The Connecticut Women's Consortium

Trauma Matters

Spring 2025

A quarterly publication dedicated to the dissemination of information on trauma and best-practices in trauma-informed care

INSIDE THIS ISSUE:

A digital version of this publication with full interviews and a full list of references and resources is available for download at our website: www.womensconsortium.org

Correction: The first article misstates the percentage of Black Connecticut residents as 10.8% in 2023. The correct figure is 10.7% from 2022. As of 2024 Census data, 13.1% of residents identify as Black.

Exploring Trauma at Every Stage of Incarceration: A Letter from the Editor

by Alana Valdez, MA

While Trauma Matters has previously touched on the intersection of mental health, substance use, and incarceration, we have yet to explore it in depth. In the upcoming editions, we will take a closer look at how trauma impacts individuals throughout the entire cycle of incarceration: before, during, and after.

Trauma and incarceration are deeply interconnected, with most incarcerated people experiencing some form of trauma before entering the carceral system. According to the Compassion Prison Project,[1] 98% of the prison population has experienced at least one Adverse Childhood Experience (ACE), compared to 64% of the general U.S. population.

Incarceration itself can be a traumatizing experience—not only due to the removal of a person from society, but issues including overcrowding, forced compliance, isolation, exposure to violence, and inadequate mental and physical healthcare. Formerly incarcerated people can potentially develop post-incarceration syndrome, a condition similar to post-traumatic stress disorder (PTSD).[2]

Beyond exploring the trauma-incarceration relationship, our goal is to amplify the voices of often-underrepresented groups in these conversations, including women, youth, LGBTQIA+ individuals, veterans, people of color, and others.

This issue will focus on the "before" —exploring the factors that predispose individuals to becoming justice-involved, the alternatives to incarceration that exist, and how agencies and systems are working to improve the criminal justice landscape.

To set the context for this series, it is essential to understand incarceration in Connecticut, as much of the content will address issues specific to our state. It is equally important to acknowledge the compounding marginalization that vulnerable populations experience within the carceral setting.

The Prison Policy Initiative's 2024 profile of Connecticut[3] revealed that across prisons, jails, immigration detention, and juvenile justice facilities, 326 out of every 100,000 residents are incarcerated. This figure does not account for the 33,000 people on probation or parole.

While this number is low compared to other U.S. states, Connecticut's incarceration rate exceeds that of the countries of the United Kingdom, Portugal, Canada, France, Belgium, and Italy. Furthermore, the incarceration rate has declined since the early 2000s and hit a low during the height of the COVID-19 pandemic, however, the rate is now trending back upward.

Communities of color are also disproportionately represented in incarcerated populations. Black people in Connecticut are incarcerated at a rate 9.9 times higher than white people, despite making up only 10.8% of the state's population in 2023.[4]

Women and LGBTQIA+ individuals face unique challenges within the system. Across the country, the number of incarcerated women over the age of 18 increased by more than 585% between 1980 and 2022.[5] While incarcerated, women are especially vulnerable; roughly a quarter of women experience sexual or physical violence with higher rates among LGBTQIA+ people.[6]

One in six transgender people have been incarcerated, including nearly half of Black trans people.[7] Despite the protections

under the 2003 Prison Rape Elimination Act (PREA) that intend to safeguard LGBTQIA+ people from sexual violence,[8] risks remain, including a recent Executive Order[9] that included barring transgender women from being housed in federal women's prisons.

In this edition, two featured articles take a closer look at how trauma and incarceration specifically affect veterans and youth.

Recognizing the role of trauma is key to further transforming the criminal justice system. As we explore this issue, our goal is to enrich the conversation on equity, safety, and healing for those impacted by incarceration at every stage.

Supporting Military Veterans in the Connecticut Criminal Justice System

By Varsha DuBose, DSW, LCSW

Navigating the legal system can be overwhelming for both military Veterans and civilians. Veterans, however, may experience added layers of trauma from military service, which can make encounters with crisis providers, police, courts, jails & prisons challenging mentally, emotionally and physically.

