

**Iowa Department of Corrections
Report to the Board of Corrections**

Women Offenders

Fourth in a series of reports highlighting issues
contributing to corrections population growth

April 2006

Introduction

Twenty years ago, about 4% of Iowa's prison population was female.¹ As documented in these pages, female offenders now make up about 9% of the prison population. In another ten years, they are projected to make up about 10% of the prison population.² Female inmate populations nationally and in Iowa are growing faster than male inmate populations – but the trend in Iowa appears worse. Between 1995 and 2004, the national female inmate population increased by about 53%, compared to 31% for men;³ in Iowa, the female inmate population increased by about 83%, compared to 49% for men.⁴ Iowa ranks 38th overall in incarceration rates among the states, but 28th in incarceration of women.⁵

These trends are of particular concern given that women offenders in Iowa have lower recidivism rates than men. Rates of new imprisonment among women probationers are more than two times lower than for male probationers – 7.1% compared to 15.3%.⁶ Rates of return to prison for released state prisoners also document lower re-imprisonment rates for women than for men (29.5% compared to 33.0%), and lower re-arrest rates (46.6% compared to 57.1%).⁷

Previous reports in this series have highlighted substance abuse and mental health as major issues among Iowa's corrections populations. Substance abuse among women offenders appears just as common as for male offenders, but a larger percentage of women offenders have substance abuse problems identified as their priority one need. Mental illness is much more common among female offenders than males. Sufficient treatment capacity to address these and other needs is therefore a concern.

This report goes beyond documentation of the population growth and needs of women offenders to describe how the Iowa Department of Corrections is addressing treatment needs of the female offender population. Except where noted, information was obtained from the Iowa Corrections Offender Network (ICON) with many of the reports obtained via the Iowa Justice Data Warehouse.

¹ Division of Criminal and Juvenile Justice Planning, *Iowa Prison Population Forecast: FY2005-2015* (Iowa Department of Human Rights, 2005), 17. The report is published on the Internet at: http://www.state.ia.us/dhr/cjip/images/pdf/Forecast_2005-2015.pdf.

² Ibid., 22-23. Percentage was calculated using projected mid-year 2015 female and total populations.

³ Bureau of Justice Statistics, *Prisoners in 2004* (U.S. Department of Justice, 2005), 4-5. Calculations for male inmates were derived by subtracting the women's populations from total population figures.

⁴ CJJP, *Prison Population Forecast*, 23-24.

⁵ BJS, *Prisoners in 2004*, 4-5. Rates based on yearend 2004 populations. Iowa ties with Delaware in female inmate incarceration rates.

⁶ Division of Criminal and Juvenile Justice Planning, *Recidivism Among Iowa Probationers* (Iowa Department of Human Rights, 2005), 31. The report is published on the Internet at: <http://www.state.ia.us/dhr/cjip/images/pdf/Recidivism%20Among%20Iowa%20Probationers.pdf>.

⁷ Analysis provided by Division of Criminal and Juvenile Justice Planning, Iowa Department of Human Rights, for all Iowa prisoners released during FY2000 and followed for three years.

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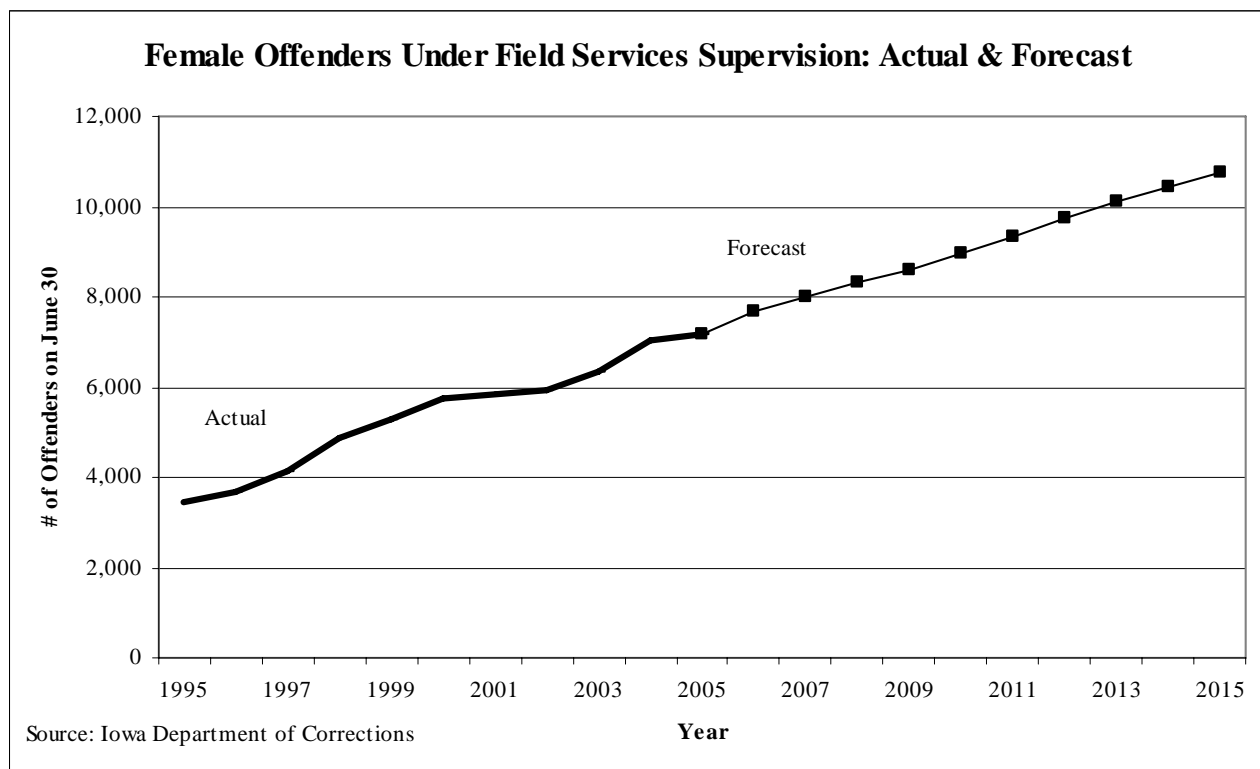
Lettie Prell, Director of Research, wrote this report. Statistics and charts were compiled by Sondra Holck, Management Analyst, and Ms. Prell. Special thanks to Paul Stageberg and Laura Roeder-Grubb with the Division of Criminal & Juvenile Justice Planning, Iowa Department of Human Rights, for providing an annual prison population forecast which includes projection of the female inmate population. Thanks also to Ms. Roeder-Grubb for providing review and advice concerning the female field services population forecast.

