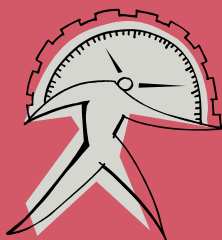


INVISIBLE BARS

**BARRIERS TO WOMEN'S HEALTH & WELL-BEING
DURING AND AFTER INCARCERATION**

AUTHOR: KIM CARTER

CO-AUTHORS: DISEP OJUKWU, MPH & LANCE MILLER, MA



Time for Change Foundation



INVISIBLE BARS

BARRIERS TO WOMEN'S HEALTH & WELL-BEING DURING AND AFTER INCARCERATION

Cover art:

*"A Lit Candle Loses
Nothing When It Lights
Another."*

By: Susanna Deleon, AKA:
Timoi

Table of Contents

Acknowledgements.....	7
Executive Summary	8
Problem Statement.....	9
Time for Change Foundation	11
Report Overview	12
Purpose of Report	12
Study 1: Qualitative Study.....	13
Participants.....	13
Analysis	13
Themes	14
Education	15
Eligibility	16
Employment	17
Discrimination.....	18
Living Environment.....	19
Finances.....	20
Dental Health.....	21
General Health	22
Medical Health.....	23
Mental Health	24
Vision Care.....	25
Housing	26

INVISIBLE BARS

BARRIERS TO WOMEN'S HEALTH & WELL-BEING DURING AND AFTER INCARCERATION

Table of Contents (continued)

Child Protective Services (CPS)/Foster Care System.....	27
Parole	28
Prison Environment	29
Red Tape.....	30
Support Services	31
Self-Hindering Behavior	32
Qualitative Discussion—Study 1	33
Study 2: Quantitative Study	35
Purpose	35
About the Survey Sites.....	35
Analysis	35
Participants.....	36
Age of Participants	37
Race/Ethnicity of Participants.....	38
Incarceration History	39
Children	41
Education	42
Employment	43
Living Environment.....	44
General Health	45
Medical Health.....	47
Mental Health	49

INVISIBLE BARS

BARRIERS TO WOMEN'S HEALTH & WELL-BEING DURING AND AFTER
INCARCERATION

Table of Contents (continued)

Housing	51
Support Services	53
Quantitative Discussion—Study 2	63
Recommendations	65
Conclusions	69
References	70
Appendix: Inmate Statements from Study 1	71

**Board Members**

Jim O'Connell, President

Susan Burton, Treasurer

Angela Saunders, B.A.

Jennifer Baptiste-Smith, M.P.H.

Kim Carter, Founder/Executive Director

Time For Change Foundation

P.O. Box 5753 • San Bernardino, CA • 92412

"Helping Women Today, Help Themselves Tomorrow"

Dear Governor, Members of the Senate and Assembly, County Boards of Supervisors, City Officials, Community Stakeholders, and Residents:

This report is unlike any other you have read before, because this report has been written by someone who has experienced the terrible cycles of drug addiction and incarceration. Currently, I am a community activist who is dedicated to human rights and social justice by working to improve the conditions for women and girls to thrive and be healthy. My first-hand knowledge of the experiences faced by women such as me, inspired me to conduct the research that led to this report.

Every year, more and more inmates are dying in California prisons and even more are returning home to our communities still beset by the issues which led to their incarceration. In July of 2006, the entire California prison medical system was seized by a federal court judge and placed into receivership due to numerous reports of medical neglect and malpractice which resulted in at least one inmate death per week. The prison industrial complex is big business and has not been highly successful in its rehabilitation efforts according to the recidivism rates. San Bernardino County is a large investor of human capital into this system and does not receive adequate return on that investment. In addition, many of these individuals returning home are women who also have medical conditions that were not addressed while incarcerated, so they begin to show up at the emergency rooms of our county hospitals. The influx of women seeking medical care at these emergency rooms places more strain on an already burdened emergency healthcare system.

Why are these formerly incarcerated women flocking to emergency rooms? For many women it can be directly attributed to the lack of medical care while incarcerated. In my case, an abnormal Pap smear (class 5) was discovered in June 1993 while I was incarcerated at the California Institute for Women (CIW). I paroled in April 1994 and the issue still had not been addressed and I had no knowledge of the severity of my condition. In 1996, I obtained a job with health insurance benefits and it was during a routine exam that I discovered I had cervical cancer that had spread throughout my body and the doctor gave me 90 days to live. I had lost my hair and my weight, but not my fight and it is truly by divine power that I am here to tell this story.

Who better to be an advocate for women's health care and re-entry services than a formerly incarcerated woman who has successfully reintegrated into society? I know, first hand, why access to healthcare and timely treatment is important during incarceration and afterward. I spent many years imprisoned in jails and at the California Institution for Women (CIW) before I received medical treatment for a substance abuse addiction through a pilot program called "Forever Free," and I have since remained clean and sober. Forever Free is an in-prison, substance abuse treatment program with six months of aftercare services following incarceration.

"A lit candle loses nothing when it lights another"

CIW is the same location where focus groups were conducted to hear what incarcerated women were currently enduring in prison. The first half of this report contains powerful testimonies from many women inmates who have been trapped in the continuous cycle of addiction, abuse, and incarceration. The second half of the report provides results of a community-based health assessment survey of formerly incarcerated women and the challenges they are experiencing in the community. This comprehensive report brings to light health and well-being problems facing women on the inside and the outside of prison walls by exploring the challenges faced by both current and former women prisoners. The words you are about to read are candid and unedited. Although tears, emotions, and pleas for help cannot be captured in a one-dimensional paper, they resonate throughout the report.

One example of how treatment versus punishment is successful is articulated in the story of Dawn Branch. Dawn is a life-long resident of San Bernardino who was continuously molested by her mother's boyfriend and at the age of 13, ran away from home. It was during this time that she met a man who exposed her to drugs, alcohol, and then prostitution. The rough street corners within the city of San Bernardino became her place of residence, and she spent 20 years of her life recycling in and out of jails, and prison. The costs associated with her policing, public defenders, court appearances, and many emergency room visits were astronomical.

Today, Dawn enjoys freedom from addiction, and she has been clean and sober for 11 years. As an alumna of Forever Free, she now works as a recovery advocate and is the President of the Forever Free Alumni Association, which includes over 1,500 women who have recovered from the effects of incarceration, molestation and substance abuse addiction. The treatment Dawn received from Forever Free did not cost a whole lot of money, nor should she have had to go to prison to get treatment. She received treatment instead of punishment! Just like me and so many women, with one dose of treatment we are now positive contributors and role models in the community in which we live.

As a final thought, think of the many children who are being affected both directly and indirectly by not having the benefit of a healthy mother, who in many cases her only crime was her inability to endure physical and mental abuse without the aid of some mind altering drugs. As we look at the devastating consequences that affect our entire community, such as the high number of homeless women and children, high rates of reported child abuse and neglect, and the increase in juvenile arrests, it is imperative for the overall health of our communities that we begin to address these very issues because they really affect all of us.

By reading this report, you will have had a chance to not only glimpse inside a women's prison environment and see why it is so desperately in need of a change, but to stare at our community and see what we can do to facilitate healthy beginnings for women returning home who are seeking healthy lifestyles. I urge you to carefully consider the recommendations within this report, and I look forward to working with you as we implement and develop strategies for change.



Dawn Branch

Sincerely,

A handwritten signature in black ink that reads "Kim Carter". The signature is fluid and cursive, with the first name "Kim" being more prominent.

Kim Carter
Founder, Time for Change Foundation

Acknowledgements

This report is based on the premise that a healthy community can only be attained when we address why our sickest residents cannot get adequate healthcare. I, Kim Carter, wish to acknowledge the efforts of numerous people who were instrumental in the implementation of this research project. First and foremost, I would like to thank my co-authors of this report, Lance Miller, MA, and Disep Ojukwu, MPH, of the Research, Analysis, and Vital Statistics Program in San Bernardino County's Department of Public Health.

I would also like to thank the California Endowment for leading the way through investment, capacity building, and technical assistance to encourage and promote minority lead organizations in their quest to address health disparities that have the greatest impact in their communities. Also, I wish to thank San Bernardino County Supervisor Josie Gonzales, Fifth District, for believing in a government that involves the community and supports all the people who live in it.

This endeavor would not have been possible if it had not been for the collaboration and assistance from the San Bernardino County Public Health Department and its staff. Specifically, I would like to extend my thanks to James Felten (former Director of Public Health), Kathie Pelletier, MS-I/O, Program Manager of Research, Analysis, and Vital Statistics, Disep Ojukwu and Lance Miller, Statistical Analysts, and Jennifer Baptiste-Smith, MPH, Maternal Health Program Coordinator. I would also like to extend additional thanks to Andrea Rodriguez, MS, and Kathie Pelletier for their thoughtful reviews of this report.

I would like to extend special thanks to the Loma Linda University School of Public Health and its staff. The health assessment was developed by Shené Bowie, a doctoral student at Loma Linda University. Dr. Onyango Omari was the project evaluator and his expertise was greatly valued. I also appreciate the consultative guidance of Dr. V. Diane Woods, Dr. Patti Herring, and Dr. Susanne Montgomery.

For the assistance I received while administering the surveys, I would like to give special thanks to Cedar House Rehabilitation Center, New House Rehabilitation Center, Gibson House, San Bernardino County Sheriff's Department, Vista Guidance Recovery Center, Time for Change Foundation, A New Way of Life ReEntry Project, all other sober livings and transitional houses, and the California Department of Corrections and Rehabilitation's Parole and Community Services Division (San Bernardino and Fontana Offices). The focus groups really brought the qualitative study to life through their candid commentaries, and I appreciate all who participated. I really commend the following women at California Institution for Women for their leadership and organizational efforts, beginning with Sandra Redmond, Romarilyn Baker, Mary Thompson, and Susan Atkins. This collaborative effort has truly been amazing and I applaud Warden Dawn Davison and her staff for leading the way by implementing innovative, best practices to enhance the quality of life for women on the inside. Lt. Aaron, Public Information Officer - you are a gem and I really appreciate your professionalism and great work ethic. Mr. Caratello, you are an exemplary model of a Pre-Release instructor by your efforts to connect women with real, tangible assistance prior to their release. The women who leave your class appreciate you, the women at Time for Change appreciate you, and I appreciate you. In addition, I would like to thank Marilyn Montenegro, MSW, and Ethel Thomas for their assistance with conducting the focus groups at CIW.

I also extend my thanks to Erica Miller for designing the layout of this report. Also, a special thank you to Pam Grogan for her assistance and support throughout this project. To my friend, Susan Burton - thanks for being an example of "a lit candle loses nothing when it lights another."

This report is dedicated to my daughter Miss'Ola Dennis, who continues to surpass the status quo and is the first generation to a new legacy of freedom and happiness.

To my husband, Mark Carter, thank you for supporting me and being a source of real strength and inspiration.

Executive Summary

Three thousand dollars. This is the monthly cost to imprison one person for a non-violent drug-related offense in the State of California; however, it only costs \$1,800 per month for drug treatment (McVay, Schiraldi, & Ziedenberg, 2004). It is troubling to see that the state of California is paying \$3,000 a month to house an inmate, but upon release will only provide \$200 in “gate money” to cover all of their immediate needs. It is simple to think that these numbers may pertain to just an isolated case; however, the issues involving the criminal justice system are complex and they certainly are not isolated to just one case. In fact, approximately 1,600 inmates are being released from state and federal prisons *every day* in the United States (Travis, Solomon, & Waul, 2001). When doing the math, one can see that the financial burden of incarceration is quite staggering.

Incarceration is not only a financial burden; many times it is not an effective solution. Many female inmates spend months and even years of their lives paying society back for the crimes they committed. After all is said and done, are they truly rehabilitated? At what point does society acknowledge the debt has been paid? What are the services offered to women before and after incarceration? Are these services making a difference? These are difficult questions that have gone unanswered. The Time for Change Foundation has recognized the need to address these difficult questions on behalf of female inmates and those formerly incarcerated in San Bernardino County, California. In doing so, two studies (one qualitative and one quantitative) were conducted to identify the issues that contribute to recidivism.

The qualitative study (Study 1) was conducted at the California Institution for Women (CIW) in Corona, California. Three focus groups were conducted over a span of one month to obtain information about CIW inmates' perceptions of the prison environment, barriers in accessing resources, challenges in securing a release date, resources and/or services needed upon release, and resources needed to prevent recidivism. Eighteen themes emerged from 138 statements collected from focus group members. Of these themes, five major findings were evident. First, statements relating to support services indicated that there was a tremendous need for these women to be given the opportunity to heal and recover from their emotional wounds. Second, there was a need for formal education. Many barriers to education were voiced in the focus groups; bureaucratic loopholes and in-house regulations appeared to be the causes of many grievances. Third, medical and dental healthcare systems were viewed by the inmates as inadequate and costly. Fourth, many inmates viewed the current parole system as unfair, biased, and inconsistent with what is mandated by law. Fifth, inmates expressed some of the barriers they faced in trying to obtain employment after being incarcerated.

The quantitative study (Study 2) consisted of a Time for Change Foundation Health Assessment Survey that was conducted among formerly incarcerated women (which included women who were within weeks of being released and had experienced recidivism) at sixteen sites in San Bernardino County. One hundred fifty-two female adults responded to a survey that was administered using face-to-face interviews. The interviews were conducted from March through April 2005. The results of this study revealed that after being released, over 80% of the respondents said that they did not have a job and 56% said that it had been more than a year since they were last employed full-time. Also, 43% had at most a high school diploma or GED, while 35% had less than a high school education. In addition to employment and formal education, the attainment of adequate housing was an issue among respondents. Three out of four respondents said they had been homeless at some point in their lives and 41% said they were currently homeless.

In addition to being homeless, many respondents indicated they lacked health insurance and access

to health services. More than 60% of the respondents said they did not have current health insurance coverage. Of those who did have health insurance coverage, the majority of the coverage was provided by Medi-Cal or local medically indigent adult (M.I.A.) programs. Nearly 40% of the respondents said they go to the emergency room to get medical care when they are ill, while over 16% reported that they had no place to go for medical care. In addition to medical services, respondents expressed a need for support services pertaining to physical/sexual abuse, illicit drug use, and alcoholism.

Decent and adequate health care is essential for any woman's survival and dignity, a principle affirmed in both the U.S. policy and international human rights law. Currently, there is no mainstream access to quality health, dental or vision care for people with no financial ability to pay. This is particularly devastating when it comes to women who have been incarcerated. By all accounts, many incarcerated women struggle with infectious disease, chronic illness, addiction, and severe mental disorders. Upon release, these women face enormous health disparities due to the lack of quality healthcare within prisons, and the inability to access healthcare services in the community.

This report presents a comprehensive outlook of the problems faced by inmates and the detailed findings of the two studies previously mentioned. As you read through this document, keep in mind that these are real issues experienced by real people in need of real solutions. As taxpayers in this society, these issues impact us all. The criminal justice system should not be seen as miracle cure for societal issues. Many women enter the prison suffering from the effects of homelessness and various types of abuse and the prison was not designed to address those issues. With policy reform and financial resources channeled in the right direction, the system can serve as a rehabilitative stepping stone to improve the lives of individuals, families, and communities.



Problem Statement

In the United States, an estimated 600,000 individuals will be released from state and federal prisons this year. This figure represents approximately 1,600 inmates being released *every day* (U.S. Department of Justice, 2002). Surprisingly, this estimate does not take into account the many thousands that will be released from county jails. In California, over 65% those incarcerated are either African American or Latino (California Department of Corrections, 2004), despite the fact that these two groups comprise only 41% of the general population (US Census Bureau, American Community Survey, 2004).

