

## Arriving, Connecting, Feeling: Themes from a Women's Treatment Program for Felony Offenders

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### Abstract

This paper reports on the experience of drug treatment from the perspective of women offenders who underwent mandated drug treatment, as an alternative to incarceration, in a gender-specific program for felony offending women. In this pilot study, guided in-depth interviews were conducted with eleven women who successfully completed the twelve-month outpatient program and had remained drug free between ten months and eight years. This article illustrates the severity of the challenges facing women offenders and helps to illuminate the therapeutic treatment experience. The three themes discussed here support the main principles on which gender specific interventions rest. Recovery is about much more than getting off drugs; it is also about recovery from years of abuse, neglect, and shame as well as the necessity of creating a meaningful, legal, materially sustaining livelihood in the face of enormous social and economic barriers.

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### Introduction

A consensus is growing that drug treatment for female offenders must incorporate gender sensitive approaches (Covington 1998, 2001; Finkelstein 1997; Nelson-Zlupko, Kauffman, & Dore 1995; Weissman & O'Boyle 1999). It is rooted in a progressive acceptance of the view that women often have distinctive paths of social and moral development (Gilligan 1982; Surrey 1991) as well as a growth of knowledge about the violence and trauma that characterizes women offenders' lives (Wellisch, Prendergast, and Anglin 1994). Consequently, gender specific programs for women promote a holistic view that treats addiction as a "complex disorder imbedded in both the individual and society" (Kassebaum 1999:20). Most importantly, these programs are sensitive to the high prevalence of sexual abuse and violence in women's lives, address women's elevated risks for HIV/AIDs, and attend to the complex ways in which children and parental responsibilities influence treatment success. Treatment approaches that stress confrontation and shaming, for example, are especially problematic for individuals when shame and trauma play an integral role in drug use; indeed, they may even cause more harm (Najavits, Weiss, & Shaw 1997; Herman 1997).

The Center for Substance Abuse Treatment has recently published a comprehensive guide for designing and implementing gender sensitive drug treatment programs for women offenders (Kassebaum 1999) and

the number of such programs has begun to grow. The guide provides specific recommendations based on the collective wisdom and experience of a wide range of practitioners as well as the limited number of research studies available. But how are these practices perceived by the women for who they are designed? What aspects of gender-specific programming work, or are problematic, for women undergoing treatment?

An accurate understanding of women offenders' perspectives and their experiences with drug dependence and recovery are a vital, but under valued, component of policy and program evaluation. They provide incomparable insights into how participants perceive, internalize, and utilize therapeutic programming to promote positive changes; especially important in situations such as this, where clients face life challenges that are largely unfamiliar to most professionals and citizens involved in shaping policies. Very little in-depth empirical investigation of women offenders' perspectives on treatment has been published. In a recent review of drug treatment research, Dorothy Henderson identified a need for research that can help us to understand what prevents and facilitates access to and success in drug treatment services, specifically from the women's perceptions (Henderson 1998). She called for more research that probes the context of women offenders' lives, especially regarding relationships, children, and childhood abuse, as they relate to substance use and recovery.

This study was undertaken to further just such a goal. How does one transform a life of drugging and crime dependent sustenance into a life of recovery? More specifically, what happens during treatment that helps women change their lives and enter into a lifestyle of recovery? This article focuses on three prominent themes: "arriving" or entering the treatment program; connecting with others; and addressing feelings. These are the first results from a pilot study in which eleven former women offenders discuss and explain how they managed to adopt a lifestyle of recovery. All had successfully completed treatment in the Crossroads program, a gender-specific outpatient treatment program for women offenders, operated by the Center for Community Alternatives (CCA) in New York City.

The Crossroads program is a non-residential day treatment program that pioneered gender-specific substance abuse treatment for women offenders. Opened in 1991, it was designed as an alternative to incarceration for women who have been charged with felony level offenses and would, absent program involvement, remain in detention pending the resolution of their cases and, if convicted receive a state prison sentence. Court mandated clients understand that if they leave the program before completion, a warrant will be issued for their arrest. The program is based on the explicit underlying premise that drug abuse and criminal involvement stem from underlying problems in women's situations and histories; and therefore treatment attends to the cluster of circumstantial, interpersonal, and psychological factors in women's lives that sustain drug dependence and criminal activity.