Growth of Female Offender Populations

Community-Based Corrections

The female offender population under community-based corrections supervision has grown faster than the male offender population. Over the past ten years, the female offender field services population in community-based corrections more than doubled, increasing from 3,448 offenders on June 30, 1995 to 7,152 on June 30, 2005. In contrast, the male offender population grew by only about 45%.

Over the next ten years, the female field services population is projected to increase by about 50%, and reach 10,758 offenders by mid-year 2015 if current trends continue.⁸



In addition to field services populations, as of June 30, 2005 there were 204 female offenders housed in community-based residential facilities, and another 87 offenders not housed at the facilities, but reporting to residential staff (as opposed to field services staff).

⁸ Based on linear trend, using the least squares method. Such projections tend to overestimate population growth in the short-term.

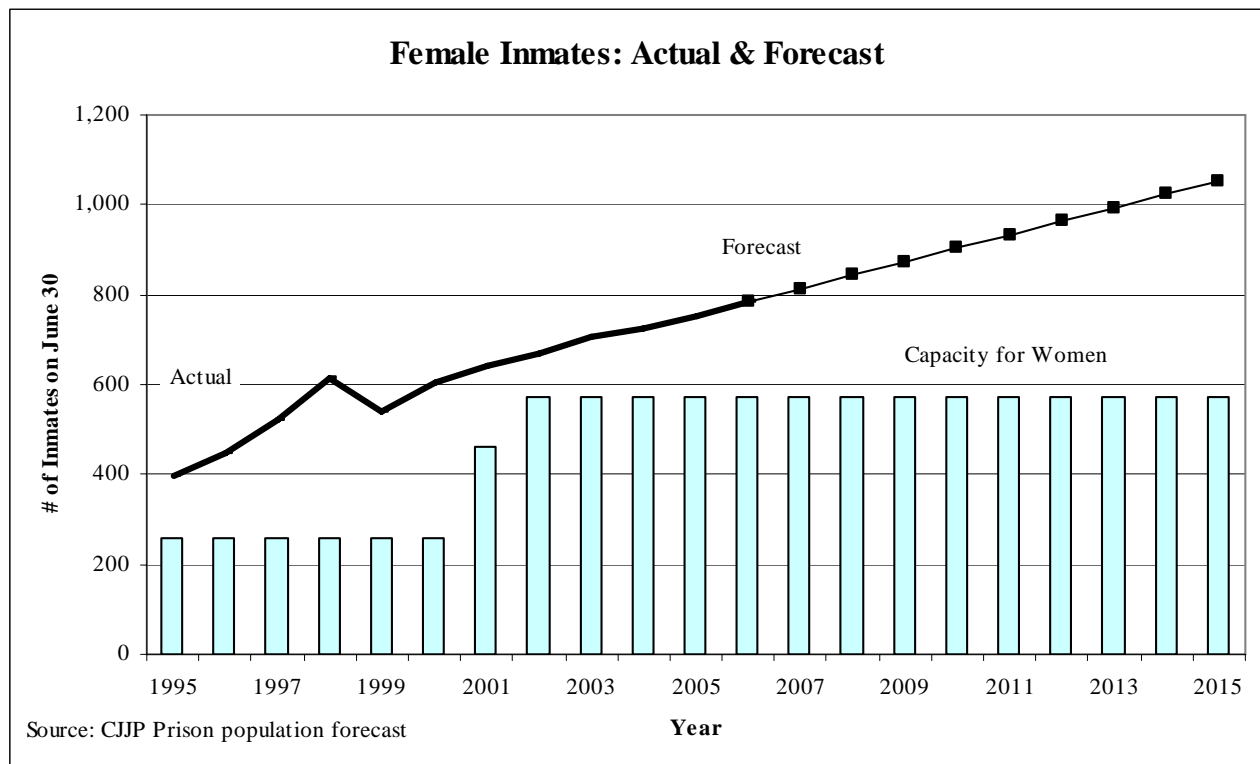
Growth of Female Offender Populations⁹

Prisons

The female offender prison population has grown faster than the male offender population, and is projected to continue to do so. Over the past ten years, the female inmate population increased by about 91%, from 395 inmates on June 30, 1995 to 754 on June 30, 2005. In contrast, the male offender population grew by only about 48%.