San Bernardino County is home to the second largest population of people on parole in California and the third largest in the nation. According to the California Department of Corrections and Rehabilitation (2006), San Bernardino County is home to approximately 11,000 parolees as of May 2006.

The issue of prisoner re-entry into society is taking on new importance. Historically, prisoner re-entry programs have not been a priority in major budget decisions. Adequate resources (i.e., programmatic and financial) earmarked for the establishment or improvement of re-entry programs are paramount if such re-entry programs are to be successful in reducing recidivism. This concern is confirmed by the Legal Action Center (2004):

“Rather than helping them successfully transition from prison to community, many current state and federal laws have the opposite effect, interfering with the rights and obligations of full citizenship in nearly every aspect of people’s lives. These laws diminish public safety and undermine our nation’s commitment to justice and fairness, creating roadblocks to basic necessities and working against hundreds of thousands of individuals trying to rebuild their lives, support their families, and become productive members of communities.”

Former female prisoners often encounter numerous obstacles in securing jobs, housing, and the basic necessities when they are released and are likely to be plagued by substance abuse and health problems. Most of the women released will be re-arrested, and many will return to prison to serve time for new crimes or parole violations (Travis, et al., 2001). Interestingly, 9 out of 10 women who are re-arrested are incarcerated for minor parole violations and non-violent crimes (California Department of Corrections, 2004).

According to the *Little Hoover Commission’s Breaking the Barriers for Women on Parole* (2004), two-thirds of the women in prison are convicted of property or drug-related crimes. Incarcerating women who are addicted to drugs not only fails to address the issues that contributed to their involvement in drugs, it often makes matters worse. In most cases, when a woman is imprisoned, her children are displaced. Ten percent of children whose mothers are incarcerated in state prison are in foster homes or agencies, and 79% live with a grandparent or relative.

In order to strengthen the family structure, support services are needed. One of the first things a person must do upon release is find a place to live. Many women leave the prison environment with “gate money” equating to \$200; consequently, the majority of these women return to communities that have high rates of crime, drug use, poverty. For those fortunate enough to have the resources and family support that would enable them to obtain housing, discriminatory barriers exist that prevent them from accessing afford-

able housing. Denying people the opportunity to re-establish themselves in all aspects of life outside of prison has implications for recidivism rates, public safety, and parolee well-being. Clearly, it is Time for Change.

Time for Change Foundation

Time for Change Foundation began providing transitional housing in September 2002 to homeless women leaving prison. The organization was incorporated in October 2003 as a nonprofit organization and expanded its service delivery to also include full re-entry services to women leaving drug programs and battered women shelters. The organization's mission is to provide essential resources to women in need who are ready to change the course of their lives. The Foundation strives to be the model of excellence in the Inland Empire for women desiring to achieve self-sufficiency by eliminating homelessness and recidivism.

Kim Carter is the Founder and Executive Director of Time for Change Foundation. She has a passion for helping women navigate a system of punitive laws and unfair policies. Today, she uses her own experience of incarceration and drug addiction to help transform the lives of other women who are ensnared by the schematics that drive the Prison Industrial Complex. As of August 2006, Mrs. Carter has over 13 years of sobriety and celebrates 12 years of freedom from incarceration. She has worked on several projects and statewide initiatives to create community dialogue with elected officials and community members. These efforts include the All of Us or None Peace & Justice Summit, Three Strikes Advocacy, and voter education/registration of former prisoners. She advocates for women and their issues while empowering and enhancing the lives of others. She has been nicknamed "Harriett Tubman" (after her role model) because she truly believes the only way she can enjoy freedom is knowing that others can achieve freedom as well. She is the only former client of Cedar House Rehabilitation Center to come back and serve on the Board of Directors as the Finance Chair and the Executive Board as the Treasurer. Mrs. Carter was one of 24 women selected from across the State of California to participate in the Women's Policy Institute Fellowship. Through this experience, she learned how to make and change policies, and fight against agendas that adversely impact women and girls. Mrs. Carter has received the following awards:



Kim Carter

- ♦ 2004 NAACP "Community Pioneer Award"
- ♦ 2005 KCET Unsung Hero Award for Social Services
- ♦ 2005 Soroptomist "Women Making a Difference Award"
- ♦ 2005 Commission on the Status of Women "Her Story Award"
- ♦ 2006 League of Women Voters "Citizens Achievement Award"

Report Overview

The report presents data on two separate studies and associated findings. Study 1 examined views of incarcerated women at the California Institute for Women (CIW) through the use of focus groups. Study 2 evaluated outcomes of formerly incarcerated women and women on parole through a community survey conducted in San Bernardino County, California.

Purpose of Report

The overall purpose of this report was three-fold: first, to validate the need for healthcare services for women both in and out of prison; second, to identify the need for wrap-around services for formerly incarcerated women; third, to present the findings of a health assessment survey. This report will serve as a needs assessment that can be used to direct services and resources to the underserved population of formerly incarcerated women. This report exposes the many barriers to achieving optimum health and well-being for women in San Bernardino County by highlighting the complex issues faced by incarcerated women and parolees who are working to successfully reintegrate into society.



STUDY 1: Qualitative Study

Participants

In order to gather qualitative data, three focus groups were conducted at CIW. CIW is located in Corona, California, which is 37 miles east of Los Angeles, and 23 miles southeast of San Bernardino. It accommodates all custody levels and functions as a reception/processing center for incoming female inmates.

The focus groups were voluntary, informal sessions where participants were asked open-ended questions regarding their opinions about the prison environment, barriers in accessing resources, challenges in securing a release date, resources and/or services needed upon release, and resources needed to prevent recidivism. Participants were assured that their responses would remain anonymous and that results of the sessions would be reported in aggregate. This assurance helped to create an environment where the participants felt comfortable in responding honestly and openly to the issues discussed. A trained moderator facilitated the focus group sessions using a scripted list of questions. In addition, the moderator used follow-up questions to obtain more in-depth responses from the participants. Trained evaluators recorded the participants' responses, and because no tape recorders were allowed into the facility, note taking was done by hand.

Group A consisted of 17 incarcerated women who had current sentences of 18 or more years, herein referred to as "lifers". This group met on July 20, 2005 for approximately two hours. Group B consisted of 17 incarcerated women who had current sentences of 3-10 years, herein referred to as "long-termers". This group met on August 4, 2005 for one and a half hours. Group C consisted of 27 incarcerated women who had current sentences of 0-2 years, herein referred to as "short-termers". This group met on August 18, 2005 for two hours. In addition, to be included in the short-termer group, the women had to have experienced recidivism. None of the focus group members had current sentences of 11-17 years.

Analysis

Prior to coding, key themes were identified and defined for the purpose of coding. The coding scheme consisted of quantifying key themes mentioned in each focus group. Three trained evaluators independently coded comments from each focus group. The units of analyses were both phrase and sentence level. Upon completion of coding, descriptive statistics were produced for each focus group.



Themes

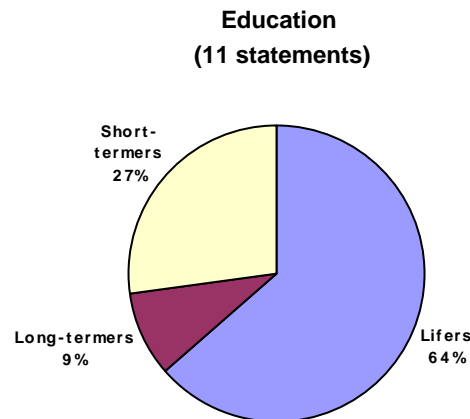
Eighteen themes emerged from the 138 statements collected from focus group members. A real world perspective is provided by showing a selection of the actual statements made by the inmates during the focus groups. In addition, pie charts are provided where the pie represents 100% of all statements relating to each theme, and individual sections of the pie represent the percentage of responses relating to the theme by focus group sentence term (e.g., short-termers, lifer, etc.). The themes will be discussed in the following order:

- ♦ Education
- ♦ Eligibility
- ♦ Employment
- ♦ Discrimination
- ♦ Living Environment
- ♦ Finances
- ♦ Dental Health
- ♦ General Health
- ♦ Medical Health
- ♦ Mental Health
- ♦ Vision Care
- ♦ Housing
- ♦ Child Protective Services (CPS) / Foster Care System
- ♦ Parole
- ♦ Prison Environment
- ♦ Red Tape
- ♦ Support Services
- ♦ Self-Hindering Behavior

Education

"I looked for a job for 6 months and didn't get one, so I went back to my old lifestyle. I've tried to take the GED 3 times but I wasn't prepared for it..."

-Lifer



Women who participated in the focus groups at CIW expressed a need for more educational programs to prepare for a life outside of the walls of prison or to simply better themselves while serving life sentences; however, references to education varied widely across focus groups. Lifers accounted for 64% of all of the education-related statements, while short-termers accounted for 27%. Interestingly, long-termers made only 9% of all education-related statements.

Additional education statements included:

"State residency prevents me from qualifying for free college classes, even though I was incarcerated in California for 25 years because I was not a resident of California for one year & a day. Five additional women inmates were also denied to free education."

-Lifer

"I need education..."

-Short-termer

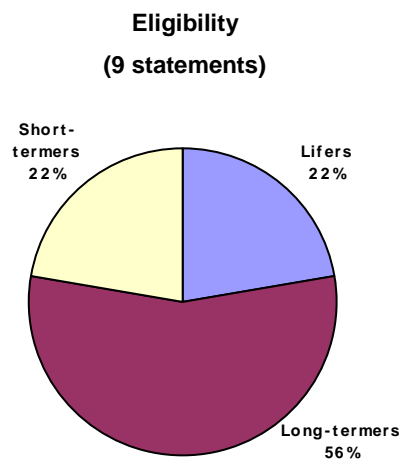
"They 'medicate' instead of 'educate'."

-Short-termer

Eligibility

"I need a drug program. I need sentence alternatives. The judge couldn't put me in a drug program, even though he wanted to, because this is my second strike."

-Short-termer



Some inmates indicated they were not eligible for support service such as drug rehabilitation and job training due to loopholes in program eligibility requirements. More than half of the statements dealing with eligibility were voiced by long-termers (56%). Short-termers and lifers made up the remaining 44%. Many long-termers expressed frustration with the eligibility requirements and stated that although their sentencing judge wanted them placed into a particular program, CIW would not allow the inmates to participate in the program because of internal constraints.

Additional eligibility statements included:

"I'm not eligible for [substance abuse programs] because I've been here less than 60 days. I need resources when I get out. This is my first time in prison."

-Long-termer

"There's a ratio being set for each institution of 7 lifers per 23 non-lifers allowed to enroll (30 total) in the class."

-Lifer

"Not everyone [has] access to [substance abuse services coordinated agency] funding."

-Long-termer

Employment

"My problem with employment is that I want a career-based, good job. But employers don't want ex-inmates."

-Short-termers



Inmates in the short and long-term focus groups accounted for 90% of the total references to employment barriers. Overall, inmates were concerned about how their physical appearance (e.g., tattoos) would affect their chances of being hired, the low rate of pay for ex-offenders, and job application biases (i.e., the felony conviction check box on job applications). The low number of references to employment made by lifers (10%) suggests that even those who have hopes of a possible parole date are thinking they will not be able to secure a job outside the prison walls.

Additional employment statements included:

"Sometimes employers see tattoos and deny us jobs. Where are scar/tattoo removal places for us to go?"

-Long-termers

"...Minimum wage isn't enough. I had to sell drugs to provide for rent, food, etc. I lived beyond my means. I had good jobs, like a supervisor, but when it was time to be promoted they did a background check, they didn't give me the promotion, even though I have the experience..."

-Short-termers

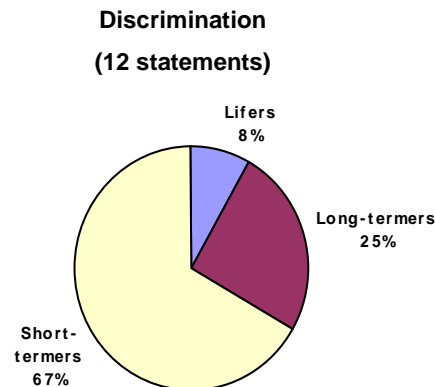
"We have gaps in our employment history. Employers shut their door because we're ex-offenders so we end up back to our old lifestyle. If we put "will explain at interview" employers don't hire or even interview us."

-Short-termers

Discrimination

"My kids have never been in the system. My in-laws take care of my kids. But because I'm in prison, they shipped my daughter to Omaha, Nebraska and labeled me as a bad parent because I was in prison..."

-Short-termer



The primary form of discrimination that was perceived by the focus group members was related to employment. Almost all focus group inmates perceived some form of incarceration-related discrimination; however, the majority of the statements were made by short-termers (67%). Lifers made the fewest references to discrimination (8%). This difference may be due to the fact that short-termers are more likely to have greater experienced the denial and rejection by potential employers. Overall, the participants stated that discrimination was experienced in many different forms, but primarily stemmed from being labeled as a convict or felon.

Additional discrimination statements included:

"...My partner tells the police that I'm a parolee and that I've been violent ever since I was released. My partner has never been in prison before and so the police don't look at him the way they look at me..."

-Short-termer

"When one ex-offender gets hired and messes up, employers don't want to hire any more."

- Short-termer

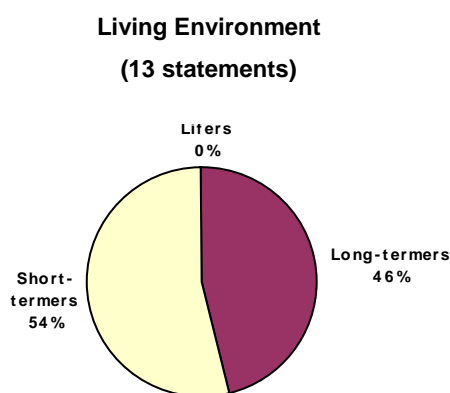
"When we are labeled a criminal/felon, it's difficult to get jobs and employers automatically shove our applications aside."

- Long-termer

Living Environment

"I need to be [away] from my boyfriend. I'm 29 years old and I have 2 strikes already. If I go back to my boyfriend, I will get my 3rd strike and be in prison for the rest of my life...I need a safe place when I'm released so that I'm not around my boyfriend. I need transportation and a safe place to go."

-Long-termer



Many women explained that their living environment contributed to their incarceration. Most women expressed that if they were released to the environment they lived in prior to being incarcerated, they would likely end up returning to prison. All of the references to living environment were stated by short-termers (54%) and long-termers (46%). Lifers did not mention living environment outside of prison.

Additional living environment statements included:

"I need to be around positive people and in a positive environment."

-Short-termer

"I need safe housing and safe environment, a job, and transportation. My bad relationship has been my problem. This is my second time in prison, but now I've left my boyfriend."

- Long-termer

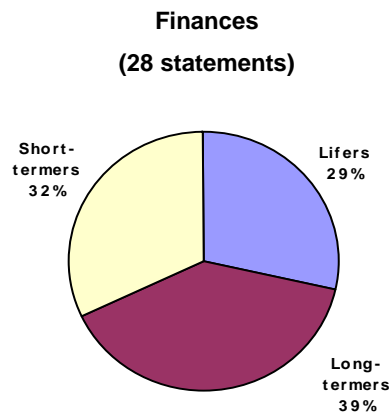
"Where I live is a bad influence. I need to change my surroundings. I need to leave my husband. This is my first time in prison."

-Long-termer

Finances

"We have to weigh whether we can afford medical/dental services."

