Arizona’s Perspective On Female Offenders

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Women’s Legislative Network of NCSL

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Presentation Format

- Why Arizona focuses on its female offender
- Key characteristics of Arizona’s female offender population
- What the women tell us
- Operation Issues and Concerns
- What is Arizona’s strategy
Why Arizona focuses on its female offenders
- **Rapid Population Growth**
  125% increase (1994-2003)

- **Arizona’s female incarceration rate (1994-2002)**
  Females - 42%  National - 35%
  Males - 11%  National - 20%
Sexual misconduct issues continue to be an issue and are more prevalent than with male offenders.

United States of America vs. State of Arizona alleged a “variety of sexual misconduct by prison employees and unlawful invasion of privacy of female inmates”
Strong connection: abuse-drugs-crime

More than half of ADC’s female population surveyed in 1999 reported sexual and physical abuse as a child and 71% as an adult.

90% of the women have substance abuse issues.
40% committed on drug charges.
Nearly 55% have a history of stimulant use (meth). This jumps to 69% for identity theft cases and 69% for fraud.
The majority of the women are mothers

- 83% have children with an average of 2.7 children. Of this percentage, 78% still had legal custody of their children.
- 60% reported having primary care of their children prior to incarceration and
Key characteristics of Arizona’s female offender population
Males (28,795)  Females (2,702)

- Males: 91%
- Females: 9%

4/10/2009
Population Growth
Percent Change FY95 – FY03

Females: 125.50%
Males: 62.10%
Security Levels: Males vs. Females

- Males: 58.90%
- Females: 58.90%

- Males: 34.20%
- Females: 34.90%

- Males: 21.80%
- Females: 17.10%

- Males: 11.50%
- Females: 13.80%

- Males: 7.90%
- Females: 10.00%
Offenses

1. Drug Dealing
2. Theft
3. Forgery & Drug Possession
Sentence Length

- 0-12: 9.05%
- 13-24: 11.87%
- 25-36: 20.73%
- 37-60: 30.61%
- 61-120: 15.65%
- 121-180: 5.50%
- 181-216: 1.22%
- 217 or more: 3.55%
- Life/Death: 1.83%
In FY03, on average, 174 females were admitted to ADC monthly. On average, 12 were pregnant. ADC experienced an average of 9 births per month.

Women were hospitalized nearly double the amount of men.

Women utilize dental services at a much higher rate than males.

Women receive dentures in a higher rate than males.
Recidivism Study Findings

An ADC recidivism study of releases between 1990-1999 showed:
- 35.9% were women who returned within 3 years (Any Reason)
  - 15.9% were women recommitted with a new felony conviction
  - 2.7% were women recommitted with a new violent felony conviction
- 43.2% were men who returned within 3 years.

Return to Custody Program
- 40 Females  2 Returns/1Absconder
What the women tell us!
Random Survey Findings

Demographics
- The average age of the respondents is 34.
- 93% Arizona residents – 49% born in Arizona
- 49% Single  18% Married  28% Divorced  4% Widowed
- Caucasian = 55%  Hispanics = 18%
  African American = 11%  Native American = 6%  Other 10%
- Approximately 69% have a H.S. Diploma or GED.
- 38% were employed at the time of their arrest.
- For those responding, 50% have been incarcerated before.
Family Status

- 82% have one or more children. 49% were living with children before incarceration.

- Of the 101 answering (August, 2002) when they last visited with their children, only 23% had a visit with their children in the last month. 12% reported they have never had a visit with their children since incarceration.

- Most of the women reported that their children were living with grandparents. Father was the next largest category.

- 115 women responded of whether the father(s) of their children were incarcerated. Nearly 19% reported “yes.”
Substance Abuse and Treatment

- 94% reported using illegal substances. 6% reported they did not.
- Of the 94%, 92% are poly drug users with methamphetamine the drug of choice.
- Of 160 responses, 68% have received treatment before.
- 139 responded to the question asking if they had used drugs in front of their children. 22% reported they had.
- Out of 140 responses, 16% were aware that their children were using drugs.
Health Issues

- 65% of the women reported some kind of health problem and 37% were on a medication.

- When asked the age of their first pregnancy, 144 responses ranged from 13 – 35. 51% were under the age of 18.

- 48% of the women reported abuse as a child.

- 57% reported physical/sexual abuse as an adult.

