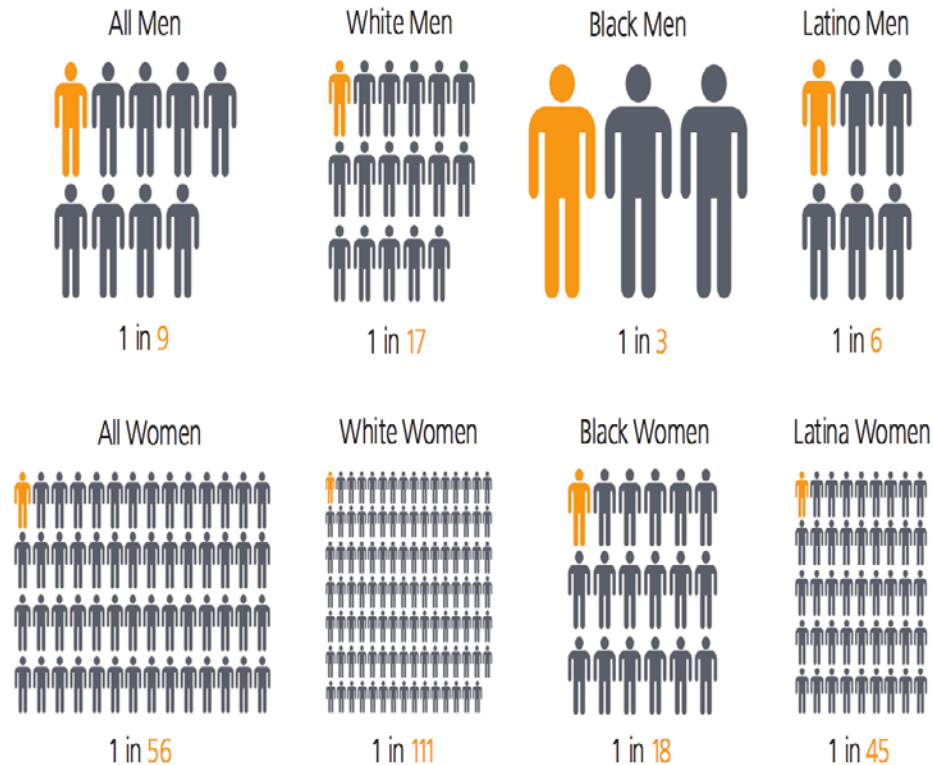
Justice system involvement among women & by race/ethnicity

Women Under Control of the U.S. Corrections System, 2014



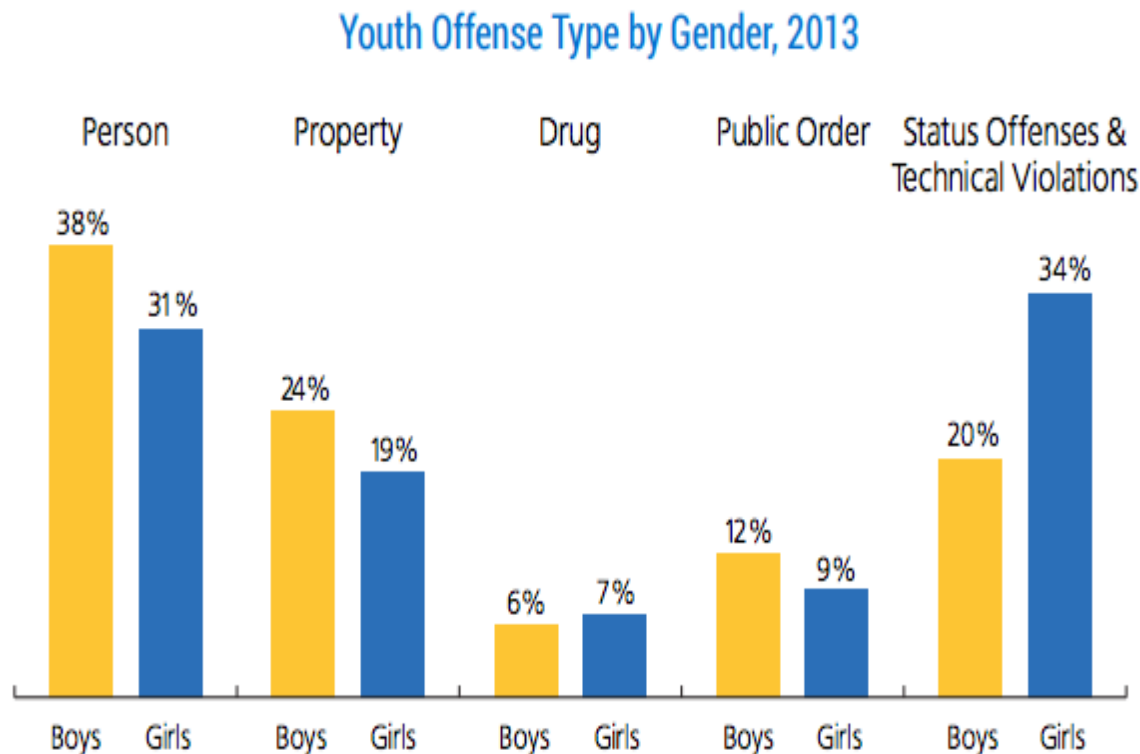
Source: Carson, E.A. (2015). *Prisoners in 2014*. Washington, DC: Bureau of Justice Statistics; Minton, T.D., and Zeng, Z. (2015). *Jail Inmates at Midyear 2014*. Washington, DC: Bureau of Justice Statistics; Kaeble, D., Maruschak, LM, and Bonczar (2015). *Probation and Parole in the United States, 2014*. Washington, DC: Bureau of Justice Statistics.