Trauma amongst justice-involved Veterans can be the result of both combat and non-combat related missions and duties. Hence, it is imperative to have supportive resources available to Veterans who may be experiencing military related distress due to mental health disorders and substance use disorders, especially during the legal process.[10]

The judicial system can potentially exacerbate mental health concerns, such as post-traumatic stress disorders, anxiety or depression. Veterans returning home and adjusting to civilian life may be presented with a number of stressors that can lead to interactions with criminal justice or judicial systems.

In response to the challenges that justice-involved Veterans face, almost all states have adopted programs such as the Veterans Justice Outreach Program (VJOP) developed by the Department of Veteran Affairs, and Veterans Treatment Courts (VTCs), which are collaborations between local, state and federal judicial stakeholders. Both options aim to assist Veterans in the criminal justice systems by assessing the distinctive needs of Veterans and providing Veteran-centered support.[11]

While Veterans may interface with other types of legal circumstances such as civil, housing, family and probate matters, often crisis intervention and support services have primarily been available in criminal justice settings. The sequential intercept model, in figure 1, provides a tool to better understand how individuals, including veterans, come into contact with the criminal justice system.[12, 13]

The initial encounters that Veterans have with community crisis responders or police may be related to Veterans being in some form of distress or experiencing a response to trauma. Yet, these calls can be viewed as criminal in nature and may lead to an arrest then incarceration. Munetz & Griffin[14] highlight ways in which we can support the decriminalization of people, including Veterans, with serious mental health and substance use disorders in the legal system. Some states utilize Veterans Treatment Courts as a way to respond to Veterans with specific mental health and substance use needs[11]. The Department of Justice (2023) details the evidence-based treatment and recovery support services that are available to Veterans who participate in VTCs.

Connecticut is one of the last states that does not have a Veteran Treatment Court. According to the National Treatment Court Resource Center,[15] as of 2024, there are 552 treatment courts, dockets or court programs in the United States focused on Veterans. While there are proponents of the idea of a VTC in Connecticut, others are not supporters of a specialized court docket or legal platform geared specifically towards justice-involved Veterans. In 2024, Connecticut, at minimum, had 286 Veterans experience the criminal justice system.[16]

To further address the needs of justice-involved Veterans, those who are eligible for healthcare at the VA Medical Centers, have access to the Veteran's Justice Outreach (VJO) Program, which consists of clinical social workers, peer support specialists, and consulting psychiatrists. The outreach social workers support eligible Veterans pre-incarceration and during the Veteran's legal experiences by providing rigorous clinical case management and therapeutic support.

The outreach team completes clinical assessments to determine the appropriate plan of care for justice-involved Veterans to engage in mental health treatment, substance use services, housing, and other benefits within the Department of Veterans Affairs or community programs, while the legal matters are pending in the judicial system. The VJO re-entry social workers aid Veterans who are incarcerated or post-sentence, in reconnecting or establishing care within the Department of Veteran Affairs at the end of an incarceration period. The peer support provider or specialist is an essential component to the Veterans Justice Outreach Program.[17]

Peer support providers are also Veterans and often share their stories of recovery with the Veterans experiencing the criminal justice system.[18] The peer support will attend court hearings with pre-sentence Veterans, offering encouragement and reminders on ways to manage stressors. The peer will also assist by transporting Veterans to treatment programs and will offer lived experience as a tool to help justice-involved Veterans cope with the legal circumstances and stigma of being entangled with criminal justice systems.[19] The VJO peer specialist also plays a vital role in helping formerly incarcerated Veterans re-engage with community and VA resources.

At all intersections in the legal process, the Connecticut Veterans Justice Outreach program offers supportive approaches that are empathetic, person-centered, culturally sensitive and trauma-informed, understanding each Veteran has specialized needs; therefore, it is beneficial to provide a personal supportive experience.

