

**Managing Increasing Female Inmate Populations
Oklahoma Department of Corrections—October 2008**

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A DOC “White Paper”**

Abstract

Rates of growth of female inmate populations have generated considerable attention and concern as correctional officials consider appropriate, gender-specific responses in the U.S. and in Oklahoma, which leads the nation in female incarceration rate. Research and practice have detailed that, as Oklahoma and other states attempt to deal effectively with their increasing incarcerated female populations, they will have to deal with the unique as well as more familiar paths leading to female incarceration. In addition, if reentry is to be successful, they will have to face and overcome obstacles regarding (1) treatment for substance abuse problems; (2) health care; (3) mental health issues; (4) violence prevention and post-traumatic stress disorder; (5) educational and employment services; (6) safe, secure, affordable housing; and (7) child advocacy and family reunification. This will likely involve more use of assessment instruments, such as the LSI-R and gender-validated tools, as well as more focused programs and priorities, including family impact statements, therapeutic communities, intensive gender-based case management, certificates of employability, and specific female-oriented research agendas and products.

Among the many concerns and issues facing states about their sentencing and corrections policies, the increased rate of female incarceration ranks high in most states. As noted in the well publicized Pew Center on the States report “One in 100: Behind Bars in America 2008” (Pew Center for the States, 2008):

- *White men were behind bars at a ratio of one per every 106 white males in the 18 years old and up population. This compared to one Hispanic man per every 36 Hispanic males in the same age range and one black man per every 15 black males. For black men aged 20-34, the ratio was 1 in 9; for black males over 55, 1 in 115.*
- *White women were behind bars at a ration of 1 in 355 of all white women ages 35-39. The comparison ratio for Hispanic women was 1 in 297 and for black women, 1 in 100.*

Earlier, Bureau of Justice Statistics (BJS) reports focused similar attention on incarceration rates of females. According to one report, the rate of women incarcerated in 1999 had increased at roughly double the rate for incarcerated males since 1980 (Greenfeld and Snell, 1999), primarily due to drug convictions (Beck, 2000).

Oklahoma has consistently ranked first in rate of female incarceration nationally, and projections for its female inmate population through FY 2013 indicate that ranking will remain high, if past rates remain the same:

Projected Female Prison Population, Oklahoma Department of Corrections, FY 2005-FY 2013

	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013
Female Inmates	2,557	2,608	2,701	2,721	2,780	2,840	2,901	2,924	3,028

Data for FY2005-FY2008 from Oklahoma Department of Corrections, Offender Management System.

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The 3,028 projection for FY 2013 represents an expected 11% increase from FY 2008, compared to a 10% increase expected for the total inmate population in the same time period at current rates. In response, the Oklahoma Department of Corrections (DOC) is already creating the first top level correctional position dedicated to managing female institutions, facilities, and programs. This paper examines research and other examples to maximize the effective and efficient operation of female prisons and the successful reentry of female offenders when they leave those prisons.

Incarcerated Female Offenders

An NCJRS summary of its literature repository on “Women & Girls in the Criminal Justice System” (2007) documented increased incarceration rates of females nationally in the last three decades, as well as in probation and parole populations and in arrest rates. As the summary states,

Historically, women have been more likely to commit minor offenses and have made up only a small proportion of the offender population. Although women remain a relatively small number of all prisoners, these facts have concealed a trend in the rising percentage of female offenders, their participation in violent crime, and have inhibited the development of gender-specific programs to address the issue (NCJRS, 2007).

Another indicator of the growing importance of attention to issues of female inmates has been the creation of a “Women Offenders Forum” by the National Institute of Corrections and its Corrections Community blogs and resources—
<http://www.nicic.org/WomenOffenders>.

As incarcerated female populations grow, the facilities, programs, and treatments for prisoners, once primarily male, have been changing as well. Simply put, women get to prison and jail differently than men and have different needs to be addressed while there. According to the NCJRS summary above, the factors contributing to female criminal behavior include prior victimization, mental illness, spousal abuse, and substance abuse. As the summary notes,

. . . a national survey of jail inmates conducted every 5 to 6 years [shows that] 36% of female inmates reported they had been sexually abused in the past. Among the women who knew their abuser, 26% said they had been physically or sexually abused by a parent or guardian, and 34% by a friend or acquaintance . . . Furthermore, according to the 1998 National Council on Crime and Delinquency multidimensional study of girls in the California juvenile justice system, 92% of the juvenile female offenders interviewed in 1998 reported they had been subjected to some form of emotional, physical, and/or sexual abuse . . . (NCJRS, 2007).

