The WINDOW Study
Release from Jail: Moment of Crisis or Window of Opportunity for Female Detainees in Baltimore City?

By Rachel McLean, MPH
With Jacqueline Robarge and Susan Sherman
Sponsored by Power Inside,
A project of Fusion Partnerships, Inc.

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June 2005; Revised November 2005

Cover Art by Melissa Klein

This project was made possible by funding from the Albert Schweitzer Fellowship Program; a donation from the V. Louis Stuckey Family and in-kind support from the Johns Hopkins University Bloomberg School of Public Health. We also would like to acknowledge the Abell Foundation for their generous support of Power Inside and the publication and dissemination of the WINDOW Study. The Abell Foundation is dedicated to the enhancement of the quality of life in Baltimore and Maryland (www.abell.org).

About the Authors:

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About Power Inside:

Formed in 2001, Power Inside is a program of Fusion Partnerships, Inc. that serves women in Baltimore City as well as in local jails and prisons. Power Inside is committed to building self-sufficiency and preventing incarceration among women and families through direct client services, leadership development, public education, and advocacy. P.O. Box 4796; Baltimore, MD 21211 Phone: 410-262-8484; Fax: 410-889-5719

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ACKNOWLEDGMENTS

The authors would like to thank Commissioner William J. Smith, Deputy Commissioner Howard Ray, Assistant Warden Danny McCoy, Mr. Cortez Rainey, Sister Patricia Ash, the Office of the Public Defender and the staff at Baltimore City Detention Center for their assistance with this project. We would also like to thank interviewers Katherine Locke and Stephanie Oppenheimer for their dedication and time; Courtney Wilburn and Christopher Martin for technical support; Natalie Sokoloff and Erica Woodland for their advice; Melissa Klein for her inspiration and artwork; Fusion Partnerships for their mentorship; and Nancy La Vigne and the Urban Institute for their permission to build upon their previous work. Most of all, the authors wish to thank the women who participated in this study for the privilege of letting us hear and share their stories.

EXECUTIVE SUMMARY

The numbers of women in prisons and jails has increased substantially in the past decade. The rate at which women are incarcerated increases each year. Female prisoners face different challenges than male prisoners. Incarcerated women are more likely than incarcerated men to have suffered from sexual abuse, be HIV positive, have a history of substance use and/or mental health issues, to be mothers, and to be unemployed at the time of arrest. Women are most often arrested for non-violent offenses such as drug possession, theft and prostitution, which stem from drug use and poverty. Women's needs upon reentry to the community differ as well, with an emphasis on family reunification, housing, drug treatment and childcare often superseding employment.

Just as women differ from men in terms of their needs in prison and upon release, so do women exiting short periods of detention in jails differ from those exiting prisons. Women in jail are less likely to have had the time to make use of in-house programming than women in prison or to have post-release supervision through parole. For this reason, community based resources are needed to provide services to women exiting jails to stabilize women's lives and prevent their re-arrest. Particular attention is needed for communities in Baltimore City to which a large number of prisoners and detainees return that lack the capacity to provide jobs, housing and social support.

Little is known about the needs unique to women exiting jails. The Window Study sought to identify the needs unique to women detained in the Baltimore City Women's Detention Center. One hundred forty eight female detainees at WDC were anonymously interviewed by public health graduate students from the Johns Hopkins University Bloomberg School of Public Health between January and March of 2005.

The Window Study found high rates of mental illness, recent daily heroin and cocaine use, and commercial sex work among participants. Most women did not have insurance, and chronic diseases such as asthma, high blood pressure and diabetes were common. Five percent of female detainees interviewed reported being infected with HIV, and four percent reported being pregnant. Three quarters desired drug treatment upon release, and over half reported having been unable to afford drug treatment. Nearly half of detainees had no legal income prior to arrest, lacked a GED or high school diploma, and had no stable housing awaiting them upon release. An additional one fifth reported making less than $400/month. One quarter of women reported difficulties with literacy. Two-thirds did not have anyone to meet them at the moment of release. Thirty percent planned to walk or did not have a mode of transportation upon release. Eleven percent of women reported that there would be people using drugs or on probation at the place where they would be staying. Of the 80% of women with children, 58% had custody of at least one child. Women with strong family ties, insurance, and who lived in safe neighborhoods were more likely to have stable housing awaiting them upon release. Women with a history of sex work, and those who identified as bisexual or lesbian were less likely to have a place to stay upon release.

The WINDOW Study identified a need for developing a continuum of care that addresses the immediate needs of women exiting pretrial detention, principally transportation, affordable housing, drug treatment, economic opportunity, assistance with entitlements and family reunification. Particular attention is needed for women struggling with addiction, lesbian and bisexual women, and those engaging in commercial sex work.

RECOMMENDATIONS (SELECTED)

For Baltimore City Detention Center:

Promoting Familial Ties

- Facilitate detainee communication with family members through a community liaison; online information regarding contacting detainees and expediting mail.

Discharge

- At the moment of release, provide inmates with: two phone calls to family or providers to arrange services and transportation; discharge papers/temporary identification card or detainee IDs which were confiscated prior to arrest.

Medical Care

- Improve turnaround time for access to acute care for emergencies, and vital medications for detainees with HIV and other chronic conditions.

Community Collaboration

- Work with City and privately-funded drug treatment providers to create a mechanism for direct referrals from jail to residential drug treatment.

For Service Providers

- University teaching hospitals - collaborate with the medical providers at BCDC particularly to facilitate a continuum of care for detainees receiving antiretroviral therapies for HIV. Establish a medical residency rotation through the jail.

- Prevent homelessness by identifying and providing assistance to women at risk for eviction due to non-payment of arrest during short periods of detention.

For Judicial, Legislative, Criminal Justice and Law Enforcement Personnel

- Exercise discretion in arrests for non-violent offenses, particularly failures to appears, and technical probation violations. Prioritize violent crimes.

- Establish community courts where offenders can pay fines or perform community service as restitution. Prioritize strengthening family ties whenever possible.

Case Studies

Diane is homeless. She has nowhere to go when she gets out of jail and is worried she will go out and use drugs again. She was on the waiting list at a residential drug treatment program when she got arrested, and hopes to still go. She is worried about custody of her children. She has mental health issues and wants a dual diagnosis program.*

Keisha had a job at a supermarket before she got arrested. She was supposed to complete community service hours as a condition of her probation but was having difficulty balancing her work and taking care of her kids. She was arrested on a probation violation for not completing her community service, and does not know if her apartment will still be there when she gets out. She asked for information about domestic violence programs.

