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Working Paper

SURVIVING; CONNECTING; FEELING: PSYCHOSOCIAL DIMENSIONS OF RECOVERY FROM DRUG DEPENDENCE AMONG WOMEN IN THE CRIMINAL JUSTICE SYSTEM

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ABSTRACT

We present findings from a qualitative pilot study designed to uncover mechanisms in the treatment process that foster recovery from drug dependence among women with felony level criminal involvement. We interviewed eleven women who had successfully completed treatment in one gender-sensitive program. Their extended personal narratives reveal an uncharacteristically intimate and client-centered perspective on how women internalize treatment interventions to promote positive change. Surviving extreme adversity and trauma; identifying and engaging with peers; and healing longstanding emotional wounds played crucial roles in the recovery processes shared by these women. Our findings support the main principles on which gender-specific interventions rest. Recovery is about more than getting off drugs; it is often involves healing from years of abuse, neglect, and shame; as well as the necessity of creating a relationally meaningful, legal, and materially sustaining livelihood in the face of substantial social and economic barriers.

INTRODUCTION

Women in the criminal justice system face an alarming cluster of complex environmental and psychosocial challenges (Covington, 1998a; Richie 2001; Wellisch, Prendergast, & Anglin 1994). They typically come from the most economically and socially distressed neighborhoods and have few if any socioeconomic advantages. Inadequate formal education, sporadic employment, and serious physical and mental health problems are common. Depression, post-traumatic stress disorder (PTSD), and substance abuse are also commonplace and frequently co-occurring (Teplin, Abram, & McLelland 1996; Najavits, Weiss, and Shaw 1997). Most have been incarcerated for non-violent offenses connected to substance abuse, poverty, or both. Almost one-fifth of incarcerated women have spent some time in foster care or group homes during their childhood; half have at least one other immediate family member who is or has been incarcerated (Bloom, Owen, & Covington, 2003). Research suggests that as many as half to 80% of women who are incarcerated are survivors of sexual or physical abuse (BJS 1999a); and the sexual, physical, and interpersonal violence frequently extends from childhood into adult life. In one study (BJS 1999a), 37% reported abuse during childhood. Even this high estimate may be biased downward due to under-reporting. In 1997, one federal study reported that up to 80% of the women currently in state prisons had severe, long-standing substance abuse problems (Covington 1998b). In another, half of the women serving time in state prisons reported daily drug use at the time of their arrest and three quarters had a history of regular use (BJS 1999b). Drug and alcohol abuse is also prevalent among their families of origin (Bloom, et al. 2003).

With growing recognition of these realities and the gendered relational contexts in which they occur, a consensus has developed among a number of researchers and practitioners that drug treatment for women in the criminal justice system must incorporate gender-responsive

approaches (Bloom, et al. 2003; Covington 1998a, 1998b, 2001; Finkelstein et al.1997; Kassebaum 1999). Women's addictions are linked to traumatic experiences often occurring in relationships with male relatives and healing these wounds can be difficult with male peers present, particularly if the male peers are also carrying unaddressed wounds of their own. Women with addictions have often done many things, including sexual activities, under the influence of substances for which they feel deep shame. These too, can be difficult to reveal and attend to in the presence of male peers. These are two illustrations among many of ways in which same sex treatment can facilitate healing.

In 1999, CSAT published guidelines for best practices with drug dependent criminally involved women which embraced gender-specific principles. Gender-specific interventions have been bolstered by the development of a social psychological literature which emphasizes gendered distinctions in social and moral development (Gilligan 1982; Surrey 1991) as well as a growing awareness of the importance of trauma for women's drug abuse. Earlier treatment models that stressed discipline and confrontation, and sometimes involved orchestrated humiliation rituals, were developed primarily by men working with male substance abusers. For women whose lives are steeped in trauma, however, these approaches may cause more harm than healing and may trigger some of the very factors that are driving a woman's drug abuse (Najavits, Weiss, & Shaw 1997; Herman 1997).

In contrast, models for women stress the relational context of women's lives, the centrality of interpersonal connections for identity and self-esteem, and the importance of mutual, empathetic, and empowering relationships for psychological well-being (Covington 1998a; 1998b). They promote a holistic understanding in which addiction is seen as a "complex disorder imbedded in both the individual and society" (Kassebaum 1999:20). Drug-related emotional wounds involving losses, abuse, and shame are addressed in a supportive relational context geared toward mutuality and healing (Weissman & O'Boyle, 1999).

