<u>"I JUST NEED HELP": PERCEPTIONS OF WOMEN JAIL RESIDENTS
THROUGHOUT THEIR CRIMINAL JUSTICE INVOLVEMENT</u>

by

Lindsay Smith
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"I Just Need Help": Perceptions of Women Jail Residents Throughout Their Criminal Justice Involvement

A Thesis submitted in partial fulfillment of the requirements for the degree of Master of Arts at George Mason University

by

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TABLE OF CONTENTS

LIST OF TABLES

LIST OF ABBREVIATIONS

ABSTRACT

"I JUST NEED HELP": PERCEPTIONS OF WOMEN JAIL RESIDENTS
THROUGHOUT THEIR CRIMINAL JUSTICE INVOLVEMENT

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With gender inequality holding a powerful presence in todays' discourse
following the third wave of feminism, #MeToo movement, and potential changes to *Title
IX* guidelines, it is becoming increasingly clear that we do not know enough about the life
experiences of women. The jail resident population in particular has increased almost
eight-fold in the past 30 years (The Sentencing Project, 2019). Research should focus
specifically on women because they not only experience more trauma, substance use
(SU) problems, and mental health (MH) issues than men, but they leave the criminal
justice system no better than when they entered it, and therefore are more likely to return
(Belknap, 2007; Belknap et al., 2016; Belknap & Holsinger, 2006; Covington & Bloom,
2003; Drapalski et al., 2009; Fazel et al., 2006; Greenfeld & Snell, 1999; Hills et al.,
2004; James & Glaze, 2006; Langan & Levin, 2002; Pollock, 2002; Salina et al., 2004;
Snell & Morton, 1991). Thus, in order to curtail their rising population, we need to
understand and serve their needs more effectively in attempts to propel their desistance

from crime. The purpose of this research is to identify women jail residents' perceptions of their own needs throughout their criminal justice experience (i.e., pre-incarceration, during incarceration, and after incarceration) to inform jail programming which could successfully target those needs.

This study relies on administrative data and data collected via interviews with women jail residents at all three security levels (i.e., low, medium, high) and women correctional staff at one mid-Atlantic jail. By comparing perceptions of needs across security-level, this research advances the current understanding of women jail residents' needs from multiple perspectives. In addition, it also furthers our knowledge on how connection and access to programming addresses some/all of the needs of these women. Gauging in what ways the perceptions of women staff and jail residents may overlap or differ is an important distinction that informs whether hierarchical (i.e., power-based) roles change perceptions of women's needs. Interviews with women jail staff inform how the social connection (i.e., relationships) between women jail residents and staff facilitates or inhibits women's connection to appropriate resource essentials during their jail stay and in planning for their reentry process. In this specific setting, only women jail staff are permitted to work with the women jail residents and thus are the only connection for women jail residents to access the resources they need. Overall, this research highlights the life experiences of women in jail and may inform jail administrators on the needs of women who are incarcerated and whether those needs are adequately met or if there are gaps that need filled regarding programming.

INTRODUCTION

On any given day, one out of 109 U.S. women are under some form of

correctional supervision (Holtfreter & Morash, 2003). More specifically, 15% percent of

those women are incarcerated in prisons or jails (Holtfreter & Morash, 2003). Of those

women, shockingly 80 to 90% have substance abuse problems (Belknap, 2007; Fazel et

al., 2006) and 73% have a mental health disorder, which is a rate 3 to 5 times higher than

the general population and incarcerated men (Drapalski et al., 2009; Hills et al., 2004;

James & Glaze, 2006). Furthermore, 80 to 90% of incarcerated women experience some

form of abuse (i.e., physical or sexual) as either children or adults (Covington & Bloom,

2003; Women in Prison Project, 2008). This makes them three times more likely to incur

victimization throughout their lives compared to incarcerated men (Belknap, 2007;

Belknap & Holsinger, 2006; Covington & Bloom, 2003; Greenfeld & Snell, 1999;

Pollock, 2002). Despite growth of programs and services for women jail residents, these

staggering numbers remained steady over the last few decades.

Women jail residents often leave the criminal justice system with the same needs

that they had when they entered the system. For example, only 15 to 23% of incarcerated

women receive medication for their mental health disorders (Greenfeld & Snell, 1999;

Snell & Morton, 1991). If those needs which are not met outside cannot be met inside

either, women do not meet a threshold for stability to assist in keeping them out of the

system. These and other unmet needs lead to higher rates of recidivism (Salina et al., 2004), ranging from as low as 40% (Langan & Levin, 2002) to upwards of 52% (Greenfeld & Snell, 1999) of women jail residents leaving jail and then returning. Ironically, jail staff often indicate that the only way that women can get their needs met, such as shelter, food, medication, and counseling, is by being incarcerated (Belknap et al., 2016). Incarceration further allows women to escape domestic violence, drug abuse, other criminal activities they resort to in order to survive (Bui & Morash, 2010).

The rate of women incarceration has increased by 750% in the last three decades, with 26,378 women incarcerated in 1980 to 225,060 in 2017 (The Sentencing Project, 2019). In 2017, 1.3 million women were under correctional supervision from the criminal justice system: 9% were imprisoned, 9% were jailed, 9% were on parole, and 70% were on probation (The Sentencing Project, 2019). However, incarcerated women receive inadequate attention because men simply outnumber them—even though their incarceration growth rate is twice that of men (The Sentencing Project, 2019).

Women's criminal histories tend to be short-lived and less violent in nature (Greenfeld & Snell, 1999; Steffensmeier, 1993); yet, the number of women who are incarcerated is ever-growing. Women often serve less than a year for mostly misdemeanor offenses (Lynch et al., 2012). In fact, two-thirds of women in prison are convicted for nonviolent offenses (Covington & Bloom, 2003). This leaves a considerably large number of women with low-level offenses that are divertible with alternative forms of punishment, such as community-based substance use treatment,

electronic monitoring, and work-related programs which are often not available in certain areas (Morash et al., 1998).

It is also crucial to consider that women who are incarcerated for violent offenses are often bound to intimate partners who may abuse them (Bowker, 1981; Covington & Bloom, 2003; Lauritsen et al., 2009; Mann, 1990; Norland & Shover, 1977; Steffensmeier et al., 2006). In addition, they also may be trying to escape homelessness or sex work (Blackburn et al., 2008). In this way, it is increasingly clear that young women face a "sexual abuse-to-prison pipeline," (Saar et al., 2015) leaving them in vulnerable situations that lead to criminal offending. This concept is known as the "blurred boundaries" theory which argues that women's offending is intimately linked to their earlier victimization (Daly, 1992). However, some suggest it has to do with the "harmed and harming" effect where those who have been harmed, tend to harm others— although not necessary in a physical sense (Brennan, 2007). That being said, women who are incarcerated often report that jails and prisons are generally as safe or safer than living in the community (Bradley & Davino, 2002).

Although there is considerable literature on justice-involved men, and some topics discussed will overlap, the primary focus of this piece is on women jail residents specifically. In addition, the literature on men mostly pertains to prisons, not jails. Furthermore, the disproportionate disadvantages laid out previously suggest that it would be difficult to compare these two populations because they drastically differ. Therefore, this study examines the needs women have pre-justice involvement, during incarceration, and post-release to further inform programs and services which can seek to combat this

cyclical issue within jail walls and as women prepare for post-release. Although programs and services are on the rise, the disconnection in access to these resources is gendered at its core. The following literature review highlights concepts related to women's intersectional positionality in society. The topics covered such as structural issues, substance use, mental health, and physical health will set the stage for how women are at an inherent disadvantage before they step into the revolving door of the criminal justice system, as they try to navigate through it, and while they prepare to leave it and reenter society. Then, a presentation of previous literature via a gender-specific context will highlight the apparent needs of women, and the correctional programming that has inadequately sought to fulfill them.

Women Criminality

To understand the needs of incarcerated women, it is necessary to understand their gender-specific pathways to crime, because when women have needs that are not met, this often puts them at risk for criminal justice involvement (Belknap et al., 2016; Covington & Bloom, 2003). There are effectively two main avenues that box women into categories of criminal offending: (1) individual-focused and (2) law-focused. The individual-focused avenue explains women's pathways to criminal offending based on individual-level factors that put them at a distinct disadvantage (e.g., domestic abuse, substance use). Secondly, the law-focused avenue purports a more systematic and structural explanation for increases in women's criminal offending by pointing to laws that disproportionately target them. However, regardless of the avenue, there is still a

gendered stigma attached to women's offending that makes it even more difficult to get their needs met (Belknap, 2007; Daly, 1994; Pollock, 2002; Travis, 2005).

According to the individual-focused approach, research suggests that women's criminal offending manifests in the following ways: as a mechanism for survival, way to provide for children, coping with early life trauma, and/or escaping an abusive partner (Jessie, 2019). These motivations take specific forms for one feminist scholar, Daly (1992), who specifically suggests that women's criminality occurs via five pathways: (1) *"Streetwomen"* who are severely abused as children, lived on the streets, and were in court for crimes related to supporting their drug habit, such as distribution or prostitution, (2) *"Harmed women"* who were also abused as children, and they resort to the use of alcohol or drugs which contribute to their violence, (3) *"Battered women"* with little or no criminal record who harmed or killed men who violently attacked them or threatened too, (4) "*Drug connected women"* with little or no criminal record also, but who use or sell drugs as a result of intimate partners, usually men, children, or mothers, and (5) *"Economically motivated women"* commit crimes to cope with poverty or simply out of greed (Daly, 1992). These explanations of women's pathway to criminality use the hardships and victimization of women to explain their engagement in crime.

Conversely, the law-focused approach's explanation for the rampant increase in women's incarceration is due in part to the effects of the "War on Drugs" and "Get-Tough" drug policies (Bui & Morash, 2010; Covington & Bloom, 2003; Harmon & O'Brien, 2011). In this argument, women may not be committing more crimes via

gendered pathways. Instead, they may be targeted, caught, and sanctioned more severely for similar levels of criminal activity.

In this way, the criminal justice system is explained via what might be called the "masculinization" theory (Chesney-Lind & Eliason, 2006) of women's criminal offending. The law, which often follows suit from social norms, does not focus on gender specifically as a stand-alone, but rather attempts to "just add women and stir." The theory assumes that the same forces that propel men to commit crime also propel women into crime, once they are freed from the constraints of their gender. This framework also lays the foundation for over-simplified concepts of "good" and "bad" femininity, standards which allow for the overcriminalization of women if they stray from the "true" path (i.e., passive, controlled, and constrained) of womanhood. This breeds a stigma around women's criminality because they not only break the law, but gender norms through their offending as well (Belknap, 2007; Daly, 1994; Pollock, 2002). It becomes less about who someone is as a person and more about what they do in society; this is specific to gender in that women are expected to "do gender" without participating in criminal behavior (West & Zimmerman, 1987). Society views crime and women as a mismatch in this way.