Tammy left the state to stop using drugs and is facing two years for a violation of probation. She has a house where she can stay after she gets out but there will be people using who live there. She has to be clean from drugs to regain custody of her children. She is afraid she has hepatitis C from past injection drug use. She has not had success with drug treatment programs in the past. She feels the promise of seeing her children will help her to stay clean.

Alexa was living outside of Maryland and came here because she turned herself in. She had violated parole several years back and wanted to "do what was right." She has been clean for over ten years and owes old child support fines. She is scared to be in Baltimore because of past personal trauma; she was raped at gunpoint and witnessed a murder. Her daughter is going to be evicted because she is not back at home paying the rent.

* The names in this report are fictitious but the stories are real. These are just a few glimpses of the challenges faced by the women behind the numbers in this report.

Background

Female incarceration rates are on the rise.

The number of women incarcerated in the United States rose by nearly 50% from 68,468 in 1995 to 101,179 in 2003 (Harrison & Beck, 2004). Since 1995, the average annual growth rate of female imprisonment has grown 5%, faster than that of 3.4% for males during the same period (Harrison & Karberg, 2004). Rising rates of incarceration among females has highlighted the necessity of understanding issues specific to women in prisons and jails. Research has shown that females are more likely than males to be in jail for non-violent offenses (Harlow, 1998; Greenfeld & Snell, 1999) such as larceny, fraud and theft (29%), and drugs possession and sales (18%) (Greenfeld & Snell, 1999).

Incarcerated women are different from incarcerated men.

Females are more likely than males to be unemployed at time of arrest (Greenfeld & Snell, 1999) and to be diagnosed with substance abuse disorders (NIJ, 1995). Almost half of females detainees report histories of childhood sexual abuse (48% in local jails) and over ten percent report experiencing intimate partner violence (11% in local jails) (Greenfeld & Snell, 1999). Seventy percent of women in local jails have children under 18, making childcare and custody a primary concern (Greenfeld & Snell, 1999). As with males, large racial disparities in incarceration rates persist among female prisoners, with black females "more than twice as likely as Hispanic females and nearly five times more likely than white females" to have been in prison in 2003 (Harrison & Beck, 2004).

Incarcerated women come to prison with histories of trauma and abuse.

In comparison to women that are not in prison, incarcerated women are more likely to experience substance use, mental illness, intimate partner violence, HIV risk (McLelland, Teplan, Abrams & Jacobs, 2002), homelessness (Goswami, 2002; Davis, 2002; Taylor, Newton & Brownstein, 2003) and HIV and hepatitis C infection (Solomon, Flynn, Muck & Vertefeuille, 2004).

Incarcerated women have unique issues upon reentry.

Female prisoners entering the community face numerous challenges including housing, employment, and family reunification (Tracy-Mumford, 2000; Berglowe, 2004, Covington, 2002). Research has shown that female prisoners that return home having kept strong ties with their family have better health outcomes and longer periods remaining out of jail (Hairston, 1998; Dowden & Andrews, 1999). However, communities with high concentrations of poverty are often challenged to effectively integrate high volumes of recently released prisoners. This is particularly the case in Baltimore City, where most prisoners return to a few select neighborhoods (La Vigne; et al, 2003).

Jails are different than prisons

Jails generally detain people for under one year while they await trial, whereas prisons incarcerate people for longer sentences once they have been convicted. The experiences of prisoners upon reentry is different than that of detainees exiting jail because "jail inmates are housed for relatively short periods of time, are not eligible for prison programming, and are not subject to post- release supervision" (Travis, 2001.) Little is known about whether the predictors of successful reentry for females leaving longer prison terms are the same for female detainees exiting jail (Covington, 2002).

Women's Detention Center, Baltimore City, Maryland

In 2004 there were 18,897 females processed through Baltimore City Central Booking and Intake. Of those, 8,351 were detained. On average, there were 661 females in the Baltimore City Detention Center (BCDC). More than three quarters were held while awaiting trail. However, an additional 18% were serving short sentences. The average age of female detainees in BCDC is 35 years, and the average length of stay is just under one month (Cortez Rainey, personal communication, April 19, 2005).

The Window Study

The goal of the Window Study was to document the lives of women detained at BCDC in order to inform gender-responsive policies and programs. This report summarizes the findings of 148 anonymous interviews conducted by public health graduate students with adult females detained in BCDC between January and March, 2005. Participants were randomly selected from a list of eligible bed numbers. Eligible beds were located in the general female population, "stress management" therapeutic community and maternity dorms, or individual cells. Beds in the quarantine, medical clinic, juvenile, acupuncture, and protective custody units were excluded due to security restrictions. Of detainees approached, 80% agreed to participate. Everyone that was approached was offered a referral packet, regardless of participation. Institutional Review Board approval for the project was obtained from the Committee on Human Subject Research at Johns Hopkins University Bloomberg School of Public Health. Additional information regarding study methodology is available from the authors upon request.

Research Questions

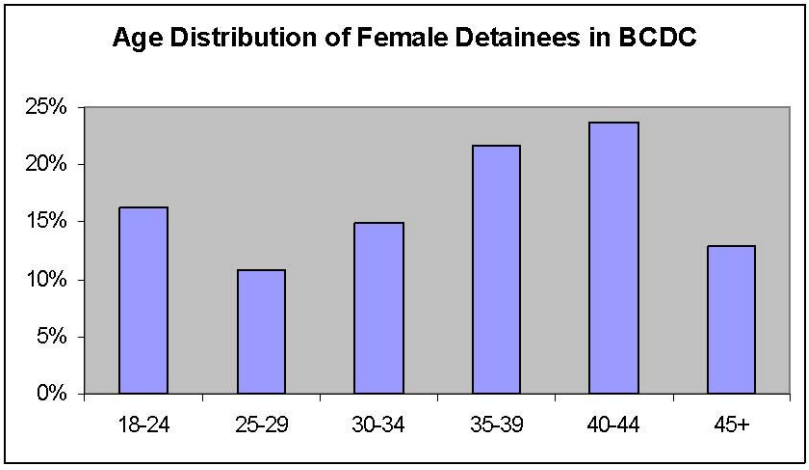
1) What are the gender-specific health and resource needs of women at BCDC?
2) What unique challenges do female detainees face upon release? 3) What kinds of resources are available to female detainees?
4) What barriers to accessing services do female detainees experience?
5) Which factors are associated with the availability of stable housing upon release?
6) What policies and programs would benefit current and former female detainees?