The CT Veterans Justice Outreach program remains a best practice approach that collaborates with community stakeholders including, Connecticut Department of Mental Health and Addiction Services- Jail Diversion Teams, Jail Re-interview Investigators, Probation, Parole, Department of Correction Counselors, Hospitals and Court Support Services within the geographical courts, as well as federal courts.

The continued partnership is ideal for justice-involved Veterans who are integrating into the Connecticut legal and criminal justice system as military Veterans & citizens of the State of Connecticut.

The views expressed in this article are those of the

author and do not necessarily reflect the position nor the policy of the Department of Veterans Affairs or the United States Government.

Editor's Note: The author capitalizes "Veterans" in accordance with the U.S. Department of Veterans Affairs standard. This capitalization will not appear elsewhere in the issue.

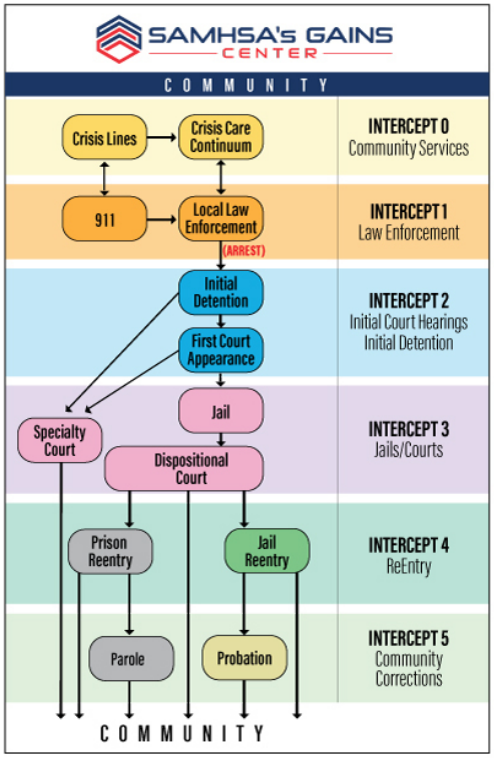

Figure 1. SAMHSA, The Sequential Intercept Model (SIM), May 24, 2024, samhsa.gov/communities/criminal-juvenile-justice/sequential-intercept-model

Youth Trauma and Diversion

By Donna Pfommer, Senior Director of Strategic Initiatives at Tow Youth Justice Institute

Science has confirmed the damaging effects of trauma on a child's brain and the relevance and importance of good mental health. As a child's brain architecture is being built, early experiences and toxic environments are major determinants of the capacity of a child's later functioning. As children grow, they encounter increasingly complex tasks and demands.

Trauma occurs when children's exposure to traumatic events overwhelms their ability to cope with what they are experiencing. Children exposed to trauma experience significantly higher rates of chronic health and mental health problems, impaired academic performance, and involvement with juvenile justice and adult criminal justice systems.

The idea that a youth having experienced trauma should be able to control their emotions through willpower and self-control ignores the scientific understanding that mental health is developed over time through brain development with contributing factors and opportunities for intervention. Looking at youth behavior through a trauma lens offers greater insight into why youth can appear to be acting aggressively, not sleeping, or "tuning out".

The current juvenile justice system allows a child as young as ten years old to be arrested and admitted to a detention facility. This can have a profoundly significant impact upon the life of a child. Starting with the arrest itself, such an event can be traumatic and harmful for youth and may additionally trigger a post-traumatic response in the youth.

Even if they are ultimately issued a warning and released, the damage may already be done. Furthermore, once an arrest has been made, it is a documented event that can follow the youth for years. The more limited the individual is in their access to opportunities to advance their development, the more likely they will experience negative health outcomes or even reoffend.

When a youth is placed in a pre-arrest diversion program, they are 2.5 times less likely to reoffend. Likewise, research has demonstrated that even with minimal supervision and services, low-risk youth grow out of their adolescent behaviors and that over-monitoring youth can cause more harm in the long run.

