

# SPECIAL REPORT

from the National Council on Crime and Delinquency

## Reducing the Incarceration of Women: Community-Based Alternatives

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### *Introduction*

Over the past three decades, the California prison population has exploded. This does not necessarily mean, however, that the state had a significantly greater crime problem. Even as California's crime rates declined through the 1990s, the number incarcerated continued to grow (CDCR, 2005; CDCR, 2006b). Policies related to the "war on drugs" and "get tough on crime" initiatives put more men and women in prison for lesser crimes. Increased incarceration led to a corresponding boom in prison construction, yet prisons and jails remain overcrowded. More than ever, prison admissions are for low-level offenders or parole violators.

Typically nonviolent low-level offenders, women have been hit particularly hard by California's sentencing and correctional policies and practices. In a system that was designed to respond to male offenders, few programs are available to respond to the unique needs of women prisoners. While the number of prison beds has multiplied, other responses to women's crime have not. With little access to rehabilitative resources, many women are

likely to reoffend or violate parole and find themselves caught in a revolving door back into prison. Incarceration is under some circumstances a necessary response to criminal behavior. But is perpetuating the revolving door of women's prisons a good solution to crime?

The public does not think so. A recent public opinion poll conducted by Zogby International illustrated that Americans support policies that are focused on rehabilitation. Of those polled, 87% favored rehabilitative services for prisoners as opposed to only 11% who favored a punishment-only model (Krisberg & Marchionna, 2006).

Current policies and practices cost California taxpayers billions of dollars each year but do very little to enhance public safety, reduce crime, or break the intergenerational cycle of crime and incarceration.

The Governor has initiated some significant system reforms, which are first steps in improving the situation for women incarcerated in California. Public sentiment,

lawmakers, the California Department of Corrections and Rehabilitation (CDCR), experts, and the courts all see a need for change. We have a rare opportunity for system reform. To that end, a broad coalition of national experts has assisted in the development of the CDCR's strategy and support its goals.

## First Steps

In 2004, the JEHT Foundation, the California Endowment, and five other foundations funded a study on women in prison in California.\* The study asks the question: Is California's incarceration strategy for women appropriate, effective, and sustainable? The simple answer is "No." Can we do better? Absolutely. California is incarcerating large numbers of women that do not need to be housed in prisons but would be good candidates for community-based, service-rich corrections programs where they have consistent access to treatment, health care, family, and rehabilitative services.

According to CDCR estimates, approximately 4,500 low-level women offenders who are currently incarcer-

### Study on Women in Prison

*The purpose of this report is to present findings from our study of women in prison, which support the proposed CDCR development of community-based correctional facilities as a more viable setting to deliver gender-responsive programs and services. For this study, community-based correctional programming was defined as programs operated outside of prisons and jails in the communities from which women prisoners come.*

ated could be eligible for placement in secure, community-based programs without risking community safety. These will be locked facilities and will include CDCR custody staff. The CDCR plans to initiate the contract process to secure 4,500 community-based female correctional rehabilitation center beds beginning in FY

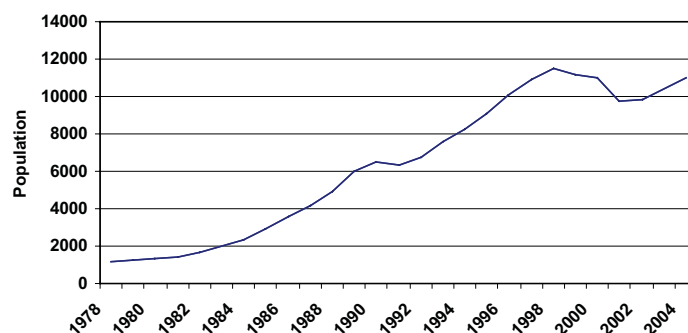
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2006/07 for nonviolent women prisoners. The CDCR anticipates beginning to fill these community beds in FY 2007/08.

## The Incarceration Explosion

Currently, there are over 10,000 women in jail, 11,000 women in prison, and 12,000 women on parole in California (CDCR, 2005; CDCR, 2006b; CSA, n.d.). This state has the largest population of women prisoners in the nation, second only to Texas. California has four prisons for incarcerated women (CDCR, 2006a).

### California Women's Prison Population 1978-2004



Source: CDCR, 2005; CDCR, 2006a.

In the past three decades, the number of women in California's prisons has increased dramatically, growing from 1,147 in 1978 to 11,462 in 2005. This 900% increase surpasses the 676% increase of men in prison during the same time period (CDCR, 2005; CDCR, 2006b).