Results

Section I: Demographics

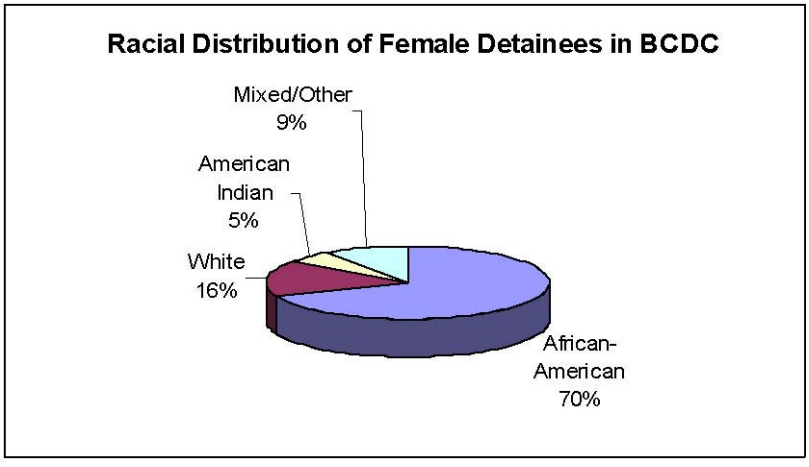
Age

The median age of female detainees was 37, with ages ranging from 19 to 53.



Race/Ethnicity

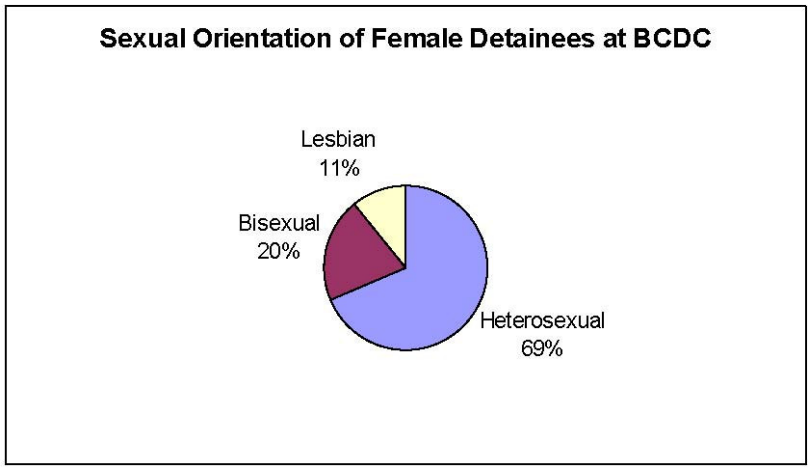
Participants self-identified as primarily African-American; 16% as White; 9% as Mixed Race or Other; and 5% as American Indian. Compared with the racial distribution of Baltimore, African-Americans (70% vs. 64%), American Indians (5% vs. 0.3%) and people of Mixed Race/Other (9% vs. 2.2%) were over-represented; whereas Whites (16% vs. 31.6%), Asian/Pacific Islanders (0% vs. 1.5%) and Latinos (0% vs. 1.7%), respectively, were underrepresented in the sample.



Sexual Orientation

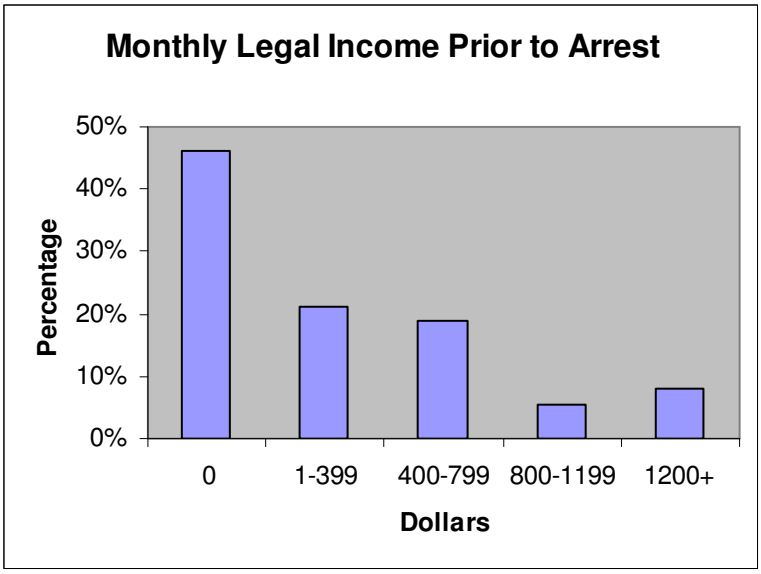
Alix is homeless and a lesbian. She does not have any family or a place to stay when she gets out. She has a hard time reading and writing and is interested in lesbian, gay, bisexual and transgender (LGBT) services.

A third of the women interviewed identified as lesbian or bisexual. Bisexual women were four times less likely than heterosexual women to have a place to stay when they got out.



Income

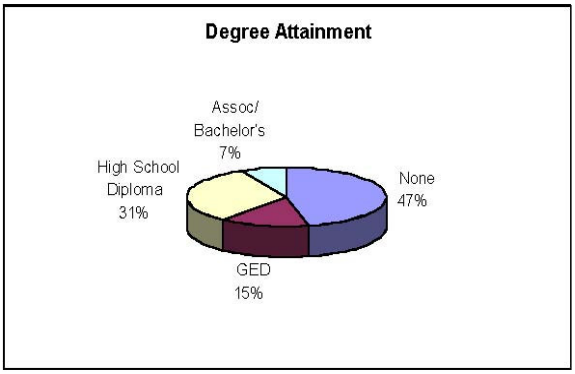
The median income in the 30 days prior to arrest was $145. Almost half (46%) of participants reported no legal income in the month prior to their arrest. Detainees were three times as poor as the general population of Baltimore, where 21% of residents and 17% of families live below poverty level (U.S. Census Bureau, 2003).