Over the next ten years, the female inmate population is projected to increase by about 40%, compared to a projected 19% growth in the male offender population, and reach 1,054 inmates by mid-year 2015 if current trends, policies and practices continue.

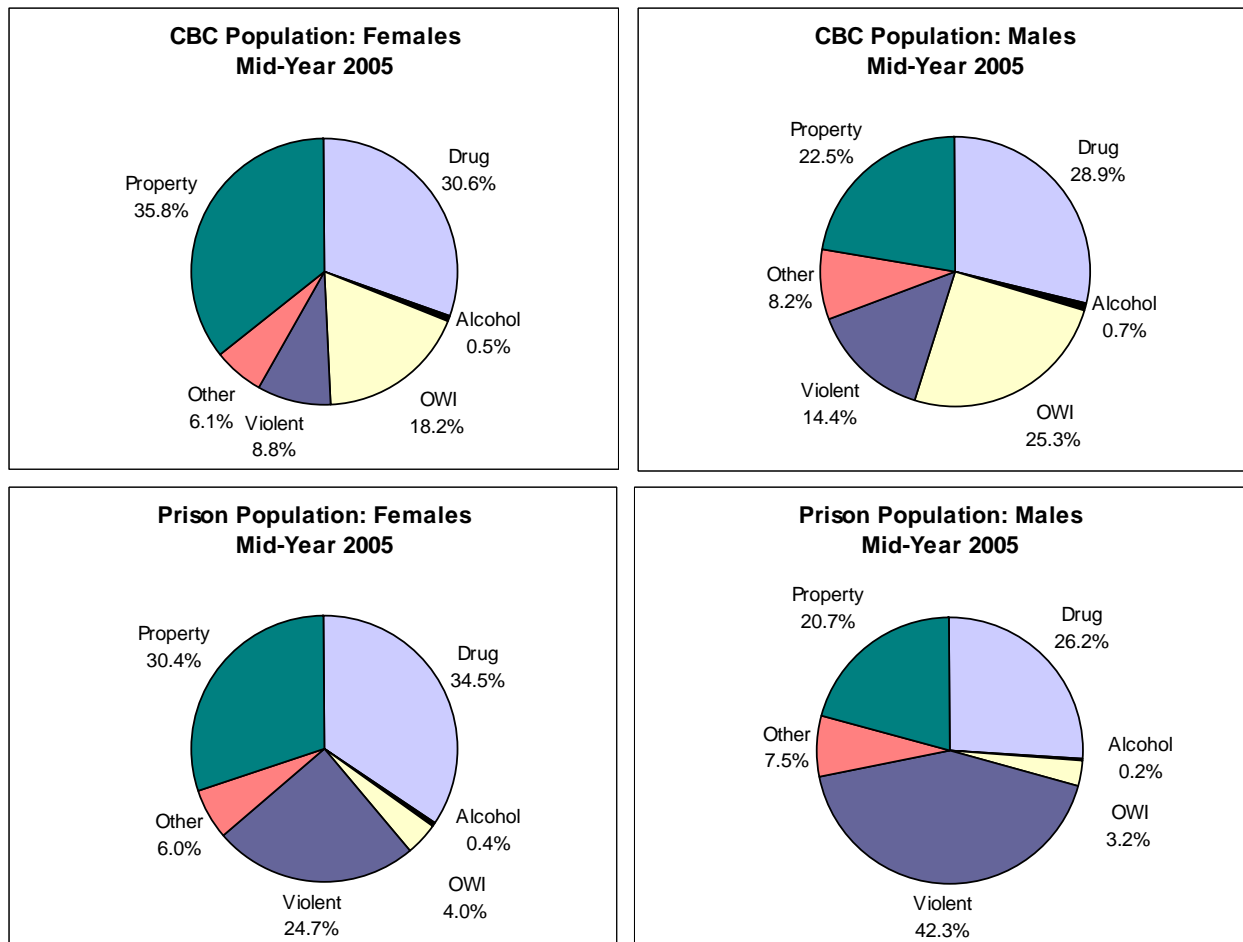
Prison space for female inmates is more crowded than space for male inmates, and overcrowding for female inmates is projected to get much worse. As of June 30, 2005 the female inmate population was over capacity by about 32%, while the male inmate population exceeded capacity by about 17%. Given current capacity, plus increased capacity to be available once currently authorized prison construction has been completed, the female inmate population will exceed capacity by about 84% by midyear 2015, while the male inmate population will be only 36% over capacity.



⁹ All information on this page is taken from CJJP, *Prison Population Forecast*.

