**From Marginalization to Empowerment: A Gender Responsive Law Clinic Helps Women Succeed After Prison**

**Introduction**

Marginalization occurs when a person or group is relegated to an unimportant or powerless position within a society.¹ Women leaving prison in Minnesota are perceived by society and often view themselves as marginalized. There are several reasons for this: First, most reentry services in Minnesota focus solely on the needs of men. As of 2010, there were 592 women in prison in Minnesota and more than 9000 men.² Women, as criminal offenders, are often not considered in public discussion and policy planning. Second, the population of women leaving prison is disproportionately comprised of poor, minority women who may experience even greater marginalization than White women because incarceration has been shown to dramatically decrease minority participation in their communities and access to resources. In general, women in prison have experienced severe trauma, mental illness and chemical dependency at a rate higher than men who are incarcerated. These social factors all contribute to women’s difficulty in succeeding after leaving prison, thus being further pushed out of society. Finally, 90 percent of women in prison are mothers and were the primary caregivers for their children prior to their incarceration.³ The stigma of being a bad parent creates a further barrier to these women’s ability to succeed after reentry, an issue many men leaving prison do not share.

In 2007, the Reentry Clinic at William Mitchell College of Law was started to help women leaving state prison with legal barriers to reentry and to provide support for other social needs women had during the reintegration process. An intentional focus on feminist, race and gender responsive theories was integrated into the classroom with students, into all case planning, and as a part of policy work done by students and clients. These theories were put into practice at varying levels to try to help women succeed upon their release. Women who feel connected to their communities and families after release may be less likely to recidivate.
Why Women Leaving Prison in Minnesota are Marginalized

In Minnesota women make up only five percent of the overall prison population. While there are seven facilities with different levels of security to house male prisoners in Minnesota, there is only one facility for all 592 women. This means that serious offenders and low-level offenders are all in the same facility, which is different than the men. Fewer resources are spent on women’s programming in prison because their numbers are so small compared to men. Similarly, fewer reentry services exist for women than men. While there are many Department of Corrections housing options for men in the major metro area in Minnesota, there are only a handful for women. In rural areas of the state there are often limited or no housing options for serious female offenders who must be released back to the community where they were convicted. The same is true for employment programs that focus on women. The reality of having fewer support options than men both during prison and upon their release may make women feel that they are less important and marginal in comparison to men.

While all women leaving prison face challenges to their successful reentry into the community, including feelings of marginalization and isolation, there appears to be evidence that incarceration affects women of color’s participation in civic engagement and resource access more extremely than White women. Incarceration “dramatically constrains the participation of African American communities in the mainstream political economy. This civic exclusion stems largely from the ‘invisible punishments’ that accompany a prison sentence.” As a result of her conviction a woman may be ineligible for many federally-funded health and welfare benefits, food stamps, public housing, and federal educational assistance. If the woman is a citizen she will lose the right to vote. If she is not citizen, she will be deported. Minority women receive proportionally more public assistance in Minnesota than White women. Similarly, fewer minorities vote in Minnesota proportionate to their overall population than Whites. The stigma of being a minority and a female offender is paralyzing for many women in prison in Minnesota. African American women within the Reentry Clinic in particular have expressed extreme feelings of isolation and disconnection from their families and communities.
Women offenders’ particular social factors contribute to their difficulties with reentry. Women in prison have higher rates of trauma in the form of abuse, mental illness and chemical dependency than men. vii Up to 80 percent of women in prison were abused as children or adults. viii This high percentage of trauma among women in prison often categorizes them as victims. This label can lead to marginalization both within the population of women in prison as a whole, because not all of them have been abused, but also as they leave prison to the rest of society who might see them as only victims. Conversely, the higher instances of mental illness and chemical dependency lead to the perception that women in prison and leaving prison are problems. These social issues can lead to female inmate’s being seen in only negative terms. ix Instead of receiving positive support and assistance with difficult social issues from the community, often women returning home are ostracized because they have been in prison and also are mentally ill or addicted to drugs. As discussed above with civic engagement and access to resources, there may be stronger stigma attached to chemical dependency and mental illness in minority communities than white. This may be another area where women of color are isolated even more so than White women.

