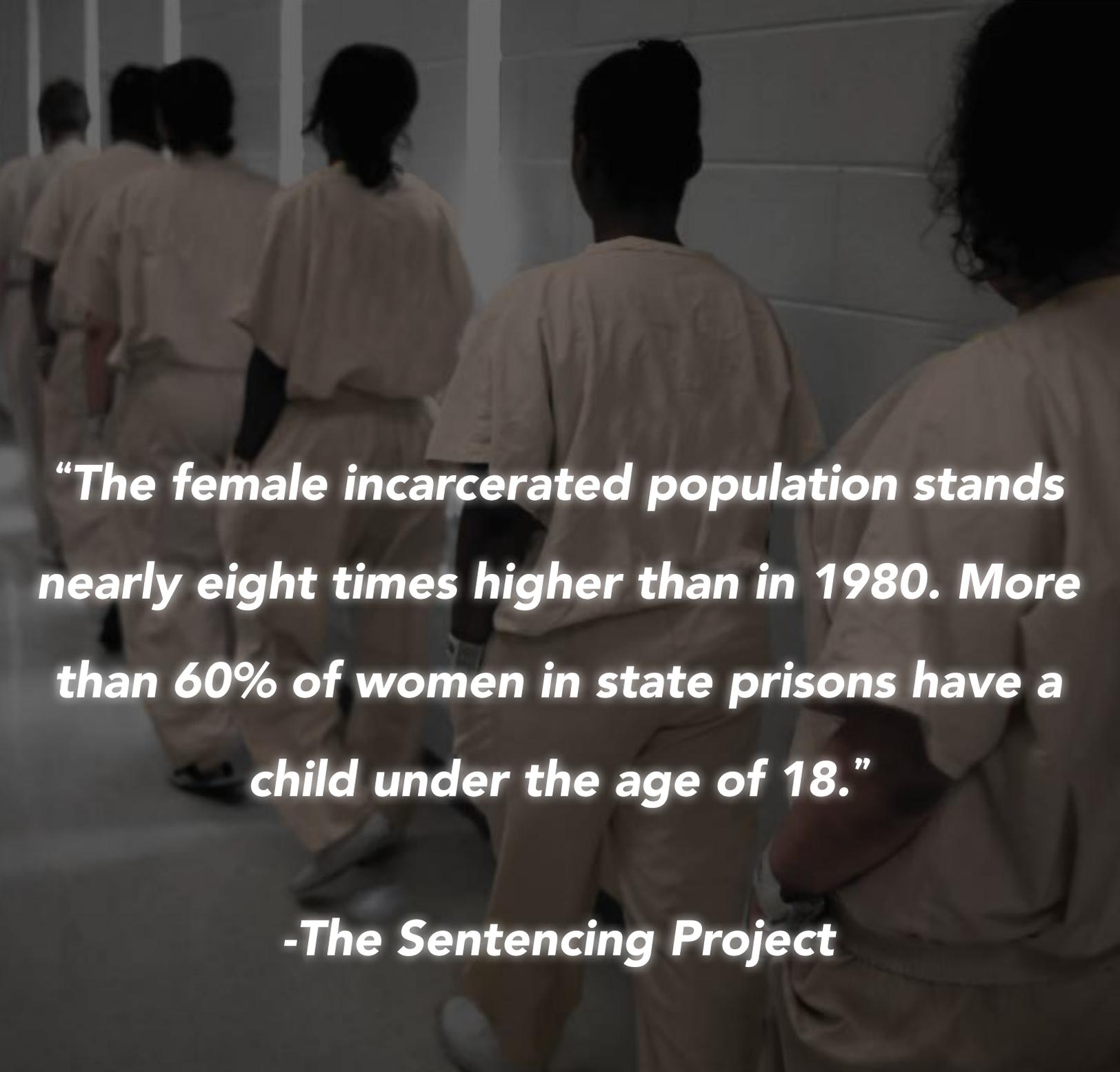


Commission on Reentry Services for Women



“The female incarcerated population stands nearly eight times higher than in 1980. More than 60% of women in state prisons have a child under the age of 18.”

-The Sentencing Project

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Governor Thomas Kean
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ELECTED WOMEN LEADERS IN THE STATE OF NEW JERSEY

Thank you to the strong and powerful women, who serve in the United States Congress and in New Jersey State Government for your compassionate and valuable advocacy of imprisoned women, reentering women, and those suffering from addiction, sexual violence, and domestic abuse. This report provides a road map to begin addressing the necessary changes required to improve the historic deficiencies in the care and treatment of incarcerated women and those returning to society.

U.S. House of Representatives Bonnie Watson Coleman and Mikie Sherrill

STATE Lt. Governor Sheila Oliver

State Senate

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WOMEN ADVOCATES FOR REFORM AND REENTRY SERVICES

As we grapple with the systemic challenges of women in prison and those returning home, we need to call upon the expertise, resources, and skills of leaders in the fields of addiction treatment, medicine particularly obstetrician-gynecologist, mental healthcare, anxiety, depression, trauma, sexual abuse, domestic violence, criminal justice system, housing, training and employment, and family reunification.

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Dean Kathleen Boozang, Esq.
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PHILIP D. MURPHY
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SHEILA Y. OLIVER
LT. GOVERNOR

August 21, 2020

VIA E-MAIL: jemcgreevey@njreentry.org

James E. McGreevey

Re: Women's Commission on Reentry Services

Dear Women's Commission on Reentry Services:

Thank you for your time, commitment, and advocacy in setting forth recommendations, which will improve the quality of life and opportunities for women returning from incarceration.

As the Sentencing Project has noted, the percentage of women incarcerated has increased eight times higher than in 1980. It is also important to recognize that 60% of women in state prisons have children under the age of 18.

Senator Sandra Bolden Cunningham has stated that a strong correlation exists between addiction, domestic abuse, and sexual violence with the incarceration of women. Your efforts to improve the quality of health care, particularly obstetrics-gynecology and mental health conditions including the impact of hormones, pregnancy, menstrual cycles, and menopause will improve the lives of court involved women.

As we know, trauma and stress may have a substantial impact upon the medical and psychological health of women. For many incarcerated women, their lives have already been impacted by a poverty, violence, unemployment, and loss. This reality contributes to depression, anxiety, and the use of narcotics to anesthetize to dull life's pain.

The narratives of the formerly incarcerated women provide us with the clearest understanding of the road they have travelled. In their own voice, they share tales of horror both in their communities, behind the wall, and on their path toward reentry.

Our listening to their stories gives meaning and significance to their lives and trauma. It is our responsibility as persons both elected and appointed to bring about the necessary change so that these women may fulfill their promise as well as that of their children.

This is an important Commission. It is a difficult task. In many ways, women in prison have been neglected, forgotten and subject to abuse. Our recognizing our collective past obligation, our present need to set forth change, and our future resolve to make recommendations a reality will mitigate society's past indifference, while creating healthy opportunities for better futures.'

Sincerely,

Lt. Governor Sheila Oliver



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Kathleen M. Boozang

DEAN

The Women's Commission on Reentry Services provides a timely and poignant intersection of two distinct strands in contemporary American life: the rise of the "Me Too" movement, which has required a reassessment of acceptable behavior in American culture and law and "Black Lives Matter," which has galvanized the nation to re-examine our criminal justice system.

Reentry is the end of the criminal justice system, as persons are returning to the civic community for which we ought to provide the tools to make a healthy transition. Prisoners are historically among the poorest, most marginalized, and most sick of persons. Whether addiction, mental illness, and medical challenges ranging from hepatitis to HIV, chronic illness and comorbidity is all too often the norm behind the prison wall. And, as for women, the female prisoner population has increased eight fold since 1980, a full 60% of these women have children under the age of eighteen; their children are arguably more apt to themselves be incarcerated because in part of their mother's experience.

Suffice to say that the needs of women in prison are a serious and difficult challenge. Yet, as we seek reforms, we need to be mindful of three basic truths: first, the historically numerical bias toward male prisoners has created a bias of neglect toward women's needs; second, the pain of addiction, domestic abuse, and sexual violence, statistically at the root of so many women prisoners' lives, needs to be mitigated in prison and reentry; and third, the trauma of prison itself has caused unimaginable harm. Simply put, we need to protect women.

These reforms resonate with Seton Hall Law School's mission. They reflect our ministry to the poor, to the immigrant, to the stranger, and have been a call to service. Today, our law students are working at every New Jersey Reentry Corporation site. Cardinal Tobin has spoken as to the need for addiction treatment and Second Chances, and Seton Hall Law has provided support for forums ranging from opioid addiction, sentencing reform, and expungement.

While criminal justice reform may be one of those few areas in American civic life to have achieved some degree of bipartisan support, we in New Jersey have been blessed to have Democratic and Republican governors and legislators who have embraced addiction treatment, criminal justice reform, and reentry. Yet, while recognizing that laudable litany of achievements, there remain many unfulfilled needs, among them the requirements of incarcerated women and those women having been released, who yearn for a Second Chance.

I thank all those whose service to the Commission will result in necessary and prudent changes, which we look forward to supporting. Lastly, thank you to the women in prison and those returning home, who have sought to transform their lives for the strength and power of their example.

Kathleen Boozang
Dean and Professor of Law
Seton Hall Law

The Catholic University in New Jersey - founded in 1856

August 24, 2020

Dear Women's Commission on Reentry Services,

The New Jersey Business and Industry Association is most grateful to make a contribution toward encouraging and designing training programs, which will promote the successful employment of women returning from incarceration.

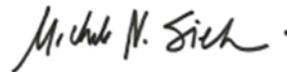
As women are sadly among the fastest growing cohort of persons in prisons, our nation and state must undertake a reappraisal of prison and reentry services. Historically, prisons were designed for and by men with women prisoners as a distant after thought.

As the Commission grapples with the challenges of the unique demands of women's health care, I would urge the Commission to be mindful of those employment opportunities in industries, which have been traditionally reentry friendly.

Our State and reentry advocacy community must work to enlist the business community in the planning and implementation of training programs that will provide the necessary skills for court involved women. To this end, NJBIA and New Jersey Reentry Corporation (NJRC) have formed a Task Force to bring business, the reentry community, and government together to foster successful employment and training programs.

We at NJBIA look forward to the continuing work of the Commission, a commitment to training those returning from incarceration, and a willingness to provide the business community with the necessary incentives to employ those in need of a Second Chance.

Sincerely,

A handwritten signature in black ink that reads "Michele N. Siekerka". The signature is written in a cursive, flowing style.

Michele N. Siekerka Esq.
President and CEO

cc: Senate President Stephen Sweeney
Assembly Speaker Craig Coughlin
Senate Minority Leader Tom Kean, Jr.
Assembly Minority Leader Jon Bramnick

FOREWORD

According to the Sentencing Project, the percentage of women in prison has risen exponentially, while 60 percent of those women have children under the age of 18. This startling national statistic roughly mirrors the New Jersey reality.

Over these past years, we have heard difficult stories of women being victimized at the Edna Mahan Correctional Facility for Women. Whether it be physical violence or sexual abuse, women inmates have been traumatized by those whose responsibility it was to protect them. NJDOC has failed to protect the personal safety and wellbeing of female inmates, provided substandard medical and behavioral healthcare to women within their charge, and has not instituted training programs that are responsive to market needs and the women's capacity for employment.

We applaud Senate President Sweeney and Speaker Coughlin for having instituted this Legislative Reentry Commission on Women's Services to review, critique, and recommend changes for reentry services for women. The report will serve as a roadmap to begin the examination of five important areas to enhance successful reentry: (1) Employment, (2) Healthcare, (3) Housing, (4) Family Reunification, and (5) Domestic Violence.

In each of these distinctive areas, we aim to identify the problem, the need, and the resources for a proposed solution. During the next year, we will recruit women throughout our state to join with us to design practical and workable recommendations to improve quality of life of women in prison.

Lastly, for women in prison, life can be very difficult. Their children are being raised by another, the older members of their family confront illness and death, and often their level of personal support while being incarcerated is negligible.

This report, the first of its kind in the State, recognizes the importance of services both behind the wall as well as within the civic community. It is our intention to set forth recommendations to Administration and Legislature, which will improve the life of those incarcerated women, those women reentering society, and the children who have experienced the trauma of incarceration through the experience of their mothers.

Senator Sandra Bolden Cunningham

Assemblywoman Yvonne Lopez

Senator Nellie Pou

Assemblywoman Eliana Pintor Marin

Senator Teresa Ruiz

Assemblywoman Annette Quijano

Senator Loretta Weinberg

Assemblywoman Verlina Reynolds-Jackson

Assemblywoman Valerie Vainieri Huttle

Assemblywoman Shavonda Sumter

SUMMARY

Incarcerated women in New Jersey have experienced suffering, trauma, abuse and a lack of services behind the wall. These conditions create substantial impediments to their recovery, rehabilitation, and success post-release with impacts on their children and families. Immediate and concrete action must be taken to address the conditions at Edna Mahan Correctional Facility, the state's only women's correctional facility. Based upon research and best practices highlighted by models from other states, the New Jersey Reentry Corporation (NJRC) has identified a set of recommendations to the New Jersey Legislature's Reentry Commission on Women's Services. These recommendations, spanning five key areas, are intended to foster the successful reentry of our population of formerly incarcerated women:

Employment. Securing gainful employment as quickly as possible following release dramatically increases the odds of successful reentry. However, incarcerated women face substantial barriers to employment stemming from a lack of skills and job readiness and conditions—mental health issues and addiction—that stymie their ability to thrive in the workforce. Edna Mahan fails to adequately address these contributing factors. By combining skills programming with trauma-informed therapeutic interventions, we can support women as they regain their economic footing.

Healthcare. The physical and mental healthcare needs of incarcerated women are largely disregarded. Deprived of prenatal care and basic nutrition, they are further traumatized and victimized by those charged to protect them, including through sexual abuse. Despite warning from the U.S. Department of Justice, NJDOC has failed to take action. NJDOC must ensure the provision of constitutionally guaranteed healthcare services and access to trauma-informed behavioral care, and develop systems to prevent the further traumatization that arises from inadequate health care. Moreover, New Jersey must end the pattern of abuse by state agents.

Housing. Finding housing is a constant struggle for the formerly incarcerated; for justice-involved women, the issue is exacerbated by the realities of childcare, domestic violence, and overly burdensome community supervision requirements. Housing provides a pathway to employment, safety, sobriety, and advancement. New Jersey must adapt successful supportive housing models from other states which have seen success in reducing homelessness, recidivism, and community supervision violations.

Family Reunification. Giving inmates opportunities to visit with their children and maintain parent-child bonds can reduce recidivism dramatically. It also invests in their children's future. Edna Mahan currently limits visitation and imposes other barriers and conditions that can traumatize children. New Jersey needs to support these women and their children by providing for extended visitation opportunities, facilitating transportation and coordinating among agencies.

Domestic Violence. Many of women housed at Edna Mahan experience of continuum of domestic violence beginning prior to their incarceration and extending into their release. The pressures of finding housing and complying with community supervision obligations compel women to return to unsafe domestic relationships. New Jersey must employ reentry planning services behind the wall and strategies upon release—supportive housing, financial literacy education, and domestic-violence informed approaches to community supervision—to combat these critical issues.

It is imperative that we provide justice-involved women with the access to services and supports they need both behind and beyond the wall. Taken together, these recommendations will halt the cycle of reincarceration among women, and improve their lives and the lives of their families.

INTRODUCTION

Edna Mahan Correctional Facility for Women (Edna Mahan) is the only New Jersey prison facility that houses state-sentenced women.¹

The facility is presently home to more than 500 incarcerated women.² These women face a unique set of challenges and constraints that result from placement in a correctional facility designed to house men and whose infrastructure is primarily centered on serving the male population. The consequences of such are both predictable and devastating, with sex-specific needs often being overlooked at the expense of addressing increased instances of unemployment, homelessness, trauma, health issues, and exposure to domestic violence among the population of formerly incarcerated women.

In our current system, justice-involved women suffer from disproportionately high rates of mental health and substance use disorders and other poor outcomes, which are tied to extensive histories of physical and sexual abuse, previous and active exposure to domestic violence, experiences with maternal distress, and unmet basic healthcare needs. **Current and historic conditions at Edna Mahan have resulted in aggravating these preexisting conditions and creating a barrier to successful reentry.** Pregnant mothers and those with children beyond the wall are provided minimal pregnancy-related healthcare services, often have virtually no information regarding the care or whereabouts of their children, and

have access to inadequate emotional support in navigating the maternal distress they inevitably suffer. *The State and its Department of Corrections (NJDOC) fail to utilize many opportunities for therapeutic intervention and successful reentry planning afforded by incorporating children and families into the incarceration experience of women.* Existing models and practices across the country reveal opportunities for improvement.

This report emphasizes that concrete and swift action be taken immediately to remedy the inequities and abuses that our female inmates and formerly incarcerated women face each day. The research outlined and actions recommended herein lay the groundwork for working towards solutions to foundational problems occurring within institutions for women at a national level.

Commission on Reentry Services for Women: Legislation and Mandate

This report has been produced for the benefit of the Commission on Reentry Services for Women. The purpose of the Commission is to “examin[e] issues relating to women prisoner reentry including, but not limited to, identifying physical and psychological hardships endured while incarcerated that may impede successful reentry, identifying specific services that are necessary for successful reentry, identifying current obstacles to female prisoners receiving these services, and

¹ United States Department of Justice Civil Rights Division. “Investigation of the Edna Mahan Correctional Facility for Women (Union Township, New Jersey).” United States Department of Justice, Apr. 2020, www.justice.gov/opa/press-release/file/1268391/download. Accessed 22 June 2020.

² State of New Jersey Department of Corrections. Offender Characteristics Report. Jan. 2020. Available at: https://www.state.nj.us/corrections/pdf/offender_statistics/2020/2020_EntireOffenderCharacteristics.pdf.

proposing solutions to remove these obstacles.”³

The Legislature requires that the Commission specifically examine and report its findings regarding:

- a. **The quality and quantity of hygiene products disbursed to female prisoners;**
- b. **How childbirth occurs for female prisoners while incarcerated;**
- c. **The amount of time allowed for a mother to bond with her child birthed in prison;**
- d. **Technological advances and their utilization in visitation between mothers and their children, such as video conferencing;**
- e. **Women whose crimes were related to a domestic violence situation in which they were the victim;**
- f. **Formerly incarcerated women with essential support services in order to better care for their children;**
- g. **The psychological profile of the female prisoner, including the psychological health of female prisoners and methods to minimize psychological damage;**
- h. **Housing, including halfway houses and residential housing;**
- i. **Education and training;**
- j. **Employment opportunities and workforce development;**
- k. **Addiction and substance use disorder treatment, including drug treatment for inmates released from State and county correctional**

facilities; length of drug treatment and access to medication assisted treatment, appropriate 12-step programs, and intensive outpatient programs;

- l. **Medical and mental health treatment;**
- m. **Access to legal assistance and current legal restrictions that create barriers to successful reentry;**
- n. **Integration of corrections, parole, and reentry, including the use of parole and supervision; and**
- o. **Coordination with faith-based services.**⁴

This Report: Key Areas of Focus

The Commission has identified five key issues that address the concerns of the legislature, all of which are interrelated and require swift and concrete progress in order to achieve higher rates of successful reentry for formerly incarcerated women:

- a. **Employment — Educational attainment and access to behavioral health services, including both mental health and substance abuse treatment, are the most significant barriers to formerly incarcerated women in successfully obtaining lawful and stable employment;**
- b. **Healthcare — Incarcerated women have sex-specific healthcare needs beyond behavioral health services that are not being addressed;**

³ S. Con. Res. 53, 219th Leg. (N.J. 2020).

⁴ Ibid.

- c. **Housing** — Formerly incarcerated women face distinct and substantial barriers in finding stable housing upon release, and immediate action is needed to increase the availability of reentry housing for women, through both familial relationships and specialized transitional living programs;
- d. **Family Reunification** — Programs for family reunification, including specialized visitation programs for incarcerated mothers, which are essential to successful reentry and child development, are lacking and new programming opportunities should be implemented as quickly as possible; and
- e. **Domestic Violence** — Domestic violence presents a substantial and often invisible barrier to successful reentry, and protections for abused women must be built into post-release community supervision, while also providing inmates adequate resources and counseling relating to domestic violence.

This report examines each of the above five areas in turn, and includes an analysis of the issue, best practices and models of successful programs and initiatives, as well as a discrete set of action steps.



Greater than half of the women serving sentences at Edna Mahan report having experienced two or more types of abuse prior to incarceration—emotional, physical, or sexual—*while nearly a third report having experienced all three.*

EMPLOYMENT

Employment: Challenges and Barriers: Overview

The female reentry population faces distinct challenges to securing consistent and meaningful employment, placing them at a substantial disadvantage.⁵ These challenges often reflect a failure to provide incarcerated women with the resources necessary to meaningfully address trauma, a lack of access to mental health and addiction treatment services behind the wall, and limited access to educational programming that provides meaningful training in skills

⁵ Blitz, Cynthia L. "Predictors of Stable Employment among Female Inmates in New Jersey." *Journal of Offender Rehabilitation*, vol. 43, no. 1, 2006, pp. 1-22. doi: 10.1300/ J076v43n01_01.

valuable to the modern-day workplace.⁶ More specifically, justice-involved women suffer from disproportionately high rates of trauma and are particularly likely to have been victims of physical and sexual violence.⁷ **Greater than half of the women serving sentences at Edna Mahan report having experienced two or more types of abuse prior to incarceration—emotional, physical, or sexual—while nearly a third report having experienced all three.**⁸ As is often the case with unaddressed trauma, many of these women also suffer from a substance use disorder.⁹ Roughly half of all women in state prison systems were under the influence of at least one substance at the time of their offense.¹⁰ The failure to address such trauma and its sequelae in the form of mental health and substance use disorders represents a substantial barrier to formerly incarcerated women acquiring gainful employment upon reentry.¹¹

Educational Barriers

These barriers are further compounded by the low educational attainment of the female inmate population, with the majority lacking a high school education.¹² Many incarcerated women have minimal work histories and few employable skills, with only around 50 percent being employed at the time of their arrest.¹³ Previously incarcerated women are also more likely to be responsible for

the provision or arrangement of childcare and to face dysfunctional relationships with partners and family upon release, creating significant emotional stress, while shifting attention away from the need to secure employment, and presenting further obstacles to successful reintegration.¹⁴ Given their dismal employment histories and traumatic life experiences, incarcerated women are believed to be even more likely than men to lack important social skills and the tools necessary to successfully cope with their own emotions and to manage their own behavior.¹⁵ Unfortunately, fragile economic conditions that place pressures on the labor market are likely not only to increase competition against those with a prior criminal record, but also potentially increase rates of already existing sex and minority status employment discrimination.¹⁶

Mental and Behavioral Health Treatment

For formerly incarcerated women, education and access to appropriate mental health treatment are likely the most significant barriers to successfully obtaining long-term employment and achieving desirable reentry outcomes.¹⁷ Prior to an instance of incarceration, the most prominent factor in predicting women's success in acquiring gainful employment is education,

6 Ibid.

7 Ibid.

8 Ibid.

9 Salina, Doreen D., et al. "Co-Occurring Mental Disorders among Incarcerated Women." *Journal of Offender Rehabilitation*, vol. 45, no. 1, 22 Sept. 2008, pp. 207-225. doi: 10.1300/J076v45n01_14.

10 "Predictors of Stable Employment among Female Inmates in New Jersey," p. 3.

11 Ibid., 4.

12 Ibid., 1-4.

13 Ibid., 2-4.

14 Ibid., 2-5.

15 Ibid., 1-4.

16 Ibid., 5.

17 Ibid., 15.

with improved educational attainment correlating to more successful employment outcomes post-release.¹⁸ The provision of behavioral health services that treat both underlying substance use and mental health disorders also contribute to an increased likelihood of success in securing full-time employment.¹⁹ The effectiveness of these interventions continues to be limited by racial discrimination as evidenced by the fact that white women are statistically more likely to achieve a positive outcome post-intervention than black women.²⁰ Regardless of race, both education and adequate behavioral health treatment are accepted as critical in the reentry success of all formerly incarcerated women.

