

Final Report

Implementation and Short-Term Impact Evaluation of the Lake County Adult Probation

Department's Women's Specialized Services Program

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## Executive Summary

The Lake County Probation Department's women's specialized services program aims to provide a higher quality of supervision and services to women offenders who have suffered trauma through empowering the clients to improve their mental health, familial and intimate relationships, and self-sufficiency so that they may lead productive law-abiding lives and also effectively parent their children in a safe environment. An integral part of this program is psycho-educational trauma counseling that provides participants with information on the nature and symptoms of trauma in their lives, on Post Traumatic Stress Syndrome and coping strategies, healthy and unhealthy relationships, parenting, and the community based resources and treatments that are available to address basic survival needs, mental health treatment, and substance abuse treatment. Based on their review of the literature that supported a link between trauma and offending behavior and provided some idea of program models, the development team developed a grant proposal based chiefly on contractual services for an educational program for women probationers with a history of single or multiple traumas, such as sexual abuse, domestic violence, or other violence-related traumas. Conceptually, the program, through providing psycho-educational counseling and individually-tailored referrals, was seen as preparing women to become receptive to participating in mental health treatment and obtaining needed services. The program was initially designed as a way to connect women probationers with existing long term trauma treatment services already available in the community. Originally, caseworkers from a contracted agency provided advocacy and crisis intervention for two months after women successfully completed trauma counseling, and after this time probation officers were solely responsible for monitoring and facilitating women's participation in needed community-based services.

This report describes the implementation and short-term impact evaluation of the Lake County's women's specialized services program. Multiple sources of data were collected to assess how well the program was implemented and how much short-term impact the program has had on women participating in referrals, increasing employment status, reducing substance abuse, complying with probation conditions, and refraining from committing additional crimes. Chapter 2 describes the evaluation design and the multiple sources of data that were collected. Chapter 3 describes the development of the program. Chapter 4 describes program operation including client assessments, referrals to the program, basic structure of the trauma counseling, clients' needs for services, referral rates to different types of agencies, participation rates in treatments and services, and how the program and/or probation has improved the lives of women offenders' children. Chapter 5 describes the nature and quality of the trauma counseling offered by contracted service providers based on interviews with therapists, review of curriculum materials, and observations of eight weeks of trauma counseling sessions. Chapter 6 describes how aware directors of community-based agencies are of the women's specialized services program, and the nature of community-based services including the number of women served, the eligibility criteria, the type of services offered, whether the services are designed to address women's unique needs, and directors' perception of how probation can assist and motivate women offenders to continue participation in needed services. Chapter 7 describes the short-term impact evaluation of the program.

### *Data Collection and Research Design*

To provide a more reliable and valid evaluation of the implementation and short-term impact of the program, multiple sources of data were collected. Written documentation was collected about: (a) the program and curriculum materials of the psycho-educational trauma

counseling; and (b) the development of the specialized women's services program including program narratives and grant proposal submitted to the Authority that requested the funds for the women's specialized services program. Data were collected from probation officers' event records on referrals, violation of probation petitions, communication with community-based agencies and trauma counselors, probationers' missed office visits and noncompliance with treatment, positive drug tests, number of missed mental health visits, number and nature of referrals received, and whether women offenders participated in referrals for 125 control group probationers and 86 trauma clients. Evaluators have coded data from 211 clients' probation files including demographics, mental, substance abuse, and social support characteristics and have collected criminal history and new arrest data from the Illinois Criminal History Records for all cases. Evaluators have conducted interviews with the development team as well as the first service providers and the second service providers of the psycho-educational trauma counseling treatment. A sample of 18 probation officers who had referred clients to the program also completed written surveys. Written surveys were emailed and mailed to 25 community-based agencies to describe the available community-based services including eligibility criteria, payment requirements, and whether the services were specifically designed to address women's unique needs. Research assistants attempted to reach the directors three times, and a total of 17 directors responded and answered the survey, which is a 68% response rate. Directors of community-based agencies also indicated their awareness and opinion about the Lake County women's specialized services program, and whether they could accept additional referrals. A sample of 56 women clients on probation completed a written survey to assess their needs, referrals received, and their assessment of probation services. One evaluator also observed all eight weeks of the second provider's third group that started on July 19, 2006 and lasted until

mid-September; She also conducted individual interviews with clients that completed the trauma group.

The impact evaluation centers around a comparable control group quasi-experimental design. Our final sample for this initial one year evaluation consists of 86 clients who completed trauma (48 from the first provider and 32 from the second provider) and 125 who were not referred or did not attend the trauma group but had a similar history of trauma. In addition, the sampling procedure for the control cases was changed due to concerns about confidentiality expressed by the Psychological Services Division. The control cases were selected by having probation officers identify clients who had experienced trauma but had not completed the trauma counseling group. Most of these clients were never referred to trauma counseling due to logistical reasons such as employment precluding attendance at the scheduled time or living too far away to travel to the meeting. Overall, based on the data from the probation files, the control group was a comparable sample to the trauma group. There were few statistically significant differences found in the 64 comparisons made of the control and trauma group. Using the .05 probability criterion for statistical significance, three comparisons should meet this criterion based merely on chance; that is, for every twenty tests conducted one test should be significant due to random chance occurrence rather than a “real” difference between the groups. In the 64 comparisons, eight statistically significant findings were found. The trauma and control group did not differ on prior arrests, convictions, probation sentences, or previous incarcerations or past or current use of illicit drugs or prior substance abuse treatment, and on any of the court-ordered probation conditions. The differences that occurred between trauma and control group on mental health characteristics may be due to the more complete data kept for the trauma clients. Trauma clients were more likely to indicate that they were depressed and on depression medication than



were control clients. Two differences are due to the structural design of the women's specialized services program: About half of the trauma group and only 17.7% of the control group participated in the Adult Probation Department's Cognitive Orientation Group (COG), and 71.3% of the trauma group compared to 47.2% of the control group had a mental health assessment. The trauma clients compared to the control clients also were more likely to be unemployed or have sporadic employment over the last twelve months and also more likely to be divorced or separated and less likely to be currently married. The differences in employment are a direct result of how the sample was drawn with control clients having similar trauma backgrounds but having logistical reasons (such as a full-time job or location of their residence) as to why they could not attend the trauma counseling.

#### *Program Development History*

Program implementation occurred without undue delays. At the end of the first year of implementation, probation switched service providers after internal staffing problems arose with the first service provider. Moreover, the changes across time and across service providers for the trauma counseling suggest that the program developers were responsive to suggestions or indications that the program should be improved in certain ways. Five major structural changes to the women's specialized services group occurred from the first year of implementation to the second year of providing trauma counseling: (a) initial targeted class size for trauma counseling changed from 25 to 15; (b) initial length of trauma counseling was changed from six weeks to eight weeks; (c) the number of sessions that clients were allowed to miss and still graduate from the trauma counseling fluctuated during the first year, and the rule of two sessions became firm during the second year; (d) during the initial year, the advocacy part of the program operated only to provide counseling or help to clients that had crises. However, during the second year

clients were required to complete eight weeks of meetings with an advocate, which could begin while they were participating in the trauma counseling; (e) during the initial year the service providers operated the group more as a support group emphasizing the therapeutic nature of trauma counseling, whereas during the second year service providers operated the group as a supportive psycho-educational course. Probation officers initially were resistant and skeptical of the program, but now the program is accepted by probation officers that have referred cases to trauma counseling. As is clear from the data on referral rates and the program narrative submitted to the Authority by the program development team, another change that occurred was a more concerted effort to increase referrals. Based on the comparisons with the control group, the second provider of trauma counseling significantly increased the number of referrals clients received; however, this goal was not met during the first year of implementation with the first service provider. At the end of the last group of the second provider, the lead therapist who specialized in trauma counseling announced that she was accepting a job at a different institution. Due to many reasons, probation has now contracted with a different service agency to provide the psycho-educational trauma counseling; this agency specializes in the treatment of dually diagnosed clients who have both substance abuse and mental health problems. Changes to the trauma counseling program since the switch to this provider have not been assessed.

#### *Referrals and Completion Rates*

Probation officers, in conjunction with the Assistant Director of Probation and the Mental Health Evaluator of the Psychological Services Division, select and refer women offenders to trauma counseling based on their traumatic experiences and resulting emotional and cognitive symptoms. There have been seven groups of psycho-educational trauma counseling completed during the first two years of implementation. The mean completion rate across groups was 61%.

The number of no shows also was quite uniformed across the groups with 5 of the 7 groups having between 4 to 6 no shows, one group having none, and one group having eight. During the first service provider's groups, the total number of repeat cases was 21. Does allowing clients to repeat a group if they fail to show up after a referral or dropout result in an acceptable completion rate for the repeaters? The answer is a resounding yes because 52.2% of the repeat cases eventually graduated from the group; only 26% of the repeaters did not show up for any sessions the second time. These graduation and no show rates for repeaters is quite acceptable for a program involving women offenders who have multiple traumas, substance abuse, and mental health issues. Given the chaotic lives many of these women lead accompanied by depression, homelessness, drug use, and other problems, it is not surprising that some clients do not show up and some clients require a second time before they are successful at completing the program. The data support that it is a very good idea that the team built in the flexibility to allow the women to repeat the program once if they failed to make sufficient sessions the first time.

#### *Women Probationers Expressed Needs for Services*

Based on the written survey data, a little over half of the clients expressed the need for referrals that could provide affordable housing and mental health counseling. Half of the unemployed clients also wanted to learn how to conduct job interviews and complete job applications. Based on the archival coding the majority of women offenders also need substance abuse treatment. One third of women offenders indicated a need for basic life skills such as learning how to interview and complete applications, obtaining social support network, learning how to handle finances, and learning healthy habits. One third of all probation clients also indicate that they needed tokens or transportation to come to probation; the development team indicated that they attempted to obtain tokens, but funds did not exist.

For basic survival needs, there is a serious gap between women clients' needs and the referrals that they receive from probation or therapists. Few respondents received referrals for affordable housing though this was one of the top needs expressed by over half of the respondents on the written survey. Furthermore, one-third of the respondents were not referred to any services, but had the same needs as those who were referred. For all probationers, the two most common referrals were substance abuse treatment and mental health treatment, which was followed by educational referrals. One quarter of the probationers expressed the need for parenting classes, but only between 12.5% and 16% received a referral based on both archival and survey data. Thus, the data support that probationers have the basic life needs as well as substance and mental health treatment needs that the women's specialized services program is designed to address. The data also show a gap between women's expressed needs and the referrals they receive from probation, which provides further justification for the existence of the women's specialized services program.

#### *Profile of Women Offenders on Probation*

As already noted, based on the data from probation files, the trauma and control groups were very similar on demographic, social background, substance abuse, and criminal history. Thus, to provide a description of the profile of women clients on probation the data across groups was combined. Across both samples, the typical woman client had completed a high school degree (66.4%), had children (72.5%; and half had at least two children), and had intimate partners who abused alcohol or drugs (61.3%) and had a history of criminal activity (66.4%). About half of the entire sample (46%) were worried about having sufficient income to meet basic life needs such as food and shelter, and 46% were receiving public aid or food stamps. The clients on the intake form indicated that 45% of their parents did not use alcohol, drugs, or have

any criminal arrests, 28.5% used only alcohol, and 17.8% of their parents had been arrested for a crime. Across the two groups, 38% had children in the foster care system and 19.6% were receiving child support payments.

Overall the majority of trauma and control clients (81%) have a substance abuse problem, 58.3% were under the influence at the time of their crime, 60% have had prior substance abuse treatment, 78.6% have used marijuana and 59% have used stimulants in the past. Thus, it is not surprising that 79% of the women are required by the court to abstain from drugs or alcohol during their probation. The research team defined “current use of illicit drugs” as within the last six months a client had one of the following: (a) a positive drug test; (b) self-reported drug use to a probation officer or a therapist; (c) drug use detected by the probation officer during contacts; or (d) if placed on probation within the last six months, client admitted to currently using illicit drug on their intake form. Based on data from probation case files and event records, 33% are currently taking illicit drugs. Of those taking illicit drugs, 65.7% are using stimulants, 58.6% are using marijuana, 2.9% are using tranquilizers, and 3.4% are using other drugs (these percentages do not add to 100% because many active users are using more than one type of drug).

Half of the clients in all groups had prior mental health treatment, and one-quarter of the clients completed some mental health treatment (not counting the psycho-educational trauma counseling). Twenty-five percent of the clients are currently in a relationship where their intimate partner is physically violent toward them. Women offenders in the control and trauma group had a similar prior arrest history with an average of 3.55 prior arrests for any crimes, a mean of 1.2 arrests for property crimes, and a mean of 1.45 arrests for misdemeanor crimes. A little over one-quarter had an arrest for a violent crime, and 25% also had a prior arrest for driving while under the influence. One-third of the women had served a previous probation

sentence, about 23% had prior arrests or convictions as juveniles, and 18% had previously been incarcerated.

*Did the Women's Specialized Services Program increase Referrals?*

Based on findings from archival and survey data as described below, the implementation goal of increasing the referrals and individually tailoring referrals to meet the trauma clients' needs was supported in several ways for clients who participated in trauma counseling with the second provider. However, the first service provider of trauma counseling did not improve the referral rate above what was already happening in probation before this program began. The second trauma provider provided clients with an average of 6.25 referrals whereas the control group received an average of 4.58, which is a statistically significant difference. In addition, for clients who were domestic violence victims within the last six months, 54.5% of the second trauma provider, 11.1% of the first trauma provider, and 21.9% of the control group received a referral to agencies that addressed domestic violence victimization. Across both the written survey data and the archival data, the second provider trauma groups received a significantly higher rate of referrals to employment services and mental health counseling than did the control group. Based on the data from probation files, the difference in referrals for mental health service was substantial: 58% of the control group referred compared to 94% of the trauma group of the second provider were referred. Based on the archival data, the second provider's trauma group compared to the control group also received a significantly higher rate of referrals to domestic violence and welfare for those clients with this specific need. Based on the survey data, the trauma groups received a higher rate of referrals to parenting classes. Observations also showed that the second provider addressed specific clients' requests for educational training, physical health needs, and mental health needs. The service providers in both groups, however,

did not address affordable housing, childcare, or transportation needs. As evident from the written survey and interview data from women offenders, clients expressed a need for affordable housing, affordable childcare, and transportation.

### *The Quality and Content of the Psycho-Educational Trauma Program*

One very important implementation goal was: psycho-educational trauma counseling should provide participants with reliable and valid information on the causes and effects of trauma in their lives with an explanation of Post Traumatic Stress Syndrome and information about the services and treatments available to them in the community. This goal was clearly met, and the clients believed the program was very helpful and informative within a supportive and respectful atmosphere. For example, on the general topic of trauma, based on observations and a review of curriculum materials, the second provider's psycho-educational trauma groups included presentations, discussions, exercises, and handouts on the following: (a) differentiating stress from trauma; (b) symptoms of trauma; (c) key symptoms of depressions; (d) the nature and symptoms of post traumatic stress syndrome; (e) different types of trauma and categories of traumatic events; (f) the process of trauma including the physiological responses of fight, flight, and freeze, and the triggers associated with these responses; (g) coping skills including a deep breathing relaxation exercise and self-care; and (h) the distinction between healthy and unhealthy coping skills. On the general topic of informing clients about services and treatments, the following specific topics were covered: (a) the use of medication to deal with the body's response to the traumatic event; (b) the different types of prescription medication; (c) the different types of treatment and service professionals; (d) the different types of community-based resources and sources of information where the resources can be found; (e) outside speakers from an employment service agency and a domestic violence agency as well as an introduction

to a mental health therapist that could provide free mental health counseling; and (f) clients shared information about experiences with different services and treatment and where to find help for specific needs. In addition another important overarching topic was healthy and unhealthy relationships, the second providers presented curriculum materials, exercises, handouts, and presentations on over seven distinct and specific components of this topic. These were the major areas covered in the eight week session that was observed, and clearly much information was presented and discussed during this time period. The evaluator wrote 72 pages of handwritten notes during the observation of group sessions, and was quite impressed with the depth of the presented information and the quality of the discussions. Furthermore, the evaluator was very impressed with the facilitators' teaching techniques and the range of different techniques including visual presentations on flip charts, exercises, generating discussion, eliminating disruptions in a respectful and effective manner, and redirecting clients respectfully when interjections were made off of the current topic. Clients and therapists both recommended that the sessions be extended to at least 10 and preferably to 12 weeks. Clients who were initially reluctant to participate in a group were saddened to have the group end. This client testimony speaks volumes about the quality of the psycho-educational counseling.

There are three operational issues that need to be addressed. Clients often expected to be provided with referrals to programs and services during the first or second session and though therapists were willing to provide these connections the amount of time initially spent during the first two sessions on this issue was disappointing to clients. Clients received an orientation to trauma counseling from the development team, which included a folder and detailed information about the program. The development team emphasized that clients would be connected to resources to address their basic needs such as food and shelter as a way to persuade this reluctant



population to participate. Therapists in their introduction emphasized that clients would learn about the causes, effects and symptoms of trauma that would prepare them to accept treatment options and they would receive detailed assessment with referrals after the sessions had been completed. They also informed the clients that they could start the advocacy part of the program at any time. Thus, there is a disconnection between how therapists and the development team oriented the clients to the session. A shared persuasion strategy or a joint orientation session may alleviate any frustration on the part of clients who typical of this population prefer immediate rewards. It is recommended that therapists and the development team collaborate to determine how to best persuade clients to attend and to remain interested in the sessions. The disconnection also occurred because the contracted service agency used interns who were unfamiliar with the local community-based resources: To address this problem, the development team provided brochures and information on community-based agencies that provided food pantries and other survival resources including employment services. A resource booklet that could be created and updated may assist service providers and probation officers so that they are more familiar with the critical resources available in the community that women offenders need.

This joint orientation session also may address the overly long introduction to the program and introductions of clients to each other which took one complete two hour session and 1.5 hours of the second session; the long introduction was clearly frustrating to clients and limited the amount of time therapists had to present information on the content of the course.

Another operational issue is enforcement of the rule that clients should “attend sessions promptly”. There is a lack of any clear enforcement policy, and although the therapists did remind clients to be on time for sessions, several clients were repeatedly more than 20 minutes late and three clients missed over half of one session due to lateness. This annoyed the therapists

and disrupted the class. Communication and collaboration between the facilitators and Assistant Director of Probation may eliminate chronic and excessive lateness by a few clients before it becomes disruptive. Also, because many clients rely on public transportation and the scheduled start time of the meeting is very close to the scheduled time that public transportation will be at the courthouse, it may be better to schedule the trauma counseling meetings to start ten minutes after the scheduled drop-off time for public transportation; though the meetings will not start at the beginning of a hour (e.g., 10:00 a.m.) but instead past the hour (e.g., 10:10 a.m.), this change may eliminate a reason some clients arrive late.

Overall, the trauma counseling has appropriate content, the group dynamics are supportive, the therapists and Assistant Director are able to handle the expected disruptions from women offenders so that they do not become major issues, and the therapists built great rapport with the clients. The clients overall had a very positive rapport to the therapists, to the development team, and believed that the trauma counseling was beneficial. The therapists of the second provider devoted substantial time developing curriculum materials; their syllabi were very organized, contained detailed descriptions of the information to be covered and their teaching methods including handouts, visual aids, and exercises that were used to engage clients were very effective. The handouts were clear, concise, informative and written at an appropriate reading level.

#### *Program Standing Among Directors of Community-Based Agencies*

The findings also support that the women's specialized services program is well known and highly regarded among community-based service and treatment agencies. Consistent with the findings from the clients' expressed needs, the directors noted that transportation resources could remove a barrier that often keeps clients from accessing needed services. Of the community

based agencies, 65% provide services that are specifically designed to be responsive to the unique needs of women. The survey findings also buttress the recommendation that the program find ways to create or maintain a close partnership between probation officers and service providers. For the most part, the directors believed that probation officers and service providers had a strong professional partnership, particularly for substance abuse treatment. Reinforcing our recommendation to create a booklet that describes the eligibility criteria and services offered, directors also recommended that probation officers educate themselves about the eligibility criteria for referral to the program.

#### *Impact of the Women's Specialized Services program*

Support for the intermediate impact goal of increasing participation in services and treatment was found. The majority of referred clients from both the trauma and control group participated in the referrals to mental health, child care, employment services, and substance abuse. About half of the referred clients went to agencies that help domestic violence victims. Clients from both trauma groups were significantly more likely to improve their employment status than were control clients. Improvement in employment status means that the offender was either unemployed at intake and became employed or had a part-time job at intake and became full-time employed. Clients from the second provider also were more likely to participate in welfare services than were control clients. Women probationers also expressed that the trauma counseling and probation had improved their children's lives in several ways, and the observations of the trauma counseling also indicated that information on how to communicate with children, discipline and other issues were presented and discussed with clients who were very engaged and interested in this subject.

The trauma and control groups were compared on the following intermediate outcomes: (a) length of time participated in mental health treatment; (b) whether had a positive test for illicit drugs; (c) whether an administrative sanction was given for noncompliance to rules; and (d) whether had a violation of probation petition (VOP) filed. After controlling for other effects on positive drug test, the second provider trauma clients compared to the control clients were significantly less likely to have failed a random urine drug test. After controlling for depression, the trauma group had a greater mean number of months in treatment than did the control group; however, these data are incomplete and do not consider whether the groups were referred to treatment at the same time. Thus, the trauma group may have had more opportunity to be in treatment longer because they received their referrals sooner. After removing these other effects, trauma clients from the second provider were significantly *less* likely to have a VOP filed and trauma clients from the first provider were significantly *more* likely to have a VOP filed than were the control group clients. Thus, the second provider clients show a significant reduction in VOPs. This finding may represent greater compliance or progress of the second provider trauma clients and/or that probation officers' resistance to the program had decreased and they were giving clients more chances before taking formal action.

Several qualifications must be recognized in interpreting the impact of the program on treatment completion and recidivism. First, clients from the second provider have not had sufficient time to complete treatments or services. Second, many clients of the second provider were referred to services after data collection was completed. Third, the first provider did not increase referrals and provided a very different therapeutic trauma course. Thus, findings on the overall impact on the program's ultimate goal of reducing recidivism should not be expected in this phase of the evaluation, and was not found for general recidivism or recidivism for property,

drugs or alcohol involved crimes, violent, or other misdemeanor crimes. Overall, 40% of both trauma groups and 30.4% of the control group had a new arrest for a drug, driving while intoxicated, property, or violent crime. Because service providers delivered psycho-educational counseling that was fundamentally different in many ways, and the program was not concentrating on increasing referrals during the first year of implementation with the first service provider, it is also necessary to examine whether the two trauma groups differed on outcomes. The first service and second service provider trauma groups did not differ from the control group or each other on: general recidivism for any crime, violent recidivism, property recidivism, or drug crime recidivism.

Because 82.5% of the clients were still serving their probation sentence and many of the second provider trauma clients had just been referred for mental health treatment at the time data collection was completed, the data analyses could not address whether the program increased the percentage of clients who successfully completed substance abuse treatment or mental health treatment. Moreover, the data analyses could not address whether the trauma group compared to the control group missed a fewer number of treatment sessions and missed a fewer number of scheduled appointments with their probation officer. These data were collected for each client, but the data will need to be updated through coding the event records from the last date of contact when data were collected to the clients' probation termination date; with updated information after the majority of cases have been discharged from probation, the impact of the program on increasing clients' receptivity and participation in mental health treatment and substance abuse treatment can be empirically addressed. Furthermore, it is quite possible that the program has a greater impact for certain groups of offenders. If additional cases from the third service provider were collected, a follow-up evaluation could examine whether the program has

differential impact for depressed clients, stimulant users, those who receive jail, those with prior substance abuse or mental health treatment, and those with long history of drug use and alcohol or drug offending.

### *Conclusions*

Overall, the program shows promise in achieving the intermediate goals of increasing total number of referrals and referrals to mental health, employment services, domestic violence, welfare, and parenting classes during the second year of implementation significantly beyond what was occurring already in the probation department. Once referred, most clients went to the referral agency and participated, and trauma clients compared to control clients were significantly more likely to participate in mental health treatment and employment services. The teaching techniques and the content of the psycho-educational program are impressive. The program has contributed to significant reductions in the percentage of clients with positive drug tests. There is no evidence of program impact on clients' recidivism, missing scheduled appointments with probation officers or mental health treatment, and satisfactorily completing substance abuse or mental health treatment; however, the data for these measures are incomplete because 82% of clients are still serving their probation sentence. Thus, conclusions about the program's impact on recidivism and treatment completion are premature.

