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Vulnerable populations have more difficulty accessing and using health care

- General population
  - Racial/ethnic minority groups
  - Low socioeconomic backgrounds
  - Disabilities

- Justice-involved adults
  - Courts
  - Jail
  - Prison
  - Probation/parole

Alegria et al., 2008; Binswanger et al., 2011; Bristow et al., 2013; Guerrero et al., 2013; Krahn et al., 2015.
Veterans who have difficulty accessing or using health care

- Women veterans
- Veterans in rural areas
- Homeless veterans
- Justice-involved veterans


Difficulty accessing VA services among justice-involved veterans

Among Veterans involved in the criminal justice system are there gender differences in:

- Mental health and substance use disorder condition diagnosis rates
- Treatment use
Reasons for Expecting Gender Differences

- Women in the criminal justice system more likely to be physically/sexually abused as children and as adults than men
- Criminal activity may differ by gender
  - Prostitution
  - Drug use while committing offense
- Different health treatment needs?

Lewis, 2006; Messina et al., 2006; U.S. Department of Justice, 1999

Trauma experiences among female veterans in jail are common

- 99% reported nonmilitary trauma
- 68% reported lifetime sexual assault
- 38% served in a combat zone
  - Of those, 90% reported combat trauma
- 58% reported being sexually assaulted while in military

Stainbrook et al., 2015

Previous Research

- General incarcerated population
  - 44% of women and 22% of men had mental health condition
  - 59% of women and 53% of men had a drug dependence condition
  - 37% of women and 48% of men had alcohol dependence
- Veterans involved in criminal justice system
  - Unknown gender differences
  - 43-54% self-report a mental health condition
  - 57-61% self-report a substance use disorder condition

Himmelwright et al., 2005; Noonan & Mumola, 2007
Veterans Justice Programs

Veterans Justice Outreach
- Jails
- Courts
- Law enforcement
~87,000+ served

Health Care for Re-Entry Veterans
- Prisons
~63,000+ served

1,621 women and 34,737 men were seen by Veterans Justice Outreach Specialists in FY2010-2012

Women are younger than men

Finlay et al., Medical Care, 2015
Most justice-involved veterans are Black/African American or White.

Fewer women were married than men.

21% of women and men live in rural areas.
Fewer women were receiving homeless services or were at-risk for homelessness than men

More than 20% served in Iraq or Afghanistan (OEF/OIF/OND)

More women have a service-connected disability than men
Outreach efforts are effective at connecting veterans with VA health care

Finlay et al., Medical Care, 2015

Mental health disorders are more common among women and substance use disorder are less common than among men

Finlay et al., Medical Care, 2015

Mental Health Disorders are Common

Finlay et al., Medical Care, 2015
Substance Use Disorders are Common

Most women and men entered primary care, mental health care, and substance use disorder care

Most women and men had a similar number of outpatient visits
Women had lower odds of entering mental health residential care than men.

Most women and men had a similar number of days in residential care.

Women had higher odds of receiving pharmacotherapy for alcohol use disorder than men.
Summary/Implications

- Substantial burden of mental health and substance use disorder conditions in both women and men
- Tailoring available services to women
- Outreach to women Veterans involved with the justice system
- Improve receipt of pharmacotherapy for alcohol and opioid use disorders

Questions?

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Women Veterans Involved in the Justice System: The need for gender-specific considerations

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Veterans in custody

• 9% of population
• 8% of prison population
• 7% of jail population
• BUT, greater number of violent offenses
• 48-55% have mental illness (more common in combat veterans)
• Women Veterans
  – 1%-3.2% of incarcerated Veteran population
  – 7%-11.4% of general incarcerated population

[Berzofsky, et al., 2015]
Women in jails/prison

- 14% of total jail population, but from 1999-2013 population of women in local jails increased 48% (68,100-100,940) compared to 17% increase for males (Brumbaugh et al., 2015)

- Reasons?
  - Relabeling of offenses
  - Changes in tolerance of antisocial behavior among women
  - Changes in approach to IPV/DV arrest policies
    - Recent research suggest rates of IPV equal among genders (e.g., Maggs et al., 1997; Nicholls, Brink, et al., 2008)

Gendered pathway?

- Pathway through juvenile offending
- Disproportionate increases in all arrest categories of female adolescent offending - e.g. 187% for drug offenses (Tracy, Kenyi-Leonard, & Abercrombie-Dimes, 2009) from 1985-2005
- Harsher sentences for female juvenile offenders (Cut, Hudson, Harris, & Hunt, 2008)
- Same for women veterans?
- Childhood victimization, dysfunctional intimate relationship, adult victimization, and lack of psychosocial support contributing to PTSD, mental health disorders and substance use. (Salisbury & Van Voorhis, 2009)
- Relational in nature

Trauma

- As many as 55% of incarcerated women have experienced physical or sexual abuse in their lifetime and 41% have been diagnosed with lifetime post-traumatic stress disorder (PTSD; Uber & Steadman, 2007)
- Estimated 30% of incarcerated women experience trauma within correctional settings (Uber & Steadman, 2007)

