

**WOMEN INMATES IN
JAIL: BETTER
OUTCOMES FOR ALL**

Jail Management Issues
Conference

TJA August 27, 2013

Objectives

- ◆ Identify the challenges in safely managing women inmates in a jail setting
- ◆ Learn the pathways that bring women to jail
- ◆ Define the data, Trauma, PTSD
- ◆ Appreciate gender-responsive strategies
- ◆ Understand the implications for jail managers
- ◆ Identify strategies
- ◆ Resources

Terms to Know

- Gender Responsive
- Gender Informed
- Trauma Informed

How is your jail doing?

- On a scale of 1 – 5:
- 5 - we have few challenges working with women inmates; staffing is no concern; there are few indicators of disorder
- 3 – Neutral – we have good days and bad days
- 1 – It is turmoil; staff consider working with female inmates as “punishment”, there is too much drama in the unit(s)

Indicators of Disorder

- What are the top five challenges of managing female inmates in your jail?
- Work in small groups
- Be prepared to respond
- You have 5 minutes

Responses:

- Women are whiny
- Women are manipulative
- Women make false claims
- Women are “sexual” in their approach to officers
- Women talk too much
- This isn't the job I signed on for
- Working with women is “punishment”
 - Told so at the academy

Pathways for women into jail:
Implications:

<ul style="list-style-type: none">• Is it about the crime?• Mental Health• Trauma• PTSD• Substance Abuse<ul style="list-style-type: none">• Co-occurring disorders	<ul style="list-style-type: none">• Past abuse• Families• Classification• Environment• Services
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The Facts:

- Incarceration of women has increased at a faster rate than any other demographic
 - 50% increase from 1995 - 2002
 - 31% increase from 2001 – 2011
- 43% of women in jails met criteria for lifetime SMI
 - 32% met SMI criteria in last 12 months
 - 82% lifetime criteria for drug or alcohol abuse/dependence (SUD)
 - 75% of SMI have co-occurring disorders
 - 78-84% met criteria for SMI such as Major Depressive Disorder or Bi-Polar
- 53% women in jails met criteria for lifetime PTSD
- 30 – 45% of women in jail are severely impaired functioning associated with SMI, PTSD SUD

More FACTS:

- Women with these disorders – trauma and victimization
- Women abused and neglected as children 2x more likely to be arrested as adults than non-abused women
 - Multiple traumas compound
- Crimes are non-violent – property/drug offenses
- Profile:
 - Women of color (8 x more likely to be AA than white)
 - Undereducated
 - Unskilled – 60% unemployed at time of arrest
 - Low Incomes
 - Sporadic employment histories

More Facts:

- Age – mid-30s
- Histories of fragmented families and other family members involved with the justice system
- Have physical health programs
- Are the unmarried mothers of children – accounting for almost 250,000 children
 - 70% of women have at least one child >18
 - Higher in prison – 1.3 million children
- Introduced to criminality by males
- 25% report being raped at some time in their life (33% for prison)

More FACTS:

- Victims of domestic violence
- Women are "over-classified" because jail use classification systems that are MALE models
 - Consequences of over-classification
 - Consequences for pre-trial release programs, lowered bond
- The estimated prevalence of serious mental disorders among U.S. inmates ranges from 7% to 16%. Men with mental illness are four times more likely to be incarcerated than the general population, and women with mental illness have an **eightfold** higher risk

What is trauma?

- Trauma occurs when an external threat overwhelms a person's internal and external positive coping resources.
- Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being.
 - Sum of events and circumstances
- Most universal experience of people who use public MH, SA and SS, as well as the homeless
- Not likely to seek treatment

Trauma Causes:

- Emotional, physical, sexual abuse
- Rape
- Domestic violence
- Victim of violent or property crime
- Witnessing crime
- Immigration
- Mass disasters
- Natural disasters
- Death of loved one
- War
- Torture
- Kidnapping
- Traffic accidents
- Serious medical procedures

Trauma-Informed

- Trauma – Informed
 - Taking the trauma into account
 - Avoid triggering trauma reactions and/or retraumatizing the individual (searches, seclusion, restraints)
 - Train staff
 - Involve the inmate
- Investigations

The Adverse Childhood Experience (ACE)

- Relationship between multiple categories of childhood trauma (ACEs), and health and behavioral outcomes later in life.

What is an ACE?

Growing up experiencing any of the following conditions in the household prior to age 18

- Recurrent physical abuse
- Recurrent emotional abuse
- Contact sexual abuse
- An alcohol/and or drug abuser in the household
- An incarcerated household member
- Someone who is chronically depressed, mentally ill, institutionalized or suicidal
- Mother is treated violently
- One or no parents
- Emotional or physical neglect

PTSD:

PTSD is an anxiety disorder that some people get after seeing or living through a dangerous event.

1. Re-experiencing symptoms:

- Flashbacks—reliving the trauma over and over, including physical symptoms like a racing heart or sweating
- Bad dreams
- Frightening thoughts.
- Words, objects, or situations that are reminders of the event can also trigger re-experiencing.

