

Gender Matters:

A Profile of Women in Santa Cruz County Jail

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My research assistant, Mikaela and I were escorted through the jail and into G unit to introduce this project and invite women to participate. About 25 women gathered around to hear the announcement. When I told them, “We’re here to make sure that women are not forgotten in our criminal justice reform efforts,” several women started clapping and shouted, “THANK YOU!” Before I could say much more, hands were raised with questions about how to sign up to participate. I noticed two women sitting in the front wiping tears from their eyes, as one of them said,

“I’ve been coming in here for 12 years and it feels like we’re forgotten.
We’re glad you’re acknowledging us.” ~ 29 year-old mother of three

Introduction

The number of women in California jails has increased 700% over the past four decades, double the rate of increase for men in jail over the same time period.¹ These increasing rates of incarcerating women are primarily a result of the war on drugs which some have called a “war against women,”² “a war on women and families,”³ and “a war on minorities and the poor.”⁴ Perhaps because women represent a relatively small portion of the overall population of people incarcerated in our country, they have been largely neglected when reporting data and considering criminal justice reforms. The majority of research on incarcerated populations, both men and women, is typically focused on state and federal prisoners, however, a comprehensive 2016 report on women in county jails was published by the Vera Institute of Justice entitled, *Overlooked: Women and Jails in an Era of Reform*.⁵ Their report provides an overview of existing research that identifies challenges faced by women in jail, ways in which current systems of incarceration often exacerbate their problems, and explores opportunities to help women and their families break cycles of pain, addiction and incarceration.

Existing data reveal the exponential effects of incarcerating thousands of women, as approximately 75% of them are mothers of children under 18 years old. Between 1991 and 2007, the number of children with a mother in prison more than doubled.⁶ Children with a parent incarcerated are more likely to suffer depression, anxiety, and have trouble in school, and are at increased risk of criminal behavior, contributing to mass intergenerational incarceration.

¹ Nguyen & Grattet, 2016 [full bibliographic citations are provided at the end of this report]

² Reagan, 1991

³ Lapidus, 2011

⁴ Western, 2010

⁵ Swavola et al., 2016

⁶ The Annie E. Casey Foundation, 2016

One of the many ways in which men and women in jail differ is in their patterns of offending. Women are less likely to be incarcerated for violent offenses and less likely to use a weapon, more likely to be booked for drug and property offenses, and more likely to be booked for misdemeanors.⁷ As a result of Public Safety Realignment, Assembly Bill 109 that was enacted in 2011, more women are serving time in county jails for nonviolent charges that would have previously sent them to state prison. Between 2010 and 2013 there was a 24% increase in the number of women in California jails, likely a result of Realignment.⁸ At the same time, the length of stay for felony drug and property offenders has increased both statewide and in Santa Cruz County.⁹

Santa Cruz County did not commit high numbers of women to prison prior to Realignment, however, for the first five years of Public Safety Realignment, the Community Corrections Partnership consistently reported that a greater percentage of women in Santa Cruz County were being sentenced under 1170h, to what some call “local prison,” than were sent to state prison prior to AB 109. What this means is more women serving longer sentences locally, in jail facilities designed to house people for shorter sentences.

Even though women represent a small percentage of the criminal justice population, neither policymakers nor law enforcement leaders want to forget or further marginalize them. Current bipartisan support to curb the overuse of jail and escalating expenses associated with overcrowding have led to a variety of alternative responses which rely primarily on research with incarcerated men. This profile adds a contextual analysis of women in jail in Santa Cruz County to ongoing efforts related to criminal justice system reform.

Goals of this Profile

This report aims to improve health and justice outcomes for incarcerated women and help reduce their rates of recidivism as well as rates of intergenerational incarceration for their children. To achieve these goals, gender differences must be acknowledged and addressed. Women’s experiences and opportunities differ from men’s both within and outside of the criminal justice system. Women have different pathways into the criminal justice system than men; they are more likely to have suffered experiences of trauma from sexual and/or physical abuse and violence; they have higher rates of mental illness; they respond to custody, programming, and supervision differently; women have

⁷ Carson, 2015

⁸ Bloom, 2015

⁹ MacDonald & O’Connell, 2016; Nguyen & Grattet, 2016

different employment histories and opportunities; and mothers generally have greater parenting responsibilities.¹⁰

This report examines the social histories of women in jail — the family environments in which they were raised and childhood experiences that repeatedly lead to cycles of trauma, addiction and incarceration. Whenever possible I use the women’s own words so that readers can hear directly from them. As you will see in the pages that follow, women’s quotes tell pieces of their childhood experiences that help provide a context for understanding how their behaviors are shaped, perceived, and punished. It is not a comparison to men and does not seek to diminish the experiences of men who are also entangled in the criminal justice system. Women and men cycling through jail both have higher rates of poverty, childhood trauma, mental illness, addiction and homelessness than the general population. They all share basic needs upon release. Men too have high rates of recidivism.

This profile is about how these women have ended up cycling through the justice system and therefore focuses on their problems, but it is not to say that they do not also have strengths. Women in jail, just like women out of jail, each have innate talents, personal strengths, and skills. This is a profile of women in custody in Santa Cruz County jails that aims to lend an understanding of the social environments in which they were raised, how they have come to be entangled in the criminal justice system, and the ways in which the criminal justice system unintentionally contributes to ongoing trauma and high rates of recidivism. Recommendations to help break these cycles that often lead to intergenerational incarceration are offered.

Questions

1. What are the backgrounds, characteristics and experiences of women in jail in Santa Cruz County?
2. How do women become entangled in the criminal justice system and what contributes to their high rates of recidivism?
3. What percentage of incarcerated women are mothers and how are their children affected by their incarceration?
4. What are gender-responsive principles and practices and how can they be applied to improve post-release outcomes for women and reduce rates of intergenerational incarceration for their children?

¹⁰ Bloom, 2015; See also California Department of Corrections and Rehabilitation, 2015. Data shows women who participate in programming do better than women who do not, and better than men who participate in programming.

Sample and Method

This report is possible only because women in custody were courageous enough to share their histories, their pain, their shame, and their dreams with the hope that their participation in this research will prevent more women from suffering as they are. We conducted interviews with 31 women in custody in Santa Cruz County over the course of three months, March 1 through May 31, 2016. Respondents were required to have been in custody at least one week.¹¹ During the three months these interviews were conducted there was an average daily population of 44 women. An ideal study would survey every woman who comes into custody during a given period of time. However, due to the voluntary requirement of this type of research, the sometimes unpredictable timing of release from custody, and the amount of time required to conduct interviews, it is unrealistic to interview all women in custody in a given period. The 31 women in this study are as close to representative as possible, and data presented in this profile of women in Santa Cruz County jail are aligned with national portraits of women in jail.¹²

Interviewers used a survey instrument with both closed and open-ended questions administered orally to guide the conversation. To recruit prospective participants, I presented an introduction and overview of the project in each of the women's units in the Main Jail, G and H, as well as the Blaine Street Women's facility. I explained that the goal of this project is to ensure that women are not forgotten in criminal justice reform efforts, and that these efforts will not be as successful without their input. I invited women to participate and assured them that it was voluntary, anonymous, and confidential. They were told they did not have to answer any questions they chose not to and could stop at any time without consequences.¹³ Women who were interested in participating wrote their name on a list; we conducted interviews in order of release date to try to interview all who volunteered before they were released. At the start of each interview, respondents signed a consent form that reviewed the above information. Interviews lasted about one hour on average.

This profile includes both quantitative and qualitative data. It is important to acknowledge that some of the information collected may be subject to self-report bias. For the majority of the qualitative

¹¹ The Sheriff's suggestion was to design a sample of women who had been there at least a few days, not including people who would be there overnight or who had just arrived.

¹² See Bloom, 2015; Swavola et al., 2016

¹³ To guard against re-traumatization that can be experienced when memories are shared, interviewers offered respondents strategies that can help prevent re-living the pain. Participants were assured we would not ask for details and advised to imagine if a book was being written or a movie was being made about their past, to consider if that experience would be included.

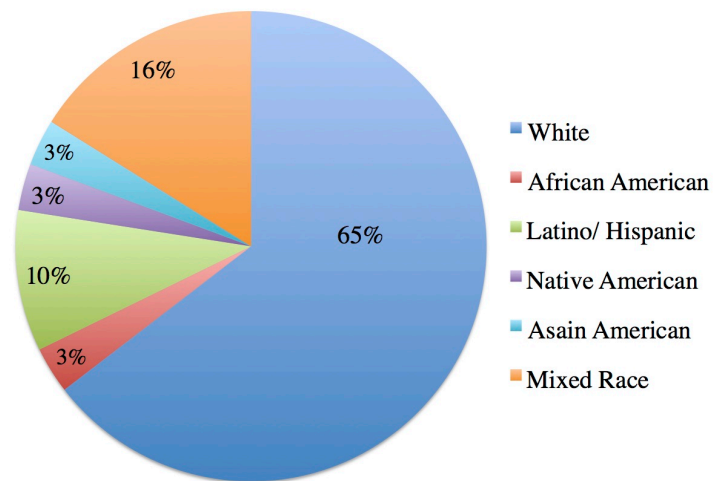
questions posed, self-report is the only data available. Experiences of poverty, abuse, violence, and homelessness are not systematically documented, and can be uncovered only through self-report data like these. In addition to data collected during interviews, histories of incarceration and associated charges as tracked through the Sheriff's Office Jail Management System were also collected for each participant. These data help corroborate self-report data related to recidivism history, charges, and time spent in custody as an adult. Self-report data proved consistent with available jail records.

Demographics

The mean and median age of the women interviewed was 34 years old, with a range of 20 to 62 years old. Just over a third of participants were under 30 years old. Sixty-five percent identified as White/Caucasian, 35% identified either as Latino/Hispanic, Black/African American, Native American, Asian American, or Mixed.

All respondents identified as female. The average age and ethnicity of this sample of women is consistent with the sample of adults booked in 2015 in Santa Cruz County as reported in the Jail Utilization Study.¹⁴

Figure 1: Ethnicity



Social Environments and Childhood Experiences

In the course of these interviews, respondents described childhoods plagued by chronic instability, and physical and sexual abuse. For many, life's struggles started young, before they were 10 years old. The majority of these women were born into families where experiences of abuse, neglect, violence, mental illness, addiction and incarceration are too often reproduced from generation to generation. This research examines the intersection of nature and nurture, and the influence social contexts, role models, and relationships have in shaping behavior. For the majority of respondents, their parents suffered similarly, recreating cycles of trauma, addiction and incarceration.

¹⁴ MacDonald & O'Connell, 2016 reported the average age of adults staying 4 days or more was 35 years old; the white to non-white ratio of adults booked in 2015 was equal to this sample.

Poverty and Instability

The majority of these women were raised in impoverished environments where one or both parents were not around due to death, divorce, addiction, or incarceration. Nearly half of the respondents reported that their families received government assistance while they were growing up. More than half of the women said they moved to different homes, and different schools, more than five times before they were 18 years old; nearly half moved more than 10 times. This kind of instability is both a cause and consequence of economic marginality and can have immediate and long-term effects on children's cognitive and behavioral development impairing their ability to develop healthy relationships, establish trust, and succeed in school.

"I went to five elementary schools and five high schools."

"I went to 13 high schools in four years.... I was one of those kids who ran away and still went to school and got good grades."

Some women could not remember all the places they had moved and gave conservative estimates, certain that they were forgetting some. One woman said, "It's impossible to count, definitely more than 20, I can't even put a number on it."

Abuse and Neglect

Poverty also imposes stress on parents struggling to support their families and can function as a precursor to abuse. Half of the women interviewed saw their parents or the people they lived with get into bad fights at home that were often physical. Children who witness violence at home may be developmentally impaired, suffer severe stress related disorders, and are more likely to imitate that behavior as adults. The violence many of these women reported was not a single experience but a common occurrence in their childhood environments.

"My step dad threw my mom out of a car and bruised the whole side of her body. My step dad was really violent, really violent, and when it happened it was really scary, really bad."

"I remember my mom stabbing my dad on his way to work."

Four out of five women were physically abused as punishment during their childhood. When asked how they were punished, their responses revealed persistent exposure to severe abuse.