Research investigating the effectiveness of gender sensitive treatment models are promising. The results of a meta-analysis of 33 published and unpublished studies suggests that outcomes in women-only models were more positive than outcomes for mixed-gender treatment; and outcomes for models with enhanced services among women-only programs were more favorable than outcomes in standard women only models (McAnthony, 2001). There remains much to be learned, however, about how women internalize positive change while undergoing treatment. A sensitive understanding of chronically addicted and criminally involved women's experiences with drug dependence and treatment processes is a vital component of policy and program design. Insight into how participants experience and use therapeutic programming to promote positive changes; is especially important in situations where clients face life challenges that are largely unfamiliar to most professionals and citizens involved in shaping policies. Still, little in-depth empirical investigation of criminally involved women's perspectives on drug treatment has been published. In a review of drug treatment research, Henderson (1998) identified a need for research that can help us to understand what prevents and facilitates engagement and success in drug treatment services, specifically from the women's perspectives. She called for research that probes the context of women's lives who are in the criminal justice

system and that explores how relationships, children, and childhood experiences relate to both substance abuse and recovery.

This interpretive interview study was undertaken to further a very similar set of goals. How do women in the criminal justice system understand their drug use and how do they view and experience formal treatment efforts? How do women in the criminal justice system explain the process through which they are able to move from a lifestyle of drug abuse and crime toward a life of sobriety? More specifically, what happens during the treatment process that helps or hinders their efforts to change their risky lifestyles? This article was written with the primary goal of deepening inter-subjective awareness (Weissman, et al. 1994) among members of the medical, academic, and policy audience. Too often, members of these more privileged groups have little personal or professional experience with which to construct an informed and sensitive understanding of the lived experiences of women who become drug dependent and tangled up in criminal activities. In this article we have identified and illustrated three of the most prominent themes–surviving, connecting, feeling–which emerged in eleven women's stories of treatment and recovery after they participated in a program organized around the gender-responsive principles previously discussed.

METHOD

This qualitative interview study was conducted with women, formally under criminal justice supervision, who had successfully completed treatment in a gender-specific day treatment program operated by a community organization in a large urban community in the eastern United States. To preserve anonymity, I will call this program "Kindell Center." The Kindell Center program is an intensive outpatient treatment program that was founded in 1991 as an alternative to incarceration for women charged with felony level offenses who would, absent program involvement, remain in detention pending the resolution of their cases and, if convicted, receive a state prison sentence. At the Kindell Center, mandated clients understand that if they leave the program before completion, a warrant will be issued for their arrest. Clients who successfully complete the program typically stay between six and twelve months, depending on criminal justice mandates and treatment factors. The program is based on an 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 abuse, dependence, and criminal activity.

Specific services that are provided onsite include case management services; therapeutic groups on domestic violence, sexual abuse; communication; understanding and managing feelings; relapse prevention; family; relationships; and anger management. Workforce readiness classes are also offered and twelve-step groups are held on-site. 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, or in a

halfway house or other structured housing option.

The first author conducted intensive in-depth interviews with a purposive sample of eleven women who had successfully completed the Kindell Center program and begun to live lives free of drug dependence and criminal involvement. All referrals were made by program staff and included women in very early recovery, only weeks from ending treatment, as well as women in recovery for years. One participant had been in recovery and professionally employed for over eight years. All eleven women interviewed for this study had lived lives similar to the general population of women in the criminal justice system. Chronic poverty, homelessness, child abuse, domestic violence, rape, parental neglect, loss of children, damaged relationships, as well as numerous health and mental health challenges including HIV, hepatitis, depression, and post-traumatic stress disorder were all represented among this group. Like other women at Kindell Center, these respondents disproportionately represented women from oppressed and racially marginalized urban neighborhoods. Five of the women were African American, four were Puerto Rican American, and two were White or European American.

All participants were compensated with $40.00 for their interview. Informed consent procedures were followed and each woman 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 offices of the organization which houses the Kindell Center program (as well as several other community programs). The median time clean for the sample of women was 2 years at interview, ranging from 10 months, in one case, to 8 years, in another. Their ages ranged from 35 to 56 and all but two were mothers. Five had lost legal custody of their children.

The first author began each interview by asking whether the word "recovery" was meaningful to the respondent and if so, whether she considered herself to be in recovery. All women replied yes to both questions. Each was then asked to describe her meaning of recovery and to describe her particular pathway out of a drug using lifestyle and into recovery. From this point, the interview listened reflectively, probing to clarify points, elicit details, and elaborate aspects of the story so as to help generate the fullest picture possible of each woman's experience. 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 and women in the criminal justice system. This 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. Any names used for people, places, or programs are pseudonyms and only very minor grammatical modifications have been made to the excerpts to facilitate flow or meaning. Parentheses inside a quotation indicate that where a word or phrase has been altered slightly.

