

“Improving the Odds: Women in Community Corrections”

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While women are still a relatively small percentage of the total population involved in the criminal justice system, they are the fastest growing segment of the prison population.¹ Yet, the majority of women in the criminal justice system are charged with non-violent offenses and do not present a risk to public safety.² Further, their incarceration has a disproportionately damaging affect on the well-being of children³ and, some would argue, on communities.⁴ These reasons alone should persuade us to sentence women to community corrections whenever possible. Then we note that women have a relatively high rate of technical violations when under probation or parole supervision.⁵ In fact, national data show that, on average, one third of women admitted to state prison are there on for parole violations and, of them, two thirds are for technical violations, not new charges!⁶ And, finally, as we have learned from mapping technology, it is the most distressed neighborhoods that send the most people to prison and

¹ Women's Prison Association. 2003. "WPA Focus on Women & Justice: Trends in Incarceration I" New York: Women's Prison Association.

² Greenfeld, Lawrence A. & Tracy L. Snell. 1999. "Women Offenders." Washington, D.C.: Bureau of Justice Statistics.

³ Johnston, Denise. 1995. "The care and placement of prisoners' children." In Gabel, Katherine and Denise Johnston, Eds. *Children of Incarcerated Parents*. New York: Lexington Books.

⁴ Clear, Todd R., Dina R. Rose & Judith A. Ryder. 2001. "Incarceration and the community: The problem of removing and returning offenders." *Crime and Delinquency*, 47(3): 335-351.

⁵ Chesney-Lind, Meda. 1998. "The Forgotten Offender, Women in Prison: From Partial Justice to Vengeful Equity." *Corrections Today*, 60(7): 66-73.

⁶ Travis, Jeremy & Sarah Lawrence, 2002. "Beyond the Prison Gates: The State of Parole in America," Washington, DC: The Urban Institute.

that, arguably, are the least prepared to support them in their efforts to become self-sufficient.⁷

This paper explores a model for increasing women's prospects for success in the community—whether they are there as an alternative to incarceration (probation or other intervention) or after incarceration (parole or other form of reentry). This is an important goal for several reasons: to reduce the incidence and the costs of incarceration, to improve outcomes for women and their children, and to demonstrate an approach that may also be more effective with men. With this as a background, this paper will explore the potential that exists for redirecting existing resources into more effective community-based interventions that combine correctional supervision with integrated case management. The paper is informed by the work of the Women's Prison Association, a New York City-based non-profit agency founded in 1844 that provides social services to 2,500 women and their families a year.⁸

Our Collective Yearning for the Silver Bullet

Too often, in the search for more innovative community-based responses to crime, the discussion gets reduced to one or two dimensions. This happened in the drug court movement with the focus on the offender's need for treatment or on the expanded role of the judge in holding offenders accountable. More recently, reentry conversations focused primarily on jobs or housing. In fact, successful living in the community is about more than treatment, a job, or housing, or even compliance with criminal justice system requirements (whether the court, probation or parole.) It is about all of those things and more.

A Matrix Instead

Women in the criminal justice system typically are facing multiple challenges: poverty, substance abuse, homelessness, at-risk children, chronic physical and

⁷ Cadora, Eric with Charles Swartz & Mannix Gordon. 2003. "Criminal Justice and Health and Human Services." *Prisoners Once Removed*. Washington DC: Urban Institute.

⁸ See Women's Prison Association at www.wpaonline.org.

mental illness. Unmet, any of these needs can be a stimulus for relapse and for re-engagement in criminal activity. In thinking about effective work with women, the Women's Prison Association (WPA) recognizes that one's life requires a plan in *all* of at least five basic life areas, or **domains**:⁹

- Subsistence
- Residence
- Children and family
- Health, mental health and sobriety
- Criminal justice compliance

While the importance of equipping people in each of these areas is masked by prison or residential drug treatment (which provide for food, shelter, clothing and health care), someone's ability to function successfully in the community requires a plan in all of the areas.

Further, the appropriate plan in each domain varies depending on the degree of functionality of the individual, or the **phase** of her/his¹⁰ reintegration:

- Survival
- Stabilization
- Self Sufficiency

Using the Matrix to Think about Reentry

For example, a woman in the *survival phase* may be living on her gate money, eat at a soup kitchen, and sleep in a shelter or on a friend's couch; she may be desperately trying to stay sober, and go to an emergency room if she has a health problem. She is likely to be concerned about her children but to be so

⁹ With input from staff and clients, WPA is now considering additional domains. One of these is likely to be Civic Participation. In the Self Sufficiency phase, it would include the activities of voting and volunteering; in the Survival and Stabilization phases, it might include being part of a community that promotes healing or collective living. People trying to live "new lives" also have a need for encouragement, emotional support, and for orientation to new things. This can be provided through mentoring, peer support, or taught in independent living curricula.