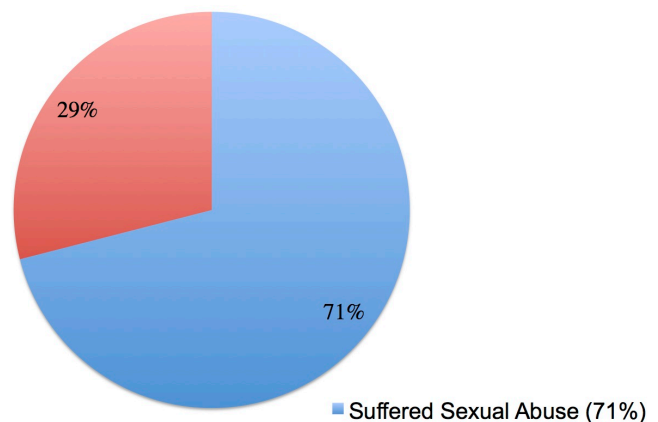
“Dad was just hammered, always drunk, every day. He would scare me, choke me out [until passed out], intimidation and ridicule.”

“I got my ass kicked by my mom, belts, hangers. My sister would get a lot of the beatings.”

“I was beaten, my arms broken, sexually abused as punishment, or as a reward for doing a good job for something I did. Locked in closets, attic, the garage.”

Figure 2: Childhood Sexual Abuse

Nearly three out of four respondents were victims of childhood sexual abuse, three times the rate of women in the general population of the U.S. Their abusers were frequently people in positions of authority who were trusted to care for them.



“At three years old I was raped by my babysitter’s son.”

“I was raped by my step-dad since I was 5 years old, moved out at 14.”

“When I was 8 years old my brother let friends sexually assault me.”

“I’ve been raised by the system. I was adopted at birth, then in group homes from 11 until about 16, and was being raped by a staff member. My dad was a foster kid too.”

Abuse and neglect are often experienced together, and many women recounted stories of neglect, at the mercy of parents who were also struggling.

“My father was murdered when I was 5 and my mom went off the deep end. My mom abandoned us but always provided for me.”

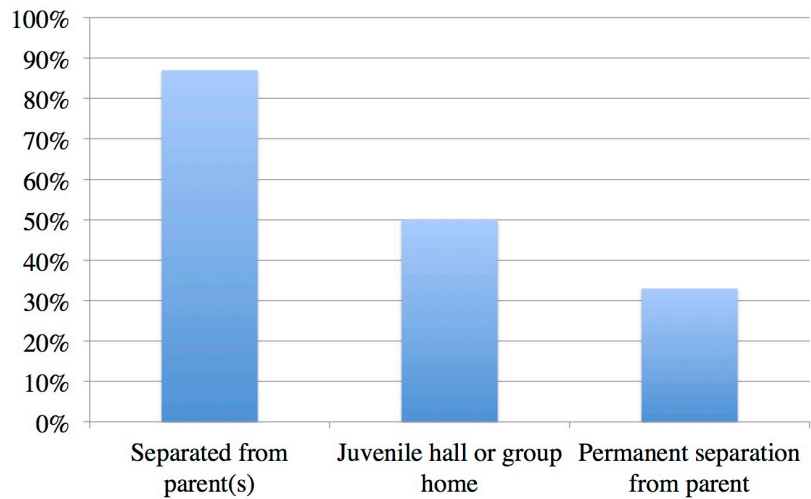
“At age 7, I was put into foster care for neglect. My mom tried to commit suicide.”

“I was 13 the first time I was arrested. My mom said I was being unruly. Went to Youth Authority because my mom thought it would be a good idea. She was always in her bedroom doing drugs and having sex with men and I wanted her to spend time with me.”

Separation from Parents

Nearly all of the women interviewed (87%) were separated from their parents for an extended period of time before they were 18 years old. Half spent time in juvenile hall or a group home, a third were placed in foster care, others lost a parent and/or left home at an early age.

Figure 3: Separated from Parents as Children



"I was 7 years old when I started living in group homes, about 30 foster homes, many group homes."

"I've been to every California Youth Authority facility in the state. I was always put in 'dual diagnosis.'"

"My mom died of a heroin overdose when I was five; I found her. My dad had a serious mental illness and completely lost it when my mom died. We grew up in the back of cars...all over the place. My brother was three and my sister was 1-1/2, I took care of them. It was crazy."

Growing up in unpredictable, abusive environments makes children more prone to running away from home. More than half of the women interviewed said they ran away from home four times or more before they were 18 years old or moved out permanently. They talked about escaping environments overwhelmed by sexual and physical abuse and neglect.

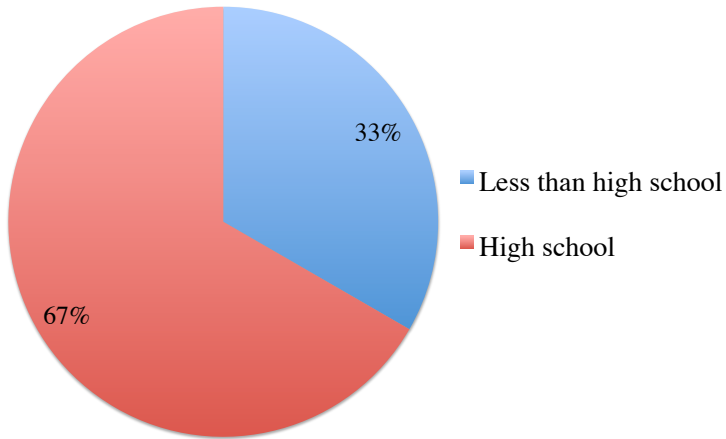
"I was getting molested, and I was afraid for my little brother and sister. I took off to the woods with them and would go to town to get them food. Then I left for good when I was 12, and was pregnant at 15."

"My mom went on vacation for a month, actually visiting her other children, and I didn't like living with a pedophile so I distanced myself from him and left."

"Haven't lived with her [mother] since age 12. I moved out and started staying with friends. She's a little crazy, she means well."

Instability and Education

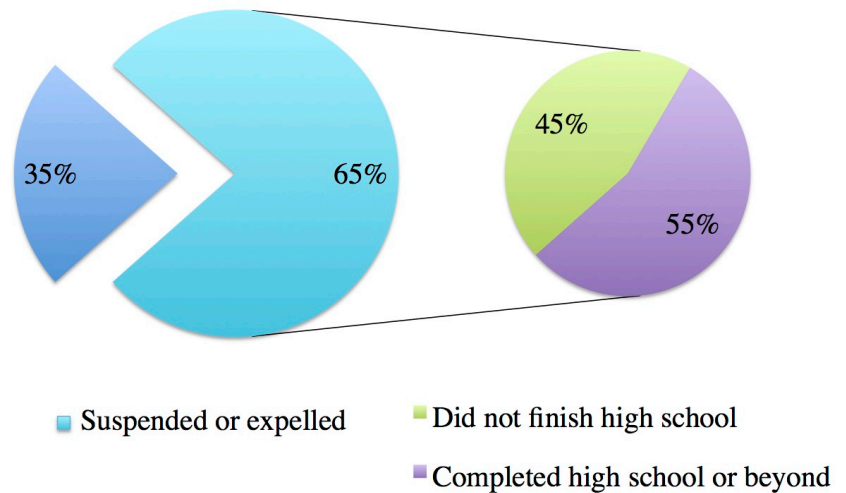
Figure 4: Education



Children who live with feelings of pain associated with chronic instability and untreated trauma often have a hard time paying attention and succeeding in school. A third of the women interviewed never completed high school or a received a general equivalency degree (GED).

Figure 5: School Discipline and Education Level

Two out of three respondents reported having been either suspended and/or expelled from school, most frequently for fighting or truancy. Nearly half of those who had been suspended or expelled never received a high school degree or GED.



"I was expelled, I was rebellious, grew up on my own. I wanted people to know I was tough."

"I went to 11 different high schools."

"My mom made me a ward of the court at age 11. I was suspended 23 times in 7th grade.... smoking heroin at 12.... pregnant at 15."

Coping with Pain

Experiences of abuse and pain were common, and women learned to adapt in various ways. The majority of women reported that by their early teens they were using alcohol and other drugs regularly; the average age they began using was 14 years old. Nearly two out of three women remembered their parents using drugs, most reported “a lot of the time,” and they admitted resorting to coping behaviors in which they had seen their parents engaging.

“It [drug use] was normal in my environment.”

“I saw my mom drunk a lot, I would just do what she did. Then when she was murdered by her boyfriend six years ago, I started using drugs.”

“I was angry at the world [and started using drugs]. I was mad at my mom for not being there for me. My mom was a chronic alcoholic, drug addict, had mental issues as well. I remember missing school, days at a time to get my mom up and ask, ‘Do you have money to pay this bill?’”

Family members introduced some of the women to drugs; others first began using with friends.

“My step-dad was the first one who gave me drugs at 14 years old.”

“I was in a group home and I figured it was the thing to do.”

“My dad hired a prostitute to babysit us when I was 11. She needed to get heroin and took me with her and I smoked it.”

Although women turned to alcohol and other drugs as an escape, their drug use often led to more trauma, and addiction, that further complicated their lives. Many women talked about numbing their pain as well as the experience of being physically addicted.

“I was severely depressed, dealing with dad’s drinking, I was miserable and it was available.”

“I was suicidal and in 8th grade...I was really unhappy...found meth, and that’s how I dealt with stuff.”

“To cope with the loss of my mom I needed release, to forget, to pretend to be happy.”

“Once I was separated from my kid I did it from the pain I was in.”

“[I started using] cause of the way it made me feel, then I was physically addicted and I couldn’t stop, now it’s that I just can’t stop.”

Figure 6: Addiction

Fully 84% reported being addicted to alcohol and other drugs. Their addictions, combined with their socially vulnerable status — histories of poverty, inequality, and lack of education — led to their entanglement with the criminal justice system.

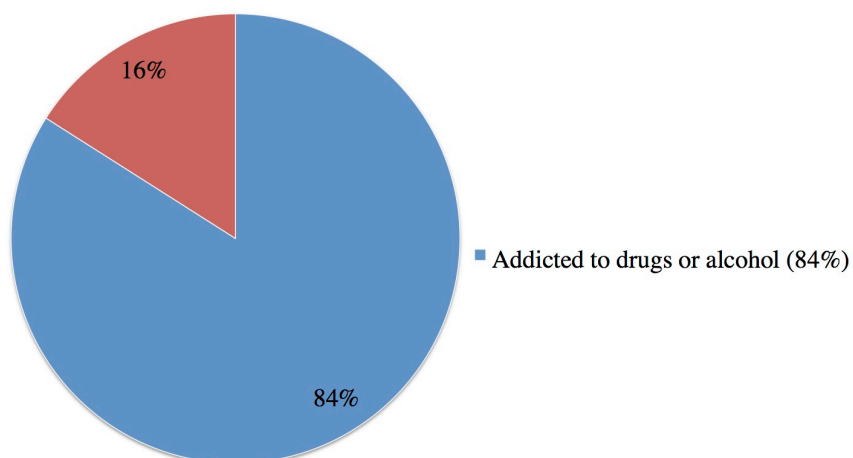
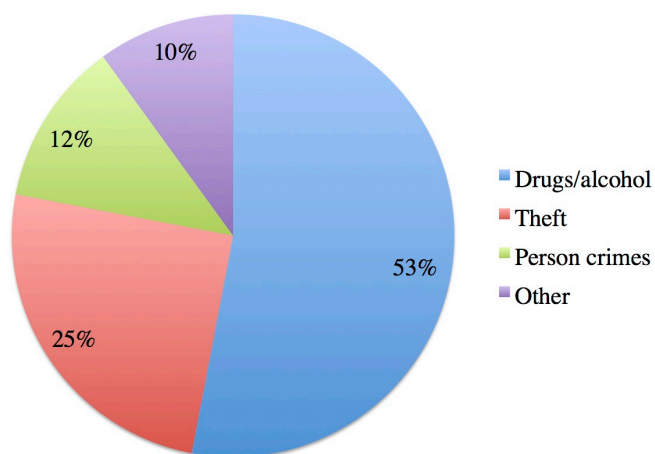


Figure 7: First Offense



According to jail records (dating back to 2000), more than half of the respondents were first booked into Santa Cruz County Jail for either being under the influence and/or in possession of a controlled substance or paraphernalia. The majority of women reported they were under 18 years old when they were first arrested. Nearly four out of five (78%) were first booked on nonviolent offenses, predominantly drug and property offenses.