Women who enter Crossroads attend programming all day Monday through Friday. They move through three stages: stabilization and treatment; decision making; and community transition. Specific services that are provided on site include case management services; therapeutic groups on domestic violence and abuse; communication; understanding and managing feelings; relapse prevention; family; relationships; and anger management. Workforce training and socialization classes are also offered and twelve-step groups are held on-site. Currently, an HIV services coordinator, a women's health educator, and a nurse practitioner are on staff to direct groups which address HIV prevention, education, and support, as well as women's health issues. Acupuncture and psychiatric services are provided on site, and clients are referred out for individual psychotherapy and specialized medical services.

Throughout the treatment period women are allowed to live independently in the community with supportive family members or significant others, if available, and to retain their children as needed. When the woman does not have a source of housing, the program locates a suitable arrangement such as a halfway house or other structured housing option so that she can be released from jail. Currently the Crossroads Program provides treatment and aftercare services to more than thirty women. The six-month retention rate approaches 70% and 50% of clients graduate successfully.

## **Method of Inquiry**

The first author conducted intensive in-depth interviews with a snowball sample of eleven women who had successfully completed the crossroads program and moved on to live lives free of drug dependence and criminal involvement. Initial referrals were made by program staff. All were compensated with \$40.00 for their interview and each understood that she could withdraw from the study at any time without any penalty. The interviews, lasting between ninety minutes and three hours, were conducted in a private room in CCA's offices which house the Crossroads program (as well as several other programs). Some of the women were within one week of graduation from the program while others had graduated and been clean for several years.

After ensuring that each woman understood the voluntary nature of her participation and discussing the potential risks of participation, a consent form was signed. The interview began with a question about whether the word recovery was meaningful and if they considered themselves to be in recovery – all replied yes to both questions. Each was then asked to describe what recovery meant to her followed by a request that she walk me through her particular pathway into recovery. From this point, the interviewer listened as they explained their story, probing to clarify, elicit details, and elaborate aspects so as to get the fullest picture possible of their experiences. An interview guide was used to help elicit their stories, when necessary, and to serve as a checklist of specific topics derived from the literature on drug treatment generally, and among women offenders, more specifically. The interview guide included specific questions about things that helped women get into and stay in recovery; the most difficult moments; treatment experiences; relapse temptations; barriers and challenges; first experiences with drugs; and the specific influence of various factors including family, friends, treatment peers, judges, therapists, program components, and program staff. All interviews were taped and transcribed for analysis.

In this article, we discuss three of the salient themes that characterized women's narratives of treatment and recovery: entering treatment; connecting with others; and addressing feelings. All names used for people, places, and programs (with the exception of Crossroads) are pseudonyms and only very minor modifications have been made to the excerpts to facilitate flow or meaning. Parentheses indicate words that have been inserted or changed. Themes were identified after multiple careful readings of the interview transcripts and excerpts were organized using QSR\*Nudist software. In no way do the themes presented represent every important theme identified, but they have been selected because of their salience across all narratives and their substantive relevance to gender specific treatment for women offenders. An earlier draft of our analysis was shared with three of the respondents to check the trustworthiness of the interpretations and narrative presentation.

### *Arriving and Entering Treatment*

Women enter Crossroads via the criminal justice system. All women in this sample entered the program from jail, under continued court supervision, as an alternative to incarceration. The respondents in this sample had long and serious histories of intense drug use and involvement in illegal activities. All reported selling drugs at some point in their lives; robbery, shoplifting, and prostitution were also frequently mentioned. Their clean time ranged from 10 months in one case and 8 years in another. The median time in recovery was two years. All women interviewed here had been involved with drugs and drug-related crime for at least two years before entering the program and several had been incarcerated more than once. Some described periods during which they were "functional" addicts or even abstinent; but all also described periods of intense drugging. Heroin and crack-cocaine featured most prominently in these narratives, though most reported using many different types of street drugs at various periods in their life. All were involved in some type of criminal activity for some time prior to the last arrest and for most, the program was initially perceived merely as a gateway out of jail and back to the street. The next few excerpts illustrate some of the typical situations that preceded women's entry into the program as

well as their attitudes toward treatment when they first arrive. Jasmine called herself “basically a garbage head” from using so many different substances. She describes her situation below.