The dramatic increases in incarceration do not reflect increases in female offending. Women are particularly vulnerable to such policies as mandatory minimums, because they are more likely than men to be incarcerated for drug-related or petty, nonviolent property crimes. Before the advent of mandatory minimums for drug sentences, such a crime may not have warranted imprisonment, but now judges usually have few options. It is these arrests that are driving their high rates of incarceration (Casey & Wiatrowski, 1996; Raeder, 1993). Mandatory sentencing policies have taken the place of either structured assessments or professional judgments to determine which women require incarceration and which women would be safely monitored and rehabilitated in community-based settings. Further, women are often

### **Criminality Among Women**

*Because women are often minor participants in criminal economies (Radosh, 2002), they are especially affected by mandatory minimum sentencing laws. For example, under the drug-conspiracy mandatory minimum laws, a woman can be incarcerated for several years for driving her boyfriend to a place where he buys drugs or for picking up the phone at her house where he sells drugs (Gaskins, 2004). Women are tied to these criminal elements because of personal relationships, yet the court cannot consider these relationships when sentencing (Raeder, 1993). Additionally, women are less likely to be able to provide the prosecution with insider information—the only consideration that can shorten the mandatory minimum—because they are less likely to know much about the criminal activity. Furthermore, women may not want to inform on their partners and family members, either out of love or out of fear (Gaskins, 2004).*

Sources: U.S. Census, Demographic Profiles, 2000; U.S. Census, Educational Attainment, 2000.

placed in high security prisons because that is often the only option. Only 8% of women offenders in California are now in community correctional placements (CDCR, 2006b).

### **Women Incarcerated**

Incarcerated women are characteristically women of color, poor, unemployed, and single mothers of young children. Imprisoned women tend to have fragmented families, other family members involved with the criminal justice system, significant substance abuse issues, and multiple physical and mental health problems (Bloom, Owen, & Covington, 2003). Often, an underlying cause of these problems is trauma that is associated with abuse. Women in prison have typically experienced some form of abuse in their lifetime, including sexual assault, domestic violence, and sexual, physical, and psychological abuse. Fifty-seven percent of these women report physical or sexual abuse before imprisonment versus 16% percent of men (Little Hoover Commission, 2004).

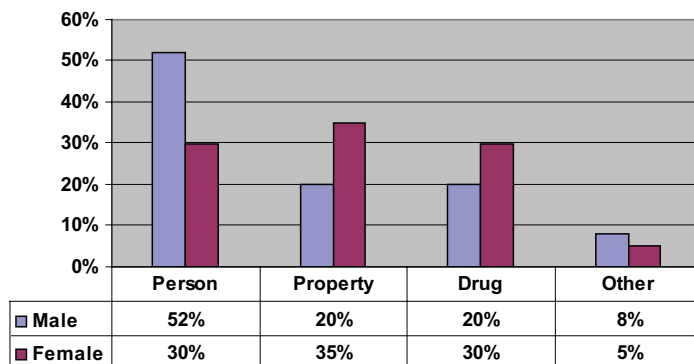
The vast majority of women in California’s prisons are nonviolent offenders who are usually serving time for

property and drug offenses. While over half of men in prison were incarcerated for violent crimes, just 30% of women were convicted of violence. Given this, it is not surprising that over two-thirds of women are classified as low risk (Level I or II) by the prison classification system (LHC, 2004). Further, 87% of new female admissions are there for nonviolent crime (CDCR, 2006b). However, due to a lack of appropriate placements, women often are held in more secure environments than their custody classifications would warrant.

Typically, women receive relatively short prison sentences for these nonserious, nonviolent crimes. They are soon released into the community having received few services to address their pathways to crime and even fewer transitional services, setting them up for failure. Many women end up back in prison.

### **Felony Offenses by Gender**

*California State Prison Population March, 2005*



Source: CDCR, 2006a.

### **Children**

California’s over-reliance on incarceration affects more than the women prisoners. Families and communities have been devastated by women’s imprisonment. Nationally, it is estimated that between 70% and 80% of female inmates have dependent children at the time of their incarceration (Greenfeld & Snell, 1999; Watterson, 1996). NCCD estimates that approximately 19,000 children have mothers who are incarcerated in state facilities. Although there are many more children with fathers in prison than mothers, unlike fathers, most of Califor-

nia's incarcerated mothers are the primary caregivers of dependent children and will return home to their children. While the vast majority of children of incarcerated men continue to live with their mothers, children of incarcerated women are more likely to end up living with other relatives, particularly grandparents, and are more likely to end up in foster care (Powell & Nolan, 2003).