Childhood Trauma to Adulthood Consequences

Ongoing Violence and Abuse

For the overwhelming majority of these women childhood trauma was left untreated and experiences of abuse and violence continued into adulthood. Four out of five women reported they have been in an intimate relationship where a partner physically hurt them; two-thirds said such violence happened “a lot of the time.” More than half reported they have been mugged, held up, or threatened with a weapon. More than half of the women interviewed have been raped. Their stories of victimization showed their resilience while reflecting on their fear and their survival.

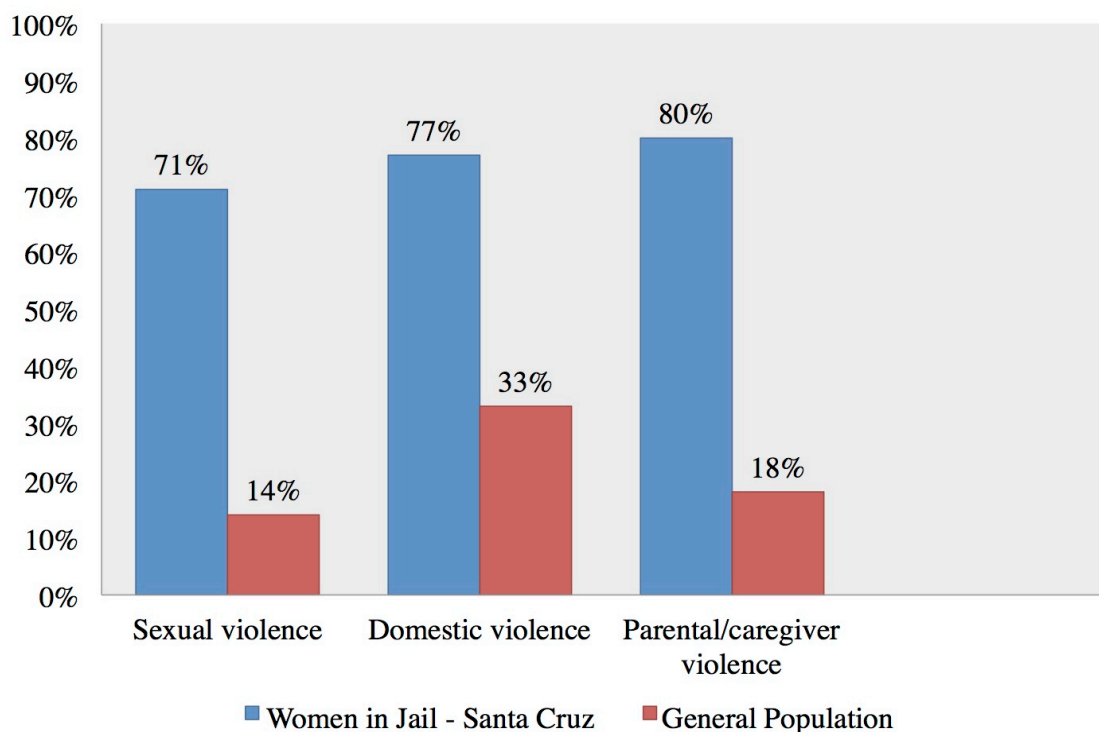
“When I was 16, my ex-boyfriend came over with a gun and said, ‘If I can’t have you, nobody can.’”

“He tried to kill me on numerous occasions. I have a restraining order on him. I’m in trouble in a year when he gets out of jail.”

“He tried to kill me. He’d starve me for two weeks at a time and wouldn’t let me leave the house.”

“It can happen verbally or physically. I like when it happens physically cause I can defend myself, but I don’t like to be like that.”

Figure 8: Victimization



15

Some women reported they had talked about these experiences with a family member, friend, or counselor. However, about half of the respondents acknowledged they had never talked to anyone, particularly about experiences of sexual abuse.

“I never had any in-depth counseling for any of it [abuse and trauma].”

“I’ve been incarcerated almost my whole life and I’ve never received counseling.”

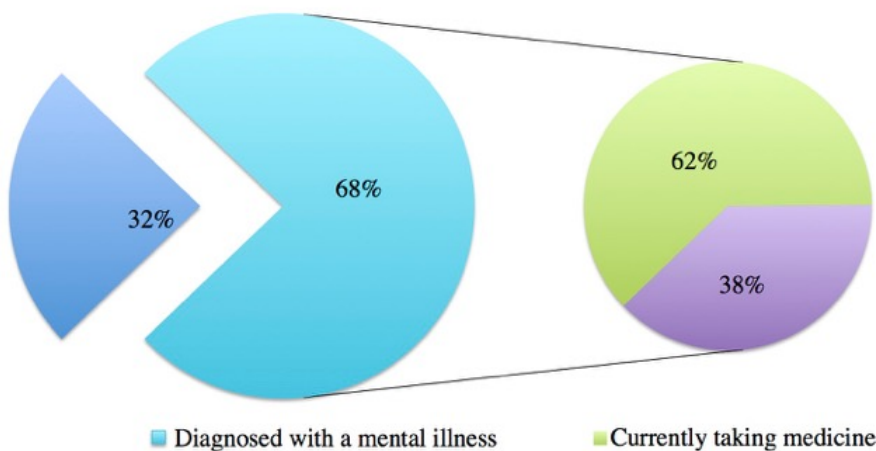
¹⁵ National Coalition Against Domestic Violence, 2016; National Children’s Alliance, 2016

Mental Health

Women in prisons and jails have been diagnosed with mental health disorders five times the rate of women in the general population and three times the rate of incarcerated men.¹⁶ More than two-thirds of the women in this study (68%) reported that they have, at some point in their lives, been diagnosed with a mental illness, and nearly a third (61%) have been treated for a mental health issue. Many women reported having received multiple diagnoses over the years including anxiety, bipolar disorder, post-traumatic stress disorder (PTSD), depression, and schizophrenia.

“I’m everything -- ADHD, schizophrenic, chronic depression, alcohol and drug problems.”

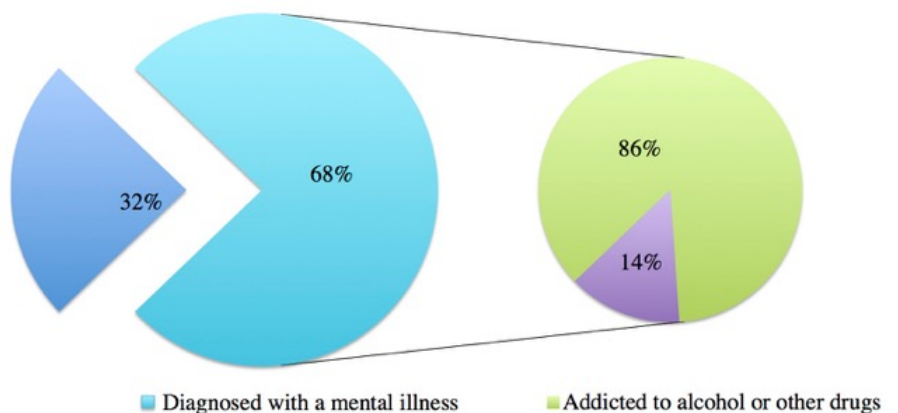
Figure 9: Mental Illness and Medication



At the time of their interview, nearly two-thirds of those diagnosed with a mental illness said they were currently receiving medication for a mental health issue.

Figure 10: Mental Illness and Addiction

At least four out of five women in jail who suffer with mental illness also struggle with co-occurring substance use disorders.



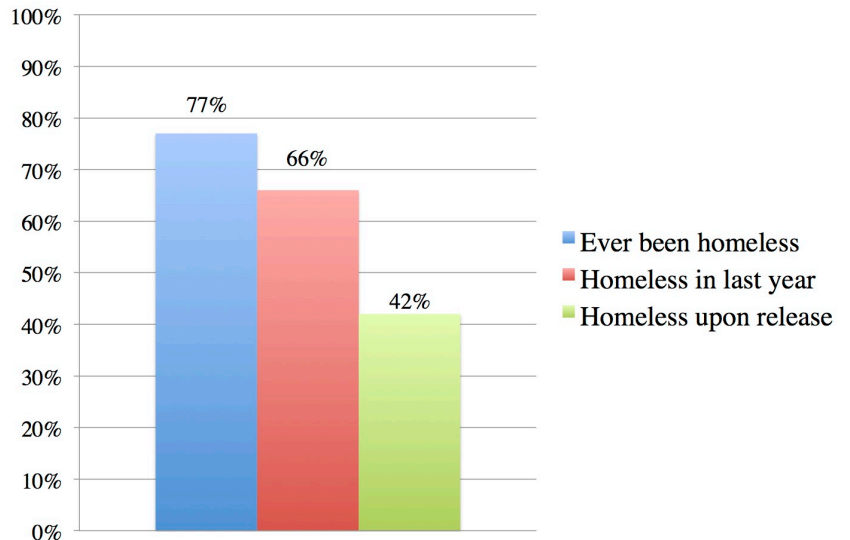
¹⁶ James & Glaze, 2006

Homelessness and Safety

For most respondents, chronic instability that began in childhood has continued into their adult years. The overwhelming majority of the women interviewed consider Santa Cruz County home — more than half have lived in Santa Cruz County over 20 years, and four out of five more than 5 years. However, over three fourths of respondents reported they had ever

been homeless, and two out of three had been homeless in the last year. Nearly half of the women interviewed indicated they did not have a safe place to live upon release from jail and many feared that without safe and stable housing they were more likely than not to end up back in jail.

Figure 11: Homelessness



"I don't do well homeless, I'll either go crazy or die. Can't sleep anywhere, can't use restroom anywhere, one place to shower. There are not enough services to help people get from homelessness to a job."

"I don't think anyone stays clean and sober homeless, at least not for long."

"Housing is always the main issue. I feel like I know what to do but I need a safe place to live."

"If I end up on the street, I'll get loaded. If I get loaded, I'll commit crimes. If I commit crimes, I'll be back here."

Several women spoke about the lack of safety they feel living on the streets without a boyfriend.

"It's not that safe for me right now out there cause my dude is in here [jail]; the guys won't protect me cause I won't sleep with them."

"I'm speechless from the different changes I see in my friends who don't have a boyfriend out in the streets."

Employment Histories

More than half the women interviewed were unemployed before they were incarcerated. The most common work reported by those who had recently held jobs was waitressing or working in a fast food restaurant. Others had worked cleaning houses and doing other “odd jobs.” The average time reported since having had held a job was more than three years ago. Only a third of the women interviewed said they expect to have a job when they are released.

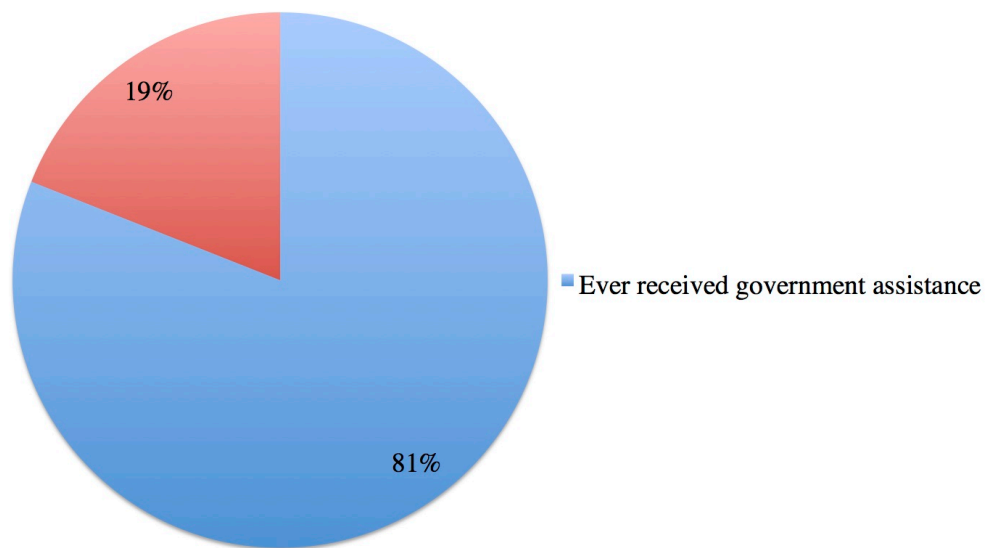
“People don’t have life skills. It’s not realistic to expect people who don’t know where they are going to sleep to go to class or figure out how to get a job.”