FINDINGS

We identified three broad and overarching themes in women's narratives of recovery:

surviving, connecting, and feeling. These three themes were chosen after multiple careful readings of the interview transcripts. Excerpts were identified and organized using QSR*Nudist software. In no way do these three themes represent every important theme identified, but they were selected for presentation here because of their salience across all interviews and their substantive relevance to gender-specific treatment for women in the criminal justice system. An earlier and longer draft of this analysis was shared with three of the respondents to check the trustworthiness of the interpretations and narrative presentation.

Surviving

The first theme, surviving, reflects the remarkable burden of trauma and hardship endured by women prior to entering treatment. All had been involved in the criminal justice system and all entered the program directly from jail to undergo treatment, as an alternative to incarceration, with continued court supervision. Prior to the encounter with the justice system, each had suffered and survived perilous life situations. Each woman interviewed 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. All reported selling drugs at some point in their lives; robbery, shoplifting, and prostitution were also frequently mentioned. 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 criminal activity for some time prior to the last arrest. For most, the program was initially perceived merely as a gateway out of jail and back to the street.

The extent and seriousness of traumatic injury that was described was unsettling, if not unexpected. When they described their lives before being mandated to treatment, stories of hardship, violence, abuse, loss, and disruption were shared by all eleven women. The intensity and duration of trauma and drug use that they had survived was profound. The next three excerpts illustrate some of the situations that were described and also describe some of their earliest impressions and attitudes about the treatment option. After calling herself "basically a garbage head," this 40-year old participant described her attitude at program entry as follows.

> *"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. . . .I copped to guilty plea for sales. . . .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."*

The Kindell Center was often not the first experience with treatment or the criminal justice system. In these narratives, treatment entry reflected the most recent breakdown in the life of a person who has been managing drug use and criminal activity for a long time. For most, drug use had been intricately intertwined with their intimate and work lives for many years. Below, this client shares her background briefly and describes how she came to enter into the Kindell Center program after many years in which she and her husband had used and sold drugs. She was afraid of treatment programs, having only heard frightening stories about other people being "broken down" in confrontational interventions. When the judge mandated her to treatment she had resisted, preferring instead to do prison time. The judge saw it differently.

"I was forced into recovery (she laughs). . . .I got arrested with my husband, but prior to that I had been selling drugs. . .for more than like 14 years. . . .I finished my high school and I worked and everything. . . .In my mid-twenties I started experimenting with dope (heroin). . . .I got hooked. . . .But, since we were dealing drugs. . .we had money. We used to stay in hotels or we rented a room or you know, but we never really had our own after that. . . .(The judge) told me, look, if you don't take this program you're going to do jail time. . . .thinking back the way I used to think back then, I would have probably still been out their drugging or jail or dead. . . .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."

Although most entered the program exhausted by drugs and street life, few held much hope that the program would help. One woman was an exception. She viewed the program as the very last chance to save herself. Like a majority of women in the criminal justice system, she was neglected and abused as a child. Prior to her arrest, she had been prostituting for several years. During one lonely and desperate episode, she attempted to kick a heroin habit alone in an abandoned building. Yet, within a week, she was using crack cocaine. She entered the Kindell Center seeing the treatment program as an answer to her prayers.

"I couldn't take the heroin so I kicked cold turkey in an abandoned building. . .I was on it for two months. . .doing the alcohol and then the heroin, then the crack. . . .It was hell. I remember being in that room with that abandoned building and 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 (the worst of) it was for a week or four days. . . .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."

All of the women interviewed for this study had entered the Kindell Center Program from the criminal justice system carrying many burdens and deep wounds, but they did so after having suffered and survived extreme levels of anguish, deprivation, and trauma.

Connecting

The women described holding plenty of ambivalence, skepticism, and outright distrust upon entering the program. When discussing what changed their views, each respondent offered at least one unprompted account of connecting with another woman–typically a peer in the program who had also 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. As they began to recognize glimpses of their own lives in the experiences of other participants, further along in treatment, their resistance to engagement began to erode. With this recognition, and the hope it offered, 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 also in the process of changing their lives in profound ways. Relationships with particular program staff were also important, but early in the process, it seemed that encounters with other women, whose embattled lives and histories resembled their own, were powerful motivators of engagement (Sowards, O'Boyle, & Weissman, 2003). These connections were described not only as sources of hope, but also as much needed evidence that such hope was justified. Peers who were further into recovery stood as models and as living proof of the possibilities of an alternative futures–possibilities that most had long since abandoned for themselves. Below, two women express the power and importance that this kind of experience had for them and how it precipitated increasing trust and program engagement.