Structural Issues

Pre-incarceration

"The feminization of poverty" is not a new idea. Poverty is a gendered issue which disproportionately impacts women (Pearce, 1978). For example, single mother households have much higher poverty rates than any other family grouping in the United States (Christopher et al., 2002; Vespa et al., 2013) and this has remained steady between

1990 to 2010 (Kramer et al., 2016). It seems unfathomable that women make up 62% of the poverty population, yet only make up 52% of the total general population (Albelda, 1999). This is because there is a gender gap in poverty—single women are poorer than single men by 38% (Christopher et al., 2002). From an intersectional standpoint, the poorest women are mothers with no high school education, require assistance from one or more federal program, and have three or more children (Grall, 2018). However, why this phenomenon exists is due to a few reasons: (1) women make less money, which in society we know as the gender pay gap, and (2) women are more likely to take care of children, reducing their income both via wage penalties and the expenses of their children (Budig & England, 2001; Christopher et al., 2002; Folbre, 1984, 1994; Waldfogel, 1997, 1998). In this way, women experience double-jeopardy—they earn less because of gender discrimination and because of their role as mothers (Kramer et al., 2016). Therefore, ending poverty is going to take a policy and practice shift towards more equal wages for women, specifically who are mothers (Albelda, 1999; Himmelweit et al., 2004). This should include both increased enforcement of employment anti-discrimination laws, pushes for affirmative action in the workforce, and welfare programs that specifically target single mothers.

In terms of criminality, poverty among women is both a risk factor that makes them susceptible to victimization, but also to committing crimes (Bassuk & Donelman, 2003). However, women offenders are largely deficient in both social and human capital—coming from very disadvantaged and poverty-stricken backgrounds (Holtfreter et al., 2004; Owen & Bloom, 1995; Richie, 2001), which are characterized by few social

networks that can help them (Lin, 2000). This is problematic because women are also more likely to be unemployed welfare recipients upon arrest (Greenfeld & Snell, 1999), and if they cannot rely on their social networks for financial assistance, they are often limited to federal assistance to help them "make ends meet" (Edin & Lein, 1997). Yet, research suggests that federal assistance programs in the United States are not enough to pull individuals out of the life of poverty. In this way, women who make their way into the criminal justice system are disadvantaged by their lack of both social and financial support.

During incarceration

Structural barriers are present inside jail walls as well. These may include the jail's policies and practices, financial instability, security-level classification, layout and design of jail, lack of physical space, limited programming options, and relying on others to gain access to resources, among others. For instance, women are essentially forced to detox in carceral spaces; of incarcerated women, only about 25% obtain access to substance use treatment (General Accounting Office, 1999). As an added layer, another structural issue is that residents of carceral spaces are required to pay exuberant fees for in-house services, typically for health care services (Acoca, 1998) which burdens indigent women who cannot afford them and will leave the system with an excessive bill post-release. Therefore, both inadequate access and excessive fees act as a structural barrier for women trying to better control and manage their substance use.

Post-incarceration

Considering that 1.8 million women are released from jail annually (Jessie, 2019), there is a large population of underserved women that require further assistance. Justice-involved women are likely to suffer a greater income-related burden from a criminal conviction (Hersch & Meyers, 2018). Since women are often disproportionately charged with drug-related offenses, with the passing of the 1996 *Personal Responsibility and Work Opportunity Reconciliation Act,* they are then denied federal assistance such as food stamps if convicted of drug-related felonies (Phillips & Harm, 1998), as well as becoming ineligible for federal housing assistance (Travis, 2005). Thus, there is a glaring need to combat the structural issues which stem from poverty and oppressive policies (Carlton & Segrave, 2011; Freudenberg et al., 2005; Johnson, 2014; Kellett & Willging, 2011; Malloch & McIvor, 2011; van Olphen et al., 2009).

On another note, prior literature would suggest that race and ethnicity is important in discussing the needs of justice-involved women. While this is believed, and was thought about intently, issues related to race and ethnicity do not appear in the findings. Therefore, it will not be discussed at length in the literature review.

Substance Use

Pre-incarceration

Substance use problems amongst populations of women stem from unmet needs, and this often leads to incarceration. For instance, many women use drugs in attempts to "self-medicate" for undiagnosed and untreated mental health problems (Covington & Clayton, 2001; Galbraith, 1998; Inciardi & Pottieger, 1994). Similarly, women with

histories of abuse have a greater likelihood of turning to substances to deal with their

trauma (Fedock & Covington, 2017; Owen, 2005). As a result, there is an ongoing public

health concern for women who use substances that do not get access to proper treatment,

because they are more likely to go to jail for a drug-related charge and continue to

recidivate thereafter (Alemagno, 2001). Again, the threshold for met needs is falling

below the bar and achieving stability is then implausible—making incarceration more

inevitable.

During incarceration

Incarceration can be both a blessing and a curse for women who are justice-

involved substance users if the services exist and they have access. Furthermore, those

who enter the justice system, and actually complete substance abuse treatment often

cease their drug use and criminal behavior altogether (Hser et al., 2003; Pelissier et al.,

2001). However, in one study by Teplin, Abram, and McClelland (1996), once women

entered the jail, they rarely received substance use treatment services. They note that by

not treating this issue, it may complicate trying to treat other conditions or disorders that

women may have (Teplin et al., 1996). More specifically, those with co-occurring

disorders are at an even greater risk of recidivism due to the inability of treatment

services to target both needs simultaneously (Abram & Teplin, 1991). Although,

cognitive behavioral therapies focused on the present coping skills of individuals have

been shown to help with PTSD and substance use issues together (Zlotnick et al., 2003).

Thus, there is a greater need to adequately assess and effectively address the substance-

related issues of women.

Yet, correctional and external programming tends to use a one-size fits all

approach that is gendered at its core. In this way, one size fits all translates to one size fits

men. It is important to state that men-specific treatment programs are not appropriate for

women and often result in negative outcomes due to gendered differences that are not

accounted for in the development of these programs (Messina et al., 2006; Pelissier et al.,

2003). Until the last two decades, new developments in correctional programming have

been intended for and evaluated on populations of men solely (Belknap, 2015; Dowden &

Andrews, 1999). Women suffer from an equal-treatment model because when

correctional programming wears a gender neutral mask, the needs of women are

ultimately measured against a male dominant norm that does not appropriately serve

them (Daly & Chesney-Lind, 1988; MacKinnon, 1991; Nagel & Johnson, 1994).

Previous research indicates a need for different treatment components based on gender

differences in order for successful outcomes to be seen amongst populations of women

specifically (Messina et al., 2006; Pelissier et al., 2003; Staton-Tindall et al., 2007).

Post-incarceration

Moreover, if services do not offer a continuance of care from jail to reentry,

women may not be able to keep up with staying sober due to their other unmet needs

(e.g., housing, employment). For example, in one study of incarcerated women substance

users, most had been to drug treatment in the past year, yet they still ended up back in jail

due to their other unmet needs (Alemagno, 2001). Upon release, women with untreated

substance use problems often have a difficult time finding a positive social network of

people who do not use any substances (Salina et al., 2011), and thus they frequently

return to the same environment where they began using drugs to get their other needs met (Richie, 2001; Salina et al., 2011; Schilling et al., 1991). In this way, it is difficult to make treatment a priority when basic needs such as housing and food are in question. Therefore, we need to view this as a multifaceted public health issue that is a driving force of the increased incarceration of women and seek to combat it. Future policy discussions need to revolve around which entities are responsible for meeting incarcerated women's needs.

Mental Health

Pre-incarceration

Since women's mental health disorders primarily stem from past trauma, their mental health needs exceed men's. For instance, over 15% of individuals entering the criminal justice system are in need of mental health services; however, women's mental health needs are twice that of men's (Magaletta et al., 2009). Prior victimization was found to put women at a greater likelihood to need both inpatient and outpatient psychiatric treatment than non-victimized women (Bergman & Brisman, 1991). Thus, a very common mental health issue that women face is post-traumatic stress disorder (PTSD) as a result of their trauma (Friedman et al., 2015).

To curb this, the American Bar Association recommends that those with mental health disorders arrested for misdemeanors be diverted to treatment instead (American Bar Association, 1989). This is not a new concept; the criminal justice system is just not heeding the advice and therefore an even greater number of women are unnecessarily incarcerated. Although, one thing is clear: the criminal justice system does not have the

infrastructure to adequately serve the number of women within it whom need mental health services. Thus, to shift the current trends, resources need to be increasingly infused into the mental health systems across communities.

During incarceration

There are barriers that both heighten mental health symptoms women experience and limit women's ability to access adequate resources while in jail. In a study of women jail residents, over 80% of the sample had at least one mental health disorder (Teplin et al., 1996). These are often maximized in carceral environments that are full of opportunities for re-traumatization from practices such as pat downs, strip searches, frequent discipline, and restricted movement (Owen et al., 2008). Unfortunately, mental health treatment services are fairly inadequate, and sometimes nonexistent, for women who are incarcerated (Acoca, 1998). The cost issue is that the comparably small number of women in jail makes the individual cost per woman too high to provide them with the mental health services they need (Feinman, 1994). The other issue stems from the sameness approach, which often fails to translate programs designed for men into programs appropriate for women. In this way, programming does not take into consideration the influences of gender on mental health, resulting in the neglect of social and cultural impacts on women's behavior. Therefore, mental health resources and services offered to women must be contextualized in the social inequalities that plague their lives specifically (Laishes, 2002; Pollack, 2005). Pollack (2005) argues that a true feminist approach to mental health correctional programming would contract out those services to a third party, consisting of mental health professionals and peer navigators,

which more deeply understand the needs of women and can serve them more effectively while inside.

Post-incarceration

The systematic issues which act as barriers for women to access effective mental health services in the community are many. First, women who receive some form of mental health assistance during incarceration are responsible for the continuation of this treatment upon release—but limited income can be an obstacle to getting access to it (Bergseth et al., 2011). Too often, incarcerated women do not meet their goals of desisting from crime because services pay inadequate attention to the conjunction between their trauma histories and mental health disorders (Green et al., 2005). Furthermore, community-based treatment programs rarely have the capability or capacity to treat individuals, specifically women, with difficult treatment needs (e.g., co-occurring disorders, trauma histories) (Abram & Teplin, 1991; Teplin, 1984). As a result, having limited mental health professionals in one's social network, due to lack of access and economical deficiencies, becomes a risk factor for suicide-related behavior and violence (Monahan et al., 2001; Skeem et al., 2006). Thus, there is an apparent need for the mental health sector to collaborate with the criminal justice system and develop resources, programs, and services which seek to meet the psychiatric needs of women diverted from the system, who are in need of treatment in jail, and who need referred to community treatment post-release (Teplin et al., 1996).

Physical Health

Pre-incarceration

Medical concerns, and subsequent health care usage, of women are highly related to the structural barriers (e.g., lack of insurance coverage, financial instability, unemployment) that make it difficult to get their needs met outside correctional institutions. Nearly 57% of women have severe physical and/or sexual abuse histories in their lifetimes prior to entrance into the system (Enders et al., 2005; The Sentencing Project, 2007). Research even reports that 25% of women are abused before the age of 18 (Finkelhor et al., 1990). As a result, women who are victims of these forms of abuse are twice as likely to need medical attention (Koss et al., 1991).

In addition, women experience barriers to healthcare on the outside such as lack of health insurance, homelessness, mental illness, and substance use (Staton et al., 2001). This is further exacerbated for women in poverty who simply cannot access basic medical care, let alone products for proper self-care (e.g., nutritious food, hygiene products) (Acoca, 1998). This barrier makes it difficult to access needed medical care in the community for preventable conditions. In a study of preventive healthcare, women who faced lack of stable housing, lack of health insurance, and lack of a high school education were less likely to have received gynecological services in the previous year (Nijhawan et al., 2010). Overall, inadequate access to the health care system simply adds another layer of hardship to the lives of women and adds to the list of reasons why they may become justice-involved.