Access to and Availability of Educational Programming

*Educational programs in the adult correctional system suffer from inconsistencies and administrative complexities that limit their value and reach.*²¹ The processes for accessing these programs should be more standardized and programming expanded such that inmates are better able to advance their employable skills prior to release.²² Given the rapid progression of technology and the general lack of skills among the incarcerated female population, to the extent possible, more skills programs with a technology-based component should be offered, and to



More than **one-third** of Edna Mahan inmates make requests to participate in skill building programs and are ultimately **denied**.

ensure adequate access, with more frequency.²³ The implementation of technology across most sectors of the labor market necessitates training inmates in technological skills while also offering training in highly specialized fields that increase applicants' desirability to employers.²⁴ While most female inmates are aware of the different programs that the NJDOC offers in social functioning. Skills such as parenting, trauma, money management, managing drug/alcohol problems, and coping skills, the inability to access these and other educational programs in New Jersey prisons remain a substantial barrier to reentry success.²⁵ **More than one-third of Edna Mahan inmates make requests to participate in skill-building programs and are ultimately**

18 Ibid.

19 Ibid.

20 Ibid., 14.

21 Ibid., 16-17.

22 Ibid.

23 Ibid.

24 Ibid.

25 Wolff, Nancy, and Jing Shi. Reentry Readiness of Men and Women Leaving New Jersey Prisons. Rutgers Center for Behavioral Health Services Criminal Justice Research, 2010, pp. 13-18. Available at: https://www.prisonlegalnews.org/media/publications/rutgers_reentry_readiness_report_in_nj_2010.pdf.

denied.²⁶ Worse yet, inmates interested in a particular skill-building program request access an average of two to five times, and even then, only 55 to 76 percent of those inmates eventually gain access to the particular program, depending on its popularity.²⁷ Similar barriers to access exist for inmates at Edna Mahan attempting to access educational programming. While roughly 34 percent of the inmates submit requests to participate in an on-site GED program, only about 86 percent of that small portion requesting access are accepted.²⁸ Moreover, approximately 32 percent of inmates request to participate in some form of collegiate-level programming, and only 63 percent of those individuals are granted access.²⁹

Edna Mahan presently offers three broad types of vocational training programs including trades, office, and video.³⁰ According to a study by the Rutgers Center for Behavioral Health Services Criminal Justice Research, **only about one in four inmates are even aware the video program exists**, less than six percent of inmates request to participate in the video program, and **only a third** of those few are accepted.³¹ While the trades and office programs are better advertised, between 39 and 45 percent of inmates apply to participate, and only 61 to 64 percent of those who apply are accepted.³² As with other programming at **Edna Mahan, inmates have to request access on average between 2 and 4 times to participate**

in educational programs, and even then, their chances of being admitted are relatively low.³³

Access to and Availability of Mental and Behavioral Health Services

Both access to and the quality of behavioral health services being provided to incarcerated women in New Jersey can also be improved. Developing stronger protocols for identifying, diagnosing, and treating mental health and substance use disorders, while ensuring that the protocols utilized focus heavily on the sex-specific differences among incarcerated populations, is necessary to improve overall employment and reentry outcomes.³⁴ As a result of social inequities within their communities, most female inmates have minimal access to behavioral health resources outside of the prison system.³⁵ Many are thus coming to Edna Mahan untreated.

Although survey data suggests that many women at Edna Mahan are able to receive behavioral health treatment at the facility, a notable subset of them believe they should be treated for either a mental health disorder or both a mental health and substance use disorder but do not have access to such treatment.³⁶ Given the propensity of

26 Ibid., 15.

27 Ibid.

28 Ibid., 18.

29 Ibid.

30 Ibid.

31 Ibid.

32 Ibid.

33 Ibid.

34 "Predictors of Stable Employment," p. 17.

35 Blitz, Cynthia L., et al. "Availability of Behavioral Health Treatment for Women in Prison." *Psychiatric Services*, vol. 57, no. 3, 1 Mar. 2006, pp. 356-60. doi: 10.1176/appi.ps.57.3.356.

36 Ibid.

female inmates to enter the prison system with active substance use disorders, it is highly problematic that between 31 and 45 percent of inmates at Edna Mahan who believed they needed substance abuse treatment were not able to access it.³⁷ A significant body of research suggests that self-reports of mental health disorders and perceived needs for treatment in general survey questions are largely accurate.³⁸ With the high rates of substance use disorders among incarcerated women in New Jersey, and the direct correlation between the treatment of such disorders and successful reentry outcomes,

Edna Mahan must necessarily provide for comprehensive substance abuse treatment as imperative programming. Expansion of substance abuse treatment services and improvements in screening and diagnostic protocols that take into account sex-specific differences of female inmates are necessary to ensure the success of formerly incarcerated women returning to our communities, given this population's disproportionate struggle with behavioral health issues.

Employment: Models for Reform and Best Practices

Combining skills programming with trauma-informed therapeutic interventions may prove particularly effective in improving employment

Strength
Through
Restoration
Independence
Vision
Empowerment

and reentry outcomes for formerly incarcerated women. Although educational programming and behavioral health services are likely to be most beneficial when provided earlier and more consistently throughout a period of incarceration, *Texas has seen success in creating a 12-week reentry planning program for incarcerated women that addresses trauma in a group setting*, while providing employment skills programming and opportunities to secure post-release employment prior to release.³⁹ **The STRIVE program**, implemented by the Texas Department of Corrections in 2019, provides full-day programming to a select group of high-risk women nearing release.⁴⁰ *STRIVE teaches, among other things, customer service skills, techniques for successful interviewing, and coping skills for dealing with stressful or unsafe workplace environments.*⁴¹ The therapeutic portion of the program, which consists of more than three

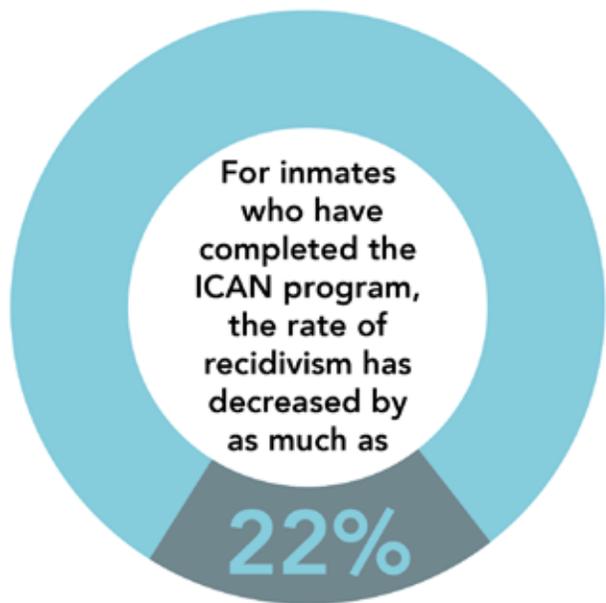
37 Ibid.

38 Ibid.

39 McCullough, Jolie. "New Texas Prison Program Aims to Help Women Leave the System with Jobs Waiting for Them." The Texas Tribune, 25 Sept. 2019. The Texas Tribune, www.texastribune.org/2019/09/25/texas-prison-program-help-women-reenter-society-jobs-waiting-them/. Accessed 7 July 2020.

40 Ibid.

41 Ibid.



hours of daily programming, utilizes sex-specific and trauma-informed therapeutic intervention to help women identify and address trauma they have experienced throughout their lives.⁴² *The program is specifically designed to address traumas associated with physical and sexual abuse, as well as domestic violence, whether experienced as an adult or child.*⁴³ STRIVE also teaches incarcerated women how to distinguish between healthy and unhealthy relationships, as well as the importance of self-love and how to cope with different stressors that arise in different environments.⁴⁴ **The goal of the program is not only to foster healing and self-development, but also to ensure that women nearing release have a job waiting for them beyond the wall.**⁴⁵ Upon release, participants leave the program with completed resumes, any portfolios created

during the program, and at least one professional outfit, in addition to their newly developed and specialized skills that will enable them to be successful in the workforce.⁴⁶ The implementation of STRIVE has been attributed to several successful outcomes and its continued operation is projected to further reduce Texas’s already lower than average statewide recidivism rates among formerly incarcerated females.⁴⁷

As states continue to expand vocational and job training programs for inmates, New Jersey must expand training programs recommended by the LWD, which are responsive to female inmates. Aside from comprehensive reentry programming, many state departments of corrections have developed specialized vocational programs that emphasize securing gainful employment prior to release. *The Kansas Department of Corrections has partnered with The Last Mile in San Francisco to provide female inmates with access to an advanced computer coding training program, requiring no former technology education.*⁴⁸ The course teaches not only computer coding, but also places emphasis on teamwork and problem-solving.⁴⁹ The Last Mile utilizes video conferencing to connect with inmates, and also to connect them with technology leaders throughout the Silicon Valley.⁵⁰ ***Upon graduation from the most recent offering of the program, several inmates were hired by the Department of Corrections to work***

42 Ibid.

43 Collier, Bryan. “Executive Director’s Update: STRIVE Program.” Texas Department of Criminal Justice, Sept. 2019, www.tdcj.texas.gov/connections/-articles/20190900_ED_update.html. Accessed 7 July 2020.

44 “New Texas Prison Program Aims to Help Women Leave the System with Jobs Waiting for Them.”

45 Ibid.

46 Ibid.

47 Ibid.

48 Smith, Sherman. “Women Develop ‘Sense of Hope’ in Kansas Prison’s Coding Course.” *Leavenworth Times*, 1 Mar. 2020. www.leavenworthtimes.com/news/20200301/women-develop-sense-of-hope-in-kansas-prisons-coding-course. Accessed 9 July 2020.

49 Ibid.

50 Ibid.

*in a development shop.*⁵¹ For those nearing release, employers were present at the graduation ceremony to build connections with the graduates and interview them for available positions.⁵² The Last Mile partners with many businesses throughout the country and works to train inmates in high-demand technology skills.⁵³ *The Last Mile has provided education to 622 offenders across five states.*⁵⁴ Impressively, The Last Mile's returned citizens boast a zero-percent recidivism rate.⁵⁵

Other states achieve positive results by offering similarly specialized vocational training programs that teach skills corresponding to in-demand fields and providing comprehensive job-search assistance prior to release, including regularly offering on-site interviews. *The Wisconsin Department of Corrections recently expanded vocational programming for women housed at Taycheedah Correctional Institution, which included the addition of a Mobile Welding Lab.*⁵⁶

The welding program affords female inmates the skills necessary to obtain entry level employment in a welding position following their release, as well as a certificate of program completion.⁵⁷ As inmates move closer to their release date, they are provided individualized employment services in the Job Center, which provides access to computers and assistance

from staff in creating resumes and applying for available positions until the individual is hired.⁵⁸ Although a less comprehensive job placement service, the Indiana Department of Correction regularly holds an Employer Day at one of its women's prisons, allowing employers to meet with inmates who have completed one of its four highly specialized vocational training programs.⁵⁹ Of modern relevance, the Department offers its own educational program that teaches coding skills, and also offers vocational training that provides individuals the skills necessary to work in a marketing call center.

Even where inmates are not able to secure employment beyond the wall prior to their release, offering incarcerated women more intensive vocational training opportunities may increase the odds of their experiencing gainful employment following release. Training opportunities that provide access to experience allow inmates to build their resumes and enter the workforce more prepared and appealing as job candidates. *The Indiana Department of Correction has partnered with the Indiana Canine Assistance Network (ICAN) to provide eligible inmates with more than 3,600 hours of education in training service dogs and grooming.*⁶⁰ The inmates also receive training in interviewing and building resumes, and are

51 Ibid.

52 Ibid.

53 The Last Mile. "About." The Last Mile, 2019, thelastmile.org/about/. Accessed 9 July 2020.

54 Ibid.

55 Ibid.

56 Matesic, Emily. "New Programs at Taycheedah Help Female Inmates Find Jobs After Prison." Gray Television, Inc., 13 Sept. 2019, www.wbay.com/content/news/New-programs-launched-in-female-prison-aims-to-help-inmates-get-jobs-upon-their-release-560262401.html. Accessed 9 July 2020.

57 Ibid.

58 Ibid.

59 Hicks, Justin. "Rockville Correctional Facility Hosts IDOC Employer Day." WFYI Indianapolis, 4 Oct. 2019. WFYI Indianapolis, www.wfyi.org/news/articles/rockville-correctional-facility-hosts-idoc-employer-day. Accessed 12 July 2020.

60 Starrantino, Amanda. "Inmates Learn Employment Skills through Service Dog Training." RTV6 Indianapolis, 13 May 2019. RTV6 Indianapolis, www.theindychannel.com/news/hiring-hoosiers/inmates-learn-employment-skills-through-service-dog-training#:~:text=%22Our%20recidivism%20rate%20in%20Indiana,more%2C%20it's%20around%2017%25. Accessed 12 July 2020.

provided a certificate from the Department of Labor upon completion of the program.⁶¹ Given their highly specialized qualifications, women reentering following completion of the ICAN program are typically able to promptly secure employment upon release.⁶² For inmates who have completed the ICAN program, the rate of recidivism has decreased by as much as 22 percent, as compared to the state's average.⁶³

The Michigan Department of Corrections is also providing incarcerated women with programming that fosters the development of highly employable skills, having recently expanded its braille transcribing program to its only women's prison, the Women's Huron Valley Correctional Facility.⁶⁴ *The program is a division of the Michigan Braille Transcribing Fund, which has a lengthy history of providing blind students across the United States and overseas access to transcribed textbooks, complete with graphics.*⁶⁵ Prisoners primarily transcribe educational textbooks, but the general public can order transcriptions of any books or textbooks at a reasonable cost.⁶⁶ Prior to certification, inmates spend weeks in the classroom learning the basics of braille, and are expected to continue their practice in the evenings from within their cells.⁶⁷

*Inmates progress through 19 lessons and produce a final transcript with virtually no errors to receive their certification in Literary Braille from the U.S. Library of Congress.*⁶⁸ *Michigan prisoners earn up to \$4,000 per year transcribing braille from behind the wall and cumulatively produce millions of transcribed pages.*⁶⁹ Given the difficulty of learning to transcribe Braille, and the operational costs of doing so, there is significant demand for transcription services, providing prisoners the potential to work independently and earn a substantial income immediately following their release.⁷⁰ *The Michigan program provides necessary equipment to former inmates who have earned their certification and wish to build their career in braille transcribing, which may normally be cost prohibitive.*⁷¹ Michigan also provides its incarcerated women access to comprehensive training in the fields of auto mechanics, horticulture, food technology, 3D printing, carpentry, and computer programming, among many other fields.⁷²

While each of these programs provide tremendous value to currently and formerly incarcerated women, programs that facilitate women leaving the prison system with professional clothing can help to ensure their success.⁷³ Female inmates

61 Ibid.

62 Ibid.

63 Ibid.

64 Dickson, James David. "Something to Be Proud Of: Women Join Michigan Prison Braille Transcribers." The Detroit News, 29 May 2019. The Detroit News, www.detroitnews.com/story/news/local/michigan/2019/05/30/women-join-michigan-prison-braille-transcribers/3548035002/. Accessed 13 July 2020.

65 Ibid.

66 Ibid.

67 Ibid.

68 Ibid.

69 Ibid.

70 Ibid.

71 Ibid.

72 State of Michigan. "Women's Huron Valley Correctional Facility (WHV)." Michigan Department of Corrections, 2020, www.michigan.gov/corrections/0,4551,7-119--116930--,00.html. Accessed 13 July 2020.

73 Parsons, Gretchen. "Boise Women Get Interview-Ready Clothes as Part of a Fresh Start after They Leave Jail." KTVB7, 5 Jan. 2020, www.ktvb.com/article/news/local/boise-women-get-interview-ready-clothes-as-part-of-a-fresh-start-after-they-leave-jail/277-a2ada51a-e1c2-

in Texas have been given a similar opportunity to receive professional dress prior to reentry.⁷⁴ These services ensure inmates are interview ready, and can put their best foot forward in attempting to secure employment.

Employment: Action Items

To increase the likelihood of successful reentry, and to provide female inmates the resources they require to obtain adequate employment upon release, based upon research and historical practices, this report recommends:

- 1. Developing additional skills programs that emphasize coping with trauma, identifying and managing dysfunctional personal relationships, and professional social skills;**
- 2. Incentivizing application to and participation in skills programs;**
- 3. Advertising all skills programs in a manner that ensures all inmates are aware of their availability;**
- 4. Expanding access to skills programs, such that those inmates who are interested and apply have the opportunity to participate prior to reentry;**
- 5. Developing additional vocational training programs and tailoring them to employ technological advances and current workplace norms;**
- 6. Better advertising of the availability of vocational training programs to all inmates;**
- 7. Incentivizing participation in a vocational training program prior to release;**
- 8. Expanding access to vocational training programs by increasing the number of available seats and frequency of the sessions, such that all inmates who apply to the program have the opportunity to participate;**
- 9. Ensuring that seats are available for every inmate who wishes to participate in on-site GED programs;**
- 10. Developing the partnerships necessary to accept a larger number of inmates for higher-level education programs and in a more timely fashion, such that inmates who wish to continue their education have the opportunity to do so and to complete a program prior to release;**
- 11. Making available on-site education counselors to encourage, incentivize, and discuss the benefits of educational and skills programming with inmates;**
- 12. Utilizing educational counselors to facilitate inmate enrollment and coordinate inmate applications for skills/ educational programming, such that inmates interested in programming are given the opportunity to participate in at least one program at a time throughout their sentence;**
- 13. Creating a pre-release job center where incarcerated women are able to draft and edit their resumes, apply for available jobs within the community, and practice their interviewing skills;**
- 14. Coordinating with state business leaders to host periodic employer visits to Edna Mahan where incarcerated women nearing release are able to network with potential**

4df6-991f-aff3b8103593. Accessed 13 July 2020.

74 "New Texas Prison Program Aims to Help Women Leave the System with Jobs Waiting for Them."

HEALTHCARE

Overview

Women in NJDOC facilities experience a complex set of physical, mental and behavioral health needs and conditions. These problems have sources that are rooted both in their lives prior to incarceration and are compounded by incarceration itself. The unique needs of women in correctional facilities are often overlooked, largely a result of NJDOC facilities being designed to house and predominately serve the male population.

Women experience disproportionately high rates of trauma, physical and mental health ailments, and substance use disorders. *A survey of more than 1,000 recently released individuals in the process of reentry found that nine in ten women suffered from diagnosed health conditions requiring active treatment and management.*⁷⁵ Two-thirds of those women reported having been diagnosed with a physical health condition that can be classified as “chronic,” such as asthma, diabetes, hepatitis, and HIV/AIDS.⁷⁶ More than a third reported having been diagnosed with a mental health disorder such as anxiety, depression, or post-traumatic stress disorder, and approximately two-thirds reported having actively abused substances in the six months leading up to incarceration.⁷⁷

This exceptionally high prevalence of disease has also been observed among a majority of women

employers, interview on-site for available positions, and receive further employment coaching;

15. Utilizing donations and other resources to create an on-site professional wardrobe where women nearing release can obtain professional clothing for interviews and employment following their release;
16. Combining pre-release employment services with trauma-oriented group and individual therapy and providing referrals to reentry services that can ensure continued access to employment counseling and therapeutic intervention following release;
17. Developing a more comprehensive behavioral health evaluation for female inmates that takes into account and seeks to discover incidences of sexual and physical abuse, including abuse that occurred during childhood years;
18. Appropriately expanding mental health treatment services to female inmates, with frequent and highly-tailored counseling and psychotherapy services being provided on an as-needed basis, based upon recommendations of clinical staff; and
19. Expanding all available substance abuse programming and treatment services such that any inmate who wishes to obtain assistance with an actual or perceived substance use disorder has the ability to do so, and the ability to complete an appropriate and individualized course of therapy prior to release.

⁷⁵ Mallik-Kane, Kamala, and Christy A. Visher. Health and Prisoner Reentry: How Physical, Mental, and Substance Abuse Conditions Shape the Process of Reintegration. Urban Institute Justice Policy Center, Feb. 2008.

⁷⁶ Ibid.

⁷⁷ Ibid.

housed at Edna Mahan, often co-occurring with symptoms of prior abuse. More than half of 908 women surveyed at Edna Mahan reported being the victim of two types of abuse prior to incarceration—emotional, physical, and/or sexual—with nearly a third reporting having been the victim of all three.⁷⁸ Partly as a result of such trauma, many of these women also suffer from mental health and substance use disorders, with roughly half of all women in state prison systems reporting having been using a substance at the time of their offense,⁷⁹ and many reporting an inability to access addiction treatment and recovery services prior to incarceration.⁸⁰

Recent events have unveiled demonstrated extensive patterns of rampant victimization and re-victimization of women incarcerated at Edna Mahan.^{81,82} In addition to suffering from these inequities and many of the same physical health conditions as men, women also have several specific physical health needs—including access to reproductive healthcare, prenatal care services, and adequate nutrition during pregnancy that have been historically unmet.

The failure to address these issues effectively contributes to avoidable instances of homelessness, unemployment, and recidivism among women in reentry. This section provides an overview of each of these challenges—trauma, physical health, mental health, and substance use—with an emphasis on aspects most salient to justice-involved women. Each subsection then



of those women reported having been diagnosed with a physical health condition that can be classified as “chronic,” such as asthma, diabetes, hepatitis, and HIV/AIDS

closes by highlighting best practices. The section concludes with immediate action items legislators and policymakers can take to address them. Doing so would undoubtedly make a real and tangible difference in the lives of women, their families, and communities across New Jersey.

Trauma: Challenges and Barriers

A growing body of research has brought the deep and lasting effects of trauma to light. In particular, a number of experts have identified how potentially traumatic experiences—such as *being the victim of or bearing witness to abuse, violence, and instability*—can generate

78 “Predictors of Stable Employment among Female Inmates in New Jersey,” pp. 8-9.

79 Ibid., 3.

80 “Availability of Behavioral Health Treatment for Women in Prison,” p. 359.

81 “Investigation of the Edna Mahan Correctional Facility for Women (Union Township, New Jersey),” pp. 1-29.

82 Benner, Katie. “Inmates at N.J. Women’s Prison Endured Years of Sex Abuse, Justice Dept. Finds.” *The New York Times*, 13 Apr. 2020. www.nytimes.com/2020/04/13/us/politics/prisons-civil-rights-justice-department.html. Accessed 22 June 2020.

a kind of toxic stress that increases the risk of several health conditions.⁸³ When such traumatic experiences occur during childhood, they are often referred to as adverse childhood events (ACEs) and have been shown to adversely affect brain development.⁸⁴ Such results in ACEs having the ability to hamper attention, decision-making, learning, and responses to stress.⁸⁵ Protracted exposure to such toxic stress has been linked to an individual's increased risk of physical and mental health conditions, with researchers estimating that nearly two million cases of heart disease and 21 million cases of depression can be attributed to ACE exposure.⁸⁶ ACEs have also been linked to the development of substance use disorders and an increased risk of more frequent negative life experiences such as homelessness, incarceration, and unemployment.⁸⁷ **Women and children, particularly from communities of color, have been found to be at particularly high risk of experiencing such trauma and their sequelae.**⁸⁸ The effects of ACE-related trauma appear to be intergenerational, with researchers having found that the experience of having a parent who is homeless, incarcerated, and/or unemployed is the kind of ACE that increases one's own risks of becoming homeless, incarcerated, or unemployed.⁸⁹

With more than half of the women incarcerated at Edna Mahan identifying themselves as having been the victim of emotional, physical, and/or sexual abuse,⁹⁰ these women are anecdotally likely to have experienced some form of childhood trauma, including ACEs. Compounding these issues are findings of sexual abuse of incarcerated women at a national level,⁹¹ but more particularly at Edna Mahan.^{92,93} The unconscionable behavior has become pervasive within Edna Mahan such that the United States Department of Justice has issued a report that extensively documents historic cases of abuse within the facility.⁹⁴ This report supports conducting a comprehensive review, identifying victims and those who bore witness to victimization, screening women for the physical and mental sequelae of their assault, and providing victims and their witnesses with ongoing treatment.