I started using drugs when I was 13 years old and I didn't stop using drugs until I was forty. So that's a *long* time. I'm talking about marijuana, cocaine, pills – we talking about mostly everything under the sun. Acid, everything, I used everything, mostly everything. And at the age of forty, I didn't want to hear the fact that I couldn't use. . . .I copped to guilty plea for sales. . . .I went to jail. . . .They gave me the opportunity to do the treatment program. . .and I'm like, well whatever. . .as long as I can get back into the streets. All I wanted to do was get out of jail and go use.

Often, Crossroads is not the first experience with treatment or the criminal justice system, but represents the most recent breakdown of some sort in a life that has been managing drug use and criminal activities for a long time. For most women, drug use has been intricately connected with their lives and livelihoods for many years. Paulina recounts her background briefly and describes how she came to enter into the Crossroads program. Paulina and her husband had used and sold drugs for many years before she was arrested. She was afraid of treatment programs, having only heard frightening stories about other people being “broken down” in therapeutic community style interventions. When the judge mandated her to treatment she resisted, offering instead to do prison time. But, the judge saw it differently.

I was forced into recovery (she laughs). It's not something I chose. . . .I got arrested with my husband, but prior to that I had been selling drugs. . .for more than like 14 years. I started experimenting with drugs at a very early age, about nine. I finished my high school and I worked and everything, but when I turned, like in my mid-twenties I started experimenting with dope (heroin). . . .I got hooked on dope. . . .But, since we were dealing drugs. . .we had money. So we used to stay in hotels or we rented a room or you know, but we never really had our own after that. And that's something that messes with me right now. . . .I got arrested with my husband for steering. . . .(the judge) put me five years probation. . .and I had to do a program. I went, but I never completed the program. . . .She violated me. . . .I went to Rikers, they put me in a detox... She told me, look, if you don't take this program you're going to do jail time and I was fine with that, but she told me that's not what I want for you. . . .(I said) let me just do my jail time and I'll be alright. She was like, look, you don't have an option. . . .I mean it was like – going to jail and going through that really changed my life, because thinking back the way I used to think back then, I would have probably still been out their drugging or jail or dead. . . .But, I was really scared because all I had heard about was therapeutic communities and I thought all programs were like that, you know, like they break you down, bare your soul out. I was like, I really don't want to do this. I just want to go back to my kids.

Many said they entered the program exhausted by drugs and street life, but few held out much hope that the program would help. Sarah was an exception. She viewed the program as the very last chance to save herself and she entered determined to find another way to live. Like many, she was neglected and abused as a child and prior to her arrest, she had been working the street for several years. She had even desperately and courageously kicked a heroin habit over the course of a week in an abandoned building, practically alone, only to later substitute crack cocaine. When Sarah was referred to the program, she saw it as an answer to her prayers.

I couldn't take the heroin so I kicked, I quit cold turkey in an abandoned building. . . .I was on it (for) two months and you know, I was like, doing the alcohol and then the heroin, then the crack. . . .It was hell. I remember being in that room with that abandoned building and um, throwing up and just, the room was a mess, it was a mess. I couldn't move, my body hurt, my bones hurt, I

couldn't move my bowels, you know? It was horrible. . . . I was in that room about a week, for just the diarrhea and the throwing up and the pain to just subside. . . . It took longer than that but like the severe stuff, like I was curled up on this mattress that was on the floor and I think it was for a week or four days. . . . Yeh, I kicked in that room, but I would say that it took me like by the end of the second week I was out on the street prostituting to get money for. . . crack, which at the time I started using. . . . You know, I was so exhausted living my life the way I'd been living. When I got arrested the third time I was just praying and saying God please just help me, help me find some help. You know? Just help me, I just can't do this anymore, I can't live in the street anymore, I can't use anymore drugs, but I don't want to stop. And then (people from the program) came into the jail. I said, this is it, this is my out. You know I just wanted it. . . . From there I went to Crossroads.