¹⁰ WPA came to this model in its work with women, but suggests that the model is also applicable to men.

much in crisis herself that she is unable to do anything on their behalf. We hope that she conforms to any mandates imposed by probation, parole, or the court so that she can stay free.

In the *stabilization phase*, she may rely on public assistance, live in a supportive residence, get health care for chronic conditions, participate in out-patient drug treatment, and begin to have more regular contact with her children.

As she reaches the longer-term goal of *self-sufficiency*, we aspire for her to work at a job that pays a living wage (and, ideally, that provides health insurance); live in safe, affordable, permanent housing; have full custody of her children; participate in a twelve step community, receive mental health services, and participate in on-going preventive health care.

This analysis is applicable to all human beings but helps us see the particular challenges facing criminal justice-involved woman—because the enormity of their own personal needs and because they are poor. They most often come from economically disadvantaged families. They made some bad choices (to drop out, to get high, to associate with people who were a bad influence on them) that left them largely unable to adequately meet their own needs. And they come from neighborhoods that are generally not able to compensate for whatever they personally are lacking.¹¹ In contrast, men in the criminal justice system have been shown to get more help (shelter, food, money, care of children) from their families and/or partners while they are incarcerated and when they return to the community than do women.¹²

In short, for a woman to have a shot at succeeding in the community, there must be a plan that addresses each of the five domains and that is appropriate to the

¹¹Cadora, Eric & Susan Tucker. 2003. "Neighborhood Reinvestment." New York, NY: Open Society Institute.

¹²Mumola, Christopher J. 2000. "Incarcerated parents and their children." Washington D.C.: Bureau of Justice Statistics.

stage of functionality that she finds herself. The development and implementation of such a plan requires quality case management and counseling services.

The Importance of Understanding Trauma When Working with Women

Other factors must also be recognized when thinking about the complexity of the challenges facing women who seek to be successful in the community. The first is that trauma often underlies the presenting issue of substance abuse and/or mental illness. Most studies of incarcerated women have found that incarcerated women report high rates of victimization, and often link the violence in these women's lives to the reasons that they entered the criminal justice system as offenders.¹³ Official government studies of state and federal prisoners estimate that between 43% and 57% of women in those systems have been physically or sexually abused at some point of their lives.¹⁴ In fact, most women have multiple abuse histories and are three to four times more likely than male prisoners to report abuse histories. One-third of incarcerated women report experiencing childhood sexual abuse, and 20% to 34% report abuse by an adult intimate partner.¹⁵

Trauma is significant because it means that one must work with women in "trauma sensitive" ways¹⁶ which are not characteristic of typical correctional practice or even of traditional drug treatment approaches. Women who have been abused may have difficulty in co-ed treatment settings, in being deferential when dealing with authority figures, or sometimes even in acting appropriately in

¹³ See, for example, Browne, Angela, Brenda Miller & Eugene Maguin. 1999. Prevalence and Severity of Lifetime Physical and Sexual Victimization Among Incarcerated Women. *International Journal of Law and Psychiatry*, 22(3-4): 301-322.

¹⁴ Greenfeld, Lawrence A. & Tracy L. Snell. 1999. "Women Offenders." Washington, D.C.: Bureau of Justice Statistics.

¹⁵ Harlow, Caroline Wolf. (1999). *Prior abuse reported by inmates and probationers*. Washington, DC: Bureau of Justice Statistics.

¹⁶ Bloom, Barbara, Owen, Barbara, & Covington, Stephanie. 2001. *Gender-responsive strategies: Research, practice, and guiding principles for women offenders project*. Washington, D.C.: National Institute of Corrections.

everyday situations. For instance, a woman who, as a child, was sexually abused by her father at night may react violently to being awakened suddenly or even to being told what to do by a man. Traumatized women already have such self-worth issues that they react badly to confrontation and being demeaned, a common technique in traditional residential drug treatment programs. For all of these reasons, women with abuse histories are at an increased risk of non-compliance in settings that are not trauma sensitive.

It is also true that many women will require specialized trauma treatment.¹⁷ Getting sober without treatment for the underlying trauma can be a formula for relapse because women are left defenseless and may be driven to ‘self-medicate’, i.e. get high again. There are also a range of mental illnesses associated with trauma that require treatment.¹⁸ Achieving true psychological and physical health is associated with getting needed treatment. It is difficult for women to have true self-esteem and respect for themselves—and, therefore, to make good decisions for themselves-- without dealing with the underlying trauma and messages of being worthless that they got as children.

Trauma treatment is necessary but should not be undertaken casually. It requires skilled staff, a setting that women experience as safe and secure, and is a long-term endeavor. However, all settings can and should aspire to be trauma-sensitive.