The effects of sexual assault are well-established. Women who experience or witness sexual assault are likely to develop and/or experience exacerbated mental health and substance use disorders.⁹⁵ Such victimization and re-victimization, as occurs at Edna Mahan, often aggravates earlier trauma, compounding distress in ways

83 Centers for Disease Control and Prevention. "Preventing Adverse Childhood Experiences." Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2020, www.cdc.gov/violenceprevention/acestudy/fastfact.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Fchildabuseandneglect%2Faces%2Ffastfact.html. Accessed 21 July 2020.

84 Ibid.

85 Ibid.

86 Ibid.

87 Ibid.

88 Ibid.

89 Ibid.

90 "Predictors of Stable Employment among Female Inmates in New Jersey," pp. 8-9.

91 Weatherhead, Kendra. "Cruel but Not Unusual Punishment: The Failure to Provide Adequate Medical Treatment to Female Prisoners in the United States." *Health Matrix: The Journal of Law-Medicine*, vol. 13, no. 2, 2003, pp. 429-72. Available at: <https://scholarlycommons.law.case.edu/healthmatrix/vol13/iss2/8>.

92 "Investigation of the Edna Mahan Correctional Facility for Women (Union Township, New Jersey)," pp. 1-29.

93 "Inmates at N.J. Women's Prison Endured Years of Sex Abuse, Justice Dept. Finds."

94 "Investigation of the Edna Mahan Correctional Facility for Women (Union Township, New Jersey)," pp. 1-29.

95 "Cruel but Not Unusual Punishment: The Failure to Provide Adequate Medical Treatment to Female Prisoners in the United States," pp. 440-46.

that undermine rehabilitation.⁹⁶ Victims of sexual assault are at a high risk of contracting sexually transmitted infections, including HIV, and having unwanted pregnancies.⁹⁷ Sexually abused inmates are also at risk of suffering from unwanted pregnancies and infection or reinfection with sexually transmitted disease.⁹⁸ The fact that these conditions may develop.

Addressing Trauma: Models for Reform and Best Practices

The significantly higher instances of abuse among the currently and formerly incarcerated female population as compared to women in the general population necessitates employing a trauma-informed approach in both therapeutic and disciplinary interventions.⁹⁹ It is recommended that staff members working in correctional institutions assume in each of their interactions that they are working with an individual having a history of trauma.¹⁰⁰ This includes guards interacting with incarcerated women, as well as medical staff, mental health staff, and reentry service providers located behind and beyond the wall.¹⁰¹ Interacting with currently and formerly incarcerated women in a trauma informed manner is proven to reduce violence and infractions in correctional settings.¹⁰²

During incarceration and when providing services to the incarcerated and formerly incarcerated female population, safety is the touchstone of a trauma-informed approach.¹⁰³ Victimized women must have access to an environment where they feel safe and unthreatened in order to avoid adverse mental health effects, relapse into substance abuse, and re-traumatization.¹⁰⁴ *Behavioral health treatment, for example, including treatment for substance use disorders, is unlikely to be effective for incarcerated and formerly incarcerated women unless it addresses histories of abuse and sex-specific experiences and perspectives.*¹⁰⁵

Survivors of physical and sexual abuse that have not had access to adequate treatment services experience changes in their bodily functioning that can frequently result in a consistent feeling of perceived fear.¹⁰⁶ Many standard correctional practices including transfers between facilities, cell extractions and searches, strip searches, loud noises and voices, and the banging of doors can trigger responses to these underlying fears and further traumatize victims.¹⁰⁷ Even the task of having to communicate with unknown individuals, potentially including male guards, can be a traumatizing task for female inmates with histories of abuse.¹⁰⁸ By minimizing invasive and

96 Ibid.

97 Ibid.

98 Ibid.

99 Benedict, Alyssa. Using Trauma-Informed Practices to Enhance Safety and Security in Women's Correctional Facilities. Washington, DC, National Resource Center on Justice Involved Women, 2014.

100 Ibid.

101 Ibid.

102 Ibid.

103 Covington, Stephanie S. "Women and Addiction: A Trauma-Informed Approach." *Journal of Psychoactive Drugs*, vol. 40, no. sup5, 2008, pp. 377-85.

104 Ibid.

105 Ibid.

106 "Using Trauma-Informed Practices to Enhance Safety and Security in Women's Correctional Facilities," pp. 2-3.

107 Ibid., 3.

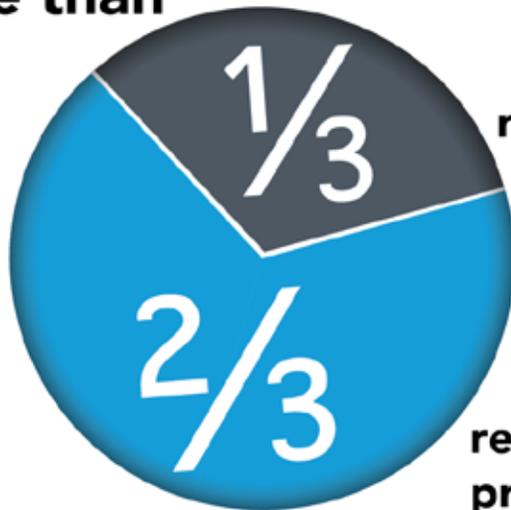
108 Ibid.

disruptive practices behind the wall—particularly unnecessary transfers, the extraction of inmates from their cells, restriction of inmates to confined areas other than their cells, as well as substantial changes in the environment or correctional staff available to the inmate—correctional facilities can mitigate traumatization and help inmates sustain progress.¹⁰⁹

Other states are beginning to model reforms that account for trauma and place emphasis on the comfort and sex-specific rehabilitation of incarcerated women. The Virginia Department of Corrections recently developed a gender-responsivity plan to overhaul its state prison system and address the particular needs of female inmates behind the wall.¹¹⁰ Through this project, Virginia plans train all staff in the

provision of trauma-informed care, expand vocational programming for female inmates, and develop programs that foster peer support among women.¹¹¹ In the future, Virginia also plans to develop women-specific reentry sites and programming for recently released inmates.¹¹² Missouri has also developed plans to increase its use of trauma-informed programming in facilities that house female inmates, implementing gender-responsive strategies across each of the programs being offered to female inmates, including its expansive substance abuse treatment offerings.¹¹³ Although New Jersey mandates that trauma-informed care be provided to female inmates,¹¹⁴ it should take the steps that other states have already taken, requiring the Department of Corrections to develop a comprehensive plan for training all of its staff in trauma-informed care

More than



of women in the process of reentry report having been diagnosed with a mental health disorder

&

report having abused substances prior to incarceration.

109 Ibid., 1-17.

110 Tyree, Elizabeth, and Sinclair Broadcast Group. "Virginia DOC Moving Offenders, Transitioning Facilities for Gender Responsivity Plan." abc13NEWS, 17 Sept. 2019, wset.com/news/local/virginia-doc-moving-offenders-transitioning-facilities-for-gender-responsivity-plan. Accessed 8 July 2020.

111 Ibid.

112 Ibid.

113 Christian, Charles. "Programs Aim to Help Missouri's Female Inmates." News-Press NOW. News-Press Media Group, www.news-pressnow.com/news/local_news/programs-aim-to-help-missouris-female-inmates/article_b6a34d18-491f-11ea-8e8e-4f6e76ddd255.html. Accessed 8 July 2020.

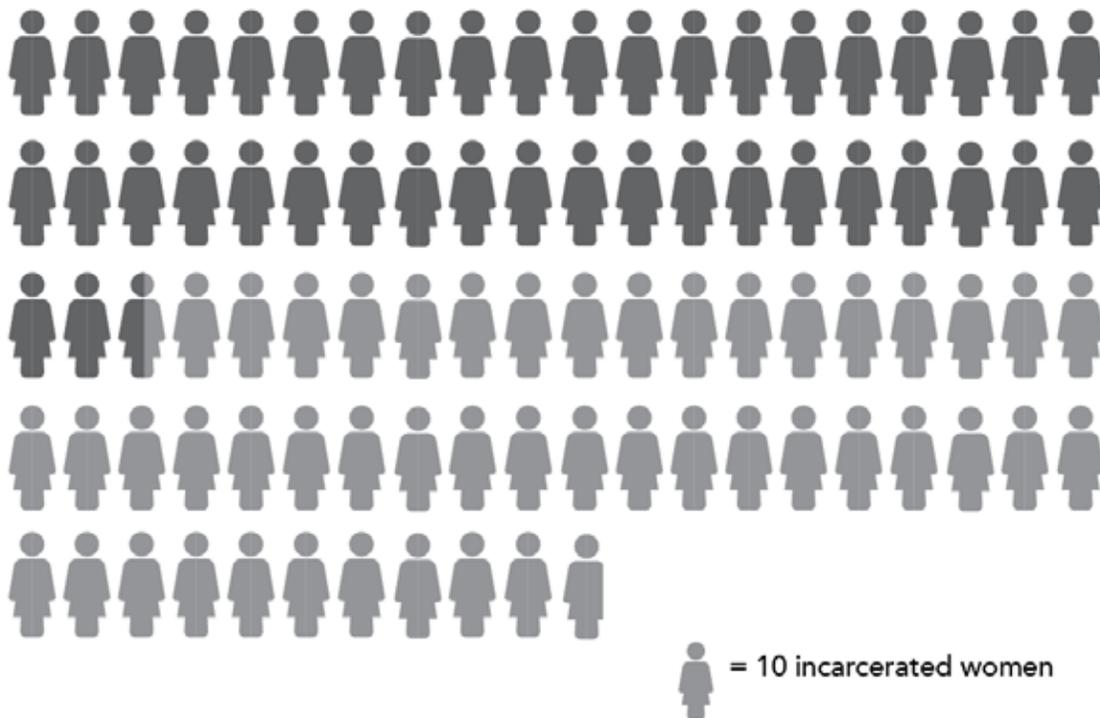
114 O'Dea, Colleen. "Senate Finally Approves Corrections Commissioner, Murphy Signs Bills to Help Prisoners." NJSpotlight, 10 Jan. 2020. NJSpotlight, www.njspotlight.com/2020/01/senate-finally-approves-corrections-commissioner-murphy-signs-bills-to-help-prisoners/. Accessed 8 July 2020.

and restructuring the facility protocols and inmate programming at Edna Mahan to ensure gender and trauma sensitivity.

Mental Health and Substance Use Disorders: Challenges and Barriers

*More than one-third of women in the process of reentry report having been diagnosed with a mental health disorder; two-thirds report having abused substances prior to incarceration.*¹¹⁵

Women housed in state prisons are more likely than men to be under the influence at the time of their offense and to have used drugs during the month prior to committing their offense.¹¹⁶ These women are also more likely to suffer from instances of lifetime mental health disorders, including depression and anxiety.¹¹⁷ *Among 908 incarcerated women surveyed in a study at Edna Mahan, 427 (nearly half) reported feeling as if they needed mental health and/or substance use treatment during the period of their incarceration.*¹¹⁸ Another 140 (approximately fifteen percent) of women indicated that they had received some form of behavioral health treatment prior to incarceration, but felt as if



Among 908 incarcerated women surveyed in a study at Edna Mahan, 427 (nearly half) reported feeling as if they needed mental health and/or substance use treatment during the period of their incarceration.

115 Health and Prisoner Reentry: How Physical, Mental, and Substance Abuse Conditions Shape the Process of Reintegration, p. 1.
116 Staton, Michele, et al. "Substance Use, Health, and Mental Health: Problems and Service Utilization among Incarcerated Women." *International Journal of Offender Therapy and Comparative Criminology*, vol. 47, no. 2, 1 Apr. 2003, pp. 224-39. doi: 10.1177/0306624X03251120.
117 Ibid.
118 "Availability of Behavioral Health Treatment for Women in Prison," p. 359.

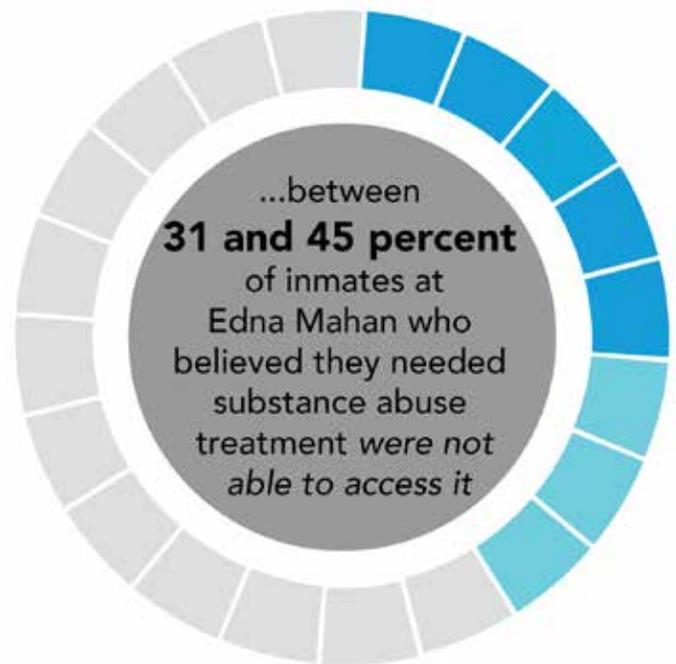
they needed the same treatment in prison.¹¹⁹ Of the resulting 62 percent of inmates indicating they desired mental health or both mental health and substance use treatment while incarcerated, between 6 and 12 percent did not have access to the services they desired.¹²⁰

The quality and nature of treatment behind the wall has implications for treatment post-release. Among women incarcerated at Edna Mahan who wish to participate in a substance abuse treatment program, between **31 and 45 percent do not have access.**¹²¹ Moreover, when such services are provided, anecdotal reports suggest they do not incorporate best practices such as trauma-informed principles and that, upon release, most formerly incarcerated women struggle to access services, such that it is overly burdensome for them to continue their course of mental health and substance use disorder treatment. This phenomena likely explains why, of the **40 percent of women with substance use disorders receiving treatment in state prisons nationally, only one-quarter are still receiving treatment services eight to ten months after their release.**¹²² When reentering persons do receive mental and physical healthcare treatment post-release, because of a lack of health insurance, which is an endemic feature of reentry, more than one-third of those reentering will do so through emergency departments, and one-fifth through hospitalizations.¹²³ Anecdotal evidence suggests that this continued access to care reflects treatment of acute episodes, rather

than continuous care of chronic and ongoing conditions.¹²⁴

Mental Health & Pregnancy

This subsection discusses the mental health implications of pregnancy during incarceration, while the subsection “Physical and Reproductive Health” below addresses pregnancy more generally. Challenges with mental health and substance use disorders are further exacerbated by the lived experience of incarcerated women. Studies suggest that nearly a tenth of incarcerated women across the country are pregnant,¹²⁵ and Edna Mahan is no exception. Many women report that barriers to bonding with their newborns create a source of significant stress during incarceration. Following the birth of a child, incarcerated mothers are often quickly returned to



119 Ibid.

120 Ibid., 357-60.

121 Ibid.

122 Health and Prisoner Reentry: How Physical, Mental, and Substance Abuse Conditions Shape the Process of Reintegration, p. 2.

123 Ibid.

124 Ibid.

125 “The Failure to Provide Adequate Medical Treatment to Female Prisoners in the United States,” p. 449.

their designated correctional facility with limited opportunities for meaningful contact with their newborns.¹²⁶ *Incarcerated women often report being unable to communicate with their families and social service agencies, consequently lacking information about the whereabouts of their infants, left with few options for connection and visitation.*¹²⁷ For those mothers who are aware of the whereabouts of their children, phone calls are often proposed as the most convenient form of communication, but can be prohibitively expensive and clearly lack the audiovisual component necessary for contact with newborns.¹²⁸

*New Jersey law nominally attempts to close physical barriers between primary caregivers and their children by requiring incarceration at facilities closest to children but, in practice, selecting the nearest facility is not an option given that Edna Mahan is the only state prison that houses justice-involved women.*¹²⁹ Barriers to contact with children and an overall lack of communication with them contribute to what clinicians refer to as maternal distress and in turn, exacerbate mental health and substance use disorders.¹³⁰ Many mothers with children beyond the wall report struggling with extreme maternal distress, encompassing feelings of anxiety, depression, and guilt, given their inability to participate actively in their children's lives.¹³¹ This dynamic is a quintessential way in which the toxic stress of trauma and adverse childhood events exert their multigenerational effects.

Mental Health, Substance Use Disorders and Pregnancy: Models for Reform and Best Practices

In addition to expanding the availability of treatment for both mental health and substance use disorders, several immediate actions that represent research-based best practices can be taken to mitigate maternal distress and its resulting toxic stress effects. *Expanding opportunities for in-person contact between parents and children, while utilizing technology as a supplement that facilitates quality and comfortable visitation with more frequency, can play an essential role in providing caregivers beyond the wall with both the flexibility and convenience that ensure increased familial contact.*¹³² Frequent contact has the potential to be beneficial not only for incarcerated mothers, but their children, families, and communities as well.¹³³ Increased contact is likely to repair and strengthen family ties beyond the wall and is believed to reduce recidivism by mitigating the maternal distress associated with incarceration and increasing expectations of familial and social responsibility upon release.¹³⁴ In facilitating access to healthcare and behavioral health services beyond the wall, reentry planning and coordination should also be cognizant of the maternal distress that former inmates have faced

126 Mignon, Sylvia. "Health Issues of Incarcerated Women in the United States." *Ciência & Saúde Coletiva*, vol. 21, no. 7, June 2016, pp. 2051-60. doi: 10.1590/1413-81232015217.05302016.

127 Ibid.

128 Ibid.

129 State of New Jersey Office of the Governor. "Governor Murphy Signs Dignity for Incarcerated Primary Caretaker Parents Act." State of New Jersey, 9 Jan. 2020, nj.gov/governor/news/news/562020/approved/20200109b.shtml. Accessed 22 June 2020.

130 Arditti, Joyce, and April Few. "Maternal Distress and Women's Reentry into Family and Community Life." *Family Process*, vol. 47, no. 3, 8 Sept. 2008, pp. 303-21. doi: 10.1111/j.1545-5300.2008.00255.x.

131 Ibid.

132 "Health issues of incarcerated women in the United States," p. 2055.

133 Ibid.

134 Ibid.



Incarcerated women are disproportionately affected by health issues such as pelvic pain, which require specialty and sub-specialty care that can be difficult to obtain, as well as sexually transmitted infections, breast and gynecological cancers, and pregnancy-related complications.

or may be facing and provide resources to assist mothers in adequately managing and treating these emotions.¹³⁵ Several states have developed various models for increasing contact visitation, which can be found in the section titled “Family Reunification.”

Physical and Reproductive Health: Challenges and Barriers

Reproductive Health

In addition to a higher prevalence of mental health and substance use disorders, justice-involved women have several specific physical and reproductive health needs that often go unaddressed. *Incarcerated women are disproportionately affected by health issues such as pelvic pain, which require specialty and sub-specialty care that can be difficult to obtain,¹³⁶ as well as sexually transmitted infections,¹³⁷ breast and gynecological cancers,¹³⁸ and pregnancy-related complications.¹³⁹* More specifically, women entering the correctional system are more likely than their male counterparts to have active STD and HIV infections, and more likely than women in the general population to contract HPV, the virus that causes cervical cancer.¹⁴⁰ Extensive research indicates that women involved in the criminal justice system are disproportionately more likely to ultimately develop cervical cancer and related disorders.¹⁴¹ *Incarcerated women also suffer disproportionate instances of breast cancer.¹⁴² Higher instances of cancers within this population are believed to result largely from the fact that*

135 “Maternal Distress and Women’s Reentry into Family and Community Life,” p. 315-18.

136 “Cruel but Not Unusual Punishment: The Failure to Provide Adequate Medical Treatment to Female Prisoners in the United States,” pp. 442-72.

137 Springer, Sandra A. “Improving Healthcare for Incarcerated Women.” *Journal of Women’s Health*, vol. 19, no. 1, 20 Jan. 2010, pp. 13-15. doi: 10.1089/jwh.2009.1786.

138 *Ibid.*, 13-14.

139 “Cruel but Not Unusual Punishment: The Failure to Provide Adequate Medical Treatment to Female Prisoners in the United States,” pp. 449-50.

140 “Improving Healthcare for Incarcerated Women,” p. 13.

141 Brousseau, Erin Christine, et al. “Cervical Cancer Screening Access, Outcomes, and Prevalence of Dysplasia in Correctional Facilities: A Systematic Review.” *Journal of Women’s Health*, vol. 28, no. 12, Dec. 2019, pp. 1661-69. doi: 10.1089/jwh.2018.7440.

142 Pickett, Michelle L., et al. “Breast Cancer Risk among Women in Jail.” *BioResearch Open Access*, vol. 7, no. 1, 20 Sept. 2018, pp. 139-44. doi: 10.1089/biores.2018.0018.

*incarcerated women are less likely to have access to routine and diagnostic healthcare while in the community, given economic and social barriers.*¹⁴³

As a result, these women are substantially less likely to have been screened for cervical and breast cancers, depriving them of the most effective method for detecting abnormalities early and streamlining necessary medical intervention.¹⁴⁴ Lack of pre-incarceration screening in the community makes appropriate screening behind the wall all the more important.

Prenatal Care

Appropriate care during pregnancy is critical to justice-involved women. Studies suggest that 8 to 10 percent of women entering the United States prison system are pregnant.¹⁴⁵ Despite widespread variance in access to pregnancy care across institutions, social and healthcare services provided to incarcerated pregnant women are largely inadequate and oftentimes unsafe.¹⁴⁶ Expecting mothers receive minimal healthcare services and little compassion, emotional support, or even education to guide them throughout their pregnancy behind bars.¹⁴⁷ Access to prenatal healthcare in the United States is influenced by several factors and even women beyond the wall holding private and public health insurance may

have difficulties accessing various prenatal care services within their communities.¹⁴⁸ It is settled, however, that the Eight Amendment to the United States Constitution guarantees pregnant inmates access to prenatal care services during incarceration.¹⁴⁹ Despite this fact, a developing body of research suggests that female inmates are routinely denied access to basic prenatal care services throughout the term of their pregnancy.¹⁵⁰

*Pregnant inmates frequently suffer from underlying health conditions that have the potential to affect the health of their children or the safety of the birthing process.*¹⁵¹ These underlying conditions often go undiagnosed, untreated, or undertreated, and present a significant health risk for both mother and child.¹⁵² Although New Jersey does maintain a written policy requiring that prenatal medical examinations be provided to pregnant inmates, the State does not mandate the provision of screenings that identify high-risk pregnancies and any corresponding treatment that may be necessary.¹⁵³ **The effectiveness of legislation requiring the provision of prenatal care is further limited by the New Jersey Administrative Code's lack of specificity in listing those requirements, providing only that pregnant inmates must be provided with**

143 Ibid.

144 Ibid.

145 "Cruel but Not Unusual Punishment: The Failure to Provide Adequate Medical Treatment to Female Prisoners in the United States," p. 449.

146 Ibid.

147 Ibid., 449-50.

148 Kuhlik, Lauren. "Pregnancy Behind Bars: The Constitutional Argument for Reproductive Healthcare Access in Prison." Harvard Civil Rights-Civil Liberties Law Review, vol. 52, no. 2, 2017. Available at: <https://harvardcrl.org/wp-content/uploads/sites/10/2017/07/Kuhlik.pdf>.

149 Daniel, Roxanne. Prisons Neglect Pregnant Women in Their Healthcare Policies. Prison Policy Initiative, 5 Dec. 2019. Available at: <https://www.prisonpolicy.org/blog/2019/12/05/pregnancy/#appendix>.

150 "Cruel but Not Unusual Punishment: The Failure to Provide Adequate Medical Treatment to Female Prisoners in the United States," pp. 449-50.

151 Ibid.

152 Ibid.

153 "Prisons Neglect Pregnant Women in Their Healthcare Policies."