Drug Offenses a Factor in Female Offender Populations Growth

A higher percentage of female offenders in both community-based corrections and prisons are drug offenders. Twenty years ago, about 2% of Iowa's prison population was serving time for a drug-related offense.¹⁰ Currently about 34.5% of female offenders in prison are serving time for drug offenses. Increased resources for law enforcement, such as funding for multi-jurisdictional drug law enforcement task forces, has contributed to the increase in drug offenders within the corrections system. Sentencing changes in the 1980's resulted in an increased likelihood of sentences to prison for drug offenses, as well as an increase in average length of stay.¹¹ In the 1980's, cocaine and crack cocaine was a prominent problem;¹² today it is methamphetamines.¹³ Drug crimes are the most common commitment offense among newly admitted prisoners, increasing from 316 admissions in FY1995, to 1,057 in FY2005.¹⁴



¹⁰ Ibid., 17.

¹¹ Division of Criminal and Juvenile Justice Planning, "Drugs, the Courts and Corrections," Justice Statistics Update, Vol. 2, No. 3 (Iowa Department of Human Rights, 1991), 1.

¹² Ibid., 5.

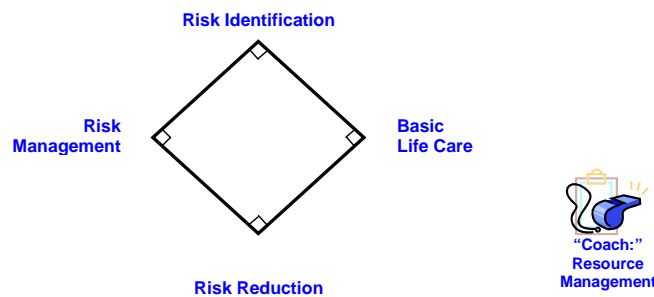
¹³ CJJP, *Prison Population Forecast*, 11.

¹⁴ Ibid., 29.

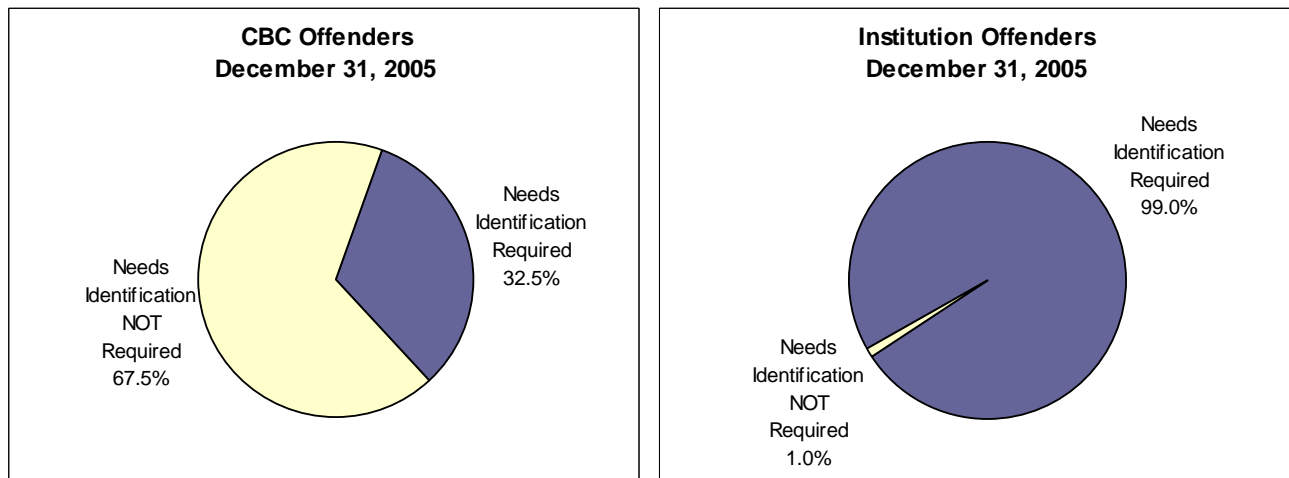
Corrections Strategy: Assessment & Treatment

When admitted to CBC supervision or the prison system, offender risk and needs are assessed. Many needs are criminogenic, that is, they are issues that if left unaddressed, will contribute to an offender's likelihood to reoffend. In this way, risk and needs are closely related.

The corrections system does four fundamental things. The first three, basic life care for offenders, risk identification and risk management, cover the bases of managing offenders. However, only risk reduction "hits a home run" to significantly affect offender outcomes and community safety, and improve the state's return on investment in corrections spending.



According to the National Institute of Corrections, appropriate treatment reduces recidivism by 30%. The Iowa corrections system redesign currently underway is focusing on correct identification of need, providing appropriate treatments and interventions for offenders' top priority needs, and measuring outcomes to determine which treatments and interventions work best. Because treating low risk offenders can actually contribute to their failure, the corrections redesign is focusing assessment and resources on offenders deemed to be at higher risk to reoffend than others. Lower risk offenders do not receive these needs assessments per policy.

