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Identifying Program Needs of Women Detainees in a Jail Environment

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Since the 1980s, the population of incarcerated women has been steadily increasing. Approximately 200,000 women are incarcerated in prisons and jails in the United States (Clarke, Phipps, Tong, Rose, and Gold, 2010). There is an increasing level of comorbidity among the population of incarcerated women, with the majority requiring mental health, physical health, substance abuse and pregnancy services at the time of their incarceration or soon afterwards. Incarcerated women face a number of challenges; they are cut off from their primary support system and their children, their physical health deteriorates, they lack appropriate coping skills, and often experience withdrawal symptoms while incarcerated.

The charges presented in this study were drug charges, driving under the influence, driving with revoked license, domestic battery, fraud, theft and other violent crimes. The literature is sparse concerning women detained in jail and the primary needs to be identified. This study sought to identify and understand what the most important need or service the detained woman perceived to be.

The sample consisted of women detained or sentenced at a local detention facility. The results revealed what the women identified as the most important programming need sought after while detained, along with programming and resources needed in the community to assist in ceasing the cycle they are currently experiencing.

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CHAPTER I

INTRODUCTION

Since the 1980s, the population of incarcerated women has been steadily increasing. Approximately 200,000 women are incarcerated in prisons and jails in the United States (Clarke, Phipps, Tong, Rose, and Gold, 2010). Although women make up only nine percent of the offender population in the United States, their rates of incarceration are climbing at a rate much higher than their male counterparts. For example, in 1995, the average annual increase of women in prisons and jails was 5.2 percent (U.S. Department of Health and Human Services, 2005), while there was no change in the arrest rate for men (Farkus and Hrouda, 2007). There is an increasing level of comorbidity among the population of incarcerated women, with the majority requiring mental health, physical health, substance abuse and pregnancy services at the time of their incarceration or soon afterwards.

Incarcerated women face a number of challenges; they are cut off from their primary support system and their children, their physical health deteriorates, they lack appropriate coping skills, and often experience withdrawal symptoms. Many of their mental health symptoms are mistaken by correctional officials as oppositional behavior,

thus the correctional facility does not perform correct assessments to ensure these women are given appropriate rehabilitation.

One hundred and thirteen thousand women offenders were incarcerated in local, state and federal facilities in 2010 (Sipes, 2012 pg. 1). Despite their growing numbers, women offenders are a neglected and forgotten population often victimized and treated worse than their male counterparts. Criminologists have used the term invisible to describe both juvenile and adult women offenders across the United States Criminal Justice System (Belknap, 2007). One of the issues underlying women's invisibility is the slow response from the criminal justice system in terms of the treatment necessary for incarcerated women.

A growing population of concern includes women who are incarcerated in local jails. There are more than three thousand short-term confinement jails in the United States housing more than half a million inmates. Often times the women who are detained or incarcerated in local facilities have been arrested for non-violent crimes such as prostitution, illicit drugs, and fraud. Despite the non-violent nature of their crimes, they spend considerable amounts of time in jail facilities, away from their families and children.

A sizeable literature examines women's pathways to criminality. Farkas and Hrouda, (2007) cite drug use and abuse as reasons for increasing arrest and incarceration rates among women. Farkas and Hrouda, (2007) looked at the co-morbidity of severe psychiatric disorders and substance use disorders among women within twenty-four hours of booking at a large urban jail and found approximately three-

quarter of women with severe mental disorders also met criteria as outlined in the Diagnostic and Statistical Manual of Mental Disorders for one or more substance use disorders. Anxiety disorder, post-traumatic stress disorder, and major depression are common disorders for women both in the mental health and substance abuse systems. Incarcerated women may often be under-diagnosed and under treated in criminal justice settings because they do not necessarily result in disruptive or overtly violent behaviors. When concurrent with substance use disorders, these three mental health problems complicate assessment and treatment efforts and can contribute to relapse and recidivism (Farkas & Hrouda, 2007).

Women offenders with histories of substance abuse present complex profiles with a range of mental, physical, educational, vocational and social problems. Research consistently reveals that women who are incarcerated present multiple problems, including high rates of substance abuse and mental illness, health problems, parenting and childcare related difficulties coupled with histories of violence and abuse (Acoca, 1998 and Anderson 2003). Incarcerated women have been excluded from large-scale research; most extant research focuses on incarcerated males. Moreover, correctional policies and procedures that were developed for men, are simply transferred to women's facilities. Effective programs for women offering treatment for mental and physical health, substance abuse, and pregnancy need to be addressed. An emergent body of research has revealed that women in jail are likely to be single mothers with a history of substance abuse and victimization who are poor, uneducated, and traumatized (Cassidy, Ziv, Stupica, Sherman, Butler, Karfgin, Cooper, Hoffman, and Powell, 2010).

Approximately 200,000 women are in prisons and jails in the United States and six percent to ten percent of women inmates are pregnant at the time of arrest (Clarke, Phipps, Tong, Rose & Gold, 2010). As the population of detained women increases, jails are confronted with taking care of a growing number of pregnant women. Compared to non-pregnant detainees, pregnant women require additional medical resources, security staff time, and social services for their infants after delivery.

Mirroring the reports of the psychosocial risk factors characterizing incarcerated women, literature on detained pregnant women reveals that they face multiple adversities that render successful parenting difficult (Cassidy et al., 2010). Many incarcerated pregnant women have histories of traumatic childhoods, are in poor physical and mental health, face addictions, and have inadequate health care. Additionally, most are economically deprived with sixty percent unemployed and forty percent living on less than $600.00 per month, well below the federal poverty level (Greenfield & Snell, 1999). Most are single with limited education; approximately, seventy percent have minor children under the age of eighteen. Women are most likely to be incarcerated for non-violent drug related offenses. Women who use illegal substances or suffer from alcoholism are significantly more likely to have been sexually abused as children and to have experienced male violence (Schroeder & Bell, 2005). Except for prenatal care, few special programs exist for jailed pregnant women, due to short jail stays (Beck, Karberg, & Harrison, 2002). Moreover, correctional facilities rarely have systems in place to assure access to community health services (Bell et al., 2004; Mullen, Cummins, Velasquez, Von Sternberg, & Carvajal, 2003).

Women in custody have difficulty adjusting to correctional facilities, lack appropriate coping skills, and often experience withdrawal symptoms. They lack their usual support systems and the most stressful aspect of incarceration for pregnant women is separation from their children (Bloom & Covington, 2001). Given the multitude of risks and the potential for poor outcomes that pregnant women in jail and their children face, coupled with the reality that many of these women view their pregnancy as an opportunity as a "fresh start," prevention and intervention programs with pregnant inmates are clearly needed (Cassidy, et al., 2010).

One of the ancillary foci of the study is to determine if the correctional facility programs have greater lasting effects on positive reintegration into the community through the use of community resources for women with mental health symptoms, substance abuse and pregnancy concerns. Although detention in jail produces a disruption in the women's lives, the positive factors can begin to have an effect as well. Women who are detained have reprieve from abusive homes, access to illicit drugs decrease, access to group meetings and support becomes greater and is ongoing, coping skills and further education can be put to use on a daily basis with intervention and assistance from qualified professionals to help increase self-esteem and promote positive decision making skills. Farkas and Hrouda, (2007) believe that one approach to achieve and maintain use of these positive factors would be to develop jail-based services using an integrated, statewide treatment model as well as supported employment concepts.

The present study is a needs assessment of women detained in McLean County Jail. The study examines incarcerated women's life histories of past victimization, mental health,

substance abuse and pregnancy issues. Among the central questions are: (1) what needs do the women have and are their needs perceived to be met? (2) What are the programs available to detained women to address mental health, substance abuse and parenting issues? (3) What constitutes release planning and preparation?

CHAPTER II

REVIEW OF RELATED LITERATURE

One area of interest to criminologists is the mass incarceration of women in the United States and the increasing recidivism rates among them. Only recently have criminologists questioned how an incarcerated woman's needs differ from those of incarcerated men. The present study examines a number of important questions concerning what needs women have and whether these needs are being met, the programs that are available to assist with addressing mental health, substance abuse and parenting issues along with how the women plan for their release and return to the community. The following literature review provides insight into the aforementioned questions. The review examines women's substance abuse, mental health, and parenting issues. It also details the resources necessary to impede the increasing recidivism rates among women detained in jail. For many of these incarcerated women, rehabilitation and reintegration is the ultimate goal.

Background

In the past two decades, the size of The United States' prison population has risen dramatically. Most of the research examining mass incarceration and recidivism however, is focused on men's experiences. Incarcerated women, who are much more likely to be

incarcerated for nonviolent offenses, receive far less attention than their male counterparts. Criminologists have used the term invisible to describe both juvenile and adult women offenders across the United States' Criminal Justice System. Belknap, (2007) explains three reasons that have been offered for the invisibility of incarcerated women; (1) women have constituted a small proportion (typically 5 to 7 percent) of the total prison and jail population, (2) generally women are incarcerated for less dangerous and serious crimes, and (3) incarcerated women are less likely to "riot," destroy property and make reform demands. As Gido & Dalley, (2009) explain, women's invisibility is a byproduct of the lack of training of criminal justice personnel in gender differences and understandings, limited availability of programming for girls and women in correctional facilities and community placements, and the continued utilization of genderless treatment, assessments, and service models that are, in fact, male oriented.

Mass incarceration is no longer a man's territory in the United States of America. Women are quickly exceeding the normative rate of incarceration in the United States. Velazquez (2012) noted that between 1980 and 1989, the number of women under jurisdiction of State or Federal Authorities increased twenty-one percent to almost 113,000. During the same time period, the increase in the number of incarcerated men was six percentage points lower, at approximately fifteen percent. From 2000-2012, the increase in women in the Federal population was even larger, over forty-one percent (Velazquez, 2012).

The difference between women and men in jail lies at the type of crime committed and the policy reform underlying the crime. According to U.S. Department of

Health and Human Services, (2005) the most serious current offenses among women detained in jail, included drug possession; (fourteen and a half percent), fraud; (fourteen percent), drug trafficking; (eleven percent), larceny/theft; (ten percent), and assault; (eight percent). Rates by race include black women (260), Hispanic women (133) and white women (91) (Sipes, 2012). Figures such as these raise a number of important questions: Are women becoming more violent due to ever-present increasing stressors? Have personal or community supports and coping skills decreased, or have the laws become stricter?

Mandatory Minimum Sentencing

According to Kelly, Peralez-Dieckmann, Cheng and Collins, (2010) the greater increase in women's incarceration rates is not due to an increase in female offending but rather to the passage of legislation requiring mandatory minimum sentencing for drug-related and nonviolent property crime offenses. Congress passed strict mandatory sentences for buying and selling cocaine, marijuana, heroin and other drugs in 1986. Convictions for such offenses did not always warrant incarceration, but mandatory minimum sentencing has brought a new population of women to be incarcerated in the United States, with their culpability to incarceration differing systematically from those of men. Often times a woman is arrested because she is a minor participant in a crime such as her knowingly or unknowingly driving a partner to a place where he buys drugs. Likewise, Kelly et al., (2010), provided information on how women were less likely to provide the prosecutor with information to reduce their sentences, either because as

minor participants they did not have such information or because they are protecting their partners.

The war on drugs with its increasingly punitive approach to illicit substance use has turned into a war on women. Most women are incarcerated for nonviolent offenses. Velazquez, (2012) and Alemagno, (2001) agree that although women compose a smaller percent of the U.S. jail population, the rate of incarceration is rising faster among women than among men, and female arrestees are more likely to be found drug positive or convicted of a property crime. Addiction plays a large part in a number of women's property crimes, and lack of available treatment only serves to drive their contact with the justice system. Addictions also leads to problems with mental and physical health and plays a role in family violence. Velazquez, (2012) reported on a survey of women in Illinois prisons and stated sixty percent of arrestees showed symptoms of Post-traumatic Stress Disorder from experiencing emotional abuse, neglect and family violence.

Domestic Violence

Domestic Violence arrest policies also played a role in the increased incarceration rate of women. In some communities with mandatory arrest laws, police are required to detain a person based on the determination that a probable cause for an offense occurred and that the accused person committed the offense. Batterers have a high level of skill in manipulating the criminal justice system to further abuse and control the victim. In many instances, the batterer will be the first to call and report domestic violence to law enforcement, to further gain or retain control of the victim. This control can exacerbate the woman's symptoms of mental illness. These findings indicated that many women in

jail were caught in a cycle of multiple arrests and violence (Hirschel, Buzawa, Pattavina, Faggiani, (2008).