“prenatal medical evaluation and care.”¹⁵⁴

Inmates are also entitled to access “non-directive counseling” regarding family planning, abortion, child placement services, and relevant religious services, but without a standard of care provided within the Code, the quality and frequency of those services is left to the discretion of the NJDOC.¹⁵⁵ Evidence suggests that legislation lacking specificity and particular protocols guaranteeing a basic level of prenatal care and providing for additional supplementation by medical professionals as necessary can be fatal to the proper implementation of the statute.¹⁵⁶ Even where correctional institutions have adopted and implemented policies requiring the provision of prenatal services based upon a statutory mandate, without compliance mechanisms or detailed regulations in place, standards of care frequently go unmet.¹⁵⁷

Nutrition

For the same reasons, the requirement that pregnant inmates have access to “... [n]utritional supplements and diet as prescribed by the physician” creates a substantial opportunity for the provision of substandard care.¹⁵⁸ *Without access to adequate nutrition during pregnancy, risks of premature birth, birth defects, and inadequate*

*childhood development increase substantially.*¹⁵⁹

Of all states with policies addressing pregnant inmates’ nutrition, only California provides clear legislative guidance, requiring that pregnant inmates have access to two additional servings of milk, fruits, and vegetables each day.¹⁶⁰ The imprecise requirement that pregnant inmates have access to nutritional supplements and dietary additions as approved by a physician provides an insufficient standard by which to measure NJDOC compliance and is likely to result in pregnant inmates having inadequate access to the nutrition they need.¹⁶¹ Institutional non-compliance with similar statutes in other states is a widespread problem.¹⁶² NJDOC and Edna Mahan, however, have an already established lengthy history of failing to comply with even the most basic guidelines.¹⁶³ Regulations should provide for the specific allocation of additional food and nutrition to pregnant inmates, while also reserving medical staff the right to supplement the mandatory requirements and provide equivalent substitutions as necessary.¹⁶⁴ Despite existing policies, deficiencies in the quality, timeliness, and completeness of prenatal care contribute to incarcerated mothers facing a higher risk of suffering miscarriage or other harm during pregnancy.¹⁶⁵ Together, failure to provide treatment for underlying conditions, denial of access to quality and timely prenatal care, and

154 N.J. Admin. Code § 10A:31-13.10. Available at: <https://casetext.com/regulation/new-jersey-administrative-code/title-10a-corrections/chapter-31-adult-county-correctional-facilities/subchapter-13-medical-dental-and-health-services/section-10a31-1310-care-of-pregnant-inmates>.

155 Ibid.

156 “Prisons Neglect Pregnant Women in Their Healthcare Policies.”

157 Ibid.

158 N.J. Admin. Code § 10A:31-13.10.

159 “Prisons Neglect Pregnant Women in Their Healthcare Policies.”

160 Ibid.

161 Ibid.

162 Ibid.

163 “Investigation of the Edna Mahan Correctional Facility for Women (Union Township, New Jersey),” pp. 1-29.

164 “Prisons Neglect Pregnant Women in Their Healthcare Policies.”

165 “Pregnancy behind bars,” pp. 511-14.

inadequate pregnancy counseling are believed to make prisoner pregnancies extraordinarily high risk, with many children being born to incarcerated mothers at risk of low birth weights and higher instances of mortality.¹⁶⁶

Physical and Reproductive Health: Models for Reform and Best Practices

State and federal prison facilities are notoriously secretive regarding their healthcare practices and few models, if any, exist to build upon women's healthcare reform behind the wall. Adequate access to healthcare services, however, including prenatal care, is a constitutionally guaranteed right of incarcerated individuals.¹⁶⁷ Incarcerated women should be provided access to comprehensive reproductive care, including treatment for the various abuse-related conditions and symptoms they may be experiencing, as well as Pap smears to test for cervical cancer and breast cancer screening services to include both mammograms and trauma-informed physical examinations.¹⁶⁸

The NJDOC should continue to offer STD and HIV testing to female inmates, or mandate these services upon admission to correctional facilities. Individuals with conditions requiring continued treatment after release should be referred to community clinics for services, given that many released inmates do not have immediate or even

timely access to health insurance, and Medicare or Medicaid re-applications can take months to be approved.¹⁶⁹ Providing these services to female inmates ensures not only the provision of basic rights, but also contributes to comprehensive treatment of trauma and leads to reductions in community spread of disease as well as the prevention of unnecessary inmate deaths both in custody and following release.¹⁷⁰

To increase the likelihood of access to adequate care, New Jersey and other states should follow the lead of California in creating highly specific legislation that itemizes expectations for prenatal care and nutrition.¹⁷¹ While legislation should allow for deviation to avoid health risks, it should also allow for the provision of additional services at the request of a healthcare provider in order to ensure the most adequate care while also maintaining a common baseline.¹⁷² New Jersey and other states should mandate the provision of screenings that identify potentially high risk pregnancies and establish expectations for follow up care.¹⁷³

COVID-19: Challenges and Barriers

COVID-19 has presented NJDOC with unprecedented challenges. Even so, the lacking response of Edna Mahan and other facilities has

166 "Cruel but Not Unusual Punishment: The Failure to Provide Adequate Medical Treatment to Female Prisoners in the United States," pp. 449-50.

167 "Prisons Neglect Pregnant Women in Their Healthcare Policies."

168 "Improving healthcare for incarcerated women," p. 14.

169 Ibid.

170 Ibid.

171 "Prisons Neglect Pregnant Women in Their Healthcare Policies."

172 Ibid.

173 Ibid.

been alarming and new protocols for the handling of global pandemics and other health crises must be devised. Inmates at Edna Mahan have been contacting various news outlets to express their concerns and grievances over the institution's coronavirus response.¹⁷⁴ Inmates displaying symptoms of the novel coronavirus complain that prison staff responded by placing them in isolation, where they were separated for only a few days before being returned to the general population.¹⁷⁵ Many complained they received minimal treatment, such as over the counter cold medicine, and were not promptly tested for the virus.¹⁷⁶

One inmate who presented to the infirmary with a dry cough and fever complains that she was provided only Mucinex and cough drops before being returned to her wing with several other women.¹⁷⁷ After her fever continued to rise, she was eventually moved to a room within in the infirmary for three days where she alleges she did not have access to running water or her personal belongings.¹⁷⁸ She claims to have eventually been moved to another ward within the prison, but spent a total of only six days separated from the

general population of inmates.¹⁷⁹ Others have reported similar conditions.¹⁸⁰ *It is believed that Tiffany Mofield was treated similarly, having displayed severe COVID-19 symptoms including respiratory distress before dying at Edna Mahan on April 29, 2020.*¹⁸¹ *Despite her condition failing to improve, Ms. Mofield was quarantined in the infirmary for only a few days before being returned to general population with over the counter cold medicine.*¹⁸² *Within a few days of her return from the infirmary, Ms. Mofield suddenly collapsed and died.*¹⁸³

*Edna Mahan and the NJDOC are failing to provide inmates adequate care and protection during the COVID-19 crisis. New Jersey had among the highest COVID-19 death rates in American prisons.*¹⁸⁴ NJDOC and Edna Mahan need to establish stronger policies for ensuring the safe and comfortable isolation of potentially infected inmates and should implement these practices before a second wave of the virus, or another novel disease presents.

174 Atmonavage, Joe. "Inmate Says She Was Left 'Basically for Dead' in Room at N.J. Prison after Getting Sick amid Coronavirus Outbreak." NJ.com, 6 Apr. 2020. NJ.com, www.nj.com/coronavirus/2020/04/inmate-says-she-was-basically-left-for-dead-in-room-at-nj-prison-after-getting-sick-amid-coronavirus-outbreak.html. Accessed 22 June 2020.

175 Ibid.

176 Ibid.

177 Ibid.

178 Ibid.

179 Ibid.

180 Muscavage, Nick. "N.J. Prisons Report More than 150 COVID-19 Cases in 3 Days." MyCentralJersey.com, 19 May 2020. MyCentralJersey.com, www.mycentraljersey.com/story/news/local/new-jersey/2020/05/18/nj-prisons-report-more-than-150-inmate-coronavirus-cases-3-days/5185693002/. Accessed 22 June 2020.

181 Law Firm of Barry Corrado. "Following Another Inmate Death Linked to COVID-19, Victim's Family Begins Legal Process to Hold Accountable Those Responsible for a 'Preventable Tragedy.'" PRNewswire, 12 May 2020, www.prnewswire.com/news-releases/following-another-inmate-death-linked-to-covid-19--victims-family-begins-legal-process-to-hold-accountable-those-responsible-for-a-preventable-tragedy-301057353.html. Accessed 22 June 2020.

182 Ibid.

183 Ibid.

184 Nelson, Blake. "Study: NJ Prisons Have Highest COVID-19 Death Rate in U.S." NJ Advance Media, 3 May 2020. CorrectionsOne.com, www.correctionsone.com/coronavirus-covid-19/articles/study-nj-prisons-have-highest-covid-19-death-rate-in-us-gte4CAMzbPdy0k4P/. Accessed 22 June 2020.

Healthcare: Action Items

To facilitate successful reentry, overcome healthcare barriers behind the wall, and to ensure the health and safety of our community, based upon research and historical practices, the report recommends:

- 1. Mandating STD screening and treatment upon arrival to Edna Mahan Correctional Facility, and rescreening and treating inmates after incidences of sexual assault;**
- 2. In conjunction with STD screening, examining and evaluating all inmates, in a trauma-informed manner, for general pain, pelvic pain, and gastrointestinal disorders, with a particular eye toward uncovering symptoms which may be related to physical and sexual abuse;**
- 3. Mandating HIV screening upon arrival to Edna Mahan Correctional Facility, and providing the necessary follow-up treatment and counseling services;**
- 4. In conjunction with STD screening and on an as needed basis thereafter, providing inmates with reproductive health counseling, while also incorporating reproductive health counseling into the suite of mental health services offered to inmates;**
- 5. Ensuring that correctional facilities housing female inmates have adequate medical equipment to provide comprehensive reproductive care services and to properly test, treat, and screen for gynecological disorders and cancers specifically affecting women;**
- 6. Offering and encouraging Pap smear screenings for cervical cancer to each inmate upon arrival and periodically as deemed necessary by current medical guidelines;**
- 7. Offering and encouraging appropriate breast cancer screenings, including mammograms, to inmates upon arrival and periodically as deemed necessary by current medical guidelines;**
- 8. Referring released inmates to community based clinics that will provide post-release medical services at little or no cost;**
- 9. Prior to release, ensuring inmates who will be eligible for Medicare or Medicaid complete the necessary paperwork to obtain insurance, and providing referrals to social service agencies who can continue to assist with such process if incomplete;**
- 10. Developing stronger protocols that identify women who would benefit from behavioral healthcare services, with a focus on the particular attributes of the female incarcerated population including, but not limited to, histories of emotional, physical, and sexual abuse, as well as histories of unlawful employment and dysfunctional relationships with family and spouses;**
- 11. Working to identify as quickly as possible, through independent third party investigators and counselors,**

- inmates who have been exposed to the rampant sexual abuse at Edna Mahan, as well as those who have witnessed or have been affected by their fellow inmates being sexually abused, and provide intensive treatment and medical and behavioral health services to these individuals;
12. Drastically expanding substance abuse treatment, while increasing its intensity and personalization, such that any individuals who wish to undergo treatment for substance use disorders have the ability to do so, and receive the most beneficial treatment;
 13. Mandating the provision of comprehensive health screenings and adequate prenatal care to pregnant inmates in accordance with current medical guidelines, to include screenings for high risk pregnancies and appropriate treatment that minimizes health risks to the extent feasible;
 14. Ensuring that pregnant inmates with underlying healthcare conditions that have any potential to affect the safety of the birthing process for mother or child receive appropriate treatment for those conditions in accordance current medical guidelines;
 15. Mandating that pregnant inmates be allocated additional servings of milk, fruits, and vegetables, in addition to any physician-recommended dietary supplementation;
 16. Mandating that pregnant inmates be provided with prenatal supplements as deemed necessary through completion of required health screenings;
 17. Modifying the New Jersey Administrative Code to supply specific standards against which the healthcare services being provided to pregnant inmates by their correctional institution can be measured;
 18. Allowing mothers to care for and visit their children in a hospital environment for several days immediately following delivery, and creating a collaborative network of social service agencies that can coordinate additional opportunities for care and visitation within the mother's correctional institution;
 19. Establishing an ombudsman to coordinate with social service agencies and families in order to facilitate communication between those agencies and incarcerated mothers, such that they will be better appraised of the status and location of their children; and
 20. Creating contingency plans for treating and humanely isolating inmates that are exhibiting or reporting signs of COVID-19, which may also be used as protocol for other novel viruses or health crises that may arise in the future.

HOUSING

Housing: Challenges and Barriers

Both male and female inmates face significant barriers to accessing housing upon release.

Formerly incarcerated women, however, are more likely to experience homelessness upon or shortly after release than their male counterparts,¹⁸⁵ and *formerly incarcerated Black and Hispanic women experience homelessness at a higher rates.*¹⁸⁶ Generally, many of these challenges arise due to policies and processes of housing providers in the community, largely a result of screening procedures—criminal background checks, as well as other standardized application requirements that include professional reference checks, retrieval of credit reports, and payment of security deposits and application fees—that create barriers to housing.¹⁸⁷ However, there are three key areas where correctional facilities can play a critical role in improving housing outcomes: **(1) strengthening family as a resource; (2) reentry planning, and (3) increasing supportive and stable housing resources.**

Family as a Housing Resource

Many women who have success in finding housing rely on family reunification. However, barriers to maintaining or repairing these relationships



Formerly incarcerated women ... are more likely to experience homelessness upon or shortly after release than their male counterparts, and formerly incarcerated **Black and Hispanic women experience homelessness at a higher rates.**

weaken this potential resource. Upon release, most formerly incarcerated women are eager to quickly earn income and find a place to live, both of which are critical to reentry success.¹⁸⁸ Many are also interested in reconnecting with family and repairing familial relationships, both of which provide formerly incarcerated women with support and motivation that is likely to increase the odds of reentry success.¹⁸⁹ Community and familial ties may explain why women nearing release are more likely than men to report having preexisting arrangements for at least temporary housing, despite the fact that they are less likely to have

185 Couloute, Lucius. Nowhere to Go: Homelessness among Formerly Incarcerated People. Prison Policy Initiative, Aug. 2018. Available at: <https://www.prisonpolicy.org/reports/housing.html>.

186 Ibid.

187 Ibid.

188 Salem, Benissa, et al. "At a Crossroads: Reentry Challenges and Healthcare Needs Among Homeless Female Ex-Offenders." *Journal of Forensic Nursing*, vol. 9, no. 1, January/March 2013, pp. 14-22. doi: 10.1097/jfn.0b013e31827a1e9d.

189 Ibid.

a job.¹⁹⁰ Where exposure to domestic violence is not a concern, community ties and communication with family and friends on the outside may play a critical role for women in securing housing prior to release.¹⁹¹

The maintenance and repair of familial relationships during incarceration may substantially increase female inmates' chances of reentry success, and might correlate to improved opportunities for at least temporary housing upon release. While inmates may have committed crimes that directly affected their loved ones, or at least lost their trust, many families experience tremendous difficulties in communicating with those behind bars due to inconsistencies in policies, confusing procedures, and transportation burdens.¹⁹² *Providing inmates with access to video conferencing can help to foster communication, but may not necessarily increase it, given that this method of contact is seen as largely alternative and inmates utilizing video services tend to have more concerns regarding their ability to communicate privately.*¹⁹³ Increasing in-person visitation, especially for incarcerated parents, may be crucial to their eventual reentry success.¹⁹⁴

The New Jersey Legislature has begun to take action, having passed legislation that ensures

primary caregivers are incarcerated at the facility nearest their children.¹⁹⁵ For women with state prison sentences, however, this has little impact given that Edna Mahan is the only facility available for state prisoners serving a sentence of greater than one year. *NJDOC should work to increase the frequency and quality of in-person visits for female inmates, which may also require coordination among other social service agencies to facilitate communication.*¹⁹⁶

Evidence suggests that improving the frequency and quality of communications between inmates and their families may provide a path for more successful reentry outcomes.¹⁹⁷ The Department of Corrections should be responsible for dedicating and supervising a family ombudsman to act as a liaison between families and the facility, and to create opportunities for quality visitation and ensure open communication.¹⁹⁸ In the long run, inmates who are able to return home with their families are more likely to have stable housing in the future, whether that be remaining in the familial home permanently or using it as a stepping stone.¹⁹⁹ Regardless, being able to maintain a successful familial relationship in both of these situations is of critical importance.²⁰⁰

190 "Reentry Readiness of Men and Women Leaving New Jersey Prisons," p. 10.

191 Ibid.

192 Cammett, Ann, et al. Bringing Families In: Recommendations of the Incarceration, Reentry and Family Roundtables. Rutgers Univ. Sch. of Criminal Justice & N.J. Inst. for Soc. Justice, 2006. Scholarly Works. Available at: <http://scholars.law.unlv.edu/facpub/570>.

193 Ibid.

194 Ibid.

195 "Governor Murphy Signs Dignity for Incarcerated Primary Caretaker Parents Act."

196 "Bringing Families In," p. 3.

197 Ibid.

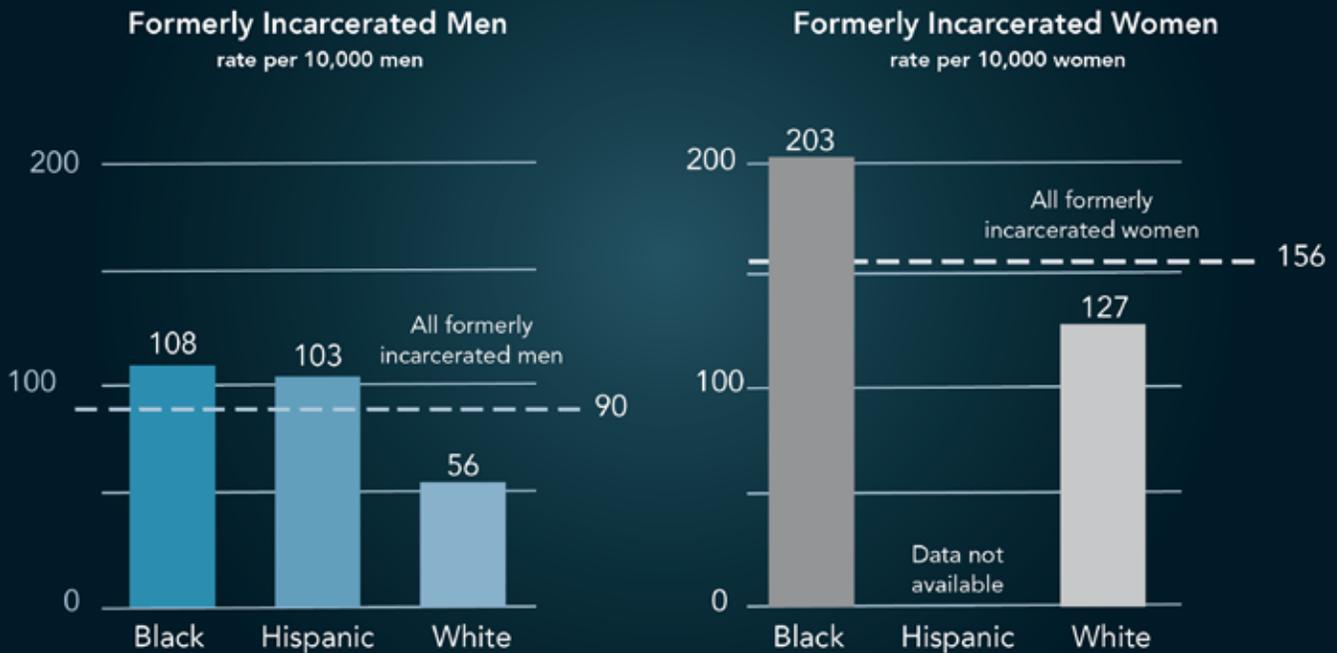
198 Ibid.

199 Ibid.

200 Herbert, Claire W., et al. "Homelessness and Housing Insecurity Among Former Prisoners." RSF: The Russel Sage Foundation Journal

Gender, race, and ethnicity combine to put women of color at greater risk of homelessness

Number of formerly incarcerated people per 10,000 experiencing sheltered homelessness when surveyed in 2008



Data Source: <https://www.prisonpolicy.org/reports/housing.html#methodology>, <https://www.prisonpolicy.org/reports/housing.html>.

Figure above: Rates of sheltered of homelessness among formerly incarcerated people differ widely by race and gender, with Black women nearly four times more likely than white men to be living in a homeless shelter.

Reentry Housing Planning

Despite the prevalence of family ties as a potential housing resource, many women do not have access to adequate housing upon release. Current NJDOC reentry planning services present a barrier to combating homelessness among those women that do not have a home to return to or who will ultimately be able to find only temporary housing with family or friends. NJDOC currently relies upon its *Successful Transition and Reentry Services (STARS)* program in hopes of providing adequate reentry planning prior to release and to assist with identifying viable post-release housing accommodations.²⁰¹ While all

inmates should theoretically have access to this program, it remains unclear whether they do. The timeliness of pre-release reentry services and the extent to which all inmates take advantage are of significance given the many barriers that formerly incarcerated individuals face in obtaining the basic resources they need to succeed. Evidence, however, suggests that **NJDOC needs to improve the delivery of services among women projected to reenter the community from Edna Mahan within six months, in at least one study, only 28% had met with a social worker to discuss reentry planning.**²⁰² Among those inmates nearing release from Edna Mahan, **nearly 30% reported not having anyone to rely on in planning their**

of the Social Sciences, vol. 1, no. 2, Nov. 2015, pp. 44-79. doi: 10.7758/rsf.2015.1.2.04.

201 Ibid.

202 Ibid.

post-release living arrangements.²⁰³ Volunteers of America has begun to provide inmates with more intensive access to reentry planning services prior to release but these efforts are largely focused on max-out offenders, given their higher incidences of recidivism.²⁰⁴ The complex housing needs and substantial likelihood of homelessness among the population of formerly incarcerated women must be mitigated utilizing increased access to more intensive pre-release reentry housing planning that goes beyond what is currently being provided by the STARS program, and continued planning and outreach services within the community.

Need for Supportive Housing

For many women attempting to find safe and reliable housing upon release, however, familial relationships and community ties will prove to be an insufficient resource. Housing reform particularized to formerly incarcerated women must address the higher incidences of mental health and substance use disorders among this population, as well as their typically lengthy criminal histories, their particular healthcare needs, and the safety of the environment to which they are returning.²⁰⁵ Without access to supportive or stable housing upon release, formerly incarcerated women may be more likely to utilize costly emergency care services.²⁰⁶ *To prevent overutilization of emergency room services, it is of*

Among those inmates nearing release from Edna Mahan, nearly



reported not having anyone to rely on in planning their post-release living arrangements.

*critical importance that transitional and supportive housing programs take into account the particular health and psychological needs of women.*²⁰⁷

Housing: Models for Reform and Best Practices

Comprehensive Reentry Services and Supports

Transitional housing programs that also provide access to comprehensive social services may greatly improve reentry outcomes among formerly incarcerated New Jersey women.²⁰⁸ In

203 Ibid.

204 Flammia, Dino. "No Parole, No Family - How NJ's 'Max Outs' Survive after Prison." New Jersey 101.5, 18 Feb. 2020. New Jersey 101.5, nj1015.com/no-parole-no-family-how-njs-max-outs-survive-after-prison/. Accessed 22 June 2020.

205 McKernan, Patricia. "Homelessness and Prisoner Reentry: Examining Barriers to Housing Stability and Evidence-Based Strategies That Promote Improved Outcomes." Journal of Community Corrections, vol. 27, no. 1, Fall 2017, pp. 7-29. Available at: <https://www.voa.org/homelessness-and-prisoner-reentry>.