> *"Well to start off. . .I. . .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 (a male counselor) said, how can I do that?"*

Although the next respondent had entered the program expressly looking for the quickest route back to the street to use drugs, she was surprised by what she found. She began to hear new ways of understanding her life and learned a new language for talking about her experiences that opened her mind to possibilities she had never before considered. Having spent practically all of her life immersed in a culture of drug use, she lacked 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 in the same position that I was in, sitting there clean, talking about what was bothering them, what happened out there, so long, you know? 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. . . .After seeing the ladies in Kindell Center, 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. . . .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."

This theme–seeing one's self in another and realizing that one's own experience was shared by another–was a powerfully evident in women's talk about their first connections with the program participants and program staff. The next excerpt is from a woman who suffered many years from PTSD after surviving a rape and multiple street assaults. In this excerpt she relays an account of hearing "her story "for the first time in someone else's sharing that took place during one of her first Narcotics Anonymous meetings. Below, she describes the pivotal nature of this connection and how it helped her transform suspicions into trust. Where she first saw conspiracy, she later found love and support.

"When I first came here, you couldn't tell me there wasn't a conspiracy going around, I always had that trust issue. (I thought) 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 find that what they doing 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."

For those interviewed, program staff were also helpful and successful in creating a non-judgmental environment in which women were able to work through difficult issues. They were patient when women had trouble stopping drug use and helped them to understand their use so that they could learn to control it and stop. But still, the first step so often mentioned was identification and connection with a peer, as described again below.

"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 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."

Feeling

The narratives suggest that once the connecting process began and trust and program engagement grew, deeper and more difficult feeling work ensued. Constructing a narrative to make sense of the origins and history of their drug use and life history was a core task. Feelings appeared as a dominant theme during this process – feelings in the present as well as many lingering traumatic feelings from the past. They described using drugs to manage, suppress, and enhance feelings. For many, drugs were the only tool they had for coping with feelings, good

and bad.

"A good time? I gotta get high. A bad time? I gotta get high. You know it, it just never occurs 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? . . .People on drugs are always trying to find that nice mellow blend of comfort. Either 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 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. . . .that's what gets you through it. . .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. . . . Getting rid of the feeling – that's the most important thing."

Typically, 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. Some understood their drug use to be linked to childhood abuse; in others drug use was more directly related to violence in a intimate adult relationship.

"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. . . .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. . .getting away of the memories that were so intrusive. . . .I think for women these issues of being sexually molested, being raped (are important) because I was raped when I was in the street too."

She was not the only woman who struggled with trauma stemming from sexual violence. Though her courage is humbling, the next respondent's story of assault was unfortunately not very unique. Violent, repeated, rape is an experience shared by too many women in the criminal justice system, especially those who have worked or lived on the streets for many years. This excerpt conveys the seriousness of some traumas women may have to confront during treatment. Still suffering from symptoms of PTSD at the age of 46, she had to contend not only with gang rape as a teen, but with the deeply complicated feelings surrounding the birth of the child which resulted. Sharing the story of her trauma with others in hopes of helping them to heal is an important feature of her own recovery.

"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, I got raped by seven. guys. . . .I was sitting on the stoop and 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 hallway, and then did what

they did, um. . . .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?"

The next respondent spoke of trauma inflicted by her husband. She had grown up with a father who abused and sold drugs and who was abusive to her mother. Her steadfast commitment to her marriage vows, in part, had kept her bound to a treacherous relationship. She attributed getting high, in part, to managing emotional pain and trying to survive in a dangerous marriage with an addicted, paranoid, and violent husband. She felt that drugs helped her "keep up" with her husband so that she could keep watch over him and protect her children.

"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. 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. . .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 really afraid of him. . . .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 a 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."

Another spoke about learning how to care for her emotional self and, metaphorically, the "injured child" that remained part of her interior self. Nurturing was central to her healing. In treatment, she learned how to allow others to nurture this neglected and abused "little girl" inside of her who had never been properly cared for and whose maturity had been stunted by drug abuse. Below, she describes learning how to confront her vulnerabilities and to care for herself. She felt this was crucial, not only for healing herself, but for enabling her to begin to try and

repair damages she had caused her own real children.

