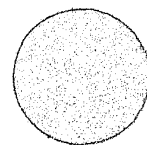


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Oregon Department of Corrections

White Paper: Oregon's Women Offenders

A review of what we know about Oregon's women offenders and effective corrections programs, with the goal of using that information to develop a plan for a more effective corrections system.

October 1991

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**U.S. Department of Justice
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Oregon Department of Corrections

MISSION STATEMENT

The Oregon Department of Corrections' mission is to reduce the risk of criminal conduct through a partnership with communities, with a continuum of community supervision, incarceration, sanctions and services to manage offender behavior.

The fundamental value in the continuum of probation, prison, and parole is the principle that the least restrictive method be used to manage offender behavior, consistent with public safety.

White Paper Outline and Summary

Oregon's women offender population has grown at an alarming rate over the last ten years. Because so many of these women are parents of dependent children, their problems with criminality, economic instability, substance abuse and mental health issues have long-term negative effects on their children and on our society.

This document reflects our understanding of the women offender population, a discussion of successful programs and, in keeping with Oregon's human investment strategy, proposals for action.

What we know about women offenders

- ☐ National data from the American Correctional Association, National Institute of Corrections, National Institute of Justice and other research
- ☐ Oregon's female offenders: data from the Oregon Department of Corrections, local programs and related research

General principles for successful intervention

- ☐ A holistic approach
- ☐ Duration and continuity of services and programming
- ☐ Women-specific services
- ☐ Substance abuse treatment
- ☐ Parenting skills
- ☐ Other significant aspects (housing, day care, nursery, education, employment, health care)

Relevant successful programs or promising new directions

- ☐ Oregon community and institutional programs
- ☐ New York and Minnesota institutional programs

Human investment strategy: Oregon action plan

- ☐ Conduct a thorough needs assessment of the women offender population
- ☐ Conduct long-term outcome studies of model programs
- ☐ Involve communities in addressing the needs of female offenders
- ☐ Based on the needs assessment and outcome studies, develop standards for programs and services for women offenders
- ☐ Develop the structure for improved coordination among private and public women's service providers

Review of the data

—National—

While women comprise the majority (51%) of the national population, historically only a small percentage (4%) of the incarcerated population has been female. In the last decade, however, the national total of women in prison more than doubled. The Bureau of Justice Statistics (BJS) reported that by year end 1989, the number of female inmates in federal and state prisons had reached a record high of 40,556 (up 202% since 1980), or 5.7% of the country's total inmate population. In contrast, the number of males increased by 112%. The Criminal Justice Institute reports that in 1990, there were 470,740 admissions to federal and state institutions, and 39,735, or 8.5% were females. The Institute also reports that on January 1, 1991, women made up 5.6% of the national inmate population.

Demographics. From a 1986 Census Bureau survey of female inmates in state correctional facilities, BJS reports that 76% had children. Of the estimated 37,600 children, most were under the age of 18. The children had been left in the care of maternal grandparents (45%), father (22%) or paternal grandparents (22%). Eighty-five percent of the mothers planned to live with their children after prison.

From another recent national survey, the American Correctional Association (ACA) produced detailed profiles of adult and juvenile female offenders. (ACA, 1990) The report describes the typical adult female offender as aged 25-29, a never-married or single parent, who plans to maintain custody of her children on release. (See Table 1) This woman was raised in a single parent family and experienced a number of childhood problems ranging from insecurity about parental love to depression and suicide attempts.

The average female offender has also been involved with alcohol and drugs, and perceives treatment programs as highly useful. Her current sentence ranges from 2-8 years. She also has a poor educational and employment background: she's usually a school drop-out either with or without a GED. She probably quit school for motivational reasons and may have failed to graduate because of pregnancy. She now realizes that she needs more education.

Economics. This woman also received welfare assistance, and changed jobs 1-3 times per year prior to going to prison. She worked in sales, service or clerical jobs, making maximum wage levels of \$3.36-\$6.50 per hour. She probably received her training on the job. In a 1989 report, the National Institute of Corrections reported that a nationwide survey of state and local probation, parole and community corrections administrators revealed a recurring theme of poor economic histories among female offenders (NIC, 1989). This report described the typical female probationer as a single parent with substance abuse problems whose family responsibilities inhibited her employment opportunities.

Table I From The Female Offender: What Does the Future Hold?, American Correctional Association, St. Mary's Press, Washington, D.C. (1990).

PROFILE OF THE FEMALE OFFENDER (U.S.)

(Based on survey responses from 2094 inmates in 400 state and local correctional facilities throughout the U.S.)