206 Ibid.

207 Ibid.

208 Sawyer, Wendy. Who's Helping the 1.9 Million Women Released from Prisons and Jails Each Year? Prison Policy Initiative, 19 July

addition to providing women access to immediate transitional housing, these programs assist the formerly incarcerated population with, among other things, finding permanent housing solutions that are safe and healthy, ensuring that health and psychological needs are met, and assisting with child custody issues.²⁰⁹ The success of these programs can be tied to their utilization of a comprehensive case management approach that is tailored to the unique needs of each woman and fosters successful behaviors while providing the necessary support for reintegration.²¹⁰ Despite costs of implementation, these programs have seen substantial success in reducing recidivism and fostering the development of highly productive citizens.²¹¹

Utilizing programming that provides comprehensive reentry planning and services to inmates for six months prior to and following their release, *Maine has achieved a decrease in recidivism among female offenders as high as 50 percent.*²¹² Among other things, the Maine program combines financial education, family reunification services, referrals for mental health and substance abuse services, nutrition counseling, employment and vocational training, education counseling services, as well as skills programming to

facilitate the success of reentering women.²¹³

Women without access to safe and permanent housing are likely to end up using substantial emergency resources or end up returning to prison, both of which result in significant financial burdens being placed upon the state.²¹⁴ One of the most effective methods of lowering cost and recidivism may indeed be investing in providing released women with temporary supportive housing that also ensures these individuals ultimately transition into permanent supportive housing options.²¹⁵ *The Maine "Rental Assistance Coupon Plus Care" program arranges for stable housing, providing coupons for up to 24 months of rent, including security and utility deposits.*²¹⁶ Landlords receive fair market value for accepting the coupons while tenants pay only \$50 per month if they do not have income from a job, then 30% of their income when employed.²¹⁷ These tenants also sign "Personal Responsibility Contracts" that require reentering women to set and act upon goals that will contribute to their ultimate self-sufficiency.²¹⁸ Program participants have achieved significant personal successes and speak highly of the services provided.²¹⁹

Agencies that have begun to implement similar programs in other states are also seeing success in

2019. Available at: <https://www.prisonpolicy.org/blog/2019/07/19/reentry/>.

209 Ibid.

210 Ibid.

211 Ibid.

212 Fortuin, Betty. "Maine's Female Offenders are Reentering-and Succeeding." *Corrections Today Magazine*, vol. 69, no. 2, Apr. 2007, pp. 34-37. Available at: <https://www.thefreelibrary.com/Maine%27s+female+offenders+are+reentering--and+succeeding-a0163964725>.

213 Ibid.

214 "Homelessness and Prisoner Reentry: Examining Barriers to Housing Stability and Evidence-Based Strategies That Promote Improved Outcomes," p. 27.

215 Ibid.

216 Fortuin, Betty. "Maine's Female Offenders are Reentering-and Succeeding." *Corrections Today Magazine*, vol. 69, no. 2, Apr. 2007, pp. 34-37. Available at: <https://www.thefreelibrary.com/Maine%27s+female+offenders+are+reentering--and+succeeding-a0163964725>.

217 Ibid.

218 Ibid.

219 Ibid.

reducing rates of recidivism. *The Reentry Initiative (TRI)* is a Colorado-based agency that coordinates with the Colorado Department of Corrections to provide a 6-month pre-release support program that is followed by and supplemented with a suite of post-release wraparound services to include financial support for housing and education.²²⁰ Following completion of the program, released women are met at the prison gate with a “Welcome Backpack” that is filled with various necessities including hygiene items.²²¹ Released individuals are then accompanied to their visits at parole or probation offices, as required, and are brought to the Welcome Center for completion of TRI intake.²²² Housing vouchers are then provided as necessary,²²³ or individuals who qualify are admitted into the TRI House, an apartment style space for recently released women that acts as transitional housing for a minimum of six months.²²⁴ Within three days of release, formerly incarcerated participants are provided with identification, driver’s licenses or other transportation resources, and clothing.²²⁵ They are also assisted with applications for food stamps.²²⁶ Over the next few weeks, the agency helps the women obtain employment, establish regular and healthy activity schedules, and ensures their attendance at necessary relapse prevention

courses, while also providing access to individual and group counseling sessions.²²⁷ Within three months, while continuing to provide these services, the agency encourages participation in financial counseling and facilitates involvement in community services, while also ensuring that comprehensive physical and mental health needs are being satisfied.²²⁸ TRI offers a variety of additional programming throughout the reentry process, and also works to connect the formerly incarcerated women to mentors, as well as external mental health and substance abuse treatment providers.²²⁹ While exact data are not yet available, program participants are projected to have a much lower three-year recidivism rate than the state’s current rate of nearly 50%, which ranks it among the worst in the nation.²³⁰

For particularly vulnerable inmates, specifically those having been diagnosed with severe mental health disorders, providing additional support coupled with housing is likely to improve reentry success. The Wisconsin Department of Health Services and Department of Corrections recently developed a collaborative program, Opening Avenues to Reentry Success (OARS), that is focused on providing a complete suite of reentry

220 The Reentry Initiative. “TRI’s Services.” The Reentry Initiative, 2017, www.reentryinitiative.org/programs-and-services/. Accessed 14 July 2020.

221 Hammon, Kelsey. “Life after Prison: Longmont Program Gives Women Tools to Succeed after Their Release.” Times-Call, 21 Dec. 2019, www.timescall.com/2019/12/21/life-after-prison-littleton-woman-finds-tools-for-reintegration-through-longmont-program/. Accessed 14 July 2020.

222 The Reentry Initiative. “Post Release - First 3’s.” The Reentry Initiative, 2017, www.reentryinitiative.org/first3/. Accessed 14 July 2020.

223 Ibid.

224 The Reentry Initiative. “The TRI House.” The Reentry Initiative, 2017, www.reentryinitiative.org/the-tri-house/. Accessed 14 July 2020.

225 “Post Release – First 3’s.”

226 Ibid.

227 Ibid.

228 Ibid.

229 “Life after Prison: Longmont Program Gives Women Tools to Succeed after Their Release.”

230 Ibid.

services to those returning to the community with serious mental health issues and that are identified as likely to commit another crime.²³¹ Program participants are identified six to eight months prior to their release, typically through the referrals of a prison social worker, and a department assessment.²³² Prior to their release, participants are able to secure an apartment and sign a lease through the assistance of the program.²³³ The program then pays for the rent on the unit until the participant is able to find a job.²³⁴ Program participants are assigned to a case manager who assists with and ensures involvement in community support programs and any necessary ongoing treatment.²³⁵ The program provides services for up to two years.²³⁶ The program has proven highly beneficial for several formerly incarcerated women, ensuring a smoother transition to the community and successful completion of community supervision terms.²³⁷ *The Wisconsin Department of Corrections has seen a substantial decrease in recidivism among participants one, two, and three years following completion of the program.*²³⁸ ***The State has reported that the cost of the program per participant is approximated to be only \$17,413.55, substantially less than the cost of incarceration.***²³⁹

Housing: Action Items

To begin mitigating the significant barriers that formerly incarcerated women face in obtaining housing, and to increase these former inmates' chances of a more successful reentry outcome, based upon research and historical practices, this report recommends:

- 1. Implementing changes to the current STAR program to ensure that all inmates nearing release are afforded the opportunity to meet with a social services worker, and that those inmates are connected with concrete resources for finding and planning for obtaining adequate housing well in advance of release;**
- 2. Utilizing social service workers to ensure that the housing female inmates plan to return to fosters a safe and healthful environment and if not, to provide guidance on alternative recommendations and options for housing;**
- 3. Increasing opportunities for in-**

231 Mueller, Chris. "She spent decades going in and out of prison. This program helped turn her life around." Post-Crescent, 3 Feb. 2020, www.postcrescent.com/story/news/2020/02/03/wisconsin-program-helps-offenders-living-mental-illness-transition-life-outside-prison/4600412002/. Accessed 14 July 2020.

232 Ibid.

233 Ibid.

234 Ibid.

235 Ibid.

236 Ibid.

237 Ibid.

238 State of Wisconsin Department of Corrections. *Becky Young Community Corrections Recidivism Reduction Annual Report*. State of Wisconsin Department of Corrections, 2019. Available at: <https://doc.wi.gov/Documents/AboutDOC/Reentry/FiscalYear2019BeckyYoung-CommunityCorrectionsRecidivismReductionReport.pdf>.

239 Ibid.

person visitation with immediate family members for all female inmates, and modifying existing virtual visit pilots to provide a more private space for inmates to communicate from;

4. **Creating a family ombudsman, whose duty is to facilitate communications between inmates and families, to communicate and provide support for access to visitation services, and to coordinate with other social service agencies which might be of assistance in these processes;**
5. **Developing transitional housing facilities within the community for reintegrating women that incorporate a complete suite of case management services providing adequate access to sex-specific healthcare services, legal services, assistance with child custody matters, and educational programming, among other services the Legislature or its agents deem appropriate;**
6. **In the alternative, or in addition to developing transitional housing facilities, making available for formerly incarcerated women rental coupons that provide up to 24 months of rental assistance, with rent payable being based upon income, and also requiring that**

individuals utilizing the service sign rental contracts requiring active participation in individualized goal setting, and the taking of affirmative actions that will increase self-development and sufficiency;

7. **Ensuring that transitional housing services and/or rental coupon programs are available to all formerly incarcerated women to access within a year of their release, such that an intermittent instance of homelessness do not defeat any progress already made during an initial period of reintegration; and**
8. **Developing a specialized transitional housing program for incarcerated women with severe mental illness and extensive criminal histories to provide them with intensive therapeutic resources and wraparound case management services that are likely to ensure a smoother transition and increase odds of success.**

FAMILY REUNIFICATION

Family Reunification: Challenges and Barriers

It is estimated that 65% of incarcerated women in state prison systems are the mother of at

least two children under the age of eighteen.²⁴⁰

Increasing opportunities for visitation between incarcerated mothers and their children serves not only to facilitate childhood development, but has been directly linked to reductions in recidivism and increased rates of participation in voluntary educational programming behind the wall. Fostering the parent-child bond continues to inspire successful behaviors following release.²⁴¹ The positive impact on the child's life can also not be understated.

Visitation

Coordination efforts among the departments of corrections and social service agencies to provide mothers the ability to host their children for "extended stay" visits, including overnight visitation in private prison areas, as well as lengthier in-person visitation hours, has been shown to reduce recidivism rates among parents by as much as seven percent when compared to the general population of both male and female inmates.²⁴² While such visitation programs may appear costly, they are also more likely to result in inmates fostering and repairing relationships beyond the wall: they work towards developing potential post-release living opportunities, and incentivize successful behavior.²⁴³ Women's facilities that have implemented overnight weekend visitation programs for children of



It is estimated that 65% of incarcerated women in state prison systems are the mother of at least two children under the age of eighteen.

incarcerated mothers have also employed structured activities that ensure quality and meaningful visitation that mitigates any potential traumatic effects on the child.²⁴⁴ Combining enrollment in these programs with mandatory participation in parenting classes may also produce more successful reentry outcomes.²⁴⁵

While video visitation may be a productive supplement to these programs, in-person visitation is the critical touchstone and meaningful development of extended stay programs will likely require extensive collaboration with outside agencies to ensure adequate supervision, transportation, and support services.²⁴⁶ The quality of in-person visitation is the most

²⁴⁰ Bloom, Barbara E., et al. *Gender-Responsive Strategies: Research, Practice, and Guiding Principles for Women Offenders*. Washington, DC, National Institute of Corrections (NIC), 2003.

²⁴¹ Cramer, Lindsey, et al. *Parent-Child Visiting Practices in Prisons and Jails: A Synthesis of Research and Practice*. Urban Institute Justice Policy Center, 13 Apr. 2017. Available at: https://www.urban.org/sites/default/files/publication/89601/parent-child_visiting_practices_in_prisons_and_jails.pdf.

²⁴² Ibid.

²⁴³ Ibid.

²⁴⁴ Ibid.

²⁴⁵ Ibid.

²⁴⁶ Ibid.

significant factor in its rehabilitative effectiveness and institutions should take steps to make the visitation environment as friendly and conducive to child visitors as possible, which includes devising special policies for searching children at facility entry points and providing adequate access to counselors throughout the visitation process, as well as utilizing decorated walls, toys, and other supplies that make the environment more engaging.²⁴⁷

Utilizing both standard in-person visits and extended visit programming to incorporate therapeutic intervention is believed to result in more successful outcomes for formerly incarcerated women and has been proven to positively affect childhood behavior, while resulting in fewer children with incarcerated parents dropping out of high school.²⁴⁸

Therapeutic interventions may include, among many other things: family counseling, structured activities that strengthen parent-child relationships while building trust, as well as coaching inmates in communicating with their children and being a positive role model.²⁴⁹ If nothing else, investment in these programs can be justified as one in the future of children with incarcerated parents, who have unique social needs and are more likely to face societal and institutional barriers in their future. *Effectively employed, these programs are likely to have strong positive effects for both*

*reentry and childhood success.*²⁵⁰

Transitional Housing as a Family and Reentry Support

Upon reentry, mothers face unique challenges to finding suitable housing that provides a safe shelter for both child and mother.²⁵¹ Programs designed to provide women transitional housing upon release in conjunction with full case management and legal services facilitate and improve reentry success while making it easier for mothers to obtain custody of and bond with their children.²⁵² *These programs are likely to cultivate reentry success, reduce recidivism and foster maternal bonds that inspire responsible behavior.*²⁵³ Despite perceived costs, New Jersey should ensure formerly incarcerated women have access to transitional housing following release that can also accommodate children, and should also invest in reunification programming behind the wall that facilitates parental bonds earlier in the incarceration process to ensure maximal benefits.²⁵⁴ These benefits will offset the costs of other emergency services being provided to the formerly incarcerated homeless within the State.²⁵⁵

247 Ibid.

248 Ibid.

249 Ibid.

250 Ibid.

251 "Who's helping the 1.9 million women released from prisons and jails each year?"

252 Ibid.

253 Ibid.

254 "Parent-Child Visiting Practices in Prisons and Jails: A Synthesis of Research and Practice," pp. 7-9.

255 "Homelessness and Prisoner Reentry: Examining Barriers to Housing Stability and Evidence-Based Strategies That Promote Improved Outcomes," p. 27.



(Picture Above: 2017 Kid's Day at Timpanogos Women's Facility)

Childcare Services as a Reentry Support

Childcare services are critical to the successful reentry of formerly incarcerated mothers who will continue to be the primary guardian of their children upon release.²⁵⁶ Access to both adequate shelter and childcare services can help to ensure that children are reunited with their mothers post-incarceration as quickly as possible.²⁵⁷ *Most judges will not return children to the custody of their mothers without some proof that the child can be adequately cared for throughout the day.*²⁵⁸ However, many mothers will return to a childcare role without the involvement of the court system.²⁵⁹ Formerly incarcerated mothers must also spend their time finding and engaging in lawful employment, while also meeting

other conditions of release that contribute to successful reentry outcomes.²⁶⁰ *Childcare services have increasingly been recognized throughout research and literature as critical to reentry success, as it is difficult for formerly incarcerated women to spend adequate amounts of time seeking employment and participating in other productive activities when they lack access to such resources.*²⁶¹ Many will rely upon the resources of close family members to assist with the provision of childcare.²⁶² Familial relationships can be invaluable sources of childcare and economic resources during reintegration for formerly incarcerated mothers,²⁶³ however, many reintegrating mothers still do not have the access to childcare services they require.²⁶⁴

While the provision of childcare may be costly, significant sums of money are already being spent

256 Scroggins, Jennifer R., and Sara Malley. "Reentry and the (Unmet) Needs of Women." *Journal of Offender Rehabilitation*, vol. 49, no. 2, 2010, pp. 146-63. doi: 10.1080/10509670903546864.

257 Ibid.

258 Ibid.

259 Ibid.

260 Ibid.

261 Ibid.

262 Cobbina, Jennifer E. "Reintegration Success and Failure: Factors Impacting Reintegration Among Incarcerated and Formerly Incarcerated Women." *Journal of Offender Rehabilitation*, vol. 49, no. 3, 24 Mar. 2010, pp. 210-32. doi: 10.1080/10509671003666602.

263 Ibid.

264 "Reentry and the (Unmet) Needs of Women," p. 154.

on having children alternatively located within the foster care system or with family members receiving governmental assistance. Providing adequate access to childcare services will allow formerly incarcerated mothers to reintegrate more smoothly, have a higher chance of success in obtaining and maintaining employment, and will allow for the building of healthier familial relationships, all of which are associated with reductions in recidivism.²⁶⁵

Family Reunification: Models for Reform and Best Practices

In-Person Visitation

While states vary in their approaches to expanding visiting hours, many utilize monthly or periodic visitation events for children and incarcerated mothers to meet for several hours. *The Texas Department of Corrections has partnered with Girls Embracing Mothers (GEM) to increase the frequency of quality in-person visitation between incarcerated mothers and their children, providing for a monthly four-hour visit with structured activities that facilitate bonding.*²⁶⁶ GEM provides transportation services to the children of incarcerated mothers for the monthly visit, which occurs at a single jail site, while mothers are

typically transferred from other area prisons.²⁶⁷ GEM facilitates an environment where mothers and their daughters are able to craft keepsakes and snack together, and converse in both a casual and structured manner.²⁶⁸ GEM encourages open and honest communication regarding life issues in order to improve the emotional stability of children and to help facilitate development of the mother-child attachment necessary for a smoother reunification following release.²⁶⁹ Upon release, participants are encouraged to continue their involvement with GEM, and often volunteer with the program to work with participants.²⁷⁰

*The Utah Department of Corrections has developed a similar program at its Timpanogos Women's Facility, where a periodic three-hour Kids Day incentivizes good behavior and successful participation in programming offered at the facility.*²⁷¹ The periodic events give children a chance to share a meal and participate in various activities with their mothers.²⁷² *The Allegheny County Jail in Pennsylvania provides a more structured program for extended contact visits, with completion of a parenting skills course and two coached telephone calls to children or family being prerequisites to participation.*²⁷³ After completing the course and coached telephone calls, mothers are eligible for monthly one-hour visits with their children in a special child-friendly

265 Ibid., 146-63.

266 Levin, Dan. "As More Mothers Fill Prisons, Children Suffer 'A Primal Wound.'" The New York Times, 28 Dec. 2019, www.nytimes.com/2019/12/28/us/prison-mothers-children.html. Accessed 14 July 2020.

267 Ibid.

268 Ibid.

269 Girls Embracing Mothers. "Programs." Girls Embracing Mothers, 2018, girlsembracingmothers.org/programs/. Accessed 14 July 2020.

270 Ibid.

271 Dobner, Jennifer. "Prison Program Strengthens Family Ties between Incarcerated Moms, Children." The Salt Lake Tribune, 7 Oct. 2017, www.sltrib.com/news/2017/10/07/it-was-like-waiting-for-santa-to-come-incarcerated-moms-get-some-extra-time-with-their-children-during-kids-day/. Accessed 15 July 2020.

272 Ibid.

273 "Parent-Child Visiting Practices in Prisons and Jails: A Synthesis of Research and Practice," pp. 13-14.



(Picture Above: South Dakota P.A.C.T Living Room)

visiting environment offering activities for children of all ages.²⁷⁴

Extended Visitation

Programs that allow children to stay with their incarcerated mothers overnight, or for a longer period of time, such as the weekend, also vary in their operations. *The South Dakota Department of Corrections has developed the Parent and Children Together (P.A.C.T.) program, which it offers at the state's women's prison.*²⁷⁵ The program allows approved mothers the ability to have their children stay with them for one weekend per month in a ranch-style home on the prison grounds that features child-friendly décor

and minimizes the stresses of being in the prison environment.²⁷⁶ As is typical with these programs, inmates who wish to participate must apply to the program and have the application approved by a counselor in advance.²⁷⁷ Inmates are also restricted from participating in the program unless they have reached a certain security classification.²⁷⁸

New York has long used its Family Reunion Program (FRP) at several facilities housing women, which allows for overnight visitation in a "private home-like setting."²⁷⁹ Visitation is subject to an approval process which also considers consistent patterns of prior contact visitation.²⁸⁰ In many circumstances, the visit will require permission from the child's current legal guardian, and may require the legal guardian to

274 Ibid., 14.

275 Department of Corrections State of South Dakota. "South Dakota Women's Prison." South Dakota Department of Corrections, 2020, doc.sd.gov/adult/facilities/wp/mip.aspx. Accessed 15 July 2020.

276 Ibid.

277 Ibid.

278 Ibid.

279 New York State. "Family Reunion Program." New York State Department of Corrections and Community Supervision, 2020, doccs.ny.gov/family-reunion-program. Accessed 15 July 2020.

280 Ibid.

also participate.²⁸¹ Given the barriers that travel expenses and family coordination often create, Hour Children, a New York-based community organization provides and arranges transportation for children visiting overnight, and for those visiting for just a day.²⁸² An early study of **New York's FRP showed a reduction in recidivism of 67 percent for participants**, although this data included individuals receiving overnight visits from family other than children.²⁸³ *California also allows qualifying inmates access to family visits, which typically span anywhere between 30 and 40 hours.*²⁸⁴ Each California prison has the ability to accommodate family visits.²⁸⁵ These visits take place in a home-style environment on prison grounds, which is typically a small trailer.²⁸⁶ Inmates must submit an application to participate and visitors are expected to provide food for the enjoyment of both themselves and the incarcerated individual.²⁸⁷ For younger children, the *Nebraska Department of Corrections provides comparatively substantial opportunities for visitation*²⁸⁸: *young children between the ages*

*of one and six are permitted to stay overnight with their incarcerated mothers for a maximum of five nights per month.*²⁸⁹ Overnight stays are accommodated in a special living unit within the prison.²⁹⁰ *Nebraska's state corrections department also operates an extensive Parenting Program, including a correctional nursery, with its own program area within the facility.*²⁹¹ Children under 16 visiting their incarcerated mothers are permitted extended visiting hours in the parenting program.²⁹²

On-Site Nursery Programs

Although they are uncommon, on-site prison nursery programs in other states have proven highly successful and have been documented to reduce recidivism among female offenders by more than 20 percent.²⁹³ These programs allow mothers of newborn children or infants to care for their children behind bars in specialty housing

281 Ibid.

282 Hour Children, Inc. "Prison-Based Family Services Programs." Hour Children, 2019, hourchildren.org/how-we-help/prison-based-family-services-programs/. Accessed 15 July 2020.

283 Feeney, Sheila Anne. "'Heaven.'" The Marshall Project, 11 Feb. 2015, www.themarshallproject.org/2015/02/11/heaven#:~:text=A%20study%20of%20the%20family,than%20those%20who%20did%20not.&text=While%20there%20are%20costs%20associated,inmates%20pay%20a%20significant%20portion. Accessed 15 July 2020.

284 California Department of Corrections and Rehabilitation. "Adult Inmate Visiting Guidelines." California Department of Corrections and Rehabilitation, 2020, www.cdcr.ca.gov/visitors/inmate-visiting-guidelines/#:~:text=Family%20visits%20are%20restricted%20to,every%20three%20to%20five%20months. Accessed 15 July 2020.

285 Prison Law Office. Family (Overnight) Visiting. Feb. 2019. Available at: <https://prisonlaw.com/wp-content/uploads/2019/02/Family-Visiting-Feb2019.pdf>.

286 Ibid.

287 Ibid.

288 ACLU Nebraska. Nebraska Women in Prison Let Down and Locked Up. Oct. 2017. Available at: https://www.aclunbraska.org/sites/default/files/field_documents/women_in_prison_2017_10.pdf.

289 Ibid.

290 Ibid.

291 Ibid.

292 Ibid.

293 Caniglia, John. "Growing Up Behind Bars: How 11 States Handle Prison Nurseries." Cleveland.com, 4 Mar. 2018. Cleveland.com, www.cleveland.com/metro/2018/03/growing_up_behind_bars_how_sta.html. Accessed 23 June 2020.