Women entered the Crossroads Program from the criminal justice system carrying many burdens and wounds, but they did so after having endured anguish and trauma that would ravage even the most resilient survivor.

### *Making Connections*

Upon entering the program women reported experiencing plenty of ambivalence, skepticism, and outright distrust. But as they began to recognize glimpses of themselves in the experiences of other participants, further along in treatment, their resistance began to erode. Each woman I interviewed talked, unprompted, about making a connection with someone, a peer, who had used drugs and knew street life well, but who had now begun to think and act quite differently in ways that impressed the newer participant. With this recognition, and the hope it presented, the newer participants began to engage more seriously in the treatment program and to develop a broader affinity with other women in the program who were in the process of changing their lives in profound ways. Relationships with particular program staff were also very important, but early in the process, it was the encounter with female peers, whose lives and histories resembled their own, that seem to matter most (Sowards, O'Boyle, & Weissman, 2003). Not only did these connections provide hope, but evidence that hope was justified. The women who were further into recovery served as role models and as living proof of possibilities that most had long since abandoned for themselves. Below, Cookie and Jasmine express the power and importance of this kind of experience that precipitated their engagement into the program. This is Cookie:

Well to start off, my situation, I was mandated, got arrested, I was mandated to the program, ok, so I'm angry, can't do what I want to do. I don't want to go back to jail, but I don't want to be in this program either. So my idea was to just go through and get it over with. But I had to do a year, you can not do that for a year. Eventually, something is going to happen. Fortunately for me, one day something snuck up on me and I started listening. . . . And um, I *liked* what I was seeing. Then I started seeing people, who was in my position and where they were at today. At that particular time and I said, hmmm, I *like* what she's doing or I *like* what he said, how can I do that?

The program exposed Jasmine to new ways of understanding and talking about issues and of opening her mind to new possibilities. Having spent practically all of her life immersed in a culture of drugging, she did not have alternative ways of interpreting and responding to her world which might serve as supports for change. This new way of seeing, talking, and understanding deep issues, such as rape, abandonment, and violence, provided her with a different vision of what might be possible for her.

. . . when I came in here and I saw that other people that was in the same position that I was in, was sitting there clean, talking about what was bothering them, what happened out there, so long, you know, um, people talking about domestic violence, people talking about rape issues, people

talking about abandonment issues, people talking about foster care issues, I mean – stuff that I never really had the chance to hear before. And, I guess just being around people that used to use and (now) weren't using, because I've always been around people that used. . . . I started realizing that after seeing the ladies in Crossroads, how well they looked, and how they were behaving, and the mentality, and the fact that they didn't want to use was something totally different. I guess not having the information, it kind of took me for a loop and I had to think about it. That's the moment of clarity I was talking about, I really had to think about it and say well, how come they sitting up here and they not using and they alright? They talking, they laughing, they joking, we eating together, they not in pain, they're not suffering. You know, I couldn't really understand that. . . . I always thought that I was dealt a lousy hand and why me? . . . until I understood that there was other people out here like me. Until I understood issues of foster care, understood domestic violence, understood rape, foster care, understood a whole bunch of tragic experiences that happen to other people -- males, females, young people, older people, you know? Then, I got to the understanding that it's going to be alright. Because other people have done it. Other people have done it where they are in recovery for years. I see other people that's living with HIV and they are still living. They haven't used. . . . You know, if they can do it then I can do it.

Seeing one's self in another and realizing that one's own experience was shared by another was a powerful theme surrounding women's talk about their first connections with the program participants and program staff. Kelley talks about hearing her story in someone else during one of her first Narcotics Anonymous meetings which are held on site as one part of the program. This was a key event that precipitated engagement and trust. Here she describes this and elaborates how she gradually came to see love and support in the program, where she once had been suspicious.

When I first came here, you couldn't tell me there wasn't a conspiracy going around, I always, you know, had that trust issue. (I thought) like everybody was waiting for me to do something so I would go back to jail or they was scheming. I felt like it was conspiracy and I felt like they was just running my life and everything (but) I started getting to listen and started to learn a little something. . . . I was listening and you know, I realized that somebody had my story, I'm not the only one who's been through this here. . . . I must say that they taught me a lot, all the groups that they got here, the life skills, the relapse prevention, all of that stuff and I'm so thirsty for knowledge, I listened and I learned a lot. . . . I kept coming as they say, and I found that this here Lisa, Madonna, and Cheryl (treatment staff) and all of them, I find that what they doing this here is caring and loving things. You know? Because they don't have to do this. They don't have to stay here and waste their time with me, you know? I gave them headaches all the time. They was patient with me. So today, I'm loving them.