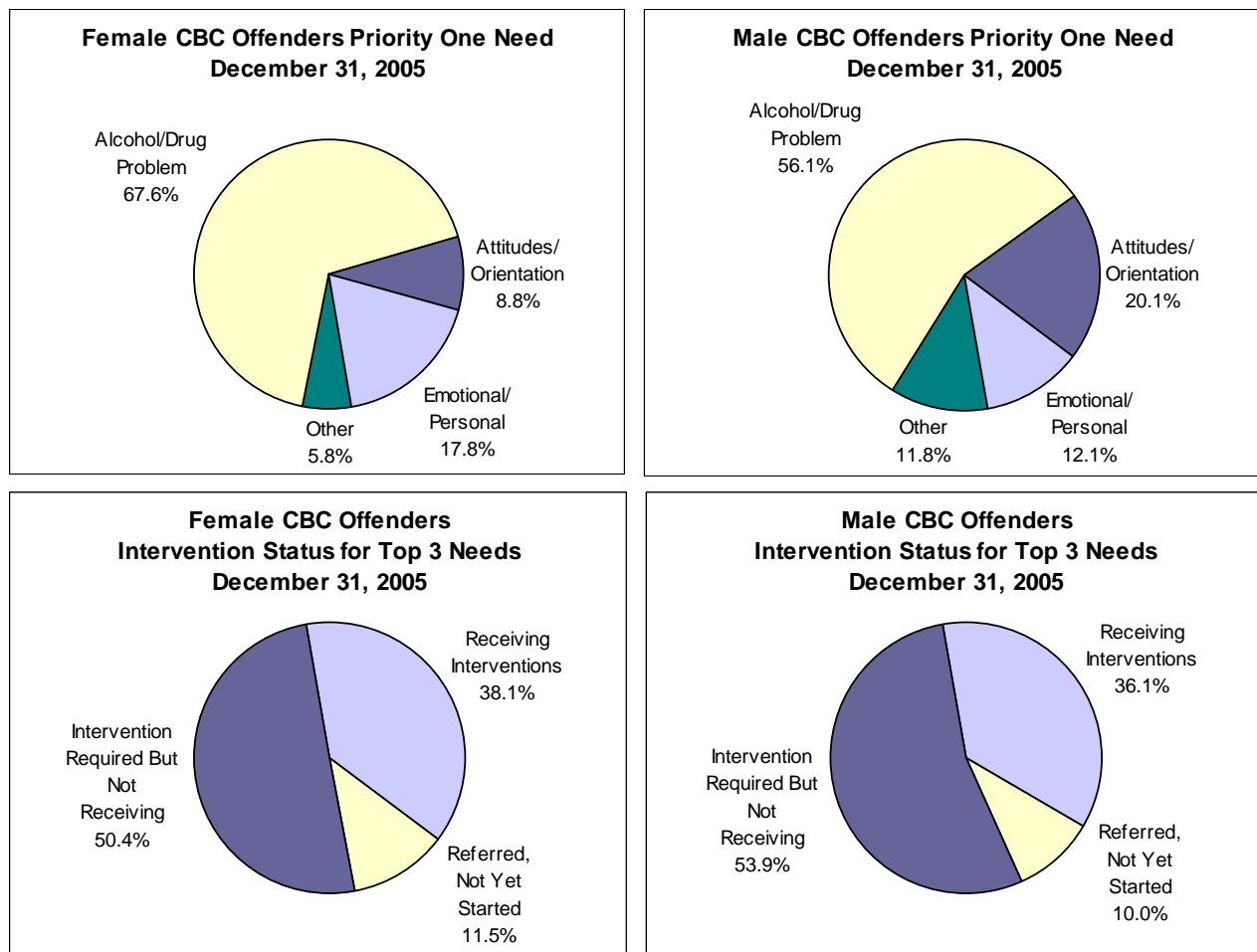


Treatment Needs & Interventions

Community-Based Corrections

The top need of offenders under community supervision is a drug and/or alcohol problem, and this need is more prevalent among female offenders than males. At yearend 2005, a total of 560 high risk female offenders under community supervision (those under high normal or intensive supervision) had a priority one need of substance abuse identified. The Iowa Department of Corrections is currently focusing attention on improving identification of treatment needs among its high risk offender population. It is anticipated that improvements will result in a greater number of high risk offenders being assessed. However, substance abuse is likely to continue to be the number one issue for offenders.

Availability of adequate treatment resources for all top needs, including substance abuse, appears to be an issue. Many female offenders were waiting to get into intervention programs as of yearend 2005, and this is an issue with male offenders as well.