Lifetime Likelihood of Imprisonment of U.S. Residents Born in 2001



Source: Bonczar, T. (2003). *Prevalence of Imprisonment in the U.S. Population, 1974-2001*. Washington, DC: Bureau of Justice Statistics.

Justice involvement among youth by gender



Source: Sickmund, M., Sladky, M., Kang, T.J., and Puzzanchera, C. (2015). Easy Access to the Census of Juveniles in Residential Placement. Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

Criminal justice system involvement:

Gender considerations

- ‘Gender neutral’ factors: antisocial peer networks; criminal thinking; housing/employment stability
- Gender responsive factors especially prevalent among women: histories of victimization, relationship dysfunction, mental health problems^{3, 4}
- Serious mental illness has been identified to increase the risk of substance use, runaway as a teen, and drug-related offenses^{3, 4}

Incarcerated women's unique service needs

- Parental status → Loss of children
 - Low parenting skills³
- Medical abuse & neglect
 - Delayed or unavailable mental and physical health services- especially for chronic conditions; challenges for pregnant female prisoners (e.g., shackling)¹
 - Higher prevalence of sexually transmitted infections (vs. men)⁴
- Consideration of co-occurring SMI, substance abuse and trauma needed

Needs of (young) women re-entering their communities

- Age appropriate programs to address
 - Co-occurring mental health and substance use in the context of:
 - Limited human capital (e.g., education, employment, skills training)
 - community and family contexts
 - potential re-victimization / trauma
 - parenting responsibilities
 - life skills development (e.g., with stress, anger, communication, problem solving)
 - coping with and navigating complex social, economic and health conditions upon re-entry

