REPEATED VICTIMIZATION, REPEATED CRIMINALIZATION: THE CRIMINAL LEGAL SYSTEM'S TREATMENT OF SURVIVORS OF CO-OCCURRING INTIMATE PARTNER VIOLENCE AND BRAIN INJURY, AND THEIR NEEDS UPON REENTRY

CRIMINALIZED SURVIVOR, DETENTION, & JUSTICE CLINIC

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Executive Summary

Advances in scientific research illustrate the previously hidden high incidence of brain injury among survivors of intimate partner violence. Additional research sheds light on the interaction between brain injury and criminalized behavior. These scientific advancements suggest that brain injury may be a missing link between intimate partner violence and criminalized behavior. As understanding of the circumstances facing criminalized survivors advances, the criminal legal system, reentry programs, social service providers, and healthcare systems have the obligation to accommodate and serve this vulnerable population.

This paper explores the current state of research on intimate partner violence and brain injury and describes common challenges faced by this cohort following their release from prison. It then examines gender-responsive reentry services in North Carolina in three key areas: employment, housing, and child custody. It concludes with recommendations for how these services can better respond to the needs of criminalized survivors. Many potential areas for improvement require the prerequisite step of prisons and/or jails implementing a standardized brain injury screening procedure.

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Introduction

In recent years, researchers have uncovered a disturbing phenomenon: the high occurrence of women[1] diagnosed with brain injury (BI).[2] Typically associated with sports, military combat, or automobile-related injuries, BIs can also result from an often-overlooked social ill: intimate partner violence (IPV).[3] When abusers strangle their victims, hit or kick their heads, or slam them into a wall, the victims often suffer BIs.[1] As the findings of researchers enter the public realm, health care providers, criminal defense attorneys, anti-violence advocates, and others who work with survivors of IPV have an opportunity and an obligation to understand how brain injury may be implicated for survivors, particularly for survivors involved in the criminal legal system.

The power and control dynamics of IPV and the functional and memory challenges often resulting from BI make it difficult for people with these experiences to discover and utilize available resources. Investigating and mapping out the services that are responsive to the needs of this vulnerable population provides an opportunity to ascertain how government and social service networks currently provide support, and to further identify the gaps and deficiencies in the social safety net. This allows advocates to identify areas of improvement to assist survivors, prevent future harm, and further discern issues of concern for women entangled in the criminal legal system.

[1] This paper refers to "women" with the understanding that men and gender-nonconforming individuals are also victims of IPV—gender-nonconforming individuals at a high rate—and that limitations in the current understanding of and screening for BI apply to them as well. Our discussion of prison conditions and reentry are limited to those who are labeled by the criminal legal system as female, unless otherwise noted.

[2] A brain injury refers to an alteration in the brain function, or other evidence of brain pathology caused by an external force. This paper uses the term "brain injury" instead "traumatic brain injury" (TBI) in order to encompass acquired brain injuries (ABI), which are also common among victims of IPV because one of their causes is asphyxiation.

[3] IPV is abuse or aggression that occurs in a current or former romantic relationship. This includes acts of physical aggression, sexual coercion, psychological abuse and other controlling behaviors.

This paper begins with a description of the population often referred to as "criminalized survivors"[4] and the current state of research around the intersection of BI and IPV.[2] It then describes common challenges faced by this cohort upon their reentry from prison, while highlighting many of the services available in the state of North Carolina in response to those needs. This paper concludes with a summary of recommendations developed in conjunction with local experts and service providers that might improve how the North Carolina state government and states across the country can better serve survivors who have been implicated in the criminal legal system.

I. Emerging Data on Brain Injury and Its Implications

Historically, research on BI, though extensive, has focused disproportionately on men.[3] While studies suggest that men may still have higher rates of BI among the general population,[4] women who have experienced IPV are more likely to suffer a BI than men, with potentially more serious health consequences.[5] It is estimated that the number of women who have experienced a BI due to IPV is 11 to 12 times greater than the number of BIs experienced by military personnel and athletes combined.[6] Women at large are twice as likely as men to have suffered from multiple BIs and six times as likely to have sustained multiple violence-related BIs.[7] Additionally, among the incarcerated population, BIs are more prevalent in women than in men.[8]

A. Understanding the Population

IPV victims typically receive BIs from hits or kicks to the head, including being slammed against a wall, or through hypoxic/anoxic injury resulting from strangulation.[9] Brain injuries cause

[4] "Criminalized survivors" are victims whose experiences of being abused are related in some way to their involvement in the criminal legal system. Often, they are arrested and incarcerated for doing what they needed to do to survive and protect their children and loved ones.

survivors to experience fatigue, dysregulated mood, depression, confusion, memory loss, impaired motor skills, decreased cognitive functioning, increases in aggression, diminished ability to be compliant and follow instructions, and further are often unable to engage in help-seeking behavior.[10]

A survivor's executive and inhibitory functioning may be significantly impacted, which weakens her decision-making ability and impulse control.[11] She may also have difficulty with anticipating the consequences of her actions, decision making, and planning.[12] These neurological changes in behavior, personality, and mood, are associated with increases in both criminal behavior, such as though decreased impulse control, and criminalized behavior such as substance use.[13]

Existing studies employing a wide range of methodologies find that anywhere from 19 to 75 percent of women who are victims of IPV have suffered a corresponding BI.[14] Among victims of IPV with reported head injuries, that number is even higher: one study found that 100 percent of IPV survivors who reported injuries to the head suffered a BI.[15] However, BI remains commonly underdiagnosed for women seeking treatment for IPV-related injuries.[16]

Co-occurring Conditions, Nondiagnosis, and Potential for Misdiagnosis.

Brain injury is likely underdiagnosed among women and survivors of IPV.[17] Survivors of IPV may be reluctant to disclose violence due to fear of stigma, and the effects of the brain injury itself may hinder a survivor's awareness and insight into her own deficits.[18] IPV survivors face many barriers to access to hospital care, and even if admitted, existing BI screening practices are usually insufficient, especially if the victim suffered non-fatal strangulation.[19] Further, symptoms of BI are often conflated with other conditions.

Post-Traumatic Stress Disorder

Post-Traumatic Stress Disorder (PTSD) and BI share many overlapping symptoms, including dissociation, memory issues, reduced inhibition, aggressive behavior, and depression.[20] An individual may develop PTSD from the same traumatic event that gave them a BI.[21] However, since many symptoms overlap, survivors of IPV may be treated for PTSD without the healthcare provider recognizing that the survivor also has a BI.[22]

Substance Use Disorder

Substance use disorder (SUD) further affects and aggravates the circumstances of victims of IPV and BI. Substance use among incarcerated women is a widely recognized phenomenon, as drug-related convictions have largely driven the exponential growth of female incarceration in the past thirty years.[23] However, SUD can also be an indicator of IPV. IPV experience has been associated with both alcohol and drug use, both as a triggering factor and an impediment to recovery.[24] Women who have been exposed to IPV are more likely than women who have not been exposed to IPV to transition from simple substance misuse to SUD.[25] IPV-exposed women have indicated various reasons that cause their substance use and abuse: as a coping mechanism for both physical and emotional trauma, due to coercion by their abusive partner, or due to higher exposure to addictive prescription medication on account of more frequent emergency room visits.[26]

For women with co-occurring IPV and BI, SUD is particularly dangerous. Studies note that people with BI are at a significantly greater risk of opioid misuse and overdose.[27] Many reasons may contribute to this. For example, people with BI are often prescribed opioids as a way to manage symptoms like headaches and pain from orthopedic injuries.[28] Individuals with BIs may have a difficult time complying with instructions regarding the use of these medications as a result of changes in their behavior and cognitive abilities.[29] Lapses in memory may make an individual forget they have taken their medication and take it again.[30] Impaired judgement and impulsivity

can also lead to the overuse of pain medication.[31] Individuals with BI who misuse substances may also have a lower subjective sense of well-being, and are at a greater risk for a seizure, premature mortality due to any cause, and suicide.[32] Fewer studies focus on the interaction between BI and SUD in women; however, there is evidence that among women who have experienced IPV, substance misuse masks BI symptoms and thus precludes effective assessment and treatment.[33]

In the United States, the criminal legal system, not the healthcare system, is too often the first line of response for individuals with SUD. This criminal response impedes a health-oriented approach that might have unmasked IPV and BI as contributors to an individual's SUD. Instead, survivors who turn to substance use are often caught up in the criminal legal system, which lacks adequate BI screening and treatment and punishes these survivors both during and after incarceration.