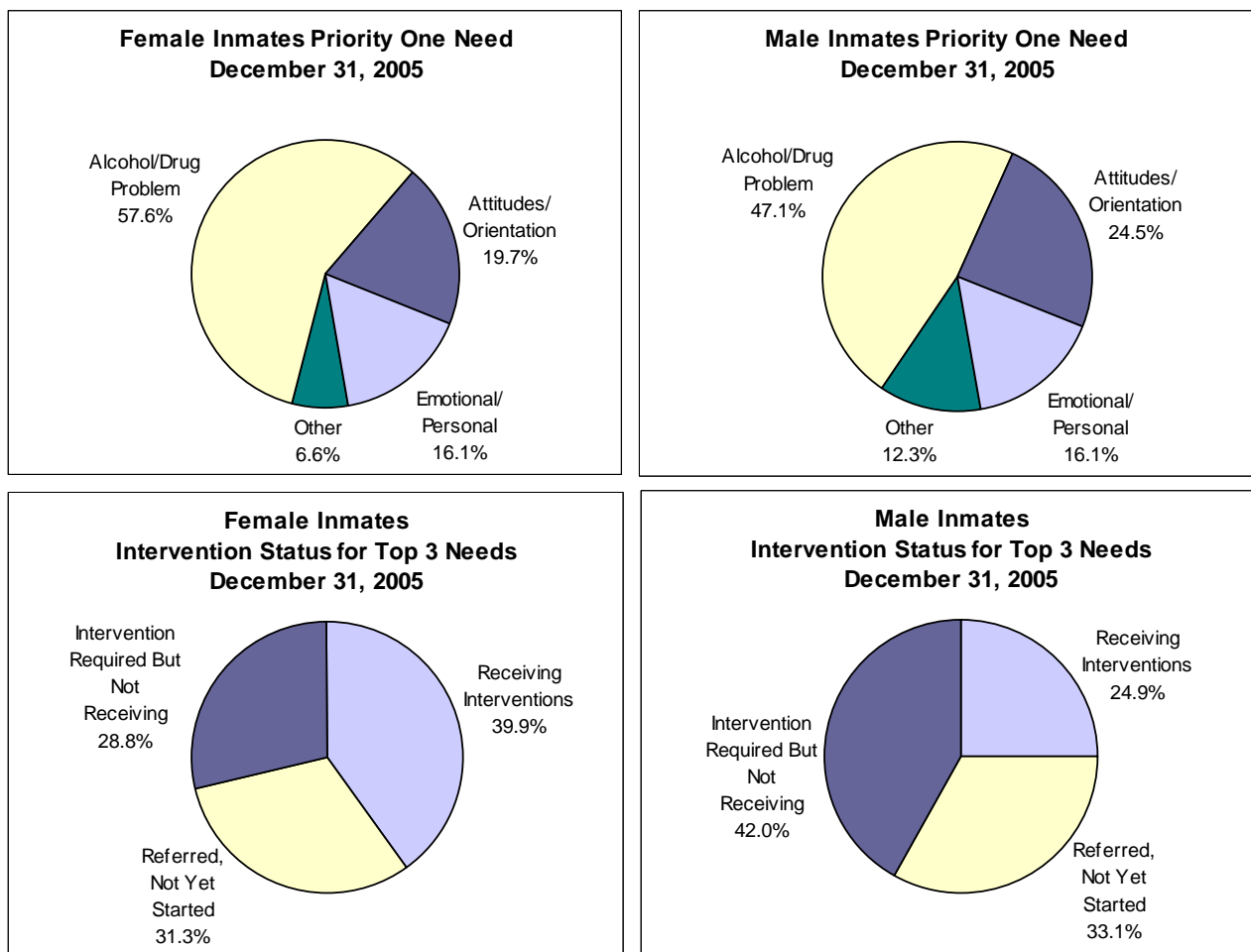


Treatment Needs & Interventions

Prisons

The top need of offenders in prison is a drug and/or alcohol problem, and this need is more prevalent among female offenders than males. At yearend 2005, a total of 278 female offenders in prison had a priority one need of substance abuse identified. The Iowa Department of Corrections is currently focusing attention on improving identification of treatment needs among its high risk offender population. It is anticipated that improvements will result in a greater number of high risk offenders being assessed. However, substance abuse is likely to continue to be the number one issue for offenders.

Availability of adequate treatment resources for all top needs, including substance abuse, appears to be an issue. Many female offenders were waiting to get into intervention programs as of yearend 2005. When compared to male offenders, a smaller percentage of female offenders were not receiving interventions for identified needs as of yearend 2005. However, women serving shorter sentences are not referred to some of the programs due to the length of time required to complete the program in comparison with their length of stay.



Effective Treatment for Female Offenders

The National GAINS Center for People with Co-Occurring Disorders in the Justice System explains that “For many women, issues of trauma, self-esteem, and parenting are interrelated with mental illness and substance abuse. Treatment should be designed to address the full range of women’s experiences and needs.”¹⁵

The National GAINS Center received funding to implement a best practices study of women-specific programming, as follows:

Fourteen study sites took part in the 2-year Phase I, focusing on the development of trauma-informed and trauma-specific integrated service interventions for women with co-occurring mental health and substance abuse disorders with histories of trauma. The interventions were implemented and evaluated in comparison with treatment-as-usual groups for 9 of the 14 sites during the study’s 3-year Phase II which began in 2001. The array of services at each of the Phase II intervention sites were [sic] required to meet four criteria:

- Services had to be comprehensive in that they met the full needs of the women in the study;
- Service-provider and site staff were trauma-informed;
- Integrated services addressed mental health, substance abuse, and trauma;
- Consumers were integrated into the operations of each intervention site.¹⁶

The National Institute of Corrections provides the following guiding principles for a gender-responsive criminal justice system, based on their three-year study, “Gender-Responsive Strategies: Research, Practice, and Guiding Principles for Women Offenders”:

- 1) Acknowledge that gender makes a difference.
- 2) Create an environment based on safety, respect, and dignity.
- 3) Develop policies, practices, and programs that are relational and promote healthy connections to children, family, significant others, and community.
- 4) Address substance abuse, trauma, and mental health issues through comprehensive, integrated, and culturally relevant services and appropriate supervision.
- 5) Provide women with opportunities to improve their socioeconomic conditions.
- 6) Establish a system of community supervision and reentry with comprehensive, collaborative services.¹⁷

¹⁵ The GAINS Center, *Addressing the Specific Needs of Women with Co-Occurring Disorders in the Criminal Justice System* (undated), unnumbered p. 5. This document may be found on Internet at: http://gainscenter.samhsa.gov/pdfs/Women/Address_Specific_Needs.pdf.