“None of these people know where to begin to look for a job, so many people go back to the streets. Why wouldn’t they?”

The challenges a criminal record poses in securing employment, combined with a general lack of work experience, lower levels of education, and untreated addictions to alcohol and other drugs have led the majority of these women to rely on public assistance. Poverty also often contributes to women’s involvement in

both drug and non-drug related crimes (e.g. fraud, forgery), sometimes to support their addiction and/or to supplement the challenges of financially supporting themselves and their children. Four of five women reported that they have received public assistance as an adult.

Figure 12: Poverty



Fines and Fees

Many women in jail do not have a safe place to live or opportunity for employment upon release, and the majority will leave custody in deeper debt than when they arrived. When asked if they owe fines and fees, three out of four respondents said, “yes” although most were unsure of the amount. Estimates ranged from \$1,500 to \$1,500,000. Fees are more commonly imposed in less serious crimes for which people serve their time in jail. Research has found that individuals charged with misdemeanors and felonies and sentenced to jail, not prison, are more likely to receive monetary sanctions than those who are charged with felonies and sentenced to prison. Given that more women are being sentenced to jail, monetary sanctions may impact women disproportionately.¹⁷ Women talked about this “debt trap” as part of the vicious cycle of poverty and incarceration that only digs them into a deeper hole and creates additional obstacles as they try to climb out and live healthier lives.

“It’s all about money. If you have money, you can leave here. Judges need to come into jail and see with their own eyes. Some people need to be here, but 80-90% of us, we’re just addicts.”

“How can I pay anything when I’m homeless in the first place?”

“That’s why I don’t have a license anymore, cause of a couple of tickets I got in my 20s. That’s another hurdle for me.”

Histories of Inadequate Health Care

Women were asked about the last time they saw a doctor, gynecologist and dentist. It had been over a year since the majority of women had seen a doctor, an average of three years since being seen by a gynecologist, and more than five years on average since seeing a dentist. Half of the women interviewed reported they had been hospitalized in the past three years, an average of two times. Four out of five respondents reported they do have health insurance, under Medi-Cal, and only half said they have a regular doctor or a “medical home.”

¹⁷ Harris, et al., 2010

Nearly two-thirds of respondents had been in some type of drug and alcohol treatment or rehabilitation program in the past. Most reported that it was helpful, however, many women pointed out that 28-day programs are not long enough to help people change unhealthy patterns of behaviors they have been stuck in for years. They emphasized the need for more places where people can stay longer than a month.

“It takes more than 28 days to change a habit.”

“I had a really bad childhood, I need deeper work to get to the root of my issues because I don’t even remember. A 28-day program is too superficial.”

Many respondents also identified the need for more treatment and Sober Living Environments (SLEs) for women as well as for women with children.¹⁸ When asked if treatment was helpful, one woman replied, “It was a home for a second, that whole stability thing. That was really nice if that makes any sense.” Half of the women reported they had tried to get into a program in the past and could not for reasons including lack of funding or long waiting lists. Several women shed tears as they talked about needing treatment and hoping for another chance, they repeated how tired they are of feeling hopeless, doing drugs, and cycling between jail and homelessness. Some talked about being afraid but ready; their dreams of getting clean keep them hopeful.

“I’m not on drugs right now. I’m trying to get into a program cause I’m tired of doing drugs.”

“I need help getting from jail to rehab. I am afraid.”

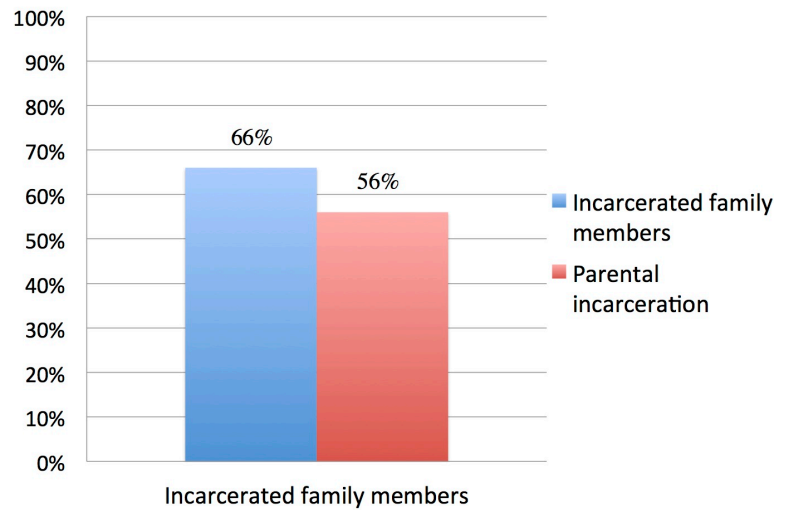
“Learning about recovery and that there’s other people that can have gnarly stories and get clean too is a little glimpse of hope.”

¹⁸ In his presentation in Santa Cruz on September 21, 2016, Dr. Ed Latessa stated, “co-ed treatment does not work...effects go way down.” See Sullivan, Smith & Latessa, 2013

Intergenerational Incarceration

For many families living in poverty, struggling with untreated mental illness and/or addiction, criminal justice involvement is a familiar experience. Two out of three respondents had a close family member who had also spent time in jail or prison, and for more than half of the women it was their mother or father who had been incarcerated.

Figure 13: Family Incarceration



“My parents were separated and my mom’s been in and out of prison my whole life.”

“Great grandparents, grandparents, parents [spent time in jail or prison].”

“I was in a foster home at months old, my mom had me while she was jail. Got sent to the system right after and she got out of jail and went to go get us.”

Current Charges and Recidivism

The vast majority of respondents, 84 percent were incarcerated for nonviolent offenses. This number is nearly identical with latest available national data that report 82 percent of women across the country are in jail for nonviolent offenses.¹⁹ Half of the respondents had not been sentenced at the time they were interviewed, more than half had no bail set, and 71% reported they were on probation. A third of the women interviewed were in custody on a probation violation.

According to electronic jail records that date back to 2000, all but one woman interviewed have been booked into Santa Cruz County jail at least once before, and as many as 37 times. Even though the initial and current offenses for four out of five women in this study were nonviolent, once entangled in the criminal justice system, they are more likely than not to return, over and over again. With no place to go once released, it is common for people to resort to old social networks and coping behaviors, typically feeding their addictions and ultimately leading back to jail.

¹⁹ James, 2004

“Once in the system, you’re fucked and probably going to end up back here. I’m already thinking, what am I going to do to get bail money [for the next time]? It’s a vicious cycle, that’s what it feels like.”

“I don’t want this life anymore.”

“I don’t have anybody out there.”

“I see women I grew up with losing their minds. I share some of my experiences with them and tell them there is hope.”

“Catch and Release”

Women are booked and released more often than men, most likely because they are arrested for lower level offenses. Based on data reported in the 2016 Santa Cruz County Jail Utilization Study (JUS) only 16% of women booked stay more than four days while 27% of men stay more than four days. Nearly half of the respondents in the current study (44%) were booked two times or more during the three months that interviews were being conducted. Although women often spend less than four days in custody each time they are booked, frequent contact with the criminal justice system is destabilizing and potentially re-traumatizing. These repeated “catch and release” episodes illustrate that these are women who may be in violation of the law but do not pose *enough* of a public safety threat to be held in jail. They also may be indicative of police behavior and officers’ familiarity with certain women in our relatively small county who are continually cited for nonviolent drug and drug-related offenses. These “catch and release” patterns are an example of women as victims of punitive drug policies, in need of health services they are not receiving and are instead cycled through the justice system repeatedly, at a cost to taxpayers each time.

At the same time many women are booked and released multiple times a year, others may be serving more time than in the past for nonviolent offenses. According to the Jail Utilization Study jail stays are increasing significantly for drug and property crimes, crimes for which women are most commonly charged.²⁰ These increasing sentences may be unintended consequences of Public Safety Realignment under which some people are sentenced to serve more than a year locally, raising the averages.

²⁰ MacDonald & O’Connell, 2016

Figure 14: Jail Stays are increasing for Drug, Person and Property Crimes

	2012 Average Stay	2016	Percent Change
Drug and Narcotics	11 days	26 days	58% increase
Person Crimes	13 days	30 days	57% increase
Property	24 days	32 days	25% increase

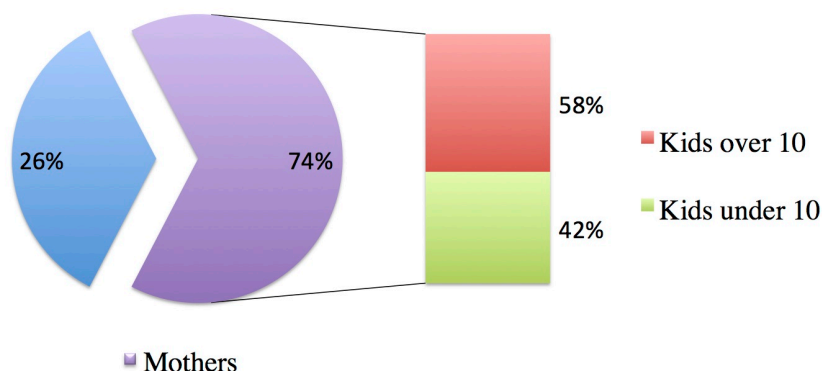
Source: MacDonald & O'Connell, 2016

Mothers

Consistent with female jail and prison populations across the nation, nearly three out of four respondents in this study are mothers. While the majority of mothers had lived with their children in the past, four out of five did not live with them prior to being incarcerated this time. There are 45 children among the 23 mothers interviewed who are living with their fathers, grandparents, other family members, foster parents, or are grown adults living on their own. Half of their children are under 18 years old, 42% are under 10 years old.

Figure 15: Mothers and their Children

Only one in five mothers had received a visit from her child while in custody. The majority of their children live too far away, and several mothers said they would not have their kids visit because it was too traumatic, for their children and themselves, not be able to hug or touch each other.



"In the Main Jail visiting is through glass; I did that one time, it was terrible for my son."

About half of the mothers reported they talked to their kids on the phone from jail, though many mentioned that it is expensive for the caregiver, "21 cents a minute to call my dad. \$2.60 to get an operator to call my kids."

When asked if they plan to live with their child/ren after release, many women said, “Eventually, not at first” and “Maybe later, I need to get situated and ground myself.” Women were asked about their goals once released from jail. Mothers talked about spending time with their children and expressed goals to be better mothers than they had, and than they had been. Several were worried about what their children have been through and want to help prevent their children from suffering as they have and be better role models for them.

“I want to be drug free and a strong, phenomenal mother and to never let no man or drugs come between that. All I want, I just want to be with my kids.”

“I want my kids more than I’ve ever wanted drugs.”

“I’m worried about my youngest daughter, I want to step in and be a role model for her. I don’t want her to make the same mistakes.”

“She has suffered some trauma and I want to address it.”

“I want to be a woman that walks with grace and integrity, that my grandma is proud of, that my kids want to come to their games.”