B. The Consequences: Criminalization of Survivors of IPV and BI

The Neurological Link Between BI and Criminalized Behavior

Up to 75 percent of incarcerated women have experienced IPV as an adult.[34] Often, this abuse is reflected in the crime that brought them to prison: killing an abuser, failing to protect their children from the abuser, being coerced into illegal activity by an abuser, or using illegal drugs to cope with abuse.[35] Recent research suggests that BI may be a previously unrecognized link between intimate partner abuse and criminal or criminalized behavior.[36] Symptoms such as depression, hypervigilance, and poor judgement, once attributed solely to IPV-related mental health disorders, may in fact reflect brain injury.[37] The cognitive and personality changes experienced by those with a BI may lead to increased criminal activity due to increased impulsivity and risk-taking behavior.[38]

Though only a small percentage of incarcerated women are convicted of violent offenses, of that subset, data suggests that brain injury resulting from IPV may play a role in their violent convictions. Incarcerated women who are convicted of a violent crime are more likely to have sustained a pre-crime BI.[39] In a study of 113 female prisoners, it was found that 42 percent of those who had been convicted of violent offenses had suffered a brain injury, with an average of two BIs per individual.[40] A subsequent study of 649 incarcerated women in California found that nearly 60 percent reported having been strangled by their partner, and of that number, nearly 80 percent had been strangled more than once and reported having passed out, blacked out, or experienced dizziness—all of which is suggestive of BI.[41]

There is a known connection between women suffering IPV and committing violent crimes. Women convicted of violent offenses describe the coercive behavior of their partners who deliberately instigated or otherwise set in motion their criminal activity.[42] Over three-fourths of violent women offenders commit their offenses with co-offenders.[43] Additionally, nearly half of all homicides perpetrated by women are against an intimate partner, and women who are violent against their intimate partners have low rates of general violence.[44] Improved screening for BI when IPV survivors seek medical help, as well as within jails and prisons, would help researchers and service providers better understand this pathway to criminalized behavior.

RECOMMENDATION #1

Establish standardized BI screening for all individuals who enter a NC DAC facility, using a validated screening tool. County jails should also be sufficiently funded and resourced to implement BI screening and should ensure that records of positive diagnoses move with the individual upon transfer to a prison, following proper privacy protocol.

Prison Conditions

Excessive Disciplinary Treatment

Already subjected to the disciplinary environment of penal institutions, women with BIs whose conditions have not been identified are often not provided appropriate accommodations and may be further punished for exhibiting symptoms of their own injury. Memory deficits and difficult focusing can impede an individual's ability to focus on required tasks or respond to directions given by a correctional officer.[45] Slow verbal and physical responses, irritability, anger, and impulsive behavior can all be misinterpreted as deliberate defiance.[46] These manifestations of BI, left unidentified and untreated, lead to denial of access to programs, disciplinary actions by jail or prison staff, as well as a loss of sentencing credits.[47]

Lack of BI Diagnostic Opportunity and Medical Care

Medical care is lacking across the board in prisons and jails, and care for brain injuries fares no better.[48] There is currently no federal requirement for jails and prisons to screen for brain injury. Unless people come into incarceration with a known BI diagnosis, and that diagnosis is identified in their intake medical screening, often, they are not provided appropriate accommodations.[49] In some states, such as a pilot program in Colorado, officials have taken the step to provide BI programming in their jails, but in most places, survivors may languish with an undiagnosed and untreated BI.[50]

Multiple validated BI screening tools already exist, such as the Ohio State University Traumatic Brain Injury Identification Method, Traumatic Brain Injury Questionnaire, Brain Injury Screen Questionnaire, and Brain Check Survey,[51] which corrections institutes can adopt. Screening should occur periodically, not only at intake, as level of BI impairment can fluctuate, and accommodations should change accordingly.[52]

Once screening mechanisms are in place, people in jails and prisons can be invited to participate in programs that teach them about their disability and target emotional, interpersonal, and cognitive skill development.[53] At the very least, identification of BI can inform correctional officials that their behavior is not intentional defiance, and hopefully lead to fewer "write-ups" and improved outcomes from "good-time" sentencing credits.[54] Timely screening and identification of BI can additionally open the door to providing survivors with what they need to navigate reentry into their communities post-incarceration.[55]

RECOMMENDATION #2

DAC must provide appropriate accommodations and medical treatment for individuals with a diagnosed BI and should not use behavior attributable to BI as grounds for disciplinary action or as justification for denying access to programs that might otherwise be appropriate.

It is important to acknowledge that victims of IPV face barriers to BI diagnosis outside of prison as well, including the lack of access to health care, the fear of being judged for their IPV and disability, and the lack of standardized screening procedures in the health care setting.[56] As awareness grows, reentry advocates are beginning to improve screening and referral processes for individuals with suspected BI.[57] Given the suspected prevalence of BI among criminalized survivors, advocates in the reentry space must also be aware of telltale types of IPV, such as blows to the head and strangulation, that trigger the need to screen a survivor for BI.

RECOMMENDATION #3

Community-based reentry advocates should screen for BI and help individuals with suspected BI obtain a formal diagnosis so that they can access services to which they are entitled. Disclosure of IPV should trigger a BI screening.

II. The Reentry Landscape

Co-occurring BI and IPV create additional barriers for women reintegrating into the community post-incarceration. Though reentry initiatives, such as the nationwide Reentry 2030 campaign and its state-level implementations, have brought light in recent years to the importance of reentry, many initiatives lack a gender-responsive approach.[58] Gender responsive programming is that which is based on assessment of each individual's risks and needs and considers the gender-specific variables of incarcerated women.[59] Given the developing understanding of the IPV and BI challenges facing many justice-involved women, this Section investigates IPV and BI responsiveness as some of these "gender-specific variables."[60]

Reentry support practitioners and women with lived experience have identified three main categories of needs common to many women upon reentry: suitable second-chance employers, appropriate housing, and assistance navigating child custody. This section will discuss each of the three major barriers to reentry for women, contextualizing them first with regards to the unique challenges they pose to victims of co-occurring IPV and BI, followed by a review of how programming in North Carolina is attempting to address each respective reentry challenge and recommendations for improvement. This section concludes with an evaluation of reentry efforts undertaken by the state of North Carolina under the recently concluded administration of Governor Cooper, and how responsive these efforts are to the identified needs of women and survivors of IPV and BI.

A. Pre-Release Planning for Reentry

Formerly incarcerated individuals and reentry advocates agree that reentry begins behind bars.[5] Brain injury complicates individuals' abilities to navigate reentry, as cognitive and memory problems impede their ability to independently procure housing and employment and attend post-release supervision (parole) check-ins.[61] For those with an SUD, risk of relapse is already heightened during the first few months of reentry, with the risk being highest for women.[62] BI can complicate that risk.[63] Screening people for BI while they are incarcerated would help to identify those who need additional support navigating reentry. Screening mechanisms would help community organizations provide "in-reach" and work with those with BI to develop personalized reentry plans and case management that can continue post-incarceration, such as that provided by the Alliance of Disability Advocates' (ADA) pilot program as described below.[64]

North Carolina Pre-Release Reentry Planning

In North Carolina, formerly incarcerated women report ineffective case-management prior to release. The failure of the North Carolina Department of Adult Corrections (DAC) to provide consistent and effective re-entry case-management planning may very well be due to the relatively low pay offered to DAC employees resulting in high job turnover, but often is also a result of dismissive or punitive attitudes by prison officials toward incarcerated persons. For example, one formerly incarcerated woman expressed that her case manager at best half-heartedly approached her reentry planning with a flippant attitude, remarking to her "you're just coming back anyway."[65]

[5] Or even earlier, at sentencing.