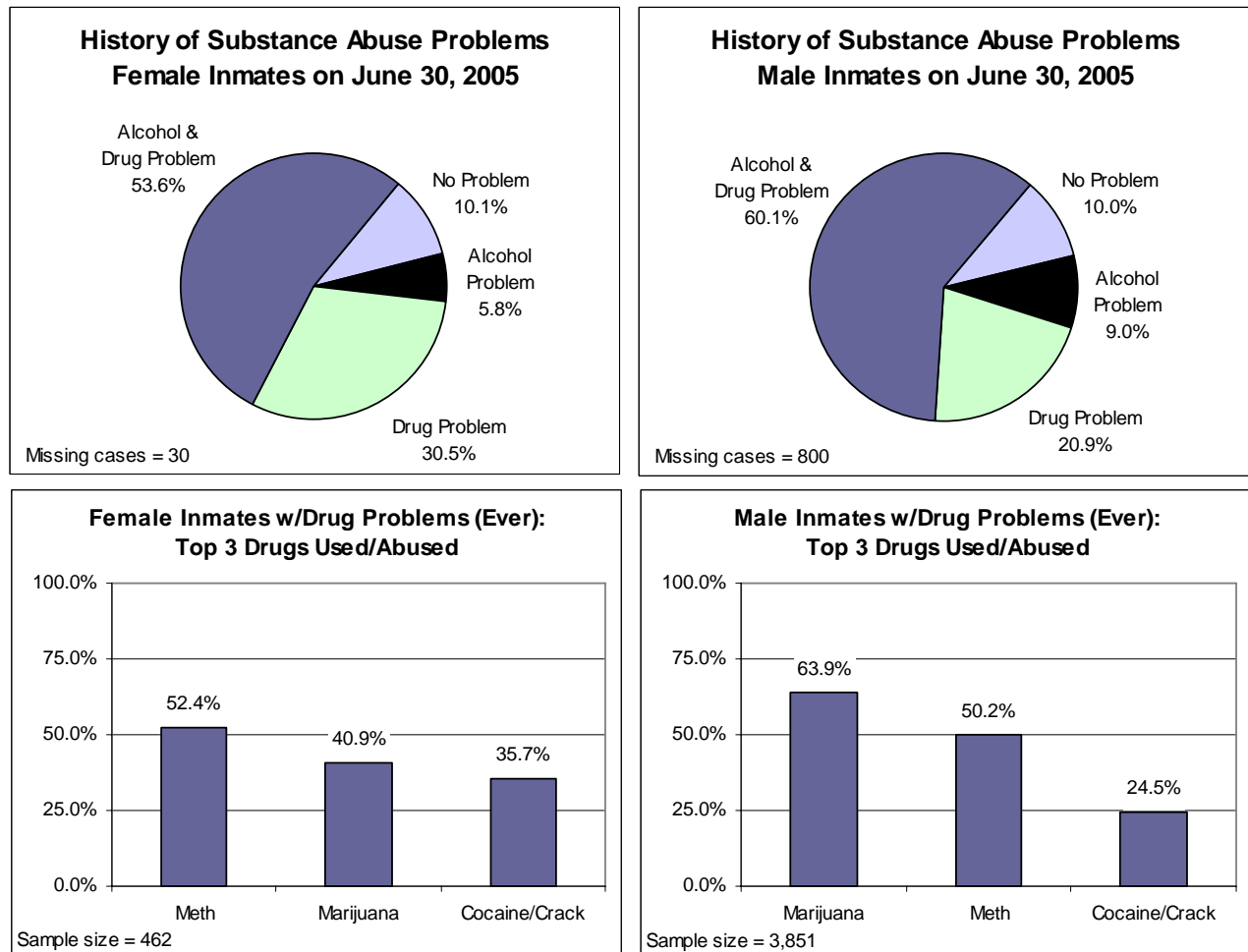
¹⁶ The GAINS Center, *Serving the Needs of Women with Co-Occurring Disorders and a History of Trauma: Recent Research from SAMHSA’s Women, Co-Occurring Disorders, and Violence Study* (undated), 1. This document is published on the Internet at: <http://gainscenter.samhsa.gov/pdfs/eNews/WCDVS.pdf>.

¹⁷ National Institute of Corrections, *Gender-Responsive Strategies for Women Offenders* (U.S. Department of Justice, 2005), 6-9.

Substance Abuse Treatment Needs

As described above, alcohol/drug problems are the priority one need of the majority of women offenders in community-based corrections and institutions. More specific information concerning incarcerated offenders' alcohol and drug problems were available in LSI-R risk assessments for about 90% of non-Federal inmates in Iowa's prison system on June 30, 2005.¹⁸ This information documents about 90% of both female and male offenders had current or past problems with alcohol or drugs. However, women had less of a problem with alcohol – and more of a problem with drugs – than men.