(Picture Below: Bedford Hills, New York Nursery)



units for anywhere between 30 days and six years, with varying requirements for participation and wide variation in staffing protocols.²⁹⁴ Many of these programs are reentry focused, and require the mother to be within a certain window of release in order to participate.²⁹⁵

These programs have produced positive results. Since implementing its nursery program, the Nebraska facility has seen only a 9% return rate within 5 years of release for mothers who delivered behind the wall and were granted the ability to participate in the program.²⁹⁶ Incarcerated women granted participation in New York and Washington State prison nursery programs are approximately 50% less likely to recidivate than their general population peers.²⁹⁷ Data regarding the effects of these programs on children is developing, however, there is little evidence to suggest that in-prison nurseries have

negative effects on the infants' development.²⁹⁸ Some studies have cautioned that program design and adequate staffing are of critical importance in ensuring cognitive and motor development.²⁹⁹ Although many argue that prison nursery programs are too costly, there is little evidence to support such a claim.³⁰⁰ Both Ohio and New York report that their in-prison nurseries require only about \$90,000 per year to facilitate care for 20 children.³⁰¹ More recent data suggests that the cost in Ohio may be closer to only \$34,000 per year, while other states utilize public funding that would have been disbursed outside prison walls to support the child's care, essentially finding that there is no net increase in cost to the state to furnish nursery programs.³⁰² Benefits arising from reductions in recidivism linked to the provision of an on-site nursery program are likely to far exceed costs of operation. While the programs require administrative coordination and resources, the benefits to mothers and the community are beginning to be well-documented and seem clear.

Holistic Family Services

The provision of childcare services and related family programming has proven to make a substantial impact in the lives of justice-involved women and their children. For both formerly and currently incarcerated mothers, Hour Children, a New York-based social service agency, has

294 Caniglia, John. "Growing Up Behind Bars: How 11 States Handle Prison Nurseries." Cleveland.com, 4 Mar. 2018. Cleveland.com, www.cleveland.com/metro/2018/03/growing_up_behind_bars_how_sta.html. Accessed 23 June 2020.

295 Ibid.
296 Ibid.
297 Ibid.
298 Ibid.
299 Ibid.
300 Ibid.
301 Ibid.
302 Ibid.

partnered with the New York State Department of Corrections and Community Supervision to provide wraparound services tailored to the needs of incarcerated mothers, including behind the wall programming, childcare, and supportive housing.³⁰³ Hour Children begins its services behind the wall, providing visitation assistance and programming to women in two New York prisons.³⁰⁴ The agency facilitates visitation between mothers and their children, providing transportation resources where necessary. It also provides in-depth parenting classes that further foster and encourage communication with children and the agencies or family members serving them.³⁰⁵ Periodically, *Hour Children also organizes and hosts elaborate group visiting programs featuring unique activities that facilitate relationship building.*³⁰⁶ Hour Children is also responsible for operation of the residential nursery program at Bedford Hills Correctional Facility,³⁰⁷ whose programming and services are attributable to drastic reductions in recidivism among formerly incarcerated female participants.³⁰⁸ Hour Children operates six communal residences that provide transitional supportive housing to mothers and their children upon release, complete with access to case management services, social workers, mental health services

(Picture Below: Hour Children Bedford Hills, New York)



(including group and individual therapy), and child therapists.³⁰⁹ A variety of Hour Children childcare programs are available to formerly incarcerated women, regardless of whether they reside in the supportive housing communities.³¹⁰ Coupled with the provision of comprehensive career counseling, workshops, and training sessions to all formerly incarcerated mothers, Hour Children fosters reentry success.³¹¹ One of the agency's employment programs utilizes partnerships with businesses that hire reintegrating women on a temporary, trial basis, with the opportunity to continue the employment relationship after the trial period, which often occurs.³¹² *Hour Children boasts an impressive recidivism rate for individuals participating in any of its community-based programs, ranging from a low of 3.5 percent,*³¹³

303 Hour Children, Inc. "How We Help." Hour Children, 2019, hourchildren.org/how-we-help/. Accessed 15 July 2020.

304 "Prison-Based Family Services Programs."

305 Ibid.

306 Ibid.

307 Ibid.

308 "Converging Streams of Opportunity for Prison Nursery Programs in the United States," p. 276.

309 Hour Children, Inc. "Supportive Housing." Hour Children, 2019, hourchildren.org/how-we-help/supportive-housing/. Accessed 15 July 2020.

310 Hour Children, Inc. "Children + Teens." Hour Children, 2019, hourchildren.org/how-we-help/childcare-teens/. Accessed 15 July 2020.

311 Hour Children, Inc. "Hour Working Women Program." Hour Children, 2019, hourchildren.org/how-we-help/hour-working-women-program/. Accessed 15 July 2020.

312 QNS Staff. "LIC Nonprofit Receives Award for Work with Women in Prison." QNS [New York], 22 Nov. 2018, qns.com/story/2018/11/22/lic-nonprofit-receives-award-work-women-prison/#:~:text=Hour%20Children%20has%20a%20historically,from%2029%20to%2050%20percent. Accessed 15 July 2020.

313 Ibid.

Family Reunification: Action Items

To facilitate family reunification and increase the odds of reentry success, while improving the lives and educational attainment of children with incarcerated parents, based upon research and historical practices, the report recommends:

- 1. Requiring coordination between the correctional facility and social service agencies to facilitate and increase the frequency and length of in-person communication opportunities for youth who have reached adolescence, and who are interested in visiting their mothers in the facility;**
- 2. Requiring coordination between the correctional facility and social service agencies to implement an “extended stay” program for pre-adolescent youth to visit their mothers in a specially developed environment for longer periods of time, to include occasional overnight stays;**
- 3. Developing structured activities for children and inmates participating in extended stay programs that promote parent-child bonding, and provide opportunities for inmates to develop their parenting skills;**
- 4. Mandating that inmates participating in extended stay programs enroll in on-site parenting skills programming;**
- 5. Increasing the capacity of on-site parenting skills programming to ensure that as many inmates as possible are able to participate in extended stay programs;**
- 6. Creating a welcoming environment for extended stay programs, and implementing special security procedures for visiting children that limit the traumas of visiting a correctional facility, to include appropriately decorated and supplied visitation areas;**
- 7. Employing counselors to supervise mother-child visits, both for standard and extended stay visitation programming;**
- 8. Providing adequate transportation services for children of incarcerated mothers to travel to correctional facilities for extended stay programming;**
- 9. Utilizing in-person and extended stay visits as opportunities for therapeutic intervention, including family counseling, inmate role modeling for their youth, and other counseling services that are particularized to the needs of the family unit;**
- 10. Utilizing video conferencing services to supplement, but not replace or limit in-person visitation with children;**
- 11. Assisting inmates with making**

314 Hour Children, Inc. “Why We Help.” Hour Children, 2019, hourchildren.org/why/. Accessed 15 July 2020.

DOMESTIC VIOLENCE

Domestic Violence: Challenges and Barriers

Incarcerated women are more likely than women in the general population to be victims of domestic violence,³¹⁵ with powerful implications for reentry. Even for those incarcerated women who have not previously fallen victim to incidences of partner-based violence, the strains that imprisonment place on already fragile relationships may create a greater risk of conflict upon release.³¹⁶ The reach of male abusers extends to women who are behind the wall: they continue to be subjected to the control and abuse of their victimizers. When female inmates phone home to communicate with their families or to share information that they wish to pass on to their lawyer, it is not uncommon for a former abuser to prevent the communication entirely, to make threats upon the lives of the inmate's family members, or threaten to prevent children from visiting facilities.³¹⁷ A slight lapse in visit supervision may provide enough time for an abuser to physically harm incarcerated women.³¹⁸ Women who are economically dependent upon their former abusers frequently continue to suffer at their control, given their reliance on the abuser to provide funds for phone calls, commissary purchases, or to obtain preferred brands or quality of hygiene products.³¹⁹

- plans for safe and stable housing upon release, and providing them with the legal and social services necessary to regain custody of their children upon release, if necessary;
- 12. Developing plans to establish and provide sufficient programming for an on-site nursery program for incarcerated mothers of infants and newborn children.**
 - 13. Providing direct funding or vouchers to formerly incarcerated women actively seeking employment or working a job to obtain childcare services at a free or reduced cost (based on income) for at least one year following their release;**
 - 14. Providing direct funding or vouchers to formerly incarcerated women with active community supervision requirements to obtain childcare services needed to comply with appointments within the community or other required activities;**
 - 15. Developing plans for transitional supportive housing programs that provide wraparound services to reentering mothers and provide safe spaces and shelter for these mothers and their children.**

315 Oliver, William. "Prisoner Reentry Planning and Programming Must Address Family Reunification, Relationship Conflict, and Domestic Violence." *Contemporary Issues in Criminal Justice Policy: Policy Proposals from the American Society of Criminology Conference*, by Natasha Frost et al., Cengage Learning, 2009, pp. 389-96.

316 Ibid.

317 Cross, Courtney. "Reentering Survivors: Invisible at the Intersection of the Criminal Legal System and the Domestic Violence Movement." *Berkeley Journal of Gender, Law & Justice*, vol. 31, no. 1, 2016, pp. 60-120. Available at: <https://pdfs.semanticscholar.org/a95c/662de-a05b85d61e2661542125a414dfb88a0.pdf>.

318 Ibid.

319 Ibid.

Community Supervision and Returning to Unsafe Situations

Domestic violence stands as a significant barrier to successful reentry, particularly for female inmates released on community supervision who are required to comply with extensive and increasingly complicated post-release requirements, which now frequently involve several agencies.³²⁰ Given the difficulties that women face in securing employment and housing upon release, as well as their desire to be housed with and retain guardianship over their children, women are highly likely to return to dysfunctional relationships for not only financial support, but also to comply with community supervision requirements.³²¹ Returning to dysfunctional relationships post-release makes it even more difficult for formerly incarcerated women to break the abuse cycle and tends give abusers more leverage to subject women to greater control. Abusers may threaten to contact parole or probation officers with false information, or threaten to take action in order to obtain sole custody of children; some may simply create a chaotic situation likely to result in the formerly incarcerated victim's prompt re-arrest.³²²

Women subject to community supervision typically must not only gain lawful employment and housing, but must comply with various supervision requirements that often include appointments with agencies and officers. This requires not only

substantial time, but also access to resources for travel.³²³ Even women without children who are required to comply with community supervision requirements may elect to live with their abusers purely as a matter of convenience and necessity, securing access to public or private transportation that will help them to ensure compliance with supervision guidelines.³²⁴ For women with children, state agencies will often supervise the familial unit, and impose their own requirements for maintenance of custody.³²⁵ It can be, and often is, impossible for formerly incarcerated women to comply with requirements set forth by both their community supervision and child service agencies without substantial support.³²⁶ Living with an abusive domestic partner typically provides these women with the resources they require to do so.³²⁷

Inadequate Protection of Victims of Domestic Violence

Most formerly incarcerated women experiencing abuse are unwilling to report their abusers or seek help even if they are in an emotional position to do so.³²⁸ Many victims rightfully fear that leaving these relationships will prohibit their success given the difficulties they will face in finding alternative shelter that complies with supervision guidelines and/or helps them find secure employment.³²⁹ Abusers may actually force reentering women to participate in criminal

320 Ibid.
321 Ibid.
322 Ibid.
323 Ibid.
324 Ibid.
325 Ibid.
326 Ibid.
327 Ibid.
328 Ibid.
329 Ibid.

behaviors by threatening to call their supervising officers if they fail to do so.³³⁰ Many abusers intentionally sabotage compliance with supervision requirements through intimidation, violence, and threats.³³¹ Victims who fail to comply with their supervision requirements are further inured to their abuser and the shelter and benefits the abuser may be able to provide.³³² Agencies providing services to formerly incarcerated victims of domestic violence must be sensitive to and address the unique needs of this population, ensuring that services provided will not interfere with the ability of these women to meet community supervision requirements or create situations of conflict that may place them at risk of re-arrest.³³³ Abusers frequently manipulate the physical environment of domestic violence scenes, making it appear that the formerly incarcerated woman is the one actually inflicting violence, subjecting her to mandatory arrest and violation of community supervision.³³⁴ *It is critical that police and community supervisors thoroughly investigate domestic violence situations and respond appropriately to prevent wrongfully returning former inmates to jail, and again subjecting them to the traumatic environment that correctional institutions facilitate.*³³⁵

Returning to a violent relationship also places the formerly incarcerated women in a high-risk environment that may trigger underlying mental illness and potentially contribute to relapse.³³⁶ The return to an abusive relationship beyond the wall provides yet another opportunity to

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Most formerly incarcerated women experiencing abuse are unwilling to report their abusers or seek help even if they are in an emotional position to do so.

detract from the successful strides women make to overcome substance use and mental health disorders while incarcerated.

Pre-Release Reentry Planning

To ensure the success of formerly incarcerated women, comprehensive pre-release and reentry services must be provided in a manner that takes into account histories of domestic violence and their likely future living situations. Complete coordination of reentry services has proven effective in decreasing recidivism and increasing success.³³⁷ To that end, parole or probation officers must engaged with reentry service providers

330 Ibid.

331 Ibid.

332 Ibid.

333 Ibid.

334 Ibid.

335 Ibid.

336 Richie, Beth E. "Challenges Incarcerated Women Face as They Return to Their Communities: Findings from Life History Interviews." *Crime & Delinquency*, vol. 47, no. 3, 1 July 2001, pp. 368-89. doi: 10.1177/0011128701047003005.

337 Ibid.

to ensure that women are able to comply with community supervision requirements while also having adequate opportunities to build a successful life and reintegrate with the community and family. Other agencies involved in a particular individual's case management should also modify requirements to ensure success.³³⁸ Taking these steps not only decreases institutional barriers to success while still ensuring adequate supervision, but also decreases the need for women who are reentering to seek support from domestic abusers.³³⁹

Financial Literacy

Providing access to financial literacy education may play a substantial role in discouraging formerly incarcerated women from returning to abusive relationships, at least when provided in conjunction with referrals to other social services.³⁴⁰ *Female prisoners tend to be economically disadvantaged and to face economic abuse while involved in otherwise unhealthy relationships with their partners.*³⁴¹ For example, incarcerated women who are provided educational programming that places emphasis on economic empowerment while highlighting the concepts of debt, credit management, economic privacy and safety, and different financial products and their value ultimately leave prison with a substantially increased understanding of their finances and how to manage them.³⁴² Many women respond

positively to having the opportunity to participate in such programs, especially when programs allow for open and frequent discussion of the substantial economic and relational barriers that these individuals faced on the outside, as well as plans for reentry and perceived barriers beyond the wall.³⁴³ While these programs substantially improve women's ability to make positive financial choices upon reentry, formerly incarcerated women still require access to a social support system that assists them in identifying safe and stable housing, reestablishing healthy relationships, maintaining lawful employment, sobriety and mental health.³⁴⁴ Providing comprehensive support services to women while also implementing pre- and post-release financial literacy training is likely to substantially increase financial independence, decrease the need of formerly incarcerated women to depend on abusive relationships to survive reentry, and reduce recidivism through reductions in instances of domestic violence, which place tremendous forces of coercion and stress upon victims.

Domestic Violence: Models for Reform and Best Practices

Housing and Supportive Services

Supportive transitional housing that provides a safe place for formerly incarcerated women to live and commit to their reentry goals remains a

338 "Reentering Survivors: Invisible at the Intersection of the Criminal Legal System and the Domestic Violence Movement," pp. 62-83.
339 Ibid., 114-120.
340 Sanders, Cynthia K. "Promoting Financial Capability of Incarcerated Women for Community Reentry: A Call to Social Workers." *Journal of Community Practice*, vol. 24, no. 4, 17 Nov. 2016, pp. 389-409. doi: 10.1080/10705422.2016.1233161.
341 Ibid.
342 Ibid.
343 Ibid.
344 Ibid.

critical element of combating domestic violence under many circumstances. A New Way of Life (as discussed in “Housing”) has created a SAFE House Replication Model for states and agencies to use in creating meaningful housing opportunities for recently released women based largely in addressing trauma and fostering environments that promote independence and progress.³⁴⁵ **A New Way of Life currently boasts eight of its own communal houses throughout Los Angeles.**³⁴⁶ **Hope House, a New York City organization, uses the same model, offering wraparound services for stays up to a year.**³⁴⁷ *The Missouri Department of Corrections recently opened its Fulton Community Supervision Center, which uses its own trauma-informed models in providing housing to formerly incarcerated women while ensuring that they are able to comply with the terms and conditions of their community supervision.*³⁴⁸ The facility houses up to 42 women for a four month program that attempts to help participants secure employment, continue their substance use disorder and mental health treatments, plan for safe housing, and develop healthy ties within the community.³⁴⁹ The program is focused on addressing histories of trauma. The Missouri Department of Corrections works to identify individuals they believe are

the most likely to return to jail or to violate the terms of their community supervision in order to maximize its benefits.³⁵⁰

*The Center for Women in Transition, located in St. Louis, also provides formerly incarcerated women with supportive housing and wraparound reentry services sensitive to the realities of domestic violence.*³⁵¹ The program uses apartment-style community homes and various scattered-site homes throughout the community to provide a safe environment free of violence and drugs.³⁵² In 2018, the program served 126 women with a recidivism rate of only 6.3 percent, as compared to the state’s 23.3 percent average.³⁵³ All program participants were provided access to safe housing and were also provided the transportation assistance necessary to participate in their community supervision and employment activities.³⁵⁴ The Center for Women in Transition also assures access to healthcare services and provides medical assistance funding that covers participants needs when necessary.³⁵⁵ More than eighty percent of program participants obtained employment in 2018, and more than seventy percent maintained their sobriety.³⁵⁶

345 A New Way of Life. “SAFE House Replication Model.” A New Way of Life Reentry Project, 2018, anewwayoflife.org/safe-housing-network/. Accessed 16 July 2020.

346 “Who’s helping the 1.9 million women released from prisons and jails each year?”

347 “SAFE House Replication Model.”

348 Wilbers, Helen. “Community Supervision Center Seeks Partners.” News Tribune, 6 Mar. 2020, www.newstribune.com/news/local/story/2020/mar/06/community-supervision-center-seeks-partners/819568/. Accessed 16 July 2020.

349 Ibid.

350 Ibid.

351 Center for Women in Transition. “Center for Women in Transition: Assisting Women in the Criminal Justice System since 1997.” Center for Women in Transition, 2020, www.cwistl.org/store/c1/Home. Accessed 16 July 2020.

352 Center for Women in Transition. “Supportive Housing.” Center for Women in Transition, 2020, www.cwistl.org/supportivehousing.html. Accessed 16 July 2020.

353 Center for Women in Transition. “Outcomes and Publications.” Center for Women in Transition, 2018, www.cwistl.org/publications.html. Accessed 16 July 2020.

354 Ibid.

355 Ibid.

356 Ibid.

Angela House, a Texas-based supportive housing program provides similar services and has achieved similar outcomes for program participants.³⁵⁷ *Enrollment requires a four-month commitment to stay in the home, where the focus is on not just reentry, but also intensive therapeutic intervention, overcoming trauma, and achieving financial success.*³⁵⁸ Participants may stay in the *Angela House rent-free for up to one year.*³⁵⁹ During that time, residents are expected to secure a job and are required to invest *75 percent of their earnings into a savings account*, money that helps them to succeed upon their exit from the program.³⁶⁰ Angela House provides intensive aftercare services to individuals who

leave the program after securing independent housing.³⁶¹ These services include the provision of individual therapy sessions, monthly activities, and opportunities to participate in various mentorships.³⁶² Among program participants, 87 percent successfully reenter society.³⁶³ *Angela House reports that it costs only \$15,000 per year to provide one participant housing, education, and comprehensive therapy services,*³⁶⁴ as compared to the roughly \$61,603 the State of New Jersey spends annually on each inmate.³⁶⁵

Entrepreneurship and Financial Empowerment



(Picture Above: Angela House, Houston, TX)

Entrepreneurship services are another promising resource for reentering women. *Operation HOPE, with the support of the Goldman Sachs and the Francine A. LeFrak Foundation, has recently partnered with NJRC to provide financial literacy education services to formerly incarcerated women.*³⁶⁶ This partnership includes an opportunity for women to receive training in entrepreneurship, including writing business plans and learning strategies for successful business management.³⁶⁷ ***These invaluable tools teach women not only how to be more financially healthy, but also***

357 Angela House. "About Angela House." Angela House, 2020, angelahouse.org/about/. Accessed 16 July 2020.

358 Angela House. "Program." Angela House, 2020, angelahouse.org/program/. Accessed 16 July 2020.

359 Ibid.

360 Ibid.

361 Angela House. "Aftercare." Angela House, 2020, angelahouse.org/program/aftercare/. Accessed 16 July 2020.

362 Ibid.

363 "About Angela House."

364 Ibid.

365 Mai, Chris, and Ram Subramanian. *The Price of Prisons: Examining State Spending Trends, 2010-2015*. Vera Institute of Justice, May 2017.

366 Duffy, Christie. "NJ Reentry Corporation Opens New Newark Site." PIX11 [New York], 23 June 2020. PIX11, www.pix11.com/news/local-news/new-jersey/nj-re-entry-corporation-opens-new-newark-site. Accessed 24 June 2020.

367 Cagnassola, M.E. "New Essex County Re-Entry Facility Provides Women Entrepreneurship, Financial Literacy Training." Tap into Newark, 23 June 2020. Tap into Newark, www.tapinto.net/towns/newark/sections/giving-back/articles/new-essex-county-re-entry-facility-provides-women-entrepreneurship-financial-literacy-training. Accessed 24 June 2020.

self-sufficiency. Given the importance of these services to both reentry success and combating domestic violence, the New Jersey Legislature should consider providing additional funding for Operation HOPE to expand its basic financial literacy programming to Edna Mahan Correctional Facility, such that inmates have the opportunity to learn financial basics behind the wall. By bringing services like Operation Hope’s into the prison setting, NJDOC can help create a continuum of service that begins behind the wall and then continues vis-à-vis reentry service providers once the individual is released.

Similarly, the Missouri Department of Corrections recently began offering female inmates at one of its women’s prisons the opportunity to participate in its Aspire program, which teaches essential business skills and requires students to draft a business plan prior to graduation.³⁶⁸ Graduates earn an entrepreneurial certification and participate in other pre-employment programming that helps to facilitate a more successful transition back to the community.³⁶⁹ Program participants are screened using Gallup’s Strength Finders, a skill assessment tool, enabling program faculty and administrators to coach participants individually through their weaknesses, build on their strengths, and develop a sense of self-worth and confidence.³⁷⁰ Participants also draft resumes, participate in mock interviews, and are provided access to employment search resources.³⁷¹

Domestic Violence: Action Items

To mitigate the effects of domestic violence on reentry success and provide formerly incarcerated women with adequate resources to recognize and overcome abusive relationships, while also disincentivizing economic reliance on abusive partners, based upon research and best practices, the report recommends:

- 1. Incentivizing the reporting of domestic violence to parole and probation officers by ensuring that women who lose access to housing or otherwise fall out of compliance with community supervision requirements as a result of external pressures from an abuser are afforded flexibility with regard to compliance and ample time to remedy their circumstances;**
- 2. Adequately training police, parole officers, and probation officers in evaluating, handling, and investigating reports of domestic violence and the best practices for ensuring swift and appropriate action, while also preventing the unnecessary re-arrest of victims, and ensuring their immediate safety following a violent situation;**
- 3. Requiring that all agencies with an interest in the whereabouts or conduct of community-supervised women and their children continually share information,**

368 Dunlap, Charles. “Women Inmates Successfully Complete Business Education Program.” The Mexico Ledger, 13 Dec. 2019, www.mexicoledger.com/news/20191213/women-inmates-successfully-complete-business-education-program. Accessed 16 July 2020.

369 Ibid.

370 Ibid.

371 Ibid.

- enabling them to modify individual terms of supervision and to coordinate scheduled obligations, such that the agencies may better ensure that compliance with all appointments and obligations is not unduly burdensome;
4. Expanding the availability of existing domestic violence programming to ensure that all inmates who wish to participate in skills courses in any way relating to or dealing with domestic violence are able to do so;
 5. Modifying existing domestic violence programming to ensure that relevant curricula properly address post-release barriers and provide meaningful opportunities for women to extensively plan their reentry and, in particular, how they will avoid abusers, abusive situations, and unhealthy relationships while meeting the requirements of community supervision and maintaining safe housing;
 6. Modifying existing skills programming in general to incorporate lessons on dealing with various aspects of domestic violence where relevant;
 7. Including situational training in domestic violence programming for formerly abused inmates that highlights skills for de-escalation and the management of dangerous situations, with particular emphasis on dealing with instances in which the victim is pressured into committing crimes or other violations of her community supervision;
 8. Developing and funding supportive housing services that provide wraparound care to ensure that formerly incarcerated women are both able to comply with their community supervision requirements and build financial independence, while also providing trauma-informed and trauma-based therapeutic interventions;
 9. Continuing to expand financial literacy training behind the wall, while also providing adequate funding to provide inmates and formerly incarcerated women access to Operation HOPE and similar programming; and
 10. Modifying existing financial literacy programming to incorporate domestic violence awareness and prevention skills, while ensuring that women are aware of and have adequate access to resources within the community that will discourage them from relying upon abusive relationships for solely economic reasons.