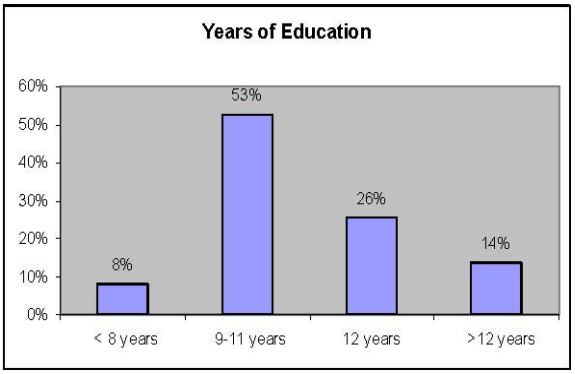


Education

Caroline was arrested for being with her boyfriend while he was selling stolen goods. She was in school to be a medical clerk and plans to go back.

Less than half (39%) of participants had completed twelve or more years of education. However, the majority (53%) had attained an educational certificate of some kind. More than three quarters (77%) of participants reported wanting to further their education by pursuing a GED, vocational or college degree. Several respondents expressed interest or experience in the nursing/home healthcare field but were concerned that their criminal record would present a barrier to obtaining work.





Literacy

Danielle has a hard time reading and writing due to a cognitive disability caused by early childhood lead poisoning. She is interested in tutoring and getting her GED.

While 95% of women felt that they could read well enough to get by day to day, 19% of women felt that their limited literacy skills had held them back in life.

Employment

Tanya is a Certified Nursing Assistant (CNA) but is afraid she will not be able to find work with a criminal record.

When asked about their potential sources of income upon release, 57% of women reported hoping that they would find employment upon release. Two thirds reported that they would receive assistance from friends and family; half (47%) planned to apply for food stamps; and a third (30%) reported that they received or were applying for Social Security Income (SSI). Several women planned to work as hairstylists. Around five percent acknowledged that they did not hope or plan to, but may end up returning to selling sex or drugs in order to survive.

Moment of Release

"Who will be there to pick us up, take us in their home and feed and clothe us when we are released at some ungodly hour of the night? Will you be there to take me home and give me a chance? Will you lend me the money so that I can get a place to live, clothes to wear and food until I can get a job that will actually support me? Can you do all of this as soon as I am released so that I don't have to live in the streets or return to a crack house somewhere?" R.C. (Open letter, used with permission).

Most women (55%) did not expect there to be someone waiting for them at the gate when they were released from jail. Of those who did; 27% expected a partner or spouse; 56% expected family members; 7% expected friends and 10% expected others. Regarding transportation from the gate to their destination, 34% expected to get a ride with friends or family members; 15% in a cab or hack; 15% on a bus or train; and 6% with a service provider or court order. In the middle of winter when the interviews were conducted, 17% expected to walk to their destination from jail, and 14% did not know how they would get there.

Housing Status

Last year, 8,300 females were released from BCDC. Our findings suggest that almost half of these women had no stable place to stay when they got out.

Kelly has been trying to get her kids back but doesn't have a stable place for them to live. She lost custody of them when the electricity got shut off. It has since been restored.

Marney has nowhere to go when she gets out of jail because she had been living with her grandmother after her mother died, and her grandmother recently passed away.

Housing stability was defined as a participant knowing she would be able to stay at her destination for at least thirty days. Using this definition, only 54% of the women we interviewed had stable housing awaiting them upon release. One in four women did not know where she would be staying when she got out. Of those who knew where they would be staying, 38% planned to stay with a family member; 16% at their own home; 13% in a residential treatment program, and 8% with friends. Most women (56%) could stay there permanently, however 2% could under a week, 5% between one and three months, 12% four months to a year, and 26% did not know how long they could stay. Many reported having permission to stay being contingent upon sobriety. Eleven percent reported that someone where they would be staying would be on probation; using drugs; and or drinking heavily. Three percent reported there would be someone living there who had a history pushing, kicking or slapping them. Eleven percent expected overcrowding, and no working telephone; and 2% did not having running water or electricity (suggesting that they were planning to stay in an abandoned house.) Four women reported having been evicted since their arrest due to non-payment of rent.

Arrest History

Denise was arrested on a violation of probation after missing a court date while she was in the hospital. She is HIV+ and has been evicted since her arrest.

Around half (49%) of the women had been arrested less than five times, one-quarter (24%) had been arrested between five and ten times; and 26% more than ten times. The median number of prior arrests was 5. Over half of the women (53%) had been on probation at the time of their arrest; 4% had been on parole. Many reported having been arrested for technical violations of probation, such as failure to appear at a court date, and failure to complete mandatory hours of community service. This is consistent with BCDC records which indicate that 19% of female detainees are arrested for probation violations (personal communication, Cortez Rainey, April 19, 2005).

Length of Stay

The women interviewed had been detained an average of 83 days, and a median of 46.5 days. This number is expectedly inflated because women in the quarantine unit (where new arrivals are detained) were not interviewed due to security restrictions. BCDC reports an average length of stay of 28 days for female detainees.

While periods of detention in jail are short by definition, many women are detained for long enough to utilize services within the jail, and to connect with service providers upon release.

C*hildren*

Rhonda has a six month old child of whom her mother has temporary custody. She wants residential treatment for herself and her daughter when she gets released.

Beatrice would like to work when she is on the outside but cannot afford a babysitter.

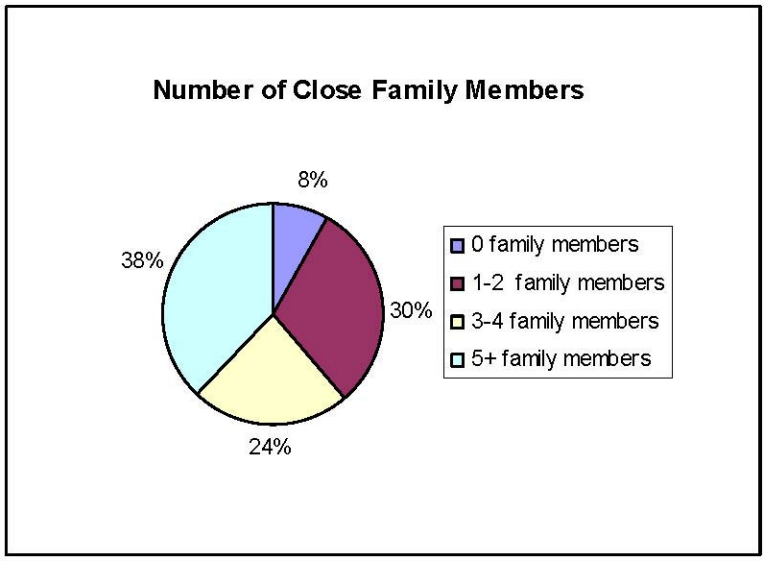
Consistent with surveys of incarcerated women, 80% of the women interviewed had children. Among mothers, 75% had between one and three children, and 25% had more than four children. Most mothers (81%) had at least one child less than 18 years of age, and 58% had custody of at least one child. Nineteen percent of mothers of children under 18 reported the custody status of their children having changed since her arrest; primarily with family members taking temporary custody while the mother was in jail. Just under half (45%) reported that they would be the sole provider for their children when they got out. Nearly a third (30%) had not had contact with their children since their arrest, while 30% spoke with them weekly, 25% daily, and 15% a few times. Eight percent of women currently had a child in jail or youth authority. Half had been in contact with their children. The others were concerned with finding out where they were and how to reach them.