Studies suggest that 90 percent of women in prison are mothers and were the primary caregiver for their children prior to entering prison. x This compares to a much lower rate for men, less than 50 percent. xi The societal stigma that attaches to women who leave their children to go prison is more extreme and intense than it is for men. Women who go to prison are perceived as bad mothers. This label leads to feelings of shame and sadness for many women while they are in prison. For many of the clients in the Reentry Clinic the main difficulty in returning to their family and community is overcoming the guilt and shame associated with leaving their children. The stigma of being a bad mother creates a perception in communities that women can never again parent their children, and a sense of marginalization in the women trying to reunite with their families.
Theories at the Core of the Reentry Clinic

*Feminist Legal Theory*

The Reentry Clinic’s model intentionally uses a blended approach of both “equality” and “cultural/differences” feminist legal theories to help women with the legal and social barriers that hinder their successful reintegration to their families and community. Principles from these two theories were instrumental in planning the clinic. Further, the students learn about these doctrines in class and can reflect on them as they work on their individual cases. The clinic aims to represent its clients in a way that reflects the belief that women must be treated equally to men in the criminal justice system and when they leave prison. This means having equal access to resources and advocacy for their legal and social needs. However, women who are incarcerated have different pathways to prison and different needs upon their release. The need for equal treatment in sentencing and services and the need for gender responsive services make both feminist legal theories relevant to the Reentry Clinic’s work with female offenders.

At its core, legal feminism stands for the principle that all human beings should be treated with “equality, dignity and respect.” These principles are embedded in the United States Constitution and have helped many social movements change political and civil society. Feminism, in its early stages of litigation and theory, focused on the notion of “sameness” – that men and women are the same and should have equal rights.

Equality feminism, the older of the two theories discussed in this section, is based on the fundamental belief that “providing women legal rights against discrimination represents the extent to which undesirable social and economic conditions affecting women can be eliminated by legal change.” Equality feminists focus on the oppression of women within the construct of the law. The goal of early feminist litigation was to eliminate bias or preferences in the law that favored men over women. These included addressing issues such as social security, public benefits and fair hiring practices. Advocating for equal programming and resources for women in the criminal justice system, both in prison and upon release, clearly weaves in the underlying themes of early feminist legal theory.
One of the goals of the Reentry Clinic is to provide women with legal assistance for their civil family law needs. Women in prison in Minnesota are not eligible for civil representation by legal aid organizations funded by the state. The Reentry Clinic and Legal Aid for Minnesota Prisoners (also at William Mitchell College of Law) are the only two entities that provide direct civil legal representation for men and women in prison (more than 9500 individuals). These clinics are comprised of between 8-10 students a semester and are directed by two part-time public defenders. Providing women in prison with the ability to get a divorce, a name change, parenting time with their children, or to modify their child support empowers them, and gives them access to the courts and justice when it wasn’t available to them before. Creating access for women in prison to court on family law matters gives women a voice in the system that helps ensure they receive not only equal representation – but representation at all.

As discussed previously, women in prison, both nationally and within the Reentry Clinic, are marginalized and not treated equally because they are seen as either “victims” or “problems” because of their higher instances of previous abuse, chemical dependency and mental illness.xvi These categories diminish women’s chances to receive equal opportunities in all stages of the criminal justice system, including release and reentry, because they may have this additional stigma attached to them. For women getting out of prison, being perceived as a victim of sexual or physical abuse creates a barrier to full acceptance of a woman as a strong, competent member of the community. Further, if a woman leaving prison still struggles with the “problems” associated with mental health or chemical dependency issues, she will be perceived as different from other women in her community and family. She will not be accepted as someone who could fully integrate into work, community or family life. Women leaving prison can become agents of their own change if they are treated equally to all other women and men during their incarceration and upon their release. Women, who experience equal treatment and perceive their standing to be the same as everyone else, have a better chance of succeeding on the outside.

Conversely, cultural or difference based feminism seeks to improve the position of women “through legal and social strategies which validate women’s differences from men.”xvii The first rift in consensus among early feminist theorists occurred when some
wanted to explore the differences that gender presented with pregnant women. Catherine McKinnon was among the first of feminist legal scholars to clearly call out and question how conventional legal categories reinforced patriarchy. She argued that legal categories created by men defined rules that limited women’s legal rights. She and others began to branch out from “equality” feminists. McKinnon’s work looking at sexual harassment as workplace discrimination forced the legal feminist movement to reevaluate the legal system – through a feminist lens. McKinnon focused on power and dominance relations in her work with sexual harassment and rape. However, more generally a second category of feminist legal theory was born – that focusing on women being different.