-Lifer



Many of the participants indicated that the income they earn in prison is not adequate for obtaining the resources and services necessary for maintaining a healthy lifestyle. Further, inmates indicated that the cost for healthcare in prison (i.e., high co-pay amounts) was comparable to what people pay outside of prison. The statements dealing with finances were evenly distributed across focus groups.

Additional finance statements included:

"Why is there a \$5 co-pay for inmates to see the doctor? When we make medical requests, we only get one issue per visit. We get charged \$5 for a sling, ace bandage, etc. If we don't have the money it's charged to our account and they put a hold on our account. We have a debt for 30 days. If you're Indigent and you have a charge on your account that hasn't been paid for over 30 days, it's supposed to be erased, but that's not happening."

-Long-termer

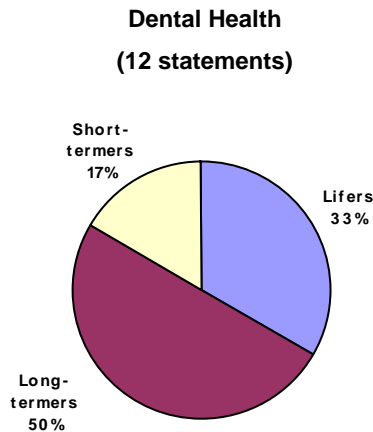
"I was told that I need \$180 to get my dental work done, but I don't have the money."

-Long-termer

Dental Health

"My teeth don't get pulled. I've been here 18 years and I have 6 teeth on the bottom that need to be pulled. They don't crown either."

-Lifer



Dental care at CIW consists of extracting teeth and providing dentures. Long-termers had the most to say about the problems with dental care (60%). The focus group inmates stated that many times they do not have enough money to receive the recommended dental work. Some inmates explained that they have been waiting for months, and sometimes years, for dental work to be completed.

Additional dental health statements included:

"We don't have quality dental services because no insurance."

-Lifer

"I had an experience with dental services where I received an injection and had a headache for 3 days. I didn't complain because of fear."

-Lifer

"We don't get fillings here at CIW."

-Long-termer

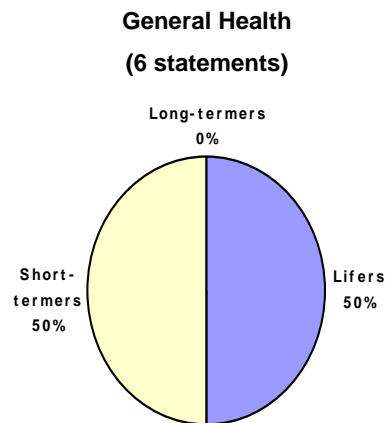
"I need \$320 for all my teeth plates and I need money on the books for that."

-Long-termer

General Health

"The system doesn't know you from a can of paint. They just continue to keep you on prescription meds and sometimes not even the correct medications."

-Short-termers



The predominant sentiment voiced by participants included beliefs that the health care professionals at the prison were unsympathetic to their health concerns. All references to health, in general, were made by short-termers (50%) and lifers (50%).

Additional general health statements included:

"[It costs] \$5 for each appointment, including follow-ups. So, many of us don't take care of our health."

-Lifer

"There is lack of healthy, nutritious food to maintain healthy minds and bodies. There's too much junk food."

-Lifer

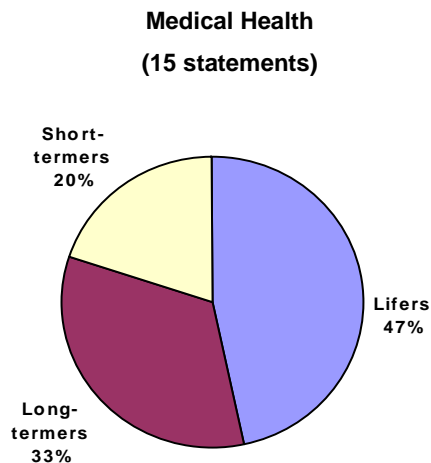
"A lot of doctors are from foreign countries and I can't understand what they are saying. When I want them to repeat something, they get upset. So I end up leaving without understanding what the health professional said my health problem is. Health professionals need to be more patient..."

-Short-termers

Medical Health

"There's no follow-up after surgery. They get us back to yard work even with stitches."

-Lifer



Inmates voiced concerns about the medical care they received while in prison. These concerns included the length of time it took to get an appointment, the lack of follow-up care after having surgery, and the inaccessibility of medical supplies. Lifers accounted for almost half of all statements related to medical health (47%); short and long-termers accounted for the remaining 53% of all statements regarding medical health.

Additional medical health statements included:

"When we are disabled or injured, we have to pay for the wheelchairs, crutches, canes, ace bandages, and other medical supplies that we use. We don't keep the equipment and the money is held as a deposit. Until we pay for the equipment, we don't have enough money to eat, bathe, etc."

-Lifer

"I've been here since May 2004 and I haven't had a pap smear."

-Long-termer

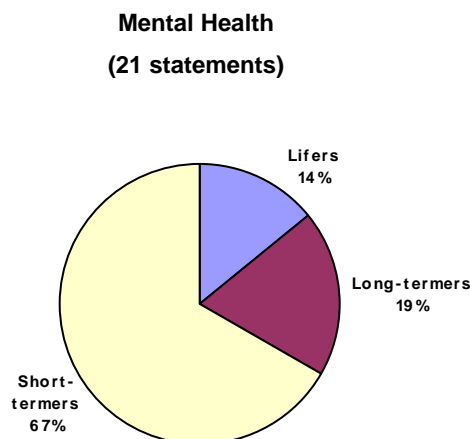
"They charge us \$5 for topical antibiotic creams for cuts. This institution is plagued with staph infections and inmates don't have ways [of taking] precautions."

-Lifer at CIW

Mental Health

"I need a program and support. I've been in and out of prison. I've been dealing with drugs and self-esteem issues all my life. I don't feel like I fit in with "normal" people."

-Short-termer



Inmates indicated the need for access to quality mental health care. Short-termers voiced the majority of the statements pertaining to mental health services (67%). Long-termers and lifers accounted for the remaining 33%.

Additional mental health statements included:

"I'm ashamed that I have been molested."

-Short-termer

"I'm ashamed that people will stigmatize me and label me if they see me going to get help. I'm in denial."

- Short-termer

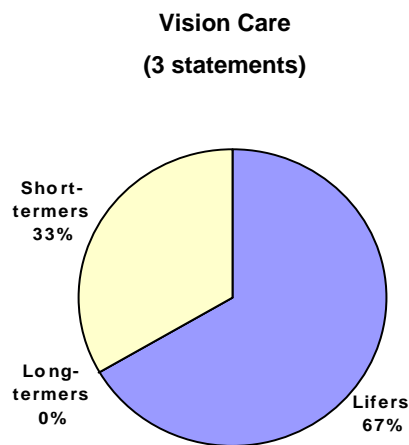
"They need better psychologists here who can correctly diagnose mental illnesses, like bipolar, etc. You need to be clean from street drugs at least 2 years before you can properly diagnose and give treatment. You also need to allow 2-3 months for the meds to be in your system and work before you can really tell if there is a mental illness. When we get out, we end up self-medicating to feel good. So even though the system puts us in a box, we put ourselves in a box because we don't want to feel the bad feelings."

- Short-termer

Vision Care

"I wear contact lenses and I can't wear the same contacts for the next 6 years. The eye doctor only comes every 6 months. What's up with that? Unless you have connections on the outside to get your eye care, what are you supposed to do? Wearing the same contacts for 6 years is unhealthy. To get help, you have to pay and see a doctor."

-Short-termers



Several inmates expressed they do not have access to preventive vision care. Lifers (67%) and short-termers (33%) comprised all of the statements regarding vision care. Interestingly, long-termers did not make statements about vision care.

Additional vision care statements included:

"Red tape to get prescription glasses. The process takes so long that the prescription ends up expiring."

-Lifer

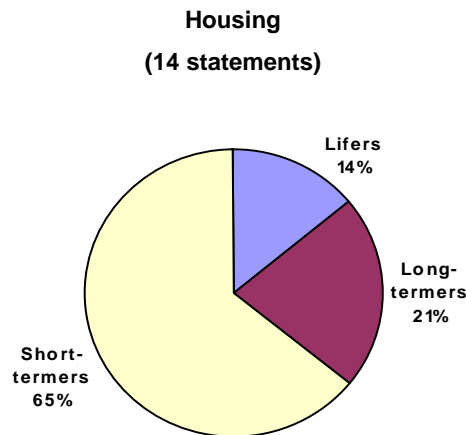
"We are charged for eyeglasses and dentures even though we make only 28-30 cents per hour."

-Lifer

Housing

"I need proper housing, not a hotel or a crack house because some hotels are places where you can get drugs. I need housing for myself and my kids..."

-Lifer



Securing adequate housing after being released from prison was a concern for many inmates. Short-termers accounted for 65% of all housing statements. Long-termers (21%) and lifers (14%) comprised the remainder of all housing-related statements.

Additional housing statements included:

"I'm fine with the homeless shelters because at least I don't have to bathe in sewer water or eat from trash cans or live in cardboard boxes on the streets or waking up with someone feeling on me and sleeping with me on the ground any which way."

-Short-termer

"I needed to survive. I was homeless so I stole to survive."

-Long-termer

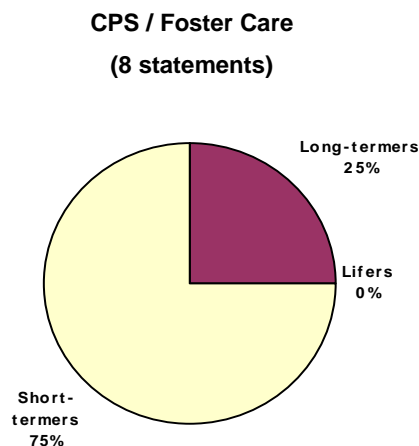
"My problem is housing. I go from place to place because my husband has my kids and I have no family in the area. \$200 is not enough gate money for housing. Parole officers tell me there's no funding for housing, clothing, or job skill training."

-Long-termer

Child Protective Services (CPS)/Foster Care System

"My husband molested my kids, but because I was in prison, they took away my parental rights. The court automatically gives custody to the man, so my husband has custody, but he doesn't obey the court orders."

-Short-termer



Many of the inmates indicated they believed CPS was not looking out for their best interests. Short-termers made the most references to CPS and the foster care system (75%). The remaining 25% of statements were made by long-termers. No one in the lifer focus group expressed concerns with CPS or foster care.

Additional CPS/foster care statements included:

"The foster care system took my kids from my husband because of domestic violence. When I went to Las Vegas, the adoption was finalized. I'm not able to talk to my sons, only my daughter... I actually got back custody of my daughter, but the system took her back again 1 ½ months later. I started doing dope again because of these child custody issues, that's why I'm back in prison. The system gets paid for adopting the kids."

-Short-termer

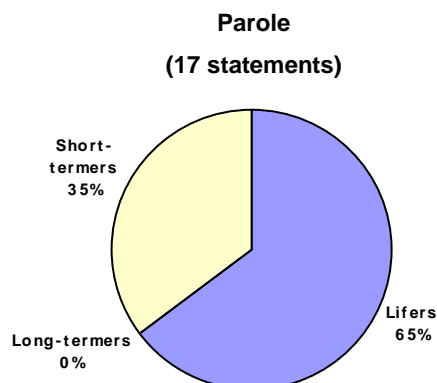
"I need more communication with CPS. They need to increase ways for inmates to communicate with our kids. All the letters, etc. have to go through CPS. CPS needs to be a bridge, not a block."

-Short-termer

Parole

"...When I was released, I was given gate money. My parole officer told me, 'I don't care if you have to sleep under a God damn bridge; you better call me every night'."

-Short-termer



Lifers made the most references to the parole system (65%). The frustrations ranged from current parole procedures not being followed to loopholes in the parole system. Lifers stated many reasons they are not being given a fair chance to present their cases to the parole board. Short-termers comprised 35% of all statements regarding parole. Interestingly, long-termers did not reference parole at all.

Additional parole statements included:

"I see the counselor and in one hour they make a full assessment of my whole life without really asking relevant questions. Some of the questions I've been asked are 'If your parole officer asked you to have sex with him, would you?', 'What is 100 minus 7 ... minus 7 ... minus 7 ... minus 7 ...?', 'If you were in the woods and lost, what would you do?' They never ask about specifics of my crime, and then they turn around and say in their report that I am not remorseful of my crime. When they know that we're going to [the parole] board, the psychiatrist should be required to get to know us for one day a week for 6 months before writing the report and representing us at Board."

-Lifer

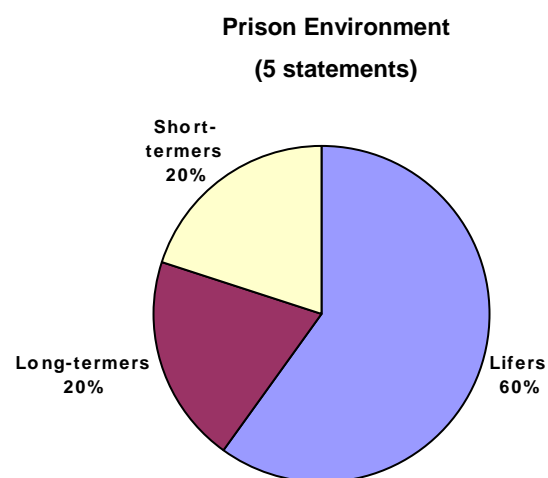
"We sometimes lose hope after being incarcerated for so long, so we don't care to go to Board because we're going to be denied."

-Lifer

Prison Environment

"There's lack of support from CIW for family visits for lifers, although they say they support family reunification. There's too much noise. Staff flicks lights and threaten us with rules and 'termination'. This creates terror in children, elderly, and those with oxygen masks and creates a hostile environment for visitors."

-Lifer



The prison environment at CIW was viewed as hostile by many of the inmates. Inmates stated some staff members use fear and intimidation to control the inmates during visiting times. While all three groups indicated some dissatisfaction with the prison environment, lifers expressed the majority of the statements (60%). Long and short-termers comprised the remaining 40% of prison environment statements.

Additional prison environment statements included:

"Intercom/microphone is used by authority to threaten inmates. One day they yelled and screamed 180 times. Mics are right at our windows and it's loud."

-Lifer

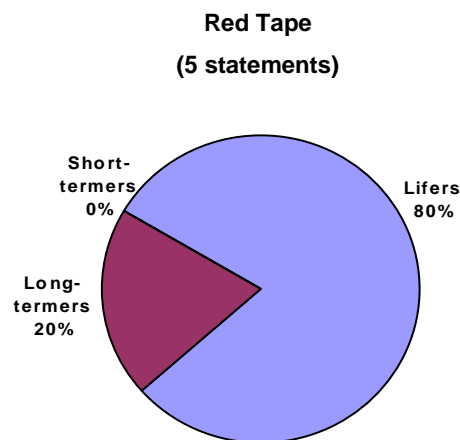
"We have to buy monthly supplies [tampons] because all units don't have them in the canteen. Have to buy house girls to get products. [There are] not enough disinfectants and when we call the warehouse, they say they are on the way. This has been happening for the past 6 months."

-Lifer

Red Tape

"If you're sick and you call for a consult, a lot of times the wait is so long but you still have to pay a \$5 co-pay. A lot of times your illness gets so bad that you have to call emergency medical and they make you pay another \$5 co-pay. Then by the time the consult finally calls you, you've already been to emergency medical, but the consult doesn't pay you back your first \$5 co-pay."