The major recommended changes are: (a) a clear enforcement policy on lateness that addresses the excessive lateness (e.g., 20 minutes to 1 hour) and chronic lateness of some clients; (b) collaboration between the development team and the therapists on how the goals of the trauma counseling are presented during the orientation to persuade clients to participate and continue participation in the sessions or insuring that the service provider has the necessary

knowledge about the local community-based resources to address clients' survival needs; (c) increase the number of sessions from 8 to 10 weeks; (d) include additional information on extremely violent and dangerous relationships, healthy compared to unhealthy relationships, and self-destructive behaviors; (e) consider making the items on the intake form that assess domestic violence and childhood sexual and physical violence as routine items to be entered into the department's computer system so that the development team can efficiently identify the population of clients eligible for referrals to the program, and (f) a common resource booklet that can be shared and updated by both the treatment provider agency and probation; in the age of technology, a common website that provides the names and contact numbers of the agencies would be helpful. The challenge will be keeping the website up-to-date or the booklet up-to-date because directors and community agencies' numbers and services frequently change. Lake County Probation has the framework already in place with a website on referrals ([www.19thcircuitcourt.state.il.us/links/l\\_prob\\_off.htm](http://www.19thcircuitcourt.state.il.us/links/l_prob_off.htm)), but resources to create a specific link for women offenders' unique needs and updating the changes in phone numbers are necessary. The program currently has a list of agencies, but especially helpful to facilitators and probation officers would be a booklet that describes the services offered, the eligibility criteria and the payment requirements as well as contact information on a person at that agency who could answer any questions. This recommendation is buttressed with comments from the directors of community-based treatment and service agencies on how the program could be improved.

## Chapter 1: Introduction

Over 1 million women are currently under criminal justice supervision in the United States, and 85% of these women offenders are sentenced to community supervision (Bloom et al., 2003). Women offenders represent 23% of the probation population (Glaze, 2003). At the end of 2003, the number of women probationers (933,100) was nearly 12 times higher than the number of women inmates (Glaze, 2003; Glaze & Palla, 2004). Similarly, 9,100 women were on probation in Illinois in 1995, which was over four times higher than the number of women offenders incarcerated (Compiler, 1998). Given the substantial number of women on probation, national organizations such as the National Institute of Corrections have recognized that women and men offenders have different needs and require different supervision strategies (Austin, Bloom, & Donahue, 1992; Bloom et al., 2003; Morash, Bynum, & Koons, 1998). Probation departments have recently begun to enhance the effectiveness of supervision through increasing referrals to gender-responsive services and providing innovative psycho-educational programming so that women offenders may lead productive law-abiding happy lives (Bloom & Covington, 2001; Bloom et al., 2003).

Keeping with this nationwide trend, Lake County's women's specialized services program aims to provide a higher quality of supervision and services to women offenders who have suffered trauma through empowering the offenders to improve their mental health, familial and intimate relationships, and self-sufficiency so that they may lead productive law-abiding lives and also effectively parent their children in a safe environment. An integral part of this program is psycho-educational trauma counseling that provides participants with information on the nature and symptoms of trauma in their lives, on Post Traumatic Stress Syndrome and coping strategies, healthy and unhealthy relationships, parenting, and the community based resources



and treatments that are available to address employment, educational, financial, child care, housing, physical health, and mental health needs. The program aims to prepare women to become receptive to accepting treatment and service referrals, and through their participation in treatment and services empower women to become law-abiding productive citizens. Probation officers, in conjunction with the Assistant Director of Probation and the Mental Health Evaluator of the Psychological Services Division, select and refer women offenders to trauma counseling based on their traumatic experiences and resulting emotional and cognitive symptoms. The program was initially designed so that caseworkers provided advocacy and crisis intervention for two months after women successfully complete trauma counseling, and after this time probation officers were solely responsible for monitoring and facilitating women's participation in needed community-based services. This report describes the development of the program, modifications to the program, program operation including the nature and quality of the trauma counseling provided, and the initial impact of the program on referral rates, participation in referred services and treatments, compliance with probation conditions, and recidivism.

### *Brief Review of Prior Research*

Women and men probationers have several different needs as well as different pathways to criminal activity. Women, for example, are often the primary caretakers of children. Nationwide, approximately 1.3 million minor children have mothers who are under community-based supervision (Bloom et al., 2003), and nationwide about 70% of women probationers are primary caretakers of minor children (Greenfeld & Snell, 1999). Based on a sample of all discharged probationers, 46% of women probationers compared to 29% of men under supervision of the Cook County Probation Department were living with minor children when they entered probation. Moreover, 13% of all women probationers in Cook County were

pregnant during probation (Buurma et al., 2001). In all jurisdictions, most women probationers who are primary caretakers of their children face parental responsibilities without a partner and need affordable childcare if they are to obtain or keep employment. In addition, many mothers need parental training, need public aid to support their children until they find a job that provides income above the poverty level, and need to establish a support network. Some research suggests that women probationers who have children are more motivated to change and lead law-abiding lives. Women offenders with illicit substance abuse histories were less likely to be arrested for a new crime while on probation if they were caretakers of children than if they were not living with children (Buurma et al., 2001).

In addition to affordable child-care, women probationers have needs for adequate housing, financial services, and vocational training (Lurigio, Stalans, Roque, Seng & Ritchie, 2006). In Cook County, 63% of the male probationers received less than \$15,000 annually and only 10% were receiving public assistance whereas 79% of women probationers were living on this amount of income and 36% were receiving public assistance (Buurma et al., 2001). Research, using statewide Illinois probation data, also has found that women compared to men probationers are more likely to have annual incomes below the poverty standard and to be unemployed, even though 63% of both men and women probationers have a high school education (Olson et al., 2000). According to Seng and Lurigio (2005), the absence of affordable day care and the lack of financial and emotional support place heavy burdens on women probationers. Thus, women offenders compared to men offenders are more likely to be the sole caretaker of children, to live in poverty, and to be unemployed.

Women also have a greater need for trauma counseling than do men. Women compared to men are more likely to be victims of intimate partner violence, sexual assault, and childhood

sexual abuse. Each year, about 1.4 million women are physically assaulted, raped and/or stalked by an intimate partner compared to about 250,000 men (Tjaden & Thoennes, 2000). In a sample of women serving probation sentences at Cook County Adult Probation Department, 22% reported intimate partner violence and 42% reported psychological or verbal abuse from their intimate partners in the last six months (Lurigio, Stalans, et al., 2004). Lifetime prevalence rates for sexual assault and intimate partner violence are even higher. Over one-third of adult women in national, general population surveys reported that they were victims of childhood sexual abuse (Kilpatrick & Resnick, 1993; Briere & Jordan, 2004). About one third of women in prison were victims of childhood sexual abuse and this abuse continued into adulthood whereas 11% of male inmates report childhood sexual abuse, but this abuse did not continue into adulthood (Chesney-Lind, 2000). Researchers, based on survey data, estimate that 14 to 20% of adult women will be raped and 8 to 24% of women will be stalked at some point in their lifetime (Beiere & Jordan, 2004). Moreover, women are more likely to be survivors of multiple traumatic experiences such as childhood sexual abuse and adult intimate partner victimization (e.g., Hadar, 1998).

Several studies indicate that women and men offenders generally commit different crimes, and have different reasons for criminal activity. Women compared to men are less likely to commit violent crimes, and typically commit property crimes for survival and to support their substance abuse problems (Belknap, 2001; Chesney-Lind, 2000). The majority of women serving probation sentences in Cook County and Illinois have been convicted of property crimes, drug offenses, or driving while intoxicated (Burma et al., 2001; Olson et al., 2000). Being economically disadvantaged and marginalized is a central reason why both women and men commit property crimes (Chesney-Lind, 2000). However, women's response to poverty reflects less opportunity to earn enough money to support their children through legitimate means, their

greater need to support children due to being single mothers, and the fact that prior abusive familial and intimate relationships contributed to their poverty (Chesney-Lind, 2000). Women's traumatic experiences of intimate partner abuse and/or childhood sexual abuse are central factors that contribute to their pathway toward criminal activity (Belknap, 2001; Bloom & McDiarmid, 2000; Daly, 1992). For example, Daly (1992) identified five pathways the women follow that lead them to commit crimes: (a) street-women; (b) harmed and harming women; (c) battered women; (d) economically motivated women, and (e) drug-connected women. Street-women lived on the street due to severe childhood abuse and were convicted for drug or prostitution crimes, and drug-connected women often became dependent on illicit drugs due to their traumatic victimization experiences and were arrested for possession or trafficking of drugs. In each of these pathways, abusive relationships contribute to the eventual criminal activity. Moreover, research shows that women compared to men generally place greater importance on relationships and connections with other people, and may define their self-worth based in part on their relationships (Bloom & Covington, 2001; Miller, 1976; Gilligan, 1982). Byington (1997) observed that "defining themselves as similar to others through relationships is fundamental to women's identities" (p. 35). Due to the priority women place on relationships, it is not surprising women's traumatic relationship experiences often contribute to eventual criminal activity. Thus, as this prior research highlights, women's trauma from abusive familial and intimate relationships must be addressed so that they may choose the pathway of a law-abiding productive life.

As survivors of intimate partner violence or childhood sexual abuse, women suffer from lower emotional, mental, physical, and social functioning. Clinicians have found that many survivors of abusive relationship have post-traumatic stress disorder (PTSD), which is a mental

disorder that occurs after a traumatic event that produces extreme fear, horror, or helplessness. It has four main categories of emotional and behavioral symptoms: (a) re-experiencing the trauma through intrusive memories, distressing dreams, and flashbacks; (b) reliance on avoidant coping strategies in an attempt to avoid thinking about the traumas (e.g., using alcohol or drugs, avoiding certain places or activities that trigger memories); (c) emotional numbing such as detachment from others, inability to experience positive emotions, and major depression; and (d) hyper-arousal as indicated by symptoms such as hyper-vigilance, overreactions to non-threatening behaviors or objects, anxiety, difficulty concentrating, and insomnia. In addition to PTSD, clinicians may use the diagnosis of complex PTSD when individuals have multiple severe traumas such as childhood sexual assault and intimate adult partner violence. Some research suggests that women with complex PTSD are less responsive to treatment (e.g., Kilpatrick & Resnick, 1993) whereas other studies indicate that trauma counseling is effective for women with complex PTSD (Hadar, 1998; Resnick et al., 2003). These inconsistent findings indicate the importance of examining which sub-groups of women are most responsive to trauma counseling to make recommendations on how referral decisions as well as case management plans can be improved.

Women are at a higher risk of developing PTSD because research shows women experience a greater number of traumatic events and have more intense symptoms of re-experiencing the trauma than do men (Kubany, 2004). Whereas 10.4% of American women in the general population will have PTSD at some point in their lifetime, 45 to 84% of battered women in shelters or seeking help in counseling have PTSD (Kubany et al., 2004; Kessler et al., 1995). Furthermore, more than one-third of individuals diagnosed with PTSD still have the condition five years later whether treated or not treated for PTSD (Kessler et al., 1995).

Central cognitions that contribute to the intractability of PTSD are guilt and self-blame. Guilt is a very common emotion among intimate partner or sexual assault victims. Studies have found that 50 to 75% of sexually or physically abused women expressed moderate to large amounts of guilt about their victimization (Kubany et al., 2004). Their guilt extends beyond blaming themselves for “contributing to or allowing” the violence to occur, but also covers guilt about a failed marriage or relationship, about allowing the children to witness the violence, about their decisions to stay in the relationship, and other decisions such as using illicit drugs even if the batterer forced them to do so. Thus, programs should incorporate education and counseling to address the self-blame and guilt of abused women so that PTSD symptoms will be eliminated.

In addition to PTSD, a sizeable group of traumatized women have co-occurring needs in the area of substance abuse and emotional stability (Holtfreter & Morash, 2003). Traumatized women, especially those who experienced intimate partner violence or childhood sexual abuse, often start using or increase their use of alcohol and illicit drugs to cope with the traumatic experiences (see Kubiak, 2004). Moreover, longitudinal research supports that women increased their use of alcohol and drugs after their partners physically attacked them (Logan et al., 2002). The majority of battered women living in poverty also reported that they used alcohol, nicotine, and marijuana to cope with the violence and most reported that their substance use had increased after the violence (Eby, 2004). Furthermore, research suggests that battered women who develop post-traumatic stress disorder may have the highest risk of developing a substance abuse or dependence problem (Roberts, 2002). Research finds that 50% of women entering community-based substance abuse treatment also have PTSD; women with PTSD are more likely to relapse and start using alcohol or drugs again after successfully completing substance abuse treatment than are women without PTSD (Kubiak, 2004).

In addition to substance abuse, half of women who have PTSD also will develop major depression. Moreover, major depression rarely occurs in the absence of PTSD in samples of battered women or rape victims (Resick, 2004). Traumatized women also frequently report more physical health problems and higher levels of stress than non-traumatized women (e.g., Eby, 2004). Common physical health problems include heart pounding or racing, headaches, sleep problems, muscle tension, poor appetite, severe aches and pains, ulcers, stomach pain, painful intercourse, chest pains, and low energy. Interestingly, the majority of battered women recognize that these psychosomatic physical symptoms are the result of intimate partner violence (Eby, 2004). Some women probationers reported that referrals to address physical health problems improved the quality of their life the most (Lurigio, Stalans et al., 2004).

#### *Probation Officers' Views about Women*

Women programs historically have not been gender-responsive, with many neglecting intimate partner violence, trauma issues, and childcare needs (e.g., Marcus-Mendoza et al., 1998). Although many studies have shown that the experience of being in prison is markedly different for women and men (e.g., Greer, 2000; Pollack, 2002; Sharp, 2003; Stinchcomb & Fox, 1999), fewer studies have addressed whether probation officers' case management techniques have become more gender sensitive as more women have been placed on probation (Erez, 1989; Klosak, 1999). Lake County's program is consistent with the nationwide trend toward providing more gender-responsive services and supervision of women probationers to address needs that may be impediments to complying with probation conditions and leading law-abiding lives.

A few studies have now documented that probation officers generally believe that women offenders require more supervision time because of their greater needs for community-based services, their mental health issues, and women's desire to discuss their problems (Norland &

Mann, 1984; Oregon Policy Group study, 1995; Seng & Lurigio, 2005). Probation officers indicated that women probationers consume an inordinate amount of officers' time with their complaints about "minor problems" and are interested in forming dependent relationships with probation officers (Norland & Mann, 1984, p. 127). As part of the evaluation study of the Cook County's Adult Probation Department's (CCAPD) promotion of women education and resources (POWER) specialized women unit, Seng and Lurigio (2005) interviewed a large sample of probation officers who supervised women offenders about their perceptions of and preparation for dealing with women offenders. Probation officers reported that women compared to men probationers have greater needs for services that addressed intimate partner violence, parenting skills, vocational training, welfare and government supplements, training on how to budget and handle finances, and the need for affordable childcare and housing (Oregon Policy Group study, 1995; Seng & Lurigio, 2005; Lurigio, Stalans et al., 2006).

Whereas officers observed that the overall performance of men and women clients was similar, they viewed women as less likely to be arrested but as more difficult to supervise (Seng & Lurigio, 2005). Women and men probationers, based on probation outcome data in Illinois, had similar technical violation rates and probation revocation rates, but had modest significant differences in arrest rates and treatment noncompliance (Olson et al., 2000). While on probation, women were less likely to be arrested for a new crime (27% compared to 33%), but were more likely to dropout or fail to appear for court-mandated treatment (28% compared to 22%) (Olson et al., 2000). Women who are living with violent intimate partners may not comply with treatment especially substance abuse treatment because of threats and violence from their partners, which further highlights the need for trauma counseling (Roberts, 2002). Furthermore, probation officers reported that when women and men broke the same types of rules (e.g., failure



to report to their officers), they were likely to do so for different reasons, which were gender-related (e.g., failure to report because of lack of child care).

Although probation officers recognize that women need gender-responsive services, they are often unprepared to offer referrals and facilitate women's utilization of community-based services. For example, two-thirds of Cook County adult probation officers indicated that they were unprepared to address women offenders' needs such as affordable housing and childcare, intimate partner violence, and financial services (Seng & Lurigio, 2005). Officers wanted training to become more responsive to women's unique needs as well as acquire additional information about gender-specific needs and the availability of services. They also noted that an extensive and reliable resource network would help them handle women clients' problems more effectively (Seng & Lurigio, 2005). Officers also have reported that gender responsive services are often unavailable in the community or services are designed expressly for men probationers and are therefore less effective for women probationers (Oregon Policy Group Study, 1995). Similarly, Motiuk and Blanchette (1998) noted that risk assessment tools in probation are designed for men offenders and are inappropriate and ineffective for use with women offenders (see also Klosak, 1999). In a national survey, probation officers also reported it was difficult to work with women offenders "in a system designed to supervise the behavior of men" (Bloom et al., 2003, p. 24).

#### *Prior Evaluations of Probation Programming for Women Offenders*

A two-year implementation and impact evaluation of the POWER program was conducted. With input from the POWER Program officers and CCAPD administrative staff, the evaluators developed a comprehensive plan to assess the program's implementation and effectiveness. The implementation evaluation began when the department just started taking

cases, and was proactive. The principal investigator as well as a research assistant attended all meetings where the objectives, policies, and program design were formulated and were encouraged to also make recommendations about the policies for the program or the curriculum for the psycho-educational groups. At these meetings, department administrators and line officers received intermediate reports to inform them of the needs of women probationers, to provide up-dates about the evaluation findings, and to highlight areas where implementation of the program (e.g., scheduling of psycho-educational groups for probationers) required improvement.

A comparable control group design was used to evaluate the effectiveness of the program at increasing referrals, increasing probationers' participation in community-based services, and reducing recidivism as well as other negative probation outcomes. All probationers from the standard probation unit resided in neighborhoods that had similar crime, unemployment, and renter rates as probationers in the POWER program. Because the POWER Program also included educational group sessions that counted as one office contact with their probation officer, the design included a comparison of a sample supervised in the POWER program that had only individual contacts with probation officers and did not attend the group sessions (POWER-IC) and a sample of POWER clients who attended the educational group sessions (POWER-EP) to a sample of women offenders supervised on standard probation (ST). The evaluation team used multiple information sources, including: (a) analyses of probationers' responses to written surveys; (b) Face-to-face interviews with women supervised in the POWER and standard probation units; (c) client criminal history and event record data; and (d) interviews with probation officers in the POWER program and in the standard probation unit.

POWER probation officers made more referrals than officers in the standard unit. Overall, about half of the POWER clients received at least one referral to an outside agency with education, employment, and substance abuse being the three top referrals. POWER-EP clients compared to clients supervised on standard probation were twice as likely to receive a referral. POWER officers, however, did not incorporate offering referrals to all their clients who need referrals and needed to improve the referral rate for POWER-IC clients. The event record data showed that twice as many clients in the ST sample (15%) compared to the POWER-IC sample (7%) received at least one referral. Conversely, the opposite finding was found using data from interviews with clients that was collected in later months and had a smaller sample: POWER-IC clients compared to ST clients were almost 5 times more likely to receive a referral. Moreover, the interview data showed that POWER probation officers had significantly and substantially improved referral rates to affordable housing and employment services for both POWER-EP and POWER-IC clients. The interview data suggested that POWER officers improved their referral rates to POWER-IC clients after they received our preliminary report of women's unmet needs. Thus, educating probation officers about probationers' unmet needs seems to be a viable option for enhancing referral rates.

It is clear that referrals and participation in the psycho-educational groups had some positive impact. POWER-EP probationers were less likely to test positive for drugs or violate their probation condition to abstain from illicit drugs or alcohol and were more likely to participate in job or educational training than were women in the ST or POWER-IC samples.

The POWER program did not have any overall reduction on unsatisfactory probation termination and arrests while on probation; however, these measures were incomplete because 87% of the clients were still serving their probation sentence when data collection was completed

and the recidivism measures assessed recidivism while on probation for an average of one year. The POWER program beneficial effects on reducing noncompliance with probation conditions were limited to two high-risk groups: offenders with previous incarcerations and drug offenders, defined as those who had a previous arrest or were sentenced to probation for drug possession or drug selling. Offenders with previous incarcerations who were supervised in the POWER Program (POWER-EP and POWER-IC samples) had a lower average number of new arrests for any crime while on probation than did ST sample offenders with previous incarcerations. For drug offenders, probationers in the POWER Program overall were less likely to have a new arrest for any crime, to have a lower average number of new arrests, and were less likely to be revoked compared to the ST sample. It also is clear that the educational group meetings are an important component of the POWER program and provided added benefits for clients. Drug offenders in the POWER-EP sample were less likely to have unsatisfactory probation status or new arrests for any crime compared to the POWER-IC sample. Our evaluation of the CCAPD POWER program for women offenders has provided some insight into the initial impact of the program on critical outcome measures.

The CCAPD POWER program differs in several ways from the Lake County program. Instead of probation officers providing psycho-educational group counseling, professional therapists provide trauma counseling in the Lake County program. Probation officers in the Lake County program also are not in a specialized unit and may have a regular large caseload, whereas Cook County probation officers were in a specialized program with a reduced caseload. Probation officers in CCAPD made all referrals to the program whereas the Psychological Services Division in the Lake County program makes recommendations about which women offenders should receive trauma counseling, though they do not evaluate all women selected to

participate in the trauma program. In the Lake County program, the professional therapists who provided the psycho-educational trauma counseling have the initial responsibility of serving as advocates for women offenders and facilitating their participation in community-based services during the initial two months whereas probation officers made referrals and monitored participation in the POWER program.

### *Format and Purpose of Report*

This report describes the implementation and short-term impact evaluation of the Lake County's women's specialized services program. Multiple sources of data were collected to assess how well the program was implemented and how much short-term impact the program has had on women participating in referrals, increasing employment status, reducing substance abuse, complying with probation conditions, and refraining from committing additional crimes. Chapter 2 describes the evaluation design and the multiple sources of data that were collected. Chapter 3 describes the implementation and changes across time in the program. Chapter 4 describes program operation including client assessments, basic structure of the trauma counseling, clients' needs for services, referral rates to different types of agencies, participation rates in treatments and services, and how the program and/or probation has improved the lives of women offenders' children. Chapter 5 describes the nature and quality of the trauma counseling offered by contracted service providers based on interviews with therapists, review of curriculum materials, and observations of eight weeks of trauma counseling sessions. Chapter 6 describes how aware directors of community-based agencies are of the women's specialized services, and the nature of community-based services including the number of women served, the eligibility criteria, the type of services offered, the gender responsiveness of the services, and directors'

perception of how probation can assist and motivate women offenders to continue participation in needed services. Chapter 7 describes the short-term impact evaluation of the program.

## Chapter 2: Evaluation Design

The implementation and impact evaluation is based on multiple sources of data to provide a more reliable and thorough assessment of how well the program was implemented and its impact on women offenders' lives. In each section below, the data sources and measures are described. Seven main research questions are addressed. Firstly, what is the development history of the program including any changes to objectives or barriers to implementation and what are the program's components, objectives, policies, procedures as well as the administrative and organizational context? Secondly, what is the nature of the partnership and communication between the development team, probation officers and trauma counselors? Thirdly, what is the awareness and opinion of the program among community-based service agencies and to what extent do these agencies believe they provide gender responsive services? Fourthly, what are the criteria and process used to select women offenders for trauma counseling? Fifthly, how well do probation officers, the development team, and trauma counselors assess women clients' needs and develop a case management and referral plan, and how well do these professionals facilitate women's participation in trauma counseling and needed services including their responses to rule violations? Sixthly, what are the strengths and weaknesses of the trauma counseling provided by the private agency, and how did the structure and nature of trauma counseling change when probation switched service providers? Lastly, what short-term impact did the program have on the number of referrals women receive, women's participation in the referred services, women's substance abuse, compliance with probation conditions, and recidivism?

To provide a more reliable and valid evaluation of the implementation and short-term impact of the program, multiple sources of data were collected:

- Written documentation about the program and curriculum materials of the psycho-educational trauma counseling;
- Written documentation about the development of the specialized women's services program;
- Probation officers' event records on referrals, violation of probation petitions, communication with community-based agencies and trauma counselors, probationers' missed office visits and noncompliance with treatment, positive drug tests, number of missed mental health visits, number and nature of referrals received, whether participated in referrals for 125 control group clients and 86 trauma clients;
- Coded data from 211 (125 control, 86 trauma group clients) probation files including demographics, mental, substance abuse, and social support and probation outcomes including referrals, treatment compliance, violation of probation petitions filed, and new crimes;
- Data from written surveys given to a sample of 18 probation officers who have referred clients to the program;
- Interviews with key probation staff and review of program narratives and grant proposal submitted to the Authority that requested the funds for the women's specialized services program;
- Interviews with the first service providers and the second service providers of the psycho-educational trauma counseling treatment;
- Written survey emailed and mailed to 25 community-based agencies to assess the services that they provide, their awareness and opinion about the Lake County women's program, and whether they can handle additional referrals from the program;



- Written surveys from women on probation to assess their needs and their assessment of probation services/referrals were collected between May 1<sup>st</sup> and September 1<sup>st</sup> by having the surveys available in the waiting room of the probation department and having a locked box in which women could place their completed surveys. During this period, 56 surveys with 40 not participating in trauma counseling and 16 participating in some sessions (9 completed all sessions);
- Observations of trauma group counseling; The principal investigator observed the first session of the third group of the second provider that occurred on July 19, 2006 and observed all eight sessions of the trauma counseling that lasted until mid-September. Individual interviews also were conducted with eight clients of the trauma group that started in July; and
- Criminal history and new arrest data from the Illinois Criminal History Records for all cases.