Section II: **Social Factors**

Familial Support

Evelyn has family on the outside that have been advocating for her. They were able to get her into a residential treatment program where she'll be going when she gets out.

Family relationships were very important to the women we interviewed.



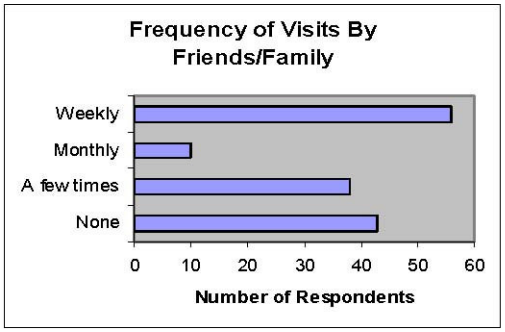
Almost half (42%) of the women felt their relationship with their family had improved since their arrest; however 15% reported that it had gotten worse. In addition:

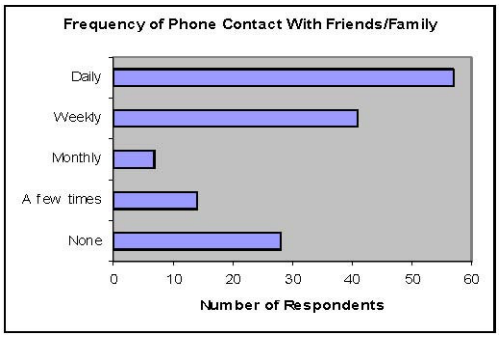
- *95% wished they could do more for their family*
- *82% felt close to their family*
- *66% considered themselves a source of support for their family*

Strong family support was very protective, whereas the social consequences for women without familial support were clear; they were six times less likely to have a stable place to stay when they got out of jail, regardless of other factors such as drug use. This finding is consistent with other studies which have found improved reentry experiences for prisoners with strong familial ties. For some women, time in jail can present an opportunity to mend strained family ties. Other women expressed shame at being detained and did not want their children to know they were in jail; or had family members who expressed their disapproval by withholding contact.

Social Support

While few women (8%) identified as having no close family members, a full 39% reported having no close friends, with 34% having one to two friends, 18% having three to four, and 9% five or more. In opposition to the protection provided by strong familial ties, having close friends did not increase the likelihood of having a stable place to stay upon release. This may be explained in part by the comments many women made that their friends were people that they used drugs with on the streets, and who did not necessarily help to stabilize their lives. Women who had daily phone contact with family members or friends were more likely to have a place to stay upon release, suggesting some protective friendship effects.





Neighborhood Factors

Neighborhood stability scores were computed using a composite of questions regarding the presence of drugs, employment prospects, and perceived safety in the neighborhood where women had lived before their arrest.

- 78% of women felt that drugs were a major problem in their neighborhood
- 31% of women interviewed felt their neighborhood was a safe place to live
- 26% agreed that their neighborhood was a good place to find a job
- 59% agreed that living in that neighborhood made it hard to stay out of jail

Women who perceived their neighborhoods as stable were five times more likely to have a place to stay upon release than those who did not.

Safe Recreational Spaces

When asked how often they have a place to go where they can stay out of trouble, 41% replied always, 10% mostly, 30% sometimes, and 19% never. The top places women listed that they go to stay out of trouble were family (76%), church (64%), friends (55%), and Narcotic's Anonymous meetings (51%). Few women utilized parks (39%), programs (33%), and shelters (11%) for respite. Many women felt that a change of environment would help them stay out of jail.

Section III: Health Issues

Mental Health

Maxine had never heard she was bipolar until she got to jail and was told she had to have a psychiatric evaluation. She does not think she is bipolar but just depressed as a result of being locked up for so long.

Evelyn has a history of suicidal ideation. She should be on psychiatric medication but has not been able to access them yet since she has been in jail.

Mental health issues were very common, with 59% reporting having been diagnosed with depression, 33% bipolar disorder, 28% anxiety and 9% schizophrenia. The survey did not include questions about post-traumatic stress syndrome, but this has been found to be common among female detainees in other studies (Goswami, 2002). Many women were receiving psychiatric medications, but others were still awaiting care.

Self Efficacy

The far majority of women (99%) wanted to get their lives straightened out and (96%) felt they could do "anything they set their mind to"; however 61% felt helpless dealing with the problems of life.

Medical Conditions and Women's Health

Adrienne has been having lower back pain and menstrual bleeding throughout the month. She had an abnormal pap smear before her arrest and was told to come back for a cloposcopy [to test for cervical cancer], but was arrested before she could go to her appointment. She is scared that something is wrong but has not told the doctors at the jail. She plans on going back to her doctor in the community when she gets out.

Quisha had a miscarriage while she was going through booking.

The women we interviewed reported a number of acute and chronic health conditions that are typical of underserved, underinsured populations. Asthma (42%), high blood pressure (19%), arthritis (15%), ovarian cysts (10%) and diabetes (5%) were common. Forty percent reported ever having a sexually transmitted disease and fourteen percent reported being infected with hepatitis C. Dental problems included needing fillings (53%), infected teeth (45%), needing false teeth (41%), and needing teeth pulled (16%). Only 12.5% of those needing glasses reported having any. Four women said that they could not read, not due to poor literacy, but because they did not have any glasses. Additional medical conditions included epilepsy (3%), cervical dysplasia [pre-cancerous cells on the cervix] (3%), sickle cell traits (3%), cancer (3%), kidney problems, ulcers, hernia, pneumonia, hepatitis A infection, methicillin-resistant staphylococcus aureus (MRSA) and lead poisoning. Four percent of study participants reported being pregnant at the time of the interview.