Simpson, Yahner and Dugan, (2008) studied women's pathways to jail. They discussed how feminist scholars have contributed greatly to this literature by characterizing common pathways to crime for girls/women and the ways in which these pathways are linked to criminal justice contacts.

> Whether they were pushed out or ran away from abusive homes, or became part of a deviant milieu, young women began to engage in petty hustles or prostitution. Life on the streets leads to drug use and addiction, which in turn leads to more frequent law breaking to support a drug habit. Meanwhile, young women drop out of high school because of pregnancy, boredom, or disinterest in school or both. Their paid employment record is negligible because they lack interest to work in low paid or unskilled jobs. Having a child may facilitate entry to adult women's networks and allow a woman to support herself, in part by state aid. A woman may continue law breaking as a result of relationships with men who may also be involved in crime. Women are on a revolving criminal justice door, moving between incarceration and time on the streets
>
> (Simpson, et al., 2008; pg. 85).

Simpson and her colleagues (2008) further highlight how a young girl's childhood experiences reflected race and gender intersections, which, consequently, affected her construction of identity and interpretation of employment and education. The difference between being protected, privileged and insulated as children condition or shape a positive self-concept and optimism for the future, but later how racial discrimination and violence in their intimate relationships challenged this optimistic worldview and sense of self.

> Violence from their intimate partners effectively destroyed their sense of themselves as 'successful' women and eroded their hopes for and ideologically 'normal' private life. The women felt betrayed, abandoned, disoriented, and yet ironically loyal to the African-American men who were abusing them (Simpson et al, 2008; pg. 87).

As domestic abuse escalates over time, women became fearful for their lives. This fear is the proximal force, which compels many into a variety of illegal behaviors. Women who were less privileged as children had a more realistic sense of the public and private social world around them. These women blame the system for their socioeconomic plight and did not define themselves as criminal. Their pathways to jail were generally through drug-related offenses, robbery or burglary. (Simpson et al, 2008).

Intersectionality

Intersectionality, as a theoretical framework, explains how and why the complexities of social identities are interwoven. Simpson and her colleagues (2008) studied micro level social identities of race and gender and macro level social identities of socioeconomic status and violence. These identities are interwoven and dependent on one another. These experiences led to the shaping of the women's perceptions. The battered African American women's pathway into illicit drug distribution and sales were tied to structural and cultural disinvestment. The battered white woman, on the other hand grew up in a traditional patriarchal home, a circumstance that provided them with a more realistic conception of home life than that originally held by the battered African-American woman.

> Because the whites are more accepting of hegemonic conceptions of femininity, they expected worse treatment from their partners and were less apt to challenge gender traditionalism in their marriages. However, because of their race and perceived inferiority to men, these battered women were also less protective of their partners once domestic violence began and more likely than African American women to seek help (Simpson et al, 2008).

These life circumstances produced pathways to jail and offending patterns that differed from African American women. The theory is an important contribution to the study, and if correct, women's racial/ethnic and social class background can affect perceptions and responses to life circumstances.

Mental Illness

The most invisible offenders are the population of women with mental illness. According to the Human Rights Watch, (2006), women prisoners have an even higher rate of mental health problems than men; almost three quarters (73 %) of all incarcerated women have mental health problems, compared to fifty-five percent of men. Mental illness is often the cause of behaviors criminalized by the state resulting in incarceration, which further exacerbates mental illness.

One often overlooked aspect of the overall health condition of prisoners at admission concerns psychological impairments. Research examining mental health issues among incarcerated women consistently highlights the failure to deliver adequate medical services to incarcerated women; this delivery failure has a particularly harmful, often subtle or unexpected effect on this population, (Anderson, 2005; Marquart, Merianos, Herbert, and Carroll, 1997). Researchers consistently attribute the delivery

failure to the critical latent consequence that resulted from the policies of deinstitutionalization in the 1960s and 1970s. The rate of incarcerated women with mental illness continues to rise, prisons have become a warehouse for them, and subsequently the dangerousness of these facilities continues to increase, not only for the women housed there, but the staff as well. Jails become overburdened and helping people with mental illness becomes even more difficult when staff is not properly trained, or there simply is not enough staff to provide adequate programming. (Dehart, 2011).

> Retaining experienced jail staff is a key element in working effectively with special needs populations, another significant challenge faced by jails, particularly rural jails. Much of an officer's ability to handle inmates is learned on the job, and supervising persons with mental illness, gang members, or repeat offenders with long histories of jail admissions is learned over time. When facilities are staffed with officers with little experience, chaos may increase, possible contributing factor to rates of violence in smaller jails that is higher than in larger facilities. This factor also may contribute to much higher suicide rates in these facilities (Ruddell & Mays, 2007; pg.258).

Safety within the jail environment is critical. The incarceration and detention of women with mental health issues can lead to other problems, including jail overcrowding, increased pharmacological costs and stress for correctional personnel who may be ill equipped to address mental illness. Prisoners with mental illness find it more difficult to adhere to prison rules and to cope with the stressors of confinement, as evidenced by the new Bureau of Justice Statistics, (2006) cites that fifty eight percent of state prisoners with mental problems have been charged with violating prison rules, compared to forty

three percent without mental problems. According to the Human Rights Watch, (2006) and Bureau of Justice Statistics, (2006), an estimated twenty four percent of incarcerated women with mental problems have been charged with a physical or verbal assault on prison staff, compared to fourteen percent of those without. One in five state prisoners with mental health problems has been injured in a fight in prison, compared to one in ten of those without. Women offenders with mental health problems are often punished for being noisy, refusing medications, self-mutilating or even attempting suicide. Punishment is often isolation, which can cause symptoms to exacerbate often leading to an increase in psychosis. Prisoners who suffer from mental health problems need to receive appropriate mental health treatments, which are far beyond the scope of the United States Criminal Justice prison facilities.

The high rates of mental health issues among incarcerated populations are well documented, but few studies have examined the prevalence of serious mental illness among women in jails. Thus far, most studies have concentrated on prison and not jail. Jails are typically filled with individuals who are awaiting trial, serving shorter sentences or charged with less serious offenses. Yet jail administrators have reported inmates with mental illness are an increasing problem in local jails, where many of the same people cycle in and out repeatedly (Dehart, 2011). What the jails have are large numbers of female inmates with mental health issues. Women in jails show rates of post-traumatic stress disorder and substance dependence at least five times higher than women in the general population.

According to preliminary findings from a national study of women in jail, drug offenses were prominent and were linked to property crimes and prostitution that many women relied on to support their drug habits. (Dehart, 2011) The women self-medicated with drugs to cope with the overwhelming trauma, loss, and mental health struggles. Dehart's, (2011) findings indicated that fifty-five percent of the women met the criteria for lifetime post-traumatic stress disorder, and sixty percent had histories of substance dependence. Incarcerated women also showed increased rates of serious mental illness when compared with women in the general population. Those included major depression (thirty-one percent), bipolar disorders (sixteen percent), schizophrenia spectrum (five percent), and brief psychotic disorder (thirteen percent).

There are numerous societal costs to not addressing the mental health needs of these persons in jail. These issues are exacerbated with cuts in mental health budgets, and soldiers returning from war, being unemployed and plagued with multiple mental and physical health problems they are not able to afford their much needed medications. These people will commit non-violent crimes so they can afford treatment and medications and they ultimately find themselves in jail. Because there has been limited research on the topic, it is difficult to determine what policy issues may have contributed to more women with mental health issues spending time in jail. Correctional institutions cannot single handedly address these issues. The ongoing growth of collaborations with outside agencies is critical.

Substance Use

Literature regarding previous prison studies indicates inmates with mental health problems also have high rates of substance dependence or abuse in the year before their incarceration. Seventy-four percent of state prisoners and seventy-six percent of local jail inmates were dependent on illicit drugs (Stewart, 2011). Harrison and Beck (2005), found that women's overall involvement in a wide range of crime is relatively low, but shockingly high for drug charges and convictions. This information has been from previous prison research, we will now turn on focus to jail environments.

Jails

It has been well documented in the literature that the number of women in the United States' prisons continue to increase. A growing population of concern includes women who are incarcerated in rural and urban jails. Alemagno, (2001) states there are more than 3000 short term confinement jails in the United States housing more than half a million inmates. These inmates include offenders convicted of misdemeanors who are serving relatively short sentences, felony offenders awaiting assignments to long term confinement facilities along with sentenced offenders serving time in local jails owing to overcrowded prisons and those awaiting trial.

Since 1990, the nation's jail population on a per capita basis has increased by a third. The adult female jail population has grown seven percent annually since 1990, while the male population has grown four and a half percent (Bureau of Justice Statistics, 2006). The rate for incarcerated women is rising faster and female arrestees are more likely than male arrestees to be found drug positive. Alemagno, (2001, pg. 798) reports

> It is estimated that about two thirds of female arrestees use illicit drugs. Since jails historically have held predominantly men, facilities and services have not been developed to meet the special needs of women in jail. Women offenders with histories of substance abuse present complex clinical profiles with a range of medical, psychological, educational, vocational, and social problems. Effective programs for substance abusing women need to address physical concerns, psychological issues, vocational preparation, family issues, childcare issues, and educational needs.

Studies have primarily been based on clinician observation. Few studies have examined women's self-reported hierarchy of needs.

It is noted in Alemagno's (2001) study that women who self-reported the need for drug treatment services were more likely to report fair or poor health status and having been hospitalized in the past year along with continued family problems due to substance abuse than women who did not report a substance abuse problem. These women were more likely to have served prior jail sentences multiple times in the past year, to have drug related charges and to be unemployed. Women cycle in and out of jail facilities quicker and often times their needs are over looked or they are released from jail prior to receiving treatment and services.

Incarcerated women with substance dependency are more likely than women without substance dependency to need housing, medical care, education, mental health services, family support, and parenting assistance. Eighty-four percent of incarcerated women expressed housing was the most important need upon release. This is consistent with the literature of Kummerow and Joyner, (2008); Alemagno, (2001); Alemagno and

Dickie (2005); Thigpen, O'Toole, and Hutchinson (1996), they discussed how most women stay at a hotel, boarding house, on the street due to homelessness , or in a shelter. Many times prior to incarceration women are transient due to the severe dependency on drugs.

Mothers and Children

Typically, mothers are the primary care providers in the family. When incarcerated, a woman may risk the custody of her child/children. When a mother is incarcerated, generally, temporary custody of the child/children is given to a grandmother or other female relative. If a suitable relative is not available, however, children of incarcerated parents are placed in foster care and there is no guarantee that siblings will be placed in the same foster home (Clarke, Phipps, Tong, Rose, and Gold, 2010). Although most mothers plan to reunify with their children upon their release, they worry that their children will be taken from them or that someone else will take their place in their children's lives (Hairston, 2001).

Mothers in Jail

An emergent body of research has revealed that women in jail are likely to be single mothers with a history of substance abuse and victimization who are poor, uneducated, and traumatized (Cassidy, Ziv, Stupica, Sherman, Butler, Karfgin, Cooper, Hoffman, and Powell, 2010). Approximately 200,000 females are in prisons and jails in the United States and 6% to 10% of female inmates are pregnant at the time of arrest (Clarke, Phipps, Tong, Rose & Gold, 2010). As the population of female inmate's

increases, jails are confronted with taking care of a growing number of pregnant women. Compared to non-pregnant inmates, pregnant women require additional medical resources, security staff time, and social services for their infants after delivery.

Mirroring the reports of the psychosocial risk factors characterizing incarcerated women, the literature on pregnant inmates reveals that they face multiple adversities that render successful parenting difficult (Cassidy et al., 2010). Many incarcerated pregnant women have histories of traumatic childhoods, are in poor physical and mental health suffering with addiction problems, and have inadequate health care. Many are economically deprived with 60% unemployed and 40% living on less than $600.00 per month, well below the federal poverty level (Greenfeld & Snell, 1999). Many are single with limited education; approximately, seventy percent have minor children under the age of 18. Women are most likely to be incarcerated for nonviolent, drug-related offenses. (Schroeder & Bell, 2005). Except for prenatal care, few special programs exist for jailed pregnant women, due to short jail stays (Beck, Karberg, & Harrison, 2002). Moreover, correctional facilities rarely have systems in place to assure access to community health services (Bell et al., 2004; Mullen, Cummins, Velasquez, Von Sternberg, & Carvajal, 2003). Women in custody have difficulty adjusting to correctional facilities, lack appropriate coping skills, and often experience withdrawal symptoms. They lack their usual support systems and the most stressful aspect of incarceration for pregnant women is separation from their children (Bloom & Covington, 2001).