Several more recent studies have reaffirmed and extended these findings. A study of sixty women incarcerated in a maximum security facility “revealed several major ways in which victimization impacted the female offenders, including the victimization’s effects on health and psychosocial functioning. In some cases, the victimization led

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directly to the commission of the offense in that the women were coerced into the criminal activity” (DeHart, 2004). Jones (2008) likewise found substantial evidence of male coercion of female offenders, exacerbated by substance abuse. He concluded that “[a]lthough the criminal justice system relies on a clear distinction between a wholly innocent victim and a completely guilty offender, these results suggests [sic] the dichotomy of ‘rational agent’ or ‘unwilling victim’ in relation to manipulated female offenders.”

If we look for studies answering a general call for “justice analysis” of women and drug use in criminal justice (Richie 2006), research has found differences between women and men in paths to substance abuse and responsiveness to treatment. Messina et al. (2007) noted the common occurrence of childhood abuse and dysfunction for both genders in the backgrounds of substance abuse offenders. However, they asserted that “it is clear that women offenders more often report certain types of abuse and a longer duration of abuse” Regarding treatment engagement differences, Stanton-Tindall et al. (2007) found that *“inmates in female treatment programs report more psychosocial dysfunction, less criminal thinking, and higher engagement than in male facilities, and demonstrate more negative relationship between psychosocial variables and treatment engagement compared to males in programs.”* This is important because

assessing factors that might influence treatment engagement, such as psychosocial issues and criminal thinking early in the treatment process, programs might be able to target treatment interventions designed specifically to address these problems in an effort to enhance retention rates, treatment experience, and treatment outcomes of their clients; clients who do not engage in treatment are less likely to complete treatment and less likely to have positive treatment outcomes.

Other factors than substance abuse clearly affect female criminality, of course. Komarovskaya et al. (2007) detailed “the association between incarcerated women’s levels of impulsivity and self-reported violent behavior, personality psychopathology, and institutional infractions,” an area of research generally focused on male offenders in the past. Elsewhere, Holtfreter et al. (2004) examined *“the effects of poverty and State capital (State-sponsored support) on recidivism among women offenders, as well as whether criticisms of actuarial risk tools, such as the failure to take into account gender-related factors, have merit.”* The authors concluded that

poverty status increased the odds of rearrest by a factor of 4.6, and it increased the odds of a supervision violation by a factor of 12.7. In contrast, risk scares [sic, perhaps] did not predict recidivism once poverty status was taken into account. Among poor women offenders, the study found that State-sponsored financial support to address short-term needs (e.g., housing) reduced the odds of recidivism by 83 percent.

The Holtfreter et al. article also raised the issue and importance of risk assessment, particularly use of the Level of Service Inventory-Revised (LSI-R), in determining incarcerated female needs to prevent later recidivism. The authors suggested

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that “*the LSI-R, a commonly used actuarial risk assessment tool, does not give sufficient emphasis to the economic marginality of women offenders.*” Other work, however, has found that the LSI-R in its self-report version was “shown to be effective in predicting recidivism for some groups of female offenders” in Canada (Folsom and Atkinson, 2007) and England (Palmer and Hollin, 2007). The latter concluded that “the LSI-R is highly predictive of recidivism” and noted that, compared to male offenders, female offenders “*had significantly higher scores than did the male offenders on five of the LSI-R subscales relating to accommodation, companions, family and marital relationships, substance misuse, and emotional and personal problems.*”

However, for female offenders in the U.S., Holtfreter and Cupp’s meta-analysis of gender and risk assessment (2007) concluded that “*the LSI-R appeared to fare better when predicting the more extreme recidivism outcomes among female offenders. Women were disproportionately affected by early life events, such as abuse, victimization, neglect, and poverty.*” They also stated that “[a]lthough the LSI-R does appear to work fairly well for women whose offending context may be most similar to males, the same cannot be said for women who follow gendered pathways to crime.” Somewhat similarly, Kubiak and Arfken (2006) discovered differences in need levels between women involved in the criminal justice system and those outside of it but seeking treatment services in the community. They found that “*43.6 percent of the criminal justice involved women had four or more areas of need compared with 16.5 percent of noncriminal justice women currently in treatment.*”