HIV

Patricia was arrested for failing to appear in court but did not receive notice that she was due for a court date. She has full blown AIDS and is so thin that sitting on a plastic chair is painful. She has been having nausea, fevers and night sweats. She has not received any medications since she arrived two weeks ago.

Ciara has HIV but is generally healthy. She has other family members who are sick with HIV. She has had a CD4 test but doesn't know results. She has had several fevers since being in jail. She plans on getting care at a university hospital when she gets released.

Five percent of respondents reported being infected with HIV; however this is probably an underestimate due both to self-report and to women not knowing they are infected. Previous studies have found HIV prevalence rates of 7.4 % among all BCDC detainees (Solomon, 2004), and female detainees have been found to have higher rates of HIV than male detainees (McLelland, 2002). Sixty one percent of women reported wanting an HIV test. Several reported not knowing how or being able to access one. One woman reported exaggerating her HIV risk in order to obtain an HIV test.

Substance Use

Given that 39% of female detentions at BCDC occur due to drug-related offenses, it is hardly surprising that there were high rates of drug use among detainees. The majority (59%) of the women we interviewed had used heroin or cocaine daily in the thirty days before their arrest. Other drug use was also common. The high rates of drug use suggest the need for drug treatment both within jail and upon release.

Recent Drug Use Among Female Detainees (within 30 days prior to most recent arrest)

Drug	Number (%)	Frequency of Use (Among Recent Users)		
		1-2 times per month	1-2 times per week	Daily
Tobacco	119 (81%)	0 (0%)	9 (8%)	110 (92%)
Cocaine	97 (66%)	7 (7%)	14 (15%)	76 (78%)
Alcohol	84 (57%)	12 (14%)	31 (37%)	41 (49%)
Heroin	81 (55%)	8 (10%)	5 (6%)	68 (84%)
Marijuana	49 (33%)	15 (30%)	11 (22%)	24 (48%)
Benzodiazepines	26 (18%)	14 (54%)	6 (23%)	6 (23%)
Methadone	22 (14%)	12 (55%)	5 (23%)	5 (23%)
Ecstasy	15 (10%)	7 (46%)	4 (27%)	4 (27%)
Other opiates	14 (9.5%)	6 (43%)	5 (36%)	3 (21%)
Methamphetamine	2 (1%)	1 (50%)	0 (0%)	1 (50%)

Injection Drug Use

Cassandra reported buying her needles on the street. We referred her to needle exchange for access to drug treatment and services.

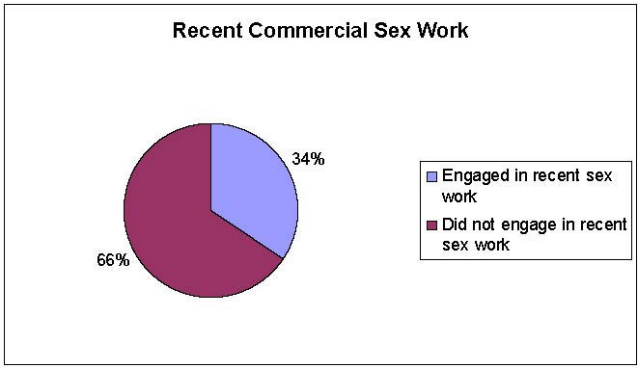
While cocaine and heroin use were common among female detainees, injection drug use was not the norm. Less than half (44%) of heroin users, and 36% of cocaine users had used needles in the 30 days prior to arrest. One third (34%) of women who had recently injected drugs reported recently sharing needles and 68% reported recently sharing cookers, cottons, crack pipes and other equipment, putting them at an increased risk for HIV and hepatitis C infections.

Commercial Sex Work

Trina was doing sex work before her arrest and living in an abandoned building. She wants to get on disability and to live with her sister, but they do not get along. She does not want to return to the streets when she gets out, but thinks she might.

Keisha is afraid to go back on the street because a "john" tried to rape and kill her in the past. She wishes women on the street would look out for each other more than they do.

Prostitution is a leading cause of arrest for female detainees. Twelve percent of female detainees held on June 30, 2004 had been arrested for solicitation (Cortez Rainey, personal communication, April 19, 2005). Of the women we interviewed, 34% had traded sex for money, drugs or a place to stay within the 30 days before their arrest. While only 23% of women reported always using condoms during vaginal sex with their primary male partners, 69% reported always using condoms during vaginal sex with their trade partners (i.e. "johns").



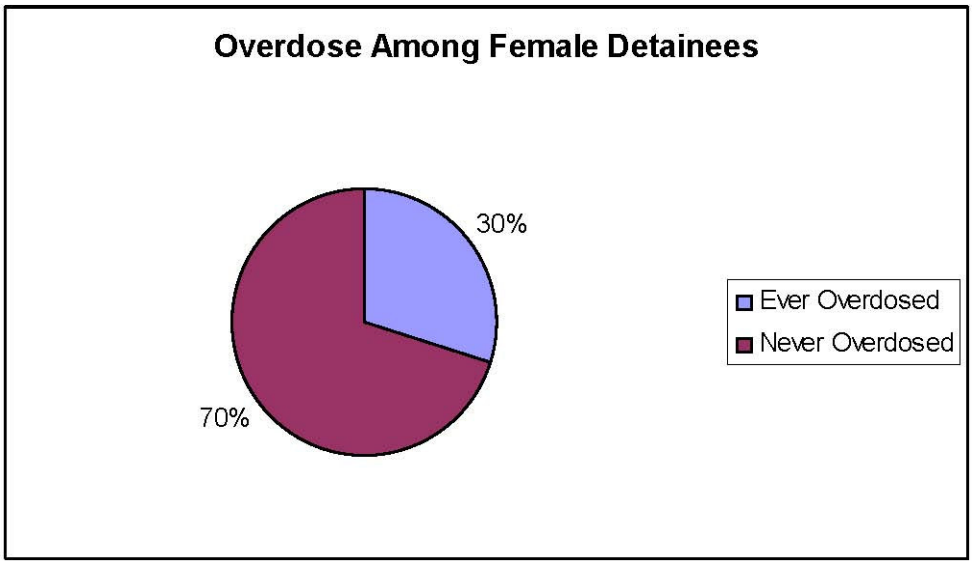
Twenty-seven percent of women interviewed reported they would like a support group to deal with issues surrounding past engagement in commercial sex work. These women were also four times less likely to have a place to stay upon release.