During incarceration

There are roughly 100,000 women who are incarcerated in the United States who have medical issues (Enders et al., 2005). Incarcerated women have significantly more health concerns like diseases, illnesses, and injuries than incarcerated men (Bloom et al., 2003; Maruschak & Beck, 2001), which puts them at a distinct disadvantage in an environment which is deprived in nature. More specifically, they experience health issues such as asthma, diabetes, hypertension, chronic poor nutrition, and dental problems at alarming rates (Richie, 2001). Though women and men's symptomology are comparable (e.g., exhaustion, stiff/achy, joints, backaches, skin rash, etc.), incarcerated women tend to have compounded symptoms that occur simultaneously (Lindquist & Lindquist, 1999).

However, while incarcerated, there is lack of access to adequate care, understaffed medical departments, and delays in treatment which are associated with severe and chronic medical conditions for women inside (Enders et al., 2005). Of interviewed women in one study, they reported minimal access to services for mental health, substance use, and medical treatment, but if they managed to obtain access, follow-ups were near nonexistent (Acoca & Austin, 1996). With the existence of more prior health conditions in combination with overcrowding, the symptoms among already disadvantaged populations are only exacerbated; this indicates a need to implement gender-specific services designed to prevent or treat disorders particularly salient to subpopulations, specifically women (Acoca, 1998; Lindquist & Lindquist, 1999).

More generally though, women faced a simple knowledge barrier. In a qualitative study of women who are incarcerated, focus groups held with women revealed that

women were unclear on how to report their physical symptoms due to their lack of

biological knowledge and medical terminology (Enders et al., 2005). This often led to

feelings of helplessness, anxiety, confusion, and intimidation which may further worsen

mental health related symptoms. We can see that even a controlled setting where equal

access should not be a question, obtaining access to needed resources is challenging.

Post-incarceration

Even though women are more likely to use health-related services during

incarceration, they still leave with unmet medical needs which constrain their ability to

reenter society successfully (Bloom et al., 2003; Lindquist & Lindquist, 1999; Richie,

2001). This is evidenced by the lack of access prior to justice-involvement and poor

treatment during justice-involvement. In Richie (2001), she argues for comprehensive

programs, better treatment, wrap-around services, empowerment programs, and

opportunities for self-sufficiency post-release. This can only be made possible via

collaborative efforts between the health and criminal justice systems.

Reported Needs

It is also crucial to consider the prior literature on what justice-involved

individuals report to need, as both a comparison and an extension of the literature through

this project's aims. While the previous literature does not break out needs into pre-

incarceration, during incarceration, and post-incarceration, the needs reported by

incarcerated women themselves, community service providers, and jail staff members

show similar themes in terms of areas that require attention. Of those studies examining

jail residents' needs, topics mentioned by women vary but include: employment/job

training, mental health, family, substance abuse, life skills, domestic violence/child abuse, parenting, PTSD, self-esteem, grief/loss, reentry, anger management, relationship skills (Green et al., 2005; Grella & Greenwell, 2007; Lynch et al., 2012). According to service providers, jail staff, and treatment employees, finding employment is one of the biggest needs faced by women, followed by affordable housing, accessing medication, child care, substance free environments, and education (Belknap et al., 2016; Bergseth et al., 2011; Travis, 2005). These become problematic to obtain because unfortunately the jobs women are often qualified for, do not pay a living wage (Bergseth et al., 2011) and the other basic needs require financial stability. Overall, the needs of women are many—especially those which are justice-involved—but they also vary greatly. However, the question now is, "who should be fulfilling such needs?"

Programming Needs

When it comes to correctional institutions, to steer clear of a one size fits all approach that is inherently patriarchal, a further examination of correctional programming is needed to ensure they overlap with the gender-specific needs of women (Rafter, 1990). There is a fundamental problem in evaluation research which tests the effectiveness of programming almost solely with populations of men (Acoca, 1998). When it comes to justice-involved men and women, equitable treatment does not necessarily mean there needs to be identical treatment, services, and/or programming. The programming needs of women during incarceration and post-incarceration are highlighted below. Since the primary focus of this paper seeks to inform correctional

programming, which targets women inside and preparing for reentry, pre-incarceration

programming is not included.

During incarceration

Typical correctional programming focuses on addressing one problem, while

ignoring the severity or intensity of others (Ritter et al., 2000). Thus, research suggests

that needs are often not met in correctional settings (James & Glaze, 2006). That is why

previous studies call for increasing gender-specific correctional programming; they posit

greater staff sensitivity to women, hiring additional women staff (Koons et al., 1997;

Morash et al., 1998), and including program staff who were previous substance users and

previously justice-involved (Koons et al., 1997).

The more promising of programs, according to previous evaluation research,

include the following topics of concern when providing appropriate resources for

incarcerated women: (1) substance use treatment, (2) parenting, (3) life skills, (4)

relationship skills, and (5) education (Koons et al., 1997). Programs must also be

sufficient in duration (Barnett, 2012; Martin et al., 2012; Mosher & Phillips, 2006),

provide links to the community as necessary (Barnett, 2012), and include both

correctional and community programming (Grella & Rodriguez, 2011; Martin et al.,

2012). Therefore, correctional programming has a long way to go in order to meet the

plethora of needs of women who are incarcerated.

Post-incarceration

Research suggests that needs are often not met upon reentry into the community

either (James & Glaze, 2006). In one reentry study, community service providers noted

that four out of seven identified needs of women were unaddressed in the community (Bergseth et al., 2011). This is partially why so many previously incarcerated women return to the streets facing the exact same problems they had when they first arrived to a correctional facility, because they use similar survival tactics which led to their incarceration in the first place (Singer et al., 1995). A threshold for met needs is not achieved to refrain from beginning the cycle of incarceration. When women have no stable legs to stand on, they are forced to do what they need to do to survive.

To better reentry services, developing community-based resources within social service agencies (Richie, 2001), using an "empowerment" model to help women gain their own sense of independence (Koons et al., 1997), and using a women-focused case management model specific to their needs (Orbis Partners, 2006) would foster greater support for previously incarcerated women. By identifying programs in the jail versus those in the community and seamlessly coordinating a transition to adequately serve jail residents upon release (Hammett et al., 2001; Osher et al., 2003), then women could be matched to services that reflect their risk level and needs (Orbis Partners, 2006). To ensure these needs are met, a system follow-up would ensure discharged women are receiving services in the community (Singer et al., 1995). This would mean promoting healthy connections to children, family, and the community, creating a safe and respectful environment (Bloom et al., 2005; Wright et al., 2012), providing access to a stable living environment (Barnett, 2012; Hammett et al., 2001), and providing women with opportunities to improve their socioeconomic status in the real world (Bloom et al., 2005).

Additionally, women have a plethora of issues that require proportional resources to manage them appropriately on the outside. They can easily become overwhelmed by trying to juggle too many things at once, while also trying to maintain sobriety in a non-controlled environment (Bergseth et al., 2011). It is naively believed that by locking up nonviolent women offenders as petty criminals, they will pay their debt to society and happily return to productive lives. However, they regularly lack viable options and resources to officially kick the cycle of criminal behavior and close the door to the criminal justice system (Singer et al., 1995) because their needs are not met. Women are at an inherent disadvantage before they step into the revolving door of the criminal justice system, as they try to navigate through it, and while they prepare to leave it and reenter society. When women's needs cannot be met outside of jail and their needs cannot be met inside of jail, the question becomes, where can women's needs be met to meet a threshold that keeps them out of the system? There are individual and structural barriers everywhere which makes stability unlikely.

The present study examines the perceptions of needs of women jail residents through personal interviews. This information is supplemented with data from interviews with women correctional officers which focused on their perceptions of jail residents' needs and their role in connecting them to the jail's resources. Secondly, the project includes an analysis of administrative data on jail residents' use of programming and services, substance use disorders (SUDs), and mental health disorders. Before now, only a few previous studies have offered the programming needs of incarcerated women, using methods such as official parole data (Schram et al., 2006), focus groups, and interviews

(Bloom et al., 2003; Green et al., 2005; Lynch et al., 2012; Snell & Morton, 1991). All of this information will inform jail administration on the effectiveness of programming for women jail residents to get their needs met. Historically in corrections, programming is not gender-specific to women's needs (Hills et al., 2004) and women often receive minimal services compared to men (Teplin et al., 1996).

Furthermore, it is important to investigate how women jail residents' needs may vary by security-level (i.e., high, medium, low). The reason for looking at this difference is because high-security jail residents in the jail of study receive fewer privileges and thus, obtain decreased access to programming and services. Therefore, it is important to understand whether this particular group has significantly fewer needs met than lower security-level women and whether their needs are adequately met. This study is important because it will potentially benefit women jail residents in the future through shifts in policy and practice for needed and necessary programming.

METHODOLOGY

Study Site Demographics

The study site is a mid-Atlantic jail containing over 1,000 incarcerated individuals. There is a 9 to 1 ratio of men to women jail residents in the jail (n ~ 900:100). There is one women's unit in the jail with one programming dorm, one general population dorm, two smaller high-security dorms, and one smaller medical/psych dorm. This project had a specific focus on the women jail resident population, where there are 104 women in total held in custody at the time of the study. Of those women, 27 of them are in programming dorms specifically, and another nine are on work release. This sample includes 29 women from those held in custody at the jail. In terms of security-level, 74% of the women in the entire jail are classified as low, 7% are medium, and 19% are high security. The breakdown in this study's sample is roughly the same: 76% low (n = 22), 10% medium (n = 3), and 14% high security women (n = 4). However, there is another layer of security-level to consider. Of the 76% low security-level women, 14% of them at the time they were interviewed were considered "trustees," while another 14% had been one before. Trustees are considered the lowest security-level in the jail because they are trusted with insider worker duties.

The race/ethnicity breakdown of incarcerated women in this jail is predominantly white (57%), followed by black (30%), and then a minority of other races/ethnicities

(13%). In the study sample, the women are white (52%), black (24%), Latinx/Hispanic

(14%), and mixed (10%).[1] A potential problem is that the jail does not classify Latinx or

Hispanic populations in its own distinct category because they only collect information

on race, not ethnicity; therefore, the number of Latinx/Hispanic in this sample could be

potentially skewed or misrepresented in other racial categories. For example, the jail

technically classifies the ethnicity Latinx/Hispanic under the category white; however,

that was considered during the calculation of the demographics by parsing

Latinx/Hispanic participants out into the "other" minority category. Furthermore, women

were identified as Latinx/Hispanic individually as they were interviewed by the

researcher to ensure the demographics reported in the findings are as accurate as possible.

Lastly, a break down by age of the sample indicates that younger women were

more often participants of the study than older participants. The sample included: nine

participants between 20 to 25 (31%), five participants between 26 to 30 (17%), eight

participants between 31 to 35 (28%), one participant between 36 to 40 (3%), two

participants between 41 to 45 (7%), two participants between 46 to 50 (7%), and two

participants between 51 to 55 (7%). Thus, a majority of the interviewed sample fell

[1] The percentage of black women jail residents in local jails (44%) in the United States
(Greenfeld & Snell, 1999) is far above the societal representation of African Americans
in the general population (13.6%) (Rastogi et al., 2010); additionally, this is even more
extreme due to the fact that women make up only 10% of this jail's population.
Comparatively by race, one out of every 18 black women were incarcerated, one out of
every 45 Latinx women were incarcerated, and lastly one out of every 111 white women
were incarcerated in the early 2000s (Bonczar, 2003). As this trend continued, black
women were nearly incarcerated at a rate three times that of white women in 2010
(Tucker, 2016).

between 25 and 40 years old. However, the jail is more dispersed in age with women of ages between 18 to 20 (6%), 20 to 30 (30%), 30 to 40 (44%), 40 to 50 (15%), 50 to 60 (3%), and 60 to 70 (2%). The underrepresented sampling issue will be discussed further in the limitations section of the paper.