#### *Interview Data with Development Team*

Semi-structured open-ended interviews in February with the two key professionals who developed the program were conducted. The interviews focused on the history of the development of the program, the nature of changes, barriers in operation, the goals, structure, and operation of the program. The interviews lasted between 1.5 to 2 hours, and after a draft of the description of the program development, assessment and referrals of clients and statistical reports was written, follow-up questions were asked and a copy of the report was provided to the development team for comments. The development team also received a draft of the common features and differences of trauma counseling between the two agencies in July of 2006 and a draft of the evaluators' description of the strengths and weaknesses of the second providers'

groups based on the observation of the third group of the second provider on October 26, 2006, which the developers indicated was very helpful in creating a RFP to obtain a contract with a new service provider. Before these interviews, the research team also reviewed the grant proposal and subsequent reports submitted by the program development team to the program.

### *Interview Data with Probation Officers*

In order to learn about probation officers' use of the trauma group program and their views on various aspects of the program, the 18 probation officers who had referred at least one case to the program as of May 1, 2006 were contacted. Initial plans were to interview each of these officers. However, based on prior knowledge of the difficulties of trying to arrange interview time with probation officers,<sup>1</sup> the research team decided to offer officers the option of either an interview or completing a survey instrument similar in content to an interview. Each officer was contacted by letter dated May, 15, 2006 explaining these options and requesting a signed informed consent form. As expected, most respondents elected to complete the survey. Only one chose an interview. The initial response was slow but a follow-up e-mail from the Assistant Director of Probation improved the response rate to the extent that 15 of the 18 officers responded (83.3% response rate).

Most of the respondents (73.3%) were male probation officers. Only 4 (26.7%) were female officers. In general the officers were an experienced group with the number of years they had been a probation officer ranging from 10 to 26 with a mean of 18 years and a median of 19 years. Caseload size ranged from 75 to 286 (Mean 127, MD 113, SD 50.1). The caseload with

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<sup>1</sup> Our experience with interviewing probation officers in another Illinois county was such that it took from August to November to reach 25 officers because of officers' busy, unpredictable schedules.

286 clients was a group reporting caseload. When this outlier is removed the mean, median and standard deviation are more reflective, 116, 112.5 and 25.2 respectively. The majority of clients in each caseload were males with the number of female clients ranging from 5 to 71; the latter is the caseload of the officer who elected to have an all or almost all female client caseload. The average number of female clients not including the 71 is 22.2 with a median of 23. Most of the officers had referred only a few cases, the number ranging from 1 to 6 clients. A female officer with a caseload of only women probationers had referred the most, 26 cases.

### *Interview Data with Service Providers*

In June of 2006, two therapists from the first service provider and the two therapists from the second service provider were interviewed. Each interview lasted about 60 to 75 minutes. The interviews consisted of open-ended questions assessing: (a) the nature of group psycho-educational counseling that they offered; (b) how they typically led the group such as primarily presentations, a balance of presenting information and discussion, or primarily discussion oriented; (c) what topics covered generated the most questions from clients; (d) which topics they believe are the most beneficial to women probationers; (e) the type of written policies about lateness, absences, etc.; (f) what therapists do when clients interject experiences that are not relevant to the discussion or topic; (g) why clients dropout of group; (h) whether probation officers or staff have observed or participated in group; (i) the nature and frequency of communication with probation officers; (j) primary needs of women offenders who participate in the groups; (k) the most common referrals; (l) the nature and extent of agreement and disagreements with the development team about goals, topics, and other course aspects; and (m) how the program could be improved. The interviews were conducted in a free flowing

conversational style, and the interviewer took notes but did not electronically record the interviews. Some additional closed-ended questions were asked to assess communication with probation officers and how therapists sorted out their obligations to clients and to probation. For example, all therapists were asked: “Which option best describes your opinion about the treatment services provided to women offenders at Lake County probation.”

- (a) the program and its staff are my primary clients and their interests come first
- (b) the program and the offender are equally my clients
- (c) the offender is my primary client and her interests come first?”

Educational and training of each therapist was also assessed to determine the level of expertise and qualifications for conducting the trauma groups.

#### *Coding of Communication between Probation Officers and Community Agencies*

A group of 36 trauma clients were randomly selected to assess the frequency of communication between probation officers and community-based service providers. For these 36 trauma clients, research assistants coded their event records for the frequency of communication with community-based agencies and the trauma service providers as well as the topics that were discussed (e.g., noncompliance, setting up a referral, missed appointment, progress report, etc.). These data will be analyzed to assess the strength of the partnership between service providers and probation officers.

#### *Interviews with Directors of Community-based Agencies*

The women’s specialized service program provided a list of community-based agencies that they regularly used, and this list was supplemented with the community-based agencies

found on the probation's website. Each list contained the phone number of the agency but did not contain information about the director, their email address, or mailing address (the probation website provided some mailing addresses). Thus, in order to obtain a reliable pool of potential respondents, a research assistant called each agency and asked for the director's name, their telephone number and mailing address and if they were willing to provide their email address so that a copy of the informed consent and survey explaining the research study could be emailed. The following types of agencies were included in the sample: substance abuse agencies, mental health agencies, domestic violence or sexual violence agencies, and employment or legal agencies. Most agencies provided multiple services. Agencies that provided food services or shelter for the homeless were not included in the sample. After eliminating agencies that were outside of Waukegan and did not serve offenders on probation in Lake County, a final pool of 25 community agencies remained.<sup>2</sup> On May 15<sup>th</sup>, surveys were mailed and emailed to all agencies. Due to IRB requirements, the agencies could not be contacted until they contacted us and forwarded the signed IRB form. The agencies had the option of completing the survey and returning both the IRB form and the informed consent via fax or email. Most of the agencies that responded chose to complete the survey and return it rather than participate in a telephone survey. To increase response rate, a second mailing occurred on June 28<sup>th</sup>, 2006. Data collection was completed on July 21, 2006, with a response rate of 60%.

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<sup>2</sup> Surveys and informed consents were initially mailed out to all substance abuse, victim, and mental health agencies listed on the probation website and list; however, after two agencies outside of Waukegan responded that they did not serve offenders on Lake County probation the agencies outside of Waukegan were eliminated for follow-up.

### *Written Survey Completed by Women Clients*

To assess women offenders' needs and views about the helpfulness of their probation, a short written survey was designed. Surveys were collected between May 1<sup>st</sup> and September 1<sup>st</sup> of 2006 by having the surveys available in the waiting room of the probation department and having a locked box in which women could place their completed surveys. A sign requested all women probationers' help in completing a short survey to provide information to improve the services that probation provided to women. During this time period, 56 women completed the surveys, and of these women 40 did not participate in trauma counseling and 16 participated in one or more sessions (9 women completed all sessions). Of the total sample of 56 women probationers, 35.2% were never married, 18.5% were divorced, 13% were separated, 14.8% were currently married, and 18.5% were not currently married, but living with an intimate partner. A substantial proportion of the sample (45.3%) had intimate partners who had previously been, or were currently, in jail or prison. Moreover, 56.7% indicated that in the last six months their intimate partners had screamed at them, called them names, treated them disrespectfully, or cursed at them, and 20.8% indicated that the psychological abuse occurred seven or more times over the last six months. One third of the sample also admitted that their intimate partner had hit, kicked, choked, slapped, or pushed them during the last six months, with 8% indicating that it occurred seven or more times over the last six months. The sample had higher educational attainment than the average probationer with only 13% dropping out of high school, 16.7% currently seeking a GED, 42.6% having a high school degree, 16.7% currently in college, and 11.1% having a college degree. Most of the respondents were parenting children with 18.9% parenting one child, 17% parenting two children, 20.7% parenting 3 or 4 children, and 11.4% parenting five or more children. Only one-third were not parenting any children, and 17.6% of

those not parenting children had children in the foster care system. The majority of probationers (75%) indicated that they were depressed, and 66% indicated that they had prior traumatic experiences that caused emotional harm. A little over half (56.7%) were unemployed, 31.5% had full-time employment, and 11.8% had part-time employment. Of this sample, 26.4% indicated that they had to go back to court because they broke a rule of probation. Of those who had to go back to court, 8.5% missed office visits, 2.1% were noncompliant with treatment, 8.5% used drugs or alcohol, and 12.8% were arrested for a new crime. Data from this survey are used to describe women offenders' needs, to supplement the archival data on referrals to services, and to examine women offenders' views about how probation and treatment have improved their children's lives. Data from this survey are referred to as the "written survey" in tables throughout this report.

### Chapter 3: Program Development

The community-based transitional services program for female offenders was developed, and is directed, by the Assistant Director of Adult Probation and a Mental Health Evaluator from the Psychological Services Division. The Assistant Director has a MA degree in management and has worked in the juvenile and adult divisions of Lake County Probation for 31 years. She has served as the supervisor of the domestic violence, DUI, and gender specific caseload units. The mental health evaluator has a Masters Degree in Clinical Psychology, and 20 years of clinical experience of which about half of her clinical time involved working with trauma survivors. Her background is cognitive-behavioral therapy and psychometrics, and her job responsibilities include testing, diagnostics and making recommendations for treatment. The development team has developed an expertise in women offenders through researching various programs and the academic literature as well as through their job experience; the two different backgrounds of the developers provide beneficial collaboration in responding to the continual development of the program and addressing program operation issues. The program is formally known as the women's specialized services program and the two developers work as a team.

The program had its genesis in observations by the team that numerous women probationers were victims of multiple traumas but were not receiving treatment or any real services related to trauma. If they were referred to services in the community they either did not go or the community-based services found that the women probationers did not fit their service population. While some of these women were participating in a department-run Cognitive Orientation Group (COG) program, it was clear that additional, more trauma focused services were needed. In early September, 2003, the Chief of Probation informed his department that funds were available through the Illinois Criminal Justice Information Authority for special



programming in probation. The team designed and developed the women's trauma program and wrote a grant proposal, something neither team member had done before.

Based on their review of the literature that supported a link between trauma and offending behavior and provided some idea of program models, the team developed a grant proposal based chiefly on contractual services for an educational program for women probationers with a history of single or multiple traumas, such as sexual abuse, domestic violence, or other violence-related traumas. Conceptually, the program was seen as being a doorway to treatment through providing psycho-educational counseling and individually-tailored referrals.

#### *Overview of Program Goals*

Based on program documents and conversations with the team, the developers of this program had several goals that they believed the psycho-educational counseling about trauma could achieve. The psycho-educational counseling is not "treatment", but it does provide some positive coping and relaxation skills that may reduce the symptoms of trauma, the abuse of alcohol and illicit drugs, and the inability to meet daily living demands. While, of course, the program's ultimate goal is to reduce recidivism and increase compliance with probation condition, there are several intermediate goals that may increase the chance that overall recidivism and noncompliance among participants would be reduced. Our implementation evaluation examines these goals.

#### Program Goals:

- To have probation officers at Lake County Adult Probation believe that the specialized women service program will have an impact on women offenders' compliance with probation. Probation officers will make referrals to the program and will become increasingly aware of trauma history of women offenders.

- To provide quality psycho-educational groups for female probationers identified as having experienced trauma and provide two months of advocacy so that women obtain the referrals to community-based agencies that they need and have more motivation and understanding to participate in the treatments and services that they need to lead more productive law-abiding lives.
- To have psycho-educational groups provide participants with information on the causes and effects of trauma in their lives with explanation of Post Traumatic Stress Syndrome and the treatments available to them.
- To help participants recognize the need for treatment and become “treatment ready”, and to encourage participation in treatment. Thus, of clients referred to various types of agencies, the trauma group compared to the control group will have a higher percentage that go to the agency and participate. Moreover, the trauma group will have a higher percentage that successfully completes mental health counseling or substance abuse counseling.
- To increase the number of referrals given to women offenders such that the trauma group compared to the control group will have a higher percentage of clients receiving referrals to a variety of agencies.
- To provide individually tailored referral plans for women who complete the trauma psycho-educational counseling group.
- To establish linkages between the participants and existing mental health services in the community as needed.
- To have probation officers monitor and assist in establishing successful linkages to mental health services and other community-based agencies in the community. Thus, based on coding of event records in the trauma group, the probation officers should have frequent communication with community-based agencies. The probation department will have an up-to-date list of referral agencies with current contact numbers, names, and addresses. Community-based agencies will have knowledge of the specialized service program for women offenders at Lake County Probation.
- To implement the program in a timely and efficient manner.
- To reduce substance abuse through clients’ greater understanding of the effects of trauma and more positive coping skills as well as greater willingness to participate in and complete substance abuse treatment. Thus, the trauma group compared to the control group will have a greater percentage that complete substance abuse treatment and will have a lower mean number of positive drug tests or alcohol/substance use through self-admission or probation officers’ detection.

This description of intermediate goals is based on interviews with the development team. The development team consisted of the Assistant Director of Adult Probation and a Mental Health Evaluator from the Psychological Services Division of the Administrative Office of the Nineteenth Judicial Circuit (see [www.19thcircuitcourt.state.il.us/psyserv/psyc.htm#missionreport](http://www.19thcircuitcourt.state.il.us/psyserv/psyc.htm#missionreport) for more information on organization and services of the Psychological Services Division). Our interviews with the developers and reading of the grant reports have allowed us to outline the history of how the program was developed.

### *History of Program Development*

The grant document was submitted to the Lake County Board in November 2003 and matching funds approved with the condition that contractual services were to be secured through a formal bid process. The team developed an RFP issued in January, 2004 and held a pre-proposal meeting on February 5 attended by eight interested service providers. However, only two proposals were received by the deadline date of February 19. Following a standard county bid review procedure, both proposals were assessed and evaluated, and the proposal from the first service provider was selected on March 19, 2004. The agreement (number 401107) between the Probation Department and the Illinois Criminal Justice Information Authority was signed on April 4, 2004.

The program is funded with Federal Anti-Drug Abuse Act funds administered by the Authority. The Authority administers grants within seven program areas. The women's specialized service program (a.k.a. "trauma program") is funded from program area 3 which is designed "to support programs that enhance treatment effectiveness, quality and services so that those who need treatment can receive it." To date, the women's trauma program has operated under three funding cycles, each with its own budget as follows:

Grant number 401107 October 2003 to September 2004

Federal funds:	\$16,706
County matching funds:	\$5,596
Total:	\$22,386

Grant number 43107 October 2004 to December 2005

Federal funds:	\$25,069
County matching funds:	\$8,356
Total:	\$33,425

Grant number 404107 January 2006 to September, 2007

Federal funds:	\$43,871
Country matching funds:	\$14,625
Total:	\$58,495

Funding ended September 2007. This relatively long final funding period is related to the fact that federal funds involved expire on October 1, 2007 and must be expended by that date.

However, a new grant was recently awarded that will continue through September of 2008.

All fiscal reports and program quarterly reports have been submitted on time.

Administratively, the program is “housed” in the probation department with the Assistant Director of Probation reporting to the Chief Probation Officer and the Mental Health Evaluator reporting to the Chief of Psychological Services. It should be noted that the lengthy delay between grant development and actual signing of the agreement, in this case about a seven month process, is, in our experience, quite normal. Table 3.1 provides a description of the key milestones in the development of the program. In the following paragraphs, the central events that describe the history of the development of the program are described.

Following planning meetings with the staff of the first service provider,<sup>3</sup> the program began formal operation with the first trauma group meeting on June 2, 2004. The first group was to have 25 members and to consist of six weekly meetings. A number of problems developed

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<sup>3</sup> Given that only one service provider was selected at a time, the report does not reveal the names of any service providers.

Table 3.1 Key Milestones in Development of the Women’s Specialized Service Program  
at Lake County Adult Probation Department

Summer 2003	Team identifies need for special trauma program for women offenders
September, 2003	Chief Probation Officer identifies the Illinois Criminal Justice Information Authority as a potential source of funds for such a program.
November, 2003	Grant proposal written by program team and submitted first to the Lake Country Board for approval of matching funds
January, 2004	First RFP developed to obtain service providers for psycho-educational trauma counseling.
March, 2004	First service provider selected to provide psycho-educational trauma counseling
April, 2004	Funding in the amount of \$22,386 awarded as grant number 401107 from the Illinois Criminal Justice Authority for the period October, 2003 to September, 2004
June, 2004	First trauma group run by first provider.
July, 2004	Probation officer training provided by first provider.
August, 2004	Second trauma group started by first provider
October 2004	Third trauma group started by first provider
October, 2004	Continued funding via grant number 43107 in the amount of \$33,425 for the period October 2004 to September, 2005
January, 2005	New provider sought due to internal staffing problems uncovered at agency providing the psycho-educational trauma counseling
February, 2005	Fourth trauma group started by first provider.
March, 2005	New RFP developed and pre-proposal meeting held.
May, 2005	Second provider selected. Group size reduced to 15 from 25, and number of sessions increased from six to eight.
August, 2005	First group by second provider; the team and one probation officer routinely attended the group and participated.
January, 2006	Final funding via grant number 404107 in the amount of \$58,495 for the period January 2006 to September 2007.
February and March 2006	Second group conducted by second provider; group sessions are increased from six to eight and probation staff do not attend sessions except for first five minutes and last five minutes
July 2006	Third group started by second provider; group sessions are not attended by probation staff except for first and last five minutes.

with the operation of the trauma groups. Initially, there were insufficient referrals to the program from probation officers due to a number of factors. Some officers were not in tune with the needs of female probationers and saw no need for the program. More importantly however, was the quality of probation officers' training provided by the first service provider in July, 2004. According to the team, the training content was not appropriate for the experienced, competent and professional probation officers that constituted the staff of the Lake County Adult Probation Department. In essence, the officers became more resistant to the program due to the quality of the training. In addition, not unexpectedly, many women probationers were reluctant to participate and group attendance was sporadic. However, those who did attend found the experience positive.

The first service provider conducted three groups in 2004. According to quarterly reports on file with the Authority, the first group met from June 2 to July 7 with 23 women referred and 15 completing; the second met from August 4 to September 8 with 27 women referred and 10 completing; and the third met from October 20 to November 23 with 25 referred and 15 completing.<sup>4</sup> A fourth (and final) group met from Feb through March of 2005. The trauma psycho-educational counseling groups were renamed the "women's specialized services group" to avoid any stigma attached to attending a trauma group and also to allow for future provision of multiple services to women offenders.

In January, 2005, due to a number of internal staffing problems at the agency running the trauma groups (i.e., first service provider), it was decided to seek another service provider.

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<sup>4</sup> In order to obtain these numbers from the statistical data provided by the developer, the criteria for completing for the first group is three of the six classes, for the second group it would have to be at least five of the six classes, and for the third group it would have to be at least four of the six classes. Thus, there appears to be no firm rule on what constitutes completion during this first year of implementation.

A new RFP was issued March 22, 2005 and a pre-proposal meeting attended by seven potential providers was held on March 31. Several proposals were received and after a rigorous proposal review procedure, the second service provider was selected. The contract was signed May 26, 2005.

A number of significant changes in the program were included in the new contract. Groups were to be smaller, 15 rather than 25, allowing for better use of information and more individual attention to participants. The number of group sessions was increased from six to eight and a greater emphasis placed on outreach services during the group itself in order to respond to the numerous crisis situations encountered by women probationers. Finally, probation officer training was not included in the contract.

The new contract was signed on May 26. In addition to the above noted changes, two other important procedural changes occurred at this time. It was decided to have the team conduct pre-group orientation meetings with potential group participants to review program rules, deal with transportation, absenteeism, tardiness and other practical issues so the group could immediately begin with its content and focus. Also, a female probation officer volunteered to supervise a caseload of only women offenders. In August 2005, the first group of the second provider met.

At the end of the third group of the second provider in September 2006, the lead therapist of the second provider announced that she had obtained employment elsewhere. For several reasons, probation wrote a RFP to obtain bids from service agencies who were interested in providing the trauma counseling and providing referrals to agencies so that women clients' basic life survival and skill needs such as housing, childcare, and so forth were addressed. In 2007, a new service provider, who specializes in substance abuse treatment for clients with mental health

problems, was contracted to provide the psycho-educational counseling. The third service provider has not been interviewed since their contract began after funds for data collection had been exhausted. The service agency is well-established in the community and specializes in dealing with women who have both substance abuse and mental health problems. Based on the archival data, probation officers have referred many women clients to this agency. According to the program developers, the agency also is very familiar with community-based agencies that address the basic life needs of these clients. Based on the interview with the director of this agency for the community-based survey part of this research in July of 2006, the agency does provide services that address the unique needs of women, and could handle additional referrals of women offenders serving probation sentences at Lake County Adult Probation.

With this third provider, the women's specialized program has changed in the following ways: (a) it has expanded from 8 weeks to 10 weeks; (b) the content of the program has changed to include speakers from community-based service agencies that can address women's needs and provide them with immediate resources; (c) the probation officers now meet with the facilitators and client to discuss the treatment and services plan with the client; (d) some of the clients after successfully completing the trauma counseling are enrolled into a 22 weeks Moving On program that Lake County Probation Department operates; and (e) some of the clients are enrolled in the parenting class that Lake County Probation Department operates.

#### *Probation Officers' Support for Program*

The team noted that probation staff appears supportive of the women's specialized services program and resistance has waned. Eight different probation officers referred women to the first group and nine different probation referred women to the second group, and eleven different officers referred women to the third group with the second provider, suggesting, as the



team concluded, that resistance to the program has waned. They were particularly impressed with the attitudes of some male probation officers who seemed especially sensitive to women's trauma issues. In fact, of the 18 probation officers who have referred cases to the program, 12 are male probation officers. Referring officers who completed surveys or were interviewed indicated that they believed the women's specialized program is a good program (of course, officers who have not referred cases may have a different opinion). Based on interviews with the 15 referring officers, a majority of the officers (57.1%) felt the program assisted their clients to deal with trauma. Three officers rated the program as very helpful, one rated it somewhat helpful and two found it not helpful at all. One did not answer the question. Overall, most officers (76.9%) rated this as a good program, three rated as excellent, and one as fair. Two did not answer the question. Thus, for the most part, the referring officers' opinion of the program was positive. Opinions about the degree to which this program was effective at reducing women offenders' recidivism were mixed. One rated it as very effective, ten effective to moderately effective and two stated it was too early to tell. Two did not answer the question. In reality, it is really too early to tell so the responses were more in the nature of hoped for prediction than any observed results.

### Conclusions

Program development occurred without undue delays. The developmental history also shows that the program developers were flexible in having the program evolve to meet the goals of the program. Initially there were insufficient referrals to the program by probation officers due in large part to the substandard training provided by the first service provider. The probation officers' initial resistance appears to have waned, and based on interviews the program appears to be accepted by the probation officers that have referred cases to trauma counseling.

## Chapter 4: Program Operation

In this section, the program's criteria to select women to the groups, the referral process, the statistical reporting, clients' needs for services based on data from the women's survey, and how the topics and structure of the psycho-educational trauma group changed from conception to the last group of the second provider in September of 2006 are described. Data from the coding of the probation files and survey data are analyzed to address whether the "trauma" group compared to the control group received a significantly greater number of referrals and what types of referrals were increased.<sup>5</sup>

### *Selection Criteria*

There are four eligibility criteria for referral to the trauma program: female, serving at least a probation sentence of at least one year, have a history of trauma, and not exhibiting any psychotic symptoms. Cases are selected from throughout the department, but due to insufficient time to participate in groups and referrals offenders on short misdemeanor probation are not likely to be selected. The program team estimates that approximately 80% of the approximately 850 females on probation in Lake County meet these criteria. Their grant application based on National Institute of Corrections research estimated that 410 women probationers would meet these criteria. This rather broad criterion does suggest that a large number of female clients would qualify. There is a need to better document the potential participant pool, and if any additional selection criteria are used. Because the Psychological Services Division cannot release data without a signed waiver, data on all clients who were evaluated could not be collected so that analyses could compare those who were referred to those who were not referred.

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<sup>5</sup> The program development section acknowledged that the name was changed to the women's specialized services group (WSSG). For concise communication, the clients who completed WSSG are labeled the "trauma" group and compared to the "control group" who were identified as having trauma but did not participate in the program.