-Long-termers



The delays associated with bureaucratic processes affected many inmates' ability to access resources in a timely manner. Lifers voiced the majority of the statements pertaining to prison red tape (80%). Long-termers comprised the remaining 20% of red tape statements. Short-termers made no references to barriers associated with red tape.

Additional red tape statements included:

"Refills of medications is challenging because of timeframe. Prescriptions expire."

-Lifer

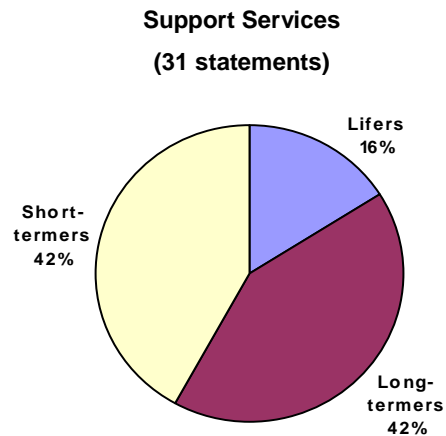
"The time frame for red tape is ridiculous."

-Lifer

Support Services

"I need to go to a program to get a solid foundation and keep me out of the hood. The hood is my trigger. I can make it for 6 months, but that's it."

-Short-termers



Many inmates expressed concern regarding the lack of support services. Participants in all focus groups provided more statements regarding support services than any other theme. Lifers made the least references to support services (16%), while short and long-termers accounted for the remaining statements (84%).

Additional support services statements included:

"SRO Marshall House in Los Angeles had 6-month waiting list, so my friend was on the streets after being paroled 3 weeks ago. My friend was imprisoned for 10 ½ years. Mental Health told her it's the perfect place to go even though there's drug/alcohol exposure and not a good environment."

-Lifer

"We need more social workers. I have an addiction problem and lost my kids and I suffer from my guilt of losing my kids..."

-Long-termer

"I sabotage myself with my guilt. I want to know what resources can help me deal with my guilt."

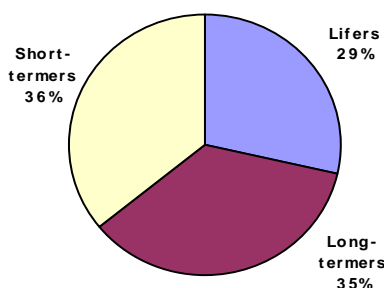
- Long-termer

Self-Hindering Behavior

"I got caught in drugs. I've been in prison more than 20 times. I haven't been to any drug treatment programs and all my arrests were drug-related. I don't think a drug program would help me stop using drugs. I think I can help myself stop using drugs. I can't think of any drug programs that would help me."

-Long-termers

Self-Hindering Behavior
(14 statements)



Inmates made numerous references to self-hindering behaviors based on factors such as lack of self-worth and feelings of hopelessness. References to self-hindering behavior were evenly distributed across all focus groups – short-termers (36%), long-termers (35%), and lifers (29%).

Additional self-hindering behavior statements included:

"I'm in here because of greed and family expectations. I did what I had to do to keep up with my family's expectations. When I started to sell drugs, I began to like it and ended up making bad choices."

-Short-termers

"My belief systems tells me that I can manage my own life without outside help, but I end up making mistakes and back in prison."

-Long-termers

"I've been in prison twice and I've been using drugs [crack]. I've been to 3 drug programs. I was clean for 12 years and had a good job and even had a sponsor. But I quit going to the program."

-Long-termers

Qualitative Discussion — Study 1

Many issues surfaced as a result of conducting the focus groups at CIW. The problems that exist inside and outside the walls of CIW were not created overnight, nor will the solutions to these problems be found overnight. The issues revealed in this report are deep-rooted and complex. The focus group members' statements serve as a compass to guide resource allocation for removing barriers and improving the well-being of incarcerated women. The main issues that emerged during the focus groups are summarized into the five main points discussed below.

Support Services are Lacking

The statements relating to support services indicate that there is a tremendous need for these women to be given the opportunity to heal and recover from their emotional wounds. Providing such services will save taxpayers and the State of California a tremendous amount of money each year because the number of repeat offenders will decrease as the opportunity for healing increases.

If the programs currently in use are not successful in resolving the issues that attributed to these women ending up in prison, then the prison system is doing nothing more than holding a place for these women as they return to serve new sentences. The prison gates take on the form of a revolving door, with a fresh new face replacing a tired and worn woman who is no better off emotionally or socially than she was when she entered the prison.

Whether the solution is to have properly trained counselors to help these women through their problems, or more support programs that will acclimate these women back into society, support programs need to be accessible to the maximum number of inmates possible. However, reaching the inmates is not enough. The program must be also be backed by solid outcomes-based research and a steady funding stream.

Inmates are Hungry for Education

Many barriers to education were voiced in the focus groups; bureaucratic loopholes and in-house regulations appeared to be causes of many grievances. Women who have a desire to go to school, but cannot because of red tape and eligibility constraints, will find other things to do with their free time; things that are sometimes against the law. If inmates have free access to education, their time spent in prison can be used to prepare and better themselves for a life outside the gates.

A striking example of a broken education system was illustrated by an inmate who explained she had been imprisoned at CIW for 25 years and was still restricted from taking college classes because she lacked official California state residency. These regulations, and other policies, need to be addressed because the quest for knowledge needs to be satisfied while the desire is still alive.

Health Care System Needs Overhaul

The focus groups revealed serious deficiencies in the prison health care system. Women voiced opinions that their medical health was not taken seriously. Some women did not receive a Pap smear until several years after entering the prison system; others reported that they had never had a Pap smear test. These stories illustrate a system that is insensitive to women's health needs.

Inadequate medical care affects not only the health of the inmate for the rest of her life, but possibly all those with whom she comes in contact after she is released. Most women described a sense of helplessness with the prison healthcare system because the healthcare workers are not treating the person, but rather the symptoms and do not consider the inmate's health history.

In addition, the cost of dental care (e.g., basic cleaning and cavities), becomes a barrier to most inmates. The high co-pay is viewed by many inmates as a tool to control prison healthcare costs at the expense of the inmates' medical health. Some women must decide whether they want to go without basic sanitary supplies for the month or have a tooth worked on. Interestingly, while most women make less than 30 cents an hour, their required co-pay to see a doctor is still \$5.00. These payments are equivalent to co-pays of people outside the prison walls.

Parole Procedures

For many women, the possibility of a parole date is all they have to look forward while serving time in prison. Many inmates at CIW could recite the number of days they had left until they would be eligible for parole, even if that day was years away. Some inmates believed the parole procedures were not being followed at CIW. For example, when the required paperwork is not given to the inmate before the parole date as per parole procedures, it lessens the chances that the inmate will be fully prepared for the parole hearing. Lifers begin to lose hope in being paroled because they feel their parole hearings are nothing more than a required formality.

Employment Barriers

Once the women are paroled, the battle to resocialize and reintegrate into a free society has just begun. For most, having to disclose on a job application that they have been convicted of a felony is a huge barrier to obtaining employment. During each focus group, women would share through their many experiences that most employers are not willing to give them a chance after learning they had a past criminal record. The women who have worked to become responsible adults inside the walls of CIW are told their skills and responsibilities are not needed on the outside because of the powerful label of "ex-felon" that is attached to them for life. Furthermore, the fortunate women who do find jobs are sometimes fired or denied promotion because their status as a ex-felon surfaces informally through social conversations at their place of employment.

STUDY 2: Quantitative Study

Purpose

The purpose of Study 2 was to identify the services that were currently being offered to women who had been formerly incarcerated. In addition, the study identified the services that were needed for this population. In order to obtain this information, the Time for Change Foundation Health Assessment Survey was used.

About the Survey Sites

A health assessment survey was conducted among formerly incarcerated women (which included women who were within weeks of being released and had experienced recidivism). Seventeen sites in San Bernardino County were used to gather data: California Institution for Women (CIW), New House, Cedar House, Gibson House, Vista Recovery Center, California Rehabilitation Center (CRC), State of California Parole Department, and ten 12-step Anonymous Meetings in San Bernardino County. These sites included prisons where pre-release classes were conducted, local drug and alcohol rehabilitation programs, and communities where women with felony backgrounds lived..

Analysis

The responses to the survey were entered into an SPSS database, which contained 95 variables and 152 respondents. After the data were screened, frequency tables were generated. Charts and tables were created for each survey item response, for the purpose of displaying respondent demographics and percentage of individuals responding to each item.



Participants

One hundred fifty-two female adults responded to a survey that was administered using face-to-face interviews. The interviews were conducted from March through April 2005. The survey instrument was a six-page document containing 43 questions with some of the questions having sub-questions. The questions were primarily dichotomous (i.e., yes/no) and multiple-choice. The survey instrument was pilot-tested with key informants to determine if the questions and terminology were consistent with the vocabulary of the intended population.

As seen in Table 1, 55.3% of the respondents resided in ZIP codes 92404, 92410, and 92405 (within the City of San Bernardino), while 0.7% resided in ZIP code 92394 (within the City of Victorville). Respondents resided in the three major regions of the county: 96.7% resided in the Valley region, 1.3% resided in the Mountain region, and approximately 2% resided in the High Desert region. Although the respondents resided in these areas of the county, please note that the only geographic data collected in the survey was the respondent's ZIP code. Therefore, conclusions cannot be summarized to reflect the entire geographic region in which the respondent's ZIP code is located.

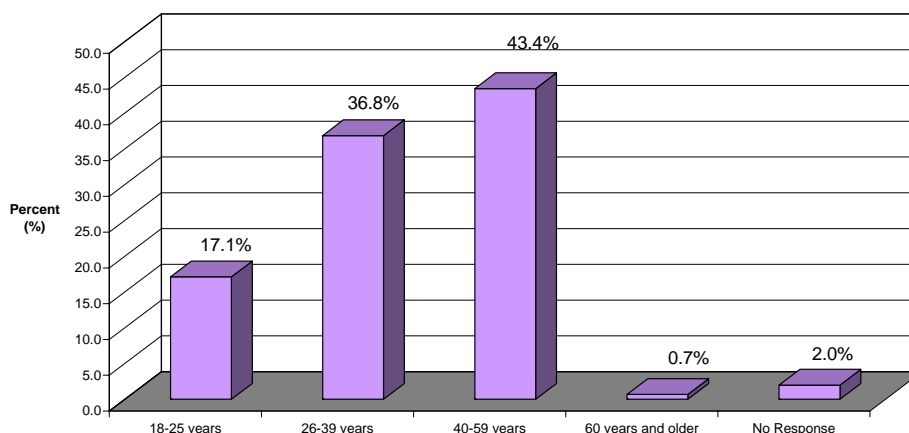
Table 1. *ZIP Code Distribution of Respondents*

ZIP Code	City Name	Number of Respondents	Percent of Respondents (%)
92404	San Bernardino	32	21.1
92410	San Bernardino	31	20.4
92405	San Bernardino	21	13.8
92316	Bloomington	15	9.9
92336	Fontana	8	5.3
92408	San Bernardino	7	4.6
92411	San Bernardino	7	4.6
92407	San Bernardino	6	3.9
92401	San Bernardino	5	3.3
92324	Colton	4	2.6
92399	Yucaipa	4	2.6
92335	Fontana	2	1.3
92346	Highland	2	1.3
92285	Twenty-nine Palms	1	0.7
92325	Crestline	1	0.7
92337	Fontana	1	0.7
92345	Hesperia	1	0.7
92373	Redlands	1	0.7
92374	Redlands	1	0.7
92382	Big Bear City	1	0.7
92394	Victorville	1	0.7
Total		152	100.0

Age of Participants

Of the 152 female respondents, 43.4% were between the ages of 40-59 years and 36.8% were between the ages of 26-39 years. More than one in six respondents were between the ages of 18-25 years (Figure 1).

Figure 1. *How old are you?*

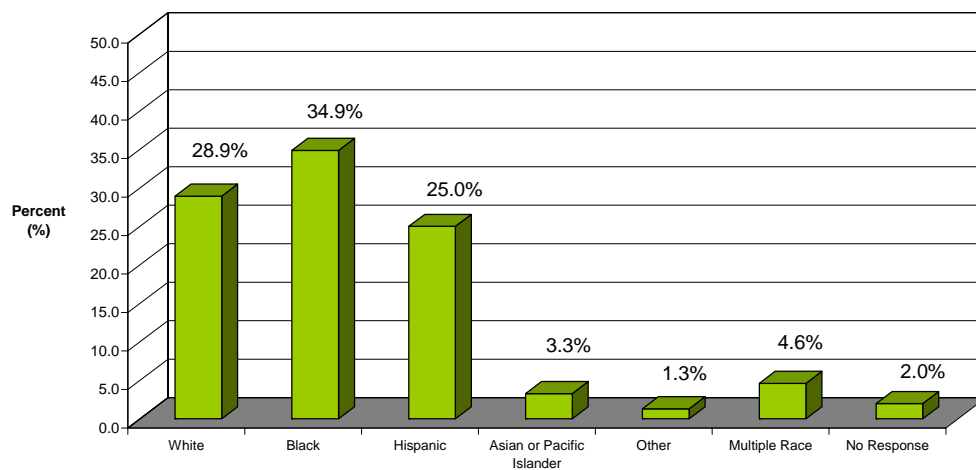


Response Category	Number of Respondents	Percent of Respondents (%)
18-25 years	26	17.1
26-39 years	56	36.8
40-59 years	66	43.4
60 years and older	1	0.7
No Response	3	2.0
Total	152	100.0

Race/Ethnicity of Participants

Although respondents were asked to identify their race/ethnicity, three respondents did not answer the question. Nearly 40% of the respondents reported their race/ethnicity as Black, 28.9% as White, and 25.0% as Hispanic. Approximately 9% were self-identified as either Asian/Pacific Islander, Other, or Multiple Race (Figure 2).

Figure 2. *What is your race/ethnicity?*

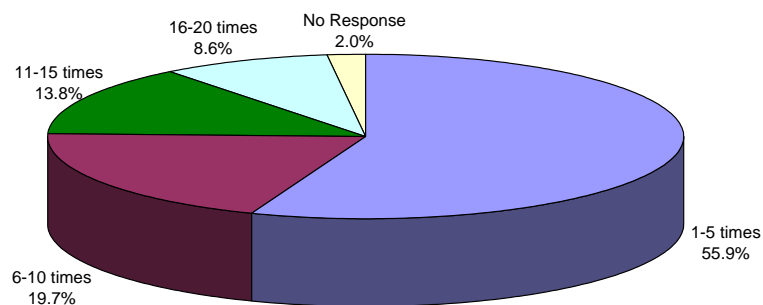


Response Category	Number of Respondents	Percent of Respondents (%)
White	44	28.9
Black	53	34.9
Hispanic	38	25.0
Asian or Pacific Islander	5	3.3
Other	2	1.3
Multiple Race	7	4.6
No Response	3	2.0
Total	152	100.0

Incarceration History

When asked about their incarceration history, 55.9% of the females had been incarcerated 1-5 times, while 19.7% had been incarcerated 6-10 times. Interestingly, 8.6% of the respondents reported being incarcerated 16-20 times (Figure 3).