Needs of Incarcerated Mothers

For many women issues of trauma, self-esteem, and parenting are interrelated with mental illness and substance abuse (Alemagno, 2001). Women with histories of abuse may have special difficulties in the jail environment. Routine jail procedures, such as seclusion, restraint or searches may be perceived by abused women as dangerous and threatening, which can result in re-traumatization (GAINS, 1999). Given the multitude of risks and the potential for poor outcomes that pregnant women in jail and their children face, and given that many of these women view their pregnancy as an opportunity as a "fresh start," prevention and intervention programs with pregnant inmates are clearly needed (Cassidy, et al., 2010). One approach is to develop jail-based services using an integrated, statewide treatment model as well as supported employment concepts. (Farkas, & Hrouda, 2007).

In summary, women have different pathways to incarceration than men. Currently the most frequent is drug offenses. Women have addiction issues and suffer from mental illness due to trauma from past childhood experiences or current traumatic events, such as domestic violence. Women turn to alcohol and illicit drugs to self-medicate. This is when they find themselves incarcerated. Women are not the only ones who suffer when incarcerated. Their children are at risk and face multiple adversities as well. Resources in jail and the community are either scarce or unknown to the women being released from jail, and treatment is often ignored. Women will return to the homes, lifestyles and criminal behaviors that led them to incarceration. There is a strong need for intervention and prevention programs both in the jail and community setting.

CHAPTER III

METHODS

Purpose of the Study

As demonstrated in the literature review, the number of incarcerated women continues to grow in the United States. Moreover, women are being housed in jails with programs that, upon inception were devised to meet the needs of men. Women's needs are significantly different than men's in the areas of mental health, physical health, substance abuse and pregnancy. This study examined incarcerated women in a community jail setting, with special attention to programming needs. Very few studies assess women's needs in the jail environment. Dr. Dawn Beichner and I submitted this study of "Identifying Program Needs of Women Detainees in a Jail Environment." We received approval from Sheriff Emery at McLean County Detention Facility (MCDF) and Illinois State University Institutional Review Board number 2013-0130. Together we have conducted a needs assessment of women detained in the McLean County Jail.

Sample

The study used a mixed methods design, incorporating both qualitative (face-to-face interviews) and quantitative analyses (statistical analyses of institutional data). All

women who were sentenced to detainment or awaiting trial at McLean County Detention Facility were invited to participate in the needs assessment. Informational flyers were posted in the women's housing areas explaining the purpose of the study and who was conducting the research. The flyers also informed the women of the dates and times the researchers would be at the facility and how to voluntarily sign up for the study. The researchers were given permission to meet face-to-face with the women in a private room to keep confidentiality. There the confidentiality forms were explained, and the women read and signed the forms.

The interviews were audio recorded with the permission of the women and later transcribed with no identifiers, to protect the identity of the twenty women who shared their circumstances and life stories with us. On average, the interviews lasted two hours and, although focus was kept on the main question of *what the women perceived to be their greatest needs and whether their needs were being met,* we encouraged the women to speak openly about their lives leading up to their detention in MCDF, such as childhood experiences, substance abuse, mental health issues, and parenting concerns. We analyzed the interview data to search for trends in what the women identified as the most important needs while detained.

Data

Statistical Analysis

The literature is sparse concerning women detained in jail; most of the extant literature focuses on women in prison. This study sought to identify what the women detained in McLean County Detention Facility (MCDF) perceived to be their most

important needs and services. Data collection for this project was a two-stage process. The researchers met at MCDF twice a week from January until May 2014. During that time, we collected quantitative data from 278 institutional records of women detained or sentenced in the MCDF. The files included women who were booked at the MCDF from January 2013 to May 2014. Within the institutional records, we looked at types of crimes committed, length of detention, mental health issues, substance abuse histories, and dependent children information. The data from the institutional records were analyzed using Software Package for the Social Sciences (SPSS), a predictive analytics software program for quantitative analyses.

Qualitative Analysis

The researchers engaged in face-to-face in-depth interviews with consenting participants. The researchers constructed an interview guide of questions that aligned with the primary objectives, which are presented in Appendix B, to answer the core questions of what the women identified as their most important needs and their perceptions of how well their needs were being met, what programs are offered for mental health, substance abuse and parenting, and what constitutes release planning and preparation. After the interview had been completed, the researchers reviewed the debriefing protocol with the participant. The questions were explored by the researcher to determine and prioritize what the participants perceived to be the greatest need while detained in a jail environment. The researcher systematically tagged individual responses for themes, experiences, phrases and patterns that were addressed for each qualitative question from the women's responses. The researchers read each life narrative several

times and the tagged themes were organized by priority of needs identified. Thus, appropriate quotations were provided to exemplify the relativeness of the identified need and theme.

Orientation

Given the vulnerability of the research subjects and the sensitive nature of the information, the researcher took several steps to ensure human subjects protections (See protocol appendix C IRB # 2013-0130). This section provides an overview of these protections. A general orientation session was held for all women detained at McLean County Jail. During the orientation session, the researchers provided an overview of the study and explained how confidentiality was maintained. Questions were addressed and informed consent forms were distributed. Those willing to participate in the study were asked to sign the informed consent form. The researchers have retained a copy of the informed consent form and have provided a second copy to each research participant.

Human Subjects Protections

Confidentiality: All the participants' information has been kept confidential. The researchers created a master list in which each participant is assigned a number. The Master list was destroyed upon completion of the study so that there was no way to link the respondents' information back to her name.

Data Storage: The data generated throughout the study was kept in a locked filing cabinet and a password protected computer. Only the researchers had access to the files.

Anonymity: Any reports that result from the research project did not include participant

names or any other personal identifiers.

Informed Consent: Prior to being interviewed, each participant was informed about the study and advised that her participation was completely voluntary. Each participant was required to sign an informed consent form, which indicated her willingness to participate in the study.

CHAPTER IV

ANALYSIS OF THE DATA

The present study is an assessment of the program needs of women detained at McLean County Detention Facility (MCDF). The data for the study were collected from institutional records and face-to-face interviews with women incarcerated or detained in the MCDF. Although the primary focus of the study was to assess the needs of women in McLean County Detention Facility, the study also explored a number of issues related to women detained or incarcerated in a jail setting. The face-to-face interviews examined a wide range of topics spanning from parenting and visitation issues to relationships and trauma, mental health and substance abuse treatment offered inside the jail and the option available in the community. This chapter, which is divided into two sections, the first section provides a descriptive overview of the institutional records. Then followed by the qualitative analysis of the data generated from face-to-face interviews. Prior to these analyses, it is necessary to provide an overview of the geographic area and detention facility.

Geographic Area and Facility

Research Site

This study was conducted at McLean County Detention Facility, in McLean County, Illinois. Geographically, the central Illinois county is the largest in the state, with a land area of 1,184 square miles. Based on the 2012 United States Census, the county has a population of 174,647 (United States Census Bureau, 2012). The Twin Cities of Bloomington/Normal have a combined population of 133,566. Besides Bloomington/Normal, the county consists of 21 other communities whose populations range from 146 to 3,560 residents.

In terms of racial composition, Caucasians represent 85.2 percent of the county's population. African-Americans represent 7.6 percent of the population, whereas Hispanics or Latinos represent 4.6 percent. Females account for 51.4 percent of the population, whereas males represent 48.6 percent.

McLean County has two large universities, one public and one private. In addition, the area is home two community colleges. The county's major employers include State Farm Insurance, Country Financial, Illinois State University and Mitsubishi Motor Manufacturing. There are numerous other corporations within the county that also employ large numbers of people (Bloomington-Normal Area Economic Development Council in Normal, Illinois 2014).

McLean County Sheriff/McLean County Detention Facility

The McLean County Sheriff's Department employs one Sheriff, one Chief Deputy, four Lieutenants, seven Sergeants, and forty-one Patrol Officers. The McLean County Detention Facility employs ten administration and clerical staff; seven control operators, seven sergeants, and forty-eight correctional officers. In 2013 the officers and deputies arrested and processed 7,595 people at the detention facility, of those 1,801 were females. Consistent with national trends of jail overcrowding, the average inmate count per month is approximately 205, in a 200-bed facility. Staff at McLean County Detention Facility realizes the difficulties overcrowding can bring, especially with the ever-growing female population. (Allen, 2014, June 25).

Design of McLean County Detention Facility

The McLean County Detention Facility has two different inmate housing sections. The original housing section is referred to as the linear section and the direct supervision section is part of the most recent addition to the building. This is a co-corrections facility, housing both male and female detainees. The researcher interviewed Greg Allen, superintendent for the Adult Detention Facility on June 25, 2014. Mr. Allen reported that the population at McLean County Detention Facility was 244 persons. Of those, 212 were males and 32 were females. Mr. Allen advised that there are approximately 200 beds available for males and approximately 16 available beds for females. When overflow occurs, the 18 beds in the direct supervision section are then utilized to house female detainees. This section was initially intended for a detainee with mental or physical health needs requiring more extensive supervision to ensure their safety.

Programming

The staff at MCDF maintains structured rehabilitative and treatment programs for all inmates requesting participation, including general education, substance abuse, individual and group counseling, religious, recreation, work and educational release programs. All of the programs are available to all inmates regardless of sex, race, origin, religion, political views, disabilities or legal status. It is the policy of the MCDF to use volunteers to enhance and expand the services and programs offered to the inmates. The jail's volunteer program encourages increased personal contact for the inmate, broadens community resources for the jail, and increases public awareness of the functions and responsibilities of the MCDF. Volunteers are used effectively in such program areas as education, religious activities, and specialized programs such as substance abuse. Volunteer services provide superior services in an economical way and foster community support. The MCDF Inmate Program Supervisor is responsible for the recruiting, orientation, and training of all volunteers. The jail's staff is responsible for transporting inmates to and from programs and providing security for the inmates and volunteers when programs are in session. The following programs are offered for inmate participation as outlined in the McLean County Detention Facility Inmate Information and Orientation Handbook: General Equivalency Diploma (GED), Alcoholics Anonymous (A.A.), Bible Study/Church services, Celebrate Recovery, Counseling services, Jobs Partnership, Storybook program, Visitation, Recreation, Commissary, and the Library/Law library.

General Equivalency Diploma

Educating people who are incarcerated is a means of rehabilitating and re-directing. The majority of employers require a high school diploma or equivalent. GED classes are offered to inmates 5 days a week and offers an opportunity to earn a high school diploma, and if successful, detainees are eligible for one semester of paid tuition at Heartland Community College. As with all programs, males and females have separate classes. The teacher for the GED program was contracted through Heartland Community College. Obtaining a GED certificate while in MCDF is done at no cost to the inmate. The goal always is that when inmates leave the jail they will continue their education and be able to become gainfully employed or maintain steady employment. Inmates who are unable to complete the program while incarcerated are provided information about where in the community they can continue their GED education.

Alcoholics Anonymous

There are several groups that meet which promote a sense of community and belonging while striving to be a strong support for those in need. Alcoholics Anonymous (A.A.) is a self-supporting group that is offered for inmates who wish to curtail alcohol use and/or abuse. Volunteers conduct meetings on a weekly basis for AA. While there are various factors that have a role in the number of inmates that participate each week, overall inmate population and class size restrictions are still the largest factors.

Bible Study/Church Services

Bible Study and Church Services operate as non-denominational programs. Volunteers work with inmates as well with individuals released back into the community. The jail chaplain oversees the scheduling of these programs. Churches and volunteers in the community assist the facility by making donations of Bibles and other religious materials as needed.

Celebrate Recovery

Celebrate Recovery is a recovery program that deals with all aspects in life with a primary focus on dealing with drug addictions and co-dependence. Currently, three volunteers help orchestrate the program and meet every Friday. Note: the women's celebrate recovery group is incorporated into the Jobs Partnership group. (see Jobs Partnership below).

Counseling Services

MCDF employs two full-time counselors from Real Change Clinical Services (RCCS) to counsel those Inmates referred by the Inmate Services Bureau. Counseling services can be attended individually or in a group setting. The counselors assist with meeting challenges that arise in life, such as relationship problems, job stressors or life transitions. They also assist people who experience emotional difficulties such as depression, anxiety, loss and grief or anger during their confinement. Counselors offer help to those who may have experienced a traumatic life event that disrupts their daily functioning.