- 33% have been treated for a sexually transmitted disease

- 50% are smokers
Focus Group Results

- Stories of sexual abuse, loss of a child and low self-esteem clearly brought the women to drugs and addiction. In other words, they needed to “numb” themselves. Drugs were the reason for their criminal behavior. The drugs became them, consuming their relationship and environment.

- For some of the women, drugs were an acceptable behavior among their social and family life. In one case, one of the women actually relapsed so she could return to prison and escape her family’s drug use.

- Many of the women have already been through the system several times and wanted to talk about the lack of support inside and out. They believe there is a large system gap for preparing inmates for release.
The children of the women suffer greatly. Many have abandonment issues, don’t know their mothers or have become addicts themselves. Some women are not allowed to see their children because the guardians do not permit contact. The women long to be mothers again but don’t know if they will be able. Of the group members, only one family has been strengthened by the tragedy.

They see prison as an opportunity to get clean. They see time in treatment as a way to think clearly and set goals.

“People dealing drugs need to be locked up.” These women all agreed that even users should do time but only if there is a structured treatment environment. They conclude that sending addicts to places where there is no substance abuse treatment guarantees their return.
They added that community programs are not necessarily the answer because they can promote environments of temptation and continuous connections.

They believe that there needs to be more community awareness about the substance abuse problem among inmates. They feel prison serves no purpose unless treatment is made available.

They want the community to understand that it will cost society more in the long run if nothing is done.
They overwhelmingly believe treatment should be mandatory. Feel mandatory treatment eliminates any kind of peer pressure that keeps some women from participating.

They expressed a need for more individualized mental health care.

They feel treatment should start upon entry and be integrated with vocational training, education and work and that it should include a peer/mentor component. They emphasized assistance with community transition is critical to their success.

Believe that inmates should take some responsibility for the cost of treatment. However, they note that not everyone can do this due to lower paying jobs.
Operational Issues and Concerns
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- Inappropriate Staff/Inmate Relationships
  - New and on-going training programs
  - Policy and Procedure
  - Hiring and Screening Practices
  - Investigative Practices

- Communication
  - Communication is critical to supervision
  - There are gender differences including the way men and women communicate
  - Women are relationship oriented.
- **Staffing**
  - Female versus male staffing ratios

- **Store Items**
  - Security vs. women needs

- **Program Development**
  - Gender Responsive
  - Prison –based treatment programs
  - Academic education and vocational training
  - Health education
  - Life Skills for Women
  - Healthy Relationships
Healthy Living
- Nutrition/Diets - Calorie Content
- Vitamins
- Health Education - STDs/Pregnancy/Aging
- Recreation – Exercise
- Relationships

Policy and Procedures – Are they gender related?
- Strip Searches
- Drug Testing Procedures i.e. Random/Targeted

Classification & Housing
- Classification systems designed for female offenders
- Facility designs
- Security Level Needs - female inmates are less physically volatile
● Health Services
  – Adequate medical and mental health staffing
  – Adequate Funding - Female Medical Model
  – Caring staff

● Personal Property

● Physical plant design considerations
  – Program Space
  – Security designs
  – Direct vs. Indirect Management
  – Secluded areas
Transitional Services
- Urban vs. Rural
- Program linkages to transition
- Housing – Standards
- Pre-Release Planning – Case Management
- Custody and Community Corrections Connection
- Legislation – Early Release Options

Family Strengthening
- Parenting Classes
- Family Management and Communication Classes w/ Labs
- Community Programs i.e. Girl Scouts Beyond Bars
- Family-friendly Visitations
- Weekend Programs
- Telephone – school
- Prevention Programs for Children
What are Arizona’s strategies?
Community Strategy
- ADC Womens’ Task Force for Improving Outcomes for Female Offenders and their Children
- Community Resource Inventory
- Integrated services Network

Family Services
- Enhance visitation experience
- Incorporate prevention programs to target children
- Identify children and link to local services
- Weekend Mother/Child Programs
Population Strategy
- Women’s Community Council - Representatives
- Understand the needs of Arizona’s female offender population
- Programs that relate to Needs
- Build cultural diversity
Department Strategy
- Women’s Services Position
- Create a 3-year Strategic Plan that links custody and community corrections
- Review Policy and Procedure - Gender Responsive
- Establish standards for female facilities
- Identify key data, collect and identify trends.
- Collaboration with local criminal justice agencies
“Arizona really needs to work on giving us women the chance to be rehabilitated back into society. That way we don’t make the same mistakes we made before. Just because we are in prison doesn’t mean we are all bad. We have just made bad choices in life.”

ADC Female Inmate