"In-reach": Local Reentry Councils

Local Reentry Councils (LRCs) are a growing initiative, officially housed under the DAC but embedded and engaged in local communities that provide a "hub" of resources for recently released individuals.[666] Although LRCs are typically provided with a list of those who are set to be released into their catchment area, they are rarely provided "warm" referrals from DAC case managers.[67] "Warm" referrals would allow the case manager to communicate directly with the LRC, with the survivor's permission, to make sure all parties are aware of the needs and goals of the survivor. This extra communication is especially important for survivors with BI who may struggle to follow up on a referral by themselves. Staff of some LRCs—particularly because they are under-resourced—have expressed that bureaucratic processes that require a physical visit to the prison in order to establish a reentry plan hinders their ability to provide "in-reach" to inform incarcerated people about the services available to them.[68]

RECOMMENDATION #4

DAC must improve collaboration with LRCs to permit necessary "in-reach" into facilities, and DAC case managers should provide "warm" referrals to LRC coordinators to identify survivors with BI and facilitate their smooth connection with appropriate resources upon release.

"In-reach": Alliance of Disability Advocates

ADA employees, who provide individualized reentry planning (IRP) for individuals with BI and Intellectual or Developmental Disabilities (I/DD), have faced similar barriers as those encountered by LRC employees in implementing their pilot program, including access to the women's prison.[69] ADA employees emphasize that DAC must screen individuals with BI during their incarceration, both to provide accommodations within prison and prevent the practice of putting people with BI in solitary confinement for behavior related to their condition, and so that

[6] There are currently 23 LRCs in 38 counties, with the goal to expand to service all 100 North Carolina counties.

their program can serve as many people as possible.[70] They note that a diagnosis is required to qualify for their program.[71] The ADA's program, which is funded and supported by the North Carolina Department of Health and Human Services, empowers individuals to shape their own reentry plan based on their personal interests and motivations.[72] The IRP model has proven successful, as the program has served over 242 people with a 98 percent success rate.[73] ADA plans to standardize the IRP model for implementation across the state.[74] Given its promising results, the DAC should endeavor to remove all barriers to BI screening and access in order to expand survivors' opportunity to participate in ADA's program.

RECOMMENDATION #5

DAC and/or non-profits across the state should adopt ADA's standardized individualized reentry plan model to better serve individuals with disabilities exiting all facilities, including women's prisons.

Pre-Release Medicaid Enrollment

Stakeholders have reported success with DAC's Medicaid rollout plan. In December 2023, single adults earning under 138 percent of the federal poverty line became eligible for Medicaid, making the majority of people released from incarceration eligible.[75] According to North Carolina Reentry 2030 data, 80 percent of North Carolina offenders are now eligible for Medicaid.[76] North Carolina's Reentry 2030 plan includes the goal that all eligible incarcerated people obtain Medicaid upon their release, and reentry advocates have reported that overall, DAC caseworkers have worked diligently towards this goal by applying for Medicaid for eligible individuals.[77]

North Carolina's Reentry 2030 plan also includes a provision that requires the North Carolina Department of Health and Human Services to ensure that 100 percent of people diagnosed with TBI are able to engage in the appropriate health and behavioral services upon release.[78] Screening while incarcerated is essential to the implementation of this goal, as a formal diagnosis of BI is required to access many medical and other reentry resources upon release. DAC's success in the broader Medicaid rollout indicates that with appropriate dedication and funding, prison officials should be capable of implementing a BI screening program that will allow them to reach compliance with another NC Reentry 2030 requirement.

RECOMMENDATION #6

DAC must continue their progress in enrolling all eligible individuals in Medicaid pre-release and should connect individuals with BI to the appropriate Medicaid programs (see Recommendation #17).

B. Employment

When women reenter their communities, meaningful employment opportunities are infrequently available, particularly those that fit with their circumstances. Criminal records limit available employment opportunities, including licenses and certificates in highly sought out and traditionally female-dominated professions and industries.[79] Women who are able to gain certificates may still be unable to obtain work due to their criminal record. Many of the employers who hire people with criminal records ("second chance employers"[7]) offer manual labor jobs such as construction which may be difficult for many women to perform.[80] Additionally, these second chance jobs often place women in close proximity with men who comprise the majority of the population of individuals with a criminal record. Women who have experienced IPV report that

[7] "Second chance employers" are employers willing to hire individuals with a criminal record. Advocates further express the importance of these "second chance" jobs providing meaningful, engaging work.

they are anxious and uncomfortable being in the same space as males due to their untreated trauma, thus creating further employment obstacles.[81]

Gendered childcare responsibilities also pose significant challenges for formerly incarcerated women struggling to find employment during reentry.[82] Primarily due to gendered childcare responsibilities and historically documented discrimination against women in the workforce, women often have less extensive work histories than their male counterparts.[83] If they have physical custody of their children upon release, the cost of daycare may further interfere with their ability to find gainful employment.[84]

Limited Availability of Job Training During Incarceration

While in prison, women also have fewer opportunities to gain training and experience than men due to slimmer offerings at their facilities.[85] When a North Carolina prison shifted in 2019 from being a men's prison to a women's prison, women preparing to be transferred looked forward to the silver lining of better job training and employment opportunities that paid an outside-world wage, approximately $11 per hour.[86] Instead, once they got there, they found the hourly rate paid by the prison's box-making workshop had dropped significantly and the prison had imposed additional eligibility requirements to work in the workshop that did not exist for the men.[87] Additional job training programs, such as a welding class, which promised higher-paying employment upon release, were discontinued during the transition from a male to female prison.[88]

RECOMMENDATION #7

DAC must ensure pay equity and a living wage for all prison labor and must ensure that women's prisons provide comparable skill training and certification opportunities to men's prisons.

Employment Challenges for Formerly Incarcerated Women with BI

In addition to the barriers common to all female criminalized survivors, a BI can leave an individual with numerous additional impairments that interfere with finding and keeping a job.[89] These can include cognitive, physical, emotional, or behavioral problems.[90] The federal government has established some employment programs like Ticket to Work that help individuals receiving Social Security find employment.[91] However, the lack of screening and opportunity for criminalized survivors to obtain a BI diagnosis prevents many from qualifying for Social Security (SSI), and thus from qualifying for SSI-linked employment programs. Even for those who have been able to receive a BI diagnosis, BI advocates report that applications for SSI benefits for those with BI regularly get rejected multiple times before being approved, even when individuals are able to procure the necessary diagnostic paperwork—a task especially difficult for formerly incarcerated people diagnosed pre-incarceration.[92] Thus, criminalized survivors with BI have a difficult time connecting with employment programs for which they theoretically should qualify.

RECOMMENDATION #8

DAC case workers and LRC staff should help individuals with BI apply for SSI benefits so that they can take advantage of work programs for individuals with disabilities.

Second-Chance Employment in North Carolina

Reentry advocates, such as LRC staff, maintain lists of local "second chance" employers willing and able to provide meaningful employment to formerly incarcerated individuals. Some are traditional employers, and some are social enterprises. One such program targeted towards women is Hope Renovations, which provides training and certification opportunities to women in the construction trades.[93] While not exclusively serving formerly incarcerated women, Hope Renovations is amenable to working with many formerly incarcerated individuals.[94]

However, some formerly incarcerated women report that although they may be interested in employment opportunities that are traditionally male-dominated because they offer better wages, many do not wish to work side-by-side with men.[95] As noted above, victims of IPV may have difficulty working at co-ed jobsites due to discomfort being around men.[96] For those women whose gender violence-related trauma creates such barriers, reentry employment programs should expand to included opportunities for other jobs such as office work that pay a living wage and other types of employment that some women report feeling more comfortable performing.