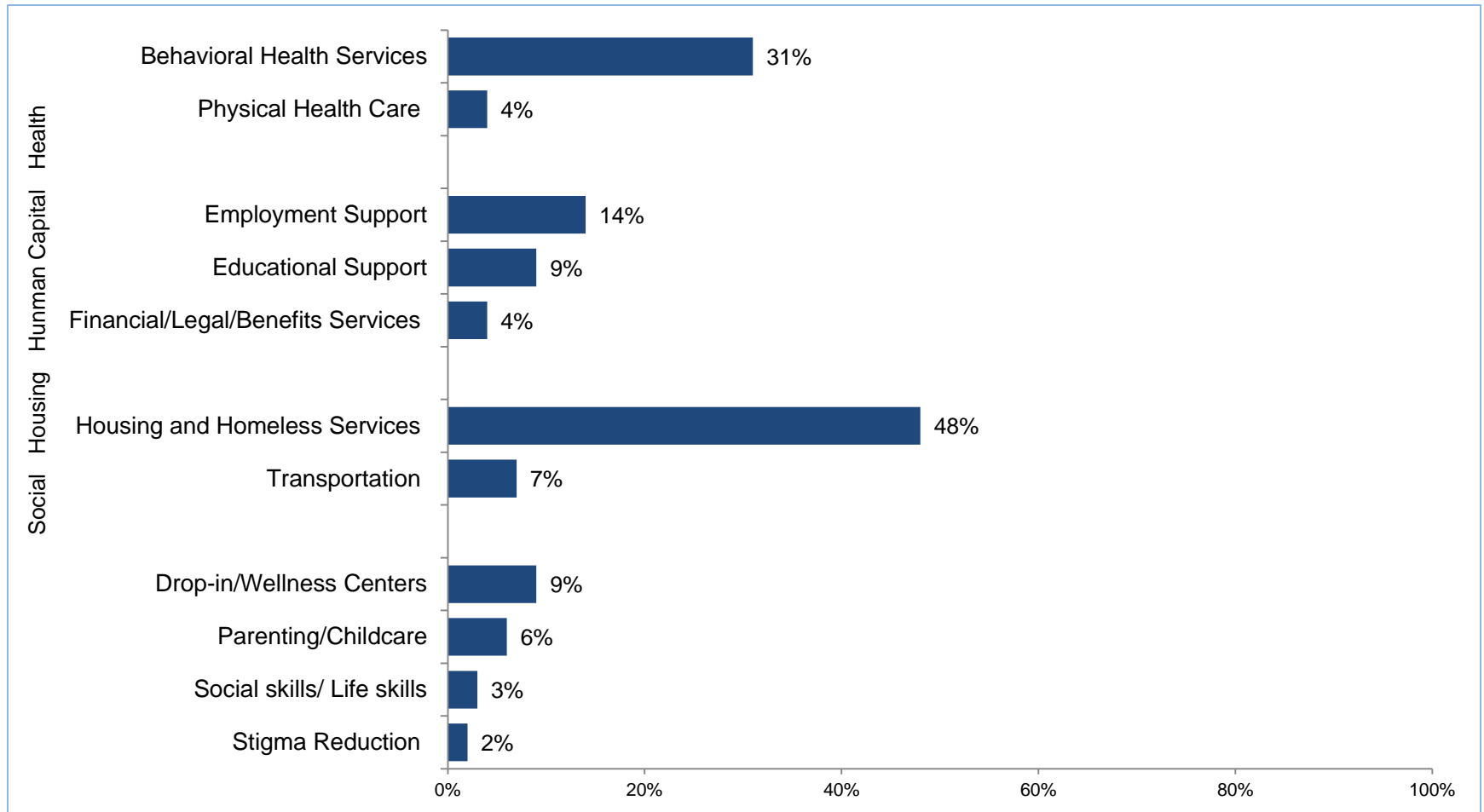
Growing use of peers for service delivery

- “A **peer provider** ...is a person who uses his or her lived experience of recovery from mental illness and/or addiction, plus skills learned in formal training, to deliver services in behavioral health settings to promote mind-body recovery and resiliency.”¹
- Overall, 54% of publicly funded California programs for transition age youth (~ages 16-24) provide peer support, including²
 - peer mentoring (44%),
 - peer-led support groups (44%),
 - peer-led education (23%),
 - peer-led counseling (19%),
 - peer-led drop-in centers/day programs (15%)
- Peers can support *prisoner re-entry* (e.g., *Transitions Clinic*)^{3, 4,}

Needed interventions for young women

- Revised policies to address the young women's incarceration/ justice system involvement
- Anti-violence programs that can reduce girls' involvement in the justice system
- Safe housing
 - Avoid re-traumatizing young women, esp. those experiencing abuse, via the CJS
- Family-focused services¹ and establishment of safe supportive communities
- Consideration of co-occurring SMI, substance abuse and trauma needed at screening, diversion, incarceration, community supervision is needed²
- Whole-person, wrap-around services designed for transition age youth (e.g., 18-26)

Gaps in TAY Services Provided



Research gaps

- Research on relationships between parents' incarceration and children's' well-being/outcomes
- Longitudinal research with youth is needed to understand justice involvement, successful health/social interventions to address multiple needs and prevent re-incarceration, and policies that can positively impact lives.

Thank you!

Funding Acknowledgments

- Impact Of Peer Support On Health Services And Social Disparities Among Minority Youth With SMI
(1R01MD011528-01A1, PI: Ojeda VD)
- RE-LINK Southeast: Health and Reentry Coaching (HARC) to Reduce Health Disparities Among African American and Hispanic Youth Exiting Jail (YEJ)” (PI: Ojeda VD) US Department of Health and Human Services, Public Health Service: Office of Minority Health: CPIMP161137.