There are four women dorms in total in the women's unit. The first one is a general population bunked style, open pod room. The second one is the programming dorm (e.g., work assignments, drug dorm) which is a linear-style hallway with double bunked cells. The last two dorms are made up of three hallways: in one hallway, there are two substantially smaller blocks with a small day room and two individual cells inside that are also double-bunked. The second hallway has another smaller block in it like the first hallway. These are for the high-security level women. High-security level women can be classified as high security for their crime, behavior, medical, or mental health reasons. The last hallway has the fourth smallest dorm which consists of five individual cells in it, two showers, and a large, typically unused classroom for women on medical or psych restrictions.

The women's unit is solely staffed with women correctional officers; although there are far fewer of them than men officers in the jail, with only 27% of officers being women. Hence, only four to ten women correctional officers were interviewed as a comparison with the women jail residents' perceptions of their needs. Occasionally, men will make an appearance on the women's unit and in those cases, they are most often transports (i.e., staff who work to relocate jail residents to another facility),

meal/commissary delivery, medical, and/or just passing through the unit. However, they are required to yell "male on unit" to inform the women of their presence.[2]

Research Protocol

      All research protocols received prior approval from the researchers' IRB and the study jail's administration. This mixed-method study uses interviews with and administrative data (e.g., substance use disorders, mental health disorders, engagement in programming, etc.) from women who are incarcerated at one mid-Atlantic jail. The administrative data supplements the jail residents' interviews on important cut-off criteria for specific needs such as substance use, mental health disorders, and programming received. Additionally, a small sample of interviews with women officers and one mental health staff member provide a comparison between jail residents' perceptions of needs to assess similarities/differences. This secondary study population also helps with understanding the role women correctional officers' play in facilitating or inhibiting access to resources by jail residents. Since women officers are the primary contact for women in the jail, they have a specific positionality, as the primary officers in the women's units, which allows them to see and hear what women need. Additionally, their role yields specific access to provide women with the information for those resources.

      Data includes interviews with 29 incarcerated women (28% of the women jail resident population). Data collection began in the summer of 2019 and ended in early fall 2019. For each data collection visit, I entered the jail and collected information in one of

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[2] The Prison Rape Elimination Act was passed in 2003 with the purpose to protect incarcerated individuals from sexual violence. Under this act, officers who are men must make themselves known before entering a women's unit to those living in it by yelling, "male on unit," to ensure they are heard.

the dorms in the women's unit. Each day at the jail, I spent two to four hours collecting data. For subject recruitment, I went cell-to-cell or bunk-to-bunk in each dorm that houses women and presented the purpose of the study, while making a record of those willing to participate. Once completing a participant list, I, over several weeks, interviewed everyone who volunteered to participate.

Due to short visiting hours at the jail (i.e., four-hour increments), I completed roughly two to three interviews per day. The jail had to lock down for count (when all jail residents must be seen and counted by jail staff) and shift changes. The interviewing process took 12 weeks to complete. I went to the jail two times a week during visitation hours. This included Sunday nights (7pm to 10pm) and Monday afternoons (12pm to 3pm). There were three days when I arrived, and zero jail residents originally on the list to participate were available or willing to interview. However, on subsequent days when I went to the jail, they agreed to be interviewed. The only instance in which jail residents on the original list were not interviewed was if the resident was released prior to the interview taking place.

The officer I was in contact with was the program coordinator, who suggested that Sunday evenings would be the best time for interviews, since no other programs were happening at the time. However, this meant that the women were often completing homework, doing laundry, hanging out in the day room, or using the telephone which often deterred some from wanting to interview. Each day of data collection, I provided a list of three to five jail residents to the program coordinator to pull participants for interviews. After a few weeks of interviews, it was easier to supply the list of women

prior to leaving for the following data collection day so that the list was already prepared and printed for when the researcher arrived. This also helped in situations when the program coordinator was not available or had the day off so that other officers, particularly those working Sunday nights, were aware of my goals and knew which women to pull for interviews. The program coordinator only pulled one dorm's resident information at a time, until the entirety of that dorm was interviewed. This minimized access to identifiable information at one time. I interviewed women in every dorm to ensure that those in general population, programming dorms, and high-security level women were all interviewed, if they wished.

The program coordinator and I agreed upon the secured interviewing rooms prior to the start of interviews for the day. They were selected based on if others were using them at the time of the interviews or if they had individual doors which could be shut for privacy purposes. I assured the interviewing rooms had solid cell doors (i.e., there was no wicket or bars) which remained closed during the duration of the interview. In this way, the rooms were confidential in that no other jail residents or officers were in the rooms at the time of the interviews and they had doors which could shut for privacy. This eliminated the ability for other individuals to hear the conversations had within the rooms. There were two main locations used for the secure interviewing room: one was a virtual visitation room located in the programming dorm and one was a program classroom located in the high-security level dorm. If the interview took place in the programming dorm with women in the program dorm, then women walked themselves to the secure interviewing room. However, if the interview took place in the programming

dorm or high-security level dorm with women from the general population dorm, then women were patted down and escorted with their hands behind their back, uncuffed, by one correctional officer to the secure interviewing room. Similarly, if the interview took place in the high-security level dorm with women in the dorm itself, they were patted down and also escorted by one correctional officer with their hands behind their backs, uncuffed, to the secure interviewing room.

At the start of each interview, I verbally discussed the informed consent document with all jail residents and received their verbal consent to participate. The choice to use verbal consent for interviews was predicated on the fact that jail residents are not allowed to have writing utensils with which they could sign a document, and because I wanted to ensure that if jail residents were not comfortable reading that I could talk through the consent with them instead. Once the women verbally consented to the interview and questions were answered, the interviews began and lasted for approximately 25 to 30 minutes each. This study used a semi-structured interviewing approach to collect data. An interview guide streamlined the process and included the following topics: 1) perceived needs (i.e., pre-incarceration, during incarceration, and post-incarceration); 2) facilitators and barriers to needs; 3) security-level variation in needs, and 4) connections to women officers. The open-ended questions guided the conversation with both women jail residents and officers.

The goal was to interview between four and ten women officers out of the 26 total women officers that worked in the women's unit at the time of data collection (which represents 15 to 40% of the 26 total women officers that work in the women's unit), with

interviews lasting approximately 25 to 30 minutes in length as well. At study completion, a total of six interviews occurred: five with women correctional officers (19% of the total 26) and one with the mental health coordinator who was also a woman. On data collection days, a convenience sample of officers that were working at the time were recruited to directly participate, and if they were willing and had time between tasks, they were interviewed. These were often scattered throughout the day depending on whether another officer could cover for them for upwards of thirty minutes. On the last day of data collection, I interviewed three officers individually, back-to-back. Individual interviews with staff took place in their personal offices or in the program coordinator's office with the door shut. I used their offices as secure interviewing rooms to ensure confidentiality and so that no other officers or jail residents could hear the conversation had within the rooms. There was an interruption during only one interview, by other correctional officers, and the conversation halted until the other officers left the office.

The topic of these interviews regarded what women correctional staff believed to be jail residents' needs prior to incarceration, during their time in jail, and their needs upon reentry into society. Furthermore, topics related to aiding women jail residents in obtaining access to programs and services also came up in the interviews (see Appendix A). I verbally consented correctional staff and interviewed them after they verbally agreed to the interview and I answered any questions about the study. In addition, I also collected the race and age of women correctional staff via my visual estimation for demographic information.

Lastly, I obtained administrative data (i.e., programming received, substance use disorders, mental illnesses) from the jail, with prior IRB approval, on the jail resident participants who completed interviews to supplement their statements in the interviews. To obtain this information confidentially, I was the only one to have a master list of names and de-identified study ID numbers from data recruitment. This master list was destroyed via shredding immediately following the completion of interviews. The mental health coordinator verbally provided me with the substance use disorder and mental health disorder information for each of the women interviewed which I recorded next to each of the de-identified study ID numbers in my notes. The program coordinator verbally provided me with the programming received by each of the women interviewed which I recorded next to each of the de-identified study ID numbers in my notes as well. I transcribed the list of de-identified study ID numbers and related disorders and programming received into excel files and the handwritten copies were destroyed via shredding following the data analysis process. The de-identified excel files are stored securely on a university drive.

Sampling Strategy of Jail Residents

The strategy used to sample the women jail resident population consisted of recruiting the entire women jail resident population; since there is a disproportionate number of women in the jail (n~100) compared to men, all of the women were recruited for an interview. The aims of this study are multilayered in that the primary focus is women's needs pre-incarceration, during incarceration, and post-incarceration.

Additionally, this study seeks to understand the nuances of these needs depending on the security level of women: high, medium, and low.

Therefore, I completed a comparison of the security-level counts to ensure that the stratification by security-level was as proportionate as possible—considering that there are far more low security-level jail residents than medium or high. There are considerably fewer medium- and high-security level women in the jail (n~10 to 20). The jail consists of 74% low-level, 7% medium-level, and 19% high-level women who are incarcerated. The desired target number of interviews was between 25 to 50 interviews to ensure that I collected a large enough sample size (greater than 20) that accurately reflected the women jail resident population. Since this was the desired target range of interviews, with a breakdown of three security-levels (i.e., high, medium, low), I preferred to interview between eight and fifteen women from each security level. This did not end up being problematic for this study's sample: four were high security-level, three were medium security-level, 18 were low security-level—four of which were trustees (i.e., low). The percentage of each security-level with the total sample of women interviewed (n = 29) roughly matched the percentage of women incarcerated in the jail, broken down by security level: low security-level (76%), medium security-level (10%), and high security-level (14%).

Furthermore, due to the high number of white women in the jail, it was also important to ensure that the sample accurately represented the population of ethnic and minority women in the jail as well. Thus, I stratified by race to ensure that a representative sample of all women jail residents ended up in the sample. As indicated

above, this sample is comparable to the overall population of women incarcerated in the jail in regard to race.

Analysis

This study used a hybrid approach: a deductive protocol and inductive data analysis. There was a need to mold the quantitative and qualitive approaches (i.e., asking both closed and open questions) to match the population in my sample. Jail residents in particular often move in and out of the facility fairly quickly, since they are in a pre-sentencing phase, and thus the protocol could not be extremely lengthy to ensure greater participation rates. Furthermore, asking for participants does not guarantee willing individuals—this barrier occurred often when no one wished to interview with me—so making sure the protocol was not labor intensive was important. Lastly, I did not believe that a survey would produce the rich information I was looking for in relation to needs— it is easy to list them, but not so much as it is to discuss how not having them met is related to their incarceration experience. In this way, my protocol was more of a face-to-face survey with room for growth.

Therefore, it was not a fully grounded approach—nor a semi-grounded approach per se—because I entered the field with a focus on the needs of women in jail and a suspicion that it may be influenced by security-level. Therefore, the interview guide I used was semi-structured in nature (see Appendix A). I used this hybrid method in order to remain as open as possible to what the women had to say, regardless of my questions, so in this way, it is not based solely in grounded theory. This approach allowed for the use of the constant comparative method however; as data collection continued and data

analysis began, ideas and questions took new form in the semi-structured interview protocol.