PTSD:

2. Avoidance symptoms:

- Staying away from places, events, or objects that are reminders of the experience
- Feeling emotionally numb
- Feeling strong guilt, depression, or worry
- Losing interest in activities that were enjoyable in the past
- Having trouble remembering the dangerous event.

PTSD:

3. Hyper-arousal symptoms:

- Being easily startled
- Feeling tense or “on edge”
- Having difficulty sleeping, and/or having angry outbursts.
- Stressed and angry

PTSD:

- **Risk factors** contributing to PTSD include:
 - Living through dangerous events and traumas
 - Having a history of mental illness
 - Getting hurt
 - Seeing people hurt or killed
 - Feeling horror, helplessness, or extreme fear
 - Having little or no social support after the event
 - Dealing with extra stress after the event, such as loss of a loved one, pain and injury, or loss of a job or home.

Sexual Victimization In Prisons And Jails Reported By Inmates, 2011-12 - BJS

- In 2011-12 3.2% of jail inmates reported experiencing one or more incidents of sexual victimization by another inmate or facility staff in the past 12 months or since admission to the facility, if less than 12 months.
- Patterns of inmate-on-inmate sexual victimization in 2011-12 were consistent with patterns in past surveys.
- Rates reported by prison and jail inmates were higher among **females** than males, higher among whites than blacks, and higher among inmates with a college degree than those who had not completed high school.
- About 1.6% of jail inmates (11,900) reported an incident with another inmate, 1.8% (13,200) reported an incident with staff, and 0.2% (2,400) reported both an incident by another inmate and staff.

Female Inmate-inmate Sexual Victimization 2008-2009 BJS

- Type of Pressure or force
 - Talked into it – 38%
 - Bribed/blackmailed – 19%
 - Offered drugs – 4.4%
 - Offered protection – 18%
 - Settle debt – 6%
 - Threatened – 16%
 - Held down/restrained – 20%
 - Physically harmed/injured – 9%

Relationships

- Women's social systems based on relationships
 - How their social relationships were role modeled
- Behaviors of incarcerated women
 - Gravitate to building relationships – including with correctional staff
- Build pseudo-families, caretakers, sharing important
- Verbal
 - Women talk about their problems
 - Males turn anger inward; females outward
- Survival skills – where did the women learn them?
 - Sexual overtones – how they lived
 - "Gay for the stay"? True or false?

Relationships

- Studies of women in prison settings:
 - Organize family – type arrangements
 - Replicate gender roles from the "street"
 - Complicated emotional relationships
 - Practical or sexual ties
- When "relationships" go bad:
 - Prior victimization
 - Poor coping skills
 - Economic exploitation
 - Boredom
- Potential for sex and violence
 - Including involving employees

Sex?

- Same sex relationships
 - Coping mechanisms
 - Why? "Lonely, horny, needing canteen." Owen et. al.
- Coerced?
 - Rare, assaults
- Enforcement of jail rules?
 - Sexual orientation of staff?
- Violence?
 - Domestic and intimate partner violence
 - Continuing cycle of violence from the street
 - Falling in love and falling out of love
 - Jealousy

Female sexuality . . . in jail?

Findings of the CDC Study for Lesbians and Bisexuals in the Free World

- 4% of females had a sexual experience with another female in the past 12 months.
- 3% of women have had sex with both males and females in the last 12 months.

Sexual Orientation and Sexual Activity in the Free World

- 90% of women said they think of themselves as heterosexual
- 1.3% of women think of themselves as homosexual
- 2.8% of women think of themselves as bisexual
- 3.8% of women think of themselves as "something else."
- Among women who have had sexual relations with another woman, nearly two-thirds (65%) consider themselves heterosexual.

LGBTI

- 67% of LGBT prisoners in California report being assaulted while in prison.

PREA and Gender

- Cross gender pat searches
- Cross gender supervision
 - “Knock and announce”
- Cross gender strip searches

In jail, these factors contribute :

- Very quiet or very loud
- Demanding
- Flirtatious/sexual
- “Manipulative”
- Takes to much time
- Relationships
- We don’t train or orient officers
- Myths are perpetuated

The Gender-Responsive Strategies Project: Jail Applications

by Susan W. McCampbell

Introduction

This bulletin informs jail administrators about current research regarding women offenders and introduces strategies for administrators to consider as they evaluate current operating procedures.¹ At midyear 2002, 77,369 women were incarcerated in U.S. jails,² compared with 588,106 men held in jails.³ The number of women inmates in the nation’s jails increased nearly 50 percent from 1995 to 2002.⁴ The absolute number of women inmates is much lower than the absolute

FROM THE DIRECTOR

During the past decade, the number of women involved with the criminal justice system has increased dramatically. This growing number has revealed that women’s pathways to crime, their programming and service needs while under supervision, and their needs when they reenter the community are significantly different than those of their male counterparts.