### *Assessing Clients to Determine Whether Eligible for Trauma Counseling*

Based on interviews with the fifteen probation officers who have referred clients to trauma counseling and participated in interviews, the procedure used by most of the officers (60%) to assess a women's need for trauma counseling was an informal interview as part of the intake process. Some (40%) used both an informal interview and questions from the department's standardized intake form to assess client's need for trauma counseling.

Officers were asked in a series of open-ended questions to indicate the type of trauma experience they ask their clients about, how willing the clients were to discuss such issues and, in general, describe the defining features of the women clients they referred to the trauma group. Most officers asked their clients about sexual, physical and domestic violence trauma. One officer added that he also included verbal abuse, another specifically asked about trauma treatment history. Three others specifically asked about emotional or psychological trauma. Some officers answered that they asked about "all types of trauma". In general, the responses were quite uniform in that questions about prior trauma were a standard part of the intake questioning. Questions on the department's standard intake form also assessed whether the clients were victims of childhood sexual or physical violence, whether they witnessed as children domestic violence between their parents, and whether they have been physically attacked by intimate partners in the last six months.

The officers reported that most of their clients were eventually quite willing to discuss their trauma experiences. Some, however, were reluctant to do so. Six officers found an initial guardedness that changed to openness once trust was established. Three officers found their clients very willing to discuss their experiences and three stated that their clients were not willing to discuss their experiences. Three other officers noted that some of their clients were eventually

willing to discuss their experiences and others not. In general, findings indicate that most trauma clients were eventually quite willing to discuss their experiences to varying degrees. One female officer observed that her clients were particularly eager to discuss their experiences, often taking considerable time to do so and saw probation as an opportunity to share their experiences and obtain support.

The officers' listing of the defining features of women clients referred to the trauma group did not seem to differ from the general description of many female clients on probation (see Seng and Lurigio, 2005). They were described as single parents, lacking support from their children's' father(s), usually in poor financial situations, experiencing low self esteem and having a history of substance abuse. The trauma- group-referred clients described by responding officers appeared to differ from this profile in terms of specific reference to sexual abuse trauma and a history of violent relationships. In addition, the clients were sometimes referred to as willing to talk about their experiences along with a desire to get help. However, one officer noted that there was no real difference except that "they were perhaps more needy."

### *Referral Process*

The case referral procedure, like the program criteria, is also straight forward. Any probation officer who during intake or during case supervision learns that his/her probationer has suffered traumatic experiences may refer the case to the project team. The referral is usually informal with the probation officer stopping a team member in the hall and giving the team member the probationer's name, or calling them on the phone. Based on officers' interviews, clients identified by the officers as potential candidates for the program were referred in a variety of ways. Most officers mentioned that they reviewed the case either informally or formally with the Assistant Director of Probation. This was followed by submission of the intake form to the

Assistant Director of Probation. Three officers noted that they refer cases through their supervisor. The referral process was rated as very easy or easy by 85% of the officers with the remainder stating it was “no real problem”.

According to the development team, there is no elaborate paper procedure to follow. The key is whatever works for the probation officer who is already inundated with paper work. However, the case is formally referred when the probation officer gives a copy of the intake form to a team member. One of the team members also makes her own referrals to the program as part of her role in case-assessment as mental health evaluator. This informal referral process is still being followed. The team does provide written documentation that a client has been referred to the women’s specialized service group, and this is placed in her probation file.

In our view, this simple referral process may help in maintaining probation officers’ support for the program. However, the program needs to know the size of the population of women offenders who are eligible to participate, and be able to select those who are most likely to complete the program. The program also needs to assess whether certain constraints impede probationers’ participation. For example, women who are working full-time or do not have access to childcare may not be able to participate. A simple program referral form could be completed by either a team member or the probation officer. Alternatively, the development team could have the questions about childhood physical and sexual abuse and witnessing domestic violence from the intake form become standard items that are entered into the computer system so that they can obtain a pool of clients that meet the basic eligibility criteria for the program.

The team estimates that approximately 80% of the probationers who meet the criteria actually are referred but, again, no hard data were available to document this perception. Use of

the new Level of Service Inventory Revised (LSIR) intake instrument is likely to contribute to earlier case identification. Once the case is referred to the team, a team member (or both team members and sometimes along with the probation officer), meets with the probationer to explain the program. The team found that the pre-group orientation meetings with potential participants did not work. It tended to be too formal and antiseptic. Each client once referred receives a folder that contains information about the women's specialized services, the goals and the rules. One-on-one was found to be much more effective. This is because the program deals with women who may be very suspicious of the court system. Many times, their experience with DCFS and the Juvenile Court around child care issues has been negative or traumatic. They may be reluctant to trust a court sponsored program. The team makes every effort to present the program as an option, not something the probationer needs but rather an opportunity for her to deal with the pain and hurt of traumatic events. Though due to the higher than expected dropout for the first group of the first provider (23 referred and 13 completed at least 4 of the six sessions), there was the option of having the program court-mandated as the judges suggested; the team considered this suggestion, but the first service provider "was highly resistant to the idea of a mandated group". Thus, the team has continued to try to address how to persuade clients to attend the group and then remain in the group.

Both team members strive to be warm, sensitive, responsive, and supportive as they allay the participants' fears. The team member's observation is that once in the group most participants find it very useful. The difficulty is getting them in. Based on officers' interviews, probation officers indicated from 40% to 100% of clients they identified as needing referral to the trauma group program actually accepted referral with an average estimate of 73% accepting referrals. Acceptance of referral does not, of course, equate to actual participation. The team

estimated that 4 out of 5 or again 80% of those “interviewed” actually participated. Participation in this particular program is not mandated by the court. The court may order participation in gender-specific programming but the team believes the Court is not likely to punish women for not participating unless it is drug related.

Once a case is referred, virtually all (14/15 or 93.3%) the officers maintain contact with their clients while they are attending group sessions usually as part of regular reporting or otherwise. The one officer who did not maintain contact was shifted to a different caseload. Only one of the officers participated in a few of the group session run by the first provider, but her participation was limited. In general, the referring officer does not participate in the group sessions and does not have regular verbal or email contact with the facilitators.

#### *Statistical Reports on Cases that Are Referred*

The team has maintained an excel file that contains all women clients who were referred, the number of sessions they completed, whether they successfully completed the program, the number of violation of probation petitions filed and why, and the number and nature of any new arrests. This excel file is updated monthly. It is commendable that the team has managed to keep accurate statistics on the program; many probation departments implement funded programs and do not setup a way to document the program’s statistics. Given the changes in the nature of the program, statistical reports must be interpreted by carefully considering whether the first or current provider conducted the group, what changes occurred between each group as well as the nature of the group itself (e.g., some groups may be more pathological than others). The statistical reports also identified whether women in one group were repeat members in another group because they did not complete it the first time. Based on data from the excel file, as of September, 2007, the program has received 149 referrals that included four groups from the first

provider and three groups from the second provider. Of this number, 23 were repeat cases, which indicate that the program has received 126 new clients. Some of the repeaters successfully completed the program the second time. A couple of the repeaters attended at least 4 of the 6 sessions of the first provider and then attended the group again, and attended all six sessions or five of the six or were referred again and did not show up; it is unclear why a couple of clients attended the session again after successfully completing it based on the criteria of missing two or fewer sessions. Also some clients were referred to the group three times, (e.g., one client initially did not show up, then completed 5 sessions of one group, and then completed 4 sessions of another group). The clients who were referred three times were intellectually challenged women who wanted to attend the group again. This makes it extremely difficult to compute an overall completion rate for clients. Of the 126 clients, 33 were “no shows” in that they failed to attend even one session of a group (however, a couple of the clients who were no shows the first time successfully completed the group the second time).

The statistical report makes it tedious to calculate a no show rate and a successful completion rate due to the repeaters; however Table 4.1 presents data by each group and counts the repeaters as a client each time they are referred. As shown in Table 4.1, the number of clients referred ranged from 15 to 27. Groups 1 to 4 were from the first provider and Groups 5 through 7 were from the second provider; as described earlier, the developers modified the size of the group when providers were switched. Within each group, completion rates were rather uniform with five of the seven groups having between 48 to 56%, one group having a 68% completion rate, and one group having a 93.3% completion rate. The mean completion rate across groups was 61%. The number of no shows also was quite uniform across the groups with 5 of the 7 groups having between 4 to 6 no shows, one group having none, and one group having



Table 4.1 Statistics on Referral, Completion, and No Show Rates and Performance of Cases who were referred more than once to the group

Criteria	Group Number							Totals
	1	2	3	4	5	6	7	
# referred	23	27	27	25	15	15	17	126
% completed	56.5%	48.1%	55.6%	68%	53.3%	93.3%	52.9%	61.1%
# completed	13	13	15	17	8	14	9	
# of no shows	5	8	5	5	4	0	6	33
# of repeat cases	n/a	7	7	7	1	1	0	23
# of repeat who did not show up	n/a	2/7	0/7	4/7	0/1	0/1	0/0	26.1%
# of repeats who graduated	n/a	2/7	7/7	1/7	1/1	1/1	0/0	52.2%
# of repeats who attended 1 to 3 sessions	n/a	3/7	0/7	2/7	0/1	0/1	0/1	21.7%

eight. During the first service provider, the total number of repeat cases was 21 with seven cases each time (this is not in terms of clients because some clients were referred three times). The second provider only had two repeat cases; this may be due partly to some of the no shows having violations.

One question is whether allowing clients to repeat a group if they fail to show up after a referral or dropout results in an acceptable completion rate. The answer appears to be a resounding yes because 52.2% of the repeat cases eventually graduated from the group. This graduation rate is consistent with the overall group average and is quite acceptable for a program involving women offenders who have multiple issues. Only 26% of the repeaters did not show up for any sessions the second time and 21.7% of the repeaters attended 1 to 3 sessions. Given the chaotic lives many of these women lead accompanied by depression, homelessness, drug use, and other problems, it is not surprising that some clients do not show up and some clients require a second time before they are successful at completing the program. The data indicate that it is a

worthwhile practice that the development team built in the flexibility to allow the women to repeat the program once if clients failed to make sufficient sessions the first time.

### *Basic Description of the Nature and Structure of Trauma Counseling*

As described previously, the two most basic structural changes to the trauma counseling in the program development section were: (a) sessions expanded from 6 to 8 weeks; and (b) maximum class size reduced from 25 to 15. Another change footnoted in the program development chapter was regarding the definition of successful completion. The rule that clients were allowed to miss two sessions and still officially complete the program became firm with the second provider. During the year of the first provider, the definition of whether the client successfully completed the program fluctuated from group to group based on the development team's statistical data and their reports to the Authority, with the definition of success ranging from 3 of the 6 sessions to 5 of the 6 sessions required for completion. Moreover, a few clients from the first service providers' groups who completed 4 or 5 of the six sessions were referred back to the trauma program to repeat it again. These data support that the rule was not completely firm or formed during the first service provider's contract.

In addition to the basic structure of the psycho-educational trauma program, the development team, through their research for the initial grant proposal, identified topics that the psycho-educational counseling should cover. In the program narrative submitted to the Authority after the second provider had been selected, the development team lists the following outline of the course:

- “Week one – Introduction
- Week two – overview of trauma, sexual assault, and child abuse
- Week three – overview of posttraumatic stress disorder, and child abuse accommodation syndrome

- Week four – overview of boundaries, gender roles, stereotypes, cultural differences, and definitions of a healthy relationship
- Week five – coping strategies and defining self-esteem
- Week six – creating a support system and utilizing community resources
- Week seven – safety plans for self and family, other participants’ concerns, the trauma symptom inventory is administered to clients
- Week eight – Psychological Services Division will provide feedback on the trauma symptom inventory (TSI)”

The therapists selected to facilitate the psycho-educational trauma counseling met with the development team to discuss the topics to be covered. As professionals with expertise in specific topics, the service providers also suggested topics and created their syllabus for each group, which were reviewed and discussed with the development team before the start of each group. Depending on the nature of this discussion, the therapists would decide how to change their syllabus, though they did not just accept the development team’s recommendations. The second providers’ syllabi were very detailed, listing specific topics, the subcategories under these general topics, and specific notes on what type of material to cover. For example, under the topic of trauma 101, the methods were: “(a) provide working definition of trauma; (b) introduce diagnosis of PTSD; review 3 major categories of symptoms – avoidance, arousal, re-experiencing; and (c) review of traumatic events (allow women to help us create a list of such events).” For this topic their notes included “stress the idea of trauma as an individualized response and how it may differ with the type of traumatic event, the # of events, the internal/external resources of each person, and introduce concept of triggers.” The therapists clearly spent a lot of time preparing materials, visual presentations, and exercises to engage the clients.

For all of these methods and notes, there were specific handouts that the therapists developed, based on their identifying information as a copyright and their interviews. According to the therapists, they created these syllabi and made modifications based on the development team's suggestions. The therapists also did not always accept the suggested changes in topics; for example, the therapists noted that the information about domestic violence and the presenter from Safe Place included in group three was a compromise with the development team, after a disagreement about how much to discuss the topic of domestic violence. Clients also completed feedback sheets after each session, and these sheets were reviewed to determine what issues should be covered more thoroughly. For example, after the second session of the second providers' group that was observed, a table summarizing the clients' feedback had been created and the development team and therapists were reviewing it to determine how to incorporate the topics that the clients wanted. From the feedback sheets, the two topics that received the most requests were employment and relationship issues with five and six clients requesting them. Four topics were requested by four clients: depression, housing, child care, and education. The less frequent topics that were requested by only one or two clients were: mental health, medical, and domestic abuse. Based on clients' requests, the development team arranged to have a speaker from an employment service agency, and therapists spent 1.5 sessions on relationship issues (beyond information about domestic violence). Depression also was covered during the sessions. Thus, the final general topics that were selected for each specific group resulted from collaboration between the development team, the facilitators of the trauma group, and the clients who provided feedback. The therapists and development team were very responsive to clients' feedback, and attempted to address their issues. The next chapter provides more detailed information about the content and quality of the psycho-educational trauma counseling.

### *Probationers' Needs for Services*

Data from the women's survey provides information about women offenders' perceptions of their need for specific types of services. Probationers were presented with a list of items and instructed: "The list below describes areas of your life that may need improvement. Please check the items that best describe you." The items included the following: (a) need housing that is affordable; (b) need help obtaining public aid, food stamps or assistance from WIC; (c) use alcohol and believe it is creating problems in my life; (d) want to learn how to stay safe from abusive partners; (e) want to learn how to prepare for job interviews/applications ; (f) want to learn how to budget my money; (g) have few or no women friends; (h) want to be a better parent; (i) need help finding affordable childcare; (j) need transportation or tokens to come to probation; (k) need counseling for emotional support, depression, or to deal with life issues; (l) use illicit drugs, and (m) want to learn healthy habits. Table 4.2 presents the percentage of women in the sample of 56 probationers who indicated each need or that the characteristic applied to their life. As shown in Table 4.2 in the second column, the two most frequent needs for the entire sample were: mental health counseling and affordable housing. Affordable housing was a need for half of the employed and unemployed respondents. Five other needs were expressed by approximately one third of the sample: learning about job interviews and job applications, obtaining a social support network, learning how to handle finances, learning healthy habits, and obtaining tokens or needing transportation to come to probation.

For those who were unemployed, 44.8% wanted token or transportation resources and 51.7% wanted to learn how to interview and complete job applications. Affordable housing was a need for half of the employed and unemployed respondents. These common needs are consistent with prior research on women offenders (Lurigio, Stalans et al., 2006).

Table 4.2 Percentage of Respondents Reporting a Need for Each Service Type for Entire Sample and Those who received no Referrals (Based on Written Survey Data)

Type of Service	Total sample % needing Service N = 56	Those referred to no services, % who indicated each need N = 21
Mental Health	53.6%	61.9%
Housing	50.0%	57.1%
Employment <sup>1</sup>	51.7%	10.0%
Few no Women Friends	35.7%	23.8%
Financial Aid/Budgeting	33.9%	33.3%
Physical Health	30.4%	23.8%
Transportation	30.4%	33.3%
Parenting <sup>2</sup>	35.9%	16.7%
Substance Abuse/Using	7.1%	14.3%
Welfare/Public Aid <sup>1</sup>	20.7%	20.3%
Child Care <sup>2</sup>	16.7%	16.5%
Domestic Violence	12.5%	9.5%
Alcohol Abuse	12.5%	9.5%
Illicit drug use	7.1%	4.8%

<sup>1</sup> Percentage is for those who were unemployed.

<sup>2</sup> Percentage is for those parenting children.

One third expressed a desire to learn how to be a better parent. Not surprisingly, few women admitted illicit drug use, alcohol abuse, or expressed a desire to learn how to stay safe from abusive partners. These needs are evident in the population, but women offenders may be reluctant to reveal such information on a written survey. However, when asked whether their intimate partners had hit, kicked, pushed, choked, or slapped them in the past six months, 35.5% indicated that they were victims of intimate partner violence and 56.2% indicated psychological abuse from their intimate partners in the last six months. When asked if the intimate partner abuse had become more frequent, stayed the same or became less frequent since the start of probation, 13% indicated that it had become more frequent since starting probation. Many women were already on welfare and of the women parenting children many may have had social

support or found suitable arrangements. Thus, a small percentage of the total sample (16%) and 20.7% of the unemployed respondents wanted help obtaining welfare. Similarly, 16.7% desired services to obtain affordable childcare. Of unemployed respondents with children who indicated that they did not have good family or social support, 30.8% needed affordable childcare. Thus, affordable childcare is a pressing need for about one third of unemployed women probationers without a support system.

The third column of Table 4.2 presents the perceived needs of the 37.5% of probationers (N = 21) who did not receive any referrals from therapists or probation officers. The rank order of needs remain the same as for the entire sample, and the percentage of respondents indicating that they have each need is very similar to the entire sample. Thus, those who did not receive any referrals had similar needs as the sample that did, and these needs remained unmet. It is clear from these data that women offenders have many basic life needs as well as substance and mental health treatment that the women's specialized services program is designed to address.

#### *Has the Women's Specialized Services Program Increased Referrals?*

Data on whether probationers received at least one referral for various services such as mental health, domestic violence, employment, childcare and so forth were coded from the event records of each probationer. Probation officers complete an event record each time they have contact with a probationer or with an agency regarding a probationer. Thus, the event records provide a detailed account of all of the referrals that clients receive from probation staff; they, however, may be missing some referrals that were made by the treatment service providers if the probation officers were not informed or did not complete the record. Overall, however, these data should provide a reasonable test of whether Lake County's women's specialized services program met their goal of increasing referrals to women offenders who participated in the

program. Only five probationers did not receive any referrals and only 17 probationers received only one referral. The probation department generally provided multiple referrals to women offenders.

As shown in Table 4.3, a significantly higher percentage of women offenders from the trauma group were referred to mental health counseling, employment services, and sexual assault services. The difference in referrals for mental health service occurred only with the second provider and was substantial with 58% of the control group referred compared to 94% of the trauma group of the second provider referred. This substantial difference may be partly due to the effort that both the development team and therapists made to emphasize that mental health counseling was available free of charge. During the second session of the second providers' third group that the evaluator observed, the Assistant Director of Probation introduced a therapist and informed the clients that she was available for free at Psychological Services Division. Also, the therapists of the second provider emphasize that clients could start their advocacy part at any time and mental health counseling could be provided for free as part of their eight advocacy sessions.

The difference for employment services occurred for both groups of providers with only 4% of the control group compared to 20% of the trauma group referred to employment services. Moreover, of the unemployed clients, 23.8% of the second provider, 25% of the first provider, and only 1.6% of the control clients received referrals to employment services, ( $p < .001$ ). For employed clients, none of the eleven clients of the second provider, 22% of the 18 clients of the first provider, and only 6.3% of the 64 control clients received referrals to employment services, ( $p < .01$ ). Employment services was one of the topic that clients wanted more information about during the trauma counseling; the development team arranged to have a speaker from an



Table 4.3 Percentage of Probationers who were given Referrals  
(Based on Data from Probation Files)

<i>Agency</i>	<i>Trauma Group (N = 80)</i>	<i>Control Group (N = 125)</i>	<i>Trauma Group: 2<sup>nd</sup> Provider (N = 32)</i>	<i>Trauma Group: 1<sup>st</sup> Provider (N= 48)</i>
Mental Health <sup>1</sup>	71.4%	58.0%	93.8%	55.6%
Domestic Violence	12.5%	18.5%	18.8%	8.3%
Sexual Assault	5.3%	.8%	3.1%	6.8%
Welfare/Public Aid	17.5%	14.5%	9.4%	22.9%
Child Care	5.6%	2.7%	7.1%	4.7%
Employment Services <sup>2</sup>	20.3%	4.0%	15.6%	23.4%
Job/Education training <sup>3</sup>	19.0%	6.4%	25.0%	14.9%
At least one other referral type	35.0%	40.0%	46.9%	27.1%
Total number of referrals: <sup>4</sup>				
0 to 3	36.3%	47.2% <sup>a</sup>	28.1% <sup>b</sup>	41.7% <sup>a</sup>
4 to 6	36.3%	28.8%	40.6%	33.3%
7 to 9	11.3%	17.6%	12.5%	10.4%
10 or greater	16.3%	6.4%	18.8%	14.6%
		Mean Number of Referrals <sup>5</sup>		
Substance Abuse	2.4 7	2.59	2.53	2.44
Total number of referrals	5.4 9 <sup>a</sup>	4.59 <sup>a</sup>	6.25 <sup>b</sup>	4.97 <sup>a</sup>

<sup>1</sup>Pearson  $\chi^2$  (2) = 15.3,  $p < .01$  for comparison of control, first provider, and second provider.

<sup>2</sup>Pearson  $\chi^2$  (1) = 13.8,  $p < .01$  for control vs. trauma comparison, and Pearson  $\chi^2$  (2) = 15.09,  $p < .01$  for comparison of control, first provider, and second provider.

<sup>3</sup>Pearson  $\chi^2$  (1) = 7.6,  $p < .01$  for control vs. trauma comparison, and Pearson  $\chi^2$  (2) = 9.611,  $p < .01$  for comparison of control, first provider, and second provider.

<sup>4</sup> Pearson  $X^2$  (3) = 8.13,  $p < .04$  for control vs. trauma, and Pearson  $X^2$  (6) = 9.6,  $p < .14$ .

<sup>5</sup>Means with different letters are statistically significant at  $p < .05$  and therefore can be interpreted as a real difference with only a small chance of being wrong (e.g.,  $p < .05$  means a 5% chance that the difference is not real but due to random chance fluctuation).

employment service agency that dealt with offenders speak to the trauma group and the speaker provider handouts about their services. Also during the second providers' third group information about helping offenders obtain employment was covered from the brochures made available by the development team when clients raised this issue.

The second provider of the trauma group and the control group also differed on the total number of referrals provided. The second trauma provider provided clients with an average of 6.25 referrals whereas the control group received an average of 4.58, (which was a significant contrast effect,  $p < .02$ ).

In addition, for clients who were domestic violence victims within the last six months, 54.5% of the second trauma provider, 11.1% of the first trauma provider, and 21.9% of the control group received a referral to agencies that addressed domestic violence victimization, ( $X^2(2) = 7.21, p < .02$ ). However, for those who were not domestic violent victims in the past six months, none of the second trauma provider clients, 7.1% of the first trauma provider clients, and 18.6% of the control clients received a referral to a domestic violence agency, ( $X^2(2) = 6.27, p < .04$ ). Thus, the second trauma provider provided substantially and significantly greater number of clients who had recent domestic violence victimization with referrals to domestic violence agencies, but did not address the needs of other clients whose had past domestic violence victimization; of course, clients who did not admit domestic violence abuse would be more reluctant to seek help from these agencies.

Given that differences between these groups were not controlled, these higher referral rates may reflect a more dysfunctional trauma group than the control or first provider trauma group. To address this issue, multivariate analyses that controlled for significant differences between the trauma and control group were conducted. A chi-square analysis controlling for

whether clients had companions that were involved in crimes was conducted. For those with companions involved in crime, 35.7% of the control group compared to 19% of the trauma group from the second provider received between zero and three referrals to community agencies, ( $p < .06$ ). The effect is reduced after controlling for negative companions, but still there is a difference of 16%, and when the effect of negative companionship was not removed it was 20%. Only seven of the trauma group of the second provider did not have companions involved in crime; thus, no valid comparison could be made.

Only whether depressed or not was a significant predictor of whether a client received a referral to an employment agency. After controlling for depression, clients from the second provider trauma group were significantly more likely to receive a referral to an employment agency, (odds = 3.9,  $p < .04$ ). For unemployed probationers who were not on welfare, 50% of the second provider clients, none of the first provider clients, and 3.6% of the control group received a referral to a welfare agency, (Fischer exact test = 16.76,  $p < .001$ ).