Interview responses were not video-taped or audio-recorded (as the jail did not permit recording devices). Instead, I took detailed notes during the duration of the interviews with women jail residents and officers. Per previous successful ethnographic methods, (Emerson, 2001; Emerson et al., 2011; Morrill, 1995), more detailed notes were typed out immediately following the interviews once the researcher gained access to a computer after leaving the jail. They were then transcribed and entered into Atlas.ti (8), a qualitative data management software, for coding and analysis (Muhr, 1991). This software allowed for the storage of all interview transcriptions and an in-depth analysis of the data collected from interviews. The strategy used for coding was line-by-line coding, in order to assign a specific code to each line of interview notes (Charmaz, 2006). An initial coding list was developed and was revised over time as the constant comparative method was utilized and the grounded theory approach considered. The initial code list contained: (1) jail residents' needs (i.e., before, during, and after incarceration), (2) facilitators and barriers to needs being met, (3) met versus unmet needs, (4) security-level variation in needs, and (5) the importance of relationships with officers.

In the second round of coding, I dove deeper into the nuances of needs that women jail residents and correctional staff indicated. This round of coding pulled out a deeper understanding of differences between access of men and women jail residents, mental health and physical health related needs, understanding the needs of other jail residents, annoyance in placing unanswered requests to officers, concerns and desires of

the women in jail, trauma experienced during the life-course by women, basic descriptions of programs, items, and daily life, the definitions used by women of "needs" and "wants", irritation with reforms and changes across the jail, confusion about policies and procedures in the jail, justifications for jail operations, offending, and other experiences, and issues related to correctional officer discretion. The third and final round of coding, uncovered the last layer of variation from the codes. This round revealed instances where women tried to provide advice to other jail residents in moments of empathy, the importance of communication and visitation with family emerged, minimal altercations and spats with other jail residents or officers appeared relevant, the programs and/or classes that were most appreciated came to the surface, the role of correctional officers was discussed in depth, worries and fear related to reentry planning were presented, suggestions for improvement across the jail also became clearer, inequalities based on certain demographic factors were parsed out, and coping mechanisms during free time became more apparent.

FINDINGS

Based on previous research presented above, women typically enter jail or prison with distinct offending patterns and traumatic life experiences (Covington & Bloom, 2003; Daly, 1992; Greenfeld & Snell, 1999; Lynch et al., 2012; Saar et al., 2015; Steffensmeier, 1993). In this way, women have diverse needs spurring from these varying experiences. Although some of these experiences, discussed below, are common to both women and men in jail or prison, they impact women disproportionately. Furthermore, there is a need to address the inequality in the jail related to its priorities in serving its jails residents who are men, over those who are women. It was stated so often by women that "It's a men's jail," it became almost a motto among the jail residents.

The following results layout the specific needs of women in this particular jail through a series of sections: life experiences, needs of women, relationships of women, and jail experiences. These groupings will cover a variety of topics such as mental and physical health, substance use, and trauma, pre-, during, and post-incarceration while focusing specifically on the demographic differences and perceived barriers and facilitators of needs, needs of other jail residents, met versus unmet needs, relationships with and connections to women staff, security-level variations among women, programming received, perceptions of jail policies and procedure, and recommendations

for change. Overall, these findings highlight the necessity of exploring justice-involved

women's needs more specifically.

Life Experiences of Women

Mental Health, Physical Health, & Substance Use

"I just need stability… to pick up the pieces of my life" is a sentiment iterated by

one woman in relation to her substance use. Similarly, three other women residents

pleaded for stability as well—especially regarding their specific disorders. Women

experience mental health, physical health, and substance use disorders at a compelling

rate; yet, of women who are incarcerated, these numbers are often higher and directly

relate to increased offending (Belknap, 2007; Drapalski et al., 2009; Fazel et al., 2006;

Hills et al., 2004; James & Glaze, 2006). This is supported by the 29 women in this study.

While five women were not diagnosed with either a mental health disorder or a substance

use disorder, well over 80% of the sample has one or the other, or even both disorders.

For example, 69% (n = 20) of the women interviewed had a co-occurring disorder, 10%

(n = 3) had only a mental health disorder, 4% (n = 1) had only a substance use disorder,

and 17% (n = 5) were either undiagnosed or did not have either disorder. This is

supported by the research that states that 70% of individuals with mental health disorders

in jail also have a co-occurring disorder (Blank Wilson et al., 2014). Therefore, it is then

not surprising that 34% of women in this sample indicated that they had been to jail at

least once before. Similarly, 7% indicated that they had previously been on probation

and/or parole before as well, while four women were in for a probation violation

specifically. Therefore, this would have us assume that needs are not being met inside the

jail walls or on community supervision when women are returning with the same issues they had when they first became justice-involved. The ways in which mental health, substance use, and physical health disorders act as structural barriers for women to get their needs adequately met is discussed further.

Table 1 Prevalence of Disorders

Disorders	Percentage of Women Who Report
Co-occurring	69%
Mental health	10%
Substance use	4%
Undiagnosed/no disorder	17%

While one staff member indicated that "95% of those who come into the jail have alcohol and drug issues," in this study, 76% of the women in this sample have a substance use disorder. In this way, staff may believe that nearly all incarcerated women have at least one substance issue—whether they perceive this to be the root of their offending patterns is unclear. Of those women, 38% use opioids (n = 11), 45% (n =13) use alcohol, 31% (n = 9) use cocaine, 41% (n = 12) use cannabis, 14% (n = 4) use hallucinogens, 17% (n = 5) use stimulants, 3% (n = 1) use benzodiazepines, and 3% (n = 1) use phencyclidine (PCP). Most women use more than one substance. As a major problem for women in this jail, the same sentiment is echoed across the sample, "I really just want to be sober." This is made possible by offering a specific drug dorm in the jail

for women specifically on low-level security status. However, one woman jail resident recognizes that this means that "the jail gives access to things to some people, but not to everyone" because as one correctional officer puts it, "security trumps everything." Therefore, the overarching goal of the jail—security—essentially hinders equitable access to all women jail residents.

Table 2 Substance Use Disorders

Substance Use Disorders	*Percentage of Women Who Report*
Opioid	38%
Alcohol	45%
Cocaine	31%
Cannabis	41%
Hallucinogens	14%
Stimulants	17%
Benzodiazepines	3%
Phencyclidine (PCP)	3%

As for mental health disorders, 34% (n = 10) of women have bipolar disorder, 20% (n = 6) have anxiety, 45% (n = 13) have PTSD, 31% (n = 9) have some form of depression, 3% (n = 1) have a personality disorder, 3% (n = 1) have a mood disorder, 10% (n = 3) have ADHD or ADD, and 3% (n = 1) have a learning disability. Some women had more than one mental health disorder. Due to these high numbers, the jail

hired a mental health coordinator specifically to offer individual and group counseling for the women. The jail has a mental health grant, lasting three years, that provides the infrastructure to offer the women a mental health program called LIFT that is run by the coordinator. However, given the prevalence of these disorders in this sample alone, one mental health coordinator and one counselor is not enough to serve close to 100 women. This is clear given the following statement by one woman who had been waiting three weeks to speak to the mental health coordinator, "I know we don't have rights, we're on their time, but we wait and hold on to appointments because we need it." Furthermore, 10% of the sample indicated that the mental health program is understaffed. Understaffing is just another structural barrier inside the jail that effectively blocks women's access to appropriate mental health care.

Table 3 Mental Health Disorders

Mental Health Disorders	Women Who Report
Bipolar	34%
Anxiety	20%
PTSD	45%
Depression	31%
Personality	3%
Mood	3%
ADHD/ADD	10%
Learning disability	3%

Lastly, when it comes to physical health issues, there is a total of six women who indicated having a specific physical health problem, ranging from seizures, pneumonia, psoriasis, heart issues to scoliosis. For each of these physical problems, only one woman reported having them. It is important to note that women were not directly asked about their physical health concerns; rather, they simply offered the information up willingly during interviews. Therefore, while these issues do not seem as prevalent for women in the sample, there was plenty said about the medical department in the jail. In fact, the only time the women discussed grievances was in relation to medical, and this emerged for 7% of the sample. In addition, there was one woman in the sample who was deemed high security, specifically for medical reasons. Furthermore, there were four instances in particular that women engaged in storytelling to exhibit times when medical assistance was deemed unacceptable to them. Based on the perceptions of some women, the need for adequate medical care is not being met and this barrier is a structural fault of the jail. Lastly, a group of women (17%) supplied recommendations for how to improve medical assistance in the jail to ensure physical health needs were more adequately met according to them.

Table 4 Physical Health Disorders

Physical Health Disorders	Women Who Report
Heart problem	3%

Pinched nerve	3%
Pneumonia	3%
Psoriasis	3%
Scoliosis	3%
Seizures	3%

Trauma

One jail resident believed, "At least 80% of the women in the jail have been sexual abused." Without being prompted, on numerous occasions, women directed conversation towards their personal trauma histories which often seeped into their discussions of their needs. Of those who spoke about it, topics of abuse (e.g., sexual, and physical), death of people close to them, and divorce from a partner emerged most often. According to the mental health staff in the jail, "Well over 50% of women here have significant trauma histories and it involves men as the perpetrators of that violence." In their own words, women indicated that other jail residents needed trauma-based services because, according to one woman, most women do not "have the ability recognize what abuse is and I know because I've been hospitalized by men before." A handful of women in this sample (17%) were also quick to point out that needs of other jail residents stemmed specifically from their trauma histories. In addition, 10% of the women in this sample indicated a personal need for trauma services during their time in jail. However, supposedly, the trauma-based women's group is no longer running, and thus jail programming does not appear to meet the needs of women in this capacity.

Table 5 Trauma Histories

Trauma Events	Women Who Report
Physical or mental abuse	7%
Sexual abuse	3%
Death of child	7%
Death of family member	3%
Death of spouse	3%
Divorce	3%
Losing custody of children	7%

Needs of Women

Pre-incarceration, During Incarceration, & Post-incarceration Needs

"When I walk outta here, I'm literally going to have the clothes on my back," and yet, this is not an uncommon sentiment expressed by women in this study. Since the life experiences of women are more clearly understood as they disproportionately disadvantage women in this sample, the following section dissects the differences between women's pre-justice involvement needs, needs during incarceration, and reentry-related needs. To clarify, post-incarceration needs were often known to a majority of women because they had been incarcerated before—only one woman explicitly indicated that she had never been to jail before. Secondly, the intent was to have women rank order their most dire needs at each point in the criminal justice process; however, this was not

plausible for most as they had so many needs, often basic necessities, and thus women

could not pinpoint the most important ones. The most expressed needs women have

before becoming justice-involved is substance use treatment (n = 18), employment (n =

11), housing (n = 11), and mental health treatment (n = 8). Secondly, the most recurring

needs women reported during incarceration is classes/programs (n = 12), substance use

treatment (n = 14), food (n = 9), GED (n = 10), medical services (n = 10), mental health

treatment (n = 20), and reentry planning (n = 14). Lastly, the most common needs women

reported they will need for re-entering society is substance use treatment (n = 16),

employment (n = 20), housing (n = 19), mental health treatment (n = 8), and outside

programming (n = 16).