Jobs Partnership

Jobs Partnership brings together local and area businesses to train, equip, and employ citizens in the McLean County area. The primary goal is to bring program participants from dependency to self-sufficiency who then help strengthen the local community. Jobs Partnership participants are given certificates of completion from the program. Additionally, those individuals who complete the Jobs Partnership program in jail are given the opportunity to attend a job fair upon release and meet with local employers who hire individuals with criminal backgrounds. Outside of jail Jobs Partnership meets for 12 weeks through the Joy Care facility. As a program offered inside MCDF, the group meets every Friday for six-weeks, the group is eighty minutes in length and the Celebrate Recovery curriculum is incorporated to demonstrate the role of sobriety and employment as key factors in the women's lives.

Storybook Program

The Storybook program recognizes the importance of the bond that is between a mother and her children. When a parent is incarcerated their life and their relationship with their child is often put on hold. The storybook program provides an opportunity for inmates to communicate with their children while incarcerated. This program promotes individual as well as family literacy. Inmates are allowed to pick out a storybook and read the book, which is recorded on a compact disc (CD) for their child. The book and the CD are then mailed to the child at no cost to the inmates or their families.

Visitation

The McLean County Detention Center permits inmates to have scheduled visits with family and friends. Inmates who reside in the linear section of the McLean County Detention Center are allotted two visits a week, which are restricted to a maximum time of fifteen minutes each. Visitation times are Wednesday from 6p.m. to 7p.m. and Saturday from 8a.m to 9a.m. Inmates who reside in the Direct Supervision section, are allotted three visits a week and each visit is restricted to a maximum time of thirty minutes. Visitation times can occur Sunday through Friday between the hours of 8a.m. to 8p.m. and Saturday 12p.m. to 8p.m.

Recreation

Inmates are allowed in an exercise area for one hour each day unless the Sheriff, MCDF superintendent or MCDF physician determines that participation in such activity by a particular inmate or inmate group is harmful or dangerous to the health, security and/or safety of the facility and/or individual. The recreational area has a standalone exercise station for pull ups, an inclined bench for sit ups, and a shoulder dip station, there is also a ping pong table where more than one person can play at a time. The outdoor recreation area is an enclosed area with basketball hoops, and enough area to walk laps. Outdoor recreation will not be conducted when the temperature is below 62 degrees or above 85 degrees and the humidity is above 80%.

Commissary

Commissary is provided to inmates once each week. The MCDF commissary contains hygiene items, correspondence materials, limited undergarments, shoes, snack food items and phone cards. Inmates are permitted to purchase from the commissary if they have funds in their Inmate Trust Fund Account. All profits from commissary are used for detainee welfare. Proceeds of the Inmate Commissary and phone card sales also help support and maintain jail programs along with community and limited county budget contributions.

Library/Law Library

Library services are available to all inmates at least once per week. Members in the community have donated the majority of the resources in the library. Library materials include informational, recreational, and educational resources. Inmates in need of legal materials may request access to the law library. The law library allows for the inmate to educate and empower themselves in regards to their case.

Institutional Records

Sample Overview

The central focus of the present study was to examine what the women identified as their most important needs and their perceptions of how well their needs were being met. Information from institutional records were gathered based on a data collection instrument that the researchers developed (See Appendix A). This study is part of a larger study conducted by Dawn Beichner that involved 278 detained or sentenced women at

MCDF. The institutional records are a representation of women processed over the first six months of this year. The information contained in the institution records was self-reported by the women to the officer present completing the forms. Table 1 provides an overview of the demographic variables, of the women in MCDF, including the inmate's age, race, and employment status prior to incarceration. It also provides information on substance abuse, mental health and dependent children information.

Table 1

Descriptive Statistics of Reviewed Files

AGE	Range	Average
Total	18-61	32
RACE		
Caucasian	182	65.5
African American	89	32.0
Hispanic	5	1.7
Asian	1	.4
EMPLOYMENT	Frequency	Percent
No	174	62.6
Yes	91	37.7
Unknown	13	4.7
SUBSTANCE ABUSE		
No	126	45.3
Yes	124	44.6
Unknown	28	10.1

MENTAL HEALTH		
No	117	42.1
Yes	142	51.1
Unknown	19	6.8
TREATMENT		
Yes	55	38
Hospitalized	42	29
CHILDREN		
No	135	48.6
Yes	124	44.6
Unknown	19	6.8
TOTAL	278	100.0

As seen in table 1, the 278 women ranged in age from 18-61 with an average age of 32. In regards to race of the women detained at MCDF, 65.5% (N=182) identified as Caucasian, 32.0% (N=89) identified as African American, 1.7% (N=5) identified as Hispanic, and .4% (N=1) identified as Asian. When comparing race of the women in the study to the overall population in McLean County, African American women represent a disproportionately high rate of women detained when compared to Caucasian women. In all of McLean County, African American people only make up 7.6% yet 32% (N=89) of the women detained at MCDF identified as African American. The over-representation of African American women is consistent with previous studies on disproportionality.

In the institutional record review, 62.6% (N=174) of the women self-reported they were unemployed, while 37.7% (N=91) of the women reported having employment at time of arrest. The review of institutional records revealed that 124 of the 278 women in the sample responded yes to abusing one or more substances. The majority of the women reporting substance abuse issues noted that their primary substance of choice was alcohol (N=64 or 52%). Other trends included that twenty-seven women (22%) abused marijuana, sixteen women (13%) abused heroin, and fifteen women (12%) abused cocaine. Additionally, two women reportedly abused crack, methamphetamine, and "other" drugs and three women abused prescription medications. Thirty of the 124 institutional records did not have any information noted for substance abuse. For their second and third substance choice combined, 9 women abused alcohol, 21 women abused marijuana, 10 women abused cocaine, 4 women abused crack cocaine, 8 abused heroin, 2 abused methamphetamine, and 5 abused "other" drugs. Fifty of the 124 institutional records did not have any information noted for second or third choice substance abuse.

The variable, mental health issues, was recorded as anxiety, depression, bipolar, schizophrenia, psychosis, mood disorders, personality disorders, and eating disorders. The majority of women in the institutional records sample 51.1% (N=145) responded yes to having a mental health issue. Despite the prevalence of mental health issues, only 38% of the women (N=55) reporting mental health issues had ever received mental health treatment such as counseling, therapy, or visits with psychiatrists. Twenty-nine percent (N=42) of the women reported that they had been hospitalized for mental health issues.

Of the 278 women examined in the institutional records, 44% (N=124) noted that they had children. The total number of children was 235, the number of children ranged between 1 and 8 with 18% (N=52) of women having two children. Fourteen of the institutional records indicated the women had children who were over the age of 18, and twenty-four records indicated no information regarding number of children recorded. Age of children was not recorded in the institutional records.

Length of Stay

Table 2 provides an overview of the length of stay of the women in MCDF from January 2013 to May of 2014. Length of stay is defined as the amount of time a woman detainee served for a particular crime. Some of the lesser time served was due to the detainee paying their bond amount, while other longer times were after the detainee appeared in front of a judge at a court hearing and was sentenced longer to Illinois Department of Corrections (IDOC).

Table 2

Length of Stay

	Frequency	Percent
1-3 days	190	68.3
4-7 days	6	2.2
Up to 3 weeks	16	5.7
1-2 months	28	0.1
3-4 months	17	6.1
5-9months	10	3.6

IDOC 1+ year	10	3.6
Unknown	1	.4
Total	278	100.0

A review of the institutional records revealed that approximately 70% (68% or N=190) of the women were held in MCDF for three days or less and 83% (N=232) were held for one month or less. Only 13% (N=35) of the women were held at MCDF for two to nine months. The one unknown case was due to the file not having current information.

Type of Offense Committed

Table 3 provides an overview of the types of offenses the women at MCDF committed between January 2013 and May 2014. Type of crime was grouped into five categories: battery, alcohol, drugs, theft, and other, such as driving without license or registration, violating a bond or court order and fraud. This was done for an easier understanding of the criminal pathway the women were taking to be detained at MCDF. By doing so, the results corroborated with previous literature of women's pathway to detainment. Often times the women who are detained or incarcerated in local facilities have been arrested for non-violent crimes such as prostitution, illicit drugs and fraud. Despite the non-violent nature of their crimes, they spend considerable amounts of time in jail facilities, away from their families and children.

Table 3

Type of Offense

	Frequency	Percent
Battery	93	33.5
Alcohol	40	14.4
Drugs	46	16.5
Theft	75	27.0
Other	24	8.6
Total	278	100.0

The institutional records analysis revealed that the most common crime for which women were detained in MCDF was battery (34% or N=93). Oftentimes women are frequently exposed to physical and sexual abuse prior to being incarcerated (Morash, Bynum & Koons, 1998). Women who are being abused in their intimate relationships will finally fight back and may be charged with battery. The next most common offense was theft (27% or N=75).

Other common offenses were related to alcohol (14% or N=40) and illicit drugs (17% or N=46). Women enter detainment through mostly non-violent crimes. Harrison and Beck (2005), find that women's overall involvement in a wide range of crime is relatively low, but shockingly high for drug charges and convictions. Combining drug and alcohol charges, resulted in approximately one-third (31%) of the women being charged for non-violent crime. This finding is corroborated by Farkas and Hrouda, (2007) as they cite drug use and abuse as reasons for increasing arrest and incarceration rates

among women. Due to past physical or sexual abuse and the seemingly endless difficulties women experience, there is compelling evidence that women retreat to drugs as a coping mechanism for past trauma (Farkas and Hrouda, 2007). Drugs serve as an outlet, and because they choose this coping mechanism to block the pain, this factor is what many times leads to their incarceration.

Interview Data

Sample Overview

The principal researcher and graduate student research assistant were allowed access to the McLean County Detention Facility women detainees. Notice of the study was given to the women via flyer that was placed in the day rooms and cells by the program director at McLean County Detention facility. Once the women agreed to participate in the study the researchers were allowed to meet individually with the women in a private room. Where the researchers explained the confidentiality form, the women signed it and were given a copy of the form. Each interview was audio taped with the woman's permission and lasted up to two hours. Each women was debriefed on the purpose of the study upon ending the interview. The researchers constructed an interview guide of questions that aligned with the objectives, which are presented in Appendix B. The researcher systematically tagged individual responses for themes, experiences, phrases and patterns that were addressed for each qualitative question. The interviews were read multiple times and the tagged themes were organized by priority of needs identified. Thus, appropriate quotations were provided to exemplify the relativeness of the identified need and theme. Following are descriptive statistics of the women who

were interviewed, then through utilizing her responses, the three core questions will be answered.

Table 4

Descriptive Statistics of Women Interviewed

Number of Women	20
Average Age	34
Caucasian	13
African American	7
Total Number of Mothers	16
Average Number of Children	2
Total Reported Substance Abuse	16

The total interviewee population age ranged from 23 to 60 years of age with the average age being 34. Of the women interviewed in the study, 65 percent (N=13) of the women identified as Caucasian and 35 percent (N=7) identified as African American. The number of women who self-reported to have children was 80 percent (N=16) with the average number of children per mother being 2 and the age of the children ranged from 0 to 6. (A number of 0 was given to represent the pregnancy at time of interview). The women that self-reported substance abuse was 80 percent (N=16).

Due to the mother's incarceration, all of the children were left in the care of a suitable guardian. As evidenced in the prior section incarcerated women endure further damage and traumatization when separated from their children, (Bloom & Covington,

2009). Baldwin and Jones (2000), report separation of mother and child compromises critical bonding periods. Table 5 below gives an overview of the number of children among the women interviewed.

Table 5

Number of Children among Interviewed Mothers

Children	Frequency	Percent
0	1	.06
1	3	20
2	9	60
3	2	13
6	1	.06

Table 5 reveals that nine of the mothers had two children, three of the mothers had one child and two of the mothers had three children. One woman was pregnant at the time of the study and one woman had six children.

Analysis of interviewee charges revealed that arrests were diverse for the interviewed women and many of the women were detained for numerous, and often times, different charges. To keep the women's identities confidential, specific charges will not be identified.

Programming Needs

Question One: What is your most important need, and do you perceive the need as being met?