PERSONAL

| | |
|---|-----|
| Minority, aged 25-29 | 57% |
| Never married/single parent | 62% |
| Plans to maintain child custody | 74% |
| Mother or grandparent currently caring for her children | 48% |

HOME LIFE

| | |
|---|-----|
| From single parent family | |
| Other family members incarcerated | 50% |
| Children are most important in her life | 52% |
| Ran away from home 1-3 times | 65% |
| Felt insecure about parental love and acceptance | 56% |
| Attempted suicide | 28% |
| An average of 1-2 times | 70% |
| Depressed, thought no one cared, life too painful to continue | 69% |

PHYSICAL ABUSE

| | |
|---|-----|
| Sexually abused | 36% |
| 3-11 times or more | 55% |
| At age 5-14 | 57% |
| By male family member | 49% |
| Believed that reporting the incident made no change/made things worse | 49% |

ALCOHOL/DRUG HISTORY

| | |
|-------------------------|-----|
| First used at age 13-14 | 74% |
| Used cocaine | 49% |
| On a daily basis | 22% |
| Used speed | 40% |
| Used marijuana | 56% |
| On a daily basis | 22% |

CRIMINAL HISTORY

| | |
|---|-----|
| Arrested 2-9 times | 55% |
| Beginning between ages 15-19 | 34% |
| Crimes (poor judgment, finances, drugs) | |
| - Property | 39% |

| | |
|--|-----|
| - Violence | 22% |
| Sentenced from 2-8 years, will serve approx. 1/4 of the time | 50% |

TREATMENT PROGRAMS

| | |
|---|-----|
| Has participated in substance abuse treatment program | 68% |
| Believes alcohol treatment is most helpful | 94% |
| Believes drug treatment is most helpful | 86% |
| Believes the Job Corps is most helpful | 66% |

EDUCATION

| | |
|---|-----|
| High school dropout | |
| -with GED | 24% |
| -without GED | 26% |
| Quit school because bored or tired | 59% |
| Failed to graduate because of pregnancy | 34% |
| Have vocational training (business, secretarial, medical/dental, cosmetology) | 49% |
| Realize they need more education/experience | 81% |

WORK HISTORY

| | |
|---|-----|
| Sales, service or clerical background | 73% |
| Feel qualified to perform clerical or service-oriented jobs | 65% |
| Held 1-3 jobs/year prior to prison | 54% |
| Highest wage \$3.36-\$6.50/hour | 48% |
| Have received welfare assistance | 60% |
| Received on-the-job training | 40% |
| Want to obtain jobs | |
| -clerical | 22% |
| -services | 23% |
| -professional | 16% |

Recidivism. One estimate of first time female offenders who eventually return to jail is as high as 75 percent (Feinman, 1980). Fifty-five percent of the adult women responding to the ACA female offender survey reported that they had been arrested or referred between 2 and 9 times; an additional 15% reported 10-29 arrests/referrals.

Mental illness. Studies show that the proportion of mentally-ill inmates has been rising in the past 25 years (Kagan, 1990), and is currently higher than that of the general population. These studies tend to support the theory that mentally-ill people are still being released to the communities without adequate resources. (NIC, 1989)

Cycles of dependency and abuse. In an April 1991 Special Report, "Women in Prison," The Bureau of Justice Statistics (BJS) suggests that victims of violence tend to become violent. The BJS report found that almost half (49%) of women offenders surveyed who were incarcerated in state prisons for a violent offense reported they had been either physically or sexually abused at some time in their lives before their current imprisonment. This finding compares with a somewhat lower finding of an estimated 41% of all women offenders surveyed who reported having experienced prior physical or sexual abuse.