Table 6 Overall Needs of Women

Pre-incarceration Needs	Women Who Report	During Incarceration Needs	Women Who Report	Post-incarceration Needs	Women Who Report
SU treatment	62%	MH treatment	69%	Employment	69%
Employment	38%	SU treatment	48%	Housing	65%
Housing	38%	Reentry planning	48%	SU treatment	55%
MH treatment	28%	Class/program	41%	Outside programming	55%
Identification	18%	GED	34%	MH treatment	28%
Financial	14%	Medical services	34%	Support system	21%
Food/nutrition	14%	Food/nutrition	31%	Clothing	21%
Transportation	14%	Recreation	24%	Identification	17%
Stable environment	14%	Childcare	17%		

Feminine hygiene products	17%	

Needs by Demographic

As an intersectional woman with several overlapping identities, a jail resident indicates "There's no hope, we need a second chance… we need to get better." When analyzing how the intricacies of women's lives, both in and out of jail, impacts the amount of needs they perceive to have, it does not seem to vary greatly by demographics considering the sample variation. However, what is noticeable is that the number of needs as women enter the criminal justice system, move through it, and attempt to exit it tends to grow. This trend is clear for white women, low-security women, 20 to 30 year-old women, and 50 year-old and older women which are the identities of a majority of the sample. The rest of the diversity across women in the sample had fairly steady numbers in terms of needs; although, needs after incarceration seem to be high across the board.

Table 7 Needs by Demographic

	Number of Pre-incarceration Needs	Number of During Incarceration Needs	Number of Post-incarceration Needs
Black	25	20	31
White	47	57	60
Other	12	21	16

Low Security	66	72	86
Medium Security	8	14	9
High Security	9	12	12
Age 20 to 30	49	58	60
Age 35 to 45	24	24	23
Age 50+	11	16	24

Barriers to & Facilitators of Needs

As indicated by one woman officer, "The system is its own barrier," that makes it difficult to obtain items like an ID because of the limitations of incarceration. It is apparent that women have a plethora of needs; however, as women seek to access the resources and services needed to appropriately address their needs, they face barriers that make it exponentially harder to do so. In the same way, they also encounter facilitators that make fulfilling their needs much easier. Therefore, women in this sample were asked what made it either harder or easier for them (i.e., barriers and facilitators) to fulfill their needs.

The most common barriers to getting access to what is needed by women include: lack of reentry planning (n = 16), substance use disorder (n = 14), financial (n = 13), lack of knowledge/options (n = 12), jail policy (n = 11), and keep separates (i.e., two individuals that must stay separated in the jail for a variety of reasons) (n = 10). Women expressed that jail was often the only way they could get access to resources that could help them to fulfill their needs in a comment by one woman who said "I didn't know

what was available until I came to jail." Therefore, it can be concluded that planning for successful reentry is scary for women. The correctional officers in this sample indicated, "They [the women] often don't know where to go and end up back in jail" because of this fear.

Moreover, those with long-term issues (e.g., substance use disorders, mental health disorders) are at a distinct disadvantage, because as one woman puts it, "People always ask me, what are your hobbies? And, I been doing drugs for so long, I don't know what I like to do." For another woman I spoke too, her conviction was for petty larceny, which she told me was due to the fact that she is in poverty and her daughter needed feminine hygiene products. Thus, her class position is the root of her offending. In this way, structural barriers stymie women's ability to effectively reenter society, desist from criminal behavior, and remain out of the criminal justice system.

The most common barriers were expressed by all security levels; however, those related to jail policy and keep separates emerged among the high-security level women who, because of jail policy and keep separate issues, were limited in their access to resources and programming in the jail. For instance, one high-security woman explained the purpose of keep separates as, "Well, like for me, I have a co-defendant, or if you feel uncomfortable around someone, or you get in a fight," but that "We need programs too, even if they just made a schedule that was like every other day for us so keep separates aren't together" to get their needs met. Therefore, the jail's policies and practices are systematically denying equal access to programs and services to certain women jail residents.

Furthermore, there was an attitude of unfairness expressed by high-security women regarding jail policies related to access based on security levels. In trying to understand inequal access based on security-level one woman asked, "Why do lows get what they need and they're about to get out and that stuffs on the outside too?" In another sense, there was irritation expressed in that sentencing requirements could not be met because of jail policies; one jail resident expressed, "We can't even do court-ordered programs if we're in orange because of the jail's policy." The structure of this institution is thus preventing a particular class of jail residents from getting their needs met.

As for facilitators, the most common enablers to getting access to what is needed by women include: women staff (n = 9), information (n = 8), mental health staff (n = 8), reentry planning (n = 7), and LIVE (non-profit organization aimed at meeting the needs of offenders) (n = 6). Women recognized that if they could not access something in jail, it could more easily be accessed on the outside; according to one woman, "The jail isn't going to help with these, but [LIVE] might." It was clear however, that the most common facilitator of needs for women was other people, whether it is women correctional officers, mental health staff, or family members.

Table 8 Barriers to & Facilitators of Needs

Barriers	Women Who Report	Facilitators	Women Who Report
Lack of reentry planning	55%	Women staff	31%
SU disorder	48%	Information	28%
Financial	45%	MH staff	28%

Lack of knowledge/options	41%	Reentry planning	24%
Jail policy	38%	LIVE	21%
Keep separates	34%	Community Services Board (CSB)	21%
No identification	24%	Programs/classes	17%
Losing custody of children	21%	Volunteers	17%

Needs of Other Jail Residents

As an example, one jail resident suggested, "If you don't get outside, it builds tensions among women." In this way, women recognize when others are struggling and thus in need. Women in the sample were also keenly aware of other needs of those women around them. When women were asked about the needs of other women in jail, they most often discussed the following: mental health treatment (n = 7), substance use treatment (n = 5), recreation (n = 5), and food and/or better nutrition (n = 4). However, this varied greatly when discussing women jail residents on higher security levels. For instance, women were quick to say that high security-level jail residents, "don't have access to what they need; they're stuck on the block all the time." Thus, as one woman puts it, the concept of high security-level is "just a housing system." However, this housing system is what stymies specific women's opportunities to get their needs met for 23 hours a day.

Table 9 Needs of Other Jail Residents

Needs	Women Who Report
MH treatment	24%
SU treatment	17%
Recreation	17%
Food/nutrition	14%
Mentorship	10%
Programs/classes	10%
Emotional support	10%

Needs Met vs. Unmet

Women officers even admit that the unmet needs of women, "are basic needs, but they don't have it." Similarly, women jail residents were not prompted about whether or not their personal needs were met, but they often recognized that there were some facets of their life that were fulfilled and others that were lacking. The perceived personal needs deemed met by some women jail residents include: housing (7%), employment (3%), financial (3%), food/nutrition (3%), mental health treatment (3%), programming (3%), and reentry planning (3%). On the other hand, there were several unmet needs that women personally experienced and more readily discussed during the interviews: education/GED (14%), identification (10%), medical services (7%), mental health treatment (7%), food/nutrition (7%), recreation (7%), and more. In this way, perhaps there is a balance between the needs which should be met in jail and other needs which simply cannot be met inside facility walls—a threshold for maintaining stability.

As a second layer of need fulfillment, I asked women whether they believed medium- and high-security level women had their needs met as well. Of the women in this sample, 49% responded that they believed higher security-level women's needs were not met. More interestingly, is that 50% (n = 3) of the officers and staff spoken to also expressed concern that high security-level women were not getting access to what they needed due to policies and practices of the jail. According to two different women correctional officers, "They're not getting needs met because they don't have access." It is as simple as that. Furthermore, five women jail residents said the exact same thing almost verbatim. It is clear that officers and jail residents are in agreeance; however, structural barriers are inhibiting their ability to change jail policies and practices and further attempt to meet the needs of women within it.

Relationships of Women

Connections to Women Staff

"They do need connections, you know?" is an understated rhetorical question asked by one jail resident expressing the importance of relationships for women who are incarcerated. In the absence of programming specific to women's needs and the inability for some women to access these programs (i.e., high security-level women), several women seek out other women for help. While the extent to which women reached out to other jail residents was not discussed at great length, women were asked about their relationships with and connections to women correctional staff to get a sense of their reliance on them and relationships with them. Of the 30 women spoken too, 41% of them iterated the importance of having a connection with women correctional staff in the jail.

Moreover, 14% suggested that women staff could be relied on and were helpful in that they "go above and beyond" for jail residents and "they'll do anything for you." One jail resident provided reasoning for this connection in that, "They're compassionate [because] female officers get it because they also have kids."

Overall though, the perceptions of women staff by the women jail residents spoken too was mixed. In this way, it really depended on the staff member, as stated by one jail resident, "Well it depends on the C.O., they can make your life hell or easy." For those that expressed grave concern about women correctional staff, one woman asked broadly, "Do you feel like it's because you have power over me because you work here and I live here?" In this way, the correctional staff's role puts a barrier between their connection. However, some women interpreted this barrier differently in saying, "They're here to do their job and they just want to go home safe too."

Table 10 Perceptions of Women Staff

Perceptions	Women Who Report
Enforce rules/Job to do	45%
Helpful	34%
Mixed views (i.e., some good, some bad)	34%
Do not care	24%
Humanizing	21%
Extra/Attitude	21%
Caring/nurturing	17%
Do not take jail residents seriously	17%

Only officers who are women work on the women's unit in this specific jail. Approximately 59% preferred women staff to men staff when asked, and 24% indicated that they had personally experienced jail with both men and women officers assigned to the unit. Yet, when women were asked about what they thought if officers who are men were to work on the unit, they either did not care (21%), thought it would be a bad idea (17%), indicated it would be too sexual (14%), said it would just be "different" (14%), would be distracting (10%), or simply uncomfortable (10%).

Relationships

A comment by one jail resident recognizes, "We, as women, focus on relationships," which is often an outlet for incarcerated women. When women discussed their relationships with other people, the connections they talked about most included relationships both outside and inside of jail, but most often discussed their relationships with other women. In jail, women talked about their relationships with women staff (66%), the chaplain (21%), and other jail residents (31%). They brought up relationships on the outside of jail in relation to their family (31%) and their mothers more specifically (21%). One reason for this strong connection to people on the inside, is perhaps because these individuals more readily understand what it is like to be inside those walls. The even greater connection to women staff is best encompassed with a quote by one woman in jail discussing comments she heard from women correctional staff, "We've done what you've done, but we just didn't get caught." This attempt to normalize, humanize, and empathize with jail residents is potentially why so many of the women in this study flocked to the important relationships they found with women staff in particular.

53

Women Staff's Views

Women staff realize the cyclical issue that is linked to women's incarceration, by an expression of one officer, "When you're used to 4 walls and you get out and you're in the open" it is difficult for women she said. As indicated previously, officers have a degree of understanding about where incarcerated women were previously situated in society before entering the system. Although there were few women correctional officers in this sample (n = 6), there were several points that all the women staff spoken to agree on when it comes to working with women jail residents. An officer talked about how women need a stable environment because they often come in to jail being abused. The officers emphasized the degree that mental health issues are a problem for women and one stated that the whole county has completed mental health training considering this understanding. She suggested that it teaches officers how to talk to individuals, especially those who do not have any inter-personal skills. In this way, it is apparent that correctional officers who are women are keenly aware of the structural barriers women face prior to their connection to the criminal justice system.