The Importance of Relationships to Women

The literature on gender talks about women as “relational beings.”¹⁹ This means that they define themselves in relation to others: lovers, children, and friends. This is one of the factors that complicates community supervision of women.

¹⁷ Chu, J. A. 1998. *Rebuilding shattered lives: The responsible treatment of complex post-traumatic and dissociative disorders*. New York: John Wiley & Sons.

¹⁸ Teplin, Linda A., Karen M. Abram and Gary M. McClelland. 1996. “Prevalence of psychiatric disorders among incarcerated women.” *Archives of General Psychiatry*, 53: 505-512.

¹⁹ Covington, Stephanie. 2003. “A Woman’s Journey Home.” *Prisoners Once Removed*. Washington, DC: The Urban Institute.

They are more apt to subordinate their own best interests to what they think they should do—or are strongly encouraged to do—for others. This contributes to the potential for technical violations, e.g. changing address without authorization, getting high with a lover or friend, doing something with children or family rather than complying with externally imposed conditions. To be effective with women requires that their relational values are understood and addressed.

The Importance of Working in Several Areas Simultaneously

Women are resistant to traditional approaches in another way, too. Typical correctional strategies and residential treatment programs are *sequential*. One's participation typically starts in a very restrictive stage. The woman is isolated from family and outside influences; over time she earns limited contact with the outside, and eventually can go to work; still later, she can live independently and seek reunification with children.

Many women will not conform to this kind of structure. As soon as they get sober, they become preoccupied with caring for their children. It is likely that they will not stay in a setting that limits their contact with their children. There is a tremendous potential for women to leave such programs without authorization. In fact, to get their children probably *requires* that they get participate in several activities (or domains) *simultaneously*. They must get satisfactory housing to get custody of their children; they may be required to participate in workfare to get a housing subsidy; and, they will still need drug treatment and to comply with criminal justice mandates. As this example illustrates, to be effective with women requires being willing to work with them in several domains at the same time.

Understanding the Importance of Children to Women Under Supervision

The majority of women in the criminal justice system are mothers of minor children and two-thirds of them had custody of at least one minor child when they

were arrested.²⁰ While many children are cared for by relatives, a significant number are in foster care. As women get sober and beyond 'survival' in their own lives, they typically want nothing more than to reunify with and care for their children.²¹ However, it is regarding children that the criminal justice system has a blind spot that makes this incredibly difficult.

In fact, neither the criminal justice or child welfare systems understand much about each other or the demands/ pressures that that they put on the woman who is involved in both. Corrections officials typically do not ask about someone's children, where they are living, or whether a mother desires reunification with them. They do not usually facilitate contact between mother and children—by phone, letter, or in person—or appearances in family court. They almost certainly don't know about permanency planning requirements and ASFA, the Adoption Safe Families Act, which mandates termination of parental rights (TPR) for children who are in foster care 15 of the last 22 months. And, they probably don't know how final and absolute such a termination really is. In effect, a TPR is a death sentence for a family.

Similarly, child welfare officials do not understand how difficult it is for a woman in a locked facility or residential drug treatment program to find her children, contact a child welfare agency or appear for a family court hearing.²² When she does not show up, it is assumed that she does not care about her children. Child welfare officials begin moving toward termination of parental rights. Yet, even when rights are terminated and children are severed from connection with biological parents, they are not necessarily—or even usually—adopted.

²⁰ Bloom, Barbara. 1995. "Imprisoned Mothers." In Gabel, Katherine and Denise Johnston, Eds. *Children of Incarcerated Parents*. New York: Lexington Books.

²¹ See, for example, Richie, Beth E. 2001. "Challenges Incarcerated women face as they return to their communities: Findings from life history interviews. *Crime and Delinquency*, 47(3): 368-389.

²² Women's Prison Association. "Partnerships Between Corrections and Child Welfare" *Family to Family Tools for Rebuilding Foster Care*. Baltimore MD: Annie E. Casey Foundation.

The unwitting result of this abyss between child welfare and criminal justice practice is a great deal of heartache for mother and children, and, too often, a break in the bond between them—sometimes the very permanent, legal termination of parental rights.

While the barriers are most extreme when mother is locked up, it is still quite problematic when a woman is under community supervision. Parole officials, for instance, may construct a supervision plan for a woman without knowing whether reunification is a goal. At a minimum, they should aid women in developing schedules that reconcile competing demands: a parole appointment, a required check-in with welfare, family-court arranged supervised visit with her children, attending drug treatment, and other mandates. The woman probably also needs assistance negotiating her interests with relative-caregivers, child welfare agencies and meeting the expectations of the family court.