Most times a woman will come to jail and will be released before practitioners have a chance to begin any real treatment or recovery regimen such as A.A. /N.A. or counseling because they bond out or are sentenced to prison. Keeping in mind the core question of this study, what the women identified as their most important needs and their perceptions of how well their needs were being met. The researchers discovered that overall, the women's perceptions of MCDF were quite favorable. Most of the women stated that they were very satisfied with the treatment from the majority of the Correctional Officers and especially the professionalism of Sheri Day, program director. While discussing the treatment of the Correctional Officers, one woman commented, "*A lot of the COs are pretty, you know, they're really good.*" Another interviewee, in her discussion of MCDF program offerings and how MCDF compares to other correctional institutions in which she had been detained, said, "*I mean compared to other places like St. Louis, Lincoln, Decatur, this is so nice!"*

As the discussions continued about how the interviewees perceived to be treated by MCDF staff, multiple women had exclaimed *"Sheri is phenomenal!"* The interviewees advised us that when they completed requests to be included in the various programs offered, requested to speak with programming staff, or had questions regarding commissary items, Sheri was always timely in her responses. Other positive feedback that the interviewees shared with us related to their overall appreciation for the staff's

compassion. Many women believed that having this type of connection and staff responsiveness was vital to their overall rehabilitation. Often times during the interviews, the women acknowledged that they had made poor choices in the past and that they took complete responsibility for their detention or sentence. According to the interviewees, the MCDF staff viewed them as human beings who had made mistakes, but who deserved guidance and assistance. They believed that the staff's humility and respect were what set MCDF apart from other facilities. According to the interviewees, when they are recognized as human beings who make mistakes, they have the self-confidence to change and make more positive choices. Many reported receiving that connection at MCDF.

Identified Trends in the Needs Assessment

In addition to the previously described trend of overall satisfaction, seven other trends emerged in the interview data regarding the women's perceived needs and how well they perceive those needs were being met. The seven trends identified were: relationships, religion, addiction, health care, facility standards, parenting, and release/reentry. Each of the seven trends is discussed in greater detail below.

Relationships

During the interviews, we asked open ended questions about how the women became involved with the legal system, what their childhoods were like, if they had children, what they perceived as their most important need, and whether they perceived that their needs were being met in the MCDF. A trend that emerged in every interview was relationships. The interviewees discussed their relationships with their parents, their

parents' relationships, as well as intimate relationships that they had with others. The majority of the interviewees shared stories of the abuse and neglect that they suffered during childhood. Although no woman's experience was exactly like another, there were many examples of how childhood trauma impacted their lives. Simpson and her colleagues (2008) explain the difference between being protected, privileged, and insulated as children, which conditions or shapes a positive self-concept and optimism for the future. Many of the women interviewed at MCDF did not have privileged or insulated childhoods. This trend appeared in several of the interviews at MCDF.

As one of the women described, "*after my mother and father divorced, I quit school. I had to take care of my younger brother and sisters. My mother couldn't hold a job because of the alcohol."* Her construction of identity as a daughter and middle school student quickly changed to mother figure, provider, and caretaker. Due to the lack or lapse in education, this ultimately impacted her formal education and subsequently her employment opportunities. Another interviewee, in discussing her relationship with her mother, said: *"she was physically abusive. She would scratch up my face, pull out my hair, all kinds of stuff."* Another woman told of the violence that her father inflicted on her, she stated: "he b*roke my nose, my collarbone, he tried to poison me a couple of times. He was sexually abusive and he was an awful person."* One of the earliest relationships we have is with our parents. Whether negative or positive, it forms our perception of the world and others in it. This first relationship shapes our behavior and personality.

The relationship trends among the MCDF inmates were consistent with the literature examining how early victimization and traumatization not only shapes behaviors but instills lifelong habits that are difficult to change (Alemagno, 2001; Cassidy, Ziv, Stupica, Sherman, Butler, Kafgin, Cooper, Haffman, and Powell 2010; Covington, 2000; Dehart, 2011; Greenfeld & Snell, 1999; Schroeder & Bell, 2005). Many of the interviewees recognized a loss of self and disclosed life-long patterns of abusive relationships. Women who have experienced abusive childhoods find it easier to predict an abuser's behavior and know what to expect in the relationship, as opposed to the fear of being in a non-abusive relationship. Other women may isolate or abuse substances to self-medicate, which allows them to cope with their everyday life. The women at MCDF discussed how their abusive and traumatic experiences in childhood shaped the women they had become. Many of the women detailed the abuse they endured and described how they were able to survive such experiences. As one of the women stated: *"my mother gave us up to our father, who was in the Air Force. My step mother, she beat the shit out of me. She and my father had two children together. I wasn't allowed to have friends. I had to watch the younger two and then I was kicked out when I was sixteen."* As the interview continued, this woman was able to recognize how her abusive childhood contributed to her poor self-concept and her later attempts to self-medicate through substance abuse.

Many women discussed how they carried these negative, abusive experiences with them throughout their lives and how this trauma impacted decisions in their intimate relationships with boyfriends and husbands. Some of the older women were raised with the belief that divorce was a sin and that wives were to be subservient to husbands. Many

women were raised with this patriarchal belief and it impacted their relationships with men. In discussing her abusive relationship, one woman stated: "*He was very possessive and controlling. I stayed because I guess I was raised old school. You don't leave your husband, you don't talk back to your husband*." Another interviewee, who may not have been raised in a patriarchal family, but who had been abused, advised us that she rationalized that staying in the abusive relationship was easier to manage because she knew what to expect rather than the uncertainty of lack of resources if she would leave her abuser. She explained it this way: *"You don't break up a family, you stay. You put up with what you gotta put up with and life goes on."* Women who have been abused lose their sense of self; they begin to believe the belittling comments and they no longer see themselves as successful. Intimate partner violence erodes their hopes for a normal private life. They feel betrayed and abandoned. They lead a life of isolation and yet, ironically, they remain loyal to the person abusing them. The women's lack of positive self-concepts contributed to them staying in abusive relationships. They have not been protected in their childhood; they have been abused and neglected. Their childhood trauma has conditioned them to stay in unhealthy relationships.

When discussing the problems she and the other women face with self-esteem issues, one of the interviewees offered a programming suggestion. She said, "*I think [we need] a class for young girls starting off to be independent. They're trying to find their way. A class for women who need guidance, who hasn't had that as a child from their biological parents. I think there should be a group of mentors who help you write goals and push you toward those goals."* As mentioned previously, incarcerated women seek a connection with those around

them to guide, support, and hold them accountable. Many women have not had this support or responsibility, but it is what they seek. These findings are consistent with identified prevention and intervention programs in previous studies (Cassidy et al., 2010; Farkas & Hrouda, 2007). Furthermore, since completion of the project, Sheri Day, Program Director, advised us that the *Stepping Stones* program, which previously focused on sexual assault survivors, has been renamed *Path to Healing*. She outlined how the revised program focuses on healthy relationships and explained the programming topics include: what a healthy relationship is, moving on after being hurt, embracing healthy life choices, learning how to talk more positively, coping with disappointment, learning what self-values are, and how to use available resources. Another program that allows for these women to feel connected, to strengthen themselves and their support systems is through attending bible studies. The women had identified it as a critical need.

Religion

Many of the interviewees identified attending bible studies and church services on a regular basis as a critical need. Women reported gaining a greater ability to cope with their circumstances and exhibit patience through the legal process because of what they learned in bible studies. Some women, who did not consider going to bible study because religion was not a priority in their life, accompanied a cell mate and found different forms of support through participation in the program. In one of the interviewee's words, "*I started going because a friend wanted to go, but didn't want to go by herself and I like*

my bible studies now." Another woman explained how bible study gave her the ability to focus on other aspects of her life, beyond her detention. In her words, *"Bible study is nice. It helps me relax and focus on something other than my situation."* Another interviewee recognized that along her path to religion, she developed a new support system. She remarked, "*I came a long way. I met a lot of people and I learned a lot about God and the Bible."*

In discussing the importance of religious programming, a few of the women voiced concerns regarding changes in their visitations with religious persons. More specifically, we were advised that, because of a policy change, inmates were required to have visitations with religious advisors behind the visitor's glass, whereas they had previously had contact visits. The concerned women talked to us about their beliefs that praying with others sometimes warranted a hands-on experience. The change in visitation with religious mentors caused some women to become concerned that their religious freedoms were being taken away.

After seeking clarification from the MCDF administrators, we were informed that inmates have access to face-to-face, weekly, religious services. We were also informed that there is access to literature and services for every faith, including services by a Spanish-speaking pastor. The administrators advised that the noted change was exclusive to individual visitation with religious advisors. The administrator interviewed stated that "although religious advisors had previously met face-to-face with inmates, the MCDF adopted a new policy requiring that non-scheduled individual visitations take place behind the visitor's glass, unless other accommodations have been requested and approved." This was set in place to ensure the safety of the visitor and the inmates. We

were advised that, when a religious leader has a non-scheduled visit, a correctional officer must be assigned from another section of the jail to provide security and this can leave another area of the jail vulnerable. Having non-scheduled visitations behind visitation glass was one solution to ensuring safety of visitors and inmates is met.

Safety is of the utmost importance at MCDF. Often times women do not feel safe, whether it is due to childhood or present trauma, these women have difficulty escaping their realities. To counter balance the intrusive thoughts, they will choose to self-medicate. This form of escape exacerbates depression, anxiety, various addictions and other mental and physical health issues this brings us to question two.

What are the programs available to detained women to address mental health, substance abuse and parenting issues? To answer this we also looked back at the 278 institutional records to gain a greater understanding of the true pathways which lead these women to jail. Many of the females were intoxicated at time of booking and admitted to current and past substance abuse. Our findings are discussed below.

Addiction

As mentioned previously, the analysis of institutional record data revealed a prevalence of substance abuse and addiction histories of the women in the MCDF. Forty-five percent (N=124) of the women in the institutional record review reported substance abuse and addiction issues. The top three substances identified in these records were alcohol (59%), Marijuana (39%) and heroin (19%). The results of the institutional records mirror results from other studies completed throughout the nation. According to the U.S. Department of Health and Human services (2005), drug possession is one of the

most common offenses among women detained in jail. Over one-fourth of incarcerated women are in prison for a drug offense (Velazquez, 2012). Addiction plays a large part in a number of women's crimes and a lack of available treatment contributes to their contact with the justice system.

The trend of addiction was further substantiated in the interviews with women at the MCDF. Most of the women (N=16) openly discussed their ongoing struggles with substance abuse and how their addictions connected to the trauma they endured throughout their lifetimes. Consistent with the institutional records review, the top three substances of choice that emerged in the interviews were alcohol (45%), marijuana (25%), and heroin (25%). When asked about their lives leading up to detainment or incarceration in the MCDF, most women discussed their first contact with the justice system as a product of their alcohol and drug addictions. The prevalence of non-violent, drug offenses among MCDF inmates is consistent with the literature on incarcerated persons (Kelly, Peralez-Dieckman, Cheng & Collins, 2010; U.S. Department of Health and Human Services, 2005; Velazquez, 2005). Commonly, interviewees discussed how their experiences with physical, emotional, and sexual abuse compelled them to abuse alcohol and illicit substances. They also discussed extensive addictions that spanned years of time.

Substance abuse as a coping mechanism. The women described how they would use their preferred substance to numb the pain and block the memories of past abuse and trauma. One interviewee said, *"My father left when I was young. I lived with my mother and brother who is nine years older than me. He would beat me up pretty bad, so I*

started to act out. I would fight with others because I couldn't beat him up. When I was 14, I was on probation already for using [drugs]. Heroin is my drug of choice." Another woman, who came from a military family, explained how her family moved around a lot. She said that her father was not at home very much and her step mother was emotionally abusive and ultimately kicked her out of the house. Searching for stability, she settled into an abusive relationship with her husband. She explained how she started abusing heroin to ease the emotional pain. "*I had my first child when I was 20 years old. My husband would beat me. I woke up in the ICU. I remember, two days prior, I tried to leave him. He tried to kill me. I went back to using heroin."* Poor coping skills and a lack of treatment led these women to believe that relapsing into heroin was the only way to combat the pain from past relationships and circumstances.

Addictions are often the result of poor coping mechanisms from earlier abuse or other traumatic experiences. One woman reported how her drug use began with a prescription from her doctor and escalated into an addiction where she self-medicated because of the abuse she endured in her childhood. She stated "*I grew up as an alcoholic. I'm homeless, unemployed, I have two DUIs. There was sexual abuse, physical, and emotional abuse in my childhood. My drug use started when doctors put me on Ritalin. I abused that, then marijuana and other substances because of the [physical/emotional] abuse."* These traumatic experiences caused her to lose everything she had, from her self-esteem, to her home, to her children.