The fundamental concept that there are differences between men and women and that these differences should be reflected in women’s legal opportunities and resources is a theme central to the Reentry Clinic’s programming model. The disparate impact of certain laws on women must be addressed in all policy discussions about criminal justice to ensure equality for women. Women make up a smaller percentage of the criminal justice system than men. However, the number of women being sent to prison is growing fast. The number of women in prison has increased 138 percent in the last ten years in large part due to a draconian shift in drug laws in the last twenty years that have impacted women more than men. The changes around the country in drug sentencing have made the penalties for drug users as opposed to dealers stricter. For many women who use drugs who may not have been sentenced to a term in prison under the older drug regime, the new, more punitive sentencing means more of them are going to prison. It is essential that any disparate impact of laws, sentencing, and reentry services on women be addressed in all policy that affects offenders.

Reentry programming has not traditionally incorporated the ways that women are different than men. The cultural or difference perspective of feminist legal theory is similar to gender responsive clinic theory, which is discussed later in the paper. Cultural or difference feminist theory focuses on how the undeniable differences between men and women can produce different treatment for women in the rights and benefits they receive. There appears to be “widespread agreement among scholars and practitioners that incarcerated women have a set of needs that are not addressed with the traditional set of
prison programs and that programs that have been designed to reduce men’s recidivism may not be as effective for women."xxi Innovative programs for women, incorporating gender into the project design, include psychological programs that address substance abuse, mental health, domestic violence and parenting skills. xxii These programs have shown more success in managing recidivism among women because they take into account the particular social issues that limit women’s success upon leaving prison. xxiii

**Critical Race Theory**

Critical race theory provides another lens through which to look at the population of women leaving prison. Critical race theory focuses on discrimination and race in judicial outcomes. Race as a means to understand inequality is a valuable tool for students and clients in our clinic. xxiv The disproportionate number of minority women incarcerated as compared to their overall representation in the larger community is a sad reality.

There is evidence to suggest that minority women, even more than White women, are marginalized after prison. As discussed above, the collateral consequences of incarceration may impact women of color more than other women. Access to public benefits and housing may affect a proportionately larger percentage of minority women leaving prison. Similarly, restrictions on civil rights such as voting for minority women who are out of prison, but still on parole or “on paper” with the department of corrections, limit this already underrepresented group’s impact in local and national politics. Minority women who have not been to prison experience systemic racism that prevents them from having equal access to resources and opportunity—Women of color reintegrating after prison, even more so.

Beyond an intentional awareness about race in the criminal justice system, the universal notion of a “woman” based on a White, middle class paradigm is debunked in our programming. Many critical race theorists have addressed this notion of a “universal” woman. xxv Nearly half of the women in our clinic are not White. Their voices and personal experiences are prevalent in our individual, group and class discussions. We are aware of each of the women’s individual story and work with them all to overcome their unique personal challenges, including systematic racism.
Gender Responsive Clinical Theory

A gender responsive approach, grounded in feminist and critical race theories, offers a contemporary perspective on female offenders. Feminist criminal justice theorists and practitioners suggest that in order to effectively meet the needs of women involved in the criminal justice system, it is important to understand the following key point and issues: the characteristics of women in the criminal justice system; current criminal justice practices and their effects; and the context of women’s lives both within and outside of the criminal justice system. This context includes research on gender in areas such as health (physical, mental and chemical), trauma, and domestic violence. These key points and issues provide the framework of the guiding principles for gender responsive programming.xxvi

Gender responsive programming in the criminal justice system began to get noticed in the early 1990’s. Up until this time, assessment, treatment and programming were developed, implemented, and evaluated exclusively on behalf of male offenders. Often the rationale used to justify traditional male treatment approaches were the numbers, in that the majority of criminal offenders were men. Most professionals argue that because women make up such a small portion of offenders, accounting for gender from assessment, to intervention, to evaluation was not necessary. Men make up approximately 93 percent of those incarcerated in state and federal prisons;xxvii therefore, it makes sense that the majority of resources be allocated towards male offenders.