Developing alternatives to arrest will provide access to diversionary services more quickly than through the juvenile court. In addition, alternative programs in the youth's community—which is also cost saving for the system—allow the youth to remain connected with their natural supports. Expanding alternatives to arrest options for youth who have committed low-level offenses or low-level behaviors frees up limited resources of the juvenile justice system to support youth that are higher risk and have committed more serious offenses.

Restorative justice strives to promote healing and restoration of those harmed and affected by crime through structured communication processes that include victims, offenders, community, and government (court) officials. These practices afford opportunities for those impacted by crime to hold offenders accountable, address root causes of offending behavior, assess and meet unmet needs, and collectively develop a restoration plan for the offender, family, and community.

To ensure the effective implementation of restorative justice practices, professionals in the field are tasked with developing new roles, setting new priorities, and redirecting resources to transform juvenile justice systems within a restorative framework.

In addition, organizations that practice Positive Youth Development (PYD) intentionally engage youth in a prosocial manner in various surroundings including their school, family, and community groups. This approach emphasizes and enhances the individual strengths of each youth and improves their leadership capacity. This model was initially rooted in preventing specific, negative outcomes for youth, such as juvenile delinquency or substance abuse. However, it has since evolved into an overall strategy to strengthen youth resiliency.

Another opportunity for diversion is the use of mentors, creditable messengers, and peer-to-peer models. There are many young people who lack a supportive authority figure in their lives who can help keep them focused on achieving long-term goals and staying out of trouble. Some of the benefits include an increased chance of graduating high school and enrolling in a post-secondary education opportunity, the ability to make and maintain healthier lifestyle decisions, a heightened sense of self-worth, and developing strong relationships with friends, family, and other individuals.

Family support organizations can offer a variety of useful services, including identification and intervention in instances of abuse, providing group therapy and conflict reconciliation, education involving the social and emotional skills to be a better parent/offspring, peer-to-peer models, and building a strong support network consisting of contacts throughout the community that allow all members to feel safe. When problems at home are addressed, a strong foundation is created. Youth can then build upon this and improve other aspects of

their lives.

The Tow Youth Justice Institute (TYJI) is a university (University of New Haven), state, and private partnership established to lead the way for juvenile justice reform through the engagement of policy makers, practitioners, service providers, students, communities, youth, and their families. TYJI works to promote the use of effective, data-driven practices, programs, and policies related to youth justice, focusing on the needs and wellbeing of youth up to the age of 24.

Learn more at [towyouth.newhaven.edu.](towyouth.newhaven.edu)

Ask the Experts: An Interview with Chris Burke, LCSW, LADC, Assistant Director of the DMHAS Division of Forensic Services

By Kim Karanda, PhD, LCSW

Chris Burke, LCSW, LADC, is the Assistant Director of the Division of Forensic Services at the Connecticut Department of Mental Health and Addiction Services (DMHAS). With 26 years of experience at DMHAS, 23 of which have been focused on forensic and crisis services, he has managed the Conditional Release Service Unit (CRSU) program and the Office of Forensic Evaluation. Chris has held various roles, including Clinical Social Worker, Clinical Social Work Associate, Supervision Clinician, and Behavioral Health Manager. He is the recipient of several honors, including the Pat Leech Memorial Award from the Southeastern Mental Health Authority (SMHA), the First 100 Men Connecticut Coalition Against Domestic Violence Award (also from SMHA), a Connecticut Army National Guard recognition, Social Worker of the Year, and the Outstanding Contribution Award from the New Haven Police Department.

DR. KIM KARANDA: I am here today with a very esteemed colleague, Chris Burke. He [has] a wealth of experience working with individuals and groups at every step of the way. He [has] extensive experience with Crisis Intervention Teams, the Psychiatric Security Review Board (PSRB), jail diversion, training related to mobile crisis and crisis intervention teams. He's worked collaboratively with the Connecticut Judicial Branch, law enforcement agencies, as well as the Department of Corrections (DOC), probation and other community mental health providers. He also is very giving of his time in terms of supporting and conducting trainings in the community [for] DMHAS programs and I appreciate that as well.