In addition to finding participants in the program who provided hope and served as models, the women interviewed also acknowledged the role of program staff. Program staff were helpful personally and they also were apparently successful in creating a non-judgmental, accepting environment in which women could face and work through very difficult issues. They were patient with women who had trouble stopping, helping them to understand their use so that they could learn to control it and stop. Destiny described the importance of both staff and fellow program participants in helping her navigate her transformation. But the first step, before understanding or making changes, was connecting with a peer.

There was a woman there who as doing the same amount of dope that I was. She was doing it for nine years, she was using crack, she was selling her body. . . and she was clean and she got clean in her neighborhood. I'm sure she had it even harder than me. . . we are (in the program) because

we chose to use. But I didn't didn't get that until later on. At first I needed to find somebody to connect with and I connected with this woman. I really did. . . I could see a bit of myself in her. And then the biggest thing that I would see, you know, was, wow, she sold her body, she sold this, she sold that, her family knew, you know? And like – she's doing it. Then I can do it.

### *Feelings*

The narratives suggest that once the connecting process began, trust and program engagement grew. With this, the process of transformation accelerated as women began to reflect and explore their lives in connection and reflection with each other in the program. Understanding their use of drugs and the origins of drug use in their histories was an important topic. Constructing or acquiring a narrative which made sense of their experience and their aspirations is a core task. Feelings appeared as a dominant theme here, feelings in the present and lingering traumatic feelings from the past. The women often described using drugs to manage, suppress, and even enhance feelings. For many, drug use was the only way they knew how to manage any feelings, good or bad or ordinary.

A good time? I gotta get high. A bad time? I gotta get high. You know it, it just never occurs to (an addict) to go through it sober. It's like. . .taboo. You know, how dare you make me go through something good, my finest hour something beautiful and I don't reward myself? How dare you make me go through something bad and I'm not heal it with my high? . . .we can get high good times and bad. . .(cocaine) makes you feel beautiful for a minute and then as you come down it depresses you really deep. That's why people want to keep going back because they don't want to feel that deep depression. . . It brings out whatever's on the top of your mind will come out – your low self-esteem, inadequacies, things like that. I mean all of your fears – they all come out to play. . . People on drugs are always trying to find that nice mellow blend of comfort. Either your, if you're too high or too low, we're always trying to do a balancing act with our emotions. You understand? We always want to feel that good nice comfortable joy. . . (being addicted) is like being in prison, you're in a mental prison too. You can't do what you want to do, you gotta do what they say in order to feel better at all cost. Your reward is not to feel bad. It's your reward, just not to feel bad. You know, that's all, that's what gets you through it, how ugly it is, your reward is knowing that you're going to feel better for how miserable you feel for the moment of doing what you don't want to do. Your reward is, you're going to feel better. You know? . . . Getting rid of the feeling – that's the most important thing.

Many of the feelings women reported managing with drugs were very deeply rooted in traumatic experiences, in serious childhood abuses as well as more recent violence in adult relationships and street life. To understand their drug use, women surveyed their childhood experiences and for some, initiation of drug use was linked with trauma, as is especially evident for Sarah and Kelly. For Laura, the trauma was associated with more recent relationships.

I started using alcohol very early at the age of maybe around four or five or six. . .my parents would give me (liquor). . .mostly my father. But at that age I started being sexually abused by my brothers and then there was another man, these two other men that used to sexually abuse me. One was outside the family, he used to give me pennies and stuff for, you know coming up to his house and there was this other man that would buy me candy. You know? The feelings of doing something wrong started at a very early age. And I remember how, my father giving me liquor made me feel... I was always scared. And so, taking the liquor made me feel warm and not so scared. And so it started that way, you know it started that way. . .my using and my drinking had to do with getting away from shame, getting away from how dirty I felt, getting away from why was I on this earth for what reason. You know, um, getting away of the memories that were

so intrusive. . . .So um, you know, I think for women these issues of being, being sexually molested, being raped, because I was raped when I was in the street too.