Conditions of Confinement ²¹

The majority of women incarcerated in Santa Cruz County were housed in the Main Jail, built in 1981. This facility has a Board Rated Capacity of 311, and has been overcrowded since the year it opened. Women were housed in either G Unit or H Unit depending upon their classification status. H unit was considered for medium and maximum security women, however because there were only two housing units for women, other women were housed in H if they got into a fight in G or had “keep aways,” that is, people in custody they are not to interact with for safety or other reasons. There are 10 cells in G unit, and six cells in H unit. The standard cell is 10’ x 8’, the approximate size of a handicap parking space. Each cell has two twin size bunks, 1 toilet and a sink. Women each get one thin mattress, two sheets, and two blankets. In the winter they are allowed one extra blanket. The cells in G unit accommodate up to 20 women. During the course of interviews for this study, there were an average of 25 women in G unit. There are several triple bunk beds in the day room area, called “outside” or “the freeway,” where women also sleep. Because women are typically sleeping on bunk

²¹ Information was provided in 2016; current information may differ as changes are underway.

beds in the day room, one cell downstairs is left open for the “community bathroom.” No one is assigned to that cell and it never gets locked (leaving cell space for 18 women). If there is additional overcrowding and insufficient bed space in cells or beds on the freeway, women are given what are referred to as “boats,” plastic tubs with a mattress laid inside (they cannot have a mattress directly on the floor). There is one shower in the unit.



A Typical Day in G Unit

If it is a woman’s first time incarcerated in Santa Cruz, she is not likely to get a cell but will be assigned a bunk in the day room. Women in the unit decide amongst themselves for the most part, and those who have seniority live in the upstairs cells. As part of their housing set up, each woman receives: two bras, two pair of underwear, shorts, pants, two t-shirts, a 16” x 13” plastic container (approximately the size of a shoebox), one plastic cup, one spoon, and a hygiene kit. The hygiene kit includes: two bars of soap, seven shampoo packets, one toothbrush, one tube of toothpaste, one comb, six sheets of paper, two stamped envelopes, and one pen. People in custody are each billed \$3.75 for their first hygiene kit and if they do not have any money “on their books” their account goes negative with money owed. If they receive money on their books from a relative or friend, their debt is automatically deducted. Also, if someone is booked into jail and has a balance owed from a previous time incarcerated, that amount is deducted from any money they might have with them or receive on their books. Those who are indigent receive a hygiene kit free of charge once a week on Wednesday. Photos are allowed in a designated area in the cell. Women who do not have a cell do not have a place

to hang photos, or a secure place for their 16" x 13" bin of personal belongings. It is common for things to "go missing" from women who are living in the day room area.

In order to have people ready and prepared for morning court appearances, breakfast is served at 5:30 a.m. when all women must get up for breakfast to be visually seen and counted. They can decline breakfast but according to corrections staff, it is rare that they do not eat what is served. Women are on a 2000-calorie per day diet; several respondents reported they were often hungry. Most women go back to sleep after breakfast. Officers are required by law to visually check on people in custody every hour to ensure they are each accounted for, safe and breathing. Some will open the door, some will shine a light through the cell without going in or opening the door, "everyone does it their own way." Women usually sleep until 11 a.m., "there's nothing else for them to do." A lot of people sleep throughout the day because "it is never dark in there." There are nightlights in each cell that women reportedly try to cover, but they are not suppose to and typically an officer will tell them to uncover the light. If women are detoxing, they will sleep all day. No one is required to get up to go to programming. Women are arraigned within three days and must appear in court unless they are unable to attend due to medical conditions and are not "medically cleared."

There is access to one television in the day room. At 9 a.m. it is the discretion of the officer on duty, based on the cleanliness of the unit, to decide when to turn on phones (collect calls only), television, or open the patio door. A mop and pink cleaning fluid is in the unit for cleaning. The officer at the Control Station controls television channels. All units get the same channel at the same time; Spanish television is on for a certain number of hours. Sundays are generally football all day, even though many of the women declared they do not like to watch football.

Lunch is served at 12:30 p.m., dinner at 5:30 p.m. There are not enough chairs in the unit for people to sit and eat so women eat in their cells, on their bunks, "where ever." Due to health concerns they are not allowed to save any perishable food, although some reportedly try to. Commissary foods, such as candy and chips, are allowed in the cells and can be purchased once a week by those who have money on their books. Each unit has access to a hot water pot to heat food purchased through commissary.

Lockdown is at 11:00 p.m. when all women are required to go to their cells or be on their bunks. During the day when a male officer enters a women's unit, he must announce, "male officer." At night, male officers are not allowed to enter a women's unit by themselves.

In-Custody Health Care

Women are charged \$3 to be seen by medical staff; no additional fees are incurred for follow up visits until the issue is resolved.²² If a woman does not have money, she will still be seen by medical staff and the charge goes on her account as negative, to be paid if she receives money or returns to custody with money in the future (similar to the system for hygiene kits). Respondents talked about challenges getting medical attention, and several women mentioned they had not received medication they were taking before their incarceration.

“Medical before was better, now they ignore you until you flip out.”

“A girl hit herself so doctors would see her.”

“Haven’t had my seizure medication since I have been here.”

“When I got here they refused to give me my medication that I’ve been taking for 20 years.”

“After finally seeing the doctor it took over a week to get medications.”

Several respondents expressed concerns about detoxing, and watching other women detoxing in custody.²³

“There’s problems in here with detox protocol.”

“Detoxing here felt like I was dying. CO’s took me to medical, skin punching out of my legs, vomiting, worse kind of pain you could even imagine. Mine only lasted 3 days. I was lucky. A woman is on her 10th day. Another girl is shaking.”

“Medical attention is really hard to get back there. There are girls dying; not everybody kicks [drugs] the same.”

²² Health services exempt from medical fees include: prenatal services, laboratory and diagnostic services, life-threatening emergency services, follow-up monitoring of chronic health conditions (e.g. seizure and medication monitoring), and when an assault requires medical attention.

²³ In their 2016 report, the Santa Cruz County Civil Grand Jury made several recommendations regarding jail facilities including improvements to medical care. The Sheriff’s Office has been responsive to their recommendations and had already been working on restructuring the medical provider’s contract to address a number of issues, including detox protocols. The Sheriff’s Office currently has frequent quality assurance meetings with the medical provider.

Mental Health Patients

There is a mental health unit for men in the Main Jail, however, there is not one for women, leaving women with behavioral health needs mixed in G and H units. They reportedly go back and forth between G and H frequently “depending on who will put up with them.” Sometimes women are restricted to a cell (RTC) for their safety and/or the safety of others. Mental health patients are commonly RTC “due to causing tension with several women in the unit,” although it does not necessarily protect or help them. Sometimes women who are restricted to a cell flood the cell, bang incessantly on the window, or stick things under the door of the cell. Often other women in the unit get annoyed and taunt the woman who is RTC because she has now taken a whole cell to herself which puts more people sleeping in the day room.

“It’s really hard cause a lot of people they let into G unit have mental issues.”

Pregnancy and Prenatal Care

Pregnant women are not housed separately unless their pregnancy is considered high-risk. Women with high-risk pregnancies are housed in O unit where they are checked every 30 minutes. Pregnant women cannot be handcuffed behind their back, and they are supposed to get extra milk and a snack between lunch and dinner, for example crackers and a spoonful of peanut butter “if a nurse remembers to bring it.”

Library and Programming²⁴

Santa Cruz Public Library (SCPL) brings books to G and H once a month. Women can also submit green slip requests for books to be delivered in addition to the monthly visit.²⁵ At the time interviews were conducted for this study, all women were reportedly eligible for programming but only a maximum of 12 women could attend class at a time; some classes accepted a maximum of eight women. One woman reported that she tried to take advantage of any classes offered, but also spoke of some challenges, “It sucks to have a bunch of girls programming and go back to a unit with a bunch of

²⁴ Details of programming are beyond the scope of this profile. Additionally, changes are underway that may render the following information inaccurate and/or inconsistent with new policies.

²⁵ In appreciation for their participation in this study, SCPL brought in books from a list developed specifically for women in custody by Toni Bunton, a formerly incarcerated woman and published author.

girls not programming. The girls who are violent are going to have the upper hand, not those using ‘wise-talk’ they’re learning.”

Edovo tablets, designed for use in correctional facilities, were also reportedly being piloted in G unit. Points are received for each minute of programming completed and accumulated points can earn time to listen to music or watch movies.

Blaine Street Women’s Facility

Blaine Street is a minimum-security facility for women, adjacent to the Main Jail, that opened in 1984 with a Board Rated Capacity of 32 people. The facility has 21 dormitory-like rooms, as well as two day rooms with television and exercise equipment, two classrooms, a small kitchen, and a fenced yard with gardens and a walking path around the inside perimeter. As of the completion of this report, no women were being housed at Blaine Street but previously, women in custody there shared the responsibility of keeping the environment clean and well maintained. They were each assigned chores that included kitchen duty, cleaning, sorting laundry and other tasks around the facility. More programming was available to women at Blaine Street than in the Main Jail and some women had been eligible to participate in work furlough while serving time at Blaine Street.

Between 2006 and 2014, an average of 20 women were housed at Blaine Street each month. From January 2015 through November 2016 the population at Blaine Street averaged 10 women per month. Proposition 47 has been identified as a contributing factor in the reduction of women in custody who classify as minimum security and are therefore eligible to serve time there.²⁶ With the population at 10 or below during the last six months of 2016, the Sheriff’s Office began looking for alternatives to overcome challenges the reduced population posed. In an effort to find different ways to meet the needs of the female population, women will soon be housed at Rountree, the medium-security facility in South County.

Blaine Street Women’s Facility Average Population by Year

2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
24	25	23	20	19	17	21	17	21	10	9

²⁶ Passed by California voters in November 2014, Proposition 47 reduced certain drug possession felonies to misdemeanors and also requires misdemeanor sentencing for petty theft, receiving stolen property and forging/writing bad checks when the amount involved is \$950 or less.

Related Research and Analysis

A considerable amount of research exists about experiences like those described in these interviews and their effects on health and justice. There are bodies of literature on poverty, childhood trauma including physical abuse, sexual abuse, and witnessing violence, single parenting, education gaps and school failure, mental illness, domestic violence, addiction, and incarceration. The relationship between the psychological effects of the traumatic environments that many women in jail have endured and their histories of incarceration has been well documented over the decades that their numbers have been increasing. Trauma should be understood as an explanation, not an excuse, for addiction and accompanying unlawful behavior. Incarceration does not help change patterns of behavior and sometimes escalates the severity of offenses and subsequent harm to individuals, families and communities.

“Pathways” research has studied girls’ and women’s life histories and establishes the clear connections between childhood trauma and entanglement in the criminal justice system.²⁷ While there are multiple ways in which childhood experiences contribute to their illegal behavior, research has repeatedly found that cycles of poverty, violence, abuse, and substance use disorder are key factors. And given that many people suffer similar childhood traumas, and/or addiction to alcohol and other drugs, without becoming entangled in the criminal justice system, poverty must be recognized as a leading factor. Addiction affects people across class and race, however, people with financial resources typically have access to legal treatment for their psychological pain (e.g. prescription drugs, psychotherapy, drug treatment), and those who can afford to pay their way out of incarceration (particularly for nonviolent offenses) usually do. “Criminal Justice involvement is now widely recognized as both a consequence and cause of poverty.”²⁸

Consistent with findings of previous research on incarcerated women, the results of this study with women in Santa Cruz County jail show that the majority were raised by impoverished families where physical and/or sexual abuse, violence, and drugs were prevalent. Exposure to early childhood trauma is linked to a variety of psychological and psychiatric problems. Abuse can disrupt healthy psychological development, and failure at one stage of development leads to a greater probability of

²⁷ Bloom, Owen & Covington, 2003; Chesney-Lind, 1997; Greene, Haney & Hurtado, 2000; Lapidus et al., 2005; Lynch et al., 2102; see also Kruttschnitt, 2016 for a review of pathways research

²⁸ Swavola et al., 2016, p. 19

failure in subsequent stages.²⁹ Abuse, neglect and insecure attachments that often result negatively affect brain development and can lead to severe depression, personality disorders, and suicide.³⁰ Research on development of the brain shows that healthy attachments and trust formed during the first three years of life establish the foundation for future relationships and shape the way people think, feel, act, as they mature.³¹ Additionally, people learn primarily through experiences and role models and childhood exposure to aggressive or violent behavior teaches violence as a legitimate way to resolve conflict. Similarly, turning to alcohol and other drugs to self-medicate psychological pain is frequently emulated and passed down through generations.