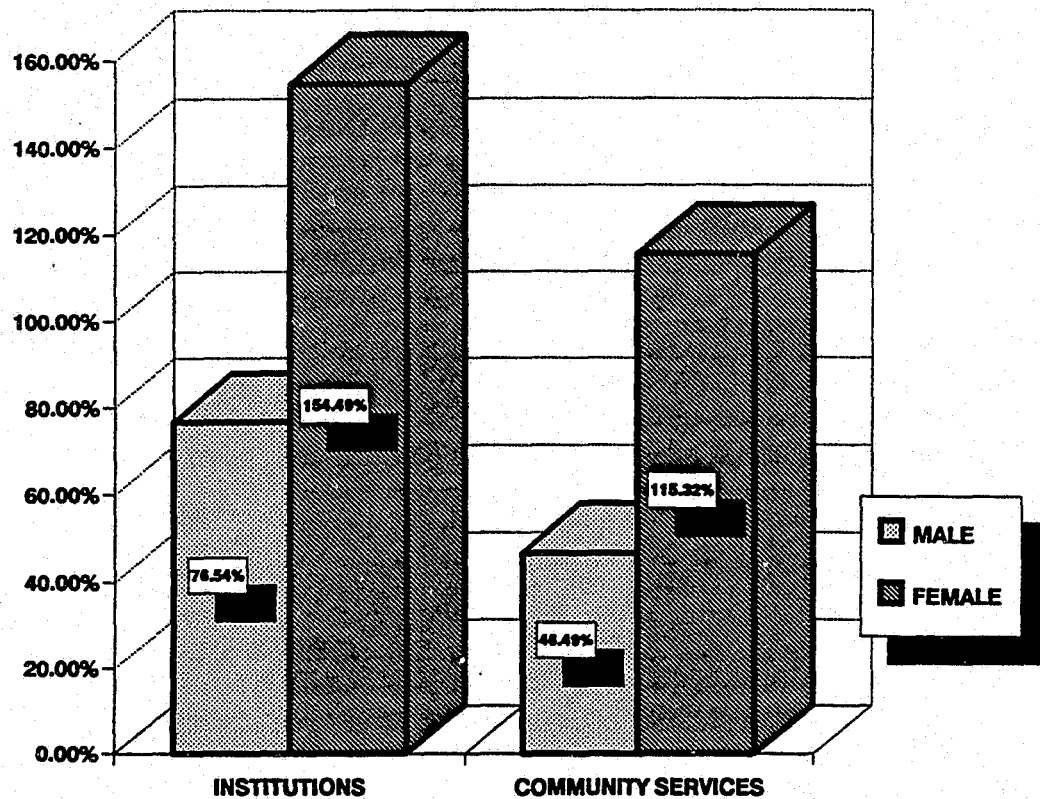
Highlighting this recurring cycle, the report also expressed concern at the dramatic increase in female incarcerations. According to the report, of the 76% of women offenders who had children, 88% had one or more under the age of 18. One-third of the population admitted being under the influence of a drug at the time they committed their current offenses. BJS further reports (Crime and Drug Facts, 1990) that while male inmates have a greater likelihood of drug use, females are more likely to have used a major drug such as heroin, cocaine, PCP, LSD or methadone.

—Oregon—

In the past 6 years, the number of women imprisoned in Oregon's state institutions has increased by 154% (from 156 in 1985 to 385 in 1991). The number on parole or probation has increased by 115% (from 3,100 to over 6,600) during the same time period. The increases have been dramatically disproportionate to the increases in the corresponding male offender population. (See graph, next page.)

Oregon Department of Corrections

Comparison of Male and Female Population Growth from September 1, 1985 to September 1, 1991



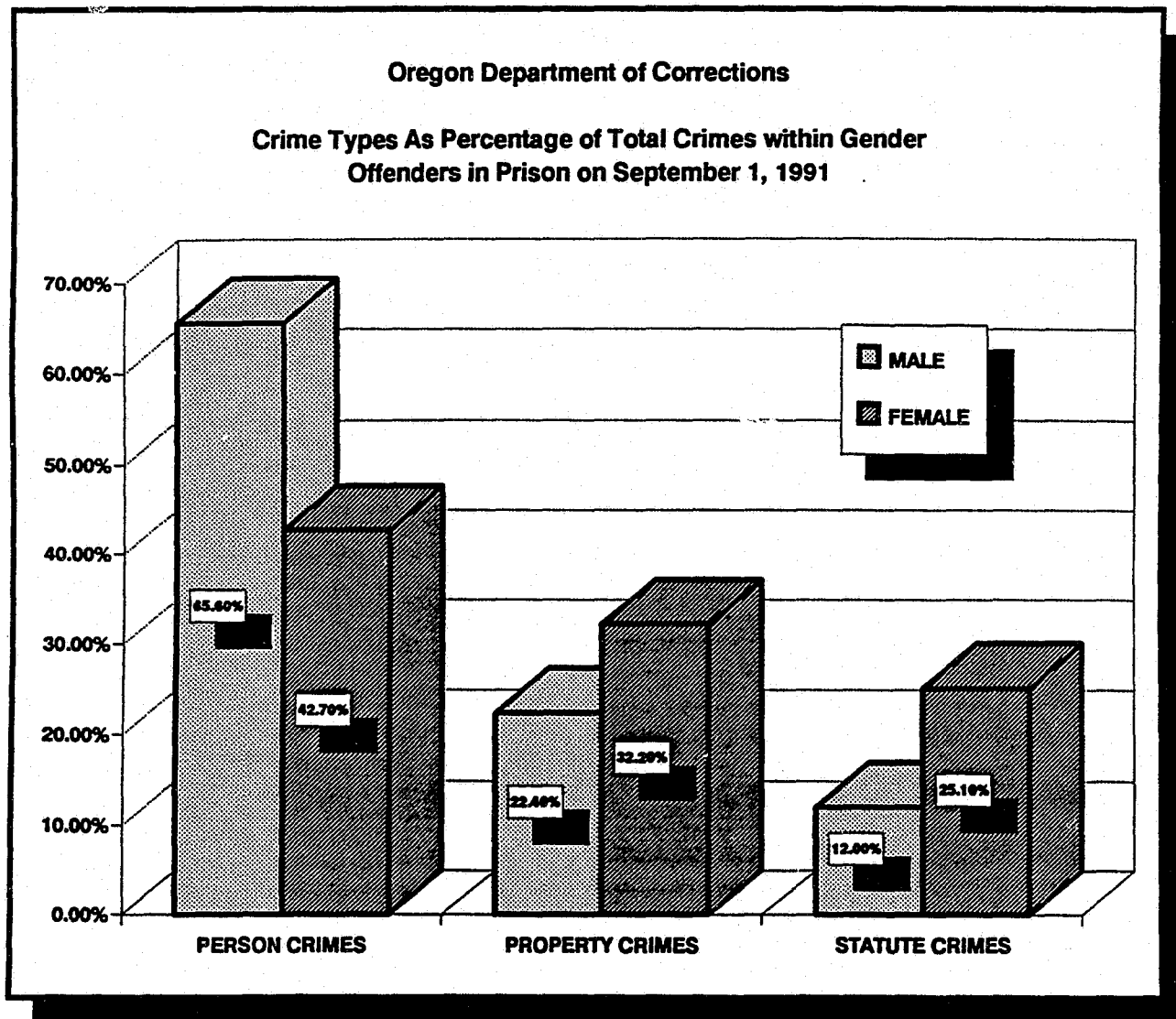
On September 1, 1991, 7,070 women offenders were in the custody or under the supervision of the Oregon Department of Corrections. Of that number,