Figure 3. *How many times have you ever been incarcerated?*



Response Category	Number of Respondents	Percent of Respondents (%)
1-5 times	85	55.9
6-10 times	30	19.7
11-15 times	21	13.8
16-20 times	13	8.6
No Response	3	2.0
Total	152	100.0

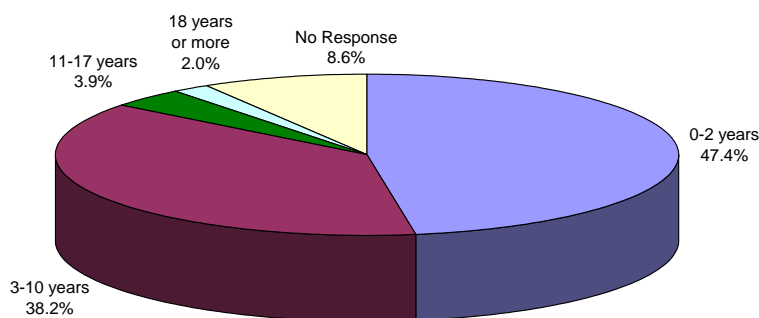
Respondents were also asked to list specific facilities in which they had been imprisoned. Over 13% listed the California Institution for Women (CIW) and 7.2% listed Chowchilla. However, 50.0% of the respondents listed multiple facilities in San Bernardino County and 12.5% listed multiple facilities outside San Bernardino County (Table 2).

Table 2. *In which facilities were you imprisoned?*

Response Category	Number of Respondents	Percent of Respondents (%)
Multiple places in San Bernardino County	76	50.0
California Institution for Women (CIW)	20	13.2
Multiple places outside San Bernardino County	19	12.5
Chowchilla	11	7.2
California Rehabilitation Center (CRC)	8	5.3
County Jail	7	4.6
West Valley	6	3.9
Out of California	2	1.3
Banning	1	0.7
Robert Presley Detention Center (RPDC)	1	0.7
No Response	1	0.7
Total	152	100.0

On average, the respondents were incarcerated for 3.6 years. The minimum sentence was less than one year and the maximum sentence was over 24 years. Approximately 47% reported that they were incarcerated for less than three years, while 2.0% reported being incarcerated for 18 years or more (Figure 4).

Figure 4. *How much time did you serve?*

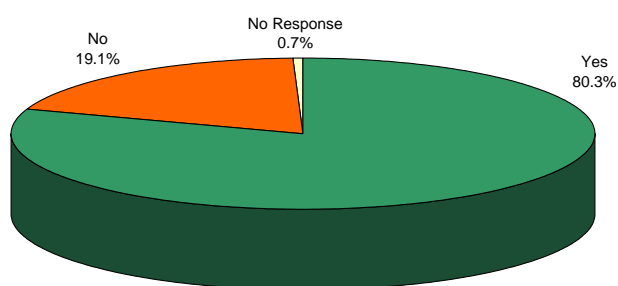


Response Category	Number of Respondents	Percent of Respondents (%)
0-2 years	72	47.4
3-10 years	58	38.2
11-17 years	6	3.9
18 years or more	3	2.0
No Response	13	8.6
Total	152	100.0

Children

Of the 152 respondents, 80.3% reported having children (Figure 5). Among those who had children, over 30% reported that their family members had custody of their children. Also, 16.4% reported that their children were with foster parents (Table 3).

Figure 5. *Do you have any children?*



Response Category	Number of Respondents	Percent of Respondents (%)
Yes	122	80.3
No	29	19.1
No Response	1	0.7
Total	152	100.0

Table 3. *If you have any children, who has custody of your children?*

Response Category	Number of Respondents	Percent of Respondents (%)
My family members I have custody	37	30.3
They are with foster parents	22	18.0
Other	20	16.4
They have been adopted	20	16.4
Father	7	5.7
Multiples places	7	5.7
I don't know	3	2.5
Joint	2	1.6
Father's family	1	0.8
No Response	1	0.8
	2	1.6
Total	122	100.0

Education

Survey respondents were asked about their level of education. As seen in Table 4, almost 43% of the respondents had achieved at most a high school diploma/GED. However, 34.9% had not completed high school and 11.2% had completed some form of trade school. The remaining 10.0% of the respondents had completed either some college (0.7%), an Associate's Degree (6.6%), a Bachelor's Degree (2.0%), or a Doctoral Degree (0.7%).

Table 4. *What is your highest level of education?*

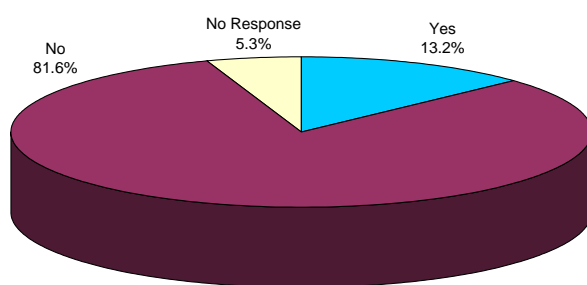
Response Category	Number of Respondents	Percent of Respondents (%)
High school diploma/GED	65	42.8
Less than high school	53	34.9
Trade school	17	11.2
Associate's Degree	10	6.6
Bachelor's Degree	3	2.0
Some college	1	0.7
Doctoral Degree	1	0.7
No Response	2	1.3
Total	152	100.0



Employment

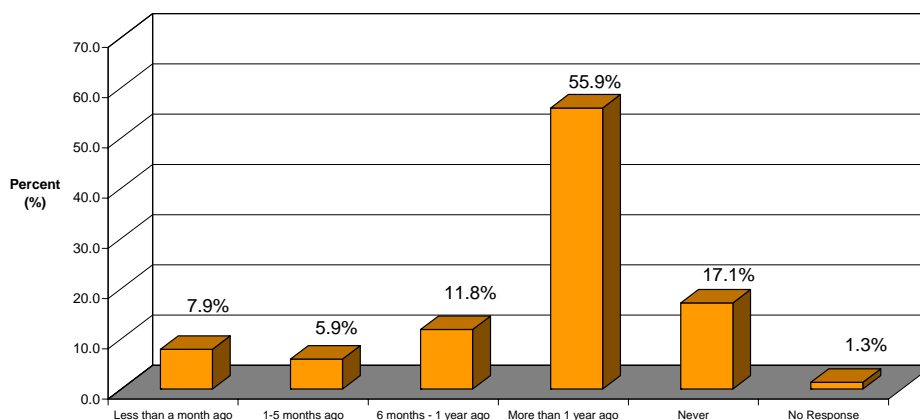
Of the 152 respondents, 81.6% did not have a job (Figure 6). Nearly 56% reported that the last time they worked a full-time job was more than one year ago (Figure 7). More than one in six respondents reported that they had never worked a full-time job.

Figure 6. *Do you have a job?*



Response Category	Number of Respondents	Percent of Respondents (%)
Yes	20	13.2
No	124	81.6
No Response	8	5.3
Total	152	100.0

Figure 7. *When was the last time you worked a full-time job?*

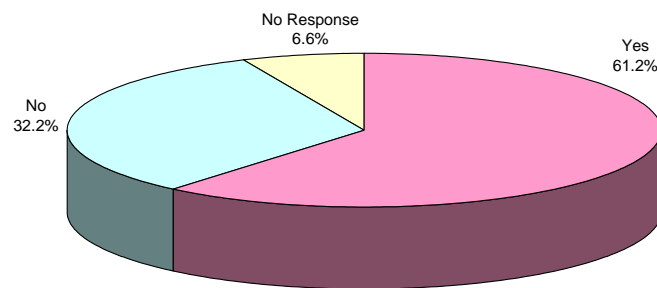


Response Category	Number of Respondents	Percent of Respondents (%)
Less than a month ago	12	7.9
1-5 months ago	9	5.9
6 months - 1 year ago	18	11.8
More than 1 year ago	85	55.9
Never	26	17.1
No Response	2	1.3
Total	152	100.0

Living Environment

Respondents were asked about their post-incarceration living environment. Of the 152 respondents, 61.2% reported living in a healthy environment that enabled them to stay sober and stress free. However, nearly one in three respondents indicated they were not living in a healthy environment (Figure 8).

Figure 8. *Are your living arrangements a healthy environment to stay sober and stress free?*



Response Category	Number of Respondents	Percent of Respondents (%)
Yes	93	61.2
No	49	32.2
No Response	10	6.6
Total	152	100.0

General Health

The respondents were asked which health problems they currently had and were asked to select health conditions that applied to them. Nearly one out of three respondents reported having mental health problems. High blood pressure (16.4%), hepatitis C (13.2%), and other health problems (25.0%) were also mentioned (Table 5).

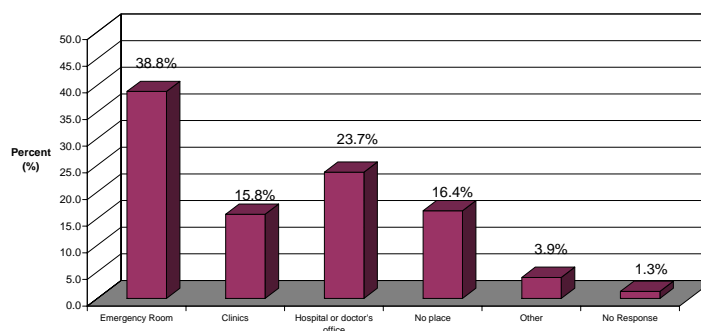
Table 5. *What health problems do you have?*

Response Category	Number of Respondents	Percent of Respondents (%)
Mental health	49	32.2
I don't have any health problems	49	32.2
Other	38	25.0
High blood pressure	25	16.4
Hepatitis C	20	13.2
Diabetes	6	3.9
Liver disease	5	3.3
Cancer	4	2.6
Heart disease	2	1.3
HIV/AIDS	1	0.7

Note: Respondents may have checked more than one answer.

In light of the health problems mentioned, 38.8% of the respondents reported going to the emergency room to receive health care. Many respondents received their health care from the hospital or doctor's office (23.7%), clinics (15.8%), or some other place (3.9%). Unfortunately, 16.4% reported not having a place to go for their health care (Figure 9).

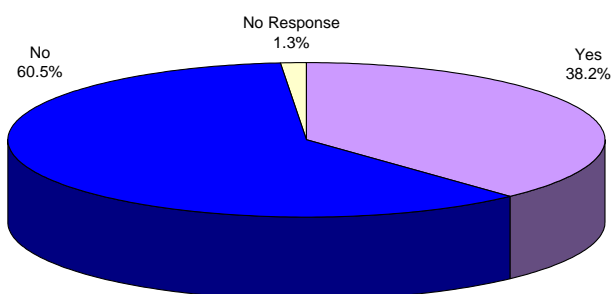
Figure 9. *Where do you go to get health care?*



Response Category	Number of Respondents	Percent of Respondents (%)
Emergency room	59	38.8
Clinics	24	15.8
Hospital or doctor's office	36	23.7
No place	25	16.4
Other	6	3.9
No Response	2	1.3
Total	152	100.0

Respondents were asked about their current health insurance status. Of the 152 respondents, 60.5% reported that they did not have current health insurance, while 38.2% did have health insurance (Figure 10). Of the 58 respondents who reported having current health insurance, 62.1% reported having Medi-Cal, 31.0% reported having their health insurance provided through local medically indigent adult (M.I.A.) programs, and 6.9% reported having some other type of health insurance (Table 6).

Figure 10. *Do you currently have health insurance?*



Response Category	Number of Respondents	Percent of Respondents (%)
Yes	58	38.2
No	92	60.5
No Response	2	1.3
Total	152	100.0

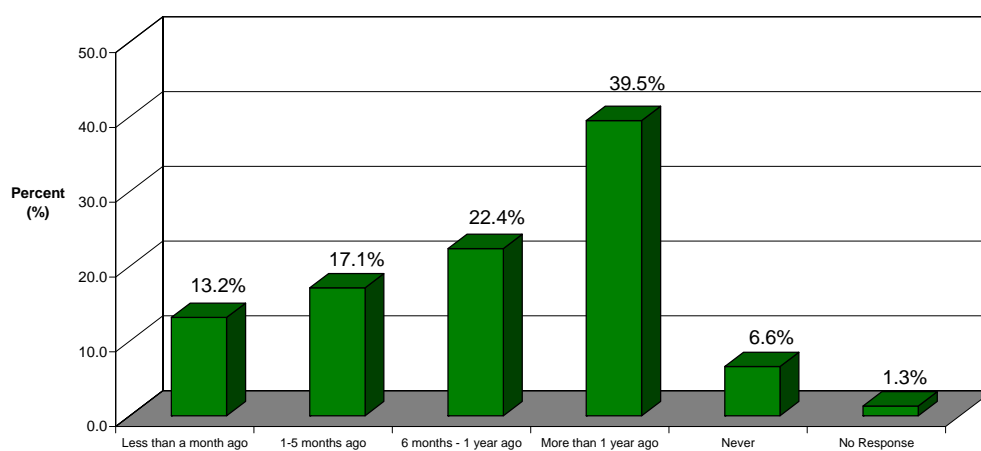
Table 6. *If you currently have health insurance, what type of health insurance do you have?*

Response Category	Number of Respondents	Percent of Respondents (%)
Medi-Cal	36	62.1
M.I.A.	18	31.0
Other	4	6.9
Total	58	100.0

Medical Health

Of the 152 respondents, 39.5% reported that their last physical exam was more than one year ago. More than one in five respondents reported that their last physical exam was six months to one year ago, while 6.6% reported that they had never had a physical exam (Figure 11).

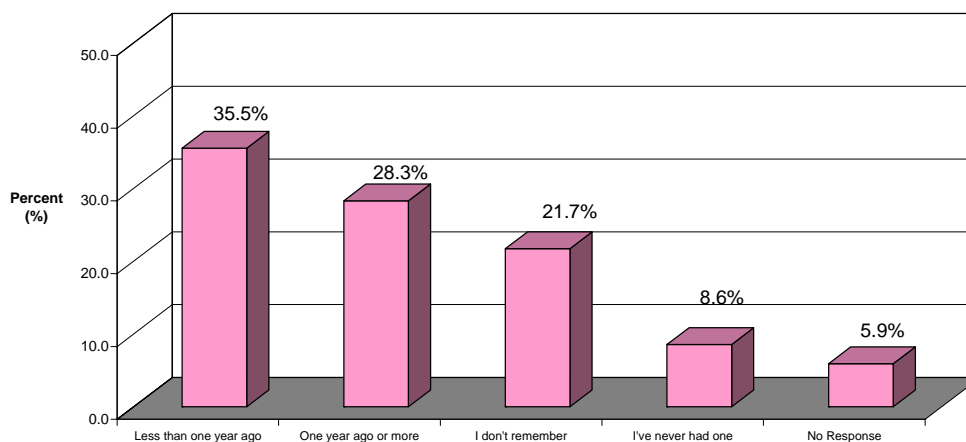
Figure 11. When was your last physical exam?



Response Category	Number of Respondents	Percent of Respondents (%)
Less than a month ago	20	13.2
1-5 months ago	26	17.1
6 months - 1 year ago	34	22.4
More than 1 year ago	60	39.5
Never	10	6.6
No Response	2	1.3
Total	152	100.0

Because all respondents were females, their history of Pap smear examinations was ascertained. Of the 152 respondents, 35.5% reported that they had their last Pap smear less than one year ago. Also, 28.3% reported that they had their last Pap smear one year ago or more, while 8.6% reported that they had never had a Pap smear (Figure 12).

Figure 12. *When was your last Pap smear?*



Response Category	Number of Respondents	Percent of Respondents (%)
Less than one year ago	54	35.5
One year ago or more	43	28.3
I don't remember	33	21.7
I've never had one	13	8.6
No Response	9	5.9
Total	152	100.0

Mental Health

With regard to mental health status, respondents were asked to identify their mental health diagnoses. Of the 152 respondents, 36.2% reported being diagnosed with depression at some point in their lives. In addition, 29.6% reported being diagnosed with bi-polar/dual diagnosis, while 38.8% reported not being diagnosed with any mental health problem (Table 7). Of the 85 respondents who reported being diagnosed with a mental health problem, 61.2% reported that they were currently taking medication for their mental health issue (Table 8).