Furthermore, the separation of a woman from her children not only affects the mother but has a substantial impact on her child's future as well. Children of inmates are five to six times more likely to become incarcerated than their peers (Bloom, 1993). Approximately 10% of children with incarcerated mothers are forced into the foster care system, and 11% change caregivers at least twice (Dressel, Poterfield, & Barnhill, 1998). Visitation policies and the distance to prisons from their home communities make it difficult for children to visit. Seventy-nine percent of incarcerated mothers in California never receive a visit during their incarceration (Powell & Nolan, 2003).

## *Prison Health Care*

For many women, prison is the first circumstance in which they have been able to access resources, in particular substance abuse treatment, mental health counseling, reproductive and physical, dental and vision health care. Even though women often receive better health care in prison than on the outside, service delivery in prison remains woefully inadequate and sometimes deadly. In fact, California's prison health care system has been placed in receivership under the scrutiny of a federal judge. Because the majority of offenders in the system are men, programming for women has been neglected and women offenders, as well as the broader community, are seeing the ramifications of that neglect.

As part of our recent study of women in prison in California, NCCD conducted an in-depth examination of health care for women in prison. NCCD found significant gaps in health care delivery with gaps in mental health care being the most prevalent and significant. Mental health problems often land women in prison in the first place, and if left untreated, are likely to put them back behind bars. Instead of being placed in mental institutions or drug rehabilitation programs to address their underlying illness, women are sent to

prison. Due to the relationship between mental illness, incarceration, and recidivism, mental health treatment is especially critical. Stakeholders cite mental health issues as a principle barrier to rehabilitation and cause of recidivism. Lack of treatment and exacerbation of mental illness within prison walls make women more likely to become repeat offenders once they are released.

Considerable problems plague physical and reproductive healthcare in women's prisons. Common chronic illnesses of incarcerated women include asthma, heart disease, high blood pressure, insulin-dependent diabetes, epilepsy, and various forms of cancer. Prisons have higher rates of infectious diseases including hepatitis C, HIV/AIDS, staphylococcus, and sexually transmitted diseases than the general population.

Mental and physical health care services delivered in prison, albeit meager, are often abruptly discontinued after a woman is released from prison. Women may be taken off their medications, denied access to their medical histories, and often go unnoticed of abnormal test results that surface even a day after their release. This also affects the health and safety of the community. Even after a relatively short sentence, a woman may spread an infectious disease in her community.

## *Community Options*

As part of this study, Barbara Bloom and NCCD examined community-based alternatives to incarceration as an important component in any system reform. Because they operate on a smaller, more personal scale and have stronger links to the community, these facilities are much more likely to provide appropriate services,

### *Program Types*

*Seven community-based program types are representative of the range of services and programming currently available to women offenders and parolees in California, including Family Foundations Program, Community Prisoner Mother Program, Drug Treatment Furlough, Female Offender Treatment and Employment Program (FOTEP), Community Correctional Reentry Center/Parolee Service Center, Community Correctional Facility, and "grassroots" community-based organizations.*

including health care, than prisons. Further, community-based facilities are less likely to isolate women from existing support systems that they need to successfully negotiate challenging addiction and mental and physical health care issues. This is important because strong family ties have the potential to help with rehabilitation. The primary emphasis in prisons has been punishment and confinement, whereas community-based settings can emphasize treatment, service provision, and community reentry.

## *California's Existing Community-Based Programs*

NCCD located a total of 19 community-based programs that serve women prisoners. The identified programs provided an array of services. The target population typically included low-level, nonviolent, substance-abusing women. In some programs, their children were allowed to reside with them. Some programs served as an alternative to prison placement. Others served women by allowing them to complete the remaining months of their prison sentences in a residential community program, while others provided reentry services to women on parole. Services addressed parenting, education, substance abuse, vocational training, housing, life skills, and other needs.

### *A start, but not enough*

Excluding the Female Offender Treatment and Employment Programs for women on parole, at the time of the NCCD study, there were only 1,000 community beds available to women offenders. Not all of these beds were in secure facilities. To accommodate the 4,500 women that the CDCR has identified for placement in secure community-based settings, significant development of community-based corrections facilities is needed. Currently, there are relatively few providers offering these services to women offenders. There are gaps in the existing continuum of services for women, and many of the programs were underutilized due to CDCR eligibility criteria and institutional endorsement policies.

## *Recommendations for Reform*

NCCD supports the CDCR proposed expansion of community corrections but strongly recommends the following guidelines and practices.