Another, perhaps more difficult to measure yet better explanation for the resistance towards gender responsive programming, is the well established cultural pattern of viewing women as “the other”. According to Bloom, Owen, and Covington, female offenders have been identified as “invisible women”. Women offenders are either lost or invisible in the criminal justice system.xxviii

Viewing men as the norm and women as “the other” is a long standing societal tradition. Since the early 1900’s feminist theorists developed the concept of and examined the consequences of defining women as “other”. Beauvoir identified that historically and culturally man is considered the norm and woman is “the other” and therefore a woman is defined “exclusively in her relation to man”. The definition of
woman as “other” has led to many “unjustifiable theories, false assumptions, and distortions of perspective”. These unjustifiable theories, false assumptions, and distortions of perspectives are found throughout the criminal justice system from policy and laws, to arrest and incarceration, to assessment and interventions.

Cain suggests that women in the criminal justice system “exist as Other: that is to say, they exist only in their difference from the male, the normal”. In the context of the criminal justice system this means that the unique social reality of women has been ignored, discarded, or deemed unimportant. Often times this practice of ignoring women’s needs is justified based on numbers. While it is true that there are more women than men in the criminal justice system, intentionally or unintentionally refusing to understand women and the context of their offending behaviors reinforces marginalization and oppression.

One of the predominant false assumptions within the criminal justice system is that men and women have similar pathways into the criminal justice system. Within the criminal justice system, extensive research has been and continues to be conducted on factors contributing to criminal behaviors. Andrews, Bonta, Hogue, and Gendreau developed the principles of risk, need, and responsivity. This research resulted in the development of the “Level of Service Inventory – Revised” (LSI-R) which is valid and reliable assessment tool to predict recidivism (risk) and targets for intervention (need). The areas that are often overlooked or ignored are gender, culture, class, and motivation to change (responsivity).

The research conducted in the late 1980’s through the 1990’s was predominately based on the offending patterns of men. If women were included in the research and validation of assessment tools and/or programming, their responses were “watered down”, in that women’s data was not analyzed separately. Although the principles of risk, need and responsivity provide important wisdom to criminal justice practitioners, at times they fail to accurately address women’s needs and offending patterns and behaviors. There is a common concern of many criminal justice professionals that a gender responsive programming is unnecessary and results in unequal treatment. The “equality” and “difference” argument is made by those who feel threatened by the idea of using gender responsive assessments and programming principles in their work with female
offenders. Effective and responsive programming in the criminal justice system must take into account the fact that women have different pathways into the criminal justice than men, and therefore have different treatment needs in order to successfully exit the system.

Working with female offenders requires knowledge of gender responsive programming that targets the pathways for women’s involvement in the criminal justice system, gender responsive risk and needs assessments, and implementing effective interventions. There is a large body of research on gender responsive programming that identifies effective assessment and intervention strategies. Bloom and Covington developed the following definition of gender responsive programming:

*Gender responsive means creating an environment through site selection, staff selection, program development, content, and material that reflects an understanding of the realities of women's lives and addresses the issues of the participants. Gender-responsive approaches are multidimensional and are based in theoretical perspectives that acknowledge women's pathways into the criminal justice system. These approaches address social (e.g. poverty, race class, and gender inequality) and cultural factors, as well as therapeutic interventions. These interventions address issues such as abuse, violence, family relationships, substance abuse, and co-occurring disorders. They provide a strength based approach to treatment and skill building. The emphasis is on self-efficacy.*

According to Bloom 1996, the characteristics of women in the criminal justice system “reflect a population that is triply marginalized by race, class, and gender”. Their most common pathways into the criminal justice system are abuse, poverty, and substance abuse. Most have a significant history of trauma (emotional, physical and sexual abuse). Most are non-violent in that women commit 10 percent of the violent crimes and are not considered threats to the community. They are disproportionately women of color; for example, African American women make up 13 percent of the population nationally and 50 percent of the women in prison. Richie identifies the degree to which low income Black women’s circumstances represent a socially constructed position which she identifies as “gender entrapment”. Accordingly, “gender entrapment is the process where by African American women, who are vulnerable to men's violence in their intimate relationships, are penalized for criminal
behaviors which are logical extensions of their racialized gender identities, their culturally mediated gender roles, and the violence in their private lives”.

Understanding women’s pathways provides the framework for gender responsive assessment and treatment strategies.