Childhood victimization is a common underlying reason why girls run away from home. Many end up using illicit drugs to numb their pain, and for the majority of women in this study, their drug use led to criminal justice involvement at a young age. Over half the respondents in this study ran away from home more than four times, and at least half of the women interviewed spent time in juvenile hall and/or group homes. These data are consistent with research that shows girls in the juvenile justice system experience higher rates of parental and family conflict than boys that often leads girls to run away from unsafe environments. Rates of sexual and physical abuse for girls in the juvenile justice system are far higher than in the general population nationally.³² Women in this study also reported high rates of sexual and physical abuse that started in childhood and often continued into adulthood. “While the risk of abuse for males drops after childhood, the risk of abuse for females continues throughout their adolescent and adult lives.”³³ Four out of five respondents (81%) reported they had been in an intimate relationship where their partner physically hurt them. By comparison, the 2016 Community Assessment Project reports 6.6% of people in Santa Cruz County have family members or friends who have experienced domestic violence or intimate partner violence in the last year.³⁴ Numerous studies have found a high correlation between substance use and intimate partner violence. This correlation does not mean that substance use causes intimate partner violence, but that substance use is both a risk factor for and a consequence of intimate partner violence.³⁵

²⁹ e.g. Wolfe & Jaffe, 1991

³⁰ Schore, 2003

³¹ Ainsworth, 1969; Bowlby, 1988; Erickson, 1999

³² Sherman et al., 2013; Zahn et al., 2010

³³ Modley & Giguere, 2010

³⁴ Applied Survey Research, 2016

³⁵ U.S. Department of Health and Human Services, 2016, p. 1-15

Adverse Childhood Experiences

Studies on adverse childhood experiences (ACEs) document that people who experience multiple traumatic childhood experiences have greater physical and mental health problems as adults, demonstrating a strong link between childhood trauma, addiction, and incarceration. Adverse childhood experiences include psychological, physical, and sexual abuse, emotional and physical neglect, as well as household mental illness, substance abuse, and incarceration. A study of over 17,000 patients found that people with five or more ACEs were seven to ten times more likely to report addiction to illicit drugs; women were 50% more likely than men to have experienced five or more types of adverse childhood experiences.³⁶ Individuals who do not progress through healthy stages of development and instead endure multiple traumatic experiences are more likely to struggle with mental illness, drug addiction and subsequent incarceration related to their health problems.

The prevalence of cumulative adverse experiences, identified as risk factors, have been shown to be correlated with increased risk of criminal offending, and reoffending, for youth. For each ACE a person experiences, the risk of incarceration rises. Gender differences in ACE exposure among justice-involved youth have also been identified, again with girls reporting higher rates of sexual assault and interpersonal victimization.³⁷

The pervasive violence and the relationship between trauma and mental health problems reported in this study are consistent with research on ACES as well as research on justice-involved women and girls.³⁸ The majority of women in jail with mental health problems also suffer substance use disorders. In this study, 86% of the women who had received a mental health diagnosis reported addiction to alcohol and other drugs. The majority of women in jail are often categorized as having “co-occurring” disorders or “dual-diagnosis,” it is the minority of incarcerated women who do not have multiple diagnoses. Although addiction and mental illness have historically been discussed and treated separately, and with different social stigmas, there is a growing understanding of addiction as a health issue with a distinct relationship to trauma and mental illness. For many women in jail, their histories of trauma contributed to mental illness that led them to self-medicate with alcohol and other drugs, and in turn led to their subsequent addictions and criminal involvement.

³⁶ Felitti, et al. 1998, Felitti & Anda, 2010

³⁷ Baglivio et al., 2014

³⁸ Bloom et al., 2003; James & Glaze, 2006; Messina & Grella, 2006

Addiction is a Health Issue

A cultural shift is underway in understanding and addressing addiction as a health issue and not simply a personal “choice.” The National Institute of Drug Abuse defines substance use disorder as a “chronic relapsing brain disease” not a matter of personal will.³⁹ The 2016 *Surgeon General’s Report on Alcohol, Drugs, and Health* is the first report of its kind to address substance use disorders and the range of associated health problems.⁴⁰ The report states that 40-70% of a person’s risk for developing a substance use disorder is genetic, and that environmental factors further influence risk. Some individuals may have a genetic vulnerability, and context influences whether a genetic vulnerability is aggravated. As described by the women in this study, the social contexts, for example, conditions under which children are raised, are talked about less frequently and must be acknowledged to address mental health and substance use disorders more successfully.

The Surgeon General’s report also notes:

Well-supported scientific evidence shows that the traditional separation of substance use disorder treatment and mental health services from mainstream health care has created obstacles to successful care coordination....Substance use disorders are medical conditions and their treatment has impacts on and is impacted by other mental and physical health conditions. Integration can help address health disparities, reduce health care costs for both patients and family members, and improve general health outcomes.⁴¹

Understanding of the neuroscience underlying addiction is also evolving and bringing new perspectives to addiction and treatment. In her book, *Unbroken Brain*, Maia Szalavitz identifies addiction as a brain problem that is not a chronic disease but “a learning disorder, a difference in the wiring of the brain that affects the way we process information about motivation, reward and punishment, more similar to autism, attention deficit hyperactivity disorder (ADHD), and dyslexia than it is to mumps or cancer.”⁴² She recognizes the role of environment and early childhood trauma in addiction, and suggests that destructive behaviors are typically a coping mechanism, an attempt to “manage an environment that frequently feels threatening and overwhelming. . . . addictive behavior is often a search for safety rather than an attempt to rebel or a selfish turn inward.”⁴³ This perspective is

³⁹ Reinerman & Granfield, 2015

⁴⁰ U.S. Department of Health and Human Services, 2016

⁴¹ U.S. Department of Health and Human Services, 2016, p. 6-2

⁴² Szalavitz, 2016, p. 3

⁴³ *ibid*, p. 4.

consistent with that of other researchers who suggest self-medicating psychic pain is a normal reaction to abnormal circumstances.⁴⁴

Although environmental and social factors play a significant role in the reasons why some teens turn to alcohol and other drugs, public policies shape the context and help explain why only a small fraction of them become entangled in the criminal justice system. Many teens use and abuse alcohol and other drugs during adolescence and early adulthood with few, if any, legal consequences. Millions of college students across the nation have been under the influence or in possession of an illicit substance and have never been booked into jail. But most of the women in this study cycle in and out of jail as a result of drug policies that end up disproportionately punishing poor people and people of color for behaviors that occur across race and class with vastly different consequences. “Even though 82% of illicit drug users in this country are white, the drug problem is depicted as unique to poor urban communities of color.”⁴⁵ Poor people are more likely to end up incarcerated for being under the influence or in possession of a controlled substance or paraphernalia – offenses for which the majority of women in this study were initially incarcerated. And for many people already living at the margins, incarceration becomes another traumatic experience that leads to more pain and makes it harder to stay out of jail. As evidenced by women in this study, the majority continue to spiral deeper into the criminal justice system where trauma and other behavioral health problems are exacerbated, and rates of recidivism are in fact increased.

Bail and Pretrial Release

Money bail is one of the ways in which the criminal justice system discriminates against poor people making bail reform a topic of focus in several states across the country, including California.⁴⁶ Over 50 years ago, President Lyndon Johnson signed a federal Bail Reform Act to end money bail in federal cases in support of the constitutional rights of criminal suspects.

What has been demonstrated here is that usually only one factor determines whether a defendant stays in jail before he comes to trial. That factor is not guilt or innocence. It is not the nature of the crime. It is not the character of the defendant. That factor is, simply, money.

Attorney General Robert F. Kennedy, 1964

⁴⁴ Bloom & Covington, 2009

⁴⁵ Reagan, 1991, p. 203

⁴⁶ California Assemblymember Rob Bonta and Senator Bob Hertzberg have introduced bills to address the economic and racial disparities in the bail process.

Many people are detained before trial because they cannot afford to either post bail or pay a 10% fee to a bond company for their release. People lose homes, jobs, family connections, and sometimes have children taken away before they are tried or found guilty simply because they are too poor to afford bail. New Jersey is the first state to successfully enact bail reform legislation that went into effect in January, 2017. In the first month, the percentage of arrestees who were detained pretrial dropped from 75% under New Jersey's old system to under 10%.⁴⁷

Although Santa Cruz County has had a pretrial release program for several years, on average still more than half of the people in Santa Cruz County jail have not been sentenced. Similarly half of the women in this sample had not been sentenced at the time of their interview. A 2013 study by the Laura and John Arnold Foundation found that pretrial detention increases both the likelihood a defendant will be sentenced to jail or prison and the chances they will receive a longer sentence when compared with similar defendants who were released pretrial.⁴⁸ Additionally, low- and moderate-risk defendants who were detained pretrial, even for short periods of time, showed increased rates of recidivism compared with a matched sample of individuals released within 24 hours of arrest. These findings suggest that unnecessary pretrial detention erodes the presumption of innocence and that exposure to incarceration can be a risk factor for future criminal justice involvement.

Jail Can Further Traumatize and Destabilize Women

Traditional correctional practices generally do not take into account the trauma, violence and mental illness many women in jail have experienced. Trauma survivors can be re-traumatized by searches and restraints, and may be threatened by the institutional environment where they live in close quarters with little privacy, or are supervised by male correctional officers.⁴⁹ Jails were not designed to address the physical and mental health problems that people in custody frequently present, and jails rarely have sufficient resources and/or enough health professionals on staff to address their complex health needs. Incarceration tends to further harm people with mental illness, often causing them to decompensate, and increasing their risk of harming themselves or others (e.g. the suicide rate in jails is nearly four times that in the general population).⁵⁰

⁴⁷ Scotti, 2017

⁴⁸ Laura and John Arnold Foundation, 2013

⁴⁹ Bloom, 2015; Benedict, 2014

⁵⁰ Petteruti & Walsh, 2008

Healthcare, Mental Illness, Homelessness and Recidivism

Many women reported inconsistent and often limited access to healthcare prior to incarceration and suffer from untreated, or sporadically treated, illnesses. When people with illness are released from jail, they return to the community with these conditions, which may be exacerbated by the stress of incarceration. Some women reported interruptions in their medications; others who received medication while in custody were unsure how they would continue to receive medication post-release. The transience of the jail population coupled with widespread health needs leaves most jails unable to provide adequate healthcare and/or assistance in getting health needs addressed upon release. Ongoing lack of health care to treat trauma and addiction, coupled with cycling in and out of jail and homelessness, may create and/or exacerbate physical and mental health problems.

The women in this study who had been diagnosed with a mental illness were booked and released 62% more often than those with no mental health diagnosis. Local 2009 data have also documented high rates of recidivism in Santa Cruz County among the mentally ill offender population compared with the general jail population. Among those who re-offended, the percentage of mentally ill offenders with four or more re-arrests was 36% compared to 11% among the general population.

When women are released from jail to homelessness, their chances of breaking cycles of addiction and incarceration, despite their best intentions, are low. Even when women receive health care in custody and participate in programming, changing old patterns of behavior is especially challenging without a safe, stable place to live. The trauma many women experience living on the streets often leads them back to the drugs that numb their pain, and the cycles continue. Three out of four women in this study reported they have served time before — an average of 12 times.