Overdose

Before her mother died, Martha saw her mother overdose twice and her brother overdose once. She started using after that, but feels determined to stay clean this time.

Brandy is about to be released on court order for treatment. Her good friend overdosed several weeks ago and died from being left alone.

While HIV and violence have received much-needed attention, overdose is responsible for more deaths among heroin users than other causes. Release from jail is one of the major risk factors for fatal overdose (Seaman, 1998). Most women (83%) were aware of elevated overdose risk associated with getting out of jail (due to reduced drug tolerance), as well as mixing heroin with alcohol. Sixty percent of women interviewed had witnessed an overdose and 30% had ever overdosed; 33% more than twice.



Overdose deaths are preventable if someone is there to witness an overdose that is willing and able to respond effectively by administering Narcan and/or CPR (rescue breathing). Deaths occur when users overdose alone where no one is there to witness an overdose, or when witnesses are too afraid of arrest to summon emergency medical services. Street myths abound about how to deal with an overdose, including injecting the person with saltwater, milk or cocaine and burning the persons fingertips. Women reported administering saltwater, CPR, cold water, burning fingertips and calling 911. All but one participant believed it was appropriate to call 911 at the site of an overdose, however only 55% knew that rescue breathing was also integral to effective overdose response. A similar proportion (56%) of women believed that using in the company of others was an effective fatal overdose prevention strategy, while 43% knew about the administration of naloxone (Narcan). Given the high rates of witnessed and experienced overdoses, prerelease overdose prevention information is warranted.

Drug Treatment

Nancy violated drug court after the death of her parents. She is determined to stay clean.

Carol was approached by "Let's Make a Deal" (six months jail time or drug court). She asked for drug court but does not know if the judge will agree.

Elizabeth is trying to get into treatment but has no idea where she will go when released.

Pasha can stay with her mother when she gets out as long as she stays clean.

Almost three quarters (72%) of respondents reported wanting drug treatment when they got out. Nearly one third (32%) of detainees had recently attempted to access treatment. Of the 38 women who had contacted treatment services since they had been in jail, 61% had received a positive response. Preferred treatment modalities of treatment were Narcotic's Anonymous meetings (84%), residential/inpatient (75%), transitional housing (74%), outpatient (72%), methadone and bupenorphine (11%). Less than one seventh (13%) reported having accessed some form of treatment since being in jail. When asked about drug treatment experiences in the jail, many women responded, "I didn't know there was any." The desire for in-house services was strong, particularly for Narcotics Anonymous meetings; however several women expressed dissatisfaction with the N.A. model.

Regarding barriers to treatment, women reported:

- 55% they had ever felt they did not need treatment
- 54% were worried about their families
- 50% had not completed it in the past
- 50% felt they could handle it on their own
- 40% did not have proper identification for admission into a program
- 35% did not know where to go
- 32% had been on a waiting list
- 28% felt the kind of treatment they wanted was not available
- 24% did not think the program would accept them for who they were
- 18% felt there was no program nearby

Women who reported having not accessed drug treatment due to inability to pay were half as likely to have a place to stay when they got out of jail. Desire for residential treatment was not reduced by the promise of stable housing availability upon release. Not surprisingly, daily heroin and cocaine injectors were five times as likely to report that drug treatment was the most important thing in keeping them out of jail.

Regarding drug treatment in the jail, one woman said, "They need to offer more help instead of just locking you up."

Section IV: Release

Desired Services

When asked what kinds of services would be useful to women upon release:

- 90% needed dental care
- 89% would attend a group about "taking care of business" (jobs, ID, etc.)
- 88% needed health care
- 86% could use transportation
- 82% needed assistance obtaining an ID
- 77% wanted education, tutoring or a GED
- 63% needed vision care
- 61% wanted HIV testing
- 48% needed shelter
- 8% wanted needle exchange

In regards to woman-specific services:

- 62% wanted a pap smear
- 54% wanted a mammogram
- 32% could use family planning
- 31% wanted counseling for past abuse
- 28% needed childcare
- 27% would attend a support group for issues surrounding past sex work
- 20% wanted services for survivors of domestic violence
- (Several women wanted services for batterers as well.)
- 3% wanted access to abortion or pre-natal care

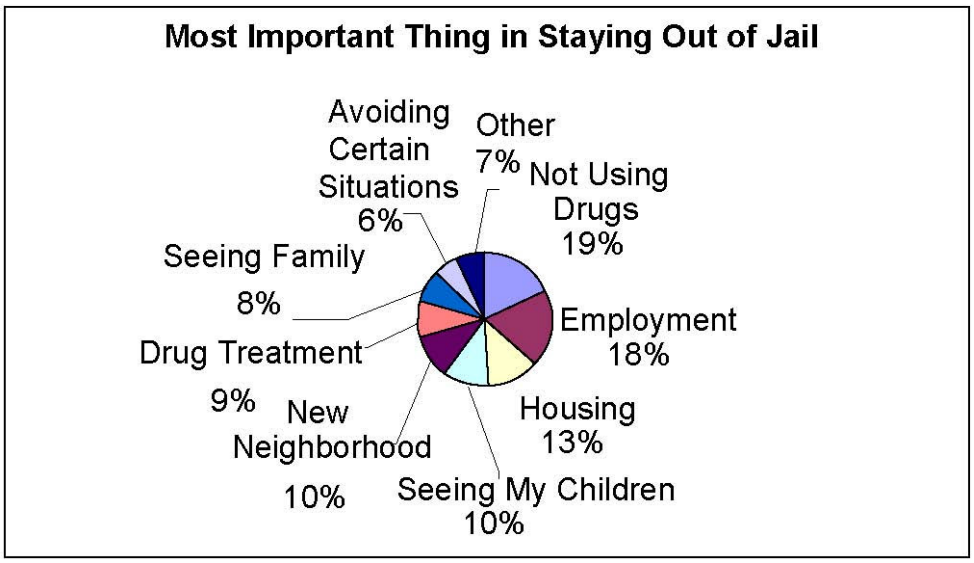
When asked which services would help keep them out of jail, women said:

- 97% avoiding certain people or situations
- 95% employment
- 90% spending time with family
- 88% housing
- 87% having enough money
- 78% living in a different neighborhood
- 74% drug treatment
- 72% NA meetings
- 65% different literacy skills

When women were asked how they felt about the day they got out of jail:

- 39% were excited, 30% scared, 28% anxious, 14% worried and 12% felt hopeful.