In order to address the need for a gender responsive assessment, Dr. Patricia Van Voorhis developed a gender responsive risk and needs assessment tool, “Women’s Risk/Needs Assessment Interview and Survey” at the University of Cincinnati’s Corrections Institute. This tool was developed from two perspectives on offender rehabilitation: a) research by Canadian scholars Donald Andrews, Paul Gendreau, James Bonta and others which stressed the importance of assessing and treating dynamic risk factors; and b) research by feminist criminologists (e.g., Joanna Belknap, Kathleen Daily, Meda Chesney-Lind, Barbara Bloom, Barbara Ownes, and Stephanie Covington) stressing the importance of women’s unique pathway to crime. The areas of risk include the core components of the “Level of Service Inventory – Revised” LSI-R: offense history, attitudes, education, employment/financial, housing, antisocial friends, anger/hostility and mental health and a gender responsive trailer was designed to assess need areas specific to women not assessed with the LSI-R: relationships, trauma, parenting, and self-efficacy.

In addition to valid and reliable assessment tools, gender responsive programming incorporated effective supervision and intervention strategies. Bloom and McDermid, identified key strategies for working with women in the community that include an understanding of the profile of women offenders and approaches for effective interventions. Research conducted by the National Institute of Corrections identified strategies that used an empowerment model that help build competencies were the most effective. In addition, providing advocacy is a key component in gender responsive programming as a means to assist women in navigating the system and to get their needs met in the areas of housing, employment, and child custody issues/concerns.

The changes in laws (drug law in particular) in the 1980’s resulted in a significant increase in the number of women involved in all areas of the criminal justice system from 1990 to 1998. According to Chesney-Lind “the number of women on probation increased by 40 percent, the number of women in jail increased by 40 percent, the
number of women in prison increased by 88 percent, and the number of women under parole supervision increased by 80 percent. These dramatic changes resulted in legislative and policy changes at the state level. In Minnesota (1990) legislation was implemented requiring that both adult and juvenile women shall be "provided a range and quality of programming substantially equivalent to programming offered male persons charged with or convicted of crimes or delinquencies"; that programs for female offenders be based "upon the special needs of female offenders"; and that counties submit annual plans to the commissioner of corrections that describe those services provided to female offenders.

Theory to Practice: The Reentry Clinic’s Model

Feminist legal theory, critical race theory and gender responsive theories on a macro, mezzo and micro level provide the framework for our holistic program model. Students and clients are introduced to these theories while they participate in the clinic. Incorporating these fundamental theories into practice is a strength of the Reentry Clinic.

The clinic uses all female law students to help women leaving prison with legal and social barriers to reentry. The student attorneys directly represent women with civil legal issues before and immediately after their release from prison. Many of these cases relate to family reunification, such as parenting time and custody actions. The students commit to spend a year acting as an advocate for their clients. This advocacy includes assistance with non-legal issues such as housing, employment, and other collateral consequences that arise upon clients’ release. The clinic, as described above, also employs a social worker who completes individual assessments of clients and runs a bi-weekly community support group. The social worker also consults with students on their cases.

Clients are referred to the clinic while they are prison. The Clinic Director participates in the Transitions Class at the facility and women there fill out requests for representation. The Director then opens cases based on type of legal issue and release location. Each certified law student is assigned between three to five cases a semester. The students are responsible for all of the legal work on each case, under the supervision
of the Director – and this includes all court appearances, legal research, court filings, and negotiations. Working on complex family law cases is a great way for students to get hands on practical experience.

**Macro Practice**

On the macro level clients, students and the legal Director are involved in legislative and policy efforts to address racism and sexism in the criminal justice system. Our clients of color participate in legislative and community events where they add a diverse voice. Students are required to participate in a policy project. For example one student is partnering with two Native American service providers to coordinate reentry services. In addition, the Reentry Clinic participated in a three session forum with *Take Action Minnesota* that addressed barriers faced by offenders after they leave prison. The Reentry Clinic’s director, students, and clients are members of the *Second Chance Coalition* whose mission is to advocate for policy changes to help offenders.

**Mezzo Practice**

Course content and consultation/supervision of students include assigned readings related to gender and race in the criminal justice system. Inherent in the consultation/supervision model is the link between women, race, and poverty. During student consultation/supervision on individual cases, race is intentionally addressed. In working with clients of color, students are made aware of race and its impact on legal cases. They work with clients to overcome the structural racism that impedes the client’s access to resources and their overall success in the community.

**Micro Practice**

The clinical framework of the reentry clinic incorporates feminist legal theory, critical race theory and, gender responsive programming. Gender responsive programming operates from the assumption that women in the criminal justice system represent a population that is marginalized by race, class and gender.\(^{xlvi}\) The operating principles of clinical social work are to restore the social functioning of individuals, families, and communities and to promote a more just society. It is based on knowledge
and theories of bio-psycho-social and spiritual development, social systems and cultural diversity with particular attention paid to person-in-environment. The Reentry Clinic provides assessment, individual, and group therapy and case management with women as they reenter from this framework. This perspective works to empower women to have a voice and work through the shame of internalized racism and sexism.