Sarah was not the only woman who struggled with trauma stemming from sexual violence. Violent, sometimes repeated, rape is an experience shared by many women in Crossroads, especially those who have worked or lived on the streets for many years. Though her courage is humbling, Kelley's story is unfortunately not unique. Sharing the story of her trauma with others in hopes of helping them to heal is an important feature of her own recovery. This part of Kelley's story also conveys the seriousness of some of the traumas that women have confronted when working on their drug use as well as the chronic nature of trauma and its aftermath. Kelley, who still suffers from symptoms of PTSD, not only had to contend with gang rape, but with the deeply complicated feelings surrounding the birth of the child which resulted.

Being in the streets um for over 33 years, you run into a lot of stuff. You know, when I was 16 in the beginning of my addiction you I had got raped by seven. . .guys. It was a gang called the (name) and I was in the gang called (name) and so I was holding that for (many years)... One particular night. . .I was sitting on the stoop and uh, they came behind me from somewhere and they snuck up on me, and they all picked me up and grabbed me and threw me in the hall way, and then did what they did. Um, then, by my body all twisted, you know, once they finished doing what they were doing, I just hopped up and I went in the hallway where my mother lived and sat on steps next to the door waiting for this to go over. I never mentioned it to my mother or nothing. Nothing, nobody, all these years I held that in. Even when I had my son, my mother didn't know that I got him from a rape. . . .And it's not until today that I'm learning to love him, trying to accept him as my son, because my mother actually raised him. . . .You know, so I have resentment for that. I look at my son and I remember that. You know, so I'm learning to let that go. And that's just that story. You know?

Laura was traumatized by her husband. She started using drugs consistently when she was fifteen or sixteen and continued well into her twenties. She grew up with a father who abused and sold drugs and was abusive to her mother. She attributes getting high, in part, to managing pain and life problems, problems that intensified with an extremely stressful marriage to an addicted, paranoid, and violent husband. Laura attributed much of her drug use in later life to the need to keep up with her husband, to stay up later than he did and to wake up before he did so that she could keep watch over him and protect her children.

When you get high, you get high because you're suffering, because you have a lot of problems, because you are in pain, because things aren't going the way you wish they would and you have no way out. Drugs don't really make it any better, but for the moment, it does. . .I started using marijuana when I was about thirteen. . . .from there I started using cocaine. . . .I'd say when I was like seventeen, I was snorting heroin almost everyday. But then I. . .had the stress of marriage and having a child and having a husband that was addicted to cocaine as well. He used to use heroin and cocaine and he used to shoot up. I didn't realize how crazy my marriage was until I was in too deep, too deeply involved and I was already legally married and had a child. I remember my mother always telling me that you had to stick to a marriage no matter what. . . .I tried for fifteen years, I stayed with this man. It was like hell. And I became addicted to drugs because he was on drugs so often that I had to keep up with him. I was like, really afraid of him. He was abusive and I was afraid that if I wasn't up before he was, or if I didn't go to sleep after he did, that he would probably kill me one day, because he was hallucinating and he would walk around with a machete all day and night around the house and just swing it around. I was

constantly worried he was going to chop my head off or one of the kids. . . .I would like be on twenty-four hour run watching him and making sure he didn't go into the kids room. God forbid one of the kids woke up and he thought it was somebody else, he could have killed them. . . .It was really crazy. I was depressed like ninety-nine percent of the time. . . .He was really jealous, from day one and he would hit me whenever we were in the street or if I was at home or anything that threatened him. He would take it out on me so I tried to keep the same head he had, so I could just keep up with him and survive, because I was afraid that if I left him, that he was going to hurt me or kill me because I know he had that type of reputation.

Central to Carole's recovery was nurturing, and allowing others to nurture, the neglected and abused little girl still inside of her who had never been cared for properly or allowed to grow up. Below, she describes learning to nurture her own vulnerable self; and how for her, learning how not to run from her feelings was intimately connected to her ability to begin to address the damages she had caused to her own children during her drugging periods.