I'm going to jump right in. Chris, thanks, first of all for being here today. I thought we could start with you sharing some common misconceptions about trauma and incarceration that you wish more people understood.

CHRIS BURKE, LCSW, LADC: Thank you. It's great to be here and I appreciate the opportunity to share some of my experiences. I think that I would like people to know that many of the individuals who enter correctional facilities have pre-existing traumatic events that they have experienced in their life. One could imagine what it would be like for the potential for traumatization [in a correctional facility].

A correctional facility is a very intense environment—extremely structured, rule bound, intimidating—so the experience of trauma can occur just from being in the physical setting. For those who have pre-existing traumatic experiences, they may feel traumatized, perhaps even more so, while they are incarcerated

Another thing I would love practitioners to be mindful of: while incarcerated individuals may or may not be receiving help [for] trauma or other coexisting behavioral health issues, that is not a critique of the client, it's not a critique of the correctional staff. It's just a fact that exists, and there [are] many reasons for that experience. Some people are just afraid, period. Sometimes, it's an issue of resources, and sometimes, a person is just not in a place of readiness.

For the practitioners who are engaging in reentry, just be mindful that [a client] may or may not have talked about their experiences while incarcerated, regardless of the length of time. In addition, one of the things I would like to instill: my experience is that people can change. We work with a lot of individuals [who in looking at their history] you might see numerous arrest interactions with law enforcement, treatment episodes, et cetera, whatever our data gives us. But the bottom line is that people can change, and their mistakes do not define them.

In fact, [in] our industry—more specifically, at the intersection of law and mental health, criminal justice, and mental health—some have even gone as far as saying that your DNA is not your destiny.
For those of us who have grown up with traumatic experiences it could be a lifelong struggle with not trusting anyone, being fearful, sometimes being frozen, sometimes accommodating, sometimes acting out. There [are] plenty of people around us who have done it. I've worked [side by side] with individuals who had long incarcerations, so people can change, it's important to remember that.

DR. KARANDA: Thank you, Chris. How do you address the stigma that formerly incarcerated individuals face both within your programs and in the broader community?

CHRIS: For people returning to the community, they need more than a referral: they need a contact, they need a connection, they need an engagement. They don't need a phone call necessarily, they need a face to face contact. We really need to strengthen that "warm hand off". [I hear that phrase] more and more recently. I like the concept, certainly, [and] we need to continue to promote that.

If people are going to change, then we have to be present in a very meaningful way to make that happen. Building relationships is just critical. [We have to] understand that behind every client that's incarcerated is a mother, a brother, a sister, a friend, and that family. It's also important to respect the ways a client defines who is important to them; it may or may not be a traditionally defined family or those related to them by genetics. In doing so, we support that person's recovery support system.

Training is paramount. We offer training on models like Start Now and risk-need-responsivity (RNR), which is really to match your intervention to where the client is at. I just attended Carlo DiClemente's training, [and] it was such a great reminder.

Pursue the research: it'll help define the way that you understand criminal justice and stay current in the field. I believe we have a responsibility as mental health providers to help and support our non-mental health partners. Our staff work in settings that are not mental health settings—we work in courthouses, with probation, parole, the Department of Corrections. Although they certainly employ mental health workers, some have very few.

One of my greatest experiences was developing the CT Offender Re-entry Program (CORP). It originated in Norwich/New

London, and it was a real opportunity to educate the prosecutors on trauma. They were amazing partners and they will tell you today that the education piece that we did day in and day out, face to face, was a big part of that.

We've seen great movement in this direction with crisis intervention teams and the models that have spawned off that with municipalities hiring social workers. It is just incredible to watch the partnerships between mental health and criminal justice entities. Most of us have someone in our lives very close to us, if not ourselves, who have behavioral health issues, [who have been or are] in crisis, and it's really remarkable to see once you have those relationships [with criminal justice organizations].

I'm not proud that we are the world's leaders in incarceration here in the United States. But, we address this fact by ensuring that we have multiple pathways to support and recovery. I've seen so much value in having persons with lived experience available to individuals with experiences of incarceration and available to our staff, so they can learn as well.