Extended spans of drug addictions. The women often discussed how their first encounters with alcohol and drugs were shaped by parental and familial addiction. While discussing how she became involved with drugs, one of the interviewees said:

> *My sisters and them [friends] were doing it. They smoked weed, they drank. My father drank. My father's side is alcoholics. At 10 years old, I was drinking hard liquor. I filled my father's bottles back up with tea. He thought it was my sisters and brother refilling his bottles. In junior high, I was an alcoholic and an addict. My sisters would give me weed to go to sleep so I wouldn't tell on them because they was doing some boys on the porch or something. I didn't get offered treatment then. I didn't know what treatment was. I've spent 43 years doing drugs.*

Another woman, who disclosed a 17 year history of drug addiction, described her life as being fraught with abuse from loved ones who were supposed to protect her. She said "*the abuse started with my father, then my brother, um boyfriends, almost every boyfriend I've ever had up until my current husband, who I'm now separated from. It's been physical, emotional, [abuse] um everything. So I use heroin, I take pills, whatever I can just to get through the pain."* Though she continued to explain that she has been in treatment in the community, she has never been successful at abstaining. She described that, although she is able to "stay clean" for a few months at a time, she ultimately relapses. Many women indicated that their heroin use began as an attempt to block out past trauma, but that their addictions spanned across years. Although they eventually reached a time in which they did not want to use heroin any more, they continued because being high was better than being sick from the withdrawal.

From both the institutional records and the interview data, it is clear that the women in MCDF, like most incarcerated women in the USA, have substance dependency

issues and are in need of treatment. Consistent with the literature examining past trauma and addictions and the need for prevention and intervention programs (Cassidy et al., 2010; Covington,2000; Dehart, 2011; Simpson, Yahner & Dugan, 2008; and Mullen, Cummings, Velasquez, Von Sternberg & Carvajal, 2003), the vast majority of interviewees (90% or N=18) reported that they attend Alcoholic Anonymous (A.A.) meetings. The majority of the interviewees stated they enjoyed attending the A.A. groups at MCDF and found them beneficial, but at the same time, felt guilty for taking a spot in the group that would benefit someone with alcohol addiction because their addiction is to other substances. The women expressed an interest and a need for a Narcotics Anonymous (N.A.) group inside the jail. In general, the women at MCDF indicated that they perceived the A.A. group meetings to be beneficial in helping them learn coping skills, but they reported a perceived need for more groups and literature on Narcotics Anonymous (N.A.).

We interviewed the staff for clarification and discussed the A.A. groups as well as the N.A. groups. Staff understood "the difficulty the women face with drug addictions and participating in extensive programming when the women are here for short periods of time and N.A. group meetings are provided only once a month." Staff explained when women have a shorter stay they may only have one N.A. meeting. Many times the women don't have the opportunity to attend because the meeting is either full or they are released before the meeting occurs. Staff did express a hopeful outlook for additional N.A. / A.A. groups with the upcoming jail expansion.

Health Care

Women offenders often simultaneously experience substance abuse, trauma and mental illness. It is understood that these factors present challenges in a jail environment, in terms of physical treatment and the provisions of health, mental health and other treatment services. Jails are often the place where women receive significant medical, mental health, and dental care. Short periods of detainment rarely offer the opportunity to assess a woman's needs and develop a comprehensive approach for providing medical and mental health services. McCampbell (2005) suggests that if women are provided access to medical and mental health programs that appropriately and comprehensively respond to their specific needs, positive results are produced. The access to which McCampbell (2005) refers requires the integration of health services with community resources. McCampbell (2005) advocates "looking at the jail as a continuum of services, implementing coordinated treatment plans and ensuring community resources are coordinated can help meet woman's needs." Covering the next subsections of mental health and medical health, we provide commentary from the women detained and the staff at MCDF as well as results from the 278 institutional records reviewed to understand how medical needs are being addressed. We conclude the section with clarification from the MCDF medical staff.

Mental health. As evidenced in the 278 institutional records reviewed, 52% (N=145) of the women in MCDF have reported a mental health diagnosis, often from past trauma they have survived. Women with mental health issues may rely on prescription medication to help them cope with stressors and triggers. Being in a detention facility can

trigger flashbacks, anxiety, or panic attacks. Without needed prescribed medication, these triggers can occur quicker and more frequently, and could potentially cause a non-medicated person to act out. Due to past trauma, women may have difficulty being incarcerated; the daily routines and confinement can be a trigger for any acting out behaviors.

Limited mental health treatment is a common issue among incarcerated populations. Consistent with this trend, of the 278 institutional records reviewed, 76% (N=212) of the women disclosed that they had received no mental health treatment, such as one-on-one counseling with a therapist, supervised medication monitoring with a psychiatrist, or any type of therapeutic hospitalization prior to being detained. Though resources in a community may be limited, often women simply are not aware of the community resources available. As a byproduct of prior abuse, many women are isolated or do not have the self-esteem necessary to seek mental health assistance. As indicated in the previous section of the report, substance abuse frequently becomes a coping skill for those in need of mental health services.

In the interview discussions of mental and physical health care needs, some interviewees revealed that they held negative perceptions of their medical care in MCDF. When asked to clarify, some of the women advised that they were not seen by medical personnel upon being processed into the MCDF. Others indicated that they felt they were being overlooked by the medical staff. When asked to describe what caused her to believe that the medical care in MCDF was lacking, one interviewee mentioned that when she completed a slip for prescription medications, she had to “wait hours” to get medicine. Another interviewee indicated that, although she had been under psychiatric

care prior to her detention, she was upset that the medical staff at MCDF did not speak to her psychiatrist and was not giving her the medication she was prescribed. She stated "*The medical care here, I'm sorry, but is not the greatest. I signed a paper for them to talk to my psychologist and psych doctor at Chestnut weeks ago, and I'm still not receiving my medication."*

Other interviewees indicated that they had chronic pain, either from past physical abuse, such as broken bones, or from degenerating spinal disks or arthritis. While discussing chronic pain from a car accident, one interviewee stated, "*I'm still not healthy in here. I'm in pain. They won't give me more pain medication. It's just so sad in here. They treat us like we're nothing."* This statement exemplifies the aforementioned perception held by some of the women: that the medical staff is overlooking them, treating them as if their health does not matter, or as if they are invisible. A final medical concern that was voiced by some of the interviewees was that, although they were following the protocol of requesting Tylenol by completing the slips, their slips were not always being delivered to the medical staff. One woman stated *" I have to take ibuprofen four times a day and every time I have to drop a slip. Sometimes the slips get picked up, some times they don't and then I don't get my meds and I'm in pain."* When these women live with chronic pain, they can become irritable which may increase tension among inmates or cause arguments.

MCDF protocol requires that when someone is processed into MCDF, a health assessment is performed to ensure the safety and health of all detainees. One of the interviewees advised us, "*I've been here over a week and no one has done a health*

assessment on me, I could have TB or Hepatitis, spreading it around and no one would know." Because some of the inmates' responses were inconsistent with what the researchers knew of MCDF procedure, we sought clarification from the medical staff at MCDF. The researchers were advised of the policies and protocol for every person booked into the facility. Medical staff members explained that,

> *Correctional officers are trained to complete medical screenings upon intake. If the person being booked is honest and informs the correctional officer of any medical issue they are having, this will automatically flag medical staff and the inmate will be scheduled to be seen by a nurse for an in-depth assessment. If the inmate does not inform the correctional officer of any medical needs during the booking assessment, the medical staff may not ever know the person was even in the jail, because the inmate had not indicated needing assistance. If the inmate informs a correctional officer after being booked, even if it is weeks later, the medical staff schedules a time to meet with the inmate to complete an assessment.*

We were further advised by medical staff that, if an inmate bonds out within twenty-four hours, the medical staff will not meet with the individual. Otherwise, an appointment is set.

When asked about deliverance of medications, especially when prescribed from psychiatrists outside the facility, the MCDF medical staff explained the procedure that they must complete before any medication can be given. In one staff member's words,

> *When an inmate informs the correctional officers or any medical staff they have previously been prescribed medication, the medical staff must obtain consent from the inmate to speak with the previous prescribing doctor or institution to establish the last time the medication was prescribed. This is done to ensure the medication has been taken properly and to ensure MCDF prescribes the correct dose and correct medication. Due to prescription addictions, every precaution must be taken to ensure the safety of the inmate. Many times, the inmate has been off the medication for weeks or months and the medication will then be restarted.*

When asked about the comments made by the women with chronic pain, the medical staff advised that it is necessary to recognize that often these women are becoming sober for the first time in a lengthy period of time. Accordingly, the medical staff members advised that they take this opportunity presented by the women's sobriety to educate them on various health issues. The medical staff explained that they rarely see inmates who have taken a proactive stance in their healthcare prior to confinement. After becoming sober, however, the women are much more conscious of pain. According to one staff member, "to a person newly-sober, a headache is perceived as a migraine and the women will ask for too much medication." The medical staff advised that because MCDF policy is not to over-medicate inmates, this might be the reason for the complaints that the women are not receiving their medications.

Facility Standards

Two trends emerged in the interview data regarding facility standards: facility temperature and a perceived inequality in the clothing and blankets given to women and men inmates. During the period of the study, McLean County experienced a polar vortex, with subarctic temperatures spanning several days. As a result of the artic temperatures, there was ice forming on the windows in the oldest part of the MCDF. Most of the women being held in the old section of MCDF reported that they were extremely cold and that they wished they could be housed in a different, warmer, area of the MCDF.

When temperatures fell to minus 50 degrees Fahrenheit, the women noticed the men having detention issued sweat suits and when they asked for the same clothing, they reported being denied. The majority of the interviewees stated that they were issued only short sleeved uniforms. One interviewee reported how sleeping in the cold was difficult and how they noticed the inequality of warm clothes between the men and the women at the MCDF, she remarked: *"I wake up in the middle of the night my ears hurt, my nose is cold, my eyes hurt and my hair is frozen. My towel is wet from three days ago. That's how cold it is in here. We ask for sweat suits and we are told the girls don't get sweat suits. We had to beg for them and [Sheri] finally gave them to us, because the guys are the only ones who usually get them."* Another inmate brought up the discussion of men having warmer clothing and how she felt the women were treated differently and often times ignored, she stated: "*The guys get thermals, sweat suits then jumpers and three blankets. And the girls we are only supposed to have two blankets. We have put in grievances because we are all sick now and nothing has been done and we have put in a grievance like two or three different times."* Another interviewee expressed an issue about a cloth allergy and being cold. In her words, *"I am allergic to wool, so they took my blanket and I have two sheets and the short sleeve uniform they gave me. I put in a slip for a sweat suit and I can't get one."*

While discussing overall health issues, one woman explained how everyone in her area was becoming sick from the cold weather and the lack of heat they had. She said: "*Plus its cold back there and we be getting sick, and sneezing and breaking out of the skin, you know passing germs around."* Another interviewee stated: *"It's freezing in here; they said that where we're at there isn't any heat. They know there's no heat. They*

give us one blanket. I sleep all day because it's so cold. Sometimes the showers don't even heat up because it's so cold." As the comments indicate, amidst the polar vortex, some of the women had become concerned over the condition of the facility, the lack of heat, and unanswered requests for extra blankets. Another inmate showed compassion for another inmate due to the lack of heat and the sleeping conditions, she said: *"I feel bad for the girl who's seven months pregnant and sleeping on the floor, she's just freezing."*

Parenting

A major concern of most incarcerated mothers is being separated from their children. Many incarcerated mothers fear their confinement may result in the loss of custody of their children. For others, the safety of the children during the time of incarceration became the main focus. The topic of parenting emerged in most of our interviews and spanned a number of related issues. Accordingly, we partition the parenting trend into three main patterns: Loss of custody and safety issues, repeating cycles, and visitation.

Loss of custody & Safety issues. Typically, mothers are the primary care providers in the family. When incarcerated, a woman may risk custody of her child/children. When a mother is incarcerated, generally, temporary custody of the child/children is given to a grandmother or other female relative. If a suitable relative is not available, however, children of incarcerated parents are placed in foster care and there is no guarantee that siblings will be placed in the same foster home (Clarke, Phipps, Tong, Rose, and Gold, 2010). Although most mothers plan to reunify with their children upon their release, they

worry that their children will be taken from them or that someone else will take their place in their children's lives (Hairston, 2001).

Of the twenty women interviewed, sixteen (80%) were mothers. Most of the mothers had an average of 2 children. Children's ages ranged from 0 to 6 years (A number of 0 was given to represent the pregnancy at time of interview). The mothers indicated that they faced a number of challenges related to parenting. The problems that the interviewee mothers faced were far-reaching; some were battling substance abuse issues, working through physical, emotional, and sexual abuses issues, involved in traumatic relationships, or in the process of divorcing their spouse.