Kids and Intergenerational Incarceration

In a New York Times article, *Mothers in Prison*, journalist Nicholas Kristof concluded that research shows incarceration “routinely fails at helping women straighten out their lives — although it does mess up their children.”⁵¹ The majority of the women in this study had a parent incarcerated when they were children, and three out of four respondents are now themselves an incarcerated parent. An estimated 10 million children in the U.S. have a parent who is or has been incarcerated.⁵² For many, the incarceration of a parent puts additional pressure on families already living at the margins. Families

⁵¹ Kristof, 2016

⁵² Annie E. Casey, 2016

with an incarcerated parent are more likely to struggle financially, move frequently, and become homeless. Their children have increased rates of anxiety, depression, and other physical and mental health issues, and a greater chance of being suspended, expelled or dropping out of school. Dropping out of school in turn sharply increases the likelihood of future criminal behavior. According to a report entitled, *A Shared Sentence* by the Annie E. Casey Foundation, “Having a parent incarcerated is a stressful, traumatic experience of the same magnitude as abuse, domestic violence and divorce, with a lasting negative impact on a child’s well-being.”⁵³

There is a growing body of research examining the social, emotional, and economic consequences of mass incarceration on children of incarcerated parents. As the majority of prisoners in the U.S. are men, existing research focuses primarily on paternal incarceration. However, approximately 80% of women in jails are mothers compared to approximately 55% of men in jail who are fathers.⁵⁴ As the number of incarcerated women has increased, the number of children with an incarcerated mother has also increased exponentially, although the unique effects on their children have received less attention from researchers. Existing research does show that incarcerated mothers are more likely than fathers to have been the primary caregivers of their children, and while the majority of children of incarcerated fathers live with their mothers, when a mother goes to jail most children do not live with their father. Children of incarcerated mothers are more likely to live with extended family or in foster care, and typically experience greater instability.⁵⁵ In this study, 26% of the children were living with their father and 17% with an extended family member. Still, nearly half of the mothers reported that they consider themselves the main person in charge of or responsible for their child(ren). The majority of mothers interviewed said they hope to eventually live with them again after they are released and are “situated and stabilized.”

Even when a mother may not have been an ideal parent before her incarceration, the strong emotional bonds between children and mothers typically make the forced separation of incarceration a traumatic experience. Children who lose a mother to incarceration suffer weakened bonds and insecure attachment, which is part of the reason why they are more likely to develop mental health problems and drop out of school. Children of incarcerated mothers have only a 2% chance of graduating from

⁵³ *ibid*, p. 3

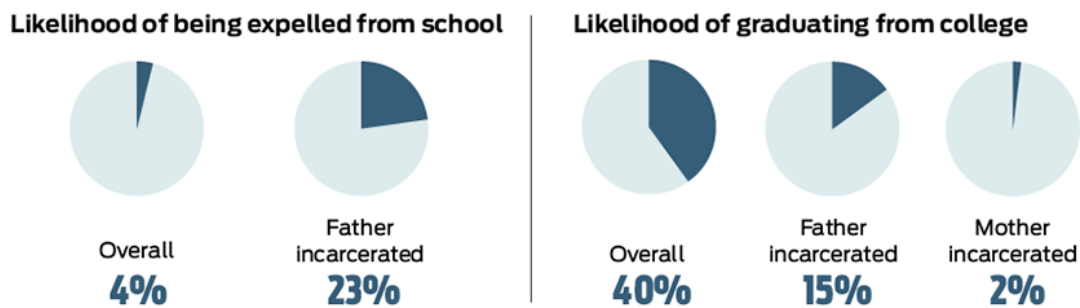
⁵⁴ Swavola et al. 2016

⁵⁵ Annie E. Casey, 2016; Bloom, 2015; Lapidus, et al., 2005; Murray & Farrington, 2008

college, in comparison to 15% for those whose fathers are incarcerated and 40% of children in the general U.S. population.⁵⁶

Figure 17

How having an incarcerated parent affects educational success



Source: Pew Charitable Trusts, 2010

A recent report by the Economic Policy Institute states:

These relationships between incarceration and family harm can become cyclical: A parent is incarcerated. Family income drops. Housing stability is eroded. Stress increases. Children do worse in school and their health deteriorates. They drop out or are expelled. They become delinquent or homeless or end up in foster care. Eventually, they are incarcerated and their own children suffer the same consequences they have faced.⁵⁷

Shifting Systems with a Gender Lens

Opportunities upon Release

The majority of women interviewed will not have a job once released. Roughly a third of respondents reported they had been employed before their incarceration and some of them expressed confidence in finding another job. The remaining two-thirds however, had little work history and did not know where they might get hired with limited work experience and a criminal record. Additionally, nearly half of the women interviewed stated they did not have a safe place to live when released. Homelessness, combined with their low levels of education, little work experience, a criminal record, and an untreated substance use disorder significantly reduces opportunities for women to obtain gainful employment and establish stability and self-sufficiency post-release.

⁵⁶ Tucker, 2016

⁵⁷ Morsy and Rothstein, 2016, p. 15

Costs

Despite agreement among local policymakers and justice system stakeholders that mass incarceration is a failed policy, considerably more taxpayer dollars are still spent on incarceration and punishment than on rehabilitation, education and prevention. At approximately \$105 per person per day in custody, it costs millions of dollars to lock up nonviolent offenders who are addicted to drugs over and over again. For fiscal year 2016-2017 the County's General Fund allocation for corrections was \$13.5 million. The "revolving door" is spinning at a dangerous speed: women in Santa Cruz County jail have been locked up an average of twelve times. Society's responses to incarcerating growing numbers of nonviolent women must consider the unintended collateral consequences their incarceration has on their children and the costs of these consequences in dollars, lives, and public safety. In addition to criminogenic risk factors such as poverty, abuse and violence to which their children may be exposed, prolonged separation from their mother is a traumatic experience that puts children at an increased risk of becoming juvenile and/or adult offenders.

System Change

Women in this study shared stories of survival. They shared stories of instability and trauma that began when they were young and oftentimes led to their use of alcohol and other drugs to numb their pain, which has ensnared many of them in cycles of addiction and incarceration. While incarceration is intended as a deterrent to future criminal behavior, without treatment, stable housing and gainful employment upon release, many women have found themselves unable to live drug-free, crime-free lives. Changing offender behavior is one crucial part of interrupting these cycles, but changing the criminal justice system in which they are enmeshed is also necessary. Focusing on changing offender behavior does not work in isolation. The criminal justice system must also continue to change institutional policies and practices to help interrupt these intergenerational cycles. Police, District Attorneys, Public Defenders, Judges, Probation Officers, and treatment providers all have a role in examining current policies and practices that may contribute to unnecessary incarceration and further recidivism. Santa Cruz County has been a leader in reform efforts related to juvenile justice, disproportionate minority confinement, pretrial detention, and alternatives to incarceration. In contrast to other jails people at Rountree — both those in custody and staff — have recognized the value of a rehabilitative culture. These successful efforts offer models of transformation that can help inform broader system changes.

Physical structures cannot be easily altered but the institutional culture of jail can continue to shift in a rehabilitative direction with greater attention to reentry. In accordance with other jails and prisons across the state and country, the Main Jail was originally designed to punish and confine people who pose a serious public safety threat. However, over the past four decades of incarceration-based drug policies, the majority of men and women serve time for nonviolent drug and drug-related offenses. In Santa Cruz County, only 7% of the jail population is there for a violent offense. It should be noted that this does not mean their crimes are necessarily victimless, or harmless to the community. Property crimes, commonly associated with supporting a drug addiction, are indeed harmful and do involve victims. However, the institutions in which people are incarcerated do not deter future criminal behavior, and may in fact aggravate health problems, contribute to high rates of recidivism, and compromise public safety. A recidivism rate of 71% among women in this study, who have been incarcerated before an average of 12 times, illustrates that our current system of punishment has become another source of trauma along with poverty, physical abuse, sexual abuse, addiction, incarceration, and homelessness. Paradoxically, incarceration, intended to deter crime ends up being an additional risk factor for crime.

The jail does not initiate these social problems but inherits them, and inadvertently perpetuates the circumstances that contribute to their intergenerational cycles. If addiction, often rooted in childhood trauma, is understood as an illness that should be treated as health issue, what can health and justice system partners do differently to better address the health needs of incarcerated women? Every stage of the criminal justice process from arrest to pretrial detention, sentencing, incarceration, and probation should consider how current policies that may negatively affect women and their families can be modified to do less harm while still prioritizing public safety. Expanding access to health care at the front end of the system for people suffering mental illness and/or substance use disorders will limit exposure to incarceration, increase public safety, and ultimately save taxpayer dollars.

Gender Responsive Principles

Many incarcerated women and men share histories of trauma and associated health issues, but there are significant differences in their emotional and behavioral responses. Therefore, gender and culturally sensitive approaches are necessary to effectively address these issues. Looking at these issues through a gender lens allows us to take these differences into account and should be used in discussions related to policies, practices and programming for women in custody. Treatment and

interventions proven to be most effective at reducing rates of recidivism for women are “gender responsive.” Bloom and Covington (2003) define gender responsive as:

[C]reating an environment through site selection, staff selection, program development, content, and material that reflects an understanding of the realities of women’s lives and addresses the issues of the participants. Gender-responsive approaches are multidimensional and are based on theoretical perspectives that acknowledge women’s pathways into the criminal justice system. These approaches address social (e.g., poverty, race, class and gender inequality) and cultural factors, as well as therapeutic interventions.⁵⁸

Existing research shows that women who have experienced prior abuse benefit from trauma-informed and gender-sensitive interventions.⁵⁹ At the same time, gender responsive strategies should take into account where, when, and how gender matters in designing policies and programs. Sometimes gender is in the foreground, however, sometimes gender is in the background and strategies for improving services may be relevant for both men and women. Race and class must also be considered in the foreground as women are not homogenous, and race and class can matter more within gender than across it.⁶⁰

Providing equal treatment for women and men does not mean identical treatment. Parity should not be interpreted as requiring identical programming for men and women, but as “including gender-responsive programs that may look different but that serve the same rehabilitative goals as equivalent programs for men.”⁶¹ Gender-informed interventions incorporate common evidence-based practices such as cognitive behavioral therapy, but also, as Gobeil et al. report “consider needs that are particularly salient to women, and are founded, at least in part, on theoretical models such as relational-cultural theory, feminist paradigms, and strengths-based approaches.”⁶² It is also critical for policies and practices to recognize that healthy relationships are central to women’s long-term success.⁶³

Research demonstrates that correctional interventions work to reduce recidivism for women and are most effective when they are trauma- and gender-informed, focus on substance use, and are bridged with transitional reentry support, including health services, once women are released from custody. Beginning while women are in custody is essential. Studies show that programs that begin in

⁵⁸ Bloom & Covington, 2003, p. 75

⁵⁹ Saxena et al., 2014; Gobeil, et al., 2016

⁶⁰ Kruttschnitt, 2016

⁶¹ Myrna Raeder as cited in Bloom, Owen, & Covington, 2003, Appendix A

⁶² Gobeil et al., 2016. p. 303

⁶³ Berman, 2005 p. 17

custody are more effective than those based solely in the community and that direct connections with ongoing community support upon release is critical for successful reentry.⁶⁴ Because of the relatively short amount of time most women actually spend in custody, such strategies must extend to women's reentry into the community.

There is more than a decade of practice of and research on gender-responsive principles upon which to build. The *Toolkit for Policymakers and Practitioners on Meeting the Needs of Women in California's County Justice System* synthesizes this research and reviews six guiding principles for effective planning, policies and practice:⁶⁵

1. Gender Makes a Difference
2. Create an Environment Based on Safety, Respect and Dignity
3. Develop Policies, Practices and Programs that Promote Healthy Connections
4. Integrate Treatment of Substance Abuse, Trauma and Mental Health
5. Provide Women with Opportunities to Improve their Socioeconomic Conditions
6. Establish a Collaborative System of Community Supervision and Reentry

Jurisdictions across the state and country are applying these principles and there are various models from which Santa Cruz County can learn to better meet the needs of locally incarcerated women and their families.⁶⁶

Booking, Classification and Gender

Assessment tools that are not gender specific are, by default, male focused (sometimes considered "gender neutral"). Risk assessments typically rely on current charges and criminal history as indicators of risk and tend to over-classify women — labeling them higher risk than they may actually present to public safety. Research shows that women who are deemed high-risk typically pose less risk than men also classified as high-risk, consistent with differences in male and female tendencies toward violence.⁶⁷ Data suggest that criminal histories and offense measures are ineffective predictors of women at high risk of institutional misconduct or of reoffending after release.⁶⁸ Mental health factors have been shown to be more predictive of misconduct and/or recidivism for women,

⁶⁴ Saxena & Grella, 2014; Gobeil, et al., 2016

⁶⁵ Bloom, 2015

⁶⁶ see Bloom & Owen, 2013

⁶⁷ Berman 2005; Van Voorhis, 2012

⁶⁸ Kruttschnitt, 2016

while family support has been shown to reduce both institutional misconduct and recidivism for women.⁶⁹

A validated gender-specific classification tool may more accurately assess risk levels of women in custody and identify their health needs. A snapshot of all women in custody in Santa Cruz County jails December 14, 2016 showed the average length of stay was 37 days, with more than half of the women (57%) serving less than 20 days.⁷⁰ These short sentences suggest that the offenses for which the majority of women were charged do not pose substantial risk to public safety. However, despite these relatively short sentences, their classification status was either medium- or maximum-security rendering them ineligible to serve their time at the minimum-security Blaine Street Women's Facility. This apparent contradiction suggests that the classification system currently in use may over-classify women based on criminal histories, but not necessarily their risk to public safety.