90 to 95% of the people incarcerated are coming back to our communities. We need to position them and our providers to give them the best chance they have [in] not just surviving, but thriving.

One final point related to training is supervision. It is very important to ensure that clinicians, peers, and case managers receive supervision. I think there are plenty of opportunities for it: it depends on your agency, it depends on the type of work, the specificity of it, and where you provide your service. We all come to work with our worldview and our biases, and we really need to, especially in this work, understand that.

One [memorable] moment in my training: early on, I was struggling with a client, and someone asked me if I could find the victim in the perpetrator. When you work in criminal justice, if you can't or don't want to [do that], it is going to be very difficult. [In] the veterans program back in the day, we did a research project. 300 or 400 people participated [and more than] 90% had a traumatic experience before they entered the military. It's pervasive, we know that.

Constant self-assessment, talking to your peers, [and] supervision is just critical. All that helps [reduce] stigma.

DR. KARANDA: Can you talk a bit about how you balance the need for structure and accountability with the understanding that trauma can impact the way that individuals with criminal justice involvement engage with services and support?

CHRIS: As a clinician, striking a balance between public safety and person-centered care is challenging, but not impossible. What I would recommend to any behavioral health provider that is working with folks reentering is, first and foremost, to follow your agency's goals, policies, and procedures. My entire career has been me providing treatment and programming often in non-mental health settings. While DOC and my other criminal justice partner entities do monitoring, we do treatment and programming: two very, very different things.

The [clinicians] who have the most success that I work with and have encountered over the years address everything we've talked about [straightaway]. They're committed to the population, they pursue the training, they pursue supervision, and in that first meeting with that client [are] crystal clear on role delineation and limitations of protected health information. This is just another area where constant supervision and training is paramount, because confidentiality, protected health information, court-ordered programs that are not statutorily defined, are never [easily] crystal clear. It's something I have dealt with—I'm not kidding you—weekly, for 26 years up to and including last week.

I want to put a healthy caution to the audience whilst acknowledging it's possible, it's just tricky. You need a lot of support, a lot of expertise available to you to do that, because public safety is critical. We work with a wide range of individuals, from those who were arrested for a larceny in the 6th—depending on where in the DMHAS system you might work—to much more serious crimes, so striking a balance is a challenge, but it's doable.

Stay true to your agency's mission, policies, and procedures. Get that training, talk to folks. Take care of yourself. It really is a combination, an accumulation of everything we've talked about.

DR. KARANDA: I just want to wrap it up with one more question. You're so attuned to the impact of change and that people can change and there's hope. Can you share a success story that highlights the impact of any of your programs on someone's journey after incarceration?

CHRIS: Sure. Immediately, a couple of folks come to mind. During the [development] of the veteran's program [in] I think it was 2008, I actually had someone with lived experience employed on my team [for the first time] and that was just priceless. I learned so much from that person.

More recently, we—when I say we, [I mean] the Division of Forensic Services—[were] lucky enough to get some funding to hire some recovery coaches, to work with jail diversion. One particular person comes to mind who spent a significant number of years in a Connecticut correctional facility.

They are doing very well today, just very solid and a pleasure to work with. Accessibility to peers like this person is beneficial to our clients, providers, and communities that we serve.

Lastly, being someone in recovery for many years, I understand that a return to use could mean being on the other side of the correctional facility. I certainly realize that life is very fragile and can take a turn very quickly. People make mistakes that have a profound impact on them and their families, and people recover from that, and the lucky ones can prevent further damage. There are plenty of success stories, for sure.

DR. KARANDA: I just really appreciate all you've done in the field of social work and now forensics and that interface. Thanks again, Chris.

CHRIS: You're welcome, thank you.

A Better Way Forward: How Alternatives in the Community Help Break the Cycle

Beth Hines, Executive Director, Community Partners in Action

For 150 years, Community Partners in Action (CPA) has been a force for change in Connecticut's justice system, believing firmly in the power of human potential and the importance of second chances. From reentry support to youth residential services to prison arts and more, CPA's programs are rooted i the values of dignity, accountability, and hope.