The Reentry Clinic’s policies and practices integrate feminist, critical race, and gender responsive theories. Bloom, Owen, and Covington outline the principles for gender responsive policy and practice. These principles include: a service delivery system structured specifically for women; interventions grounded in an understanding of women’s pathways and address issues of substance abuse, trauma, mental health, and economic marginality; sanctions and interventions that reflect the actual level of risk posed by each woman; and sanctions and interventions that consider women’s relationships with their children and the community. 

Both the legal and clinical interventions are delivered in a service delivery system designed specifically for women. From the start, the target population for the Reentry Clinic was women. This required a solid foundation in the understanding of women’s pathways, their unique legal issues/concerns and mental and chemical health issues related to trauma and economic challenges. In addition, attention was paid to implementing gender responsive risk assessments and interventions, with special consideration for relationships and their social context.

Upon entry into the Reentry Clinic each woman is assessed, either in prison or upon her release, using the gender responsive risk and needs assessment tool, “Women’s Risk/Needs Assessment Interview and Survey”. This provides their individual risk level and areas of “criminogenic” need for each woman. During the assessment process women are provided information regarding “pathways” as a means to normalize their experience and provide a context for the therapeutic component of the program. As a part of the assessment process, women complete a “Women’s Risk/Needs Assessment Survey” that measures self-efficacy, parenting skills, and abuse as a child or adult. Once the assessment is complete and the data is compiled, women are provided feedback in regard to their individual assessment.
A bi-monthly community and prison based group is offered using Covington’s curriculum “Helping Women Recover”. The program is delivered using a psycho-educational approach, balancing the content of the program with the individual needs of each woman. This format allows each woman to tell her story, get support and normalize her experience. Many women experience deep level of shame and guilt based on their histories of trauma, chemical use, prostitution, and loss of children. These topics can be so overwhelming that many of the women cannot even begin to tell their stories until they are in the group for a period of time. Typically the vulnerability required by one woman telling her story opens the door for another. Women who have been in the community for a period of time serve as mentors for those newly out of prison. This process empowers women and builds their self-efficacy: The belief in their ability to change.

The overarching legal feminism principles of equality and recognizing differences are inherent in the main legal goals of the Reentry Clinic. Helping women with their unique legal barriers to reentry reinforces their right to participate in the court system as an equal player. Advocating for issues that are more central to women upon their release then men help women achieve outcomes that make them stronger people in their relationships and communities and more available and better parents to their children.

There is a course component of the clinic where the students learn skills to help the women they are representing. The students learn how to understand and handle each of their individual cases through a feminist and race-conscious perspective. This awareness goes beyond the individual cases. The women represented also learn about their right to equally participate in the court process, to have access to the same resources as women who have not been to prison, and about how important it is to seek out support from women who are going through the same process. Their individual cases are valued and important to the clinic – and their unified determination can create social change.
Case Studies

Client “Jessica”

Bio-psycho-social-legal Background

Family

Jessica is a 48-year old White woman. Jessica has two children, a daughter age 12, and a son age 4. Jessica is adopted and grew up in a small town north of Minneapolis, MN. Jessica has two siblings – an older brother and sister. Jessica’s brother is also adopted. Jessica’s sister was not. Jessica’s parents remained married until her father’s death nearly a decade ago. Jessica is close to her mother, who is in her 80’s. Jessica does not speak to either her brother or sister. Jessica’s adoptive older brother sexually molested her from age 5 until age 11. He was never prosecuted for this abuse.

The father of Jessica’s daughter has custody of her. Jessica has limited visitation with her daughter. Jessica and her current husband both lost their parental rights to her son shortly after he was born. She is not allowed any contact or visitation with him. Jessica’s son was taken away from her by the state because of the extreme instances of domestic abuse that occurred in her home in combination with regular drug use by both Jessica and her husband. Jessica’s husband has been diagnosed as bi-polar and schizoaffective disorder. He has served more than two years in prison over the last five years for domestic assault. His only victim during that time has been Jessica. Their relationship has been filled with emotional, physical and sexual violence from the onset. Jessica has continued to be with her husband despite years of serious abuse.