- ◆ Institutions held a total of 385 and 6,685 were on field supervision;
- ◆ Eighty-six percent were white, 9% were African American, 3% were American Indian, 1% were Hispanic and 1% were Asian or other;
- ◆ The majority in prison had committed person (41%) or property (34%) offenses. Twenty-five percent (25%) were in custody for statute offenses.
- ◆ About 47% were between 18 and 29 years of age, 38% were age 30-39, and the rest were age 40 or older.

Of those returned to prison as a result of parole revocation hearings between 1/1 and 6/30/91, 46.3% were technical (i.e., conditions) violators, 26.3% violated by committing a misdemeanor offense, and 27.4% violated by committing a new felony offense. Of the probation violation admissions during that same time period, only 28%

had new felony convictions; the remainder were due to technical violations.

The next graph illustrates the relatively high rates of property and statute crimes committed by Oregon's female prison inmates, and lower rate of person crime, as compared to the state's male prison inmates.



About 70 percent of supervised women offenders have alcohol and drug problems. Intake assessment data for institutions reveal that a slightly higher number (75%) of female inmates have a substance abuse history. In Portland, the Federal Drug Use Forecasting (DUF) study found that sixty to seventy percent of arrested females were involved with alcohol or drugs.

In a May 1991 synopsis of the results of clinical interviews with 86 women incarcerated at Oregon Women's Correctional Center (OWCC), Dr. Elizabeth Birecree, M.D., presented the following demographic data:

Age:

Mean = 32, range = 19-61
21% between 19-24 years
74% between 25 and 44 years
4% over 45

Race:

68% White
16% Native American
10% African American
3% Hispanic
1% Indochinese

Education:

Mean = 10.5
78% completed some high school
12% completed some college

Reason for current incarceration:

69% violated probation
31% imprisoned on original charge
53% of original charges directly related to substance abuse

First time in prison: 88%

Previous jail terms:

Mean = 2.7, range = 0-15

Current family history:

34% single
15% married

31% divorced

18% separated

81% have children

32% have CSD involved in custody

8% have had parental rights terminated

Inmate mental health history:

55% had mental health history

37% had previously taken prescribed psychiatric medication

15% currently taking psychiatric medication

15% had at least one prior psychiatric hospitalization

33% reported at least one previous suicide attempt

Developmental history:

66% of parents divorced during inmate's childhood

46% suffered physical abuse as a child

45% suffered sexual abuse as a child

28% experienced childhood legal difficulties

27% had stayed in foster homes

16% had learning disabilities

4% had participated in special learning programs

Dr. Birecree's study population consisted of approximately half of the female admissions during the 8-month study period. Sixty-four percent of the women in the study were referred for clinical interview because of a possible psychiatric diagnosis or other potential problems. Regardless of the fact that this is a specific sample, it delivers a profound message regarding the high incidence of physical/sexual trauma, mental illness and substance abuse in this population.

General Principles for Effective Intervention

Profiles of women offenders and reviews of successful programs reveal some general principles for effective intervention.

Holistic approach. Typically, women under corrections supervision have deficits in a variety of life skill areas such as education, employment and parenting. They also typically have multiple problems including substance abuse, mental or emotional difficulties. Addressing only one or two of these issues is not usually effective. Individual needs must be assessed, and the whole person must be considered in developing the individual intervention plan.

Cooperation among agencies is critical. Some agencies report enhanced results when the treatment provider is located either within or in close proximity to the corrections agency's building. Programs like that offered by De Paul Treatment Centers in Portland provide this coordination in the framework of day treatment. Whatever the location, agencies that work together are able to maintain offender accountability and achieve success by careful management of incentives and sanctions.