RECOMMENDATION #9

NC Works should develop job-training programs for reentering women in fields traditionally dominated by women to provide survivors with the opportunity to work at jobsites where they are not as likely to be in the proximity of men.

C. Housing

Housing is consistently one of the most pressing needs of people reentering their communities post-incarceration.[97] Incarceration impairs relationships with family, and individuals released under supervision may not even be allowed to return to a county where their family, who might offer them a place to stay, resides.[98] Criminal records often bar individuals from both public and private rental opportunities.[99] In North Carolina, one in six individuals released from prisons in 2023 were homeless, and national statistics show that formerly incarcerated women are more likely to be homeless than formerly incarcerated men.[100] Being outside in the elements, unable to take care of simple necessities to stay healthy and suffering under the mounting frustration of day-to-day stress, leads many reentering individuals dealing with homelessness to hopelessness.[101]

To respond to this need, reentry programs have developed transitional housing programs to aid reentering individuals. However, of the transitional housing available to people reentering

from prison, only a small fraction of the bedspace is open to women, and even less for women with children or for women on the sex offender registry.[102] Additionally, some transitional housing provides coed accommodations.[103] However, as noted above, many women who have experienced IPV are uncomfortable sharing living space with men due to their past traumas.[104]

In addition to the well-documented difficulties that a felony record creates when searching for housing, victims of IPV who also have a civil record of eviction or property claims due to incidents of domestic violence at their homes face additional challenges in finding landlords willing to rent to them.[105] The scarcity of gender-responsive transitional housing forces survivors to make difficult decisions.[106] Some are left with no choice but to return to abusive living situations, often to the same partner whose abuse was a factor in the commission of her crime.[107]

Housing Challenges for Formerly Incarcerated Women with IPV and BI

Challenges in obtaining housing are further exacerbated if the survivor has a BI. If the survivor manages to find housing, behavioral issues that stem from having a BI, such as challenges making a budget, paying rent, and maintaining a home, can be mistaken for non-compliance by their landlords which can lead to eviction.[108] Individuals with BI, SUD or other disabilities may require additional supportive housing as a "step-down" from the structure and control of prison.[109] Although housing assistance programs for people on Supplemental Security Income (SSI) do exist, there is limited housing stock available.[110] Limited BI screening and diagnostic opportunities further block access to SSI-restricted housing assistance programs.

SOAR: Connecting Individuals with SSI Housing Opportunities

The federal SSI Outreach, Access, and Recovery Program (SOAR) has been designed to increase access to SSI disability benefits for individuals at risk of homelessness.[111] Local reentry councils and other reentry advocates can be trained to help formerly incarcerated individuals with

disabilities apply for benefits through SOAR. However, obstacles common to all manners of SSI solicitation—namely lack of diagnosis and difficult accessing medical records—apply to survivors seeking assistance through SOAR.[112] Individuals can apply for SSI up to 30 days prior to their release date (or up to 120 days prior to their release if their facility has a pre-release agreement), but advocates report that DAC case managers are typically too overworked to assist individuals in applying for SSI while they are still incarcerated.[113]

RECOMMENDATION #10

DAC should employ a dedicated SOAR staff member at every facility, including women's facilities, to provide all individuals eligible for SSI with a seamless transition to receipt of benefits upon release.

The North Carolina State Reentry Council Collaborative (SRCC) has piloted an initiative embedding dedicated SOAR staff members in state-sponsored reentry programs and reports some progress with this initiative.[114] DAC should consider expanding this program to ensure there is a dedicated SOAR staff member at every facility, including women's facilities, to allow all who are eligible for SSI to have a seamless transition to receipt of benefits upon release. If and when DAC implements appropriate screening measures for BI, it must additionally make sure to connect those individuals with BI with SOAR staff to ensure they receive appropriate SSI and housing benefits.

Housing Opportunities in North Carolina

The Targeting Program

The Targeting Program, designed by the North Carolina Department of Health and Human Services, supports individuals with disabilities in attaining and maintaining affordable long-term housing.[115] Through this program, newly constructed or rehabilitated Low Income Housing Tax Credit rental properties are required to set aside 10 percent of their units for people with disabilities who are then referred to the program by participating social service agencies.[116] A tenant who

receives a unit through this program has their rent capped at 30 percent of their SSI monthly benefit and a Housing Stabilization Coordinator is available to resolve issues between the landlord, tenant, and tenant's referral agency.[117] However, the waitlist for this program is long, and individuals must receive SSI to qualify.[118] For survivors who have not been able to receive an appropriate BI diagnosis, housing opportunities remain mostly limited to transitional housing programs.[119]

Benevolence Farm: Gender-Responsive Transitional Housing

Transitional housing allows survivors to "step-down" from prison by providing not only safe shelter but supportive services. While the quality and type of programming varies from program to program, a program called Benevolence Farm in Alamance County, North Carolina has been particularly responsive to the needs of formerly incarcerated women. Benevolence Farm houses women and gender-expansive individuals with a record of all types of convictions, and provides trauma-investigative care and clinical recovery case management to help residents re-establish their lives post-incarceration.[120] Benevolence Farm additionally provides on-site employment, which allows residents to earn money and gain work experience.[121] Residents grow and sell produce and create body care products from the herbs and flowers grown on the farm.[122] Residents have expressed gratitude for what their program has offered them and believe that its success stems from the patience and individual assistance provided by staff members as well as the collective strength developed among the residents.[123]

RECOMMENDATION #11

Donors and the State of North Carolina should provide grants to establish more transitional housing for women following Benevolence Farm's model, as there is much higher demand than there is existing bedspace.

The farm is located in a rural environment which allows many residents to relax and exhale, but it comes with its challenges. Benevolence Farm staff are not unaware of past racial tensions in

the area in which it is located, and the implications of living and working on a farm.[124] Additionally, there is no public transit infrastructure at or near the farm; however, case managers work to help residents purchase cars at a greatly reduced price through a partnership with a local nonprofit.[125] Benevolence Farm also operates an additional house in a nearby small city to house residents who are ready for community-based employment and must live near their jobs.[126]

Benevolence Farm's rural environment also allows it to house women on the sex offender registry who face extremely limited housing opportunities in urban areas due to overlapping "child safety zones" in which they are not permitted to reside or even pass through.[127] It is important to note that survivors may end up on the registry due to incidents stemming from IPV, such as being convicted as an accessory to an abusive boyfriend or husband's sex crime.[128]

Women on the sex offender registry additionally have much greater difficulty finding employment. Case managers reported anecdotally that for every ten employers willing to hire someone with a criminal record, only one willing to hire someone on the sex offender registry.[129] Just as importantly, sex offender registry laws have been criticized by legal scholars as violative of substantive and procedural due process, founded on the basis of "pseudo-science" and are otherwise in the majority of cases, counterproductive.[130]

RECOMMENDATION #12

The North Carolina State Legislature should consider amending N.C.G.S. § 14-208.12A to provide a mechanism for victims of IPV to petition for removal from the Sex Offender Registry if their conviction resulted from their own IPV victimization or if research otherwise indicates a lack of rational connection between registry mandates and the likelihood of recidivism.