When asked what would be MOST useful in keeping women out of jail, women said:



Section V: Summary

Female detainees face a myriad of challenges upon release from jail. Principally, women need housing, health care and drug treatment to stabilize their lives before they can even begin to think about the employment and education that are needed to sustain them. The women we interviewed value their families. For women, family reunification, custody restoration and childcare are primary concerns. In addition, women often need support surrounding trauma and intimate partner violence. Those with strong family relationships were significantly more likely to have a stable place to live when they got out of jail, as were those who felt they lived in safe neighborhoods. The WINDOW Study identified a need for developing a continuum of care that addresses the immediate needs of women exiting pretrial detention, principally, affordable housing, drug treatment, economic opportunity, assistance with entitlements, and education. Particular attention is needed for women struggling with addiction, lesbian and bisexual women, and those engaging in commercial sex work that may be less likely to receive familial support.

The lessons we take from this study should point us beyond individual level interventions and towards family and community-centered restorative justice models. The most effective reentry programs for incarcerated women are woman-specific; begin developing relationships early prior to release; create individualized prerelease plans; provide a direct bridge to services; and incorporate a range of integrated, coordinated services that address women's multiple issues from a joint community supervision and service provision perspective that build upon and strengthen existing social support networks (Covington, 2002)

Following are recommendations that have come both from our analysis of the data, from the women directly, and from our experiences working in the jail. Some of these are more immediately attainable than others. Every one of them is possible.

Section VI: Recommendations

For Baltimore City Detention Center:

Promoting Familial Ties

- Facilitate detainee communication with family members by designating a community liaison to work with the families of inmates; developing online resources for families of inmates; inform families how to contact detainees by mail and phone. Also, remedy mail delays.
- Collaborate with foster care and other service providers to facilitate family visits.
- Allow women to have contact visits with their children.

Discharge

- Immediately prerelease, provide inmates with: two phone calls to family or providers to arrange services and transportation; discharge papers/temporary identification card or detainee IDs which were confiscated prior to arrest.
- When discharges occur during winter or between the hours of 7:00 p.m. and 7:00 a.m.; seasonally appropriate clothing and transportation as needed to ensure the safety of women being released.
- Provide referral card with community resources, hotline numbers and overdose prevention information to all detainees upon release.
- Provide prerelease counseling for all detainees to connect women with a continuum of community-based care. Collaborating with organizations to develop relationships with women prior to release will facilitate this process.
- Support creation of, and collaborate with, twenty-four hour discharge center run by community based organizations.

Medical Care

- Work with medical contractor, community providers, and AIDS Administration to ensure universal access to HIV testing and counseling for BCDC detainees.
- Improve turnaround time for access to acute care for emergencies, and vital medications for detainees with HIV and other chronic conditions.
- Ensure that medical contractor provides a 10-day supply of medications to inmates being released with medical conditions.
- Facilitate communication between medical contractor and community based providers to conduct prerelease assessment to ensure continuity of medical care.

Sensitivity

- Provide ongoing sensitivity training for corrections staff regarding gender-specific issues and sensitivity in working with sexual minorities.

Community Collaboration

- Host provider meetings to promote collaboration among agencies serving BCDC prisoners reentering into the community.

- Collaborate with government and community based organizations to provide referral card and transportation to drug treatment, shelter, services or another safe location via shuttle van service, bus tokens or Memorandum of Agreement with Maryland Transit Authority (with accompanying Discharge Papers).

- Expand in-house tutoring; GED classes; Narcotics Anonymous meetings; Anger Management and support groups in the jail. Explore additional meeting spaces (such as the gymnasium or new renovated basement).

- Work with City and privately-funded drug treatment providers to create a mechanism for direct referrals from jail to residential drug treatment.

- Provide specific services for sex workers and lesbian and bisexual women.

For Service Providers

- University teaching hospitals - collaborate with the medical providers at BCDC particularly to facilitate a continuum of care for detainees receiving antiretroviral therapies for HIV. Establish a medical residency rotation through the jail.

- Accept clients for housing or drug treatment without agency referrals or identification; provide assistance with obtaining necessary documents, medications, or identification for enrollment in housing or drug treatment.

- Accept collect calls and answer prisoner mail.

- Offer transportation to clients from BCDC to residential programs, case management offices, or crisis centers directly from jail.

- Allow and encourage clients to attend probation, parole and court appointments while enrolled in residential or intensive outpatient programs.

- Extend services to family and children of primary clients (prisoners and former prisoners) with the goal of family stability and reunification where possible.

- Prevent homelessness by identifying and providing assistance to women at risk for eviction due to non-payment of arrest during short periods of detention.

- Provide outreach to bridge women to, housing, employment, entitlements, identification and health care.

- Provide low-threshold services to women with multiple issues, including substance use, mental illness, HIV, homelessness and prostitution.

- Engage with both injection and non-injection drug users in accessing treatment, services and health care.

- Provide overdose prevention and management training within the jail.

- Provide batterer and anger management programming for women in same sex relationships.

- Assess shelter needs and housing stability of newly released prisoners who are homeless or at-risk of homelessness.

- Expand women-specific residential treatment programs that accept children.

For Judicial, Legislative, Criminal Justice and Law Enforcement Personnel

- Help women access nursing and other vocational programs, possibly through expunging records after periods of community tenure without arrest.

- Recognize barriers to compliance with conditions of probation, including homelessness, addiction and mental illness.

- Exercise discretion in recommending incarceration for non-violent offenses, particularly quality of life offenses, failures to appear, and technical probation violations. Prioritize violent crimes.

- Exercise discretion in sentencing and explore alternatives to incarceration for drug-use related offenses, including residential and outpatient drug treatment.

- Recommend literacy, education, job training and employment placement services for poverty related offenses such as drug sales, prostitution and theft.

- Establish community courts where offenders can pay fines or perform community service as restitution. Prioritize strengthening family ties whenever possible.

- Increase funding for community-based alternatives to incarceration including residential drug treatment, housing, and economic opportunities.

- Subsidize childcare for low-income women.

- Support universal healthcare.

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