All of the incarcerated mothers expressed concerns with the safety and well-being of their children. In a discussion of visitation, one woman explained how she lost her home and her family because of her drug addiction. She was in the process of getting a divorce, because her husband was physically and emotionally abusive. In her words, "*I don't get to see my kids, because we are in the process of getting a divorce, so he's not going to bring them here to see me because that's his way of getting revenge.*" In abusive relationships, children are often used to manipulate the other parent; this may create lifelong damage to an otherwise salvageable relationship.

When a mother is separated from her children, she often experiences an overwhelming sense of loneliness and despair. One interviewee explained how she left her children in the care of her mother while incarcerated. Due to her multiple incarcerations, however, her children no longer talk to her, so she has given her mother custody. She indicated that she believes being with her mother is where the children are

safest. In her words, *"I did heroin to block the pain of the relationship with my ex. I went to jail because of my addiction. I lost more than my freedom; I lost my kids and that's as low as it can get.*" Of the mothers who were experiencing custody issues, some disclosed that they believed they were "doing the right thing" when they agreed to relinquish their rights to their children and give them up for adoption, others perceived that they had been deceived by agents in the system. As one woman reported: *"I gave my child up for adoption when I was 18. I signed away my rights to my daughter when I was 22. It was understood that I was supposed to be able to see my son, but it has never happened."*

Another interviewee, who had been involved with Department of Children and Family Services (DCFS), had her son and daughter removed from her care due to drug use. When the father of her son returned from Kuwait, he adopted her daughter to get her out of foster care and promised to reunite with the interviewee, so she could be with her daughter and son and they could be together as a family. Unfortunately, this did not happen. In the interviewee's words, "*he was like 'let me adopt her, get her out of the system. I'll give her right back to you' (I still have joint custody of our son with him). As soon as he adopted her, he changed his cell phone number and is re-stationed in Hawaii with the kids and I have not been able to talk to them in months."* This type of deception instills hopelessness and despair and may lead women to relapse because they have lost hope of being reunited with their children.

Repeating cycles. Women in jail are likely to be single mothers with a history of substance abuse and victimization who are poor, uneducated, and traumatized (Cassidy et

al., 2010). Consistent with this trend, many of the women's life narratives addressed these emergent issues. In a discussion of traumatic relationships, one mother acknowledged that the domestic abuse she endured caused her to turn to alcohol to self-medicate. She indicated that she was only sober during her pregnancies and while nursing. The addicted mothers advised that, although they did not want to intentionally harm their children, they ultimately relapsed. One interviewee, who discussed her addiction in conjunction with her abusive relationship stated: *"I have two children with this man. He beat me more and more, so I was drinking more and more, but I was sober during my pregnancies. I nursed my kids so I was sober for 2 years."*

Addiction takes away more than just the pain of traumatic childhoods. These women have lost significant time due to addictions: time for themselves, their education, employment, families, and children. Even after months or years of sobriety, often women's addictions resurface. One mother explained how her heroin addiction affected her custody with her children. She described how involvement by DCFS helped her to gain sobriety. In her words, "*DCFS was involved. I never lost custody of my kids, but when I was arrested, their dad wasn't doing what he was supposed to and DCFS had to step in. I was in drug court and clean. I was with my kids so DCFS stepped out. Then, I relapsed because I didn't have DCFS accountability*." Many of the interviewees described similar patterns with addiction and sobriety.

Often, the cycle of trauma and self-medication is inter-generational. The effects of maternal addiction are far-reaching: children feel unloved, alone, helpless and scared. Ultimately, many children of addicted parents become withdrawn, isolative, and angry.

These problems were mentioned in several of the interviews with mothers. One mother described how her addiction played a part in her son's chemical dependency and ultimately led to her daughter severing all bonds with her. In her words:

> *I was involved with drugs at 10 years old… I've struggled with this. It hurt [my children]. My daughter seen me get arrested. She thought I didn't love her. My oldest son took it hard, because he thought it was his fault and that he did something wrong because he had been my only child for so long. And my middle [son] knew it had nothing to do with him, he just understood. They stayed with my mom, they were safe. They're grown now, my son is in jail for drugs, we got permission to write, but my daughter won't speak to me.*

Visitation. Consistent with the literature on incarcerated mothers, women in the MCDF perceived visitation with children as one of their most important needs. Most of the mothers that we interviewed expressed an awareness of parenting programs at other correctional facilities and acknowledged the importance of visiting programs for incarcerated parents and children. While discussing their parenting experiences, most of the incarcerated mothers mentioned perceived concerns regarding child visitation at MCDF. The interviewees described how length of visits varied across the different housing units of MCDF. Each of the interviewee mothers expressed a desire for a mother-child visitation program. The mothers described a need for a separate visitation room that would provide contact visits with children, rather than meeting through the visitor's glass. When asked to clarify their reasons for wanting a separate visitation space, the interviewees indicated that they believed contact visits would enhance their abilities to bond with their child/children.

Several of the mothers brought up the concern with visitation time constraints.

The amount of visitation time permitted varies based upon the area in which a person is housed at MCDF. One of the interviewees, who was housed in an area with a fifteen-minute limit on visitation, commented, "*the biggest thing for me is the programming with the children. We wish we could have a little bit more time with our kids.*" Another interviewee, whose child was being cared for by her mother during incarceration, expressed concern about the visitation time limits and her mother's schedule. In her words, "*My kids were placed with my mom, so I knew they were safe. I wish I could see them more, but the visitation hours don't work with my mother's schedule.*" Another woman discussed how visitation arrangements are especially complicated for families who are traveling from outside the McLean County area. She stated:

> *They don't consider Chicago being out of town. I'm like, it takes over 2 hours sometimes, especially with the weather being the way it is, [polar vortex] it's almost a 3 hour drive. They have traffic and stuff. It may feel like another state considering the poverty my family's' in. You know they have to pay for gas to get up out here. They have to be able to pay to eat on the road if they're hungry, ya know? All the things they have to pay for and then when they get here all the stuff they need, why don't you consider that an out of town visit? It is a penalty I have to pay for a bad choice, that was made, and I get that, but it's almost like they're penalizing the family, because they can't come and see me because of where I'm at. I only get visits twice a week for 15 minutes. If I were in a block or a pod, they would let me get more [visitation time]. Since they have changed from an infirm to a quad, I feel like they should change the rules also. It's a big concern for me and on top of that my mom is sick. I wish we had contact visits. What if she visits and it's the last time I see her? It'd be wonderful to hug her.*

Although it is not possible to create detention facility visitation times to accommodate the schedules of all visitors, the addition of a weekend parenting program might alleviate

some of the visitation issues outlined by the women in the MCDF.

Children of incarcerated mothers often experience a sense of loss and betrayal related to their mother's involvement in the criminal justice system. They may become angry, hopeless, defiant, or simply shut down. When mothers and children are able to see and talk to each other without barriers, there is a greater opportunity to gain or strengthen bonds. Physical touch, such as holding their child's hand, touching their child's arm, or giving a reassuring hug, has many potential advantages for both mother and child.

Several of the interviewees made comments regarding their experiences with visiting their children behind the glass wall. As one woman recounted, *"I visited with my kids through the glass. They didn't talk much and wouldn't look at me much. When it was time to go, I said 'see you later' and my oldest said 'no you won't.' He was shut down. It was harder to earn his trust when I was out. An inside program may have helped mediate you know."* Being separated puts a strain on any relationship; however, the strain intensifies the emotional separation when parents and children have a physical barrier between them. The parent and child must work harder to regain the trust and relationship before the mother was detained. Visiting in an open room program can assist in building this relationship prior to release.

Another mother explained how the family would benefit from an open visitation area*: "My husband brought our children, but I had to see them behind glass. I wish it was more like a conference room where I could touch them, hug them, you know talk to them."* Physical contact is one way the mother and child can bond and build their relationship to be stronger than it was before the mother was detained. It is also important

that the family function as normal as possible to retain its structure. Having a family visiting area can assist in providing stability to an already unstable structure. According to the research by Cassidy and colleagues (2010), children may perceive visitation behind glass as the mother being insensitive. Younger children may be confused about the situation. Visiting their mother and not being able to touch her may further lead to developing insecure attachments or attachment disorganization.

While discussing visiting through the glass, one mother said, *"You have to prepare yourself for those settings, especially with your children. They don't understand what's going on. They just see you and wanna hug you."* The most stressful aspect of incarceration for women is separation from their children (Bloom & Covington, 2001). Having a program where mothers and children could visit face to face and touch one another can aid in strengthening that bond.

Release/Reentry

Question three asks: *what constitutes release planning and preparation?* Being released from a detention facility and reentering society can be one of the most exciting, yet fearful, moments in an incarcerated woman's life. Women returning home from prison and jail face a number of obstacles in finding gainful employment, housing, and access to health and human services. They also face a number of challenges reunifying with their family and community. Many women face potential homelessness, unemployment, and little support from family members or society.

Once back in that environment from which they came, opportunities for old habits abound; they may relapse into addiction, return to abusive partners and return to

committing crime to support their addiction, children, and family. When asked the question, "what do you feel is your biggest programming need?" The majority of the interviewees' responses revolved around the same need: access to community resources. Very few of the women interviewed knew what resources were available in the McLean County community. Some of the interviewees were from other areas and were concerned about finding a place of residence after release. Several of the interviewees reported a desire to have a case worker or other individual who could answer their questions about returning home. Among the questions that the women had were: *Where can I get an ID? Where can I stay since I cannot leave town until my court date? Can I continue A.A.? I want counseling/substance abuse treatment but where do I go?* Regarding the topic of programs and to answer the question which began the discussion, one of the women stated: "*I haven't heard anyone talk about any programs whatsoever, which is really scary for me, specifically because I'm not really for sure like how this whole release thing works*."

Based on the interviews, it appears that being released from MCDF holds many uncertainties. The women have been sober during their detainment and several want to remain sober, but do not know how to access appropriate community resources. Housing is another stressor. Many of the interviewees were previously unemployed or have since lost their jobs due to being incarcerated, which means they can no longer afford housing and have to find a safe place for themselves and their children to stay. The following statements represent two different discussions by two different women interviewed but held the same concern. One interviewee, an older woman with an elderly mother, stated: "*I'm hoping to move in with my mother when I get out. I sold almost everything I own. I*

have nowhere to go." Naser and LaVigne (2006) reported that stress may make family members less inclined to provide emotional and tangible support over time. Another interviewee, who had been living on the streets prior to being incarcerated, discussed returning to her ex-husband and knowing the stressors and triggers she faces going back there. She stated: *"I'm going to live with my ex-husband. He's emotionally abusive. He expects things from me because he lets me stay there."* She continued to explain how she has been sober for months and is afraid to live with him, but is more afraid of the unpredictability of living on the streets.

There is a need to understand the challenges that women face upon reentry into the community. When discussing what they would benefit most from upon being released, the majority of the women stated they would like to have a program where they could ask questions about community resources. Also, they indicated that they would like to have court dates and legal information explained to them, because when they are in court, they feel rushed and they don't have time with the public defender to ask questions or get answers on the legal process. Many of the women have used PATH (Providing Access to Help) as a community resource, but again feel PATH falls short in answering their questions about fulfilling their court orders. Some of the women do not have transportation and need assistance with the bus routes. Others do not have an identification card or the funding to obtain one. Without an identification card, they cannot stay at shelters or access other resources in the community. In short, most of the interviewees expressed fears that they might return to the habits, situations, and behaviors which led to their arrests. They desire to have access to reentry planning.

CHAPTER V

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

Women offenders are a neglected and often forgotten population. They are often victimized and treated worse than their male counterparts. Criminologists have used the term invisible to describe both juvenile and adult women offenders across the United States Criminal Justice System (Belknap, 2007). One of the issues underlying women's invisibility is the slow response from the criminal justice system in terms of the treatment afforded incarcerated women. There is an increasing level of comorbidity among the population of incarcerated women, with the majority requiring mental health, physical health, substance abuse and parenting services at the time of their incarceration or soon afterwards. This study revealed that the women detained at MCDF, were having assessments completed and the majority of women were attending programming which they stated was beneficial.