Echoing the literature on how incarceration is often the only option for women to obtain access to the most basic needs, is a comment by one woman correctional officer interviewed who notes, "Women leave and then purposely find a way to get back into jail, especially if they have diabetes, they are pregnant, or whatever because medical care is free in jail—including the medications." Therefore, some officers might believe that women just use the jail as a resource for services not easily obtained on the outside. This is just one way that women plagued by systematic barriers that disproportionality impact

them use the system to get access to what they need. Besides basic access to medical services, officers suggested that there is an abundance of programs that women have access to as well. However, the applicability of those programs to actually help women succeed on the outside is questionable. Another officer said, they learn problem-solving and coping skills in jail, but when they have all of these things on top of them and have not had an active chance to use those skills yet, they usually cannot deal with it all at once and then succumb to the pressure and relapse on the outside. This is due to the structure of the jail in its primary focus of security, it has strict rules barring women from engaging in certain behavior that would allow them the ability to practice what they learn in programming.

When asked about why women officers work specifically with women jail residents, all the officers in the sample indicated that this was for the best. One in particular noted that, women's needs are different in terms of sanitary, health, and dynamics. Women officers just get it. She also said, "You hear women snicker and whisper and women staff can spot a conflict before it even happens." This statement suggests that women officers are the best match for overseeing women who are incarcerated. The officers also believed that women get something out of this connection as well; according to one officer, "These women in here really look up to us if they know we care." The importance of staff connection overlapped with the views from women jail residents as well.

Overall, the women officers demonstrated their understanding of the complexities of women's lives, felt that they were best suited to manage them in a carceral setting, and

emphasized the importance of woman-to-woman connection to access resources to meet their plethora of needs. This is best represented in a quote from one officer, "If you knew the women in here, you would soon learn that they are not all bad people." We see that gender-specific matching of jail resident and jail resident supervisors allows for the blossoming of genuine connections which potentially negates some of the hardships of time in jail, facilitates access to needed resources, and knocks down some of the structural barriers limiting women.

Jail Experiences of Women

Programming

"I just feel trapped," is the overarching theme described by one woman of how medium and high security-level women feel inside jail—their experiences represent what it feels like to be caged. In the jail of study, over 400 hours of programming takes place each month. However, in this sample of 29 women, over 20% of the women have not completed a single program[3]. The reason for this discrepancy is inequitable access to programming based on security-level—five of the six women who had not completed a program in this sample were high security-level women. However, there was frustration surrounding this classification and subsequent inequality. As stated by one woman, "If I could program from the time I woke up until the time I go to sleep, I would" yet, this is not plausible and it is not for lack of trying. The other 26 women in the study had

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[3] Only one woman was low security-level among this group of women who had not completed a program; the rest were high security-level women.

completed or were enrolled in at least one program (38%), two programs (42%), and even three or more programs (7%).

The most common programs among the women include: drug dorm, FREE dorm (i.e., religious-focused), LIFT program (i.e., mental health-focused), and trustee (i.e., inside workers). Of the most popular programs in the jail, meaning they consistently have wait lists for women to enroll, seven are/were participants in the drug dorm, eight are/were trustee members, six are/were participants in the LIFT program, and 12 are/were living in the FREE dorm. The need for wait lists for programming was due to the sheer lack of space in the jail for women to participate—another structural barrier barring access to resources that meet women's needs. Most women attributed this to the fact that, "Jail is a male world; they get more space and there's more of them." However, it is important to note that several women who could participate indicated the growth they experienced after having completed a program; more specifically, after completing the FREE dorm, one woman said, "I really feel peaceful, this program has helped me immensely." This suggests there is a dire need for women to engage in programming because it is making positive impacts on women's lives and has the potential to tear down other barriers which make it harder to get their needs met.

Jail Policy & Procedure

The jail's operations dictate how women live while confined and this drastically impacts the way they experience it, as indicated by one jail resident who expressed, "I don't feel we have any rights—they tell us what to do, when to do it, and how to do it." The women jail residents were keenly aware of the jail policies and procedures that they

believed either hindered or enabled their access to services in the jail. They seek to test these policies and procedures to ensure compliance, as indicated by a woman correctional officer in the study, "This is a controlled environment where they have very little, so they try to test policy and the law to see if the jail will comply," knowing that if they do not, they could sue. This was also evident in interviews with women. The most common jail policy the women talked about were the rules specific to the medical department (34%) and differences in programming based on security-level (34%). Secondly, they were quick to discuss jail policy violations (24%) in relation to showers, phone calls, medication, requests, and "good time." While jail policy acted as a barrier for women to get their needs met, so to were violations in policy that meant they could not access basic necessities.

The main concern that women had with being classified into a particular security-level had to do with the policy on privileges connected to security-level. One officer explained to me that the jail purposefully does not inform women of their privileges at each security-level so that they do not challenge the access—it is simply better if they do not know the policy. In this way, the jail's policy on security-level variations of privileges is confusing to women (14%) and few simply did not know there was variation at all (7%). This is yet another barrier. The main differences in access according to security-level that women jail residents were aware of include differences in: commissary (38%), programming (69%), and recreation (24%). Overall, a handful of women expressed how unfair the variations in access to privileges were based on security-level (24%) because it meant not getting what they need.

Jail procedure was another topic they had strong opinions about in relation to access. Specific to jail procedure, they often explained their attempts to access the medical department (31%) and their failed attempts to obtain their medications from the outside (17%). Additionally, they discussed their lack of access to recreation when the weather is poor (14%). This was frustrating to several women because, supposedly, they are to get access to the inside gym in lieu of yard when it rains, but this never happens according to the women. Overall, confusing policies and procedures act as a structural barrier for women to obtain their basic rights and privileges in jail.

Similarly, the women also noticed, either during their current stay or during a previous stay at the jail, that reforms and changes to jail procedure had taken place. The number one change they recognized as a group was that programming privileges by security-level had changed (28%), along with commissary amounts by security-level (10%). Otherwise, there were mixed views on what else had changed: few said that there was an increase in programming generally (10%), and even less indicated that there was a decrease in programming (3%).

Recommendations

One example from a jail resident suggests a greater need for follow-through by staff to ensure their needs are met, which is often why most of these recommendations are made, "I know we don't have rights, we're on their time, but we wait and hold on to appointments because we need it." Overall, it is apparent that women have varying needs based on their specific disorders, expressed needs throughout their criminal justice involvement, and indicated the ways that programming meets or fails to meet their needs

currently. Therefore, women jail residents had some recommendations for improvement,

both more generally for the jail and related to what they felt the jail should be providing

in terms of programming. Most women indicated general content in that "This jail is

better than a lot of jails, but it is lacking in some areas." All this said, the several

recommendations listed below, by both jail residents and correctional officers, are broken

down into recommendations for ways to meet women's needs through what the jail can

offer them and more general recommendations. The tables refer to the following topics:

(1) programming, (2) commissary, (3) medical, (4) reentry, (5) security, (6) treatment

services, (7) work assignments, (8) hygiene, (9) the women's unit generally, and (10) the

jail overall.

Table 11 General Recommendations

Hygiene	*Commissary*	*Women's Unit*	*Jail*	*Security*
More personal hygiene products	List items in Spanish	Change bed mats more frequently	Follow-through from jail staff	Women can ask for a time out
Change laundry detergent to help skin rashes	Healthier food options	Bigger dayroom	Second medical for women	All security-levels access all programs
	Commissary items for well-behaved residents	Make women's unit small pod (30-40 women)	DOC phone system to ask about legal	Justification for write-ups & keep separates
	No spending limit based on security-level	Score system for cellie placement	Classroom space for women's programs	

Table 12 Services, Resources and Programming Recommendations

Programming	Reentry	Treatment Services	Work	Medical
More programs (groups, shoplifting, horticulture)	Basic necessities (personal hygiene items)	Officers take MH issues more seriously	More trustee positions for laundry	Limit officers' making medical judgments
More physical activity (weekend rec, exercise classes, group games)	Continue MH & SUD treatment with Medicaid	Build a Mental Health Unit (MHU)	Women's workforce	Eliminate appointments to refill prescriptions
Adjust the drug dorm (shorten & allow other programs)	Outside facility for times of crisis	Increase MH therapy sessions & MH staff	Co-ed ServSafe class	Streamline outside medication process
Adjust MH program (art & yoga for all, quicker sign-up)	Reentry program for reintegration help	Access to Vivitrol shots in jail		Training program for officers on identifying medical issues
Hire more full-time program staff				

DISCUSSION

Over the course of three decades during the excessive rise in women jail resident populations, the needs of women have been ignored and thus underserved. Yet, as pointed out, there are unique disadvantages which disproportionality plague groups of women that distinctly situate them for exclusive modes of offending. Nonetheless, when women enter the same patriarchal climate inside jail as the one they experienced outside of it, assuming their needs could be met effectively is naïve. This research has purposefully explored the understudied needs of women throughout their criminal justice involvement, in hopes of shedding light on their pathways to criminality, making sense of their situated experiences inside jail, and finding more informed ways for programming to meet those needs.

The remainder of this paper will address the theoretical and practical implications of this study's findings by revisiting their pathways to crime as they relate to their unmet needs, their intersectional experiences inside jail, and lastly, a spirited suggestion for future programming that can seek to meet their needs both during incarceration and to adequately prepare them for reentry. In light of the structural barriers pointed out in the results of this paper, this section intends to offer a more pointed view of how women's needs could be more successfully addressed by focusing on women's trauma, security-level, and the overall jail design.

Theoretical Implications

     When looking at pathway theories of women's criminality, it is easy to get lost in all the circumstantial context which textures the lives of women and that may be impacting their criminal behavior. By getting a better sense of women jail residents' needs pre-incarceration, during incarceration, and post-incarceration, it should influence the way criminologists look at the "needs" piece of the puzzle in the future. Working off a desistance theoretical framework, it could be argued that if women's needs are met— including positive coping mechanisms, employable life skills, prosocial relationships, mental health treatment, and substance use treatment—then women would/could better desist from crime. Therefore, the process of desistance requires maintenance that meeting needs over time might provide. In this study, the number of needs expressed by women pre-incarceration, during incarceration, and post-incarceration were roughly the same; however, the type of needs reported by women varied by the position in the criminal justice system in which they discussed based on the structural barriers in which they faced. Therefore, it could be argued that needs have a greater impact on women's criminality than previously supported by research. In addition, this informs programming on what specific needs to target at certain points in their criminal justice involvement.

     The patriarchal society in which women are encapsulated pressures them into thinking that they should not commit crime (Belknap, 2007; Daly, 1994; Pollock, 2002). This same sentiment is expressed by women in this study when one argues in reference to society that "They think women shouldn't be locked up, but they have to go somewhere when they break the law." However, women's criminality has more to do with their

unique disadvantages which act as catalysts for offending (Belknap, 2007; Belknap et al., 2016; Belknap & Holsinger, 2006; Covington & Bloom, 2003; Drapalski et al., 2009; Fazel et al., 2006; Fedock & Covington, 2017; Greenfeld & Snell, 1999; Hills et al., 2004; James & Glaze, 2006; Langan & Levin, 2002; Owen, 2005; Pollock, 2002; Salina et al., 2004; Snell & Morton, 1991). Thus, general theories of crime need to take a more gender-specific approach to ensure they capture the unique pathways to crime that women experience. It may be useful to consider the findings on women's mental health disorders, substance use disorders, physical health disorders, and trauma histories, which disproportionately situate them before structural barriers that make obtaining access to what they need arduous and criminal offending prone. This is because carceral institutions are meant to house perpetrators, not victims (Miller & Najavits, 2012). Since there is no clear dichotomy between the two for women who offend, perhaps correctional programming should take this into consideration when implementing services (Belknap, 2007; van Wormer, 2001).