There is a lack of research to show that meeting criminogenic needs identified by gender-neutral assessments actually contribute to women's success, indicating that validated needs assessment tools should also be gender-specific. In fact, research has found that the "Top 4" criminogenic needs predictive of men's recidivism — history of anti-social behavior, anti-social personality factors, anti-social cognitions/attitudes, and anti-social peers — were not as predictive of future recidivism for women.⁷¹ Factors including substance abuse, education, and employment were the most significant predictors for reducing recidivism for women.⁷² These factors are part of the "next four" based on predominantly male samples. In addition, "studies suggest that factors such as the wellbeing of a woman's children — which are not accounted for in existing gender-neutral assessment tools — have a profound impact on women's institutional and post-institutional behavior and need to be understood more fully."⁷³

Recommendations

This profile of women provides an understanding of the background characteristics and experiences of women involved in the justice system in Santa Cruz County upon which gender-responsive approaches can be designed. *The Toolkit for Policymakers and Practitioners on Meeting the*

⁶⁹ Bloom, 2015. p. 17

⁷⁰ See Santa Cruz County Board of Supervisors agenda January 24, 2016, item 22

⁷¹ Domurad & Carey 2009; Andrews, Bonta & Wormith 2006

⁷² Modley & Giguere, 2010

⁷³ Berman, 2005, p. 12

Needs of Women in California's County Justice System (Toolkit) includes a useful 10-step guide toward creating a gender-responsive community justice system, and this profile of the county's population of women in jail accomplishes one of the first steps.^{74 75} Initial steps also recommend the development of a Women's Advisory Group to help "design and oversee the implementation of a gender-responsive community justice plan for the county."⁷⁶ Accordingly, the next step is to create a Women's Advisory Group with representatives from law enforcement agencies, public health, community-based organizations working with justice-involved women and their families, child welfare, and women who have been formerly incarcerated. The step-by-step strategies in the *Toolkit* may serve as a guide for this group to lead the design and implementation of practices related to each of the six principles listed above based on the data in this report. The following recommendations focus on corrections, and at the same time recognize that the ultimate task of the Women's Advisory Group is to work with justice system partners at every stage of the justice system to develop gender-responsive practices. Workgroups on Women within each partner agency should consider the profile data and related research presented in this report and use a culturally sensitive gender lens to examine internal practices of their agency. A representative from each of the Workgroups on Women should participate in the Women's Advisory Group to report internal findings and develop strategies to improve outcomes for justice-involved women and their families.

The following recommendations are specific to the Santa Cruz County Sheriff's Office (SCSO):

1. Select and implement a validated, gender-specific classification tool.

Assessments should collect information on factors known to be important to women including histories of abuse, mental illness, and issues related to their children. They should also include questions related to women's individual goals and strengths that can be cultivated to improve their socioeconomic status and self-sufficiency. Women-centered risk and needs assessment tools used by other jurisdictions can be found in the *Toolkit*. The National Resource Center on Justice Involved Women (NRCJIW) has additional tools and other resources available at:

<http://cjinvolvementwomen.org/classification-assessment-and-case-management/>

⁷⁴ See Appendix A

⁷⁵ I want to acknowledge and thank Probation Chief Fernando Giraldo who shared this toolkit after meeting the author, Barbara Bloom at a conference. Chief Giraldo has expressed support of a companion profile of women on probation to supplement this profile of women in custody and further develop gender-responsive probation practices.

⁷⁶ Bloom, 2015, p. 21

- a. Too often these tools are implemented without sufficient training or follow-up to evaluate their effectiveness. Therefore, invest in training and establish an evaluation process for the new tool after 60-90 days to determine if it is being administered consistently and if supplemental questions are needed.
- b. In collaboration with the Probation Department, increased efforts should be made to reduce the number of women who are detained pretrial, only incarcerating those who pose a threat to public safety or are considered a significant flight risk. Additionally, the pretrial assessment tool currently being used should be examined to determine if women are being over-classified, as they often are by tools that are “gender-neutral.”

2. Redesign staffing and programming at the Blaine Street Women’s Facility to meet the needs identified in this profile of women.

The Rountree facility is not as conducive a facility for fostering healthy connections between mothers and their children, or participating in reentry opportunities in the community. Bloom writes in the *Toolkit*, “Sitting in a women’s facility in a remote location away from children and families can undermine the type of comprehensive local services that Realignment and this toolkit recommend.”⁷⁷ Blaine Street is designed for women and centrally located; it is accessible via public transportation and structurally more appropriate for the kind of safe, consistent and supportive environment research has shown is fundamental to helping change women’s behavior. There are classrooms at Blaine Street, outdoor space, and a more livable environment that offers women an opportunity to participate in classes, visit with their children, and prepare to transition to the community. Blaine Street is a facility where women can participate in work and school furlough, as women have successfully done in the past. These opportunities improve reentry outcomes and reduce recidivism.⁷⁸ The use of a new gender-specific classification tool may inform a reevaluation of the structural and organizational needs of the Blaine Street facility to create a gender-responsive reentry program there that does less harm to women and their children and does more to help break cycles of intergenerational incarceration.

⁷⁷ Bloom, 2015, p. 8

⁷⁸ Many of the specific qualities of the Blaine Street facility are similar to a new facility for women being constructed in Napa County to support women’s transition from jail to the community.

3. Design in-custody services based on length of stay and connect women to community-based support as early as possible during their incarceration.

a. For the majority of women in custody who are there less than 20 days, the primary goal should be to complete a risk and needs assessment followed by specific referrals and scheduled appointments to community-based services. Linking women with community-based case management while in custody will facilitate their reintegration, and given such short stays, early connections are critical. The NRCJIW link provided above includes case management models for women.

- i. Offer trainings in trauma- and gender-responsive principles for people delivering services in custody.
- ii. Ensure that providers offer a seamless continuum of care as women are released from jail. Ideally, classes that community-based providers deliver in custody should run concurrently in the community so that people released in the midst of a session can continue to participate and complete the course.

b. For women who will spend more time in custody, design new programming based on the six principles of gender-responsive strategies. Create a safe environment that is sensitive to women's high rates of trauma and victimization and treats them with dignity and respect. Trauma, substance use disorders and mental health problems should be addressed in an integrated way that recognizes their complex interactions.⁷⁹ Examine data from SCSO's past experience with programming at Blaine Street, including the Gemma Day Program, to inform a new program design according to lessons learned. Include people in custody and SCSO staff in developing new programs, policies, and practices. "Those closest to the problem are closest to the solution."⁸⁰

- i. In collaboration with community-based organizations, create a reentry program that addresses educational and employment needs to provide women training and opportunities for self-sufficiency. Strengthen links with Cabrillo College, UCSC and other partners in education and vocational training.

⁷⁹ For an overview see Berman, 2005, also Modley & Giguere, 2010

⁸⁰ Glenn Martin, JustLeadershipUSA, <https://www.justleadershipusa.org/about-us/>

- ii. Evaluate use of Edovo tablets to maximize benefits to individuals and the institution. Are the tablets working to improve institutional behavior? How does the use of tablets in Santa Cruz compare to other facilities where they are being used and what are other facilities measuring? Are women and men using them differently?

4. Recognize the dual role of motherhood as vital to both a mother's own rehabilitation and helping crime prevention efforts for the next generation.

Women's status as mothers is significant to their health and the health of their children. Address needs related to family contact, healing, and reunification. Regardless of whether a mother was living with her child(ren) before her incarceration, or will be living with them after release, fostering a relationship between mothers and their children improve health and wellbeing for both children and their mothers.

- a. Review and improve visiting and communication policies to provide for easier, less expensive communications between an incarcerated mother and her child.
- b. Consider contact visits as *incentives* and provide a child-friendly visitation area that promotes positive interactions between mothers and children.
- c. Reexamine policies for pregnant women. Expand access to prenatal care for pregnant women in custody and employ the least restrictive alternative housing options.
- d. Reexamine and enhance coordination with child welfare systems.

5. Train staff in gender-responsive, trauma-informed practices.

Institutional change requires re-training staff with ongoing opportunities for people to practice new ways of responding to old situations. Staff should be invited to participate in identifying institutional practices that could be improved so they are not simply being taught how to change but are also able to help prioritize areas of reform and initiate related efforts.

6. Evaluate and expand the use of medication-assisted treatment in accordance with evidence-based medical practices to address both the risks of detoxing in custody and ongoing needs for addiction treatment.

For example, the practice of tapering medication-assisted treatment is known to increase risk of relapse and therefore recidivism. For those with substance use disorders, referrals to treatment and scheduled appointments should be set up prior to release to ensure a continuum of care.

- 7. Collaborate with local leaders to prevent releasing individuals into homelessness.** As specified in *All In: Toward a Home for Every County Resident*, Santa Cruz County’s strategic plan to address homelessness, homelessness is a significant social problem that requires partnerships to “prevent discharges directly to the streets.”⁸¹ As noted earlier, nearly half of the women in this study reported they would be homeless upon release. Stable housing is a prerequisite for successful reentry and reducing recidivism.
- 8. Build evaluation into the design of new programs with periodic check-ins with staff and participants for feedback and improvements.**

Conclusion

The experiences reported by the women in this study reveal that the criminal justice system often inadvertently perpetuates pain and suffering that, for the vast majority of women in custody, began in early childhood. To break these cycles requires rethinking the goals of incarceration and identifying opportunities that are presented when women are in custody. Incarceration can be an opportunity to identify individual needs and link women with community-based resources to support their reintegration into the community. The majority of women interviewed had clear insights about their pathways into and out of jail. And while many acknowledged the hopelessness that pervaded their existence when they were using drugs, nearly all of them expressed a sincere desire and determination to change. Three out of four women in this study are mothers and nearly all of them articulated goals and motivation directly related to their children. Providing opportunities for change and fostering healthy family connections can help reduce rates of recidivism for women and rates of crime and intergenerational incarceration for their children. This will improve public safety and reduce taxpayer costs. Successful strategies recognize that gender matters.

⁸¹ Homeless Action Partnership et al., 2015, p. 30

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Appendix A

Key Steps to a Gender-Responsive Community Justice System

1. **Women's Advisory Group.** Create a community advisory group comprised of representatives of public and private agencies and individuals working with women in the justice system.
2. **Profile of Female Populations.** Create a profile of the county's population of women in jail and on probation.
3. **Provider Network Assessment.** Assess your service provider network for programs and services that meet women's needs.
4. **Service Delivery Enhancement.** Enhance service delivery through integrated programming approaches and collaborative partnerships.
5. **Risk/Needs Assessments.** Conduct risk and needs assessments of individual women in jail and on probation to inform pretrial, adjudication/trial, sentencing and case planning.
6. **Integrated Case Management.** Develop an integrated case management plan for each woman focused on maintaining her in the least restrictive setting consistent with her needs and public safety.
7. **Pretrial/Sentencing Alternatives.** Develop local research-based pretrial and sentencing alternatives that are gender-responsive, sensitive to the trauma history of many women in the justice system (trauma-informed) and are family-focused.
8. **Data Collection for System Improvement.** Design an integrated data collection, evaluation and oversight process to monitor and improve system-wide supervision, programs and services.
9. **Leadership Structure.** Create a leadership structure that plans, supports and monitors an integrated system of criminal justice and community services responsive to the needs of women.
10. **Public Education Campaign.** Design and implement a public education campaign that informs community leaders—judges, district attorneys, public defenders, probation officers, crime victims and leaders of civic organizations—about the benefits of a strategy focused on women and their families.

From Bloom, 2015, p. 5