CONCLUSION

The time has come for the State of New Jersey and its Department of Corrections to recognize the unique needs of justice-involved women. Failing to meet these needs creates and aggravates substantial barriers to successful reentry for formerly incarcerated women and the resulting impact upon their children. This report recognizes the efforts of the Administration and State Legislature to bring needed change to New Jersey's current correctional system. Nationally, prisons have traditionally been sex-insensitive, hampering the success and health of female inmates.

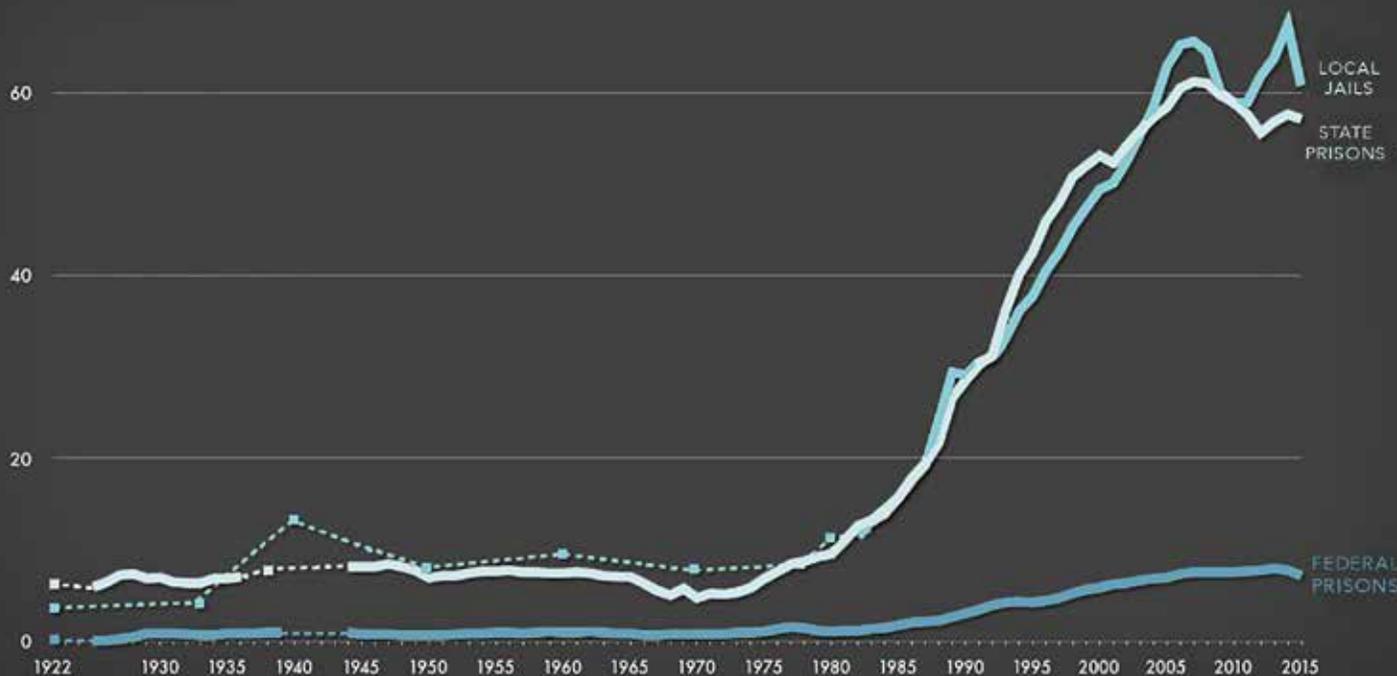
New Jersey's Criminal Justice System as evidenced by documented racial disparities has

been arguably plagued by incidences of blatant discrimination against women and people of color. Combined with employment discrimination against formerly incarcerated individuals resulting from their criminal records or prior misconduct, discrimination creates a plainly unfair world for those reentering society, attempting to improve their lives, and to satisfy the hefty burdens that our criminal justice system places upon them. Reentry success should not depend on an individual's sex, and it should not be more difficult for a woman to achieve a successful outcome merely because of her sex and sex-specific needs.

Reentry focuses upon addiction treatment, medical and behavioral health, legal services, training and employment, and housing. **According to *The Sentencing Project*, "over the past quarter century, there has been a profound change in**

State policy drives women's incarceration growth

Number of women incarcerated by federal, state or local governments per 100,000 female residents, 1922 - 2015



For source details, see: https://www.prisonpolicy.org/reports/women_overtime.html

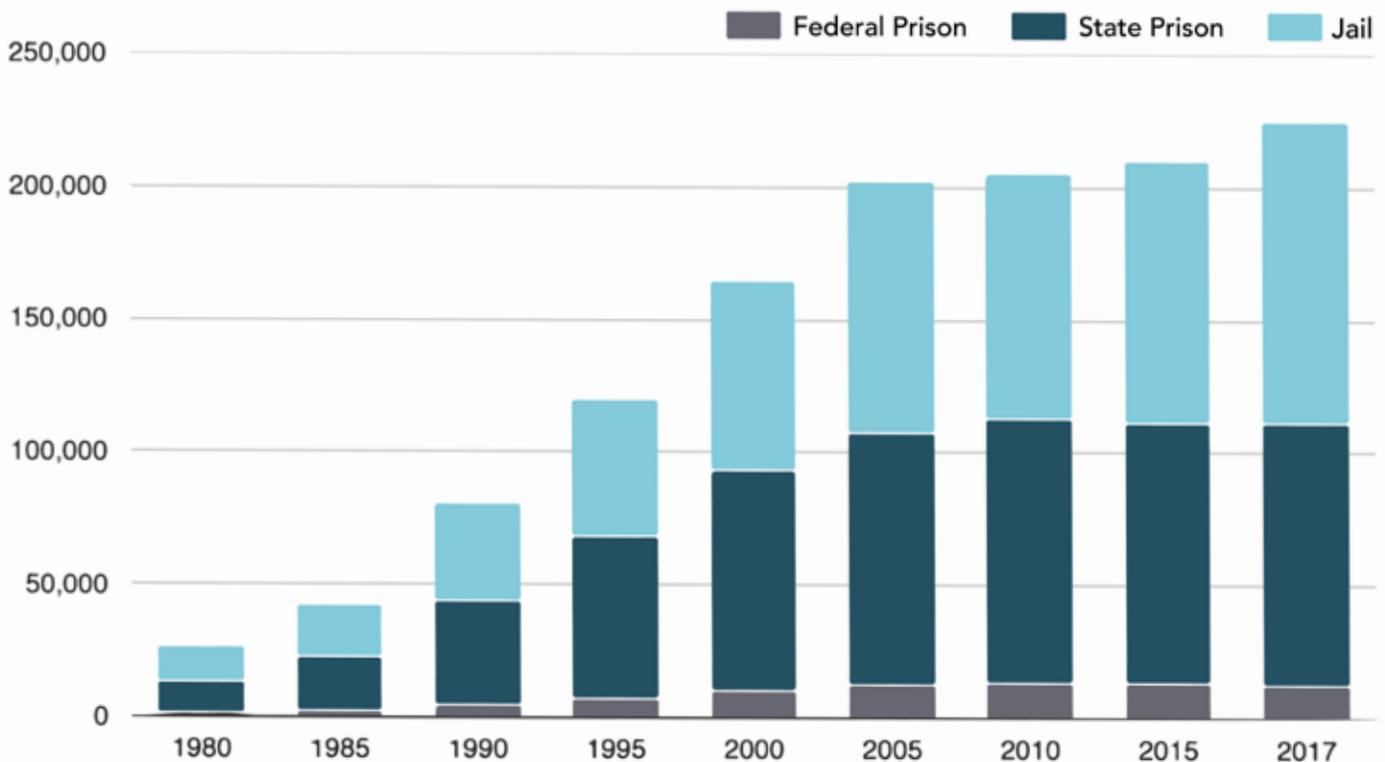
PRISON
POLICY INITIATIVE

the involvement of women within the criminal justice system. This is the result of more expansive law enforcement efforts, stiffer drug sentencing laws, and post-conviction barriers to reentry that uniquely affect women. The female incarcerated population stands nearly eight times higher than in 1980. More than 60% of women in state prisons have a child under the age of 18."³⁷²

As noted below, the radically increasing numbers of formerly incarcerated women face a variety of obstacles to achieving a successful reentry outcome, including the medical care, specifically obstetrics-gynecology, behavioral health (mental, addiction), sexual violence counseling, family reunification, education, and adequate access to basic social services must be a touchstone of the New Jersey correctional system for women. *The inmates at Edna Mahan Correctional Facility are more than female offenders. They are women.*

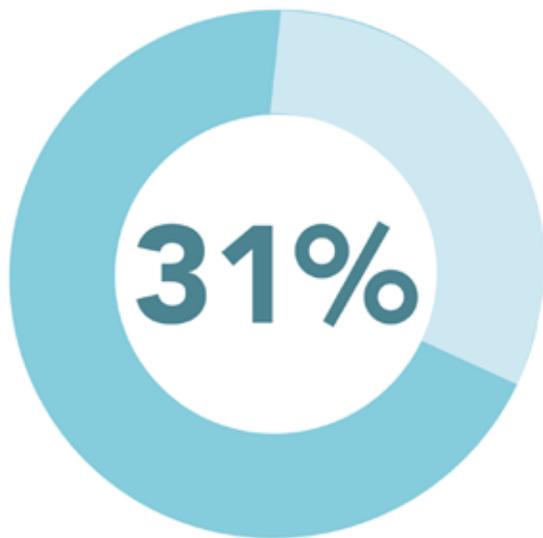
Between 1980 and 2017, the number of incarcerated women increased by more than 750%, rising from a total of 26,378 in 1980 to 225,060 in 2017.

Rise in Women's Incarceration, 1980-2017



Sources: Bureau of Justice Statistics: Historical Corrections Statistics in the United States, 1850-1984; Prison and Jail Inmates at Midyear Series (1997-2017), Prisoners Series (1986-2018). Washington, DC.

372 The Sentencing Project. "Incarcerated Women and Girls," <https://www.sentencingproject.org/publications/incarcerated-women-and-girls/>. Accessed 14 August 2020.



OF INMATES REPORTED ABUSE WERE VICTIMIZED THREE OR MORE TIMES

Data Source: Beck, Berzofsky, Caspar, & Krebs (2013), Sexual Victimization in Prisons and jails reported by inmates, 2011-2012 © Just Detention International

“Addiction, domestic violence, and sexual abuse are inextricably linked to the lives of incarcerated women.”

- Senator Sandra B. Cunningham

Female Inmates Face Sexual Victimization From Prison Staff and Other Inmates

Percentage of inmates reporting any sexual victimization incident, either by facility staff or inmates in the previous, 12 months, 2011-2012



Data Source: Bureau of Justice Statistics

TESTIMONIES OF PAIN AND REDEMPTION: PERSONAL REFLECTIONS OF PRISON

Alnisa Love

When asked about traumatic life experiences, Alnisa's immediate answer was losing custody of her daughters when she was incarcerated as the result of a relationship characterized by domestic violence. This is a testament not only to Alnisa's love for her children, but of her remarkable strength, because Alnisa was put through several serious abuses before even becoming an adult. As a child, Alnisa had been molested by a neighbor on more than one occasion. Then, at the age of 17, a man that she knew violently raped Alnisa after she rebuked his sexual advances. "I was scared of him," she recounts, but even in that dark moment, her strength was on full display when she successfully refused his attempts to force her to smoke marijuana laced with cocaine. Throughout her life, Alnisa's commitment not to engage in drug use has prevailed despite going through significant hardship.

Alnisa's abstinence from drugs stems from what she has witnessed happen to family and friends who abused drugs. She understands that "everybody has a family member that gets high, that gets locked up, that gets in trouble in school," but she wishes that more people understood those realities so that they'd care more about the treatment of incarcerated women. "Just because you go to jail doesn't mean that you're not human," she says, but the treatment that she has endured herself and witnessed being done to others in Edna Mahan clearly shows that not everybody treats incarcerated women with respect and dignity.

While Alnisa did not see any sexual coercion per se occurring inside the prison, she did say that she frequently witnessed guards hitting on the inmates, and then "setting them up." Alnisa personally was the victim of one such set-up, relating that a guard actually told her he was going to falsely implicate her in prohibited behavior, and that it was commonplace for corrections officers to plant contraband such as drugs and razorblades in inmate's belongings. Alnisa's own experience with this practice came at a particularly cruel time, just two weeks after her mother had passed, she says as punishment for her documenting things that she had been witnessing in the prison.

Like many other women who have been incarcerated, Alnisa describes the healthcare available as "horrible." The experience of incarceration is traumatic in itself, and Alnisa describes being severely emotionally affected because of the fact that her incarceration meant losing custody of her two young daughters. Dealing with not only the constant worry about who would take care of her

daughters while she could not, but also about her own self-preservation in a hostile environment, Alnisa requested mental health treatment, but was unsuccessful. She says that even though inmates pay to drop requests for medical assessment, those requests for both mental health treatment and medical treatment often go ignored.

Alnisa believes that more should be done for incarcerated women both during and after their sentences. She says that while there are definitely corrections officers who are genuinely on the inmates' side and treat them well, there are lapses in the system with serious consequences that should be addressed. She wonders why officers on the street are required to wear body cameras while officers inside correctional institutions are not, and thinks that measure would protect both inmates and employees, as well as bring attention to the conditions under which these women live.

After her own release, Alnisa still does not have full custody of her younger children, and she thinks that more women could re-enter general society successfully if more services were made available to them. She echoes the frequently-heard sentiment that it is especially difficult for former inmates to secure stable housing and employment because "a lot of people don't want to give you a chance once they know your background." She also laments that even though she has been able to secure a stable job and get her life in order, she still faces obstacles in obtaining custody, and thinks there should be a better system in place for women whose sentences were not for harming their children to regain custody after they demonstrate that they are back on track.

Isabella Mazzone

Prior to incarceration, Ms. Mazzone went through many traumatic life events. She was sexually and physically abused. She stated that this abuse occurred at the hands of the community she lived in and the environment she was in. Growing up, her brother was taken by DYFS and she lived in an unstable home. Her parents were divorced and she stated that her mother tried to take money from her father. When she did have therapy to deal with her trauma, it was not beneficial for her, because she believes it was simply a way for her mother to get her father to spend more money. She believed that she was treated as a pawn, not a young woman who needed help.

When she was seventeen, she was emancipated and had no health insurance. She was not able to regularly visit doctors. Eventually, Isabella received Medicaid. She began to use the emergency room for non-emergency visits. She explains that she did not have the time to go to several doctors to explain health issues. She had a job that did not allow her to take time off for doctor's visits so, instead, she would go to the emergency room so her problems could be addressed immediately and in one visit. Isabelle also found that some specialists would not accept Medicaid; due to her lack of viable healthcare, she suffered from and continues to deal with untreated psoriasis.

She describes health care while incarcerated as atrocious. If one had a bad tooth, they would simply pull it. The general practitioner made a diagnosis when it was not their job. When she went to jail, she believes the doctor's created false diagnoses when she began to exhibit psoriasis. She suffered undiagnosed for some time prior to and during incarceration. She did not receive any assistance for her condition until her public defender complained on her behalf.

Medicare still to this day does not help pay for the medication for psoriasis that covers almost 90% of her body. They have labeled it as a cosmetic issue, despite psoriasis making some work extremely painful and difficult for her. Isabella has gone to several dermatologists who describe the severity of her condition as "unlivable." She frequently bleeds because of psoriasis which makes it difficult for her to work.

Isabella's girlfriend, who was also incarcerated, has similarly experienced hardships due to a lack of coverage by Medicaid. Isabella's partner required dentures and received a pair five years ago. However, since then, she has gained weight and requires a new set of dentures. Medicaid will not cover a new set, so she is forced to glue in her dentures every morning.

Isabella was incarcerated and then moved to a year-long rehabilitation program for her heroin addiction. However, she left her program because she believed she was discriminated against because of her sexual orientation and because she craved drugs. She then returned to her heroin

addiction. To provide for her addiction, she became a prostitute for ten months. She was paid for sex work every day, multiple times a day to pay for her drug addiction. She eventually turned herself in after ten months. She spent four years in prison and has been sober since.

While Isabella personally did not experience sexual exploitation while incarcerated, she has seen and befriended people who were. Her fellow inmates would regularly be made to perform sexual favors for corrections officers in exchange for small things, such as a pack of gum.

Tammy Hubbard

Although Tammy did not experience anything that she would call traumatic before being incarcerated, she did undergo mental health counseling by court order as a result of her getting into consistent legal trouble. Prior to incarceration, Tammy had health insurance and was thus able to see a primary care doctor for her chronic conditions of asthma and bronchitis.

While at Edna Mahan, Tammy suffered from anxiety, depression, bipolar disorder, schizophrenia, and explosive disorder. She says that the mental health treatment she received while incarcerated was adequate for her problems, but that the physical healthcare was “just horrible.” Like many others, Tammy says that what could be expected from complaints of physical pain was up to a week of waiting to see the doctor, during which only ibuprofen was offered to alleviate the issues.

Now, since her release, Tammy has been consistently working for the last six years. However, despite this resilience and willingness to work hard, Tammy has been unable to secure stable housing or health insurance. Housing, she says, is her most pressing issue and the most essential key to successful re-entry because, “what good is healthcare if you don’t have a house, and have to stress about where you’re gonna lay your head?” As of now, without proper health insurance, Tammy is “always at the ER” to treat her respiratory issues, which go largely unmanaged without consistent care.

Rashida Smith

Rashida reports not experiencing any trauma in her pre-incarcerated life, but her mother did suffer from addiction and her father was separated from their family due to his own time spent in incarceration. Although she received Medicaid before her legal troubles, she did not think her issues warranted mental health counseling and thus did not take advantage of those services.

While incarcerated, Rashida describes the medical treatment as “non-responsive.” When, at one point, she developed a cyst, she was initially unable to receive medical treatment. Eventually, her family members were able to successfully advocate for her need of medical treatment, but by that point, Rashida had to undergo emergency surgery for the issue.

Additionally, Rashida suffered from depression and significant anxiety while incarcerated, and requested psychiatric services for her depression. As she could not receive individual counseling without being prescribed medication, she was given antidepressants and enrolled in counseling services. Now, as Rashida is navigating reentry into society, she is suffering from PTSD.

Although Rashida does not report having been sexually abused or exploited, she does note that she has been propositioned for sex not just in the street, but also by guards while she was incarcerated. Rashida also describes the guards’ treatment of the women at Edna Mahan as physically and verbally abusive.

Prior to incarceration, Rashida had one child. At the time her sentence began, her child was two years old. Rashida now has custody of her child, after a relative taking over childcare while she was in prison.

Now that she has been released and is trying to navigate reentry, Rashida has found that her past has greatly impacted her present. After gaining employment and beginning to work, Rashida was then stripped of that employment because of her background. While Rashida is lucky enough to have a family and support system to help her successfully reenter society, it is clear the systemic barriers still affect her. Rashida believes that women being released from prison need more and better options for housing, employment, and support.

Joy Thompson

Even as a child, Joy was no stranger to pain and trauma. Abused by both parents, her mother emotionally and physically, and her father sexually, the signs of Joy's misery at home were obvious to everyone around her. Joy was never taken to doctors as a child, and was picked on consistently for her dirty clothes and lack of hygiene, clear signs of parental neglect. Even so, her school never attempted to intervene or provide her with an opportunity for counseling, even after her brother was shot in the head when she was only ten years old.

As an adult, Joy went through the most painful tragedy possible when her son died by drowning. Years later, one of her grandsons also died tragically, after being born prematurely. Now in charge of her own medical visits and with health insurance, Joy sought therapy on her own, seeing a total of about ten therapists but never fully committing. As she laments, "maybe I wouldn't even have ended up in prison had I gotten my emotional part together."

Unfortunately, Joy did end up in prison where she was, once again, failed by an institution that should have recognized her issues and intervened. Instead, Joy nearly died while in prison due to a dearth of medical care. Joy describes her ordeal as having felt severe pain one Saturday and asking to go to the infirmary for what she knew from experience to be a problem with her gallbladder. "When they felt like it," they finally took her to the infirmary 2-3 hours later. Joy stayed in the infirmary for four days, during which time her condition worsened: she suffered from severe dehydration, shaking, and vomiting. She asked for water but the response was "neglect, neglect, neglect," only receiving the standard meal. Finally, one nurse called for an ambulance and she was taken to the hospital with a ruptured gallbladder. Joy had emergency surgery, but by that time her kidneys had already shut down; she was in the hospital and on dialysis for 32 days, during which time she did not get to shower or wash her hair, and was kept "locked up" in her hospital room. Joy also had an obvious medical issue when she was first incarcerated, having just fallen about a week before and broken a bone in her hand. She was given a cast which had metal in it and was quite hard, and which needed to remain on for six weeks. However, after her transfer from county jail, her cast was taken prematurely and she was not allowed to have it back, resulting in her hand never being given the opportunity to heal properly. She says that now, years later, her hand is still visibly malformed and she is in constant pain.

Joy's mental health care while incarcerated was also severely lacking. Though she says that the first counselor she saw there was caring, when he left and another was brought in the quality of her therapy diminished severely. This new counselor she describes as "the most horrible," and her sessions with him a "complete waste of time," so she stopped going.

Joy has also suffered from SUD, which she says was similarly not adequately addressed while in prison. Although NA was available, Joy felt that the aims of those once-monthly meetings did not apply to her personally, and were too infrequent to be effective anyway. She did attend other group meetings and classes offered, like a group aimed at relapse prevention, but after taking that same class twice she wondered how effective taking the same class several times could be for someone incarcerated for years. Joy was not offered MAT until she was due to be released, and at that point, she felt she would simply get addicted to those drugs instead after having been clean for over two years.

In addition to the abysmal medical care that Joy received while incarcerated, she was also physically assaulted for informing authorities that other inmates were selling drugs within the prison. In retaliation, several other inmates brought her into a shower, placed a blanket over her head, and beat her. Following this attack, Joy was assessed for medical trauma, on ordeal she describes as quite embarrassing, wherein nurses that she felt did not actually care examined her in the nude.

But drug dealing was not the only kind of inappropriate behavior that Joy witnessed while in prison. As an inmate in A Cottage (a minimal security block wherein each inmate has their own room with a door), Joy says she saw corrections officers enter other womens' rooms many times. Joy even says that during her two and a half year stint, two of the other women became pregnant while incarcerated.

Joy is now doing significantly better than she has in the past, for which she gives a lot of credit to New Jersey Reentry Corporation and the parole officer who told her about it. But, she says, there is still much to be done for the women in the corrections system. As she puts it, the whole system should be reviewed and improved to make it "more humanized" than it is now.

Kathy Morse

Kathy did not experience real trauma in life before being incarcerated, but the effects of incarceration itself, she says, caused “so much trauma that I honestly don’t think I’ll live long enough to process it.” In her words, there is nothing that can prepare you for incarceration, and it will be traumatizing even if you’re only in for a few hours.

While that is certainly true for both men and women, Kathy points out that the carceral system as well as social systems are designed in such a way that it becomes even more difficult for women. In men’s prisons, there is more programming, and men typically are not the ones who have to worry as much about their kids while they are locked up and trying themselves to survive. Kathy herself has three children, including a daughter who was 3 years old when Kathy went in. Like many other women in prison or jail, Kathy lied to her daughter to protect her from the truth, telling her instead that she was sick and in the hospital. For Kathy’s daughter, this created a fear of going to the doctor because she thought that they would keep her, just like her mom. This type of occurrence isn’t rare: many women in prison tell their children that they are at a hospital, or at school, and the result is usually fear of those places for the kids.