This bulletin on gender-responsive strategies and their implications for jail operations is part of a 3-year study and report: Gender-Responsive Strategies: Research, Practice and Guiding Principles

Gender Responsive Strategies:

- Principle 1: Gender. Acknowledge that gender makes a difference.
- Principle 2: Environment. Create an environment based on safety, respect, and dignity.
- Principle 3: Relationships. Develop p/p/programs that are relational and promote health connections to children, family, significant others, and the community.
- Principle 4: Services and supervision. Address substance abuse, trauma, and MH issues through comprehensive, integrated, and culturally relevant services and appropriate supervision.
- Principle 5: Socioeconomic status. Provide women with opportunities to improve their socioeconomic conditions.
- Principle 6: Community. Establish a system of community supervision and reentry with comprehensive, collaborative services.

Principle 1: Gender. Acknowledge that gender makes a difference.

1. Elevate management of women inmates to a priority; not an annoyance or after thought
2. Develop services specifically meeting the profiles and needs
3. Train officers, staff, volunteers, medical and mental health staff to understand pathways and gender responsive strategies
4. Involve the community
5. Clothing, hygiene supplies

Principle 2: Environment. Create an environment based on safety, respect, and dignity

1. Physical plant assessment
 - a. Observation, voyeurism, supervision, cameras, mirrors, etc.
2. Safety and security
3. Appropriate response for privacy and dignity
 - a. Clothing
 - b. Showers/toilets
 - c. Hygiene products
4. Develop specific policies and procedures
 - a. Do practices "re-traumatize" inmates?
 - b. Example – reporting sexual abuse
 - c. Physical Exams
 - d. Searches
5. Update the assessment and classification tools
 1. Update housing plans and access to programs
6. Gender of supervision in women's housing units

Principle 3: Relationships. Develop p/p/programs that are relational and promote health connections to children, family, significant others, and the community.

1. Link to the community
2. Link to the families
3. Train on relational theory
4. Work on supportive internal programs for inmates
5. Assure medical and mental health staff know trauma-informed and gender responsive

Principle 4: Services and supervision. Address substance abuse, trauma, and MH issues through comprehensive, integrated, and culturally relevant services and appropriate supervision.

1. Trained staff
 - a. What are the possible behaviors associated with this population?
 - b. How best to manage?
2. Services are relevant
 - a. Assess the need, design the services
3. Model the desired behaviors
4. Link between SMI, PTSD, SUD
5. Link to sexual misconduct during incarceration

Principle 5: Socioeconomic status. Provide women with opportunities to improve their socioeconomic conditions.

1. Assess the needs
2. Design programs based on economic sufficiency
3. Link to community services
4. Re-entry
5. Non-traditional programs
6. Parenting

Principle 6: Community. Establish a system of community supervision and reentry with comprehensive, collaborative services.

1. Collaborations
 - a. Who are stakeholders
2. Discharge planning

What this means for jails?

- Leadership
- Accurate needs assessment
 - Accurate mh and PREA assessments
- Provision of services meeting these specific needs
 - Medical and mental health
 - Routine health care/dental care
- Trauma informed supervision and care
- Gender responsive management
 - Training
 - Programs
 - Problem-solving
- Be clear about boundaries for employees
 - Role model the desired behaviors

What this means for jails?

- Relationship with male officers may be the first positive, health relationship
 - How to compare?
- Assess internal culture – it is a “sexualized work environment?”
- Discipline
- Classification
- Programming
- PREA standards

What this means for jails?

- Same sex supervision
 - What's a BFOQ
 - Gender specific posts

Investigations of Allegations in Jails:

- Impact of trauma and PTSD
- Not remember dates, times
- Flashbacks
 - Trigger other/additional allegations
- Differences in "stories"

Group Work:

- Assign one of the GR Strategies.
- Develop 5 responses.
- Report out.

Resources

- National Center for Justice Involved Women
<http://static.nicic.gov/Library/026702.pdf>
- A Quick Guide for LGBTI Policy Development for Adult Prisons and Jails, NIC.
 - <http://static.nicic.gov/Library/026702.pdf>
- Gender Responsive Strategies Project: Jail Applications
 - <http://static.nicic.gov/Library/020417.pdf>
- Women's Pathways to Jail: The Roles and Intersections of Serious Mental Illness and Trauma
 - https://www.bja.gov/Publications_Women_Pathways_to_Jail.pdf
- Developing Gender-Specific Classification Systems for Women Offenders
 - <http://static.nicic.gov/Library/018931.pdf>

Resources

- Gendered Violence and Safety: A Contextual Approach To Improving security in women's facilities, Parts I, II, III, Barbara Owen, James Wells, Jocelyn Pollock, Bernadette Muscat, Stephanie Torres, BJA Nov 2008.
 - http://www.wcl.american.edu/endsilence/documents/GenderedViolenceandSafetyPart1_BarbOwen.pdf
- Gender-Responsive Strategies: Research, Practice and Guiding Principles for Women Offenders
 - <http://static.nicic.gov/Library/018017.pdf>

Resouces

- Creating a Trauma-Informed Criminal Justice System for Women: Why and How, SAMHSA
 - <http://www.nasmhpd.org/docs/NCJIC/Women%20in%20Corrections%20TIC%20SR.pdf>
- Working with Battered Women in Jail: A Manual for Community-Based Women's Advocates
 - <http://www.ncdbw.org/NCDBW-jail-manual.pdf>

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