Duration and continuity. The histories of these women suggest that a "quick fix" will not work. Problems that have existed for several years require a significant duration of intervention. If the corrections period of intervention is brief, then continuity with community-based aftercare services is essential to success.

Women-specific services. Services to women are most effective when focused on the special needs of women and put in a context that is specifically geared to experiences of women. Life skill training is presented in the context of understanding cultural trends and pressures on the individual. For women, this includes a variety of issues from understanding their perspective of the cycle of abuse, to general issues of dependency and empowerment.

Substance abuse treatment. Substance abuse is one of the most prominent problems of the female offender. A high percentage of these women have severe alcohol or drug problems. Substance abuse interventions must be central to any successful general intervention approach. Improved employment, education, mental health and/or social functioning will accomplish little if the individual continues to abuse alcohol or drugs.

Parenting skills and support of the family unit. Most women offenders have children, and have a continuing relationship with those children. Improving the parenting skills of these women provides an opportunity for primary prevention by reducing the future delinquency or other social problems of their children.

Children's Services Division (CSD) can play a family-advocacy role in treatment planning for women offenders. The local YWCA, community colleges, school districts,

religious and service organizations in many communities have fully-developed family support/parenting and interpersonal relationship classes available at reasonable fees.

Other aspects of effective intervention. Housing. According to a survey of Oregon parole and probation officers and treatment providers, affordable, drug-free housing for women offenders and their children is essential to their successful transition from supervision to the community. (Field, et al, 1991) Multnomah County's ADAPT and the Office of Women's Transition Services report that adequate housing resources are essential to their programs.

Day care. Field supervision officers and treatment providers alike report a serious need for day care services for women with young children (Field, et al, 1991). Predominately low-income wage earners or on public assistance, these mothers have no option but to bring their children along to meetings with their parole/probation officers as well as to treatment services. While there may be an element of manipulation in the case of some offenders, the concern is eliminated when day care is provided. The De Paul program has experienced increased use of their day care program once mothers overcome their fear of the Children's Services Division taking their children.

Nursery. Recently, the number of women having babies in prison has become significant. During the 1989-91 biennium, 52 pregnant inmates were admitted to the Oregon Women's Correctional Center. Because the physical plant and staff resources allow no nursery time between baby and mother after delivery, there is no bonding between the inmate and her infant. The Oregon Governor's Task Force on Corrections Planning recommended that correctional facilities and programs be designed by the Department of Corrections to strengthen and promote relationships between women offenders and their children.

Education. While most women offenders have an 11th grade or higher education, they don't have the scholastic or job skill levels that promote successful transition to community life. Agencies may also offer group and individual counseling to enhance survival skills, self-esteem, self-confidence, problem-solving ability, etc. Community colleges provide adult basic education (ABE) and General Educational Development (GED) programs which have been adapted for both institutional and community supervision agencies for on-site delivery to both incarcerated and day treatment-level offenders. Chemeketa Community College, for instance, delivers educational services to Salem-area institutions as well as community corrections clients.

Employment. To be effective, employment programs for female offenders must develop marketable skills and real work history. It is not sufficient to rely on traditional female job categories, such as food service, basic office skills or cosmetology; women offenders must be able to support themselves and their children in the community when they leave supervision. Therefore, training (including actual work experience) in nontraditional vocations and industries should be available to both imprisoned and community-supervised women offenders.

An example of successful nontraditional occupational training can be found in the Women's Detention Division of the Santa Clara County Department of Correction in San Jose, California. The program includes occupational building maintenance training and job experience in safety procedures, measurement skills, power and hand tool operation, project layout and construction. The project is designed to provide employable skills training to women jail inmates. Work completed by the class in 1990 included: construction of eight privacy walls in women's unit; painting dorms and hallways, building rolling commissary tables with shelves, locks, drawers and installed formica tops, assisting operations with various landscape projects, building a Christmas scene for the downtown mall, building fire extinguisher boxes, stripping and waxing facility floors, and many other projects.

Health care. Women offenders appear to have not only substance abuse problems, but also unique medical as well as dental problems requiring attention. Agencies report that adequate treatment for women-specific medical problems, such as those requiring gynecological care, is difficult to obtain. Many have previous physical and emotional abuse histories, as well as more general health problems than male offenders. (NIC, 1989) There also appears to be an increase in dual diagnoses between addiction disorders and mental health problems. (Birecree, et al 1991)

Relevant Successful Programs

—Oregon—

Oregon currently has several programs which deliver appropriate, effective services to women offenders and their families in ways designed to reduce life patterns of criminality by assisting successful re-entry into community life.