I come from a place where there was much abuse, you know? My father was very abusive, my mother was very verbally abusive and uh, those things took place in my life before the drug ever came into play and it was something going on with me. I always ran from all my feelings. You know? I could never be in touch with anything. I was always scared, I was always fearful, I was always, you know, trying to protect the situation. Then when I got old enough, I started using drugs because I couldn't handle those feelings. . . .I came to a place where there was no more me. . . .In the last days of my addiction I lived on rooftops. All I did was live to use a drug. I had no dignity. . .no sense of being. . .I became animalistic. . . .I think I got to the point where I was ready to lose my mind. So (in the program) I did a lot of listening. I wanted to live. I started looking better. I started feeling better. I started eating better. You know? I didn't have to get up and use the drug in the morning. I didn't have to go to sleep with the drug. I didn't have to look for the drug. I started to become human again. I had lost all that. Being in a program where there were some that were a little better than me, there were some others that were a little worse than me. . . .I started to understand that I could eat three meals a day like a person. . . .I could take a shower, wear perfume. . .have my closet all neat. I was like a little girl again. . . .I had lost all that. . . .and my little girl (inside me) was crying out for help but the woman (inside me) was all beaten up. She was so beaten up. Physically, emotionally, mentally. So when I first came around, I didn't fight with it anymore. I allowed people just to see. . .to see my little girl (inside me) and I allowed myself to embrace her and just start to love her all over again. And to leave the other (destructive) people that were part of me behind. . . .when I finally understood who was really hurt. I was able to start working with her. I got around other women that taught me it's ok to love that little girl, it's ok to start standing up for that little girl, it's ok to protect her. *You* mother her now. You know? . . .That's the hurt little girl. She was crying out for help. And I didn't, I couldn't, feel it because the drugs had robbed me from those feelings.

Finally, guilt and shame arising from women's own behaviors with their own children sometimes proved to be the most challenging feelings of all. Jasmine shows how parental neglect and drugging can create a vicious circle and how for her, an important part of treatment involved gaining the courage to accept responsibility for her harmful actions, but then to move on to gain concrete skills to address the damage and be a better parent for the future. She also illustrates how shame and guilt can sometimes help to paralyze a mother and perpetuate the abuse and neglect.

I had children and not being in their lives you know, I guess when I really started focusing and saying, you know what? You really don't have anything in your life and it's time for you to put

everything back in your life. . . I guess the things that you can put back in your life. My children was like – I didn't even want to deal with that because that was a big issue with me, because coming from foster care myself. I had put my children through the same thing that I had went through. . . I was in my own prison. I remember a long time ago when I had lost my daughter. I had placed her with her father because I was using so much that I wasn't paying the rent, I wasn't buying food, and we had gotten evicted and I had nowhere to go with my daughter. I had to call him to take her. And I remember seeing my daughter's face. She was like leaving me, crying, you know and um (weeping). It's hard, but it happened. But um, at that time I had said that (still weeping) I was an unfit mother. I would never be anybody, and whatever happened to me would be bad. And so you create this sentence, you know? Like, you're not going to have anything good because you were bad. And you did this to your daughter (still weeping) Yeh, you know, because, who am I to do what I did to my daughter? She's a child. You know? So for a long time I lived like that. She was five years old when that happened. I tried, I really tried, but after being in the program I looked at myself and I said, well, I didn't even know how to be a parent. I really didn't have parents in my life to teach me how to be a parent. I didn't have that. . . . So through this process of being in the program, it showed me how to be a parent. First how to be a woman. Then how to be a parent to your children. . . . (The hardest thing was) I believe, uh, talking to my daughter. After all the years I had the opportunity to write my daughter. I finally got enough nerve to write my daughter. . . . I'm sitting with the pen and the paper and I'm like, I'm stuck. Literally, I had to sit there and pray and I had to put the pencil down at certain times and come back and ask my peers, how do you do this? How do you learn how to put your feelings on paper? And how do you ask your child to forgive you for certain things that you've done? You know, it took a lot of work but after this program – I owe this program so much. And also parenting classes. . . . I mailed that letter to her once and when I did see her I did manage to re-unify my daughter and myself. We are on a level where we are talking today, she still doesn't want to come out to see me. But I'll come out to see her. She has seen her brother and you know, I take it easy with her. You know, I let her come to me. I gave her a copy of that letter and I read it to her at a particular time when we went to see her in the park. We sat down and I read it to her. And we both cried. You know, and I thought she was going to scream at me, I thought she was going to go through all kind of hysterics, I thought she was really going to curse me out, but she didn't. She just opened her arms up and she just held me. You know? And I was like, I can't believe this kid. I couldn't believe it.