"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. . . .I always ran from all my feelings. 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. (Once 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. 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. . . .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. 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 proved to be some of the most challenging feelings of all. Below, this respondent shows how parental neglect and drugging can create a vicious circle and how for her, an extremely difficult part of treatment involved gaining the courage to accept responsibility for her actions, and then to move on take actions toward addressing harms she had caused and to learn to be a better parent for the future. Her narrative also illustrates the profound power of shame and guilt, which can paralyze women's efforts toward change and fuel the cycles of abuse and neglect.

"My children were 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. . .when I 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 (she begins to weep). It's hard, but it happened. . . .at that time I had said that (pausing, 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). . .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?"

SUMMARY & CONCLUSION

This article explored women's narratives of the ways in which participation in a gender-specific drug treatment program for women in the criminal justice system helped to foster transformations into a lifestyle of recovery. These accounts of successful therapeutic experiences allow us to begin to understand more intimately 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. They can help us to understand elements of the treatment experience that are most strongly internalized by clients and linked to motivation, engagement, and change. We presented three themes in this article. The first is surviving among the often harsh and desperate contexts that have shaped their life course. Like other women in the criminal justice system, the women interviewed here had 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 Kindell Center, drugs 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 healing from addiction is a fundamental and far reaching one beginning with the restoration of self and identity, not only as a non-user, but as a human being of worth and dignity. At the heart of this process is a complex restoration and reconstruction of self and a resurrection of efficacy, that grows amidst and among a community of peers. The second theme, connecting, concerns the important role of other clients in providing hope and example. Many woman interviewed here recounted very specific moments in which they saw themselves, in a transformed state, in the face and life of another participant, 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. For the first time they were able to take seriously the notion that they, too, might have a genuine chance to live a satisfying life without drugs. As newer participants, they attended groups, listened to other participants share their grief, anger, and struggles; and 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 saw Kindell Center as simply a more palatable gateway to the street than jail, with time and care they began to connect with people who seemed like themselves, but who were changing. This process of connection and recognition was a critical component of early engagement.

The final theme we presented in this article concerns women's discussions surrounding feelings, particularly anger, shame, and other feelings associated with neglect and abuse. All of the women interviewed survived difficult childhoods often followed by equally traumatic adult years. Confronting, managing, and making sense of feelings and their role in drug use was central to the healing process. For some, drug use was understood as a means for avoiding painful feelings related to sexual abuse, emotional neglect, or family trauma. Adult drug use continued to serve as a means for managing or controlling many different kinds of strong feelings that were sometimes overwhelming. The women interviewed here all used chemicals as an attempt to manage their feelings and gain a sense of control–control that ultimately remained elusive. With treatment they began to learn alternative ways to respond to difficult feelings.

In sum, for the women at Kindell Center, recovery is about much more than getting off drugs; it is about recovery from years of abuse and neglect. It is often about recovery from the guilt one feels from having then neglected and caused harm 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 offer some hope, suggesting that programs which provide an opportunity for women to retrace and understand their history, through methods that emphasize empowerment and peer support, can help women with chronic 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.

This study is subject to the limitations characteristic of small intensive qualitative studies. The findings are exploratory in nature; generalizability and breadth has been deliberately sacrificed in an effort cultivate insight and nuance. The narratives are retrospective in nature and the veracity of the details are subject to well-known errors in recall, and desirability bias. Still, narrative construction and sharing is a core, (perhaps the core) element of therapeutic process (Polkinghorne 1988). Narrative understanding is not only an important form of knowledge but serves also as the interactional fabric through healers and clients connect.

In addition to the small sample and retrospective nature of the data, we have chosen here to present only three of the most salient and well-developed themes we found in these interviews. Our goal has to been expand insight and inter-subjectivity into the process of drug treatment in this setting among a population, chronically addicted and criminally involved women, that is often most challenging to engage in treatment. In spite of these limitations, we believe that the findings of this study will enable researchers and practitioners who work with clients to better and more sensitively understand of women in this population. Moreover, the narrative data we have present is quite consistent with findings from related studies using other methodologies. For example, survey data from studies of people in prison have documented high

levels of trauma and abuse in women's histories. This study, and others like it, can help us to understand some ways in which such intense adversity and trauma have been successfully addressed in a treatment setting. These findings can also serve as stimuli for ideas about treatment improvements that might involve specific attempts to assess program designs (for example, specific peer-centered program components). Finally, the overall power of many of the narratives also provide as a more humanistic frame for understanding some of the underpinnings of criminal behavior in addicted populations. Future studies should test the propositions implied in these findings and continue to explore aspects of the treatment process, prospectively, in alternative program models; and among women who have maintained recovery for more than two years.

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