Differentiating risk levels of incarcerated females is important in light of the “risk principle,” asserted by some researchers, that putting low risk offenders into programs and proximity with high risk offenders actually increases the former’s later chances of recidivism (Taxman and Cropsey, 2006). Lovins et al. in their research (2007) did find that “*the risk principle is applicable to women as higher risk female offenders who participated in residential treatment showed lower probability of recidivism than a controlled comparison group, while lower-risk women increased in likelihood of rearrest after exposure to the same treatment . . .*” and, less so, in later recidivism. The authors concluded that “*higher risk female offenders should be the target population for intensive treatment and supervision programs, including placement in a residential correctional facility, and low-risk women should be diverted from intensive correctional interventions when possible.*”

Along the same lines, work relating risk and need to institutional misconducts (Wright et al., 2007) found “[i]n particular, childhood abuse, unsupportive relationships, experiencing anxiety or depression, and psychosis were highly related to the likelihood that a woman might incur institutional misconducts within 6 and 12 months of incarceration,” misconducts that can add time to lengths of stay. The authors believed that “[t]rauma-informed policies, family reunification, improved mental health services, and enhanced staff skills for managing women offenders all appear to be warranted.” Most importantly, research by Heilbrun et al. (2008) found rearrest “*to be less frequent, both in number and rate, for women who received structured and gender-specific programming . . . during an outcome period of 6 months in the community.*”

Beyond issues of relieving substance abuse and victimization, another important factor enters into consideration of female offenders: their children and the development and maintenance of strong, positive relationships with them. Granted that some

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researchers call for greater attention to the dysfunctional possibilities of these relationships (Phillips et al., 2006), most researchers agree that “[f]or many incarcerated mothers, their relationships—or lack thereof—with their children can profoundly affect how they function in the criminal justice system. Often, behaviors such as negativism, manipulation, rule breaking, and fighting among women are signs of . . . ‘resistance for survival’ in response to the grief, loss, shame, and guilt these women feel about their roles as mothers” (Covington, 2003). Bogart et al. (2005) examined differences between drug-abusing women with and without children in their care with regards to demographics, mobility, resources, drug use, and legal problems. Their study outlined “a drug-consuming, mobile, undereducated, and criminally involved group of women who do not have substantial resources at their disposal regardless of whether they have biological children in their care. . . . Hispanic, Native American, and interracial women were more likely have to have their biological children in their care and Caucasian and African-American women less likely” The study recommended “changing the overall approach from punishment to rehabilitation and keeping children with their mothers [to try to promote] health behaviors and avoid the intergenerational cycle of substance abuse, criminality, and family disruption.”

This reference to the possible “intergenerational cycle” points to a final key concern. The incarceration of females raises the potential for significant social costs from the separation of children from functional relationships. Researchers have “identified higher rates of troubling behaviors, including aggression, depression, anxiety, parentified behaviors, substance abuse, and survivor guilt among these children, as well as increased risk that they, too, will become involved with the criminal justice system. It is important that gender-responsive interventions for women in the system better address the effects of parental incarceration on children” (Covington, 2003). One possible policy innovation concerning children and families of incarcerated females, suggested by an Australian study (Sheehan et al., 2007), would be to require “family impact statements” to be prepared for judges prior to sentencing in cases in which the female defendant is a primary caregiver to dependent children.

From the studies above, it is clear that, as Oklahoma and other states attempt to deal effectively with their incarcerated females and reduce their numbers and rate of increase, they will have to face and overcome obstacles regarding “(1) treatment for substance abuse problems; (2) health care; (3) mental health issues; (4) violence prevention and post-traumatic stress disorder; (5) educational and employment services; (6) safe, secure, affordable housing; and (7) child advocacy and family reunification” (Richie, 2001). Fortunately, research and practice can provide examples for possibly successful reentry in the face of the specific needs of those offenders. Consider these examples:

- At the Maryland Correctional Institution for Women, officials created a Female Offender Management Work Group. That workgroup led to “a new risk assessment form specifically for female offenders, increased staff training on trauma and gender responsive programming, an enhanced facility design that fosters social and mental rehabilitation, and new visitation rules that allow children to sit on their mothers’ laps. Other improvements include[d] the banishment of partitions for family visits and transition services following

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incarceration, including education services, substance abuse treatment, and housing assistance” (Livers and Hiers, 2007).