Columbia River Correctional Institution (CRCI). A 50-bed unit for treatment of alcohol and drug abuse problems among female offenders was opened in November 1990 at the Columbia River facility. The program is based on treatment principles nationally recognized as effective with offenders, and designed so participants will:

1. Discontinue the use of drugs and alcohol;
2. Increase reasoning skills and interpersonal problem-solving skills;
3. Receive vocational/educational assistance; and
4. Develop successful transition to the community.

Special emphasis is placed on women-specific issues of parenting skills, recovery from physical and sexual victimization, and developing positive family relationships. At CRCI, female inmates have been assigned to outside work crews with up to 18 inmates at a time working on special projects serving the Portland area community, and providing the inmates with general work skills and experience.

Oregon Women's Correctional Center (OWCC). In 1987, the Oregon Department of Motor Vehicles (DMV) initiated a pilot project at OWCC with four inmates answering incoming calls for two local DMV offices. The pilot project was successful and approval was granted to expand it to sixteen field offices. During November 1990, over 42,000 telephone calls were answered. The project offers participants extensive training regarding DMV regulations and computers.

A similar program was started in February 1990 with female inmates providing the same service to the Tourism Division. Five inmates are assigned to answer telephone inquiries about travel and tourism in Oregon, and three inmates work in mail room operation sending Oregon tourism information across the country.

Chemeketa Community College offers 9-11 courses per term at OWCC, and selected women offenders are eligible for a 4-year program which is offered at the Oregon State Penitentiary. Vocational courses in cosmetology, business machines and micro-computer programming are available full time. A limited number of women inmates can also apply for vocational training at the Oregon State Correctional Institution for food service, printing, air conditioning, electrician, auto body mechanics, carpentry and wood refinishing, and small engine repair.

ADAPT. Multnomah County's Alcohol and Drug Abuse Prenatal Treatment Program (ADAPT) serves pregnant substance-abusing women in the jail and continues as they are released in the community. The program is a joint effort between Multnomah County's Health Division, Department of Community Corrections, and Alcohol and Drug Program.

ADAPT reports that its participants: have extensive histories of substance abuse; have parents who abused drugs and alcohol; have been pregnant more than once; have been involved with the Child Protective Services; have been sexually, physically and emotionally abused; have few economic resources other than public benefits; have unstable and unsafe living conditions or are homeless; have extensive histories with the criminal justice system. Data gathered from 60 cases during the initial fourteen months of the program shows:

- Approximately 71% of the women participating are white, 23% are African American, 4% are American Indian and 2% are Hispanic.
- Eight-five percent are under the age of 35; the average age is 25-1/2.
- Seventy-eight % of the participants have their first prenatal exam performed in the jail.
- Of 31 live births in the first 11 months of the program, 24 women and their babies tested negative for all drugs at birth, 4 tested positive for illegal drugs and 3 tested positive for methadone but no other drugs at birth.

Services provided to the women in the program include prenatal care, substance abuse education, case management, home visits, child care and transportation. Transitional housing has also been arranged with the local housing

authority and others. Case managers coordinate weekly problem-solving group sessions among the participants. The treatment program objectives work to restore client self-esteem and overcome the physical and psychological effects of substance abuse.

Council for Prostitution Alternatives, Inc. This Multnomah county non-residential program serves adult women offenders with a history of prostitution. The women must make a long term commitment to the program. Services are designed for each individual to assist her toward a legal lifestyle, shelter, food, child care, medical care, drug and alcohol treatment and advocacy. The program also provides community education, job training and transportation. In 1990, the program reported that of the 56 women who participated in the program for 6 months or more, 80% were not re-arrested. For all participants, the success rate was 65%.

The De Paul Treatment Centers, Portland. The De Paul program provides services in childcare, alcohol addiction and recovery, and co-dependency, including primary care (intensive residential/day treatment and counseling). Most of the staff are recovering addicts, co-dependents, or adult children of alcoholics (ACOA). All primary care staff are ex-offenders. The program offers a flexible continuum of care from primary through supportive to sustaining care. Primary and supportive care are delivered through both community intensive residential and day treatment options. Childcare is available to participants.

Of the participants in De Paul's Women Offenders Program, 80% are aged 21-36 (average age = 30), 60% are white, 34% African American, 4% Native American and 2% Hispanic. While 48% did not complete high school, the average educational level was 11th grade (70% had between 10th and 12th grade education). Over 63% of the women with a primary drug of choice other than alcohol have been IV drug users.

Over 38% of the women offenders have successfully completed primary care; of these, over 92% have moved into either residential or intensive outpatient programs. While only 8% were employable or currently working at the time they were admitted to the program, over 70% were employable or working at the time they completed primary care. The average length of stay (primary care) was 78 days.

Mountaindale Alcohol and Drug Recovery Center for Women and Children. The Mountaindale Women's Treatment Program, associated with Tualatin Mental Health, is a residential program for addicted women and their children. The 90-day program's capacity serves 22 women and their children. Most of the offenders enter the program directly from the court, and are single parents receiving welfare. Food stamps are used by these women to help pay for services provided by the program.