Table 7. *Which of the following mental health problems have you ever been diagnosed with?*

Response Category	Number of Respondents	Percent of Respondents (%)
Depression	55	36.2
Bi-polar/Dual diagnosis	45	29.6
Anxiety	27	17.8
Schizophrenia	16	10.5
Other	9	5.9
I have not been diagnosed with a mental health problem	59	38.8

Note: Respondents may have checked more than one answer.

Table 8. *If you have been diagnosed with a mental health problem, are you currently taking medication for your mental health issue?*

Response Category	Number of Respondents	Percent of Respondents (%)
Yes	52	61.2
No	32	37.6
No Response	1	1.2
Total	85	100.0

Among those respondents who reported having a diagnosed mental health problem and were currently taking medication for their mental health issue, 57.7% reported that they saw their psychologist regularly (Table 9). In addition, 73.1% of these persons reported that their medication allowed them to function with daily activities (Table 10). Also, 86.5% of these persons thought they could maintain their sobriety with their medication and regular doctor visits (Table 11).

Table 9. *If you have been diagnosed with a mental health problem and are currently taking medication for your mental health issue, do you see your psychologist regularly?*

Response Category	Number of Respondents	Percent of Respondents (%)
Yes	30	57.7
No	19	36.5
I don't have a psychologist	2	3.8
No Response	1	1.9
Total	52	100.0

Table 10. *If you have been diagnosed with a mental health problem and are currently taking medication for your mental health issue, does your medication allow you to function with daily activities?*

Response Category	Number of Respondents	Percent of Respondents (%)
Yes	38	73.1
No	12	23.1
No Response	2	3.8
Total	52	100.0

Table 11. *If you have been diagnosed with a mental health problem and are currently taking medication for your mental health issue, do you think with your medication and regular doctor visits you can maintain your sobriety?*

Response Category	Number of Respondents	Percent of Respondents (%)
Yes	45	86.5
No	4	7.7
No Response	3	5.8
Total	52	100.0

Housing

After being released from incarceration, 32.9% of the 152 respondents indicated that they lived primarily with a family member. Nearly 14% reported owning their own home or apartment and 4.6% reported living in some other location. In addition, 11.2% lived primarily in a sober living home, 9.9% lived in a homeless shelter, and 13.8% had no place to go after being released (Table 12).

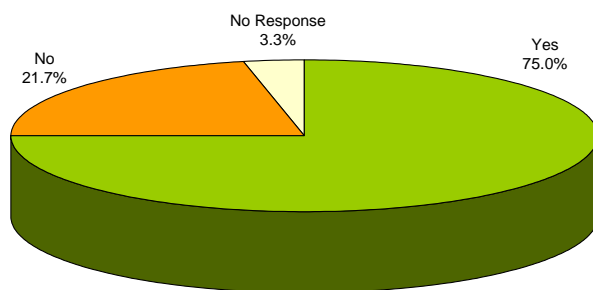
Table 12. After being released, where did you go to live primarily?

Response Category	Number of Respondents	Percent of Respondents (%)
Family member	50	32.9
Own house/apartment	21	13.8
No place to go	21	13.8
Friend	19	12.5
Sober living home	17	11.2
Homeless shelter	15	9.9
Other	7	4.6
No Response	2	1.3
Total	152	100.0



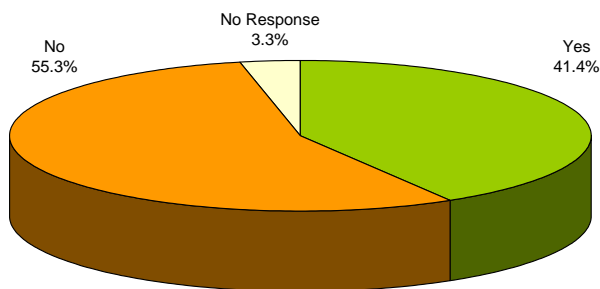
Respondents were asked specifically about their history of homelessness. Of the 152 respondents, 75.0% reported that they had been homeless at some point in their lives (Figure 13). However, 41.4% of respondents reported that they were currently homeless (Figure 14).

Figure 13. *Have you ever been homeless?*



Response Category	Number of Respondents	Percent of Respondents (%)
Yes	114	75.0
No	33	21.7
No Response	5	3.3
Total	152	100.0

Figure 14. *Are you homeless now?*

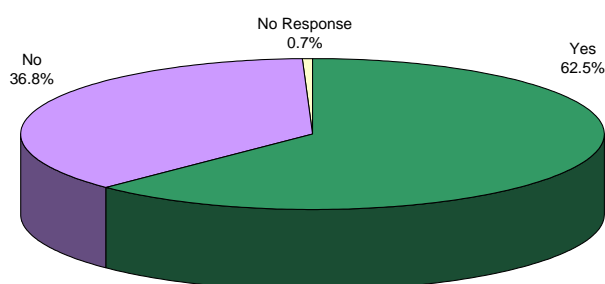


Response Category	Number of Respondents	Percent of Respondents (%)
Yes	63	41.4
No	84	55.3
No Response	5	3.3
Total	152	100.0

Support Services

In order to assess the need for support services, respondents were asked about their history of physical or sexual abuse, drug abuse, and alcohol abuse. Almost 63% reported that they had experienced physical or sexual abuse at some point in their lives (Figure 15). Of the 95 respondents who reported such abuse, 56.8% reported that they had not received any counseling or treatment for the abuse (Table 13).

Figure 15. *Have you ever been physically or sexually abused?*



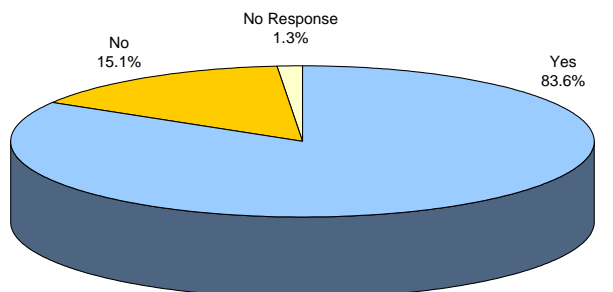
Response Category	Number of Respondents	Percent of Respondents (%)
Yes	95	62.5
No	56	36.8
No Response	1	0.7
Total	152	100.0

Table 13. *If you have ever been physically or sexually abused, have you had any counseling or treatment for the abuse?*

Response Category	Number of Respondents	Percent of Respondents (%)
Yes	39	41.1
No	54	56.8
No Response	2	2.1
Total	95	100.0

Of the 152 survey respondents, 83.6% reported that they had a history of drug abuse (Figure 16). On average, respondents reported that they had used illicit drugs for 15.9 years, with the minimum being one year and the maximum being 44 years.

Figure 16. *Do you have a history of drug abuse?*



Response Category	Number of Respondents	Percent of Respondents (%)
Yes	127	83.6
No	23	15.1
No Response	2	1.3
Total	152	100.0

Among the 127 respondents who reported having a history of illicit drug abuse, 17.3% reported using methamphetamine, 16.5% reported using crack/cocaine, 7.1% reported using heroine, 0.8% reported using marijuana, and 48.8% reported using multiple drugs (Table 14).

Table 14. *If you have a history of drug abuse, what kind?*

Response Category	Number of Respondents	Percent of Respondents (%)
Multiple drugs	62	48.8
Methamphetamine	22	17.3
Crack/Cocaine	21	16.5
Heroine	9	7.1
Marijuana	1	0.8
No Response	12	9.4
Total	127	100.0

Among the 127 respondents who reported having a history of illicit drug abuse, 65.4% reported that they had been treated for drug addiction at some point in their lives (Table 15). One in three respondents reported that their last treatment was more than one year ago (Table 16), and one in three respondents reported that they had been clean and sober for less than three months (Table 17).

Table 15. *If you have a history of drug abuse, have you ever been treated for drug addiction?*

Response Category	Number of Respondents	Percent of Respondents (%)
Yes	83	65.4
No	40	31.5
No Response	4	3.1
Total	127	100.0

Table 16. *If you have a history of drug abuse, when were you treated last?*

Response Category	Number of Respondents	Percent of Respondents (%)
More than 1 year ago	42	33.1
Less than a month ago	25	19.7
1-5 months ago	13	10.2
6 months-1 year ago	8	6.3
No Response	39	30.7
Total	127	100.0

Table 17. *If you have a history of drug abuse, how long have you been clean and sober?*

Response Category	Number of Respondents	Percent of Respondents (%)
Less than 3 months	42	33.1
More than 12 months	21	16.5
3-6 months	18	14.2
6-9 months	12	9.4
9-12 months	6	4.7
No Response	28	22.0
Total	127	100.0

Among respondents who reported completion of a drug abuse program, 46.5% followed up with after care (Table 19) and 27.9% reported that they lived with a family member after completing the program (Table 20). However, 4.7% reported that they had no place to go after completing the program.

Table 18. *If you have a history of drug abuse, did you complete or graduate from a program?*

Response Category	Number of Respondents	Percent of Respondents (%)
Yes	43	33.9
No	35	27.6
Currently in program	12	9.4
No Response	37	29.1
Total	127	100.0

Table 19. *If you have a history of drug abuse and completed a program, did you follow up with after care?*

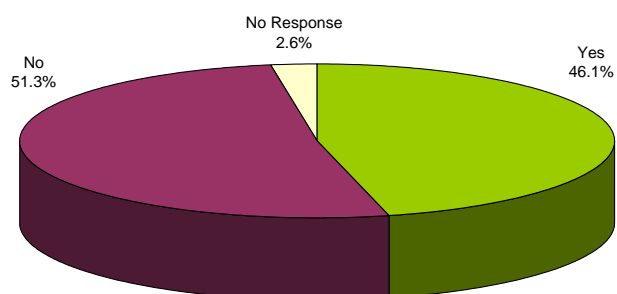
Response Category	Number of Respondents	Percent of Respondents (%)
Yes	20	46.5
No	22	51.2
No Response	1	2.3
Total	43	100.0

Table 20. *If you have a history of drug abuse and completed a program, where did you go to live after you completed the program?*

Response Category	Number of Respondents	Percent of Respondents (%)
Family member	12	27.9
Sober living home	11	25.6
Friend	5	11.6
Other	5	11.6
No place to go	2	4.7
Own place	5	11.6
Homeless shelter	2	4.7
No Response	1	2.3
Total	43	100.0

Of the 152 respondents, 46.1% reported that they had a history of alcohol abuse (Figure 17). On the average, respondents used alcohol for 14.1 years, with the minimum being two years and the maximum being 40 years.

Figure 17. *Do you have a history of alcohol abuse?*



Response Category	Number of Respondents	Percent of Respondents (%)
Yes	70	46.1
No	78	51.3
No Response	4	2.6
Total	152	100.0



Among the 70 respondents who reported having a history of alcohol abuse, 61.4% had been treated for alcoholism at some point in their lives (Table 21). One in four respondents reported that their last treatment for alcoholism was more than one year ago (Table 22), and 24.3% reported that they had been clean and sober for less than three months (Table 23).

Table 21. *If you have a history of alcohol abuse, have you ever been treated for alcoholism?*

Response Category	Number of Respondents	Percent of Respondents (%)
Yes	43	61.4
No	25	35.7
No Response	2	2.9
Total	70	100.0

Table 22. *If you have a history of alcohol abuse, when were you treated last?*

Response Category	Number of Respondents	Percent of Respondents (%)
More than 1 year ago	18	25.7
Less than one month ago	11	15.7
1-5 months ago	9	12.9
6 months-1 year ago	2	2.9
No Response	30	42.9
Total	70	100.0

Table 23. *If you have a history of alcohol abuse, how long have you been clean and sober?*

Response Category	Number of Respondents	Percent of Respondents (%)
Less than 3 months	17	24.3
More than 12 months	14	20.0
3-6 months	11	15.7
6-9 months	11	15.7
9-12 months	2	2.9
No Response	15	21.4
Total	70	100.0

Among respondents who reported completion of an alcohol abuse program, 65.0% followed up with after care (Table 25) and 25.0% reported that they lived with a family member after completing the program (Table 26). However, 5.0% reported that they had no place to go after completing the program.

Table 24. *If you have a history of alcohol abuse, did you complete or graduate from a program?*

Response Category	Number of Respondents	Percent of Respondents (%)
Yes	20	28.6
No	21	30.0
Currently in program	3	4.3
No Response	26	37.1
Total	70	100.0

Table 25. *If you have a history of alcohol abuse and completed a program, did you follow up with after care?*

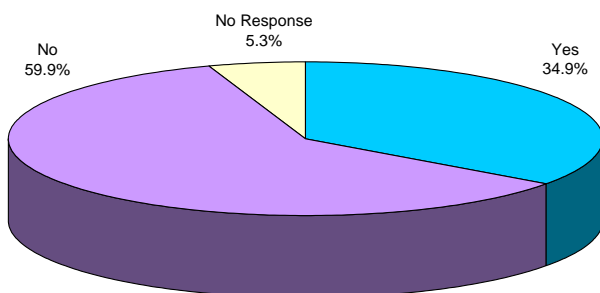
Response Category	Number of Respondents	Percent of Respondents (%)
Yes	13	65.0
No	6	30.0
No Response	1	5.0
Total	20	100.0

Table 26. *If you have a history of alcohol abuse and completed a program, where did you go to live after you completed the program?*

Response Category	Number of Respondents	Percent of Respondents (%)
Family member	5	25.0
Sober living home	7	35.0
Friend	4	20.0
Other	1	5.0
Own place	1	5.0
No place to go	1	5.0
Homeless shelter	1	5.0
No Response	0	0.0
Total	20	100.0

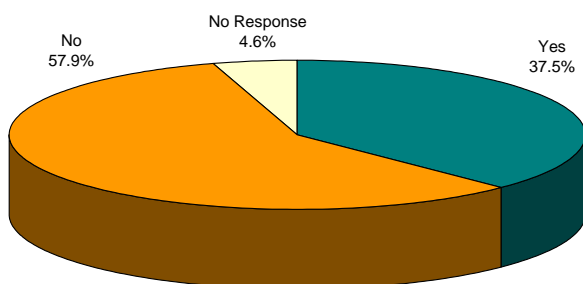
Among the 152 respondents, 59.9% reported that they had never received supportive housing assistance, either through sober-living, transitional, or board and care accommodations (Figure 18). In addition, 37.5% reported that they had tried to receive supportive housing assistance, but were denied (Figure 19).

Figure 18. *Have you ever received supportive housing assistance?
(sober-living, transitional, board and care)*



Response Category	Number of Respondents	Percent of Respondents (%)
Yes	53	34.9
No	91	59.9
No Response	8	5.3
Total	152	100.0

Figure 19. *Have you ever tried but did not receive supportive housing assistance?*



Response Category	Number of Respondents	Percent of Respondents (%)
Yes	57	37.5
No	88	57.9
No Response	7	4.6
Total	152	100.0

Nearly one in five respondents reported that the cost of service prevented them from using supportive housing, mental health, or substance abuse services. Table 27 presents other barriers, which included being rejected by the program (16.4% of respondents), lack of dedication (13.8%), having a felony conviction (12.5%), and bureaucratic red tape (11.8%).