Mental and Chemical Health

Jessica was diagnosed with bi-polar disorder when she was approximately 18 years of age. Recently she was diagnosed with Post Traumatic Stress Disorder (PTSD). Jessica has a history of alcohol and drug dependency. She had 19 years of sobriety until she relapsed, using methamphetamines, with her current husband at the beginning of their relationship. Jessica reports eight hospitalizations and three chemical dependency treatments. Jessica is medication compliant and currently is managing her mental health. In addition, she has been sober (with one relapse) since her release from prison in April.
2008. Jessica is actively involved in individual therapy and attends the community based group sporadically.

**Education and Employment**

Jessica has completed college and has a master’s degree in nursing. Jessica worked for many years as a nurse. When her mental illness became difficult to manage she left nursing and held many jobs, including working as a hair stylist. She completed her training in cosmetology close to twenty years ago and hopes to renew her license this year. Since leaving prison in 2008, Jessica has been unable to find employment on her own because of her felony record and mental health issues. Through a referral from the Reentry Clinic Jessica received a job at a job-training program where she cleaned medical equipment that had been donated. She was initially let go from this program because of attendance and tardiness issues. The Director of the Clinic petitioned for Jessica to regain her position and attended the follow up interview with Jessica. Jessica got her job back. She was a week away from completing the program when she had an altercation with a security guard and was fired. At this point, Jessica is not working.

Jessica receives state benefits for a mental health disability that cover her rent payments. She receives general medical assistance from the state. She also receives some cash support to get food. Jessica relies on her mother for money. Her mother pays for Jessica’s clothes, much of her food, her phone bill and utilities.

**Criminal History**

Jessica went to prison in 2008 after pleading guilty to several felony counts of forgery. She was convicted for being an accomplice to her husband in forging checks belonging to Jessica’s mother and sister. Initially she was not sentenced to a term in state prison. However, after she violated her probationary sentence, she was sent to prison for a period of 13 months. Prior to going to prison, Jessica was convicted of felony drug possession charges and misdemeanor driving and theft charges.
Presenting Legal Issues

Jessica initially requested representation from the Reentry Clinic to assist her in securing parenting time with her daughter. Before entering prison, the judge in her daughter’s custody case had taken away all of Jessica’s parenting time. Jessica worked with a law student in the clinic to petition the court for unsupervised parenting time with her daughter. The judge’s main concerns before allowing an increase in the amount of parenting time and moving from supervised to unsupervised were two-fold. First, the judge wanted to make sure that Jessica’s husband would never have contact with her daughter. Second, the judge wanted documentation that Jessica was complying with parole, including maintaining her sobriety and caring for her mental health issues. The law student in Jessica’s case and the Clinic Director discussed the value of advocating for Jessica’s right to see her daughter even though both had their own concerns about Jessica’s ultimate safety with her husband in the picture, and her ability to consistently care for herself. Feminist legal theories of equality permeated the case strategy in Jessica’s parenting time case. Representing Jessica in court made her feel that her right to parent was considered equally to her daughter’s father, who opposed the parenting time. The Reentry Clinic convinced the judge to allow Jessica to see her daughter without supervision every other weekend. Jessica was empowered by this decision – that the judge was allowing her to again be a parent to her daughter.

A second legal issue arose in Jessica’s life – this time requiring the Reentry Clinic to use more a differences approach in terms of feminist theory to advocate for Jessica. Jessica and her husband managed to find a landlord to rent them a duplex, despite both of their felony records. After living in the residence for a month, Jessica called the police two times in a week’s period to report serious occurrences of domestic abuse. Both times the police came and Jessica’s husband was removed from the home. At this time, Jessica’s husband was under a strict order from the court to have no contact with her. Despite this order, he was living with her. The landlords filed an eviction against Jessica and her husband, based solely on the two calls to the police. The Reentry Clinic appeared on behalf of Jessica at the eviction trial and argued that there were clear exceptions in state law to prevent evictions based on legitimate calls to police to report domestic
violence. The judge agreed that the sole basis of evicting Jessica (separate from her husband) could not be that she called the police to report domestic violence. Through the Reentry Clinic, Jessica negotiated a new lease on her own with her landlords. This lease included stronger protections for Jessica than the original lease. Jessica continues to remain in her residence today. Pointing out the court that the law clearly carved out an exception to protect the rights of victims of domestic assault, treating them differently, but fairly, led to a successful outcome in Jessica’s case.