Among CPA's most impactful initiatives is Alternatives in the Community (AIC), a network of programs designed to offer adults involved in the criminal justice system meaningful pathways out of incarceration. Instead of serving time behind bars, participants of the AIC engage in community-based programming that supports behavior change, addresses basic needs, and reduces the likelihood of reoffending.

Referrals to the AIC come directly from the courts or probation or parole officers. Assessment tools administered by AIC staff such as the Level of Service Inventory Revised (LSI-R) and the Women's Risk Needs Assessment (WRNA) are used to identify legal risks, and social and emotional needs that influence behavior. Our tools also identify participants' basic needs.

"We build basic needs screening into our intake process because we know housing, transportation, and food insecurity are real drivers of continued system involvement," says Derek Morrissey, Program Operations Director at CPA. "If someone's lights are about to be shut off or they're on the verge of eviction, it's nearly impossible for them to focus on a program."

to build the life and coping skills needed to thrive beyond system involvement.

And the impact is measurable. "We're helping individuals who are otherwise on a path toward incarceration," says Morrissey. "Those who complete our programs are much less likely to return to the justice system than those who don't finish." For example, at CPA's Hartford AIC, the 2025 recidivism rate for program completers is just shy of 15%. For this same timeframe, the recidivism rate for non-completers is 46%, 31 percentage points higher.

COMMUNITY Partners in Action®
150 Years
1875-2025

The Community Partners in Action mural shown is on display at the Hartford Reentry Welcome Center and was conceived and created by a former program participant, depicting his life journey.

Flexible funds and a network of community partners help AIC staff address these critical needs. At the same time, participants are encouraged to set their own goals through a "What I Want to Work On" survey, which informs their individualized service plans.

Group programming includes Reasoning and Rehabilitation, which emphasizes cognitive behavioral change; Employment Services Group, focused on job readiness and retention; and two trauma-informed groups for women—Living Safely Without Violence and Moving On. These offerings are designed

Still, Morrissey emphasizes that numbers only tell part of the story. "People come in for one thing, but they stay because they feel heard and valued. We're not just providing services—we're helping people change the trajectory of their lives."

In a system that too often focuses on deficits, CPA's Alternatives in the Community programs offer something different: a commitment to meeting people where they are and walking with them toward where they want to go.

Learn more at cpa-ct.org.

Who's Been Reading *Trauma Matters*?

State Representative Jillian Gilchrest!

Jillian Gilchrest was elected to represent the 18th District of West Hartford in the Connecticut General Assembly (CGA) in 2018. She serves as House Chair of the Human Services Committee and member of the Appropriations, Public Health, and Judiciary Committees.

Representative Gilchrest Chairs the Council on Medical Assistance Program Oversight (MAPOC), the Trafficking in Persons Council, and the Endometriosis Working Group.

Before serving in the legislature, she held leadership roles at the Connecticut Coalition Against Domestic Violence, NARAL Pro-Choice Connecticut, and the Connecticut Alliance to End Sexual Violence. She brings extensive experience in women's health, safety, and public policy advocacy.

Elected to the West Hartford Board of Education in 2013, she holds a Master's in Social Work with a focus on Policy Practice from UConn and has taught political advocacy there. She currently teaches at the University of Saint Joseph and the University of Hartford.

The Connecticut Women's Consortium

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Mental Health & Addiction Services

The Connecticut Women's Consortium
2321 Whitney Avenue, Suite 401
Hamden, CT 06518
www.womensconsortium.org

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Correction: The article incorrectly reported that 10.8% of residents were Black in 2023. In fact, the accurate figure is 10.7%, based on 2022 U.S. Census Bureau data. Furthermore, the most recent estimates from the 2024 U.S. Census Bureau data indicate that 13.1% of the population identi -fies as Black or African American.

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Resources

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