Table 27. *What prevents you from using supportive housing, mental health, or substance abuse services?*

Response Category	Number of Respondents	Percent of Respondents (%)
Cost of service	30	19.7
Rejected by program	25	16.4
Lack of dedication (giving up)	21	13.8
Felony conviction	19	12.5
Bureaucratic red tape	18	11.8
Other	15	9.9
Rejection and conviction	4	2.6
Nothing	4	2.6
Didn't know about services	1	0.7
No Response	15	9.9
Total	152	100.0

The respondents were also asked to select one or more things they needed in order to become healthy and self-sufficient. Nearly 60% of the 152 respondents chose employment, 59.2% chose housing, 48.0% selected job training/job education, and 32.2% chose drug rehab program (Table 28).

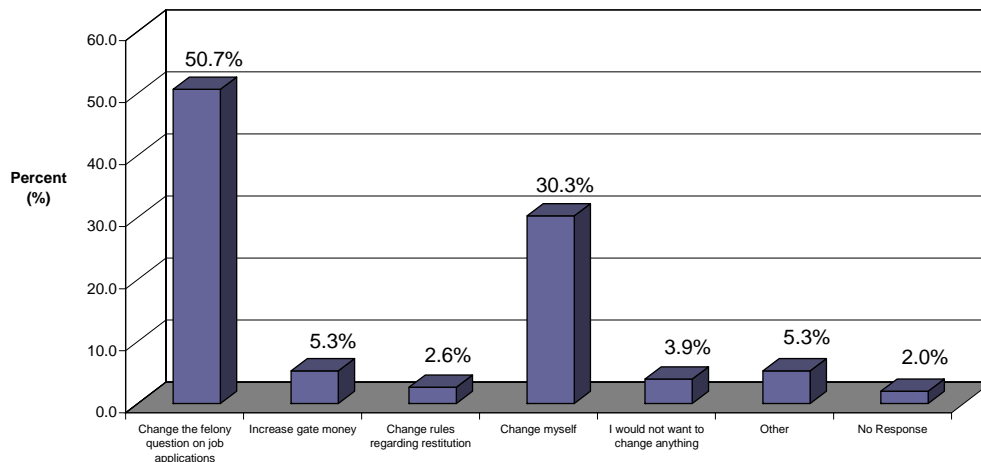
Table 28. *Choose the things you need in order to become healthy and self-sufficient.*

Response Category	Number of Respondents	Percent of Respondents (%)
Employment	91	59.9
Housing	90	59.2
Job training / Job education	73	48.0
Drug rehab program	49	32.2
Other	25	16.4

Note: Respondents may have checked more than one answer.

Lastly, when asked what one change they would make in the way services are provided to people with criminal backgrounds, 50.7% of respondents said that they would change the felony question on job applications. Also, 30.3% said they would change themselves. For some, they believed that if they could reverse their felony status, they would be eligible for services. Others believed that if they could change their lifestyle and self-hindering behaviors, they would be more successful in their rehabilitation process (Figure 20).

Figure 20. If you could make one change in the way services are provided to ex-offenders, what would that change be?



Response Category	Number of Respondents	Percent of Respondents (%)
Change the felony question on job applications	77	50.7
Increase gate money	8	5.3
Change rules regarding restitution	4	2.6
Change myself	46	30.3
I would not want to change anything	6	3.9
Other	8	5.3
No Response	3	2.0
Total	152	100.0

Quantitative Discussion — Study 2

Study 2 focused on determining the barriers faced by female inmates in San Bernardino County. By analyzing the responses provided by the 152 respondents, several barriers were identified. For many of the respondents, these barriers existed while being incarcerated, continued after they had been released, and may have played a role in leading them back into incarceration. In order to truly resolve the issue of recidivism, these barriers need to be addressed.

The majority of the respondents were residents of San Bernardino City, California. They had been incarcerated for an average of nearly four years and were between the ages of 26-59 years. This age group is the majority of those employed in the United States. Instead of being employed, these inmates were spending their days, months, and even years behind bars. After being released, over 80% of the respondents said that they did not have a job and 55.9% said that it had been more than a year since they were last employed full-time.

It is evident that finding employment is a problem for female inmates upon their release. However, the precursor to employment is education, either degree-oriented or job skill training. Of the 152 respondents, 42.8% had at most a high school diploma or GED, while 34.9% had less than a high school education. In terms of trade school, less than 12% reported that they completed training in any skill.

Without adequate education, one is not able to get a stable job. Without a stable job, one is not able to obtain adequate housing. Nearly one out of three respondents said they lived primarily with a family member after being released and 13.8% said they had no place to go. When someone does not have any housing accommodations, what happens? Homelessness! Three out of four respondents said they had been homeless at some point in their lives. Unfortunately, more than two out of five respondents said they were currently homeless.

Living on the streets exposes these women to physical and mental illness of various kinds. Respondents reported having one or more of the following health conditions: high blood pressure, hepatitis C, diabetes, liver disease, cancer, heart disease, and HIV/AIDS. Many of these health conditions are chronic illnesses that progressively get worse if left untreated. In the United States, if you are not able to pay for your own healthcare, you need health insurance coverage to get proper healthcare. More than 60% of the respondents said they did not have current health insurance coverage. Of those who did have health insurance coverage, most were covered by Medi-Cal or local medically indigent adult (M.I.A.) programs.

The lack of adequate health insurance can lead to increased emergency room usage during times of illness. Nearly two out of five respondents said they go to the emergency room to get health care when they are ill. Over 16% reported that they had no place to go for their healthcare services. The gap in healthcare coverage leads to an increased financial burden on the healthcare system, and a decreased quality of life for the individual.

Routine and preventive medical care services were not utilized regularly by the respondents. Approximately 40% had their last physical exam more a year ago and 6.6% had never had a physical exam. Also, 8.6% of the respondents had never had a Pap smear. However, 35.5% reported they had their last Pap smear less than a year ago. Since a Pap smear can be used to detect the earliest signs of cervical cancer, having this exam performed can save lives.

In terms of the respondents' mental health, many were diagnosed with one or more of the following conditions: depression, bi-polar/dual diagnosis, anxiety, and schizophrenia. Of those who had a diagnosed mental health condition, the majority were taking medication for their mental health issue and were visiting their psychologist on a regular basis. The respondents said their medication and regular doctor visits allowed them to function with their daily activities and maintain their sobriety.

Although many of the respondents expressed their concerns with medical and mental health services, they also expressed a need for support services to address their social issues and concerns. Nearly 63% of the respondents had been either physically or sexually abused at some point in their lives and many of them did not receive any counseling or treatment for the abuse. Also, nearly 84% of the respondents had a history of illicit drug abuse. The majority of the respondents used multiple drugs, but for some, the drug of choice was methamphetamine, crack/cocaine, heroine, or marijuana.

Approximately 33% reported they had been clean and sober from drugs for less than three months and approximately one out of three respondents reported receiving their last treatment for their drug addiction more than one year ago. There was a similar trend among those who reported having a history of alcohol abuse. Approximately 24% reported being clean and sober from alcohol for less than three months and more than one out of four respondents reported receiving their last treatment for alcoholism more than one year ago.

After being incarcerated, many of the respondents said they had never received supportive housing assistance. The top five reasons why they had not accessed supportive housing, mental health, or substance abuse services were: cost of service, rejection from the program, lack of dedication (they gave up), their felony conviction, and bureaucratic red tape. Although lack of dedication (i.e., giving up) was the third most frequent reason why the respondents did not utilize these support services, one could understand the frustration and hopelessness they felt when faced with systemic barriers.

Over 80% of the respondents had children, whose primary custodians were family members. Also, approximately one out of six respondents reported that their children were with foster parents. These findings show the importance of family reunification programs and other services to aid in stabilizing these families.

Many factors were identified as barriers to ensuring a quality life among formerly incarcerated females. If they could make one change in the way services are provided to ex-offenders, 50.7% of the respondents said they would change the felony question on job applications. Making this one change would have an impact on breaking the cycle of recidivism. By having an opportunity to obtain a stable job, one is able to access adequate health insurance. By having health insurance, one is able to take care of one's medical and mental health. Being physically and mentally healthy allows one to be a productive, law-abiding individual. This, in turn, prevents one from being re-incarcerated, thus the ultimate goal of prison reform.

Recommendations

The State of California must begin to address its reliance on incarceration as the only means of reformation for women and begin to invest in rehabilitation and the human spirit. San Bernardino County needs to acknowledge its large population returning home from prison and begin to support opportunities and programs for successful re-entry into society. It is not enough to insist that the State bear the brunt of rehabilitation. Collectively, we must work together for the health of our communities.

The health of our communities relies on various factors, which have been identified in this report. As a result of these findings, there are six main areas of intervention that should be addressed; although this list is not exhaustive. Below are recommendations that will positively impact the re-entry process of formerly incarcerated women at the federal, state, and local level.

SUPPORT SERVICES: Provide adequate support services before and after release.

- ♦ The State of California should opt out of the lifetime ban on public assistance implemented by Temporary Assistance to Needy Families (TANF), including food stamps and housing.
- ♦ The California Department of Corrections and Rehabilitation (CDCR) should modify eligibility criteria for drug treatment within prisons and provide access to residential treatment upon release.
- ♦ Inmates should be classified into appropriate comprehensive rehabilitative services based on their needs and skills, not the institution's needs.
- ♦ Rehabilitative services and re-entry plans should begin at the start of the prison sentence.
- ♦ Develop a discharge plan and process that connects formerly incarcerated women with re-entry services in the community in which they are returned.
- ♦ Develop county/city resource centers designed to assist formerly incarcerated women with job training, and other life support services.

EDUCATION: Address the lack of educational opportunities for women who are and have been incarcerated.

- ♦ Every woman should have access to basic and higher education in order to develop and/or enhance their interpersonal and critical thinking skills while increasing opportunities to aspire to a higher socio-economic status.

- ♦ The Department of Corrections and Rehabilitation should meet the current needs of its inmates by creating additional classroom times (i.e., night classes), up-to-date equipment, technology, and textbooks.
- ♦ Ensure vocational classes are aligned with current labor market demands.

HEALTH: Improve the healthcare systems both within and outside prisons.

For Women Within the Prison System:

- ♦ Remove the financial barriers to receiving healthcare-related services (e.g., \$5 co-payments, freezing of accounts, and not recognizing indigent status as persons who receive less than \$35 per month).
- ♦ Provide follow-up care at no cost after medical services are rendered (e.g., doctor visits, x-rays).
- ♦ Provide proper anti-fungal and antibiotic ointments/creams at no cost.
- ♦ Provide prevention education on healthy living habits (e.g., diet, exercise).
- ♦ Provide healthy meal options for indigent women.
- ♦ Provide comprehensive vision care (e.g., routine eye exams, optical medications, prescriptions, contact lenses, glasses).
- ♦ Provide preventive dental care services (i.e., teeth cleaning, x-rays).
- ♦ Address mental health issues with treatment instead of punitive policies (i.e., receiving disciplinary actions for deviant behavior).
- ♦ Provide a healthy environment conducive to recovering from mental illness (e.g., exposure to an open area instead of being confined in small quarters).

For Women Who Have Been Released:

- ♦ Provide alternatives to emergency room medical care.
- ♦ Provide routine medical exams for disease prevention (e.g., Pap smears).

- ♦ Create access to dental care for uninsured women.
- ♦ Provide an adequate level of services for mentally ill patients, with the basic level of care comparable to the Mental Health Services Act requirements.
- ♦ Provide alternatives to prison for persons suffering from mental illness and drug/alcohol addiction by providing treatment and supportive housing.
- ♦ Recognize Post Incarceration Syndrome and provide transitional services to address this condition.
- ♦ Create a continuum of health care services that is coordinated specifically for formerly incarcerated women to access.

PAROLE SYSTEM: Ensure parole and community services are adequately funded and parole procedures are administered fairly and consistently.

- ♦ Increase the dollar amount of the “gate money” (currently \$200) to accurately reflect the current cost of successful re-entry (transportation costs, food, clothing, shelter).
- ♦ Clearly define the protocol of selecting who receives financial assistance during parolees’ first 90 days of release (e.g., one parolee gets a food voucher, one month’s rent while another parolee from the same office is not granted even a bus ticket).
- ♦ Restructure parole supervision to better facilitate connections to and delivery of re-entry support services.

EMPLOYMENT: Remove barriers to employment.

- ♦ Eliminate the felony question found on job applications and allow work experience to supercede the past criminal record.
- ♦ Allow access to application for professional licenses in various occupational fields.
- ♦ Provide job training and vocational opportunities to people convicted of felonies.
- ♦ Create access to job training/ readiness services prior to and immediately after release from prison to ensure financial ability to become self supporting.

OTHER: Provide other services for women before and after incarceration to benefit them and their families.

- ♦ Provide financial assistance with transitional housing upon release from prison.
- ♦ Modify the restrictive public housing and Section 8 guidelines for formerly incarcerated women with drug felonies who have completed a drug program.
- ♦ Automate and simplify the Certificate of Rehabilitation process for all women who remain crime-free for seven years.
- ♦ Provide long distance collect calling at the market rate to facilitate contact between women and their children during incarceration.
- ♦ Improve communication between Child Protective Services and incarcerated women to assist with family reunification options.
- ♦ Provide and support mentoring and social service programs for children of incarcerated women.



Conclusions

The prison system was not designed to house the homeless and care for the mentally ill; that responsibility first lies with local government. At present, the prison system is failing to rehabilitate, society is failing to acknowledge the human capital being wasted, and policies lack accountability for this failing system. Families that are disproportionately poor and of color suffer the costs of criminalization and incarceration without the resources needed to prevent criminal behavior or help former inmates successfully re-enter society. Little or no credence is given to the notion that current and former inmates have basic human rights that should not be forfeited by being imprisoned (U.S. Human Rights Network, 2002).

This report presented two studies conducted among women who were imprisoned or formerly incarcerated in San Bernardino County. The qualitative study (Study 1) revealed how incarcerated women felt about such topics as education, employment, discrimination, health, their prison environment, parole, and support services. The quantitative study (Study 2) assessed the same topics as Study 1; however, the participants generally consisted of women who were formerly incarcerated. Both studies presented candid and direct opinions about how these women felt, in light of their experiences with the criminal justice system.

The findings in this report have revealed that there is a lack of re-entry programs, healthcare services, education and employment opportunities, and support services for women in prison and upon their release. These findings are in line with the Little Hoover Commission's Breaking the Barriers for Women on Parole (2004) and other reports that have been published nationwide. In addition, various recommendations have been presented in this report in order to guide the process of creating new policies and modifying existing ones. The issues that affect these women are not in isolation; as taxpayers, we are all impacted. Therefore, it is imperative that we - communities, elected officials, and taxpayers - finally begin to look at the real solutions that will ultimately benefit these women and their children.



References

- California Department of Corrections (2004a). *Rate of Felon Parolees Returned to California Prisons*. Table 2 (Rate is per 100 average daily population.) Also, California Department of Corrections. "California Prisoners and Parolees 2001." Table 42. Sacramento, CA.
- California Department of Corrections (2004b). *Prisoners and parolees 2004*. Retrieved August 7, 2006, from <http://www.cya.ca.gov/ReportsResearch/OffenderInfoServices/Annual/CalPris/CALPRISd2004.pdf>
- California Department of Corrections and Rehabilitation (2006). Parole counts for parole status (Parolee, PAL, PRTC, PENDREV) by parole region and units for May 3, 2006. Table 1.
- Legal Action Center (2004). *After prison: Roadblocks to reentry*. Retrieved May 18, 2006, from <http://www.lac.org/lac/main.php/view=overview>
- Little Hoover Commission (2004). *Breaking the barriers for women on parole*. Sacramento, CA: Little Hoover Commission.
- McVay, D., Schirald, V., Ziedenberg, J. (2004). *Treatment of incarceration: National and state findings on the efficacy and cost savings of drug treatment versus imprisonment*. Washington, DC.
- Travis, J., Solomon, A. L., & Waul, M. (2001). *From prison to home: The dimensions and consequences of prisoner reentry*. Washington, DC: The Urban Institute.
- U.S. Census Bureau. American Community Survey (2004). Retrieved July 23, 2006, from <http://factfinder.census.gov>
- U.S. Department of Justice, Office of Justice Programs (2002). *Serious and violent offender reentry initiative: "Going home."* Washington, D.C.
- U.S. Human Rights Network (2002). *Something inside so strong: A resource guide on human rights in the United States*. Atlanta, GA: U.S. Human Rights Network.