Incarcerated women are also more often worried about losing custody of their kids if they are in for too long. The result of all of this is women having to place their own coping and survival needs in the backseat while they worry about their children’s wellbeing.

Of course, worries like these create and exacerbate mental health problems like anxiety and depression. Like so many of the women in the carceral system, Kathy felt that access to mental health treatment while in the facility was difficult and ineffective. She explains that it is not as easy as simply alerting a medical professional that you need mental help or that a particular medication isn’t working; without being on the list for mental health treatment, inmates have to request a medical assessment and hope for a referral for mental health treatment, and because only certain types of medication are prescribed in jails and prisons, they may not have available what somebody is used to taking to manage their mental illnesses at home. The result is that incarcerated women “become like a lab rat, where they say ‘okay let’s try this or let’s try that,’” with prescribed treatments often being ineffective. Too often, Kathy says, these women simply try to get whatever medications they can to numb themselves or sleep away their days, with no real effective treatment available.

Kathy also worries about the state of physical healthcare in women’s corrections institutions. In general, she says it is “extremely lacking.” Because there is no full-time gynecologist employed in prisons, women often do not get their recommended annual exam, sometimes because the women

are too uncomfortable with those doctors to even accept an exam. In Kathy's case, her exam was performed improperly, leaving her with false positive results. Because of this environment and the general state of jails and prisons, she has grave concerns about how COVID-19 will affect incarcerated women.

While Kathy may have begun her sentence without having experienced severe trauma, she was not lucky enough to be able to say the same when she left. Kathy was sexually assaulted by four other inmates. She also says that while she was never personally exploited by the guards, it was well known that they frequently bribed female inmates for sex. For the women usually coming in with personal trauma as well as for those who have not, the experience of incarceration is traumatizing in itself. But too little is done to heal those wounds after release. Even Kathy, who is relatively lucky in that she has health insurance and is able to seek counseling herself, has found that these services are often not equipped for the specific traumas associated with the justice system. For Kathy, after being released for three years, she started a program aimed at trauma counseling and found that it actually caused her progress to regress from where she had been before starting the program. Little else could be expected when there is a dearth of counseling options understanding of the specific experiences of these women.

Now successfully re-entered into society, Kathy is working to create a culture where there is "more respect for incarcerated women." While overall incarceration is decreasing, the numbers of women in jails and prisons is increasing, severely out of pace with the attention given to making sure that these women are able to seamlessly return to their communities after their time is served. Without these supports and more focus on childcare, it is clear that the trauma incarcerated women endure will be generational.

Destiny Reeves

Prior to incarceration, Destiny was raped. Although Destiny had health insurance, which she used to cover her primary care doctor's visits and appointments, she never sought counseling or therapy to work through her trauma.

Destiny was extremely disappointed with the medical care that she received while incarcerated. During her first week in, Destiny was sent to medical. She spent that week in a cell with three other women. They were forced to sleep on mats on the floor. Destiny was so sick that she was vomiting blood. She only received medical care after four days. She was treated with an IV because she had hit her head. She believes that her care was "atrocious."

When entering prison, Ms. Reeves was suffering from addiction. She was addicted to painkillers because of medical issues prior to incarceration. Destiny had torn her esophagus thirteen times. It ruptured once, requiring surgery. She was diagnosed with cyclic vomiting syndrome and gastroparesis. After this surgery, she became addicted. In order to pay for her drug addiction, she would receive her drugs by making deals with others to obtain the drugs, and used her income from her job to purchase drugs.

She did not receive any treatment for her conditions during incarceration. When she requested MAT, she was told she could not have access to it as MAT was provided only to women who were pregnant during incarceration, which she was not. Destiny says mental health treatment in the facility was similarly unavailable: she cannot recall anyone who asked for mental health care actually receiving it during her incarceration, even upon request.

Despite the lack of assistance by any correctional institution, Destiny has now been sober for one year, and is working as a peer recovery specialist at a Sober Living House. She also has a second job, providing not only for herself but for the teenage son of whom she shares joint custody and for the baby she is now expecting. Destiny is looking for new housing to accommodate her soon-to-be second child, once again highlighting the difficulties faced particularly by women after release from incarceration.

Natasha Barone

Natasha has had more traumatic experiences than most people would experience in two lifetimes. She has been abused mentally and physically, held at gunpoint, raped, and molested by her stepfather. The fact that her mother did not believe her about what she had endured was not just salt in the wound, but acid. Thankfully, her stepmother believed her and put Natasha into counseling, but unfortunately at that time Natasha was not ready to talk about what had been done to her. This unsuccessful time in counseling made it so that, as an adult with health insurance, Natasha abstained from seeking counseling or other mental health treatment.

Once she entered the carceral system, Natasha's healthcare decreased not just mentally but also physically. She sums up the healthcare in the prison system as "absolutely horrible," noting that in one instance her finger got stuck in a door and the guards took unreasonably long to open the lock, and then subsequently to take her for medical treatment despite her plainly noticeable injury.

And her mental health issues did not subside. Although Natasha has a history of PTSD, anxiety, depression, ADHD, and substance abuse, she describes being "brushed off" when asking for mental health treatment, feeling that "they couldn't care less." Even as far as receiving MAT for her substance abuse disorder, Natasha felt that what was available to her and the other women was far from sufficient. Instead of relatively easy access to suboxone or vivitrol, "they just put you on librium and you pretty much are on your own." Trying to apply for participation in the methadone clinic takes so long that by the time a woman might be admitted, "they're already off of it so what's the point?"

In addition to the inadequate substance abuse and mental health treatment she has received in the past, Natasha has also been coerced into and paid for sex out of hardship. At times, Natasha would have sex for money to support her drug habit or as a trade for the drugs themselves; at others Natasha would use sex as a means to get into a hotel room to get out from living on the boardwalk. Although Natasha did not herself experience sexual abuse while in detention, she witnessed not just inmates engaged with one another in that kind of behavior, but things like the male guards "flirting, and grabbing inmates" inappropriately.

Today, Natasha shares joint custody of both of her children, but that does not erase the time she missed with her older daughter while she was incarcerated, where Natasha says that although she did not want her daughter to see her like that, she could not have anyway because "she was kept from me being able to see her." She is now insured and on vivitrol to manage her addiction, but she still feels that more needs to be done to address women's need for housing after release.

For addicts, she says that “going into a motel is putting us into the lion’s den with relapse,” and options like an Oxford House do not allow for mothers to maintain custody of their children. Even for women without children or a SUD, she feels that help with housing would provide the type of mental bedrock that is needed to address the other traumas and mental issues which are inevitably tied to incarceration, like depression.

Syreeta Jefferson

Prior to incarceration, Ms. Jefferson went through a traumatic life event. She was in an abusive relationship that she was never treated for and she never attended therapy. She stated that this abuse was mostly the result of the environment that she lived in. Prior to Ms. Jefferson’s first incarceration, she did not have any health insurance. When Ms. Jefferson received NJ Family health care between her first and second incarceration she used it to attend Planned Parenthood and to visit the RWJ campus to receive treatment. After her second incarceration, she was mandated to attend NA meetings. However, she stated that she did not see it as a source of comfort or strength to help her end her addiction.

When describing medical care when incarcerated, she described it as horrible. She stated that although she rarely was sick, any time she wanted to see a doctor they were not accessible. She stated that when she did need to see a doctor she was forced to fill out a form and then only after five days was she able to see the doctor she had initially requested.

Ms. Jefferson explained a concerning pattern of abuse of power within the jail that she was inhabited in. Ms. Jefferson herself stated that she was approached on multiple occasions by corrections officers that would make flirtatious gestures. Although she was able to shut down their advances, she stated that she saw many fellow inmates taken advantage of. Some officers would try to make advances multiple times. When women tried to report this pattern of abuse, they were repeatedly ignored and no one believed their story. Only when multiple women spoke out and when friends or family out of jail were able to contact people were these women finally believed. This is indicative of a much larger systematic pattern of abuse within these jails.

During the time of Ms. Jefferson’s first incarceration, she had a four-year-old son. During the time of her incarceration, he first lived with his father and then moved in with Ms. Jefferson’s mother. During her incarceration, he always had health insurance and was covered by social security. She never lost custody of her son and can be a part of his life.

Nakisha Sarson

Before ever being incarcerated, Nakisha Sarson was well acquainted with emotional trauma. As a child, Nakisha was sexually abused by an uncle; at the time she was so young and unfamiliar with the world's evils that she did not know that what she had been going through was rape until taking a health class at 12 years old. Between this experience and the effects of growing up with a mother who abused drugs, Nakisha acted out in a way of emulating her sister: sneaking out, and getting involved with guys she thought of as "bad boys." Unlike her sister, though, Nakisha's indiscretions landed her in trouble with their mother, and the disconnect caused her to now reflect that she "didn't feel loved."

As an adult, Nakisha's abuse did not abate. She married a man who abused her for years but who, because of his employment by the Division of Youth and Family Services, she did not report for fear that she would lose custody of her children with him. To escape the abuse she received at home, Nakisha engaged in sex for payment with men whom she knew from her work as a dancer. The money that she made from them was then flipped to support the substance abuse which offered an escape from her everyday life. When Nikisha first went into incarceration and even now, her ex-husband maintained custody of their two kids, even while she has an active restraining order against him. Her past history with incarceration and addiction has made it so her "kids are afraid to come around [her]," instead living out of state with their drug-abusing father and his partner.

Unsurprisingly, Nikisha's past traumas and her new environment informed her mental health while incarcerated: for the first month or so after transfer from county jail, she had terrible nightmares and experienced fear of the sexual abuses she could suffer at the hands of the other inmates. While incarcerated, Nikisha describes the mental health treatment available as "they gave us whatever it was to shut us up." She says that seeing a doctor for physical illness was far from easy and that, though she did have a history of SUD, she did not have access to MAT because she is addicted to cocaine rather than heroin or other opiates. Even after she was transferred to a halfway house, eventually she was sent back to prison for refusing the medication that she did not feel addressed her issues. As she puts it, "[she's] depressed, not stupid," but the mental health treatment that was available to her was insufficient to address her needs.

Had Nikisha been offered the mental health support and addiction treatment that she has needed for a long time, maybe things would have gone differently for her in the past. Maybe, instead of relapsing and ending up back in incarceration after losing her grandmother and a niece with whom she was close, she would have had the tools to cope with her tragedies in a healthier way. Though she is now in counseling and on an entrepreneurial track making and selling seamoss products

for women, she is one of a few, and she firmly believes “women should definitely go to trauma counseling after prison, especially women who used, because it really helps you to understand yourself.”

Ebony Cupitt

While Ebony reported that there were no major traumatic events in her life prior to incarceration, she was raised by a single mother in an economically struggling household. It was this experience of financial hardship that led Ebony to engage in criminal activity as a means to assist her family.

At the moment, Ebony and her child are in virtual therapy at the recommendation of the child’s school, through GOOD Grief. Her son was dealing with trauma from the death of his grandmother, and when he began having issues at school, they recommended family therapy. This program is free, but Ebony is currently insured through Medicaid, and using her insurance for regular primary care. As Ebony was incarcerated for a relatively short period, she did not receive medical care during her stint.

At the time of Ebony’s incarceration, her child was 4-years-old. For that period, he went into the custody of a family member, but Ebony currently maintains custody of him.

Like many returning citizens, Ebony has reported having issues with employment and securing affordable housing because of her conviction. As a result, she is unable to secure stable housing on her own for her child and herself. She is not yet eligible for expungement, but she is hoping to accomplish that as soon as possible so that she can become eligible for better employment and housing.

Crystal Rella

Like many of the women who end up incarcerated at some point, Crystal has a history of trauma and abuse. She has spent much of her life homeless, has been in a relationship that was abusive both verbally and physically, was nearly murdered, and was in a devastating car wreck that left her in a coma for ten days. She also lost her father to suicide in 2014.

Though Crystal has had experience with mental health treatment in the past, including while incarcerated, her mental health disorders include anxiety, borderline mood disorder, PTSD, and enochlophobia, all of which make incarceration particularly traumatizing. Crystal also has a history of drug addiction. While in prison, she attended AA programs, but was not offered MAT. After release, Crystal sought out her own doctor and was prescribed suboxone, but with both her mother and stepfather battling terminal cancer, she fears that the pain she will feel when they pass will drive her back to opiate abuse.

Crystal also witnessed firsthand the terrible effects of the poor healthcare in prison, when a friend of hers who had been incarcerated for 18 years and was due to soon be released contracted COVID-19 and was improperly cared for. Tragically, that inmate died, and to Crystal it is just further evidence that “they don’t care.”

Incarceration has also affected Crystal’s relationships with her children, who were 11 and 6 years old when she was first remanded. At the time, she had custody of both of them, but when she went in, they were placed into the custody of their paternal grandparents. Now, four years later and with Crystal released, that is where they still are. Crystal has kinship legal guardianship of both of them, but she is currently sheltering with a friend who was kind enough to offer her temporary housing. When that arrangement ceases, Crystal will likely become homeless, and she fears that she will lose the rights to her children that she has now.

Crystal believes that “women are resilient, determined. We just keep going,” and that is certainly accurate in describing her disposition. But she knows that she needs help. The precarious employment that she had has gone out the window with the COVID crisis, and she is struggling to re-apply for the disability on which she depends.

Schaqueeta Garrett

Schaqueeta will tell you, when asked about her childhood that she was “just a rebellious child,” but considering what she has gone through it is clear that her rebelliousness was a reaction to extreme trauma. Like many children, Schaqueeta was forced to grow up early in the sense that she was the firstborn and only daughter, resulting in her having to act as caretaker to her three younger brothers. Unlike most children, though, Schaqueeta was robbed of her childhood in other, much more sinister ways. More than one of her mother’s boyfriends molested her as a child, including a rape committed against her by her brother’s father.

Schaqueeta’s own father’s identity was not actually known to her during her childhood, falsely believing that her brother’s father was also her own, while her father was actually serving his own time at Trenton State Prison. Schaqueeta’s family is Black but she is herself biracial, and she had “always felt a void, but didn’t know what it was.” When the man who Schaqueeta had thought was her father told her the truth about her parentage when she was about 9, her lack of identity began to make sense to her.

A few years later, when Schaqueeta finally went to meet her father in prison, he continued the cycle of abuse against her, subjecting her to verbal sexual abuse and masturbating in front of her. Around this time, she moved from a predominantly white area to a predominantly Black area, and again found herself struggling with personal identity; at school, she rebelled and engaged in risky behavior of drinking and self-described promiscuity, again as part of a larger effort to find out who she really was. While in high school, Schaqueeta says her mother’s boyfriend tried to “mess with” a friend of hers. When she told her mother, she was not believed and was physically attacked by her and the boyfriend, so she moved out. It was not long until Schaqueeta had left school and became pregnant with her first son, prompting her mother to come and collect her and her son to live with her.

Unsurprisingly, Schaqueeta was ill-equipped to handle the stresses of being a young mother, so she continued to drink to excess and use marijuana. During her son’s teenage years, Schaqueeta still felt so lost from her own unhealed traumas that she was unable to recognize the signs that her son had gotten involved with a gang. Soon after, tragedy struck Schaqueeta and him again when he was eventually shot twice, with the second instance leaving him a quadriplegic. “From there, I lost it,” Schaqueeta says, relaying her descent into harder drug use as a coping mechanism. Though Schaqueeta had first been incarcerated at 17, this was when she started getting locked up habitually, serving several shorter county bids.

It should be obvious that a great many of Schaqueeta’s behaviors stem from the unresolved trauma

that she has had to endure, yet counseling or mental health treatment were not offered to her during most of her periods of incarceration and court proceedings. Schaqueeta also says that she avoided medical treatment for most physical issues while incarcerated because the healthcare in prison is “like a band-aid” and doesn’t address the real issues that the women inside face. As she says, “I didn’t use it because I didn’t trust it.”

Instead of quickly receiving the help she needed for mental wellness and addiction recovery, it took several more years of this cycle until at age 42, Schaqueeta finally “figured everything out” through re-embracing religion and taking what few classes she had available to her in detention. It was then that she realized that she had never internally dealt with what she had gone through.

Since then, Schaqueeta has been so focused on self-betterment that she got clean, became president of her Oxford House, and got her record expunged. She has found that the people she has encountered in meetings and that Oxford House that people are naturally drawn to her, and although it is a foreign feeling to her, she has a strong desire to help others overcome their own hardships and build healthy relationships.

Unfortunately, some of the damage of her rougher periods is lasting. While in the throes of addiction, Schaqueeta lost parental rights of her now ten-year-old daughter and was so disconnected as to not even realize that fact until she took her ex to court for custody. She was first granted weekend visitation as a way to work back up to full custody and she receives payment to take care of her son full-time, while her other son attends college. Considering Schaqueeta’s ability to come back from so much and reach the point that she is at now, one can only speculate how far she could have come had she been exposed to counseling the first time she was incarcerated at seventeen.

Crystal Ramsey

Before incarceration, Ms. Ramsey experienced several traumatic life events that helped to shape her. When she was young, she was sexually assaulted by her mother's boyfriend several times. When she told her mother of the sexual assault, her mother did not believe her. This eventually led to Ms. Ramsey leaving her home at eighteen to live on her own. Ms. Ramsey also was diagnosed with HIV prior to incarceration. Her young son was also diagnosed with HIV at the age of three after suffering for years from an undiagnosed illness. She was also suffering from addiction. Her father also died as a result of complications from his addiction to crack cocaine.

Ms. Ramsey attended Narcotics Anonymous through an outpatient program she attended post-incarceration. She stated that NA helped her through most life-changing events in her life, and served as her form of therapy.

During incarceration, Ms. Ramsey never sought treatment for her HIV. While she did not have much experience with the healthcare system in prison, she did express disappointment with the lack of access to NA meetings. On the occasions where Ms. Ramsey wanted to attend an NA meeting, she stated she was not able to get on the list of approved inmates and was therefore not given the mental health support she needed in prison.

While incarcerated, Ms. Ramsey's three children stayed with Ms. Ramsey's mother. Her children were covered under Medicare. After incarceration, Ms. Ramsey was free from her addiction. Ms. Ramsey was forced to live with her three children out of the trunk of her car due to a lack of money. She lived in her car with her children for six months until she was approved for housing via Section 8 after writing several letters to her local senator. During this time she did not have insurance and she frequently visited the emergency room for non-emergency reasons. She explained that if she went to the emergency room, she knew her children would be given food by the hospital. She used the hospital as a means to keep herself and her children fed.

Ms. Ramsey's son, Derek, who had been diagnosed with HIV was getting progressively worse. She was frequently in and out of the hospital with her son, who then had insurance to cover his treatment. Eventually, her son began living at the hospital. She was taking care of her two children who were attending school and also trying to stay by the side of her young son who was suffering from HIV/AIDS. She was forced to stop her schooling and quit her job to take care of her children. At the age of seven, Derek passed away due to complications resulting from HIV/AIDS. Ms. Ramsey credits NA for saving her life, keeping her from relapsing during the most difficult time in her life. Ms. Ramsey credits the strength of her son, Derek, for giving her the courage to continue on with life despite the immense difficulties.

At the same time as Derek's death, Ms. Ramsey's oldest child, a daughter, was raped at the age of thirteen. Together, Ms. Ramsey and her daughter chose to raise the child. Ms. Ramsey was given full custody of her granddaughter for the first part of her life due to Ms. Ramsey's daughter's young age. Custody of her granddaughter was later transferred to Ms. Ramsey's daughter, the child's mother. She still has an extremely close relationship with her granddaughter.

Ms. Ramsey was also suffering from her diagnosis with HIV. While for multiple years she took the several HIV/AIDS medications required of her, she stopped taking the medication for some time because she was not able to function normally due to their side effects. Due to this pause in her taking her medication, Ms. Ramsey lost her vision and has been blind for the past fifteen years. Ms. Ramsey was in a nursing home for a significant time, learning how to walk again despite sight. She attended a foundation for the blind and learned how to live without sight and even took the initiative to change the cooking program at the facility.

Ms. Ramsey is now receiving her associates' degree in social work and planning on transferring to Rutgers University to attain her bachelor's degree. She has suffered from HIV for 35 years and blindness for 15 years. She can use a talking computer to complete her work. She regularly speaks to her children and her grandchild.

Bernadette Johnson

Bernadette is one of the lucky few women who enter into incarceration without having experienced severe trauma, but she was long in the throes of heroin addiction. After being sent to prison from drug court, Bernadette was never offered or suggested MAT, and instead she was left to recover cold turkey. Like many people suffering from SUD, Bernadette's addiction did not exist in a vacuum. Rather, she used narcotics to self-medicate lingering depression. Bernadette says that while mental health and medication for depression were available to her in prison, she did not find the counseling offered to be helpful for long.

Bernadette also says that the common understanding that healthcare for inmates is abysmal is accurate. She believes that inmates are seen as "bottom of the barrel," and she knows that if someone goes in poor health, "they have no chance." Especially right now, with the COVID-19 pandemic raging, she says the women she knows who are still incarcerated are extremely scared, considering that even without potentially contracting a deadly virus the care they receive is inadequate.

The first time Bernadette went in, her now 26-year-old daughter was 8 or 9 years old. She had custody of her before that, which she temporarily signed over to her own father at the time. Because of this time during which she and her daughter did not see each other, their relationship is strained, though they are working on improving it. However, even with the effort that she is putting in to get back on track, she has encountered systemic troubles. As she says, there are mixed messages about "when you change your life but you fill out an application and have to put down that you're a felon" because "changing who I am today doesn't change how people view you on paper."

Systems like this are so stacked against women that Bernadette says corrections officers often make bets on how long it will be before the women being released are back in their custody. "The system is designed for you to fail," she says, citing the difficulty in getting oneself stable and away from the lifestyles that resulted in incarceration in the first place; "you shouldn't have to worry about healthcare if you get sick when you're trying to just live getting out of prison," she says, but for someone like her who gained employment and then no longer qualified for Medicaid but is not yet entitled to employer-based healthcare, healthcare is a very real and pressing concern.

Toni Bolton

Prior to incarceration, Ms. Bolton went through a series of traumatic events. She was raped, molested, and was suffering from an addiction to heroin and cocaine. She was raped multiple times, both by people within her home and also by others in her community. This was first discovered when DYFS went to Ms. Bolton's elementary school and after asking questions, and discovered that she had been molested within her home. While Ms. Bolton eventually attended therapy, she only did so as an adult after she was released from prison. Prior to incarceration, she did not have any insurance and stated that this was partially a reason that she did not attend therapy. As for primary care doctor's appointments, she simply was not able to attend them because of a lack of insurance. To this day, she suffers from a knee injury she obtained in high school that was never treated because of her uninsured status. She used the emergency room occasionally for non-emergency treatment, specifically for her knee. Once a year she would go to the emergency room to get a mobilizer and crutches for her hurt knee. She received a script from the doctors at the hospital, but was never able to fill it.

When asked about the medical care while incarcerated, Ms. Bolton described it as horrible. She said that one did not want to get sick in prison, because the care was abysmal. Instead of being properly treated, Ms. Bolton only ever received Motrin for any issue. When incarcerated, Ms. Bolton suffered from depression and anxiety, primarily due to her sexual assault earlier in life. On occasion, she would meet with the therapist who she deemed to be useless. The care was never continuous and she believed she was treated as a "guinea pig", given several different medications that never worked or were appropriate for her condition.

Prior to incarceration, Ms. Bolton was paid for sex. This was habitual and used to pay for her drug addiction. While incarcerated, although Ms. Bolton personally did not experience sexual exploitation, she knew many women who did experience it and was aware that it was occurring during her incarceration. Ms. Bolton explains that women who reported their sexual assault by corrections officers were rarely ever believed. Ms. Bolton described it as a "your word vs. theirs" mentality, with the corrections officers being able to wield their absolute power to make the claims go away. She also explained that there would typically be some sort of retaliation by the corrections officers for speaking out.

When Ms. Bolton first went into prison, her daughter was eight years old. During her incarceration, Ms. Bolton's daughter lived with her father and received medical care through her father. Ms. Bolton never lost custody of her daughter and now has a healthy relationship with her. She also has a four-month-old son that she can care for.