In order to confirm that women obtain the necessary access to resources which fulfill their needs, desistance from crime must be addressed. If the needs which stem from these issues are met, treated, and managed appropriately, desistance from crime is possible. It could be argued that fulfilling these needs is a form of a "turning point" (Sampson & Laub, 2003). While Sampson and Laub (2003) initially argue turning points come in the form of marriage, military, and work experience, perhaps for women with significantly higher and vastly different needs than men, by simply meeting the needs which put women at increasingly greater risk of trauma events, substance use, mental

health disorders, housing instability, education, and employment deficits, it could act as a turning point in the right direction towards desistance from crime. Although they do not specifically argue that their theory is gender-specific, it can be assumed that it was developed with men in mind—or women out of mind—and thus does not fully consider the specific intersectionality of women situated in a patriarchal society. Reiterated, if women's needs are met, the milestones which are achieved in that process could act as minor turning points in their lives, and perhaps that is what women need to be propelled into a life of non-offending. For instance, if a woman begins medication-assisted treatment and obtains control of her substance-use disorder, fulfilling this particular need could eliminate criminal peer relationships, increase her success on probation, and halt her illicit drug use entirely—all things that would increase her likelihood to desist from crime as purported by risk and needs literature. Furthermore, this would reduce the number of needs and criminogenic risks women still have to address in the future. This theory can be broadened by not only including lifetime milestones like marriage and military service, which can be argued are less prevalent milestones today, specifically for women, but also more minute triumphs for justice-involved individuals like finding stable housing, obtaining a job, or finding decent childcare, which are often massive structural barriers to simple survival, that for women is a common motivation for persisting in criminal behavior.

Additionally, gaining access to adequate programming and services which meet the needs of women jail residents may facilitate "redemption scripts" from those trying to change their criminal behavior before reentering society (Maruna, 2001). These scripts

are motivational narratives used by women who understand, despite their adversity, the label "criminal" does not accurately capture their true identity because they believe they are actually decent people inside. This same sentiment is echoed by women correctional officers in the sample. That is why this research seeks to inform programming provided by the jail, because it may promote desistance from crime in the future by meeting needs during incarceration. From a more holistic standpoint though, it could inspire a complete turnaround in the lives of women whose needs were never previously met before by providing them with the appropriate access to resources which meet those needs inside jail, and set them up for success to fulfill their post-incarceration needs as well.

Practical Implications

Trauma

Yet, when women enter a "men's jail" as they put it, they cannot get access to their needs which often stem from past trauma. In this way, the programming does not effectively meet them where they are at upon entrance to the jail. This is supported in the results when women report more needs go unmet, than met. Additionally, women discuss their trauma and the trauma of the women around them readily. Despite this, the institution of corrections still heavily focuses on safety and control before ever appropriately trying to manage or treat all of women's needs. This much is clear from the research presented on programming, which although provided, is not gender-specific and thus does not adequately address women's needs spawning from trauma. A shift in focus is needed in corrections overall which takes a trauma-informed perspective that promotes not only safety, but respect, and dignity as well. This research could inform rehabilitative

programming via the suggestions of women in this sample and the growing literature on the "trauma-informed approach."

Accordingly, a more targeted and understanding approach to services and programming would adopt a trauma-informed approach (Lynch et al., 2012; Salina et al., 2011) that takes into consideration the gender-related life circumstances of women specifically (Covington, 1998; Morash et al., 1998). Although there is not a robust literature on the "trauma-informed approach" just yet, researchers and women in this study are talking about a need for it and we should be paying attention. The literature recognizes women have trauma, justice-involved women realize that they themselves and other women experience trauma, and women correctional officers understand that women endure trauma; however, we need a clearer understanding of what a trauma-informed perspective could bring to programming before completely delving into the unknown. As an indicator that something needs to be done about the trauma experience by women, this approach certainly has the potential to meet women's needs, but future research and evaluations are needed in order to be fully informed, and so not to cause more harm to justice-involved women.

What might this look like? Most often, trauma-informed care is described as consisting of three parts: safety, connections, and managing emotions (Bath, 2008). What women seek is *safety*, what they desire is *connections*, and what they need is a way to *manage their emotions*. What this would entail is a safe environment inside correctional facility walls, sustained visitation, and communication efforts with children and other family members, and access to the proper mental health services. When applied

specifically to programming, there are five important values to consider when implementing a trauma-informed perspective: safety, trustworthiness, choice, collaboration, and empowerment (Fedock & Covington, 2017). These should be the core values of each program. For example, women's empowerment groups may be a productive start for women to discuss their experiences. This could not only empower women but build their trust in and collaboration with other women around them, which has been shown here to be a facilitator of needs. However, it is not clear whether the best implementation of this approach to services is within correctional facility walls. It is a controlled environment, but it deprives its residents of many key components which contribute to a comfortable life. Furthermore, there is no clear line drawn in the sand about what needs correctional institutions should be addressing inside. More research is necessary to open a more productive dialogue about this issue—especially in relation to trauma-informed care. Questions that arise from this gap in knowledge are far greater than the answers this study can provide.

Security-level

If this neglect is present amongst the general population of incarcerated women, the same is true for even less privileged jail residents on higher security levels. When the security-level of women, which is based on behavior, risk-level, offense, and other factors, makes a significant difference in the number and variety of programming received by women, there is apparent inequity between security-level groups. This arises because of jail policy that focuses less on the needs of women and more on the security of the jail, which is evident in comments made by both jail residents and correctional

officers in the sample. This limitation in access sends a message to women about what is most important to the jail administration: the safety of the staff is more important than addressing higher classified women's needs. Furthermore, when women cannot complete their sentencing requirements which mandate certain programming because of this structural barrier, an internal evaluation of the true goals of the jail is necessary. In addition, even the highest security-level women deserve the necessary resources to be able to meet their needs—in hopes of desisting from crime. Therefore, a shift in jail policy may be a step in the right direction.

It is empowering in the same way that when women do not get access to their needs, they turn to other women. More specifically, women jail residents more readily turn to women correctional staff when they lack access to what they need. Furthermore, this has practical implications for how women's needs could be more adequately addressed in carceral settings where jail policy limits their ability to meet the needs of women jail residents through programming. In this way, it may be advantageous to hold group discussions with higher security-level women led by women correctional staff. This eliminates two problems as well: (1) the need for more programming staff, and (2) the need for high security-level women to leave their block (women correctional staff could go to high-security women's block so that they do not have to leave). If more programming followed this set-up, then the inequity in access between security-levels of women could be diminished.

Additionally, since the connection to women correctional officers' acts as a facilitator of resources for women jail residents to address their needs, then more women

officers should be hired. Women's focus on relationships is both evidenced in this study via women's voices and in previous research (Bloom et al., 2003). This could be explained by the assumption that women officers have a deeper insight into the lives of incarcerated women, and additionally, that this understanding leads to sympathetic responses from women officers. Again, this is echoed by the responses of women in this sample. What this means then, is that the environment with which women are surrounded should include more women, individuals which share racial/ethnic backgrounds to increase visibility of those similar, and previously justice-involved individuals or previous active substance users that can relate on some level to the needs that they share in common.

Jail Design

Lastly, the layout of the jail itself is a structural barrier that effectively limits the jail's ability to meet the needs of women jail residents through programming due to issues related to space. Since women only live on one floor of the jail, there is not enough physical space to hold more programs in the jail specifically for women; thus, there is a clear patriarchal design flaw which neglects to plan for jail residents who are women. This finding has implications for future criminal justice actors such as jail administration, carceral architects, and practitioners with expertise in correctional programming who can use this jail as an example for new carceral spaces. In future plans, there should be a special niche carved out in blueprint designs that specifically seeks to meet the unique and disproportionate needs of its women residents. However, first, there must be a change in correctional culture by more actively trying to support justice-involved women.

Limitations

The limitations of this study include issues with the sampled populations'

demographics and limited resources. The women in this study are primarily middle-aged.

Therefore, the sample does not adequately capture women that are young adults or

elderly. Moreover, the sample is skewed in the younger age groups rather than dispersed

across the age groups. Due to this disproportionality, the voices of other women in the

jail may not have been represented as equally. However, the specific demographic

breakdown of all the women in this jail is unknown because of high turnover in jail

populations and because data collection took place over a few months, which would have

made calculating demographic proportions inaccurate.

Additionally, due to limited resources such as time (i.e., two months) and person

power (i.e., one researcher), only six women correctional officers completed interviews

which severely limited the ability to adequately compare responses of officers with

women jail residents. This means that the responses of women staff must be viewed with

caution because the sample size of interviewed staff was exceptionally low. In addition,

there was no rejection rate collected from women, officers or jail residents, about

participating in an interview. Thus, there is no way to identify the number of individuals

who agreed to an interview compared to those that did not.

Future Research

There are several avenues in which research on women's needs could go, but it is

more logical to break it down by pre-incarceration, during incarceration, and post-

incarceration ideas. These will be based on the needs reported by women jail residents in

the sample. To better understand pre-incarceration needs of women, future studies should examine: (1) the impacts of domestic violence abuse and women's subsequent criminal offending, (2) the employment barriers specific to women with prior criminal records, (3) gender differences in access to mental health and substance use treatment services, and (4) gender discrimination against single mothers applying for housing. As for during incarceration needs, a few extensions of the current study may include: (1) impacts of programming led by women correctional staff versus outside volunteers, (2) cross-comparison between men and women and their reasons for accessing medical care, (3) gendered perceptions of desired forms of recreation, (4) effectiveness of individual versus group counseling for women specifically, (5) evaluations of gender-specific programming in meeting the needs of women, and (6) a deeper analysis of the relationships between residents and correctional officers. Lastly, researchers focusing on post-incarceration needs of women reentering society might explore: (1) social network analysis of obtaining access to needed resources upon reentry, (2) hardships of regaining custody, relationships, and communication with children after incarceration (3) narrative analyses of previously incarcerated women trying to successfully navigate life on the outside, and (4) surveying women on whether they return to stable or unstable environments in order to obtain housing.

The one thing that should resonate after hearing from the women in this study is that the needs of women are not being met. It is an unfortunate cycle faced by women and highlighted in this quote by one resident, "You lose everything you own—and I only been in jail a month." She continued and said, "…then you're thrown out on the streets

when you get out and you look for fast money because you have no other choice and you end right back up inside jail," like it never ends. Therefore, we must take necessary action to ensure that women have basic access to programming that is rehabilitative in nature, trauma-aware in design, and builds social networks of supportive women. With a more focused approach to effectively meeting women's needs, the potential to propel women towards desistance is far greater. The only thing standing in the way is a mindset that is not currently cognizant of the gendered nuances in criminality.

APPENDIX

Appendix A. Interview Guide

Question Topics

1. Definition of a need

2. Pre-incarceration needs (rank if possible)

3. During incarceration needs (rank if possible)

4. Post-incarceration needs (rank if possible)

5. Facilitators of getting needs met

6. Barriers to getting needs met

7. Needs of other women in the jail

8. Security-level variation in access to programming

9. Favorite program or class taken in the jail

10. Needs met for higher security-level women

11. Opportunities for men jail residents versus women jail residents

12. Connections to women correctional staff

13. Attitudes about men correctional staff versus women correctional staff

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