Family Housing

Due to its acceptance of people of all conviction types, however, Benevolence Farm is unable to house the families of reentering survivors.[131] In the North Carolina Research Triangle

area, there is only one transitional housing site that accepts children, but a local reentry council coordinator reports that he has never heard of a bed being open there because, understandably, "once you're in, you want to stay."[132] In counties with more developed housing infrastructure, primarily urban counties, reentering women searching for housing with their children can attempt to utilize emergency family housing programs.[133] Additionally, research has found that women with criminal records may face hostility and limited access to domestic violence shelters.[134] Difficulties for survivors in obtaining transitional and long-term housing that permits children further complicates a survivor's ability to reunite with their children upon reentry.

RECOMMENDATION #13

Donors and the State of North Carolina should provide grants to establish more transitional housing that permits children, prioritizing DSS-involved families for whom housing is a prerequisite for reunification.

D. Child Custody

Over half of incarcerated women with minor children were living with their children at the time of their arrest, and almost forty percent of them led a single-parent household.[135] The majority of those children reside with other relatives such as their grandparent or father during their mother's incarceration, but some also enter stranger foster care.[136] Reunifying with children who have grown, changed, and developed relationships with their caregivers during their mother's incarceration poses both emotional and legal challenges to criminalized survivors.[137]

Logistical Hurdles in Regaining Custody of Children

While child reunification can be a great motivating factor for women as they power through the logistical hurdles around reentry, it can also create new challenges. Facing additional pressures to quickly attain stability, parents may feel forced to settle for the first job opportunity they find and end up in a suboptimal situation of low pay or inflexible hours, both of which later complicate

child reunification.[138] Additionally, women who are attempting to regain custody of children in the legal control of the Department of Social Services (DSS), regardless of whether they were placed with family or in stranger foster care, have to juggle DSS-mandated services such as parenting classes, alcoholics/narcotics anonymous programs, and family court dates with existing post-release supervision requirements and check-ins.[139] These mandated obligations can be overwhelming and combined with other challenges including lack of reliable transportation, can interfere with a survivor's ability to maintain both stable employment and a stable household.[140]

RECOMMENDATION #14

Post-release supervision officers and DSS caseworkers should collaborate to eliminate duplicative requirements and avoid scheduling mandatory appointments or classes at the same time.

The Effects of IPV Victimization in Custody and Child Welfare Proceedings

Brain injury and IPV may be seen as mitigating factors in the criminal court context, but in family court settings, these conditions are instead often held against the survivor. Research suggests that raising the issue of IPV in child custody proceedings may sometimes actually incentivize the court to grant custody to the abusive father, especially if he raises the issue of "parental alienation."[141] In addition, in child welfare proceedings, children are often removed for exposure to domestic violence as part of the "injurious environment" prong of neglect despite policies that reject such practices.[142] Mothers are often blamed if their abuser fails to stay away and may have their rights to their children permanently terminated for failure to extricate themselves from an abusive relationship.[143]

Child Custody Challenges for Women with BI

Women with disabilities such as BI face yet additional barriers when dealing with the child welfare system and/or negotiating custody with a family member.[144] In both child custody and child welfare proceedings, BI may be deemed as a factor which may suggest that the mother is not capable of caring for her children. Custody may be awarded instead to the mother's abuser, or the children may be found "dependent" due to the mother's disability and placed in foster care.[145] These circumstances contribute to fear of seeking medical treatment and makes some IPV victims wary of obtaining a BI diagnosis in the first place.[146]

Parents with disabilities who have never been implicated in the criminal legal system face challenges when seeking custody from a private individual or the state. While the Americans with Disabilities Act mandates equal access and individualized assessments (without reliance on stereotypes) for parents with disabilities in child welfare cases, implementation is inconsistent.[147] Due to their disabilities, formerly incarcerated women may face increased scrutiny and entanglement with DSS due to prejudicial assumptions about their character, their capabilities as a parent, and difficulties completing logistically burdensome case plans.[148] More often than not, a BI is deemed to be a factor detrimental to the person.[149] A formal diagnosis of BI is usually not used to explain why a woman with BI may have trouble navigating the court system.[150] Instead, it can be a grounds for termination of parental rights based on dependency or due to noncompliance with her case plan.[151]

RECOMMENDATION #15

DSS should implement individualized assessments when screening cases of potential dependency due to BI, and juvenile court judges should not rely on stereotypes when determining what is in the "best interest" of children of parents with BI. DSS should provide supportive services to parents with BI as a means to keeping families together.

Advocates need to be careful that increased BI screening in prison does not negatively hurt a survivor's relationship with her children upon her release. It is true that BI may in fact limit a woman's ability to care for her children, but advocates must respect and attempt to effectuate these women's wishes to avoid public disclosure of BI. Advocates should also remember to highlight that BI is not static—some recovery is possible and level of impairment changes over time—and should incorporate that fact into arguments against permanently severing a mother's legal rights to her children.[152]

Child Custody in NC: Bonding Families Program Highlight

Described by one activist as "the hardest thing [she's] ever done," re-establishing relationships with one's children is both emotionally and materially difficult for reentering survivors.[153] Once parents have regained physical and/or legal custody of their children, it takes time and effort to rebuild connections with children when both the children and the parent have changed over the intervening years.[154]

One formerly incarcerated North Carolina mother has created a support group, called Bonding Families, to help other women coming home from incarceration rebuild their relationship with their children and tackle the everyday challenges of parenting with others who understand their exceptional circumstances.[155] Aside from emotional support, Bonding Families provides material assistance to mothers through a mutual aid model, sourcing and connecting parents with the "little things," like car seats, that they need on the daily basis.[156] While structural changes to the treatment of survivors in custody and child welfare court and increased family housing for reentering mothers are a part of the solution, programs which provide person-to-person individualized support and empathy are also keenly needed.

E. Innovations in Reentry Programming in North Carolina

Medicaid-Funded Programs

Healthy Opportunities Pilot Program (HOP)

In 2022, North Carolina launched the Healthy Opportunities Pilot (HOP) under a Medicaid Section 1115 waiver, with the goal of addressing health-related social needs.[157] The program delivers services across four social needs domains: housing, food and nutrition, transportation, and interpersonal safety and toxic stress; as well as providing cross-domain services such as limited legal assistance.[158] This includes the delivery of healthy food boxes, rental assistance, and financial assistance fixing unsafe living conditions.[159] HOP has been successful. It has reduced emergency room visits and hospitalizations among people being helped by the program, thus providing overall cost savings.[160]

RECOMMENDATION #16

North Carolina should continue to expand HOP across the state, increasing eligibility for justice-involved individuals and victims of IPV.

In its (amended) initial iteration, to be eligible for the HOP program, participants in pilot counties had to meet at least one needs-based criteria, such as multiple chronic conditions including TBI, three or more adverse childhood experiences, or repeated instances of hospital use; and one risk factor, such as homelessness, food or transportation insecurity, or risk of IPV.[161] HOP is currently pending re-approval. In North Carolina's Section 1115 Demonstration Renewal Request, the state seeks to expand eligibility criteria to include individuals with experience with the justice system.[162] The state is also seeking authority for a new Justice-Involved Reentry initiative, which would provide targeted pre-release Medicaid services within the 90-day period prior to release to all Medicaid-enrolled incarcerated individuals in pilot facilities.[163] North Carolina agencies have also been selected to participate in a Medicaid and Corrections Policy Academy, a pilot initiative to enhance reentry outcomes for people with complex needs

transitioning from incarceration to the community, taking place from October 2024 to February 2025.[164]

TBI Waiver

North Carolina Department of Health and Human Services (DHHS) also offers a TBI waiver through its partner providers, which provides community-based rehabilitative services and support for individuals with a brain injury who require a high level of care.[165] This program assists with living expenses, aids, and therapeutic services; however, it is currently under-utilized due to lack of awareness of the program and enrollment difficulties.[166] As DAC continues to enroll individuals in Medicaid upon their release from incarceration, effective BI screening would allow case managers to identify those who may benefit from the TBI waiver and refer them to entities such as ADA who can assist with the enrollment process.