Several findings from the study corroborate prior research findings, of Dehart's (2011), Clarke et al. (2010), Farkas & Hrouda (2007), Sipes (2012), Belknap (2007), Alemagno and Dickie (2005), where they reported that jails are typically filled with individuals who are awaiting trial, serving shorter sentences or charged with minor first-time offenses. The studies go on to report that many jail inmates return to the streets after

a short time and frequently cycle back through the jail system. Those interviewed in this study revealed this to be true and attributed it to the lack of knowledge of community resources. One way the staff at the MCDF is working on correcting this issue is those who have already been linked to community resources will have appointments made with the Center for Human Services prior to release.

This study provided an examination of programming needs of women detainees in a jail environment. It was based on a review of 278 institutional records of women who were processed through booking or detained over an eighteen-month period at the jail. The institutional records analysis revealed that the most common crime for which women were detained in MCDF was battery (34% or N=93), followed by theft (27% or N=75). Other common offenses were related to alcohol (14% or N=40) and illicit drugs (17% or N=46). Approximately 70% (68% or N=190) of the women were held in MCDF for three days or less and 83% (N=232) were held for one month or less. Only 13% (N=35) of the women were held at MCDF for two to nine months. The women's ages ranged from 18 to 61 years of age with an average age of 32. Of the 278 women examined in the institutional records, 44% (N=124) noted that they had children.

The review of institutional records revealed that 124 of the 278 women in the sample responded yes to abusing one or more substances. The majority of the women reporting substance abuse issues noted that their primary substance of choice was alcohol (N=64 or 52%). Other commonly abused substances were marijuana (22%), heroin (13%), and cocaine (12%).

The majority of women in the institutional records sample (N=145 or 52%) responded yes to having a mental health issue. Despite the prevalence of mental health issues, only fifty-five of the women (38%) reporting mental health issues had ever received mental health treatment such as counseling, therapy, or visits with psychiatrists. Forty-two (29%) of the women reported that they had been hospitalized for mental health issues.

The total interviewee population age ranged from 23 to 60 years of age with the average age being 34. Of the women interviewed in the study, 65 percent (N=13) of the women identified as Caucasian and 35 percent (N=7) identified as African American. The number of women who self-reported to have children was 80 percent (N=16) with the average number of children per mother being 2 and the age of the children ranged from 0 to 6. (A number of 0 was given to represent the pregnancy at time of interview). The women that self-reported substance abuse was 80 percent (N=16).

In addition to interviewing 20 women face-to-face. Specifically, the study examined what the women identified as their most important needs and their perceptions of how well their needs were being met. Although the majority of women expressed an overall satisfaction with the staff and programs offered, seven trends emerged from the interview data: relationships, religion, addiction, health care, facility standards, parenting and release/re-entry information. Through these seven trends, the women were able to express the impact each on had on their lives and what they needed to end the cycle of repeated detainment.

Limitations

It is important to acknowledge the limitations of the study described here. There are three limitations to this study. The first limitation was only using one jail. This subsequently led to the second limitation, the small size of the interview population. Previous studies have focused on prison populations and the programming curricula based on longer sentences being served. Even though the numbers of arrested and detained women have been steadily increasing since the 1980s, there have been few prior studies focusing on women in jail. The information in this study was limited to what was gathered at the MCDF. Because 72% of the population had stays lasting 1 to 3 days, the researchers were also limited in number of persons who agreed to be interviewed face-to-face (N=20). The goal was to include 30-35 women however, due to the short stays people often face in a jail setting the 20 women are a true representation of the MCDF population.

Although jails and prisons have similar populations, detainment in county jails is more likely to result from less serious offenses and to be short term because of limited sentences or detainment awaiting transfers to state and federal prisons. There have been numerous studies on women in prison, however, it is necessary to study women at other jails throughout the state and country. The researchers hope to expand the study of the women's needs assessment in a jail environment to a nearby county after the sheriff of that county read an article on the study of the MCDF in the Pantagraph Newspaper and contacted the lead investigator.

Another limitation was temperature, the freezing outside temperature may have contributed to the findings of facility standards. Due to the polar vortex and the temperatures dropping to minus 50 degrees Fahrenheit, for multiple days, the women responded negatively in regards to the facility standards. Given the women's overall satisfaction with the staff and the programs throughout the rest of the interviews, the researchers wonder if the women's responses would have been different had the polar vortex not been during the interviews.

Recommendations

Parenting

There is a need to foster the bonds between mother and children during incarceration. Most of the mothers in the current study indicated they and their children had adverse experiences meeting behind the visitor's glass. Due to parenting programming being limited in jails, it is our goal to take the essence of a prison parental program and adapt it to a short term jail program. We understand that a child cannot come into the jail for eight hours a day to participate in activities with their mother. However, we recommend that the MCDF administration implement contact visits between mothers and children. This could be accomplished through extended weekend visitations. The extended visitations could be earned when a mother completes daily steps of the modified parenting curricula 2 or 3 days during the week. The curricula could be based on a program in the Oregon Department of Corrections: The Children of Incarcerated Parents Project Workgroup. The curriculum uses research-based effective parenting practices designed to educate parents of those children ages prenatal through

adolescence. It specifically addresses the unique challenges inherent in parenting from prison as well as successfully transitioning back into the family.

Unhealthy Relationships & Addiction

Both the institutional records and interview analyses reveal patterns of abusive relationships and substance addictions among the women of MCDF. Currently, MCDF has programs in place for women with past abuse/trauma and addiction. In terms of relationships, there is a new program, "Pathways to Healing," which has recently been introduced at MCDF to assist women in identifying abusive relationships. Three programs, Narcotics Anonymous, Alcoholics Anonymous and Celebrate Recovery are available for women working through substance abuse issues. Due to the limited amount of time that many women spend in MCDF, we think it would be useful to implement journaling curricula as a means to assist women with their past relationships and addictions. Journaling fits into any length of stay no matter if it is one day or up to 364 days. Journaling can be general topics for those women who have not had much experience with it such as basic goal setting or it can be tailored to individual needs, such as parenting issues, substance abuse, relationships, conflict resolution, support systems, housing, transportation or health care. Journaling can be done individually and in a group setting. Those who wish to share can assist in getting others started. Individually it lends to introspection and creates mindfulness. The activities can be printed in a packet and given to the women at the booking process, this is intended to be a resource they can take with them especially if their stay is less than 24 hours.

Reentry**.** There is an overall need to have a support system in place for women returning to their community. Cobbina (2010), Bales & Mears (2008), Farkas & Hrouda (2007) and Brown & Bloom (2009) point out that a case management approach has been found to work effectively with women, in that it addresses their multiple treatment needs in a comprehensive gender-responsive way. Reducing the role of recidivism is of central importance, so, too, is understanding the reintegration process, as it directly affects criminal outcome. This study gave the researchers a greater understanding when those interviewed verbalized that assistance is needed in the areas of housing, education, job training, employment, transportation, family reunification, child care, drug and alcohol treatment, peer support, and aftercare. It is more beneficial if planning for reentry begin as soon as the woman is booked and carries through her sentence, rather than waiting until the last day or hours prior to her release. Because reentry is an important factor and many women and their families are not aware of how to navigate the myriad of systems that often provide fragmented services, we are in the process of working with the staff of Providing Access to Help, (PATH) and Labyrinth Outreach Services for Women to develop a resource directory that focuses specifically on reentry in McLean County. These directories will be updated annually by PATH, printed and kept at the jail , and will be available to those detained along with their families to provide for a smoother integration back into the community.

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APPENDIX A

BOOKING SHEET FOR INSTITUTIONAL RECORDS

Booking Sheet

Name

Person Identification

Booking number

Place Of Birth

Date Of Birth

Race

Primary Language

Admit date

Sentence length

Arrest Details (Sentence/County Jail)

Case Number

Charges

Current Placement

Warrant

Bail (know if bond offered and couldn’t post)

Social History

Marital status

Children

Number of children

Supported by

Reside with

Employed

Type of employment/Occupation (most recent)

Education level

Juvenile record

Personal attorney or Public Defender

Drug/substance abuse

LDU (last date use) substance

Alcoholism

LDU alcohol when arrested

Drug/alcohol treatment

Mental emotional treatment

Mental problem risk

Escape risk

Medical problem risk

Suicidal risk

Violence risk

Medical Screening Report

Public aid

Type public aid

Insurance

Medication required

Pertinent Information from Outside Agency in Regard to Behavior?

Protective custody needs

Suicide risk

Individual intoxicated

Special diet

Communicable disease

TB

Hepatitis

Sexually Transmitted Disease

Infections

Observations by Staff

Needle marks, rash, bruises, trauma, lesions, jaundice, tremors, infestations, sweating

Diseases

Asthma, heart condition, diabetes, epilepsy, ulcers, mental illness, alcoholism, drug abuse, allergy

Special Health Issues

Drug/alcohol withdrawal, problems ceasing use, drugs used, date drugs last used, methods drug used, frequency used, pregnant, confirmed, place confirmed, date confirmed, female problems, trauma signs, handicapped, special health requirements, physicians care, seen physician last week

First time jailed

Significant losses

Attempted suicide

Relative attempt suicide

Thoughts harming self

Previous mental problems

Psychiatric treatment

Hospitalization

Where/when

Prior DOC

On Parole

INMATE ORIENTATION: Program Needs Assessment

GED

Literacy

Alcoholics Anonymous

Narcotics Anonymous

Bible Study

Counseling

Chronic cough

Night sweats

Fever

Weight loss

Chest pain

Sputum

Loss appetite

Fatigue

Weakness

RCCS

AFFECT

Depressed

Angry

Anxious

Agitated

Frightened/scared

Hypomanic/manic

Symptoms

Sleep disturbance

Appetite Change

Hallucinations/type

Delusions

Paranoia

Dangerousness

History of violence while in custody

Threats to others

Threats to escape

Suicidal Ideation

Active suicidal plan/intent

History of suicidal attempts

Manipulative suicide attempts

Substance Abuse

Alcohol

Date of last use

Drug use

Drugs of abuse

Cocaine

THC

Acid

Prescription Meds

Crack Cocaine

Heroin

Meth

Substance Abuse Treatment

Date

Location

Mental Health Treatment

Diagnosis

Medications

Current

Previous

Hospitalizations

Date

Length of stay

Location

Linkage

Insurance Status

Private

Medicaid/Medicare

VA

None

Department of Corrections

Prior DOC

Parole

Miscellaneous: anything found in the file that is assists in understanding any of the variables.

APPENDIX B

INTERVIEW GUIDE

Although the PI will ask open-ended questions related to the topics outlined in the guide below, she will also give interviewees an opportunity to provide additional feedback about the her needs and the environment she is currently in and identify other related subject matter that was not specifically addressed by the interviewer's questions. Also, the interview guide will vary based upon the woman's status with the jail (i.e., sentenced, awaiting sentencing). The primary topics are as follows:

[1] Explore what is the most important service or program that the respondent perceives to need.

[2] Explore participants' daily experiences (i.e., education, employment, relationships, parenting skills, support systems, physical/mental health, treatment programs, community resources) prior to incarceration.

[3] Develop an understanding of the participants' perceptions of their daily experiences (i.e. how does the respondent view their experiences prior to incarceration?)

[4] Explore participants' daily experiences during incarceration.

[5] Develop an understanding of the participants' perceptions of their experiences during incarceration.

[6] Explore participants' parenting experiences pre-incarceration (i.e., were the children residing with participant? Was she the primary care provider? What was the nature of her relationship with the child(ren)?)

[7] Establish the nature (i.e., telephone, mail correspondence, face-to-face supervised visitation, overnight visitation) and frequency (i.e., daily, weekly, bi-monthly, monthly, biannually, annually) of communication between participant and child(ren).

[8] Develop an understanding of respondents' perceptions of the quality of the relationships with their child(ren) (i.e., Does the respondent believe that the relationship is one in which she can engage in meaningful parenting or does her confinement preclude her from having such a relationship with her child(ren)?)

[9] Understand the respondents' perceptions of the effects of incarceration on their child(ren) (i.e., Has the respondent observed any behavioral changes in her child(ren) since she has become incarcerated? What related concerns does she have with the child(ren)'s well-being during this period of confinement?)

[10] Understand the respondents' perception of their incarceration (i.e., being a good mother, mothering from jail, role definition, disassociating from prisoner identity, self-transformation, self-blame, distinguishing themselves from other inmates and finding ways with their diminished capacity to provide active mothering).

[11] Explore and understand the respondents' release planning and preparation. (i.e., will the respondent return home, what are her support systems: does she have knowledge of community resources, is she willing to utilize resources, will she continue with treatment, will the respondent act as the primary care provider for her family/children, what types of support will her family provide to make the transition from jail to home)?