The client population is limited to women aged 18 and over, with children under 6 years of age. Priority is given to pregnant women. Services include life planning, and group counseling for physical/sexual abuse, smoking, parenting and

family issues. Clients are referred to Mountaindale by Children's Services Division, the Oregon State Department of Corrections, detox services and private agencies. There is a 5-day detox period prior to admission, and clients must stay alcohol and drug-free during the treatment period.

Office of Women's Transition Services. This Multnomah County program serves female felony and misdemeanor offenders. Participants must be county residents, referred by their PO, willing to participate in substance abuse treatment, and have no history of schizophrenia. Half of the services are reserved for women with children. Case management begins with a thorough assessment of treatment needs, intensive substance abuse treatment, and includes housing, transportation, education, parenting skills, and an addicted mother program. Client demographic information is nearly identical to that of the ADAPT program, which also operates from this office.

In the past three years, 150 women offenders have participated in the program. Half of this group have received long term housing assistance (open-ended, permanent housing) in either single room/studio apartments or units at Columbia Villa. A case manager is on site with the studio apartment group, and the case manager visits once each week at Columbia Villa. Substance abuse treatment is also available at Columbia Villa. Women involved in the program must (1) be receiving substance abuse treatment or be in recovery; (2) not use illegal substances, including alcohol; (3) submit to urinalysis; and (4) receive progressive sanctions, including removal from the program, for violations.

According to program director Joanne Fuller, about one-third of the clients deal successfully with their substance abuse, dependency, family and criminal behavior issues. Another third show signs of significant progress in these areas. The remaining third are not successful.

Our New Beginnings (ONB). Our New Beginnings is a private non-profit organization started in 1980 as an alternative diversion program that provides support and resources to female parolees and probationers who would otherwise be incarcerated. Services provided in the residential as well as non-residential program include substance abuse counseling, personal counseling, and employment services. The average woman enrolled in the ONB program has high alcohol and drug involvement, is unemployed, depends on public assistance, has a low earning capacity, low skill levels, and needs mental health services.

Our New Beginnings served 72 clients in FY 1990. Successful clients spend an average of 98 days in the program. The program currently reports a 55% success rate, working with clients who are considered difficult: 72% are convicted felons and 44% have been convicted of drug offenses.

Volunteers of America, Women's Residential Center. This Portland program provides residential services for female offenders. Services include substance abuse, personal and employment counseling, with referrals to additional services as

needed. Sixty-eight percent of the 101 women enrolled in the program during FY 1990 were white, 28% were African-American, and 1% were Hispanic. Twenty-two percent of the women were between 21 and 25 years old; 72% were between the ages of 26 and 45.

Eighty clients engaged in treatment services during the year; 65 completed, while 15 were carried over to FY 1991.

YWCA Transitional Opportunities Project (TOP). The YWCA of Portland operates a transition program for women offenders, serving federal and state clients. Those with substance abuse issues and/or crimes involving drugs or alcohol (83%) are required to participate in a treatment program. The program does not have its own A&D counselor, but refers participants to an outside agency for evaluation of need and both individual and group sessions. TOP also requires attendance at two support groups (AA, NA, ACOA) per week. In the last year, 74% of the clients remained drug and alcohol-free, participating completely in all program areas.

Of the 36 women (26 federal, 9 state) in the program over the last year, the average age was 27. Most had children (57%); 42% were married and 37% were divorced. As a program requirement, all women accepted into this program were employed. Most of them had few employment skills or experience, and had low-paying jobs such as fast food restaurant work, hotel housekeeping, phone operator, parking garages or general labor. The women who took advantage of the opportunity to participate in outside training and educational programs were quite successful. A small percentage of the women have professional skills and find employment as legal clerks, secretaries, bookkeepers, etc.

Referring to her 15 years' experience dealing with offenders and as the YWCA's TOP director since 1989, Jane A. Workman states, "...I have found an undying need for the offenders to participate in a halfway house program as the success rate is so much higher than supervision in the community." She emphasized their specific areas of need in a structured environment: drug and alcohol treatment, education and training, developing their sense of self-worth, co-dependency issues and building positive relationships with significant others.

—National—

Department of Corrections staff have visited out-of-state institutional programs in Minnesota and New York. We have not visited out-of-state community supervision programs, and need to increase our knowledge in this area. The two prisons visited are successful institutional models for female offenders.

Bedford Hills Correctional Facility, New York. The Children's Center at Bedford Hills Correctional Facility is designed to help women preserve and maintain family ties, receive visits from their children as often as possible in a warm, unthreatening, supportive atmosphere, and keep informed about their children's

physical, intellectual and emotional well-being while they are apart.