RECOMMENDATION #17

DAC must connect all eligible individuals who received a BI diagnosis with the TBI waiver program upon enrolling them in Medicaid pre-release**.** As utilization of the TBI waiver program increases, NC DHHS should increase the amount of available program slots.

NC FIT

The North Carolina Formerly Incarcerated Transition (NC FIT) program provides intensive clinical services and case management for individuals with a chronic disease, mental illness, or SUD upon their release from incarceration.[167] Following the Transitions Clinic Network model, Community Health Workers (CHWs), who all have a history of incarceration, provide comprehensive reentry planning and support.[168] CHWs provide a range of services at their clinic, from medication management,

RECOMMENDATION #18

NC FIT should be funded to expand to serve the entire state of North Carolina and should develop specialized services for reentering individuals who received their BI due to IPV.

primary care, and mental health treatment to helping individuals sign up for food stamps, create a resume, or even learn how to crochet.[169] Services are provided to clients for as many years as necessary until they have achieved stability in housing and employment, and clients are welcome to continue to check in with the clinic after they are officially cut off.[170] Evan Ashkin, program founder, attributes the program's success to the trust developed between the CHWs and the clients.[171]

Education Endeavors at NC DHHS and BIANC

One necessary counterpart to the goal of increased BI screening and diagnosis is the education of workers who interact every day with criminalized survivors who have BI. Scott Pokorny, the TBI Program Manager for the NC DHHS Division of Mental Health, Developmental Disabilities and Substance Use Services, works alongside the Brain Injury Association of North Carolina (BIANC) to develop training courses to help professionals work with individuals with a BI.[172] Currently, the DHHS TBI program, which also supports and funds the ADA reentry program, is looking at potential partnerships with county jails, juvenile justice systems, and other community-based programs in which to integrate IDD and TBI training and education, as well as TBI screening.[173] These trainings would teach employees how to identify signs of BI and appropriately accommodate survivors.[174] Additionally, the DHHS TBI program and BIANC support pilot programs within some North Carolina IPV organizations that provide TBI education and training, screening, and resource facilitation.[175]

RECOMMENDATION #19

North Carolina should ensure adequate funding to provide training on BI screening and accommodation to all professionals who work with criminalized survivors, including correctional officers, shelter workers, healthcare workers, and reentry support staff.

Increased knowledge about the prevalence and effects of BI among criminalized survivors may help system actors understand why screening is necessary. Educational efforts such as these should continue to be funded so that they can be made available to all professionals, from corrections officers to reentry counselors, who regularly interact with criminalized survivors.

Future Potential

Given North Carolina's rapidly growing Medicaid expansion program (which identifies reentry as a key focus area) and the existing health-related reentry programs run by NC FIT and ADA, North Carolina is well-poised to support victims of IPV and BI upon their release from incarceration. However, without proper BI screening mechanisms during incarceration and sufficient funding to support these actions, case managers cannot make appropriate referrals to connect survivors with existing resources. Failure to screen also diminishes opportunities to collect data that would demonstrate to legislators and grantors the need to provide services to address BI. Medicaid expansion provides a once-in-a-generation opportunity to put in place structural support for one of the most vulnerable populations and expand our understanding of IPV-related brain injury.

RECOMMENDATION #20

As LRCs expand statewide, they should be properly funded to fulfill their mission. They should work with the Recidivism Reduction Hotline and Our Journey, and any other reentry groups that might develop, to **centralize and streamline reentry resources.**

Reentry resources in North Carolina currently exist in a patchwork, with overlapping pilot programs and non-profit organizations serving similar populations, though demand consistently outpaces supply. Non-profit organizations such as Recidivism Reduction Educational Programs Services (RREPS) and Our Journey have initiated crucial efforts to centralize these resources. RREPS operates the Recidivism Reduction Hotline which provides callers—from reentering

individuals and their family members to case managers—with information about and referrals to employment, housing, healthcare, and public benefits resources across the state.[176] In January of 2025, with DAC's support, RREPS additionally launched the Mobile Recidivism Reduction Center, a retrofitted bus which brings reentry specialists and material resources directly into impacted communities.[177] Our Journey publishes reentry resource guides for each North Carolina county to help reentering individuals navigate the many available resources, as finding resources may be exceptionally stressful for those who have been recently released, an already overwhelming experience. [178] As LRCs expand statewide, they should work with these organizations to centralize and streamline all of the existing employment, housing, child custody, and miscellaneous resources available to reentering individuals.

III. Recommendations

Many of the recommendations included in this paper require as a prerequisite the implementation of standardized brain injury screening in prisons and jails together with sufficient resources to support these protocols. Effective BI screening allows for incarcerated survivors with BI to receive accommodation, not punishment, allows for their connection with appropriate resources upon reentry, and allows for improved data-gathering and knowledge-building about the mechanisms that cause victims of IPV to become entangled in the criminal legal system. In the growing effort to provide trauma-informed care, service providers must understand the physical consequences of trauma, not only its psychological effects. Trauma-informed, gender-responsive reentry programming requires appropriately serving survivors with brain injury.

The twenty recommendations included in this paper are small steps that can be taken within the existing criminal legal system to better serve criminalized survivors during and after their incarceration. However, lasting change also requires front-end intervention with a focus on ending mass incarceration and the dependency on the criminal legal system to respond to a wide variety of social problems. Definitions of self-defense must expand to adequately protect survivors who kill their abusers.[179] Community-based domestic violence organizations and health care providers, not only prisons, must also provide adequate BI screening for victims of IPV. And governmental bodies, from city councils to the federal government, must work to eradicate the conditions of poverty that fuel intimate partner violence and its devastating consequences.[180]

List of Recommendations

1. **Establish standardized BI screening for all individuals who enter a NC DAC facility,** using a validated screening tool. County jails should also be sufficiently funded and resourced to implement BI screening and should ensure that records of positive diagnoses move with the individual upon transfer to a prison, following proper privacy protocol.
2. **DAC must provide appropriate accommodations and medical treatment for individuals with a diagnosed BI** and should not use behavior attributable to BI as grounds for disciplinary action or as justification for denying access to programs that might otherwise be appropriate.
3. **Community-based reentry advocates should screen for BI** and help individuals with suspected BI obtain a formal diagnosis so that they can access services to which they are entitled. Disclosure of IPV should trigger a BI screening.
4. **DAC must improve collaboration with LRCs** to permit necessary "in-reach" into facilities, and DAC case managers should provide "warm" referrals to LRC coordinators to identify survivors with BI and facilitate their smooth connection with appropriate resources upon release.
5. **DAC and/or non-profits across the state should adopt ADA's standardized individualized reentry plan model** to better serve individuals with disabilities exiting all facilities, including women's prisons.
6. **DAC must continue their progress in enrolling all eligible individuals in Medicaid pre-release** and should connect individuals with BI to the appropriate Medicaid programs (see Recommendation #17).
7. **DAC must ensure pay equity and a living wage for all prison labor and must ensure that women's prisons provide comparable skill training and certification opportunities to men's prisons.**
8. **DAC case workers and LRC staff should help individuals with BI apply for SSI benefits** so that they can take advantage of work programs for individuals with disabilities.
9. **NC Works should develop job-training programs for reentering women in fields traditionally dominated by women** to provide survivors with the opportunity to work at jobsites where they are not as likely to be in the proximity of men.
10. **DAC should employ a dedicated SOAR staff member at every facility,** including women's facilities, to provide all individuals eligible for SSI with a seamless transition to receipt of benefits upon release.