The effects of total number of prior arrests, prior mental health treatment, whether suffered from depression, whether a domestic violence victim in the past six months, and whether had a substance abuse problem on whether referred for mental health treatment were removed using a logistic regression. After removing the effects of these predictors, clients of the second trauma provider compared to control clients were significantly and substantially more likely to receive a referral for mental health treatment, (unstandardized coefficient = 2.58, odds = 13.26,  $p < .001$ ). Thus, this finding indicates that the observed increase in referrals for mental health treatment for the second providers' trauma group was a real difference, and was not due to other potential differences between the trauma and control groups.

Overall, compared to the control group, the second provider of psycho-educational trauma treatment gave significantly greater number of total referrals, and was more likely to provide referrals to job or educational training, employment services, and domestic violence agencies. The second provider also significantly increased referrals to welfare agencies for unemployed clients who were not receiving welfare.

Overall, the first providers' clients did not differ from the control group on providing referrals except to employment services. This non-difference is consistent with the development team's observation in the program narrative (agreement #404107) submitted to the Authority. The development team noted that another change to the program with the shifting to a new service provider would be more attention given to "outreach services during the group for crisis situations, housing, and other emergency services." Providers also did not significantly increase referrals to sexual assault agencies even though a substantial proportion of clients had been victims of sexual assault; it appears based on the domestic violence analysis that if the sexual or domestic violence victimization is not recent the providers are reluctant to provide these referrals. Future research needs to examine the reasons behind this reluctance.

To further supplement the information on referrals, the data from the 56 probationers who completed the Women's Survey are summarized. Table 4.4 presents the referral data from this survey. The second column presents data on what percentage of the clients who indicated that they needed a specific type of service received that service; thus, this column provides information on whether clients' needs are being met. The top two needs that are addressed most often are substance treatment and mental health treatment, with 34% receiving needed substance abuse treatment and 25% receiving the desired mental health treatment referral. Few of these clients who desire affordable housing, referrals to address physical health problems, and welfare

Table 4.4 Data on Referrals

(Based on Written Survey Administered in the Waiting Room)

Type of Service	% who expressed need, and referred to service (Total sample)	% of Client referred to service by therapist (trauma clients)	% of Clients referred to services by probation officer (Total sample)
Employment	14.3 %	31.3 %	6.4%
Housing	7.1 %	12.5 %	4.3%
Educational	n/a	25.0 %	19.1%
Substance Abuse/Using	33.9%	25.0 %	29.8%
Welfare/Public Aid	7.1%	12.5 %	2.1%
Physical Health	7.1%	12.5 %	4.3%
Mental Health	25.0%	37.5 %	23.4%
Parenting	12.5%	25%	2.5%
Number of persons N =	56	16	56

assistance received these referrals. Furthermore, only 14.3% of the clients who wanted referrals to employment services received them, and only 12.5% of those who desired parenting classes were referred. Thus, there is a serious gap between clients' needs and the referrals that they receive, which supports the rationale for the trauma counseling program to increase referrals.

Column 3 of Table 4.4 provides the probation officers' referrals rates for different types of services for the entire sample. The two most common referrals were substance abuse treatment and mental health treatment, which were followed by educational referrals. As shown in the second column of Table 4.4, the two most common referrals given by therapists to women who participated in the trauma counseling were mental health counseling and employment. Employment was not often a referral that probation officers made as shown in column 3. One quarter of the trauma clients also received a referral to a parenting class whereas probation officers only referred two probationers (2.5%) to parenting classes. One quarter of the clients also received referrals to substance abuse treatment and welfare services by their therapists.

In addition, Fisher exact tests were conducted that compared the 16 clients who participated in trauma counseling to the 40 women respondents who did not participate in trauma counseling (control group). These findings are presented below. Of the 16 trauma clients, 25% were referred to parenting classes whereas only 7.5% of the control group received a referral, (Fischer exact test one-tailed  $p < .05$ ). Half of the trauma clients were referred to mental health counseling compared to 17.5% of the control group, (Fischer exact test  $p < .02$ ). Furthermore, one-third of the trauma clients received a referral to employment services whereas only 2.5% of the control group received this referral, (Fischer exact test,  $p < .035$ ). Thus, the women's survey data also support that trauma clients received a higher rate of referrals to employment and mental health, and they also suggest clients were more likely to be referred to parenting classes. Of course the small sample is not representative of all women on probation.

Given the consistent findings for employment and mental health services across both the survey and archival data, it is likely that the difference is real and supports the conclusion that the trauma counseling achieved its goal of increasing referrals. At the same time, few clients received referrals for affordable housing or affordable child care.

### Conclusions

Based on interview and archival data and documentation, the program appears to have been implemented in a timely fashion and consistent with initial goals for the program. Moreover, the changes across time and across service providers for the trauma counseling suggest that the program developers were responsive to suggestions or indications that the program should be improved in certain ways. Based on the women's survey data, women probationers have many basic life needs such as learning how to interview and complete applications, obtaining a social support network, learning how to handle finances, and learning

healthy habits. One third of all probationers also indicate that they needed tokens or transportation to come to probation. The two most commonly expressed needs were affordable housing and mental health treatment, and based on the archival coding women offenders also need substance abuse treatment. The data showed that one-third of the respondents were not referred to any services, but had the same needs as those who were referred. The two most common referrals were substance abuse and mental health treatment. One quarter of the respondents expressed the need for parenting classes. Thus, the data support that women probationers have the basic life needs as well as substance and mental health treatment that the women's specialized services program is designed to address. The findings from both the women's survey and archival data indicate that the second provider trauma groups received a significantly higher rate of referrals to employment services and mental health counseling. Based on the archival data, the second provider's trauma groups also received a higher rate of referrals to domestic violence and welfare for those clients with this specific need. Based on the women's survey, the trauma group received a higher rate of referrals to parenting classes. These data, thus, support that during the second year of implementation the program significantly increased the referrals to services and treatment that addressed women probationers' needs beyond what was already occurring in probation before the program's second year.

## Chapter 5: The Nature and Quality of Psycho-educational Trauma Counseling

The first treatment agency that provided the psycho-educational trauma counseling began their first group in June of 2004 and ended their last group in March of 2005; they facilitated four trauma groups that each lasted six weeks. Probation sent out a new RFP in January 2005 and selected a different treatment agency to provide services. This agency began their first trauma group in August of 2005 and ended their third and last trauma group in September of 2006 with each group consisting of eight weeks of two hour session. The description of the quality and content of trauma counseling describes the first two years of implementation and does not assess or describe how the program has changed since the first two years. A brief description of how the program has changed since switching to the third service provider in 2007 is included in the program development chapter; changes that are now in place during the third year of implementation are described; however, this description is not meant to be a completely exhaustive list of the changes.

To examine the nature and quality of the trauma counseling, several sources of data were collected. All therapists from the first two providers of the trauma counseling were interviewed using semi-structured interviews that lasted about 1.5 hours each. The interviews were primarily open-ended questions that assess their perception of the nature of the trauma counseling, the important topics, their communication with probation officers and the development team, and their educational background and training. The principal investigator also observed all eight sessions of trauma counseling offered by the second provider. The sessions were observed from July 19<sup>th</sup> to mid-September of 2006. Most sessions were scheduled to last from 10:00 a.m. to 12:00 p.m. with a fifteen minute break midway through the session. The first two sessions were



scheduled to last from 9:30 a.m. to 12:00 p.m. so that clients could be introduced to the rules and objectives of trauma counseling as well as be introduced to the observer and sign an informed consent form. The last session also began at 9:30 a.m. and lasted until 12:00 p.m. so that the therapists and development team could individually meet with clients to discuss their referral and advocacy plan. For each session, the researcher did not participate but sat in the back of the room and observed the group. The researcher took notes on the content covered by the providers, the questions asked, the participation of clients, the general atmosphere, when clients arrived for the beginning of the session as well as after the break, the interactions among clients, and the group dynamics. The notes consisted of 72 handwritten pages, which converted to 26 single spaced typed pages. The evaluator arrived early for all sessions (generally 30 to 40 minutes) so that she was setup before clients arrived and could observe the group without intruding upon the interactions between therapists and clients (the evaluator did respectfully acknowledge clients and make small talk with them if the clients initiated it before or after the end of the session, and several clients did engage in conversation with the evaluator). Therapists generally arrived 15 to 30 minutes early and for each session began a tape of music, which varied weekly, so that the atmosphere was relaxed as the clients arrived and waited for the group to begin. Notes were taken on all visual presentations. A separate section on these observations is included that describes the material covered in the trauma group and highlights the strengths and weaknesses of the covered material.

Because it is only one trauma group that was observed, conclusions about the quality of the trauma group from these observations are tentative. To provide additional confidence in the quality of trauma counseling provided by the second provider, the second providers' curriculum syllabi from all three trauma groups, handouts, and exercises were reviewed. The evaluator

received all handouts from the third group and the second group, and the facilitators provided 18 specific handouts to clients that covered detailed information about the topics for their third group. In addition, the principal investigator interviewed eight clients who attended the last treatment group of the second provider on their perceptions of the quality of trauma counseling, and also reviewed evaluations of the trauma counseling that clients completed.

Information from archival records, the survey completed by clients, and probation officers' records were used to assess probation officers' contact with facilitators. Information from the development team also was used in preparing the section on changes across time and common features, but the development team did not influence the evaluator's view of the quality of the observed group, its curriculum materials, or group dynamics.

#### *Common Structural and Procedural Features of Trauma Counseling Across Providers and Time*

Based on interviews with the service providers, it is clear that there are some common features with trauma counseling across providers as well as numerous changes that occurred across time and when providers were switched. In the following paragraphs, the common structural and procedural features of the trauma counseling that transcends the two providers are described. Table 5.1 provides a brief overview of these common features.

*Educational Background of Therapists.* One of the basic common features across providers is that for each provider only two counselors provided the psycho-educational trauma counseling for all sessions and all groups. Interestingly, the team of two therapists, though they were different individuals for each provider, had a similar mix of educational background. For the first provider, one therapist had a LCPC, licensed clinical professional counselor, with a M.A. degree in Counseling Psychology and the other therapist was working toward a Ph.D. degree in Clinical Psychology, and had obtained a MA degree in Clinical Psychology. Both

Table 5.1. Common Features of Trauma Counseling

Category	Brief description of feature
Educational background of therapist	Both providers used two therapists to facilitate the group. Both teams of providers consisted of one therapist trained in counseling psychology and one trained in clinical psychology
Consistency in facilitators	Two therapists conducted all groups, and facilitators never changed.
Partnership with probation officers	Assistant Director of Probation served as the main probation contact for therapists. The majority of probation officers never had verbal contact with the therapists.
How officers encouraged clients to participate	Majority of probation officers used incentives to encourage participate and few officers used sanctions.
Probation client management	The developers consistently showed up during the first and last five minutes of group to handle crises and issues.
Written policies	Probation developed the policies on lateness, excused absences, and termination due to too many absences.
Goal of Trauma group	From both service providers' perspectives, the goal was to provide information to clients about the symptoms and effects of prior trauma and through this increased understanding to motivate clients to accept mental health treatment and other resources in the community and to provide such referrals when clients were ready to participate either while attending group or after all groups were completed.
Topics covered in group	Information about post-traumatic stress, healthy/unhealthy relationships, parenting issues and resources in the community were presented by both providers, and the development team suggested these topics, which therapists also agreed were important
Development team observed one group from each provider	For the first group of the second provider, the development team and a probation officer observed and responded to questions. The development team observed a group from the second provider, but the probation officer did not. For other groups, developers were not present except for the first five and last five minutes of the session.
Meetings with development team to discuss topics for the group	After each group session, the development team and providers would meet to discuss changes in the topics or the materials to insure that some consistency was maintained from group to group and to make any necessary changes to obtain the most informative and effective topics.

therapists specialized in working with children, women, and families of sexual abuse, and had experience working with offenders. The first providers' therapists had five and ten years of experience in counseling clients.

For the second provider, the lead therapist has a Ph.D. degree in Clinical Psychology specializing in clients who experience trauma or extreme stress and three years of experience (though little experience working with offender populations), and the other therapist has a LCPC, Licensed Clinical Professional Counselor, in counseling clinical psychology and over 16 years of counseling experience with a specialization in working with children and families of sexual abuse including offenders. Thus, across the two providers, the common feature in the therapist's educational background is that one therapist's education was in counseling psychology and the other therapist's education was in clinical psychology. Looking at the educational backgrounds of the two providers, it is clear that the second provider has more overall credentials, experience working with offenders, and experience working with trauma victims compared to the first provider. Another common feature, of course, is that both treatment agencies relied on a two therapist team that remained constant for all groups and all sessions. Thus, treatment agencies did not switch counselors; this feature is a very important structural feature because the same counselors will allow trust and open communication to develop in the short length of time that a group meets.

*Strength of Partnership with Probation Officers.* To obtain information about how strong the partnership was between therapists and probation officers, the therapists and a sample of 15 probation officers who referred cases to the trauma group were asked about how often they communicated with each other. Based on the therapists' information, it became clear that a common feature of the trauma program was that the majority of probation officers (75%) never

make contact with the therapists during the trauma counseling. Based on the coding of 36 trauma clients' event records, in 65.6% of these cases the probation officers and therapists from either service provider did not exchange emails, phone calls, or have face-to-face conversations.

Because event records contain all contact that probation officers have regarding a client and the 36 cases were selected at random, these data are more reliable than the memory of probation officers or therapists.<sup>6</sup> These data are consistent with the therapists' and probation officers' view that the majority of probation officers never make contact, and also indicate that the therapists never initiate contact with the probation officer except with the treatment plan or attendance sheets that are submitted through the Assistant Director.

Consistent with the therapists' interview and the archival data analyses, the majority of probation officers also did not have any or very sporadic face-to-face or phone contact with the service providers. For example, regarding face-to-face contacts, three officers indicated they did not have face-to-face counselor contacts, four had such contacts but did not provide data on frequency, and another three did not answer the question (suggesting that contact was not made). The remaining officers indicated: "once by accident," "monthly," "bi-weekly," "sometimes weekly," "about weekly," "once per eight week session," or "once or twice." The same inconsistent pattern was found regarding phone contacts. Four officers said they did not have any phone contact with counselors, four did not answer the question, two said they had monthly phone contacts and two said they had phone contacts "as needed". The remainder responded individually as "twice," "bi-monthly," and "a lot."

Therapists described the partnership with probation officers as "somewhat weak," and noted that probation officers do not reach out to them. Some therapists noted that about 15% to

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<sup>6</sup> Researchers selected 36 cases at random to balance the need for an adequate sample size and the labor and expense of coding the records.

25% of probation officers have had regular contact with them on a bi-weekly or monthly basis. All therapists noted that the Assistant Director of Probation was the primary contact and that all issues, crises, and information flowed through her.

In summary, when asked in the past six months, how often have you had face-to-face conversations with probation officers who supervise the women that are in trauma counseling? Therapists also noted that though the majority never made contact, the amount of contact varied widely across probation officers. Therapists noted that in all forms of communication phone, email and in-person they had interacted with only four probation officers in the past six months. Based on interviews with the probation officers who referred cases, it is also clear that the counselor-officer communication process is not uniform. Contact is maintained but not in any structured, formal manner, and varies substantially from probation officer to probation officer. The probation officers' interview data show no pattern to either the type or frequency of officer-counselor contacts. There was some uniformity to written communication between officer and counselor. The majority of officers indicated that they had received written communication, but most could not remember how often. Based on coding of probation files, officers do receive an attendance sheet and a copy of a letter indicating that the program was successfully completed. Most files contained multiple attendance sheets suggesting that attendance sheets were given to probation officers on a weekly basis.

Despite the observed lack of uniformity in officer-counselor contacts, the majority (92.3%) of the officers felt at least sufficiently informed about their clients' program attendance and 83.3% felt at least sufficiently informed about their clients' program participation. Only one officer felt uninformed. Three others did not answer the question. Also, 12 of the 15 officers reported receiving either written or verbal reports about their clients' program attendance and

participation on a regular basis. Four indicated receiving such reports weekly, two bi-weekly, four monthly, and two “at the end”. Three did not answer the question. It appears that, overall, officers are fairly well informed about their clients’ attendance and participation in the program through written or verbal reports. It is possible that the lack of uniformity in officer-counselor contacts noted above reflects actual contact between individual counselors and officers rather than information provided by the facilitators or by the Assistant Director of Probation to the officers.

It is clear that although contact between facilitators and supervising probation officers is infrequent, the probation officers are informed of client progress through conversations with the Assistant Director and through attendance and treatment plans that are forwarded to them. During the trauma counseling, it is efficient to have a central person through which all information flows, and the survey data as well as the archival data show that this centralized communication channel continues to keep officers informed. However, as clients transition back to their probation officers after the advocacy period with the service agency, it becomes important that officers have the same connections to community-based agencies, meet the advocate to send the message to the clients that they care about their progress, and also to supplement any recommendations based on their meetings with clients as well as discuss with the therapist and client the additional services and treatment that the client needs.

The development team indicated that the initial meeting with the client to review their treatment and service needs is now attended by the probation officer and that two probation officers now have only women caseloads so that these two officers can maintain closer contact with the facilitators and with the service and treatment agencies. During week eight of the second providers’ group that the evaluator observed, the probation officers did not attend the

treatment planning sessions held with each client, but the Assistant Director of Probation did. The development team indicated that probation officers in previous groups did attend the one-on-one review of each client's treatment plans if they had not met the facilitators. The program currently has changed its structure so that officers attend this session, which lasts about 20 minutes per client, even if they have previously met the facilitator. Having the probation officer attend sends a message to the client that the probation officer really cares about their progress and about helping them and provides the time for both professionals to emphasize the need to participate in the recommended services and treatment.

Officers already have a well-established partnership with substance abuse treatment providers, as the survey to community-based agencies showed. Moreover, 37.5% of trauma clients compared to only 13.9% of control group in the women's survey indicated that officers who have referred them to the trauma group spent 16 to 20 minutes with them during each scheduled probation office visit. The majority of control clients (58.3%) compared to only 31.3% of trauma clients indicated that the time spent with their probation officer per scheduled appointment was 5 to 15 minutes. These data suggest that probation officers have significantly increased the amount of time that they spend with their clients compared to what time is typically spent with clients during scheduled probation appointments, (Fischer exact test = 4.47, one-tailed  $p < .01$ ). Thus probation officers who have referred clients to trauma counseling also spent significantly more time with clients. Of course, this finding is based on a small sample of 40 control clients and 16 trauma clients so may not generalize to the entire population of women probation clients. Thus, the program has been successful at keeping probation officers informed about their clients' progress and officers who have referred clients to the trauma counseling spend significantly more time with these clients than the time spent with control clients.



*Incentives and Sanctions for Participation in Group.* Although providers changed and the nature of the trauma counseling changed, how probation officers encouraged clients to participate did not change. Incentives were more likely to be offered for participation and few officers sanctioned clients for not participating. Based on interviews with officers, most of the officers (63%) did not apply any sanctions for referred clients who failed to participate. Two required increased reporting; two required some form of court appearance, and one simply a reprimand. One officer mentioned house arrest. On the other hand, most officers (64%) offered some sort of incentive to participate. Five officers offered credit for public service hours or reporting. Four other officers mentioned verbal encouragement highlighting the fact that this was an opportunity to begin to get their life together. Five officers did not offer any incentives and one did not answer the question. During this third year of implementation, the development team indicates that they are working on making credit for public service hours more consistent across all clients.

*Probation's Role in Client Management.* For both providers, at the beginning of group for the first five minutes and for the last five minutes at the end of group the development team was present. Their presence served several purposes. At the beginning of group, they could inform therapists about any clients who would not be showing up due to reasonable excuses (e.g., doctor's appointment) or would be late, and could address any client issues for which the therapists needed assistance (e.g., questions concerning future missed appointments, crises such as recent traumas, and so forth). At the end of the session, they were present to provide any assistance with crises, to address probation-related questions, and to obtain copies of the feedback form where clients indicated their views of the therapy and the topics that they wished to discuss.

Written Policies and Rules. All therapists indicated that the Assistant Director of Probation determined what constituted an excused absence, how many absences clients could have before they could not come back to the group, and how to deal with lateness or leaving the group before it was over. The program has created a contract that is signed by the clients and the facilitator. The contract describes the goal of the group, the rules and expectations, and group facilitators' expectations. The contract states the goal of the trauma counseling is "to give me an opportunity to receive practical information to help me make positive changes in my life." The clients must agree to:

- Attend every session promptly and participate in the two month follow up program
- Contact a facilitator or the Assistant Director if unable to attend
- Actively participate in group discussions
- Treat everyone with respect and courtesy
- Understand that disruptive, threatening or harmful behavior may be cause to be removed from the group
- Do not discuss any personal information heard in the group outside of the group or out in the street
- Inform the Assistant Director if going to be late to group

Clients also agree to the following:

- That the development team or the probation officer with a caseload of only women may be present as observers
- That a final report will be prepared by the facilitators summarizing the client's attendance, participation and progress, which will be placed in their probation file and discussed with their probation officer

- That the client's performance in the program and on probation can be used for statistical purposes and in outcome studies that may be published.

These rules have not changed throughout the history of the program. Another rule that is stated verbally to the clients is that clients cannot return after two absences. Clients also sign waivers that allow providers to share the information with probation. The clients are alerted to the fact that group facilitators are mandated reporters and will have to report illegal acts, current use of drugs, and child abuse.

*Goal of Trauma Counseling.* All therapists agreed that the goal of the psycho-educational trauma counseling was to provide information to clients about the symptoms and effects of prior trauma and through this increased understanding to motivate clients to accept further community-based services such as individual mental health counseling, parenting classes, and other resources. All therapists noted that the trauma counseling did not contain a therapeutic component, but the first providers emphasized the supportive nature and the support group atmosphere of the program. Thus, as initially conceived, the trauma counseling program provides valuable information on the causes, symptoms, and effects of trauma and how unhealthy relationships lead to trauma and negative coping skills. This understanding provides clients with more stamina to start and continue treatment and services that may sustain their participation when treatment becomes uncomfortable, inconvenient or acute set-backs are encountered.

*Topics Covered in Trauma Counseling.* Across providers, many of the topics were the same. These common topics across the two groups were: post-traumatic stress, healthy/unhealthy relationships, parenting issues and resources in the community. These topics were originally part of the topics that the development team included in their grant identified as

important by the development team during their research process in writing the grant proposal. The common topics that center each group also are seen in the answer to the questions: what topics did the clients want more information or what topics generated the most questions? The first provider noted healthy relationships, parenting issues, and resources in the community. The second providers noted validation (which actually is part of healthy relationships), prescription medication, treatment providers in other disciplines, parenting, and child issues. Thus across the two providers it is clear that community-based resources, parenting, and healthy relationships are the topics about which clients want more information from the therapists' perspective.

There is a difference in emphasis on what topic centers the psycho-educational counseling. This difference in emphasis reflects a difference in the therapists' expertise and also how the groups were structured. The first provider focused more on healthy relationship and how trauma occurred in unhealthy relationship as well as the community-based resources to help deal with the trauma, which was consistent with the original plan of the development team. The groups were less structured and more free-flowing. The therapists of the second provider have much more knowledge about trauma in all of its forms and its impact whereas the therapists from the first provider had more knowledge about domestic and sexual violence. As part of a compromise with probation, the therapists of the second provider had a domestic violence advocate at Safe Place present information about orders of protection and domestic violence. Both approaches are valid and may be beneficial. It is clear that although each service provider's expertise and interests influenced their curriculum materials and selection of specific information within general topics, the review sessions and collaboration with the development team have insured that certain topics transcend the switching of the service providers.

*Officers' Participation in Groups.* The first provider did not prefer for probation staff to sit in on the group, and did not recall that they had observed. The development team indicated that they attended the first and last five minutes of all groups, and also attended all sessions of one group of the first provider. The development team attended most sessions of the first group held by the second provider, and a probation officer with a women's only caseload attended some of the sessions. Given the problems with the first provider, the project team reasonably wanted to make sure that all operated well with the second provider. The development team now does not regularly participate in group sessions. Since the first group of the second provider ran well, the development team did not attend the second group of the second provider and no longer attend sessions but are present for the first five minutes and last five minutes to deal with crises, therapists' questions/concerns, or clients' questions. No other probation officers have participated.