This program is inmate centered, that is, designed so that inmates are responsible for its activities. Inmates plan, schedule and arrange workshops, initiate new ideas, are credited with success and bear the consequences of failure. Four major elements of the program are:

1. *The Children's Playroom* - well-equipped recreation center for the inmates' visiting children, staffed by a teacher and eight inmate caregivers.
2. *The Parenting Center* - supports parental activities by arranging transportation, foster care, seasonal activities, summer programs, workshops and other tasks and staff work.
3. *The Nursery* - maintains the mother-infant bond through housing of mother and child up to one year in the facility hospital. The nursery program maintains that the child's best interest is paramount. An average of 10-15 mothers and infants reside here.
4. *Providence House* - four "halfway" houses where mothers and their children live while mothers look for work or are on furlough. Managed by former Bedford inmates, the houses also provide refuge for battered women and their children. All residents are provided temporary housing, food and clothing.

Minnesota Correctional Facility Shakopee. Opened in 1986, this women's prison creates opportunities for inmates to increase work and living skills. The institution states its desired results: to release women with sufficient skills to lead useful, crime-free lives and cope with society, never to return.

Most inmates at the facility are mothers having sole custody of their children. Most were sexually abused as children and have been involved in abusive adult relationships. Often chemically dependent, they lack education and work skills. Their crimes range from theft to murder, and many crimes involved dependency on a male. The average age is 32, and the average time served is 13.5 months.

Shakopee encourages behavior change through voluntary participation in programs designed to meet the unique needs of women offenders:

- ✓ *Industry* - relevant work experience in data entry, word processing, key punch, horticulture, light assembly, garment manufacturing, market research, and telemarketing, as well as institutional maintenance, gardening and food service;
- ✓ *Education* - variety of academic, art and vocational/educational opportunities, including Adult Basic Education and General Educational Development. The classes are offered by local vocational, community college and creative arts schools, as well as by correspondence course.
- ✓ *Parenting/Family Program* - has as its primary focus helping inmate mothers restructure and preserve the family unit during their incarceration. Program elements include education, advocacy, individual counseling, and

weekend visitation for young children.

✓ *Independent Living Center* - housing area consisting of six 2-bedroom units each with kitchenette, living area and bathroom. Program includes off-grounds vocational and academic opportunities, volunteer community projects, money management training, and other activities to ease the transition back to the community.

✓ *Chemical Health Program* - includes assessment, education and counseling. The friend-to-friend program matches community volunteers to inmates for purposes of chemical health recovery. Offers a ninety-day phased treatment program, with aftercare group offered off-grounds.

✓ *Work Release* - those who meet criteria may serve last 2-6 months in community facility while they are working. Includes transition planning with one-staff coordinator and placement in privately-operated correctional halfway house for women in St. Paul.

✓ *Health Services* - full range of medical, dental, psychological and psychiatric services provided by the health care unit.

✓ *Chaplaincy* - provides individual/group counseling, religious worship/study, literature and tape recordings. An all-faith chapel is available for group worship; American Indian inmates may use a sweat lodge.

Human Investment Strategy: Oregon Action Plan

In a January, 1991 report to the Oregon legislature, the Oregon Progress Board set measurable standards for Oregon communities relative to crime and criminal recidivism. The stated objective in the Oregon Benchmark is to reduce the parole revocation rate to 15% by the year 2010. (Oregon Progress Board, 1991.)

The Governor's Task Force on Corrections Planning produced two reports ("Restoring the Balance," 1988, "Promoting the Balance," 1990) on restoring and promoting balance in Oregon's corrections system. The reports noted that "available research may not conclusively establish a cycle of crime in which the children of women offenders eventually become offenders due to a lack of emotional support and dysfunctional families." However, the task force cautioned that "the social and personal dysfunction which children suffer as a result of their mothers being in prison, suffering from drug abuse, or enmeshed in a criminal lifestyle" plays an important role.

The task force concluded that attention must be given to female offenders in order to positively impact their lives and those of their children. The task force recommended two distinct strategies for addressing the needs of the female offender:

- (1) **Breaking the cycle of dysfunction that women offenders and their children experience; and**
- (2) **Drug treatment of women offenders in institutions and the community.**

The Oregon Department of Corrections is acutely concerned about the complexity of female offender problems and the potential for continuing cycles of social dysfunction. The *challenge* to the criminal justice system lies in balancing scarce resources against the increasing women offender population. The *opportunity* presents itself, however, for Oregon to demonstrate leadership by proceeding with the plans for the new women's prison and a comprehensive study of the special needs of women offenders within the context of producing an effective continuum of corrections services.

In accepting the challenge and leadership opportunity, the Oregon Department of Corrections will coordinate an effort to:

- **Conduct a thorough needs assessment of the female offender population.**
 - **Conduct long-term outcome studies of model programs.**
 - **Involve communities in addressing the needs of female offenders.**
 - **Based on the needs assessment and outcome studies, develop standards for programs and services for women offenders.**
 - **Develop the structure for improved coordination among private and public women's service providers.**
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