## **Conclusion**

This article explored women's narratives of the ways in which participation in a gender-specific empowerment-focused drug treatment program helped them to change their lives. These accounts of successful therapeutic experiences allow us to begin to understand more deeply some of the lives of women in trouble and to learn how they find the courage and strength to make the profound transformations that research tells us is possible with adequate treatment. We presented three themes in this article. The first is the often harsh and desperate context of the lives of women offenders that often precede entry into treatment. The women in this study, like other women drug addicts in the criminal justice system, have experienced uncommon levels of personal violence, both physical and sexual, in most cases originating in childhood and continuing into their adult years. By the time they reached Crossroads, drugging had become part of their daily lives, serving variously as a means to respond to the pain of poverty and violence, as a means of economic support, and as an integral part of their relationships with partners and peers.

Thus, the process of recovery from drugs is a fundamental and far reaching one beginning with the restoration of self and identity, not only as a non-user, but as the human being of worth and dignity

with whom they have lost connection. At the heart of the restoration process is a reconstruction of self and a resurrection of efficacy, that grows amidst and among a community of peers. The second theme we've discussed concerns the important role of other clients in providing hope and example. Almost every woman interviewed here recounted, unprompted, a moment in which they saw themselves, in a transformed state, in the faces and lives of other participants, further along the path of transformation. "If she could do it. . ." was perhaps the most powerful message to repeatedly arise in these interviews, because for many, this realization represented their first encounter with real hope. Many found themselves taking seriously for the first time in a long while, the notion that they, too, might have a genuine chance at living a satisfying life without drugs. As newer participants, they attended groups, listened to other participants share their grief, anger, and struggles, and they discovered hope for themselves in the faces of other women undergoing and sharing their difficult journeys. Participants further along served as role models and sources of support and inspiration. Although most women first see Crossroads as simply a more palatable gateway to the street than jail, with time they sometimes begin to connect with people who seem like themselves, but who are changing. This process of connection and recognition was a critical component of early engagement for all interviewed.

The final theme we present in this article concerns women's discussions surrounding feelings, particularly feelings associated with various forms of abuse. All of the women interviewed survived challenging early life circumstances, difficult childhoods, and often equally or more traumatic adult years. Confronting, managing, and making sense of feelings in the self was central to the recovery process. All described their drug use as being linked with feelings in some manner. For some, early drug use is easily understood in the context of avoiding painful feelings as a child related to sexual abuse, emotional neglect, or family trauma. Adult drug use is described cogently by many as a way to manage or control feelings that are sometimes overwhelming. In the short run, drugs numb, eliminate, or alter unwanted feelings and they enhance desirable ones. The women interviewed here all used chemicals to manage their feelings and gain a sense of control, control that was elusive in the end. In treatment they began to learn alternative ways to respond to difficult feelings. Confrontations with anger, shame, and guilt featured prominently in women's accounts of their recovery, many surrounding sexual, physical, and emotional abuse.

In sum, for the women in Crossroads, recovery is about much more than getting off drugs; it is about recovery from years of abuse and neglect. It is about recovery from the guilt one feels from having then perpetrated similar abuse and neglect on their own children. It is about a process of understanding and caring for oneself as a person of worth and dignity. The findings from this study are hopeful, showing that programs that provide an opportunity for women to retrace and understand their history, through methods that emphasize empowerment and peer support, can and do allow women with long drug and criminal histories to change their lives. This study lends further credence to the notion that confrontational program models that focus on "breaking down the addict" down are not likely to be useful for lives that have been sorely broken. Instead, a method of treatment that focuses on healing, mending, and rebuilding has much to offer women battling drug addiction and the chronic trauma, neglect, and shame that so often coincides.

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