11. **Donors and the State of North Carolina should provide grants to establish more transitional housing for women** following Benevolence Farm's model, as there is much higher demand than there is existing bedspace.
12. **The North Carolina State Legislature should consider amending N.C.G.S. § 14-208.12A to provide a mechanism for victims of IPV to petition for removal from the Sex Offender Registry** if their conviction resulted from their own IPV victimization or if research otherwise indicates a lack of rational connection between registry mandates and the likelihood of recidivism.
13. **Donors and the State of North Carolina should provide grants to establish more transitional housing that permits children,** prioritizing DSS-involved families for whom housing is a prerequisite for reunification.
14. **Post-release supervision officers and DSS caseworkers should collaborate** to eliminate duplicative requirements and avoid scheduling mandatory appointments or classes at the same time.
15. **DSS should implement individualized assessments when screening cases of potential dependency due to BI,** and juvenile court judges should not rely on stereotypes when determining what is in the "best interest" of children of parents with BI. DSS should provide supportive services to parents with BI as a means to keeping families together.
16. **North Carolina should continue to expand HOP across the state,** increasing eligibility for justice-involved individuals and victims of IPV.
17. **DAC must connect all eligible individuals who received a BI diagnosis with the TBI waiver program** upon enrolling them in Medicaid pre-release. As utilization of the TBI waiver program increases, NC DHHS should increase the amount of available program slots.
18. **NC FIT should be funded to expand to serve the entire state of North Carolina** and should develop specialized services for reentering individuals who received their BI due to IPV.
19. **North Carolina should ensure adequate funding to provide training on BI screening and accommodation to all professionals who work with criminalized survivors,** including correctional officers, shelter workers, healthcare workers, and reentry support staff.
20. **As LRCs expand statewide, they should be properly funded to fulfill their mission.** They should work with the Recidivism Reduction Hotline and Our Journey, and any other reentry groups that might develop, to **centralize and streamline reentry resources.**

IV. Limitations of this Paper

This paper has limited first-hand information from formerly incarcerated women with a known BI. Additionally, most individuals interviewed for the paper were service providers. Aside from statewide pilot initiatives, much of the included information on reentry resources is limited to North Carolina's Research Triangle and Triad region. Not all of this information can be generalized to the entire state or country.

Beyond the limitations resulting from limited data, this paper recognizes that a focus on reentry as a criminal legal system reform leaves the basic structure of the U.S. system intact and does little to challenge the punitive policies that push people into prisons in the first place. Although reentry programs implicitly recognize that social welfare policies and practices are implicated in issues pertaining to crime and justice, attention to these issues are placed at the back end, often after someone has already spent years in prison.

Appendix: Local Service Providers

Organization	Program Description	Gender-Responsive Initiatives	Biggest reentry need identified in population served	Biggest barrier to reentry assistance for women with BI
Alliance of Disability Advocates	ADA provides Individualized Reentry Plans (IRPs) for individuals with disabilities reentering the community post-incarceration.	To be sensitive to the effects of IPV, women are partnered with another woman to develop their IRPs.	**Housing** and **employment**. Alliance of Disability Advocates connects people to second chance employers and the target unit program for housing.	ADA is not able to promote their services in women's prisons as there are not many reported cases of BI there, possibly due to lack of screening. As most of their referrals are pre-release, their ability to serve women is limited.
Benevolence Farm	Benevolence Farm provides formerly incarcerated women with housing and employment after leaving prison. The formerly incarcerated women earn their wages through the sales of the farm's body care products.	Benevolence Farm is open to women and gender-expansive individuals. As one of the few transitional housing options for women in the state of NC, their programming is centered around women's needs.	**Housing** and **employment**. Benevolence Farm's model allows them to address both of these needs in-house and caseworkers assist women in securing long-term stability in these areas.	Family reunification and housing. Benevolence Farm also operates Bonding Families, which supports families as they navigate the logistical and emotional hurdles of reuniting.
Disability Rights North Carolina (DRNC) **NC Brain Resource and Injury Needs Screening (NC BRAINS) Campaign** (Formerly the TBI Justice Initiative)	DRNC operates hotline for people with a disability, including BI, who are experiencing abuse. The recently launched NC BRAINS Campaign aims to facilitate provider education, improve NC's brain injury identification systems and ensure connection to community-based services.	All services are open to women. Additionally, DRNC advocates for BI screening in women's prisons and screening and services at DV shelters, with sensitivity to custody implications.	**Lack of screening** in the NC jail and prison system, and underutilization of the Traumatic Brain Injury waiver.	Lack of screening and services. Stigmatization of brain injury in child custody context.

Durham Jails Substance use Treatment and Recidivism Reduction (STARR)	STARR serves individuals with substance use and other behavioral health disorders. The program provides trauma-informed substance abuse treatment and transitional case management.	Trauma-informed service provision, case managers understand that many women likely have some experience with DV.	**Housing** and **employment**. Inability to complete programming due to variable length of sentence.	There is no brain injury screening in the jails. Since most of the records of people with brain injury have been self-reported and it is not well documented, it is difficult to identify BI-specific needs.
Durham Local Reentry Council (Durham LRC)	Referral agency for individuals released from prison into Durham. They receive a list of referrals of recently released individuals from DAC. The LRC includes three sub-committees: Housing, Employment, and Supportive Services. They refer individuals to services and help individuals apply for Medicaid under the Medicaid expansion.	Refer women to partner organizations including transitional housing open to women (Oxford House, Restorative Transition, Magnolia House of Recovery, and Families Moving Forward), gender-responsive employment programs (Hope Renovations and Dress for Success), and medical and DV programs such as UNC Horizons and the Durham Crisis Center.	**Housing** and **Employment**. The biggest identified legal need is drivers' license restoration, with some of that need being met by the Durham Expunction and Restoration (DEAR) Program.	Limited amount of transitional housing bedspace for women, especially for women and children. Many second chance employers provide opportunities for blue collar work which women may not be able or wish to perform. Lack of parenting resources for mothers, including a lack of resources to help mothers provide for children's basic needs and parental counselling and coaching programs geared towards mothers, not only towards fathers.
North Carolina Medicaid Healthy Opportunities Pilot (HOP)	Provides non-medical support including access to food, housing, interpersonal safety and transportation resources, to individuals with co-occurring physical or behavioral health needs and social risk factors.	Individuals with brain injury and risk of IPV are likely eligible under the expanded pilot. The program additionally has expanded its focus on reentry.	Four focus areas include **food, housing, interpersonal safety,** and **transportation**.	Women who could benefit from this program have difficulty accessing it. The program is currently limited to pilot counties and within those counties, there is a large participation gap due to lack of knowledge about it.

NC FIT and NC FIT Wellness	Provides intensive case management to individuals being regularly seen by their clinical program. All of their community health workers are formerly incarcerated individuals. This helps them establish credibility and trust with formerly incarcerated individuals.	NC FIT is partnered with Arise Collective. The women's population is targeted pre-release and is helped by a behavioral specialist. NC FIT peer support specialists support individuals returning from incarceration into abusive relationships and situations of DV, helping them obtain therapy to work through their past trauma and supporting their reentry effort.	**Housing** is the biggest unmet legal need. Not being able to have a home leads many people to feel hopeless and suicidal. NC FIT targets unhoused individuals to provide compassion and assistance. NC FIT sets aside money for emergency housing, and they refer individuals to Healing Transitions of Raleigh. Additionally, clients face limited **employment** options that pay a living wage.	The need for counselling and support for women returning from incarceration into domestic violence situations. Additionally, common health problems such as PTSD, ADHD, Substance Use Disorder, Hepatitis C, dental issues, and lack of screening for reproductive health issues, may impact their re-entry process.
Orange County Local Re-entry Council (Orange Country LRC)	Operates as a resource hub for individuals released from DAC to Orange County. Provides referrals, vouchers, and housing, including paying for a month of housing to help individuals get on their feet.	Refer women to Oxford House, UNC Horizons, and/or the Compass Center. There is a lack of women's housing in Orange County. There is no bridge housing for women in Orange County and out-of-county placement on parole poses complications.	Difficulty in connecting individuals with **pre-release resources** from DAC.	The system has not fully acknowledged how deeply IPV affects a woman's mental health, her self-esteem, and how she walks in the world. Nuanced and supportive services are lacking. Standardized services fail to account for people's personal experiences. Funding restrictions limit women to only 6 therapy sessions, when many more are needed.