- New Mexico’s “woman-centered approach for female offenders” featured *“intensive gender-specific case management programming, a family literacy program designed to help mothers read to their children, a therapeutic residential program that focuses on a variety of female-specific issues, and Dolls Against Domestic Abuse in which female inmates make dolls for children who were present at a domestic violence scene and now live in a safe house. Other programs include regular therapeutic visits with children, overnight visitation for incarcerated mothers, creative writing and poetry for female classes, community work release, reentry planning, and televisitation. . . . Staff for the New Mexico Department of Corrections complete a 3-day training session on ‘Working with Female Offenders’ in order to raise awareness of women’s unique needs and issues” (Carr, 2007).*
- Analysis of the Cameron neighborhood in Chicago, a poor but recently proactive community developing initiatives including an employment and case management program for female offenders, recommended the following for female reentry: *“(1) a comprehensive and multidimensional assessment of psychological, social, and educational needs prior to release; (2) assistance with identifying family issues for family conferencing and negotiation; and (3) closer attention to job placement that enables women to gain income and gradual experience in the job market” (O’Brien, 2006).*
- Several states, including Connecticut, Iowa, Maryland, New York, and Ohio, have considered development and use of “certificates of employability.” These official certificates are issued upon release from correctional custody to offenders who, through their performance in prison (treatment, training, and behavior), can be certified as ready to perform productively in the workplace. These certificates can be used to defer or eliminate application of laws prohibiting felons from entering licensed or other credentialed professions. Since they are most likely given to low risk and/or non-violent offenders, a description that also applies to many female inmates, this policy option might prove most suitable for the female population, especially if piloted for testing prior to larger scale implementation.
- Drug courts have often proven effective with female offenders. Fischer et al. (2007) discovered that female participants felt *“the strongest component of the drug court they were in enrolled in [in northern California] was being surrounded by caring people who listened to them and who were genuinely concerned about their progress.”* The authors also found that the female offenders *“did not mind the intensive supervision and graduated and immediate sanctions as long as they were imposed fairly by people who sought to educate rather than punish or humiliate them. Essential components of a successful program were seen as wraparound services, resources and referrals, treatment facilities that accepted children, and individualized treatment plans.”* Regarding drug court use for specific drug types, Hartman et al. (2007) determined that *“drug court can be an effective strategy for women meth users even with an assortment of needs. Despite the fact that women meth users had higher LSI-R*

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- Work by Sacks et al. (2008) indicated that outcomes for women in a prison therapeutic community (TC) or in an Intensive Outpatient Program (IOP) *“improved significantly on all variables in each of the outcome domains (mental health, substance use, criminal behavior, and HIV risk).”* However, TC participants, with less exposure to sexual violence and with fewer prior criminal arrests, did better after six months on depression and posttraumatic symptom severity and in trading sex for money or drugs.
- Ford et al. (2008) found that counseling programs such as Trauma Affect Regulation: Guide for Education and Therapy (TARGET) and Present Centered Therapy (PCT), which *“enhance women’s abilities to deal effectively with current challenges and relationships,”* successfully reduced drop-out rates and levels of post-traumatic stress disorder for incarcerated females similarly to long-term therapies.
- Finally, Jeremy Travis (2006) has called for a specific research agenda on these concerns *“that is woman-centered, not offender-centered, and not even woman-offender-centered. As important as it is to understand the consequences of the increase in women in prison, and the intersection of drug abuse and the war on drugs on women, the ripple effects of this social experiment are far reaching and the research agenda must be just as far reaching.”* In other words, the development and application of a top-flight research capability and Evidence-Based Practice for issues concerning incarcerated females could pay substantial dividends.

Conclusions

Rates of growth of female inmate populations have generated considerable attention and concern as correctional officials consider appropriate, gender-specific responses in the U.S. and in Oklahoma, which leads the nation in female incarceration rare. Research and practice have detailed that, as Oklahoma and other states attempt to deal effectively with their increasing incarcerated female populations, they will have to deal with the unique as well as more familiar paths leading to female incarceration. In addition, if reentry is to be successful, they will have to face and overcome obstacles regarding (1) treatment for substance abuse problems; (2) health care; (3) mental health issues; (4) violence prevention and post-traumatic stress disorder; (5) educational and employment services; (6) safe, secure, affordable housing; and (7) child advocacy and family reunification. This will likely involve more use of assessment instruments, such as the LSI-R and gender-validated tools, as well as more focused programs and priorities, including family impact statements, therapeutic communities, intensive gender-based case management, certificates of employability, and specific female-oriented research agendas and products.

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