Client “Cecilia”

Bio-psycho-social-legal Background

Family

Cecilia is a 41 year old African American woman. She was born in East St. Paul and spent time in her teens and twenties in a gang. Cecilia has five children, ranging in ages from four to 24. Cecilia voluntarily transferred custody of her youngest child to her niece. Cecilia was married from 2004 until 2009. Two of her sons are involved in the criminal justice system and her oldest is currently serving a 14 year sentence for a manslaughter charge. Cecilia reported that she was sexually abused from the time she was four to eight years of age by an adult male relative. When she tried to report the abuse, her mother refused to believe her. Cecilia indicated that all her relationships have had significant violence. She reported that at times she was as physically aggressive as her ex-partners, including assaults with weapons. Cecilia was physically abused by her husband during their marriage and had to leave Indiana where she had been living to escape him in 2007. Cecilia is close to most of her family. Many of Cecilia’s extended family are involved in gangs and the criminal justice system. Currently Cecilia is involved in a relationship with a man who has three years of sobriety and is employed in construction. They plan to move in with each other in the next month.

Mental and Chemical Health

Cecilia suffers from PTSD, anxiety and depression. She is currently compliant with her prescribed meds. Cecilia reports a significant history of drug and alcohol use and abuse. She reports a 17 year history of crack, cocaine, methamphetamine, marijuana,
and alcohol use. Cecilia has been sober since her release from prison seven months ago. She is actively involved in narcotics anonymous and has a sponsor.

Education and Employment:

Cecilia has above average intelligence. While in prison, Cecilia completed her GED and completed three certificate programs in office assistance and computers. Currently Cecilia is enrolled in college and is taking business courses.

Criminal History

Cecilia has been to prison several times during the last six years. She was convicted of kidnapping as a felony, and also has felony convictions for drug charges, prostitution, and failure to register as a predatory offender. Cecilia might be described as a career criminal. When she was released from prison in July of 2009, she was placed on intensive supervised release for predatory offenders. She was the only female parolee that her parole officer had ever worked with.

Legal Issues

Cecilia requested help from the Reentry Clinic to get divorced. Cecilia had never appeared in court before without a jail jumpsuit and handcuffs. She was extremely anxious about what the judge would do to her – even in a relatively simple divorce case. The student working with Cecilia and Clinic Director discussed the importance of making Cecilia a part of every aspect of the legal process of the divorce. The student reviewed all documents in detail with Cecilia to get her input. The student intentionally encouraged Cecilia to participate in her case, creating a sense of ownership and pride in the legal outcome. The day the student, Clinic Director and Cecilia went to court for the divorce hearing, Cecilia said that this was the first time she had ever been to court on the “right” side of the law. She was able to articulate to the court her desire to get a divorce and the judge granted her divorce. Helping Cecilia be her own advocate, appear in court sitting at the counsel table with her attorney, and receive a just outcome gave her confidence that her voice was equal to everyone else’s in the court system – an experience she had not had before.
Conclusion

Both of these women’s bio-psycho-social-legal case studies serve as examples of the complexities of the cases, support the pathways research for women, and underscore how they experience marginalization in terms of gender, race and class. The Reentry Clinic seeks to empower women to be agents of their own change. The goal of the clinic is to move the women’s individual perceptions of themselves away from negative images and victimization towards a positive self-image and belief in their ability to change. The clinic also seeks to change the way communities perceive these women so that they are not so stigmatized. When women leaving prison and the communities they return to believe in and support them, our society is safer and healthier.

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i THE MERRIAM-WEBSTER DICTIONARY, retrieved from the world wide web in 2010.
vii See Kathy Boudin, 29 WOMEN’S RTS. L. REP. 15, 16 (2007).
ix See Id. at 15.
x See Id.
x See Id.
xiii See Id.
xiv See Id.
xvi See Boudin, supra note vi, at 15.
xvii Id.
xviii See id.
xii Candace Kruttschnitt & Rosemary Gartner, Women’s Imprisonment, 30 CRIME & JUST. 1, 44 (2003).
xiii Id.
xxv Angela Harris, Race and Essentialism in Feminist Legal Theory, 42 STAN. L. REV. 581 [page #] (1990).
xxiv Id.
xxv Id.
xxvii Id.


Austin, Bloom, & Donahue 1998.


Minnesota Legislature 1990.

This gender dynamic with students is unintentional. No male students have registered for the clinic for the entire two year period is has been operational.


Id.


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