OurJourney	Provides re-entry guides that detail re-entry services available in each of NC's counties. Additionally, provides First Aid Reentry Kits.	OurJourney adds feminine items in their re-entry kits, and women on their board help guide future gender-responsive initiatives.	**Reentry begins during incarceration**, so classes, therapy, and improved case management while incarcerated help begin this process. Therapy can be provided on tablets through telehealth to help women prepare mentally for reentry without the stigma of being seen attending therapy in prisons.	Women should be treated with increased sensitivity and a focus on basic needs and family resources, including programs to communicate and connect with children on a more frequent basis.
Recidivism Reduction Educational Program Services	Operates a hotline that provides state-wide referrals and resource connection to reentering individuals as well as case managers. Additionally, the mobile Recidivism Reduction Center brings resources into impacted communities.	The same services are offered to men and women, with referrals provided as relevant. Housing and employment are the biggest unmet legal needs.	**Housing** and **employment**.	Criminal records especially impact women's employment opportunities in preferred fields.

Other organizations recommended by individuals in the reentry space:

Organization	What services do they provide?*
Alliance Health alliancehealthplan.org	Alliance Health offers a Traumatic Brain Injury Waiver. This waiver is available to Medicaid members who had a severe brain injury on or after the age of 18 and live in Cumberland, Durham, Harnett, Johnston, Mecklenburg, Orange or Wake County. The waiver covers assistive technology equipment and supplies; cognitive rehabilitation; community networking services; community transition funds; crisis services; day supports; home modifications; in-home intensive supports; life skills training; natural supports education; occupational therapy; personal care services; physical therapy; remote supports; residential supports; resource facilitation; respite services; specialized consultation services; speech-language therapy; supported employment services (initial and long-term follow up); supported living; and vehicle modifications.
Arise Collective arise-collective.org	The Women's Reentry Project (WRP) currently supports up to 16 women at a time who are transitioning back into society after incarceration. While in WRP women can set and met their own goals such as establishing and following a personalized behavioral and physical healthcare plan; securing necessary identification and documentation, participating in groups and programs; obtaining secure employment; and creating a sustainable personal finance plan. Non-residential participants may take part in groups or classes alongside WRP participants. They may also receive case management support, assistance for obtaining clothes and hygiene items; assistance obtaining food or food vouchers; emergency financial assistance for living expenses; referrals to partners to meet other basic needs; peer support groups; and information for local reentry councils. In partnership with Campell University, Arise has created the Reentry Higher Education Initiative. In addition to full academic scholarships, students are receiving full room and board through WRP, case management support, academic advisement, educational coaching and special programs, life skills, and self-care practices. Arise also provides reentry hope bags. These bags are filled with practical hygiene products, self-care items, and a handmade quilt to support their first weeks post-release.
Jubilee Home jubilee-home.org	Jubilee Home offers supportive housing. They connect residents to needed wrap-around services including therapeutic interventions, systems navigation, employment services, and prosocial opportunities.
Oxford House oxfordhouse.org	Oxford House is a self-run, self-supported recovery house program for individuals recovering from a substance use disorder. A recovering individual can live in an Oxford House for as long as she likes as long as she does not drink alcohol, does not use illicit drugs, and pays an equal share of the house expenses.
Restorative Transitions restorativetransitions.org	Restorative Transitions provides a 12-month residential reentry program. To be eligible for the program the participant must be 90+ days sober, must have been released within the last six months, and be able to pay the weekly program fee ($75/week). Their female homes do not accept children.

Southern Coalition for Social Justice southerncoalition.org	The Southern Coalition for Social Justice (SCJS) is a nonprofit organization that partners with communities of color and economically disadvantaged communities in the South to defend and advance their political, social, and economic rights through the combination of legal advocacy, research, and communications. Their focus areas include justice system reform, voting rights, and environmental justice. SCJC's "Chuck Manning Reentry and Rebuild Project" provides direct support to people who are rebuilding their lives after coming home from prison or jail. It provides food and hygiene items, as well as one-on-one outreach and support, to individuals in Wilmington, Charlotte, Raleigh-Durham, and Greenville. SCJC's "Your First 48 Hours Toolkit" provides guidance on reentry resources in Durham County and the surrounding area. It is available here: https://southerncoalition.org/resources/your-first-48-hours-toolkit/ SCJC' "Umar Muhammad Clean State Toolkit" provides resources and information to individuals burdened with a criminal record. It is available here: https://southerncoalition.org/resources/cleanslatetoolkit2024/
Step Up Durham stepupdurham.org	Step 1: Step Up Durham offers employment readiness training, personalized job coaching, employer referrals, and supportive services to job seekers with a focus on reemployment and long-term career success. Step 2: Four phases of programming occur in eight-week blocks: Personal Development, Financial Education, Career Development, and Leadership Development. Step 3: A 12-month program that provides a programmatic opportunity for participants to become stronger community assets through receiving mentorship, accomplishing a life goal, and completing a community service project.
UNC Horizons med.unc.edu/obgyn/horizons	UNC Horizons provides post-release services for women impacted by substance use disorders. They help women avoid overdose death, improve their financial stability, assist them with employment, and support them with maintaining drug abstinence.
Welcome Home Program durhamnc.gov/5208/welcome-home	Peer support specialists at the City of Durham's Welcome Home Program begin building relationships before participants are released and make in-house visits in prisons to share information about the program. After the person is released, the peer support specialist provides up to 20 hours of assistance. This includes connecting them to employment, housing, mental and physical health resources and benefits, legal assistance for expungement and driver's license restoration, and help securing identification.

*Information from organization websites.

[1] Though exact results vary, the connection between physical IPV and BI is strong: one study found that 100 percent of IPV survivors who reported injuries to the head suffered a BI. Halina Haag, Dayna Jones, Tracey Joseph, & Angela Colantonio, *Battered and Brain Injured: Traumatic Brain Injury Among Women Survivors of Intimate Partner Violence – A Scoping Review*, 23 TRAUMA, VIOLENCE, & ABUSE 1270, 1272. *See also*, Andrea N. Cimino et al., *The Effect of Intimate Partner Violence and Probable Traumatic Brain Injury on Mental Health Outcomes for Black Women* 28 J. AGGRESSION, MALTREATMENT & TRAUMA 714, 718 (2019).
[2] BATTERED WOMEN'S JUSTICE PROJECT, https://bwjp.org/section/criminalized-survivors/ (last visited Dec. 12, 2024) (defining "criminalized survivor").
[3] Council on Criminal Justice, *Women's justice: A preliminary assessment of women in the Criminal Justice System* (2024), https://councilоncj.org/womens-justice-a-preliminary-assessment-of-women-in-the-criminal-justice-system/.
[4] *Id.* (Stating that among community and military samples, men have higher rates of BI).
[5] Cimino at 4.
[6] Jonathan Lifshitz, Sony Crabtree-Nelson, & Dorothy A. Kozlowski. *Traumatic brain injury in victims of domestic violence.* 28 JOURNAL OF AGGRESSION, MALTREATMENT & TRAUMA, 655 (2019).
[7] *Id.*
[8] Kristi Wall, Kim Gorgens, Judy Dettmer, Terri M. Davis, & Jennifer Gafford. *Violence-related traumatic brain injury in justice-involved women.* 45 CRIMINAL JUSTICE & BEHAVIOR,1588 (2018).
[9] *See* Cimino.
[10] Kelly Newcomb, Defending Battered Survivors with Brain Injuries: An educational Guide for Advocates in North Carolina (Dec. 12, 2023) (Semester Paper, University of North Carolina School of Law) at 11-12.
[11] *Id*.
[12] *Id*. at 12.
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