#### *Documenting Changes in the Nature of Group Psycho-educational Trauma Counseling*

The trauma counseling has undergone several changes from its first group in June of 2004 and in the switching of service providers. Table 5.2 highlights some of the most important changes, and the following paragraphs describe these changes. Five major structural changes to the women's specialized services group occurred from the first year of implementation to the second year of providing trauma counseling: (a) initial class size for trauma counseling was 25 and was changed to 15, which allows greater client participation; (b) initial length of trauma counseling was six weeks and was extended to eight weeks; (c) the number of sessions that clients were allowed to miss and still graduate from the trauma counseling fluctuated during the first year and the rule of two sessions became firm during the second year; (d) during the initial year the advocacy part of the program was on a crisis basis, which means when the trauma client

Table 5.2 Differences in Trauma Counseling Across the Two Service Providers

Characteristic	First Service Provider	Second Service Provider
Length of group	Six weeks	Eight weeks
How successful completion is defined	During the first year of implementation, the number of sessions that clients could miss and still be successfully completed varied from 1 to 3 of the 6 sessions.	During the second year, the rule for successful completion became firm and clients were considered successful if they completed 6 of the 8 sessions.
Number of clients referred for each group	25	15
How therapists present information	“collective, primarily group discussion, and move through the material together, also generate peer support”	Balance of educational material and discussion; clients offer information about services in the community and peer support may naturally develop but it is not a primary goal of therapy
Who is therapists’ primary client	The probation program and its staff are the primary clients and their interests come first	The offender is the primary client and her interests come first
Follow-up advocacy	The two months of advocacy was not formally established and therapist had contact only on an as needed basis.	All clients are assigned a caseworker and have up to three months to complete the eight individual sessions that they have with their caseworker. Advocacy can begin while clients are still completing the <u>eight</u> weeks of trauma counseling, but many clients will wait until after trauma counseling is completed.
Nature of trauma counseling	The counseling had more of a support group orientation and information about trauma was a secondary goal.	The counseling was psycho-educational and the emphasis was on teaching clients about trauma. Personal experiences were brought up by clients, but it was not a focus to provide therapeutic support.

believed that they needed help or could not cope. During the second year, clients were required to complete eight sessions, which could begin while they were participating in the 8 weeks of trauma counseling; (e) during the initial year, the service providers operated the group more as a support group, whereas during the second year service providers operated the group as a supportive psycho-educational course.

*Therapists' Approach to Trauma Counseling.* The two therapists from each service provider described a very different style in how information was presented to clients. The first service provider used a more unstructured free flowing approach that centered on clients' discussion and sharing of information. The first service provider noted that their style was "collective and meeting clients where they were at." They emphasized that their goal was empowerment, collective group support, and respect. The therapists from the second service provider provide a more structured approach that balances presenting information using a variety of visual and auditory methods (including handouts, videotapes, music, and group exercises) and generating discussion around the information that has been presented. The therapists from the second provider also emphasized respect for the client and all clients respecting each others' perspective because each individual's experiences shape their interpretations and perceptions of the world.

*Therapists' Balancing of Client and Probation Needs.* All therapists were asked, "Which option best describes your opinion about the treatment services provided to women offenders at Lake County probation,

- (a) the probation program and its staff are my primary clients and their interests come first,
- (b) the program and the offender are equally my clients,

(c) the offender is my primary client and her interests come first?”

The therapists from each service provider had opposite responses on how to balance the tension between serving clients and serving the probation department. The first service provider indicated that the probation program and its staff were their primary clients and their interests come first whereas the second service providers indicated that the probationers were their primary clients and their interests were the first priority. Mental health and psycho-educational counseling programs are more likely to be effective if the therapists place the clients' interest over the interest of the organization that is paying for their services. Thus the change in service providers may have also brought a change in the negotiation dynamic between probation and service provider that will ultimately benefit the client. The service providers, as professionals, appear willing to assert their professional opinion about curriculum issues and at the same time allow probation to enforce attendance and deal with noncompliance, including illegal activities, as probation thinks is best. Service providers warn clients that they are required to inform probation of any illegal activity including drug use.

*Follow-up Advocacy.* The goal of the advocacy part of the program is to provide women with individually tailored referrals and direct assistance in connecting to community-based resources for two months. It is clear that women on probation who have suffered repeated traumatic physical and sexual violent experiences need help to navigate the web of community-based agencies. There are numerous community-based agencies that provide help for substance abuse, financial needs, employment, domestic and sexual violence, housing, affordable childcare, mental health, and physical health. However, these agencies are often changing their eligibility requirements, their contact numbers, and their offered services. Thus, advocacy is a critical component of the women's specialized services program.



The first service provider met with clients who successfully completed treatment on an “as needed basis”. The providers indicated that these meetings were infrequent and centered on crises in the individual clients’ lives. Follow-up advocacy since the hiring of the second provider has been more structured and consistent with the initial description. Clients are allowed eight individual sessions and are assigned a caseworker at the service providers’ agency; each caseworker meets with the individual for these eight sessions (though if clients are involved in numerous agencies, face-to-face meetings may be less frequent). Clients are required by probation to complete their eight sessions within three months of completing trauma counseling; clients may start this phase before completing the trauma counseling. Some clients start this phase early because they need individual counseling for mental health problems and are motivated to obtain it. The service provider may use these eight advocacy sessions to provide individual mental health counseling, with the counselor making additional referrals as needed. Therapists from the second provider gave individually tailored referrals to all clients who successfully completed the program. This occurred at the last session where each client met individually with the therapist, development team, and the probation officer. After these eight sessions of individualized advocacy are completed, follow up is transferred to the referring probation officer.

#### *Observation of Second Provider Group*

The third trauma group of the second provider had a referral list that consisted of 17 women offenders. During the first session, ten of the 15 clients did not show up for the counseling, and only four of these clients called to indicate that they could not make the session. Two additional clients were added to the referral list after the first week, and during the second week showed up (one of these clients attended all remaining sessions and the other client was

removed from the group on 8/30 for missing two sessions). During the second session, ten of the 17 potential clients attended the session. After the second week, six clients were removed from the group for failure to show up during the first two sessions, and thus, the third trauma group consisted of 11 clients who received orientation and signed the contract (a 64.7% show-up rate).

Across all of the eight groups of the first and second providers, it should be noted that between 4 to 6 clients did not show up for the group once they were referred; thus, the development team may want to consider referring about four additional clients beyond the target number of clients per a group to achieve their target number. Though many unexpected events contributed to the low attendance of the first session, it is clear that probation needs to create a referral pool that consists of all women offenders who have previous traumatic violent and sexual experiences in childhood and adulthood. Of the 11 clients who were officially in the group by attending one of the first two weeks, seven of the clients completed the group. Of these seven clients three of the clients attended all sessions, one client missed one session, and three clients missed two sessions. Three of the clients who initially attended the psycho-educational group were unaware that they were showing up to participate in the trauma counseling (e.g., two clients believed that they were coming to the room to participate in a random drug screening); these clients were sought as last minute replacements when some of the other clients had indicated that they would make the session but uncontrollable circumstances including additional traumatic events prevented their attendance. Most clients, however, came to the sessions with pink folders that they had received from the development team who had explained the benefits of the trauma counseling and the folder contained the rules, goals, and description of the program.

To decrease the “no show” rate and increase the completion rate, a procedure is needed to create a referral pool without overburdening officers or the development team with additional

paperwork. As is typical of programming, noted in the development team's program narratives to the Authority, and other evaluations of specialized programs for women offenders (Lurigio, Stalans et al., 2006), the days and times of group meetings often impede the participation of many eligible clients.

Clients also were frustrated that the introduction of class took so long. The introduction took all of the first session and 1.5 hours of the second session due in part to new clients referred after first session and only five clients showing up for first session. One apparent inconsistency, based on observations and informal interviews, between therapists and the development team is how clients are persuaded to attend the group. The development team persuades clients to attend by emphasizing that they will be connected to community-based resources in the community. By contrast, therapists held their initial orientation session and emphasized that clients would receive information about how traumatic experiences affect their lives, the symptoms of trauma, and some healthy ways to cope with trauma. Based on interviews, therapists did not see their primary role as immediately connecting the clients to community-based resources, though they are willing to do so and took the time to look up information for clients who asked for specific help such as financial aid for college, health care, and other issues. Based on the development team opinion, the second providers' reliance on interns that were not from Lake County created a situation where they were not sufficiently informed about the community-based agencies in the local area. A good example of clients' expectations, from the observation data of the second provider, is that one client after the first psycho-educational counseling session that consisted of only introductions and orientation to the program asked, after dismissal, for help with finding resources. She was referred to the brochures on the table. This client along with several others also expressed frustration that half of the second session was orientation and that they had not

received resources. Because of the inconsistency in explaining the program, clients were often surprised about what psycho-educational counseling entailed, and were disappointed that their expectations are not addressed immediately. However, once the actual lectures and discussions started clients became involved and truly enjoyed the classes.

Therapists and the development team used several strategies to address the clients' immediate desires to receive referrals to community based agencies. First, the structure of the program from its original conception had been changed so that clients could now start the advocacy part of the program while they were still participating in the psycho-educational trauma counseling. Second, therapists also were very responsive to clients' specific requests for specialized services, and did not just refer them to the caseworker but actually used their own time to research options. For example, one client requested information about financial aid for a local community college. At the next session, the therapist had information obtained from the website and other sources that address financial aid. Another client needed help with a physical health problem, and the therapist spent time after the session discussing and researching options to address this issue and then referred her to the Lake County Health Department. These are two examples, but other clients also received individually tailored assistance before or after the trauma sessions. Third, the development team worked with the therapists to make clients aware of free services. The development team researched the community agencies and provided brochures and speakers to address the clients' basic needs. For all sessions, the development team had available brochures from numerous community agencies such as employment services, domestic violence, mental health, food pantries, other services, and articles on unhealthy relationships, the power and control wheel, and domestic violence. Clients could take these brochures and seek help from these agencies. During the sessions that the evaluator observed,

many clients did examine this information and select brochures; sometimes, a brochure prompted the client to ask additional information from the therapists or development team. Thus, the availability of the brochures is very useful. Fourth, therapists presented information and generated discussion about different types of service professionals, prescription medication information, and how to find resources in the community.

It appears that the inconsistency in communicating the goals of the counseling sessions is more a matter of emphasis rather than a fundamental disagreement about the importance of certain information, as is evident from the information presented above on how both therapists and the development team made a lot of effort to connect clients to needed services and to make clients aware of available services. Clearly, both of these goals of providing help to clients to find community-based resources and of providing information to clients about the nature and effects of traumatic experiences as well as the characteristics of healthy and unhealthy relationship are important. The psycho-educational trauma group during the first two years of implementation primarily centered around providing information about the nature and effects of traumatic experiences as well as healthy and unhealthy relationship with some time and class information devoted to suggestions about obtaining employment and other basic life needs.

To summarize, clients often expected to be provided with the connections during the first or second session and though therapists were willing to provide these connections the amount of time initially spent during the first two sessions on this issue was disappointing to clients. Thus, there is a disconnection between how therapists and the development team oriented the clients to the session, and a shared persuasion strategy or a joint orientation session may alleviate any frustration on the part of clients, who typical of this population, prefer immediate rewards.

Another structural feature of the process that needs to be changed is a clear enforcement policy on how to address excessive tardiness (arriving 20 minutes or more after the start of class) and chronic repeat tardiness. The clients who were excessively tardy, with the exception of one client, were also those who were repeatedly tardy. Therapists respectfully reminded clients to arrive to the class promptly. As shown in the third and fourth column of Table 5.3, during the second week five clients were late and the combined number of minutes late was 90 minutes. Only for two sessions were no clients late, and for three sessions two clients were late. For one session four clients were late, and for one session five clients were late. Clients clearly respond to firm policies. As shown in Table 5.3, during session 3 and 4 clients were late returning from the break. After the fourth session, therapists first respectfully noted to the clients that lateness and eating a complete meal disrupted the educational component of the group and asked all clients to return on time and to not buy lunch. The therapists also spoke to the Asst. Director of Probation about the problem after the fourth session and asked her to talk to the clients. The Asst. Director at the beginning of the fifth session respectfully told clients to return on time and to refrain from buying lunch. After this time, clients returned from breaks on time.

Several clients took advantage of the lax enforcement of the policy that clients should “attend sessions promptly.” For example, one client did not attend two sessions and was over twenty minutes late for two other sessions. Two clients were late during the sixth session; one arrived 46 minutes late and the other arrived 64 minutes late, which means that these two clients missed one half of an entire session. During the last session, one client also showed up one hour late, and missed the review of materials. Furthermore, most clients who were excessively late (20 minutes or more) discontinued the group and did not successfully complete it. It also is unclear whether the rules regarding the prompt attendance of sessions and requirement that

Table 5.3. Number of Clients and Amount of minutes arrived late to trauma counseling  
for each session

Session Number	Total # of Clients	Total # of Clients Late	Total # of minutes late	Start Time	End Time	Break Time	Break Time Return	Total # clients return late after break	Total Minutes late after break across clients
1	5	0		10:02	12:05	11:00	11:15		
2	10	5	90	9:30	12:05	10:50	11:03	0	0
3	6	2	20	10:05	12:00	11:03	11:15	2	2
4	10	4	25	10:05	12:03	10:55	11:08	4	48 (12 each)
5	7	0	0	10:05	12:00	10:58	11:08	0	0
6	7	2	108	10:07	12:00	10:59	11:09	0	0
7	8	2	27	10:10	12:02	11:18	11:30	0	0

clients should inform the Assistant Director if they are going to be late send a message that there are many acceptable excuses (such as transportation issues). Some clients will attempt to exploit this flexibility and then become disruptive to the facilitators who are trying to cover a lot of material in a short amount of time.

*Nature of Group Dynamics.* The two therapists created a supportive and respectful atmosphere for the clients. In a respectful manner, therapists discussed the rules of the psycho-educational counseling and also were able to respectfully address any disruptive behavior. The therapists also were very good at redirecting the group when clients began to discuss issues unrelated to the topic of discussion. Interviews with clients indicated that they connected well with the therapists and truly respected and valued them. The clients also provided a supportive atmosphere. Clients showed support for each other each time they revealed a negative traumatic

event in their lives. Clients also were willing to share suggestions with each other about services in the community and about understanding the criminal justice system.

The therapists provided a very good balance between presentation of information, and discussion of the information so that clients can understand it. Therapists used several effective visual cues such as different symbols for the freeze, flight, and fight response associated with traumatic events, and the self-care bag package. Therapists clearly are knowledgeable and have selected appropriate handouts for clients to learn about trauma, healthy/unhealthy relationships, and domestic violence.

Two outside speakers attended the sessions; one from an employment agency and one from an agency that helps battered women. The speakers were very engaging and the clients asked several questions. However, the outside speakers did not know what had been covered on the topic already before they came,

Clients became engaged in most handouts and these handouts were used to generate discussion. Therapists wisely assumed that many clients may not have adequate reading skills, and often read or had clients volunteer to read the handouts. On the exercise that discussed the five senses and triggers, clients would have become more engaged and learned more information relevant to their life if one prior trauma (such as intimate partner abuse) was used rather than switching to different types of trauma for each sense.

Clients believed that the coping styles, validation, and symptoms of trauma were very helpful. Clients wanted more information on healthy/unhealthy relationship even though therapists devoted 1.5 sessions to this topic. Clients also wanted information on extremely violent and dangerous relationships and on self-destructive behaviors; the sessions did not really cover these two topics very much. Clients also recommended that the number of sessions be



increased to at least 10 weeks and some recommended 12 weeks, and therapists also noted that the number of sessions should be extended to at least 10 to 12 weeks. When asked what they particularly enjoyed about the trauma group, clients noted that the discussions, learning that they are not the only person with these prior traumatic experiences, their relationships with the therapists, and how they actively listened and provided important resources. Clients also noted the sincerity, patience and kindness of the therapists, and learning about trauma, sexual abuse, and coping skills.

*Quality and Nature of the Curriculum Content.* One very important implementation goal was: psycho-educational trauma counseling should provide participants with reliable and valid information on the causes and effects of trauma in their lives with an explanation of Post Traumatic Stress Syndrome and information about the services and treatments available to them in the community. This goal was clearly met, and the clients believed the program was very helpful and informative with a supportive and respectful atmosphere. For example, on the general topic of trauma, based on observations and review of the second providers' curriculum materials, the second provider's psycho-educational trauma groups included presentations, discussions, exercises, and handouts on the following: (a) differentiating stress from trauma; (b) symptoms of trauma; (c) key symptoms of depressions; (d) the nature and symptoms of post traumatic stress syndrome; (e) different types of trauma and categories of traumatic events; (f) the process of trauma including the physiological responses of fight, flight, and freeze, and the triggers associated with these responses; (g) coping skills including a deep breathing relaxation exercise and self-care, and (h) the distinction between healthy and unhealthy coping skills. On the general topic of informing clients about services and treatments, the therapists presented information about: (a) the use of medication to deal with the body's response to the traumatic

event; (b) the different types of prescription medication; (c) the different types of treatment and service professionals; (d) the different types of community-based resources and sources of information where the resources can be found; (e) outside speakers who were professionals from an employment services agency and a domestic violence agency; (f) introduction of a mental health therapist who could provide free mental health treatment, and (g) clients shared information about experiences with different services and treatment and where to find help for specific needs. In addition, another important overarching topic was healthy and unhealthy relationships. The second providers presented curriculum materials, exercises, handouts, and presentations on the following: (a) validation; (b) the meaning and types of personal boundaries including how to be respectful toward children's boundaries; (c) a video on the "war zone" which discusses gender stereotypes, sexual harassment, and sexual violence; (d) presentation from a professional at a domestic violence service agency; (e) information about power and control in intimate violent relationship, safety plans, cycle of violence, the effects on children who witness domestic violence, and services for victims; (f) warning signs of an unhealthy relationship; (g) the connection between unhealthy relationships and trauma including how individuals pass along both positive and negative aspects of a relationship to their relationships with other people, and (h) the meaning of desensitization and dissociation. These were the major areas covered in the eight week session, and clearly much information was presented and discussed during this time period.

The evaluator was quite impressed with the depth of information, the quality of the facilitators' teaching techniques and the range of different techniques used including visual presentations on flip charts, exercises, generating discussion, eliminating disruptions in a respectful and effective manner, and redirecting clients respectfully when interjections were

made off of the current topic. The second providers' curriculum materials that were provided to the evaluator were organized, detailed, and comprehensive. With the exception of the handout on domestic violence, that was not developed by the providers but taken from a website, the handouts provided comprehensive, clear, and valid information. The handout on domestic violence defines what it is and discusses five forms of domestic violence: physical abuse, emotional abuse, sexual abuse, economic abuse, and psychological abuse. Isolation is the most effective method batterers use to control intimate partners and should be a separate form of domestic violence (as it is in the power and control wheel) rather than under emotional abuse. The evaluator, based on knowledge of research in the field, thinks that the handout's description of the effects on children witnessing domestic violence provided misinformation. A recent meta-analysis of studies of the effects on children of witnessing domestic violence does not support that children who are both physically abused and who witness domestic violence have the worst outcomes (Kitzmann, Gaylord, Holt, & Kenny, 2003).

### Recommendations

There are some changes to the delivery of the curriculum that may improve the quality of the information that clients receive. First, clients clearly wanted more information and expanding the sessions from 8 to 10 weeks will allow additional relevant information to be discussed. Secondly, outside speakers should be informed about what has already been covered on the topic so to avoid any redundancy and to allow speakers to prepare properly. Thirdly, therapists should actively encourage clients to share their personal experiences when relevant to the topic. Clients occasionally shared this personal information, and several clients wanted more opportunity to do so. Fourthly, some strategy to reduce the introduction time (which 20 minutes

was due to the observer's informed consents) should be considered; a joint orientation session is one option, which may serve more than one purpose. Finally, it is recommended that therapists and the development team collaborate to determine how to best persuade clients to attend and to remain interested in the sessions.

Overall, the content of the psycho-educational sessions was appropriate and informative. However, there are a few recommendations on improving the content especially on the topic of domestic violence. Insufficient information from the client's point of view and the evaluator's point of view was provided on extremely dangerous relationships. It is recommended that sessions include additional information on extremely violent and dangerous relationships, healthy compared to unhealthy relationships, and self-destructive behaviors. On the topic of domestic violence, clients should be exposed to the warning signs that an intimate partner is at high risk of committing severe or fatal violence, the cycle of violence, and safety plans. One recommendation is to allow clients to generate warning signs of an unhealthy relationship rather than respond to a list and generate warning signs of a dangerous relationship where the partner may cause severe injuries. Clients need to understand that through establishing connections with service agencies, working, and developing friendships and reconnecting with family members, their abusive intimate partners become less effective at psychologically and physically abusing them. Additionally, the information presented on domestic violence did not cover isolation, surveillance or stalking as a form of abuse.

Another problem that was evident was excessive lateness by a few clients, and this problem is typical of programs that offer services to offenders. Occasional lateness is sometimes unavoidable, and clients who arrive during the first ten minutes are not typically missing much of the content of the session because in the first five minutes the Assistant Director of Probation is

addressing any immediate questions or crises of the clients. Repeat and excessive tardiness however must be addressed to avoid clients' missing crucial content and to avoid disruptions where the facilitators must stop to inform the tardy clients the topic that is being covered or discussed. Most clients who were excessively late (20 minutes or more) discontinued the group and did not successfully complete it. Thus, an enforcement policy to address excessive or chronic lateness by a few clients may eliminate disruptions without decreasing the number of clients who would successfully complete the group.

It is difficult to recommend any specific policy because any policy must be tested to see how it affects tardiness, dropouts, completion rates, and removes disruptions. It is recommended that service providers be informed that lateness may occasionally occur, but should not be repeatedly tolerated so that counseling sessions are not unduly disrupted by a few clients who choose to be repeatedly and excessively late. An enforcement policy on excessive tardiness should also consider how much time clients should be allowed to miss and still be able to successfully complete the program without making up in some way the material that they missed; one of the therapists suggested discounting the number of allowed missed sessions for those who are extremely late. For example, a client that misses one half of a session now can only miss 1.5 sessions and still successfully complete the program. It is possible that this policy however may encourage clients to be a little late for each session; chronic repeat lateness is very disruptive to any educational program and would also need to be addressed.

One structural feature of the process that may improve completion rates and attendance rates is a larger pool from which to screen potential participants for psycho-educational trauma counseling. To provide a pool of clients that could be referred, it is recommended that the probation department consider having the items on the intake form that refer to intimate partner

violence and childhood sexual or physical victimization become part of the permanent items that are entered into the department's computer system (though the department may need to discuss whether there are confidentiality concerns). In addition, it would be useful to regularly enter into the computer system referrals and participation in the psycho-educational trauma program, which would allow researchers to determine the characteristics of women who will not show up for the program as well as those who will successfully complete the program. The development team then could receive a report that identifies the population of potential women offenders who may benefit from participation. Although the information may not be complete if some clients do not truthfully answer these questions, it would provide a pool of clients that could be scheduled for participation and could be screened to determine times and days that would be convenient for most clients to attend.

Though it is an efficient and effective strategy to have one person as the primary contact for service providers and probation officers who refer clients to the trauma program, probation officers will need to be more intimately involved with the caseworker during the advocacy part so that clients will not lose motivation or encounter difficulty finding additional needed treatment or services. Probation officers, moreover, must be intimately involved in knowing the community-based agencies' services and eligibility requirements because such services often will continue past the advocacy period. A strong partnership between advocates and probation officers will enhance the effectiveness of obtaining services for clients and increasing clients' participation in services. Thus, probation officers and service providers must collaborate on referrals. It would be beneficial to have a common resource booklet or common website that can be shared and updated by both the treatment provider agency and probation; the booklet should provide a description of the agencies' name, types of services, eligibility criteria, payment

requirement and contact numbers. Both professionals can regularly provide information to each other about what services are working for clients, and the website or booklet could be updated. (A similar program in another county created a booklet using a student interested in women offenders; thus an internship may be an efficient way to create this needed resource). Lake County's Probation website ([www.19thcircuitcourt.state.il.us/links/l\\_prob\\_off.htm](http://www.19thcircuitcourt.state.il.us/links/l_prob_off.htm)) on service agencies provides a starting point, but a specific link for women offenders' unique needs, describing the services and eligibility criteria including payment requirements, and updating the changes in phone numbers are necessary. The program currently has a list of agencies, but especially helpful to facilitators and probation officers would be a booklet that describes the services offered, the eligibility criteria and the payment requirements. The challenge will be keeping the website up-to-date or the booklet up-to-date because directors and community agencies' numbers and services frequently change.

### Conclusions

Overall, the trauma counseling has appropriate content, the group dynamics are supportive, the therapists and Assistant Director are able to handle the expected disruptions from women offenders so that they do not become major issues. The therapists have also built great rapport with the clients. The clients overall had a very positive reaction to the therapists, to the development team, and believed that the trauma counseling was beneficial. The therapists of the second provider devoted substantial time developing curriculum materials; their syllabi were very organized, contained detailed descriptions of the information to be covered and their teaching methods including handouts, visual aids, and exercises that were used to engage clients were very effective. The handouts were clear, concise, informative and written at an appropriate reading level. The basic structure and operation of the women's specialized services program

that the development team created, and their contributions and collaboration in refining the content of the course, were important contributions to the impressive quality of the content of the psycho-educational trauma counseling. Clients who were initially reluctant to participate in a group were saddened to have the group end. This client testimony speaks volumes about the quality of the psycho-educational counseling.