Appendix
Inmate Statements from Study 1



[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

Inmate Statements		Education	Eligibility	Employment	Discrimination	Family Environment	Finances	Dental Health	General Health	Medical Health	Mental Health	Vision Care	Housing	CPS/Foster Care System	Parole	Prison Environment	Red Tape	Support Services	Self Hindering Behavior
A33	I see the counselor and in one hour they make a full assessment of my whole life without really asking relevant questions. Some of the questions I've been asked are "If your parole officer asked you to have sex with him, would you?", "What is 100 minus 7 ... minus 7 ... minus 7 ... minus 7 ...?", "If you were in the woods and lost, what would you do?" They never ask about specifics of my crime, and then they turn around and say in their report that I am not remorseful of my crime. The psychiatrist asks the questions and writes the report. When they know that we're going to Board, the psychiatrist should be required to get to know us for one day a week for 6 months before writing the report and representing us at Board.										*				*				
A34	The public needs to be educated about the Board of parole procedures. The procedures are arbitrary and capricious and cost the taxpayers a lot of money. They are not cost-effective. The process is cruel and unusual punishment. It's not cost-effective to keep an inmate for 25 years until they develop serious health conditions and now the taxpayer has to pay \$150,000 per year to take care of the inmate instead of releasing the inmate after 15 years and have the person contribute financially to their own health.														*				
A35	They need to define sentence clearly (20-25 years vs. life sentence). When does right to parole happen?														*				

Inmate Statements		Education	Eligibility	Employment	Discrimination	Family Environment	Finances	Dental Health	General Health	Medical Health	Mental Health	Vision Care	Housing	CPS/Foster Care System	Parole	Prison Environment	Red Tape	Support Services	Self Hindering Behavior
A36	There's a <u>constant</u> loop to jump through for parole. I've been in jail for 25 years and I take high blood pressure medications. I've requested diuretics for my high blood pressure. Now I need hormone meds for hot flashes. These prescription meds may complicate each other and hinder my success at Board. That would keep me in jail.									*					*		*		
A37	We sometimes lose hope after being incarcerated for so long, so we don't care to go to Board because we're going to be denied.										*				*				
A38	Things (information) are posted and available in the prison yards, but we have to take advantage of them.																		*
A39	The Board reports falsify information and it has outdated information. The system rushes the process and the typists half-do the reports. We get the reports maybe 5 minutes before the Board meeting and find inaccuracies. The Law says we're supposed to get the reports 30 days before Board meeting. Also, the transcripts of Board meetings are inaccurate and so is the Board report. Some Board transcripts are inaudible. So it's a hindrance to get a release date.														*				
A40	We aren't aware of when we are scheduled to go to Board, so we don't have enough time to prepare Board materials.														*				

[illegible]

[illegible]

[illegible]

Inmate Statements		Education	Eligibility	Employment	Discrimination	Family Environment	Finances	Dental Health	General Health	Medical Health	Mental Health	Vision Care	Housing	CPS/Foster Care System	Parole	Prison Environment	Red Tape	Support Services	Self Hindering Behavior
B26	If you're sick and you call for a consult, a lot of times the wait is so long but you still have to pay a \$5 co-pay. A lot of times your illness gets so bad that you have to call emergency medical and they make you pay another \$5 co-pay. Then by the time the consult finally calls you, you've already been to emergency medical, but the consult doesn't pay you back your first \$5 co-pay. Why do we have to be charged twice?						*				*						*		
B27	I have to space my doctor visits to coincide with the money hitting my account.						*												
B28	I end up double paying because "hey, you got to survive!"						*												
B29	We end up self-medicating to save money on medical costs.						*			*									
B30	I had chest pain and had to "222" it (call the ambulance). The ambulance took an hour to drive less than ½ mile. They hooked me up to the EKG and ended up charging me for it. They didn't do anything else and just told me to see the doctor the next day, which I would have to pay again for.						*			*									
B31	I fell back to my old ways. I didn't benefit from being out of prison, so I fell back to my old lifestyle. I shoplifted again and had idle time. I needed to survive. I was homeless so I stole to survive. I need a good foundation. I'm scared to be clean because I'll miss out on fun. That's how my mind works.												*						*

[illegible]

Inmate Statements		Education	Eligibility	Employment	Discrimination	Family Environment	Finances	Dental Health	General Health	Medical Health	Mental Health	Vision Care	Housing	CPS/Foster Care System	Parole	Prison Environment	Red Tape	Support Services	Self Hindering Behavior
B39	I need a good program that helps me transition to sober-living, allows me to go to school and work, and prepare me to be a full-time mom to my son and get my son back. I also need a therapist. I've been in prison for 3 ½ years. I need therapy for eating habits, healing, drugs, family, and abuse. I need a good re-entry program.										*							*	
B40	I've been in prison twice and I've been using drugs (crack). I've been to 3 drug programs. I was clean for 12 years and had a good job and even had a sponsor. But I quit going to the program. I was making good money, partying, and hanging out with people who used drugs and then I started using drugs again. I need sober-living.																		*
B41	I need to be alone from my boyfriend. I'm 29 years old and I have 2 strikes already. If I go back to my boyfriend, I <u>will</u> get my 3 rd strike and be in prison for the rest of my life. The legal people at CIW don't tell me anything about what I need to know to get my kids back. I need a safe place when I'm released so that I'm not around my boyfriend. I need transportation and a safe place to go.					*							*	*				*	
B42	I need safe housing and safe environment, a job, and transportation. My bad relationship has been my problem. This is my second time in prison, but now I've left my boyfriend.			*		*							*					*	

Inmate Statements		Education	Eligibility	Employment	Discrimination	Family Environment	Finances	Dental Health	General Health	Medical Health	Mental Health	Vision Care	Housing	CPS/Foster Care System	Parole	Prison Environment	Red Tape	Support Services	Self Hindering Behavior
	Group C -- "Short-termers"																		
C1	More education, lack of employment. I looked for a job for 6 months and didn't get one, so I went back to my old lifestyle. I've tried to take the GED 3 times but I wasn't prepared for it. I didn't know how to do the math section geometry, and "new" algebra.	*		*															
C2	Employment. We have gaps in our employment history. Employers shut their door because we're ex-offenders so we end up back to our old lifestyle. If we put "will explain at interview" employers don't hire or even interview us.			*															
C3	I disagree. If you run as hard for a job as you did for drugs, you <u>will</u> get a job. I haven't had problems getting employment. I sold drugs, that's why I'm in prison. My thinking pattern tells me I can sell drugs without getting caught. The money I have is never enough.						*												*
C4	My problem is housing. I go from place to place because my husband has my kids and I have no family in the area. \$200 is not enough gate money for housing. Parole officers tell me there's no funding for housing, clothing, or job skill training. But the parole officers have nice cars, jobs, and vacations. Inmates don't have the money to look presentable when they go to interview. I don't have problems with employment. I'm a nurse that works with schizophrenic adults. I want to get my license back so that I can go back to providing for myself and my children						*						*		*				

Inmate Statements		Education	Eligibility	Employment	Discrimination	Family Environment	Finances	Dental Health	General Health	Medical Health	Mental Health	Vision Care	Housing	CPS/Foster Care System	Parole	Prison Environment	Red Tape	Support Services	Self Hindering Behavior
C5	Jobs and housing. Even though I have a place to stay when I get out, it's not a good environment because my family will be involved in criminal acts. I have a family that only helps me if I help them financially, but if I don't help them, they kick me out. If I make \$2000, my family takes \$1999. I have to jump through hoops, even though I'm a high school and college graduate. Minimum wage isn't enough. I had to sell drugs to provide for rent, food, etc. I lived beyond my means. I had good jobs, like a supervisor, but when it was time to be promoted they did a background check, they didn't give me the promotion, even though I have the experience. I've done 16 years with CDC and I'm a 6-time felon.			*		*	*						*						
C6	I haven't seen my daughter in 6 years.													*					
C7	Three months till the time I was going to parole, I received a letter saying that they finalized my child's adoption. I tried to appeal but was denied. The adoption was finalized because I was in prison. I wasn't able to do for my kids what I wanted to because I was in prison. My lawyer was from the State. I feel that he was more in support of the foster care system than of me.													*					

[illegible]

Inmate Statements		Education	Eligibility	Employment	Discrimination	Family Environment	Finances	Dental Health	General Health	Medical Health	Mental Health	Vision Care	Housing	CPS/Foster Care System	Parole	Prison Environment	Red Tape	Support Services	Self Hindering Behavior
C11	CIW is over-crowded. They only have one drug program, SAPS, and it has so many enrollment requirements. I've been in prison 5 times and I have a 20-year drug history (crack). There are people in the program who don't really want to be there, so by the time they finally are ready to open up about their issues, it's time for the program to end. CDC places people in the program who shouldn't be there. Those people don't want to be there. CDC doesn't screen properly and there's no consistency, so I feel cheated. I'm going to another drug program because I'm trying to focus on what I need to get.				*													*	
C12	My problem with employment is that I want a career-based, good job. But employers don't want ex-inmates.			*	*														
C13	I have problems with parole and the county commitment. This is my second long-term. When I was released, I was given gate money. My parole officer told me, "I don't care if you have to sleep under a God damn bridge, you better call me every night."														*				
C14	I'm fine with the homeless shelters because at least I don't have to bathe in sewer water or eat from trash cans or live in cardboard boxes on the streets or waking up with someone feeling on me and sleeping with me on the ground any which way. Even though we complain about the system, it's still better than the alternative.												*						

Inmate Statements		Education	Eligibility	Employment	Discrimination	Family Environment	Finances	Dental Health	General Health	Medical Health	Mental Health	Vision Care	Housing	CPS/Foster Care System	Parole	Prison Environment	Red Tape	Support Services	Self Hindering Behavior
C15	When I was in my domestic violence situation, I was trying to protect myself. Now I'm on my second strike and can't be there for my kids. I can't be there to sell girl scout cookies with my daughter. My partner tells the police that I'm a parolee and that I've been violent ever since I was released. My partner has never been in prison before and so the police don't look at him the way they look at me. I've been with him for 12 years and we have four kids together, so I tried to keep the family together. But now I got dogged out.				*	*													
C16	I have a college degree, but it's hard to get a good job. I was doing fraud while in college and doing drugs. I got caught because my partner got caught and told on me, even though I had stopped.				*														
C17	I need more communication with CPS. They need to increase ways for inmates to communicate with our kids. All the letters, etc. have to go through CPS. CPS needs to be a bridge, not a block. I also need housing that will allow me to have my teenage children with me. The sober-living houses don't accept kids over 10 years old. I also need therapy for my children because they have been through so much.		*								*		*	*					
C18	The therapy I get is not positive. They're very judgmental. The psychiatrist wants to medicate me. If you're not assertive, you'll get hooked.										*								

Inmate Statements		Education	Eligibility	Employment	Discrimination	Family Environment	Finances	Dental Health	General Health	Medical Health	Mental Health	Vision Care	Housing	CPS/Foster Care System	Parole	Prison Environment	Red Tape	Support Services	Self Hindering Behavior
C19	If you're not part of mental health, you have to find a way to get your therapy. To get therapy, you have to choose the mental health option.										*								
C20	I was tired of my low self-esteem and other issues. They tried to get me another appeal. I would get high over and over again. They try to get me to see the psychiatrist, but I'm not getting therapy										*								
C21	They "medicate" instead of "educate".	*																	
C22	Parole requirements say that you must be on the prescribed drugs they give you or else you go back to prison.								*						*				
C23	I need someone to help me with the molestation and self-esteem issues I have. I need group therapy with someone who can relate to me. I want to hear that being molested is not my fault.										*								
C24	The best thing for me was the Forever Free Program because I was allowed to open up about my issues of my cousin sleeping with me when I was his babysitter and my father molesting me. I talked about my issues openly and got strength from knowing that I wasn't the only one with these types of issues.										*							*	

Inmate Statements		Education	Eligibility	Employment	Discrimination	Family Environment	Finances	Dental Health	General Health	Medical Health	Mental Health	Vision Care	Housing	CPS/Foster Care System	Parole	Prison Environment	Red Tape	Support Services	Self Hindering Behavior
C25	They need better psychologists here who can correctly diagnose mental illnesses, like bipolar, etc. You need to be clean from street drugs at least 2 years before you can properly diagnose and give treatment. You also need to allow 2-3 months for the meds to be in your system and work before you can really tell if there is a mental illness. When we get out, we end up self-medicating to feel good. So even though the system puts us in a box, we put ourselves in a box because we don't want to feel the bad feelings.										*								*
C26	The system doesn't know you from a can of paint. They just continue to keep you on prescription meds and sometimes not even the correct medications.								*							*			
C27	When I get released, I want a certificate of rehabilitation. I was told that I need to be on parole for 7 years. What can I do to get a certificate? I was going to college and sold drugs on the side. I'm in here because of greed and family expectations. I did what I had to do to keep up with my family's expectations. I had to support myself through culinary and cosmetology school. When I started to sell drugs, I began to like it and ended up making bad choices.					*									*				*
C28	I'm ashamed that people will stigmatize me and label me if they see me going to get help. I'm in denial.										*								

Inmate Statements		Education	Eligibility	Employment	Discrimination	Family Environment	Finances	Dental Health	General Health	Medical Health	Mental Health	Vision Care	Housing	CPS/Foster Care System	Parole	Prison Environment	Red Tape	Support Services	Self Hindering Behavior
C29	After getting a job, car, house, etc., I went and got high to reward myself. I made poor choices.																		*
C30	I'm ashamed that I have been molested.										*								
C31	I don't deserve to be helped.										*								
C32	I need education, a job, determination, will power, and a place to lay my head when I get out. I tend to put the cart before the horse with my goals of getting a job, house, etc. I don't want to wait and work to get where I want to be.	*									*		*						
Q	<i>What do you think is the reason you are back in jail/prison now?</i>																		
C33	I need a good re-entry program to teach me how to pay bills, etc.																	*	
C34	I need help with parole. I left my previous parole situation and ended up homeless. I also have drug problems. When I was paroled to the parole program, I was sober for 21 months. After 2 weeks of relapsing, I was back in prison. I was frustrated because I couldn't get a good job even though I worked through temp agencies. I was told that working through temp agencies was the best way to get a job. I would spend time on the bus and going to different places to put in about 20 applications every day, but I wasn't getting a job. So I decided to quit.				*								*		*				*
C35	I need a stable job to support myself and my children. I have an 8-year old and a 13-year old. I have a dysfunctional environment that gets me in trouble when I'm around them. I need a change, but I'm not allowed to violate my parole environment.			*		*									*				

[illegible]

[illegible]

[illegible]

[illegible]

Place on back of cover page:

What is Public Health?

“Public health is what we, as a society, do collectively to assure the conditions in which people can be healthy.”

- *Institute of Medicine*