- Embrace a gender-responsive model of community corrections.
- Include a gender-responsive structured risk assessment to identify candidates for community placement.
- Keep community corrections facilities small.
- Provide intensive services such as housing, job training and placement, parenting, education, substance abuse treatment, and physical and mental health care.
- Be flexible and include individualized treatment plans and coordinated case management.
- Incorporate a process and outcome evaluation component into program planning, implementation, and a long-term follow-up of women and their children.
- Include a comprehensive cost-benefit analysis of community corrections and prisons.
- Conduct a public awareness campaign to encourage community ownership of programming for female offenders.
- Assess the needs and available resources of the broader community and enhance and mobilize community-based services accordingly.
- Provide gender-responsive, trauma-sensitive reentry services and health care.
- Provide intensive training and technical assistance to programming providers and CDCR security staff on gender-responsive strategies.
- Provide technical assistance to potential contractors around issues such as facility requirements, licensing, and security.
- Include enhanced community corrections as part of a larger reform effort that addresses sentencing policy, prevention and reentry programs, and intervention with children of incarcerated women.

### ***A New Approach to Crime Control and Reentry***

*The prison system in California needs a new approach to the incarceration of women, an approach that recognizes that women have different needs than men.*

#### ***Guiding Principals of a Gender-Responsive Model***

- *Acknowledge that gender makes a difference.*
- *Create and sustain an environment based on safety, respect, and dignity.*
- *Develop policies, practices and programs that are relationship based and that promote healthy connections to children, family, significant others, and the community.*
- *Address substance abuse, trauma, and mental health issues through comprehensive, integrated, culturally-relevant services and appropriate supervision.*
- *Provide women with opportunities to improve their socioeconomic conditions.*
- *Establish a system of community supervision and reentry with comprehensive, collaborative services.*

Source: Bloom, Owen, Covington, 2003.

### ***Community preparation***

Careful planning is essential to improving the health of California's broken corrections system. We know that community-based programming should be developed in those communities that are sending the majority of women to the CDCR. Existing community-based resources need to be examined and probably further developed. Research indicates that the most distressed neighborhoods send the most people to prisons. These neighborhoods lack resources and are unlikely to support the return of prisoners (Tucker & Cadora, 2003). Enhancing the capacity of drug treatment, physical and mental healthcare, and vocational resources in targeted communities will likely be necessary. So as not to drain community resources from the non-offending popula-

tion, community-based resources should be enhanced. After years of propaganda used to scare the public into tougher sentencing laws, there is bound to be some resistance in certain areas. A concerted effort must be made to educate communities and mobilize stakeholders to address legitimate concerns.

### ***Program evaluation***

Additionally, program evaluation should be included at each step of the process. Outcome variables need to be identified at the start. It is important to consider both the short-term and long-term outcomes of the development of community-based programming. Process and evaluation data should be collected to ensure that "best practices" are used. The timing is critical. We may not get another chance to implement this broad system reform. It is important that we do it right and conduct an ongoing examination of evidence to make sure we are getting the right program to the right woman at the right time with appropriate use of limited resources.

If implemented correctly, programs that follow the above recommendations are more likely to be successful in reducing crime and allowing women to lead stable, crime-free lives. Further, they are more likely to break the intergenerational cycle of incarceration by reducing recidivism and minimizing the trauma done to children.

### ***Difficult path***

Community-based corrections programming is essential to reversing the trend of California's over-reliance on incarceration. However, it is important to note that the extent of California's dependence on prisons will not be reversed simply by enhancing the community-based option. Given the current crisis, shifting the emphasis from prison construction to community-based facilities will not be without difficulties. California must address all of its sentencing policies and penal practices that are driving incarceration rates.

## ***Broader Reforms Necessary***

While NCCD supports the CDCR's female reform effort, it also strongly encourages reform along the continuum of criminal justice intervention. Specifi-

cally, sentencing reform is necessary. The availability of presentencing community-based alternatives and diversion, especially around drug treatment, should be enhanced. California needs significantly more alternatives as sentencing options at the county level. Also, the plight of women who remain in prison cannot be forgotten. Prisons are currently overcrowded, and conditions of confinement are deplorable. Within prison walls, services should be enhanced and designed to address the unique needs of women.

The CDCR is positioning itself to take the first critical step in ameliorating substantial shortcomings. NCCD endorses the CDCR's efforts in this area as a first step toward broad reform. Prevention programming, alternative sanctions, and reentry programs are essential components of a healthy system response to crime. In the immediate term, NCCD recommends removing ap-

propriate women from prison to serve out the duration of their sentences in gender-responsive, family-friendly, service-rich correctional facilities.

## Conclusion

We all want an easy, quick, and cheap solution to the rising number of women incarcerated in California prisons. Unfortunately, the pathways of women into the criminal justice system are complex and intertwined. Prisons alone are just not capable of responding to these complicated issues in any way but punishment and are thus doomed to do little more than worsen the problem.

If implemented correctly, gender-responsive, service-rich, and family-friendly community-based correctional facilities can address women's unique pathways into the system while promoting public safety.

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