This evaluation did not address the quality of the advocacy part of the program, and whether clients of the second provider actually completed their eight weeks of advocacy. Because the probation department switched to a new agency to provide the trauma counseling and advocacy, it is important to address how helpful the caseworkers were at addressing clients' needs for additional community-based services and treatment and whether clients who successfully completed the trauma program received more encouragement to continue treatment and needed services from their probation officers than did clients who did not participate in the trauma program.



## Chapter 6: Community Based Agencies: Perception of the Program and Services

Women probationers need a variety of services. Their need for services stems from the social, psychological, and behavioral disorders, which probation officers identify through pre-sentence investigations (at the pre-adjudication level) and intake assessments (at the post-adjudication level). As previously noted, women offenders have more, and more serious, problems than men offenders and therefore demand more services. Some of these service needs are addressed through the special conditions of probation, which are mandated at sentencing. Others are addressed through supervision plans, which are formulated by probation officers as components of offender caseload management strategies.

Effective services are instrumental in helping offenders successfully complete their probation terms. For example, a recent recidivism study in Illinois showed that adult probationers who participated fully in drug treatment were significantly less likely to be arrested both during and after their current probation sentences (Olson and Lurigio, 2006). Referrals for services are clearly a critical element in the rehabilitation of offenders. Therefore, the current evaluation included interviews with the directors of a sample of the Lake County agencies that provide services to women probationers. This survey was intended to identify for each agency: the eligibility criteria, the number of women and men served, the number of women probationers served, the type of services offered by the agency and whether they were gender responsive services. Particularly relevant to address the women's specialized services program connection to community-based agencies, directors of community-based agencies were asked whether they had heard of the program, their opinion of it, and their recommendations on how it could be improved. The survey also assessed the directors' perception of how probation officers could

encourage clients to continue services and treatment, and whether each agency could take additional clients.

## Method

### *Sampling and Response Rate*

Lake County Probation Administrators assisted us in compiling a list of 25 agencies in their communities that address the healthcare and social services needs of female clients, and their list was supplemented by obtaining contact information from Lake County's Probation website on agencies to which women offenders, based on the coding from probation files, had been referred. These agencies are the ones most commonly used by the Lake County Probation's Department in its monitoring of women probationers. Agency directors were contacted for a telephone interview or to complete the survey and email or fax it back to us. Before the agency directors were contacted, they received a letter that explained the purpose of the research and gave them the name and phone number of the study's principal investigator, who was available to answer their questions or concerns about the study.

The agency directors were called at least three times in our attempts to conduct the interview. A total of 17 directors were reached for a 68% response rate, which is an acceptable response rate. (See Table 6.1 for a list of the type of participating agencies.) Directors were unable to be contacted mostly because of their busy schedules. All those reached consented to and completed the interview for a completion rate of 100%. The interviews lasted an average of approximately 25 minutes.

Table 6.1 Type of Agencies Participating in the Survey

Type of Agencies Participating in Survey	
Only Substance treatment	7
Substance abuse and mental health treatment	6
Domestic violence services	2
Sexual Assault services	2

*Survey Content*

The telephone interview of agency directors consisted of 14 questions. The items of the survey covered the following content areas:

- Primary services for women
- Eligibility criteria for services
- Payment for services
- Whether the agency provide services to address the unique needs of women (i.e., gender responsivity of women’s services)
- Services related to childcare needs
- Numbers of men and women clients served monthly
- Dropout rate of clients
- Ways to encourage female clients to follow through on referrals
- Unique needs of women that impede service delivery
- Type and frequency of communication with Lake County Probation Officers
- Knowledge of women’s specialized services program at Lake County Adult Probation
- Agency capacity to handle referrals of women probationers

## Results

### *Types of Services*

A majority of directors ( $n = 13$ , 76%) reported that their agencies provide substance abuse services. More than one-fifth of the thirteen agencies (23%) that offer substance abuse treatment also have programs that serve the treatment needs of persons with co-occurring mental disorders. Substance abuse programs are quite diverse in their services, which include drug use assessments, DUI evaluations, intensive outpatient care, outpatient care, short-term detoxification, individual and group counseling, and relapse prevention programs. One agency provided domestic violence services, which include emergency shelters; individual, family, and group therapy; transitional programs; domestic violence education; child advocacy; life-skills training; and group therapy for domestic violence perpetrators.

Another agency in the study administers emergency shelter and housing services; and two of the participating agencies implement services for the perpetrators and victims of sexual assault. These services consist of individual and group counseling for women and children; 24-hour hotlines; 24-hour emergency room services for victims of criminal sexual assault, and educational programs aimed at preventing sexual violence.

### *Criteria for Program Eligibility*

Participants reported that eligibility for their agencies' services is determined by a clinical evaluation, the characteristics of prospective clients, or both. With respect to the evaluation process, participants noted that "[to select clients for services] a screening and assessment is completed in determining substance dependency." A respondent whose agency serves sex offenders and the victims of sexual violence stated that clients must receive "a comprehensive evaluation" before they are deemed eligible for services.

The most detailed response on client eligibility was from the director of a substance abuse treatment program. She indicated that an eligible client must “meet six out of sixteen dimensions of the American Society of Addiction Medicine (ASAM) admission criteria for Level 111.5 care and have a diagnosis of substance dependency per DSM-IVR.” With respect to client characteristics, respondents stated, for example, that eligible clients must “understand English and request services,” “be adolescents 12 to 17 or adults 18 or older [as well as] residents of Lake County,” or “be a victim of sexual assault.”

#### *Payment for Services*

The vast majority of agencies ( $n = 15$ , 88%) require clients to pay for services. The agencies that charge clients for services do so for all their services. Agencies with payment requirements also have sliding scales, which lower or raise charges based on clients’ salary and number of dependents; the costs of different types of services vary (e.g., assessment, individual treatment, or group therapy). In addition, all but one of the agencies that charge clients for services receive state or federal monies to subsidize their programs, such as funds from Medicaid, Treatment Assistance for Needy Families (TANF), and Public Assistance Insurance. Only one director reported that his agency does not receive funds from the state or federal government.

#### *Gender-Responsive Services*

A total of 11 directors (65%) indicated that their agencies’ services are designed to be responsive to women’s specific needs. These services addressed pre- and post-natal care; self-esteem, coping, and parenting skills; issues of abuse, loss, and employment; past trauma; transportation to and from programs, and accommodations for clients with children, such as on-

site meals and childcare during treatment hours. As illustrated in the following quote, one agency employs a state-of-the-art program for its female clients:

[Our] program was a federally funded project for women's specific treatment [needs]. It was designed around an empowerment philosophy and the need for childcare during treatment. The program's group curriculum is specific to women's identified needs and employs evidence-based practices (e.g., motivational enhancement and strength-based chemical dependency interventions, trauma services, intimacy and relationships, women's health and nutrition, anger management, and parenting).

According to survey participants, women clients' multiple needs complicate the provision of services and impede their progress toward recovery. For example, substance abuse programs often involve women who have employment and childcare needs; mental health and housing problems; and histories of trauma and physical, sexual, and emotional abuse. Their multiple issues challenge service providers to create treatment experiences that are more gender-specific, comprehensive, and supportive. As one respondent stated, "[Women] have a different [treatment] dynamic. Working with female offenders requires a more intimate environment, individuals require more attention, and they have more codependency issues."

#### *Child-Related Services*

Approximately 60% of the providers ( $n = 10$ ) reported that their agencies have programs to help women probationers parent their children in healthy and safe environments. A wide range of services were given as examples of such efforts. These included on-site parenting classes; placements in secure housing; nutritional assessments and education; court advocacy to assist victims in obtaining orders of protection, and education programs on the effects of violence on children.

#### *Number of Clients Served*

The survey asked directors to estimate the number of women and men clients that were served by their agencies each month. The responses to this question were quite variable. The

number of female clients served monthly ranged between 5 and 1,500. The modal response was 5 female clients served each month, and the median response was 20 female clients served each month. The number of male clients served monthly ranged from 0 to 4,654. The modal response was 30 male clients served each month, and the median was 40 male clients served each month.

Directors were also asked to estimate the monthly number of their female clients on probation in Lake County. A total of four directors did not answer the question. Among those who did, the number of female probationers served monthly by their agencies ranged from 1 to 180. The median number of monthly probation clients was 6, and the average number of probation clients served monthly (after removing the extreme case of 180 clients) was 14. Directors estimated the percentage of those clients who dropped out of services “before they have been helped as much as possible by [their] agencies.” For agencies with at least three female probationers served monthly, the percentages of program drop-outs ranged from 10% to 90% of clients. On average, respondents estimated that the probation client drop-out rate was approximately 40%.

#### *Relationship with Probation Officers*

Directors were asked how probation officers can encourage women offenders to follow through with their referrals and remain engaged in services. In general, service agency heads regarded probation officers as integral partners in the treatment process. In their view, probation officers’ role is to alert clients to the consequences of failing to cooperate in service programs. According to a couple of directors, it is also critical for probation officers to maintain a balance between their enforcement and supportive functions in the caseload management process. Respondents emphasized the importance of regular communication between probation officers and treatment staff members. Probation officers are seen as the link between probationers and

service providers. As such, they help keep clients engaged in treatment and staff members informed about clients' progress in meeting their probation obligations. One interviewee suggested that probation officers become better educated about the agency criteria for client eligibility, which would help officers effectively match clients to services. The words of one respondent aptly captured the overall sentiment of agency directors toward probation officers:

Close coordination between substance abuse counselors and probation officers help to quickly identify potential problems that may cause clients to drop out of treatment before completion. Probation officers, who understand that treatment is primarily a tool for behavior change, and not a punishment, also help to keep women in treatment. It has been our experience that (for the most part) probation officers and substance abuse counselors are able to work as a team to help women improve their lives and the lives of their children.

#### *Frequency of Contacts*

Respondents were asked to estimate the frequency of contacts or correspondences (e.g., emails, phone calls, and letters) that they had with probation officers in efforts to assist women offenders in their programs. The most common frequency of contacts was twice-a-week (33%), followed by biweekly (20%), once-a-week, monthly, and less than once every two months (all 13%), and bimonthly (7%).

#### *Knowledge of Probation Program*

Directors were asked whether they had heard about the women's specialized services program implemented by the Lake County Probation Department. A majority of respondents (65%) indicated that they knew of the program, and an overwhelming majority (88%) of them indicated that they would be willing to handle additional referrals of women offenders from the Lake County Probation Department. Those who were familiar with the program had learned about it primarily from members of the Lake County Department of Court Services or the Women's Treatment Network. Comments about the program were uniformly positive: "It's a good program and we have been able to work well with them in coordinating services;" "[the



program] is a great idea;” “[the program] is definitely needed;” and “[the program] is a very helpful [and] much needed resource that we have used for our clients.”

Interviewees suggested that the program could become more useful by affording women with the transportation necessary to access services, ensuring that the providers of domestic violence interventions are state-protocol trained and certified, and spending more time counseling trauma victims. One respondent also suggested changing the venue of the program. In her opinion, the setting of the program makes women feel uneasy and inhibits their participation in therapeutic activities because it has “all the trappings of law enforcement.”

### Conclusions

These findings support that the women’s specialized services program is well known and received among community-based service and treatment agencies. Consistent with the findings from the clients expressed needs, the directors noted that transportation resources could remove a barrier that often keeps clients from accessing needed services. Of the responding community based agencies where women clients were referred, 65% provide services that are specifically designed to be responsive to the unique needs of women. The survey findings also buttress the recommendation that the program find ways to create or maintain a close partnership between probation officers and service providers. For the most part, the directors believed that probation officers and service providers had a strong professional partnership, particularly for substance abuse treatment. Reinforcing the recommendation to develop a booklet or website that describes the eligibility criteria and services offered, directors also recommended that probation officers educate themselves about the eligibility criteria.

## Chapter 7: Impact Evaluation of the Women's Specialized Services Program

The impact evaluation centers around a comparable control group quasi-experimental design. Our initial plans to collect data from the probation files and case notes of 100 clients who participated in the psycho-educational trauma counseling (“trauma group”) and a random sampled control group of 100 clients who did not participate in trauma counseling but had a similar history of traumatic experiences had to be revised due to substantive changes in trauma counseling that occurred in October of 2005 when a new service provider was selected. Because substantive changes including a new service provider were made, only half of the 100 cases from the original service provider were collected and the other half were collected from the second service provider. Our final sample consists of 211 clients with 125 control cases, 50 clients that completed the program from the first provider, and 36 clients that completed the program from the second provider. However to avoid contamination and weaken the potential effects of the trauma group, six clients who attended only one or two sessions of the program were removed. Thus, our final sample for this initial one year evaluation consists of 80 clients who completed psycho-educational trauma counseling (48 from the first provider and 32 from the second provider) and 125 who were not referred or did not attend the trauma group but had a similar history of trauma. In addition, due to the Psychological Services Division's concerns about confidentiality the original sampling procedure was changed. The control cases were selected by having probation officers identify clients who had experienced trauma but had not completed the trauma counseling group; although the control group is not a completely random group of all probation clients it is representative of the probation clients with trauma who could have been referred and it is not overly biased by clients who were referred but did not show up for the

trauma group. Most of the control clients were never referred to trauma counseling because they could not make the meeting time due to employment or transportation issues.

Data for both the control and trauma group were collected from the probation case files and probation officers' daily records of in-person, telephone, and email contacts made with offenders, offenders' service providers, and offenders' employers. These data have already been presented to examine empirically whether the program's goals of increasing referrals was supported and to examine the nature of communication between probation officers and service providers. In this chapter, the control group and trauma groups are compared on the following outcome measures and examine whether the trauma group increased these positive outcomes: (1) whether trauma clients were more likely to participate or show up at the services once they were referred; (2) whether trauma clients were more likely to attend mental health treatment for a greater number of months, and (3) whether trauma clients were more likely to satisfactorily complete mental health treatment, participate in a higher percentage of the substance abuse treatment referrals, and participate in substance abuse support groups. Analyses also tested predictions that trauma clients should be less likely to have these outcomes: (a) whether trauma clients were less likely to have a positive drug test; (b) number of missed scheduled office visits with their probation officers and mental health treatment, and (c) new arrests for any crime, for property crimes, for drug or alcohol related crimes, and for violent crimes. Because clients from the second provider, who successfully increased some referrals and individually tailored the referrals to meet the clients needs, did not have adequate time to complete the referrals before the data on recidivism was collected in January 17, 2007, the trauma and control groups are not expected to differ on recidivism or satisfactorily completing mental health or substance abuse treatment. The trauma groups have not had adequate time to complete these treatments after

successfully completing the psycho-educational trauma counseling. Data are presented separately for the first and second provider group because as Chapter 5 clearly showed the two groups differed in the nature and content of the counseling, as well as referrals to service agencies and the follow-up advocacy (see Chapter 5). Readers should keep in mind these limitations of the data.

*Comparison of Trauma and Control Groups: Comparable Samples?*

Before comparing the control and trauma group on outcomes, it is necessary to determine whether these two groups are comparable on demographic, social background, criminal history, substance abuse, mental health characteristics, and court-ordered probation conditions. The following paragraphs present the data to assess whether they are comparable samples. It is necessary for the samples to be comparable so that alternative explanations for differences between the trauma and control group on outcome measures can be eliminated. Where the groups were not comparable on a characteristic and the characteristic was related to an outcome, the effect of this characteristic is controlled in multivariate analyses before examining the difference between the trauma and control group on the outcome measure. Although statistically controlling for the difference provides more confidence that the outcome difference is due to the women's specialized services program, it is not foolproof.

Table 7.1 compares the control group with the combined trauma groups from both service providers in columns two and three and in columns four and five compares the clients from the two different service providers for those who participated and completed psycho-educational trauma counseling. As shown in Table 7.1, for 15 of the 16 substance use and abuse characteristics, the trauma and control group do not differ and the two trauma provider groups do

not differ. The only significant difference (Fischer exact chi-square analysis) was for alcohol use; however, given the number of comparisons made, this difference may be due to chance

Table 7.1 Comparison of Control and Trauma Groups on Substance Use and Abuse Characteristics (Percentage with Characteristic indicated in the Row)

<i>Agency</i>	<i>Trauma Group</i>	<i>Control Group</i>	<i>Trauma Group: 2<sup>nd</sup> Provider</i>	<i>Trauma Group: 1<sup>st</sup> Provider</i>
Using Alcohol	54.5% <sup>1</sup>	25.8%	46.9% <sup>2</sup>	60.0%
Substance abuse Problem	80.8%	80.0%	81.3%	79.2%
Prior Substance Abuse treatment	60.3%	60.7%	51.6%	66.0%
Past use of Marijuana	80.0%	77.4%	78.1%	81.3%
Past use of Cocaine, Heroin, or other stimulants	61.3%	57.3%	56.3%	64.6%
Currently Taking Illicit Drugs	40.0%	28.8%	31.3%	45.8%
Currently using* Cocaine, Heroin, other Stimulants	75.0%	55.6%	80.0%	72.7%
Marijuana*	50.0%	63.9%	70.0%	40.9%
Tranquilizers or Pain Killers*	3.1%	2.8%	10.0%	0%
Other Drugs*	3.9%	3.2%	3.1%	4.4%
Under the influence of drugs/alcohol time of the offense	52.6%	63.1%	43.3%	58.7%
Substance abuse a condition of Probation	75.0%	82.3%	75.0%	75.0%

\*For these variables, the percentages represent the percent of clients using the particular drug out of all clients who were currently using illicit drugs.

<sup>1</sup>  $\chi^2 (1) = 16.866, p < .001$ ; <sup>2</sup>  $\chi^2 (2) = 18.251, p < .001$

rather than represent a true difference between the groups. Overall, the majority of trauma and control clients (81%) have a substance abuse problem, 58.3% were under the influence at the time of their crime, 60% have had prior substance abuse treatment, 78.6% have used marijuana and 59% have used stimulants in the past. Thus, it is not surprising that 79% of the women are required by the court to abstain from drugs or alcohol during their probation. The current use of illicit drugs or alcohol means within the last six months the probation client had a positive drug test, admitted to or was detected by the probation officer or a therapist, or if recently placed on probation admitted current illicit drug or alcohol use on their intake form. Based on data from

probation case files and event records, overall 33% are currently taking illicit drugs. Of those taking illicit drugs, 65.7% are using stimulants, 58.6% are using marijuana, 2.9% are using tranquilizers, and 3.4% are using other drugs.

Table 7.2 provides data on mental health characteristics for trauma and control groups and then a comparison of trauma groups by service providers. A few differences in mental health status are statistically significant. Consistent with the criteria for inclusion into the trauma and control groups, in most clients' probation files there was information related to prior trauma from intimate partner violence, previous childhood physical or sexual violence, witnessing domestic violence as a child, or adult sexual violence. For the remainder of the cases, this information was not found in the files, but probation officers indicated that the control or trauma clients had prior traumatic experiences. Half of the clients in all groups had prior mental health treatment, and one-quarter of the clients completed some mental health treatment (not counting the psycho-educational trauma counseling). About 26.9% to 37.2% of the clients are currently in a relationship where their intimate partner is physically violent toward them.

There are some statistically significant differences, but these differences may be due to better assessments on the trauma clients than the control clients. As children, about one-quarter of the control and 44% of the trauma clients witnessed physical or sexual abuse between their parents. Half of the control clients and two-thirds of the trauma clients are currently depressed, and 39.4% of the control clients and 56.5% of the trauma clients are currently taking depression medication.

Table 7.2 Comparison of Control and Trauma Group and the two Trauma Groups

On Mental Health Characteristics

(Percentage with the characteristic indicated in the Row)

Mental Health Characteristic	Comparison of Control and Combined Trauma Group		Comparison of Two Trauma Groups	
	Control Group	Trauma Group	Second Provider	First Provider
Last six months a victim of domestic violence	26.9%	37.2%	34.4%	39.1%
Witness physical or sexual abuse between parents	27.7%**	44.1%	44.8%	43.6%
Post-Traumatic Stress Disorder	19.4%*	31.2%	31.3%	31.1%
Prior Mental Health counseling/treatment	53.6%	50.0%	53.1%	47.8%
Currently Depressed	53.6%*	67.5%	65.6%	68.8%
Currently taking any medications for depression	39.4%*	56.5%	40.7%	68.6%
Completed any Mental Health Treatment	27.3%	24.1%	25%%	23.1%
Suffered from Prior Trauma	83.2%	96.3%	90.6%	100%

\* p < .05; \*\* p < .01; \*\*\* p < .001; p-values indicate that the difference between the two groups is statistically significant and therefore can be interpreted as a real difference with only a small chance of being wrong (e.g., .05 means a 5% chance that the difference is not real but due to random chance fluctuation).

Table 7.3 presents a comparison of the control and trauma group on measures of prior criminal history. As shown in Table 7.3, women offenders in the control and trauma group had a similar prior arrest history. Across the total sample with trauma and control cases combined, women probationers had an average of 3.55 prior arrests for any crimes, a mean of 1.2 arrests for property crimes, and a mean of 1.45 arrests for misdemeanor crimes. A little over one-quarter of the sample had an arrest for a violent crime and 26% had a prior arrest for driving while under the influence. Approximately 20% had an arrest for possession of drugs or domestic violence. The sample also were similar on prior convictions with about 17% having one prior conviction,



and 22% having two or more prior convictions. One-third of the women had served a previous probation sentence, about 23% had prior arrests or convictions as juveniles, and 18% had been previously incarcerated. The trauma groups from the first and second provider also were similar on prior arrests and prior convictions except that the first provider group had a higher rate of prior arrests for driving under the influence (41.7%) than did the clients in the second provider group (9.4%), (Fischer exact  $p < .02$ ).

Table 7.3 Comparison of Control and Trauma Group on Prior Criminal History

	<i>Control Group</i>	<i>Trauma Group</i>	<i>Trauma Group: 2<sup>nd</sup> Provider</i>	<i>Trauma Group: 1<sup>st</sup> Provider</i>
	Percent	Percent	Percent	Percent
At least one prior arrest for:				
Violence	26.4%	27.6%	27.1%	28.2%
Domestic violence	24.0%	16.3%	18.8%	12.5%
Driving under influence	25.6%	28.3%	9.4%	41.7%*
Possession of drugs	21.6%	22.6%	20.8%	25.0%
Drug trafficking	4.8%	7.5%	8.3%	6.3%
Prior convictions:				
One	16.0%	17.5%	12.5%	20.8%
Two or more	22.4%	22.5%	25.0%	20.8%
Arrests, Probations or Convictions as Juvenile	24.4%	22.0%	35.5%	17.0%
Previously been on Probation	35.9%	33.9%	35.5%	36.2%
Previously been Imprisoned	15.0%	20.0%	15.6%	14.6%
	Average	Average	Average	Average
# prior arrest for misdemeanor	1.42	1.49	1.41	1.54
# of prior arrests for property crimes	1.21	1.16	1.25	1.10
Total number of prior arrests excluding traffic offenses	3.63	3.51	3.47	3.54

\*  $p < .05$ ; p-values indicate that the difference between the two groups is statistically significant and therefore can be interpreted as a real difference with only a small chance of being wrong (e.g., .05 means a 5% chance that the difference is not real but due to random chance fluctuation).

Table 7.4 presents a comparison of the control and trauma groups on social background characteristics. The trauma and control groups differed on employment status at intake, whether clients were employed less than 50% of the time during the last 12 months, marital status, changes in marital status, and whether had friends involved in criminal activity. For all other characteristics presented in Table 7.4, the trauma and control groups were not statistically significantly different from each other. The trauma group had a significantly higher percentage of unemployed clients at the time of probation intake (63.3%) compared to control clients (48.0%),  $p < .05$ . The trauma group (68.4%) compared to the control group (49.2%) also had a significantly higher percentage of clients who had sporadic employment over the last 12 months. The trauma groups compared to the control group were more likely to be divorced or separated and less likely to be currently married. The trauma group of the first provider also differed from the control group and second provider on changes in marital status: 28.9% of the trauma group clients of the first provider started living with an intimate partner after probation intake. The trauma group (70.2%) compared to the control group (52.8%) had a higher percentage of clients who had friends involved in criminal activity,  $p < .01$ .