For community corrections professionals to work effectively with women who are mothers requires that they have child welfare knowledge, as well as skill and commitment to provide assistance to women who have the goal of family preservation.

The Opportunity to Operate More Effectively

Many corrections officials complain that women are hard to manage. For all of the reasons explored in this paper, women present a challenge to traditional service delivery strategies and an elevated risk of technically violating the terms of their supervision. They also present an incredible opportunity to conceive corrections differently and to produce better results—whether measured by reductions in recidivism, improved individual functioning, or the enhanced well being of children.

WPA is committed to reducing reliance on incarceration by demonstrating more effective approaches to community corrections. There are several aspects of such a strategy that we recommend:

- First, it is useful to distinguish between supervision and supportive services—both are components of community corrections, but probably should be provided by different parties who work collaboratively with each other.
- The supervision component requires assessment instruments that have been validated on samples of women offenders; single gender caseloads; and policies and practices that take into consideration the significance of women’s relationships with their children, families and significant others.²³
- Supportive services should be planned with the woman to simultaneously address the five domains of subsistence/livelihood, residence, family, health, and criminal justice compliance; the plan within each domain should be appropriate to her phase of adjustment (survival, stabilization, or self sufficiency.)
- Supervision and services must be trauma-sensitive.
- The stabilization and self sufficiency phases should include trauma treatment by a qualified provider.
- Both supervision and services must take into consideration the importance of women’s relationships with their children, families and significant others.
- Action in the domains of the matrix must happen concurrently and be crafted to reconcile with and complement action in other domains. Women should be trained in how to deal with conflicting demands and should be supported in doing so.
- Professionals working with women in the criminal justice system should be cross-trained to learn the basics of the many different systems involved in the

²³ Bloom, Barbara, Owen, Barbara, & Covington, Stephanie. 2001. *Gender-responsive strategies: Research, practice, and guiding principles for women offenders project*. Washington, D.C.: National Institute of Corrections.

women's lives: criminal justice, child welfare, homelessness, HIV/AIDS, health, substance abuse treatment, mental health, etc.

And finally, as we concluded at WPA, community corrections work must include both direct service and advocacy. It is important to focus both on the need for individuals to change and on the need to change systems. We must eliminate the barriers that thwart women from becoming self sufficient. These so-called collateral consequences of conviction include the exclusion of women with criminal records from public assistance, certain kinds of jobs, tuition assistance, and public housing, and the termination of their parental rights when their child has been in foster care for 15 of the last 22 months.²⁴

Instead of barriers, together let's create opportunities for women to succeed in community corrections. It's a good investment!

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²⁴ "After Prison: Roadblocks to Reentry." 2004. <http://www.lac.org/lac/>. New York, NY: Legal Action Center.

THINKING ABOUT REENTRY NEEDS AND DISCHARGE PLANNING

A Model for Successful Community Reintegration

Reentry is about more than a job, or housing, or even compliance with parole requirements. It is about all of that, and more. This matrix reflects WPA's view that reentry has at least five dimensions (the Basic Life Areas of subsistence/livelihood, residence, family, health and sobriety, and criminal justice compliance) and at least three stages (the Phases of survival, stabilization, and of increasing self-sufficiency).

These areas are inter-dependent. A viable plan must include provisions in each area that can be reconciled with each other. The matrix below shows how an appropriate plan in each area might vary depending on the person's stage of reentry.

REENTRY PHASE	BASIC LIFE AREAS*				
	Subsistence/ Livelihood*	Residence	Family	Health & Sobriety	Criminal Justice Compliance
Survival	Gate money Public assistance Soup kitchens, pantries Maintain basic hygiene	Family or friend Shelter Street	Find children Make contact	Continue with previous medication regimens Avoid relapse Emergency room care	Report to parole regularly
Stabilization	Public assistance, workfare Training/education Low wage or subsidized job	Transitional Residence Family or friend	Supervised visitation Get refamiliarized	Drug treatment; treatment of urgent physical and mental health issues Counseling	Comply with requirements
Self Sufficiency	Job that pays a living wage and provides benefits Education to improve employability	Permanent housing (with public subsidy, if necessary)	Reunify with family; receive family counseling Caring for others	Regular health visits paid by health insurance Ongoing support structure — 12 step, therapy, community activities	Earn reduced supervision or complete parole

* The other basic need is for encouragement, support, and orientation to new things.

** Subsistence includes transportation, food, clothing and all out of pocket expenses.

WPA's discharge planning and transitional service plans include provisions in all of these areas. However, funding available for needed services is too often restricted to special needs populations (like the mentally ill or people who are HIV+). Further, there are more supports for families than for single adults seeking to live on their own. In fact, it is usually most difficult to find supports for the single woman or man without mental illness, HIV or a substance abuse problem.