- As with trauma exposure in the general and Veteran population, justice-involved men experience higher rates of physical assault, while justice-involved women experience higher rates of sexual victimization (Uber & Steadman, 2007; Uber et al., 2010; Uber & Steadman, 2010)
Outcomes of Trauma

- Female inmates have higher levels of maltreatment as adults than male counterparts.
- Negative outcomes more frequent than males (e.g., PTSD, depression, SUD) (Drapalsky, Youman, Stuewig, & Tangney, 2009).
- Greater incidence of relapse post-release (McClellan, Farabee, & Crouch, 1997).
- Physical health outcomes:
  - Head injury
  - Pelvic inflammatory disease
  - General physical symptoms (e.g., chest pain, heart palpitations, shortness of breath, muscle/joint pain) (Harner et al., 2013).
- Affect dysregulation

Relevance of Affect Dysregulation

- Outcomes:
  - Adults: Poor health, co-morbidity and substance abuse, recidivism (Black, Gunter, Allen, et al., 2007).
  - High dropout rates in treatment.
  - Safety risks in treatment settings.
  - Impairments increase after incarceration, including behavioral dysregulation (Cole et al., 2007; Islam-Zwart, Vt, & Readlin, 2007).
  - Key feature of personality disorders.

Veteran Women in Jails/Prisons

- Similar profile of general population with additional risk factors:
  - MST
  - Combat exposure
  - Childhood trauma (83-91% at least one traumatic exposure in their life) (Savala, Grhelst, Maveu, Gehlert, & Huth, 2007)
  - PTSD 27-60% depending on type of trauma (Savala, Grhelst, Maveu, & Huth, 2007).
- Limited data on incarcerated women Veterans (thank you Andrea!)
  - High rates of Mental health disorders (88% total)
  - PTSD: 51% (Troxel et al., in press).
Gender-specific risk factors

- Assessment is key!
- Past history:
  - Prostitution
  - Parenting difficulties
  - Pregnancy at a young age
  - Suicide attempt/self harm (internalizing)
- Future risk concerns:
  - Problematic child care responsibilities
  - Problematic intimate relationships
- Clinical:
  - Covert or manipulative/relational behavior
  - Low self-esteem (internalizing)

Gender Responsive Treatment

- Consider criminogenic needs but from gender-responsive perspective:
  - Trauma informed care:
    - A strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment *(Hopper, Bassuk, & Olivet, 2010, p.133)*
    - Address gender-specific factors
    - Address intersection with Veteran specific factors (e.g., MST)

Treatment examples

- Helping Women Recover *(Covington, 1999)*
- VOICES (ages 12-24; Covington, 2012)
- DBT *(Briere & Truex, 2004)*
- Seeking Safety *(Najavits, 1998)*
- TARGET *(Ford et al., 2013)*

(Please note these are not specific recommendations or endorsements, just examples that treatment is beginning to shift towards gender informed models, with mixed amounts of research supporting their efficacy)
Clinical experience

- Relevant issues:
  - CSA
  - Disrupted families of origin
  - Childcare
  - MST
  - Combat exposure
  - Custody
  - Prostitution
  - IPV

Conclusions

- Continued emphasis on gender-informed risk assessment and treatment planning.
- Continued emphasis on gender-informed care focusing on prevalence of victimization, co-morbidity and the impact of affect regulation on behavioral outcomes and interpersonal functioning.
- Expanding research base on women Veterans within criminal justice system.
- For women in Veteran Treatment Courts importance of women mentors

References Cited


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References Cited


Male de inner whom drunk.


References Cited


Justice Eileen Moore
Associate Justice
California’s 4th District Court of Appeal

California Judicial MST Guide
What judges should know about MST
- Definition of MST comes from 38 USC § 1720d, but in general it is sexual assault or repeated threatening, sexual harassment that occurred during a veteran’s military service
- MST is an experience, not a diagnosis
- Both men & women experience MST
- Among some Veterans, MST is associated with:
  - Suicide
  - Both mental & physical health problems, even decades later
  - Drinking & drug use
  - Aggressive outbursts
  - Confusing, sometimes reckless, behaviors
  - Decrease in normal coping strategies
  - Male victims questioning their sexual identity
- An MST history can affect response to court-ordered programs
- MST victims suffer with power & control issues
- MST is frequently underreported; victims are often reluctant to disclose

California Judicial MST Guide
Every VA healthcare facility provides treatment for mental and physical health conditions related to MST, even if not reported at the time of occurrence; Veterans do not need documentation of their experiences or to have a VA disability rating to receive treatment
- A vet just asks for treatment for MST & it will be given
- All treatment for MST is provided free of charge
- Every VA facility has an MST Coordinator to assist in accessing care. Veterans with questions about eligibility or other issues that might interfere with accessing services should contact the facility MST Coordinator to discuss possibilities
- VHA Vet Centers may be a good option for active duty personnel who wish to keep treatment confidential from the Department of Defense (DOD)
- Most VHA Vet Centers are staffed by veterans; treatment is provided in a non-hospital environment
- Vet Centers DO NOT share their treatment records with the DOD