For characteristics where trauma and control clients did not differ, the entire sample is described. Across the entire sample, the typical woman client had completed a high school degree (66.4%), had children (72.5% and 50% had at least two children), had intimate partners who abused alcohol or drugs (61.3%) and had partners who were involved in criminal activity (66.4%). About half of the entire sample (46%) was worried about having sufficient income to meet basic life needs such as food and shelter, and were receiving public aid or food stamps. On the intake form, 45% of the clients indicated that their parents did not use alcohol, drugs, or have any criminal arrests, 28.5% of the clients' parents used only alcohol, and 17.8% of their parents

had been arrested for a crime. Across the two groups, 38% had children in the foster care system and 19.6% were receiving child support payments.

Table 7.4 Comparison of Control and Trauma Group on Social Background Characteristics

<i>Agency</i>	<i>Trauma Group</i>	<i>Control Group</i>	<i>Trauma Group: 2<sup>nd</sup> Provider</i>	<i>Trauma Group: 1<sup>st</sup> Provider</i>
<b>Education Level:</b>				
High school dropout	36.3%	31.2%	46.9%	29.2%
High school graduate without further job or college training	33.8%	39.2%	28.5%	37.5%
<b>Income and Residence Status:</b>				
Receiving Welfare, WIC or Food Stamps	49.4%	45.1%	50.0%	48.9%
Worried About Income	55.3%	43.1%	46.7%	60.9%
Stable Residence	55.4%	68.8%	56.3%	54.8%
<b>Employment</b>				
Unemployed at intake	63.3%*	48.0%	65.6%	61.7%
Full-time employed at intake	12.7%*	28.8%	9.4%	14.9%
Employed Less than 50% of the time in last 12 months	68.4%**	49.2%	68.8%	68.1%
<b>Marital and Family Status</b>				
Currently Married	8.9%*	20.8%	12.5%	6.4%
Divorced or Separated	35.4%*	20.8%	9.4%	14.9%
Never Married	36.7%	43.2%	40.6%	34.0%
No change in marital status while on probation	72.7%	83.1%	87.5%	62.1%*
Any Children	77.5%	69.6%	81.3%	75.0%
Intimate Partner has history of Criminal Activity	74.4%	60.6%	73.3%	75.0%
Intimate Partner has history of Substance Abuse	64.3%	58.3%	68.8%	61.5%
Friends/Partners Involved in Crime	70.2%**	52.8%	75.0%	65.5%
Parents had no history of crime or drug/alcohol use	39.7%	49.1%	44.8%	35.3%

\*  $p < .05$ ; \*\*  $p < .01$ ; \*\*\*  $p < .001$ ; p-values indicate that the difference between the two groups is statistically significant and therefore can be interpreted as a real difference with only a small chance of being wrong (e.g., .05 means a 5% chance that the difference is not real but due to random chance fluctuation).

Table 7.5 presents a comparison of the control and trauma groups on conditions of probation and referrals to the Lake County Adult Probation's Cognitive Orientation Group (COG). As shown in Table 7.5, the control and trauma group were significantly different on referrals to COG, and mental health assessments. These two differences are not surprising because they reflect the design of the women's specialized services program and the intent of the development team to have women who participated in trauma counseling to also participate in COG. About half of the trauma group and only 17.7% of the control group were referred and participated in COG, and 71.3% of the trauma group compared to 47.2% of the control group had a mental health assessment.

On court-ordered probation conditions, the trauma and control groups did not differ. Almost all of the women in both groups had an open mandate directive, had to pay probation fees, had to pay court costs or fines, and were ordered to submit to random urine tests for drugs and alcohol to insure that they were complying with the courts' order to abstain from alcohol and drugs. An open mandate directive means that the court supports the treatments and services that probation officers order. For the entire sample, 65% were ordered to participate in community service, 36.5% were given some time in jail, 79.5% were court mandated to participate in substance abuse treatment, and 18% had periodic imprisonment. The trauma and control groups did not differ on the amount required to pay for probation fees (average = \$413 control; \$466 trauma) or court costs and fines (average = \$1,560 control; \$1,591 trauma), ( $p < .18$ ). Of those who were sentenced to perform community service, the trauma group (average of 130 hours) and control group (average of 136 hours) did not differ on the number of hours required, ( $p < .69$ ). Of those who were sentenced to jail time, the trauma group (average = 100 days) and control

group (average = 108 days) did not differ on the number of days that they were sentenced to serve in jail, ( $p < .81$ ).

Table 7.5 Comparison of Control and Trauma Group on Conditions of Probation

<i>Agency</i>	<i>Trauma Group</i>	<i>Control Group</i>	<i>Trauma Group: 2<sup>nd</sup> Provider</i>	<i>Trauma Group: 1<sup>st</sup> Provider</i>
Referred to COG	48.8%***	17.7%	50.0%***	47.9%
Open Mandate	95.0%	99.2%	93.8%	95.8%
Pay Probation Fees	95%	93.5%	93.5%	95.7%
Pay Court Costs or Fines	97.5%	100%	100%	100%
Community Service	69.9%	56.0%	62.5%	74.5%
Jail Time	29.1%	26.6%	19.4%	35.4%
Substance abuse Treatment	75.0%	82.3%	75.0%	75.0%
Work Release/Periodic Imprisonment	19.5%	16.9%	21.9%	17.8%
Random Urine Test	93.8%	96.8%	96.9%	91.7%
Mental Health Assessment/Treatment	71.3%***	47.2%	81.3%***	64.6%

\*  $p < .05$ ; \*\*  $p < .01$ ; \*\*\*  $p < .001$ ; p-values indicate that the difference between the two groups is statistically significant and therefore can be interpreted as a real difference with only a small chance of being wrong (e.g., .05 means a 5% chance that the difference is not real but due to random chance fluctuation).

In summary, based on the data from the probation files, the control group was a comparable sample to the trauma group. There were few statistically significant differences, with only 8 statistically significant findings on the 64 characteristics, (and by chance alone three statistically significant differences should have been found). The trauma and control groups did not differ on prior arrests, convictions, probation sentences, or previous incarcerations or past or current use of illicit drugs or prior substance abuse treatment, and on any of the court-ordered probation conditions. The differences that occurred between trauma and control group on mental health characteristics may be due to better recorded data for the trauma clients. Trauma clients were more likely to indicate that they were depressed and on depression medication. Two differences are due to the structural design of the women's specialized services program: About

half of the trauma group and only 17.7% of the control group participated in COG, and 71.3% of the trauma group compared to 47.2% of the control group had a mental health assessment. The trauma clients also were more likely to be unemployed or have sporadic employment over the last twelve months, more likely to be divorced or separated, and less likely to be currently married. The differences in employment are a direct result of how the sample was drawn with the control sample having similar trauma backgrounds but having logistical reasons such as a full-time job or the location of their residence as the reasons why they could not attend the trauma counseling.

#### *Going to Treatment and Service Agencies After Referred*

Another intermediate impact goal of trauma counseling is to increase clients' willingness to participate in the referred programs. Table 7.6 presents the data on whether women probationers who received referrals to agencies actually went to the agencies and participated in the program. The first observation readers should infer from Table 7.6 is that a high percentage of women, both in the control and trauma group, participated when given referrals for mental health, domestic violence, welfare, child care, substance abuse employment services, and other types of referrals. The majority of probationers participated in mental health referrals, child care, other types of referrals (e.g., housing), employment services, and substance abuse. When referred, about half went to agencies that help domestic violence victims. The percentages for participation in parenting classes and job and educational training are across the entire sample; from the probation case files, research assistants could not detect when clients were referred to parenting classes or educational/job training and did not attend. Across the entire sample, 12 to 15% of clients were referred and participated in parenting classes and 13 to 20% were referred and participated in job or educational training. The control and trauma groups did not differ on

Table 7.6. Percentage That Started Services after Receiving a Referral  
(Probation Case File Data)

<i>Type of Referral</i>	<i>Comparison of Control vs. Trauma</i>	
	<i>Control Group</i>	<i>Trauma Group</i>
Satisfactorily completed substance abuse treatment	58.1%	64.5%
% of referrals to Substance Abuse of which clients participated	70.89% (107)	58.8% (61)
Attended AA or substance abuse support group	53.2% (59)	61.4% (36)
Mental Health <sup>1</sup>	72.3% (65)	90.0% (51)
Domestic Violence	50% (13)	44.4% (9)
Sexual Assault	0%	75% (3)
Welfare/Public Aid <sup>2</sup>	70% (14)	100% (10)
Child Care	100% (1)	50% (1)
Parenting classes	12.9% (12)	15.3% (9)
Employment Services	50% (2)	77.8% (7)
Job/Education training	20% (25)	13.3% (10)
Other referral type	74.5% (35)	76.0% (19)
Employment status:		
Stayed the Same	60.3% (44)	27.7% (13)
Improved <sup>3</sup>	23.3% (17)	57.4% (27)
Became worse: employed to unemployed	16.4% (12)	14.9% (7)
Improved education	21.6% (27)	17.5% (14)

Note: Referral types with superscripts indicate that the control and trauma group are significantly different in the percentage of clients who followed up on their referral and went to the agency for help or in the case of employment status, improved their employment status from what it was at intake.

<sup>1</sup>  $X^2 (1) = 5.73, p < .02$ ; <sup>2</sup>  $X^2 (1) = 3.7, p < .05$ ; <sup>3</sup>  $X^2 (2) = 15.5, p < .001$ .

the percentage of women who participated in other types of referrals, and did not differ in those who participated or completed substance abuse treatment. As shown in Table 7.6, the number of clients for the other types of referrals was too small to conduct reliable statistical tests: the clients in the trauma group received few referrals to child care, parenting classes, and affordable housing was not received by any of the clients surveyed.

There also were some statistically significant differences between the trauma and control group, which suggest the trauma group shows some impact in reducing clients' resistance to participating in services and treatments. For mental health counseling, trauma group clients were significantly more likely to participate in the mental health counseling (90%) compared to the control group (72.3%), and both trauma clients from the first provider (87.5%) and the second provider (92.6%) were significantly different from the control group; this finding shows the potential impact of the trauma counseling. This difference remained after controlling for prior mental health treatment and whether the offender was depressed or not.

As shown in Table 7.6, clients from the trauma group also were more likely to obtain welfare and to improve their employment status. Improvement in employment status means that the offender was either unemployed at intake and became employed or had a part-time job at intake and became full-time employed. The difference was found for both service provider groups. A higher percentage of clients from the first (51.9%) and second provider (65%) compared to the control group (23.3%) improved their employment status. A similar small percentage of clients from both the trauma and control group had employment at intake, but became unemployed during their probation. This improvement in employment for the trauma group compared to the control group remained after controlling for whether clients had sporadic employment, which is defined as employed less than 50% of the time in the last 12 months.

For those with sporadic employment, 73% of the trauma group compared to 44% of the control group improved their employment status, ( $p < .01$ ). For those with more regular employment, 38.1% of the trauma group compared to 16.7% of the control group improved their employment, ( $p < .05$ ). Finally, a logistic regression was conducted to control for any other predictors of improved employment. After controlling for total number of prior arrests, sporadic



employment in the last 12 months, and marital status, the trauma group was significantly more likely to improve their employment than was the control group, (unstandardized coefficient = 1.38; odds = 3.9 to 1,  $p < .009$ ).

#### *Has Trauma Counseling and Probation Improved the Lives of the Clients' Children?*

Clients asked many questions about raising children during the trauma counseling group that was observed. One of the original goals of the psycho-educational trauma program was to provide clients with information and motivation to become better parents. Based on the observations of the trauma counseling sessions, therapists presented useful information and encouraged discussions about raising children; the topics discussed included developmental differences, appropriate and effective discipline strategies, communicating with children, and regaining their children's trust.

Clients raised the issue of affordable childcare during the second session and the service providers indicated that they would pass this along to the Assistant Director of Probation. Unfortunately, affordable childcare resources are very limited in the United States and in Lake County. Clients indicated that they needed childcare while they were attending court and the trauma counseling sessions. This need also has been a very common issue for other specialized women's services programs located in other probation departments (see Lurigio, Stalans et al., 2006). The Assistant Director of Probation noted that Lake County court does offer some childcare services for clients while they attend courts, but at this time the resources are not available for clients to use these services while they attend the trauma counseling program.

One purpose of the written survey completed by the 56 women on probation was to assess how probation and treatment have improved the lives of their children. Out of the 56 women respondents, 38 probationers were parenting children or had children in foster care.

Specifically, 29 women reported that they were currently parenting children and did not have children in foster care, 6 were parenting between 1 to 6 children and also had children in foster care, and 3 reported not parenting any children, but having children in foster care or living with relatives. Respondents were asked the question, “Has probation or any of the treatment programs or services helped you be a better parent to your children or provide a safer environment for them?” Of the 38 probationers, 58.8% indicated “yes.” Five of the respondents did not answer the question. Of those who responded yes, they were asked to describe how probation, services, or the treatment programs had improved their children’s lives. Overall, half of the 28 probationers wrote positive comments that indicated probation or the trauma counseling program had allowed them to improve their children’s lives. Women probationers indicated that some of these improvements were: assisting them in not using drugs, finding drug-free friends in support groups, realizing how important their children are, and recognizing the violence in their lives and how it affected their children. These quotes are some of the positive statements:

- “Made me realize how important they are.”
- “The services that the probation department has provided me with gave me the opportunity to be able to improve my parenting skills. I have learned to appreciate my children and have been able to prove to myself that I can overcome these obstacles.”
- “Treatment has truly helped me get my life back on track. I no longer use drugs and can see life more clearly and providing a safe environment for my children. Probation has taught me a lot and has made me realize that if I want my children I have to do the right thing.”
- “My kid believes in me now. We can do more things now that I am not getting high so treatment and probation help a lot.”

Four clients specifically mentioned either the trauma counseling program or the COG program was very helpful. For example, one of the trauma clients of the first provider who was a domestic violence victim noted: “(Service agency facilitating trauma group) was the best helped

(sic) me to understand my problems and to deal with it. But when I got home to tell my spouse/boyfriend of the class and mistreatment I felt like I want to cry either he did not care/laughs and went on. But that class helped me a whole lot. I would recommend it to all people who need help.”

Nine of the responses were negative and indicated that services, treatment programs, and probation had not improved their children’s lives in any shape or form. Respondents indicated that probation has not fully met there needs in aiding them to become better parents. These quotes are examples of negative statements:

- “Probation has not helped me at all I accepted a plea bargain in avoidance of having to have my child present during trial;”
- “Probation has simply made my children angrier. We have no respect for the justice system and believe that this system needs to change;”
- “It has not helped me other than keeping me from prison.”

Five had neutral responses such as just starting probation or things did not change. For example one client noted, “Everything is basically the same with my daughter since I have started my probation. I am home just as I have always been. I have never done drugs or drank alcohol so her life has not been affected by these circumstances.” Another stated “It has not changed their lives in the least. I was always a good parent.”

### *Intermediate Goals*

Although the trauma group may potentially reduce the number of missed scheduled probation office visits, the number of missed treatment sessions, and may increase the percentage that complete mental health and substance abuse treatment and increase the percentage that satisfactorily complete probation, these effects cannot be examined at this time because the data are incomplete: 82.5% of the cases were still serving their probation sentence at the time data collection ended and many of the second provider trauma clients had just been referred for mental health treatment.

The trauma and control groups were compared on the following intermediate outcomes: (a) mean number of months in treatment; (b) whether had a positive test for illicit drugs; (c) whether an administrative sanction was given for noncompliance to rules; and (d) whether the probation officer filed a violation of probation petition with the court, and (e) percentage with at least one noncompliance with treatment (not trauma counseling). Table 7.7 presents the comparison of the trauma groups and control group on these intermediate outcomes. The trauma and control groups did not differ on the likelihood of receiving an administrative sanction or satisfactorily completing any mental health treatment, with a little over one-quarter of both groups having these outcomes. The trauma group of the first service provider however was significantly more likely to have a violation of probation petition filed (76.1%) and to be revoked (37.5%) than was the control group (38.4% for filed, 15.1% for revoked), ( $p < .05$ ). To assess whether these differences were due to other characteristics, a logistic regression was conducted. The effects of sporadic employment, alcohol use, having friends who were involved in criminal activity, total number of prior arrests, clients' depression, and whether referred to COG were removed before determining whether the trauma and control group's differed on whether

Table 7.7 Comparison of Control and Trauma Group on Compliance with Probation Conditions and Completion of Treatment

Outcomes	Trauma Group	Control Group	Trauma Group: 2 <sup>nd</sup> provider	Trauma Group: 1 <sup>st</sup> provider
Received an administrative sanction	28.8%	24.8%	28.1%	29.2%
Revoked	28.8% <sup>**</sup>	15.1%	15.6%	37.5%
Completed any Mental Health Treatment	27.3%	24.1%	25.0%	23.1%
Had Violation of Probation Petition Filed	55.1%	38.4%	25.0% <sup>*</sup>	76.1% <sup>*</sup>
Substance Abuse:				
Failed Drug Test	38.8%	46.7%	21.9% <sup>**</sup>	50.0%
Completed a substance abuse treatment	64.5%	58.1%	48.0%	75.7%
Attended AA or substance abuse support group	61.0%	53.2%	53.8%	66.7%
	Average	Average	Average	Average
Length of months in treatment	3.35 <sup>*</sup>	1.78	2.73	4.78 <sup>*</sup>
Noncompliant with treatment at least once	42.6%	39.8%	26.7%	55.3%

\* p < .05; \*\* p < .01; \*\*\* p < .001; p-values indicate that the difference between the two groups is statistically significant and therefore can be interpreted as a real difference with only a small chance of being wrong (e.g., .05 means a 5% chance that the difference is not real but due to random chance fluctuation).

probation officers filed a violation of probation petition (VOP). After removing these other effects, trauma clients from the second provider were significantly *less* likely to have a VOP filed (coefficient = -1.43, odds = .24, p < .02) and trauma clients from the first provider were significantly more likely to have a VOP filed (coefficient = 1.01, odds = 2.75, p < .05) than were the control group clients. Thus, the second provider clients show a significant reduction in VOPs. This finding may represent greater compliance or progress of the second provider trauma clients and/or that probation officers' resistance to the program had lessen and they were giving clients more chances before taking formal action.

The bottom half of Table 7.7 presents the outcomes related to substance abuse and the mean number of months in treatment as well as the percentage of clients who were noncompliant with treatment at least once as indicated by missing a treatment session or having a VOP filed for treatment noncompliance. The trauma group for the second provider shows some positive impact: clients were significantly less likely to have had a positive drug test than were control clients or trauma clients from the first provider. To test whether this effect remain after the effect of other characteristics were removed, a logistic regression analysis was conducted. After controlling for sporadic employment, alcohol use, having friends who were involved in criminal activity, past stimulant drug use, and prior arrests for drugs or alcohol related crimes, the second provider trauma clients compared to the control clients were significantly less likely to have failed a random urine drug test, (coefficient = -1.65, odds = .19,  $p < .004$ ). After controlling for depression, the trauma group had a greater mean number of months in treatment (average = 3.35) than did the control group (average = 1.78), ( $p < .02$ ). The control and trauma groups did not differ on satisfactorily completion of substance abuse treatment or attendance at AA or substance abuse support groups. The control and trauma groups also did not differ on the percentage of clients with at least one noncompliance with any treatment other than trauma counseling, and this non-difference remained when the mean number of times noncompliant was examined.

Several qualifications should be recognized in interpreting the impact of the program on treatment completion and recidivism. First, clients from the second provider have not had sufficient time to complete treatments or services. Second, many clients of the second provider were referred to services after data collection was completed. Third, the first provider did not increase referrals and provided a very different therapeutic trauma course. Thus, overall impact on the ultimate goal of reducing recidivism should not be expected in this one-year evaluation,

and was not found for general recidivism or recidivism for property, drugs or alcohol involved crimes, violent, or other misdemeanor crimes. As shown in Table 7.8, overall, 40% of both trauma groups and 30.4% of the control group had a new arrest for a drug, driving while intoxicated, property, or violent crime; there is no significant difference in overall recidivism. Table 7.7 also presented, as noted above, that there were no differences between the trauma groups and the control group on satisfactorily completing substance abuse or mental health treatment; most clients are still active in treatment and probation supervision thus these measures are incomplete.

Because service providers delivered psycho-educational counseling that was fundamentally different in many ways, and the program was not concentrating on increasing referrals during the first year of implementation with the first service provider, it is also necessary to examine whether the two trauma groups differed on outcomes. The first service and second service provider trauma groups did not differ from the control group or each other on: general recidivism for any crime, violent recidivism, property recidivism, or drug crime recidivism. The first provider's clients, however, had a significantly higher percentage of new driving under the influence arrests and misdemeanor arrests than did the control or second provider clients, but this finding did not remain in the logistic regression analysis. It is quite possible that the program has a greater impact for certain groups of offenders, and will show an impact on recidivism after clients' complete their needed services and treatment. Future research will need to examine whether the program has differential impact for depressed clients, stimulant users, those who receive jail, those with prior substance abuse or mental health treatment, and those with long history of drug use and alcohol or drug offending.

Table 7.8 Comparison of Control and Trauma Groups on New Arrest Measures

<i>Whether had a new arrest for a:</i>	<i>Trauma Group</i>	<i>Control Group</i>	<i>Trauma Group: 2<sup>nd</sup> Provider</i>	<i>Trauma Group: 1<sup>st</sup> Provider</i>
Any crime	43.8%	32.0%	34.4%	50.0%
Violent crime	12.5%	8.8%	15.6%	10.4%
property crimes	17.5%	14.4%	18.8%	16.7%
possession drugs or trafficking	5.0%	8.0%	0%	8.3%
DUI	12.5%	6.4%	3.1%	18.8%* <sup>1</sup>
Any drug, DUI, property or violent crime	40.0%	30.4%	34.4%	43.8%
Misdemeanor	15.0%	8.8%	6.3%	20.8%
Drug crime or DUI	16.3%	13.6%	3.1%	25.0%* <sup>2</sup>

\* p < .05; \*\* p < .01; \*\*\* p < .001; p-values indicate that the difference between the two groups is statistically significant and therefore can be interpreted as a real difference with only a small chance of being wrong (e.g., .05 means a 5% chance that the difference is not real but due to random chance fluctuation). <sup>1</sup> Fischer exact test (2) = 8.91, p < .03; <sup>2</sup> Fischer exact test (2) = 7.50, p < .02

### *Conclusions*

Women clients from the second provider were significantly more likely to participate in mental health treatment and employment services. After controlling for other effects on positive drug test, the second provider trauma clients compared to the control clients were significantly less likely to have failed a random urine drug test. After controlling for depression, the trauma group had a greater mean number of months in treatment than did the control group; however, the measure of number of months in treatment does not assess whether the trauma and control group received their referrals at the same time or whether the trauma group received their referrals sooner, which may account for the longer time in mental health treatment. Women probationers also expressed that the trauma counseling and probation have improved their children's lives in several ways, and the observations of the trauma counseling also indicated that information on



how to communicate with children, discipline and other issues were presented and discussed with clients who were very engaged and interested in this subject.

This one-year evaluation cannot provide valid information about the program's impact on recidivism or the program's impact on increasing the percentage of clients who complete substance abuse treatment or mental health treatment. Data collection were completed before many clients had been referred to mental health treatment and before most clients (82.5%) had been discharged from probation. Thus, overall impact on the ultimate goal of reducing recidivism should not be expected in this evaluation, and was not found for general recidivism or recidivism for property, drugs or alcohol involved crimes, violent, or other misdemeanor crimes. Overall, 40% of both trauma groups and 30.4% of the control group had a new arrest for a drug, driving while intoxicated, property, or violent crime. Although service providers delivered psycho-educational counseling that was fundamentally different in many ways, the first service and second service provider trauma groups did not differ from the control group or each other on: general recidivism for any crime, violent recidivism, property recidivism, or drug crime recidivism. In future research, it is expected that the second provider's trauma group will show a reduction in recidivism especially for clients who have improved their employment status and have completed their substance abuse treatment.

Because 82.5% of the clients were still serving their probation sentence and many of the second provider trauma clients had just been referred for mental health treatment at the time data collection was completed, whether the program increased the percentage of clients who successfully completed substance abuse treatment or mental health treatment could not be addressed. Moreover, whether the trauma group, compared to the control group, missed fewer treatment sessions and missed fewer scheduled appointments with their probation officer could

not be addressed. These data have been collected for each client, but the data will need to be updated through coding the event records from the last date of contact when data were collected to the clients' probation termination date, with updated information after the majority of cases have been discharged from probation before the impact of the program on increasing clients' receptivity and participation in mental health treatment and substance abuse treatment can be empirically addressed. Furthermore, it is quite possible that the program has a greater impact for certain groups of offenders. If additional cases from the third service provider were collected, whether the program has differential impact for depressed clients, stimulant users, those resentenced to jail, those with prior substance abuse or mental health treatment, and those with long history of drug use and alcohol or drug offending could be examined.

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