Information on substances used or abused was available for 4,313 or about 70% of the 6,156 offenders who had ever had a drug problem. Marijuana, methamphetamines and cocaine/crack were the drugs most often cited by both male and female offenders. Women had less of a problem with marijuana than men, but more of a problem with cocaine/crack; the percent with meth problems was about the same for women and men.

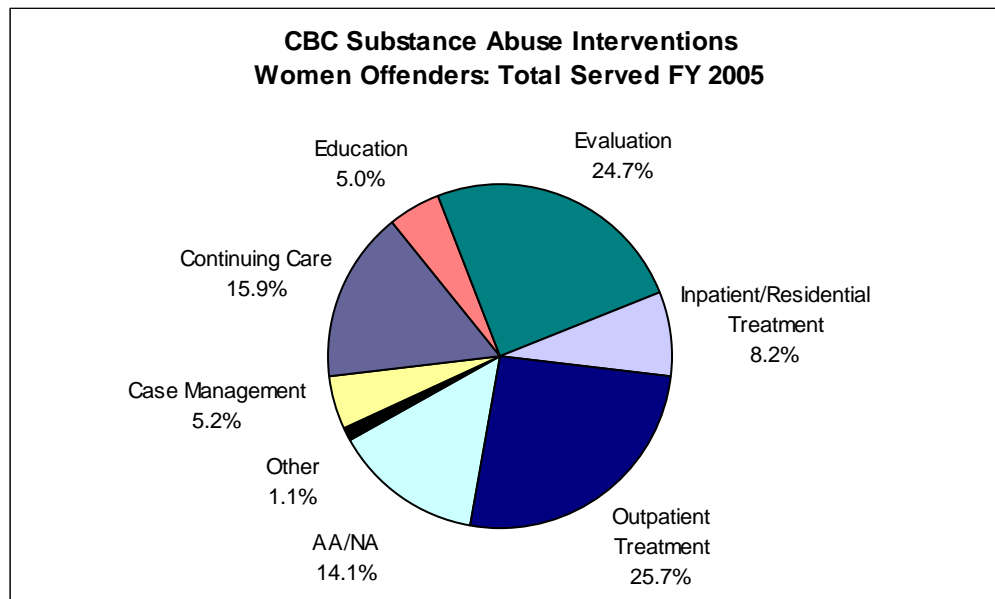


¹⁸ Some of these LSI-R assessments were quite old, submitted as early as the year 2000. This analysis is therefore limited to describing *histories* of substance abuse problems among offenders (LSI-R questions 37-38), rather than current problems.

Substance Abuse Interventions

Community-Based Corrections

A total of 3,554 female offenders under community supervision received substance abuse interventions during FY2005 (this figure represents total served, which is the beginning population of women in these interventions, plus new admissions into these interventions during the year).



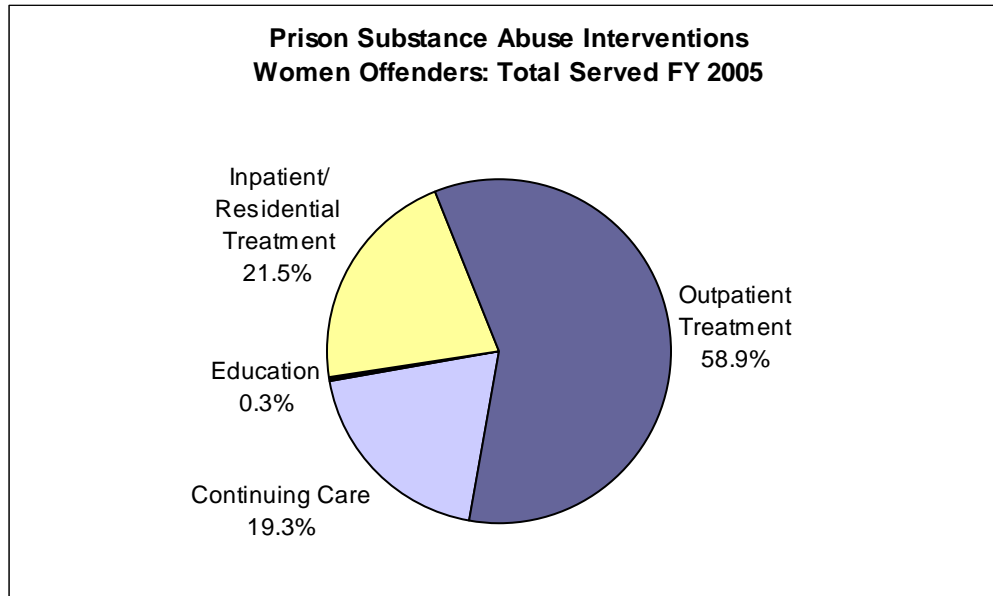
Specialized substance abuse programs that serve women offenders in addition to men are:

- Drug Courts (104 women served in FY2005).
- OWI Program (59 women served in FY2005).
- Treatment Alternatives to Street Crime (94 women served in FY2005).

Substance Abuse Interventions

Prisons

A total of 331 female offenders in institutions received substance abuse interventions during FY2005 (this figure represents total served, which is the beginning population of women in these interventions, plus new admissions into these interventions during the year).



Outpatient treatment was most prevalent, with a total of 195 women participating in either the WINGS outpatient program, or the Criminal Conduct and Substance Abuse intervention offered within the Violator Program.

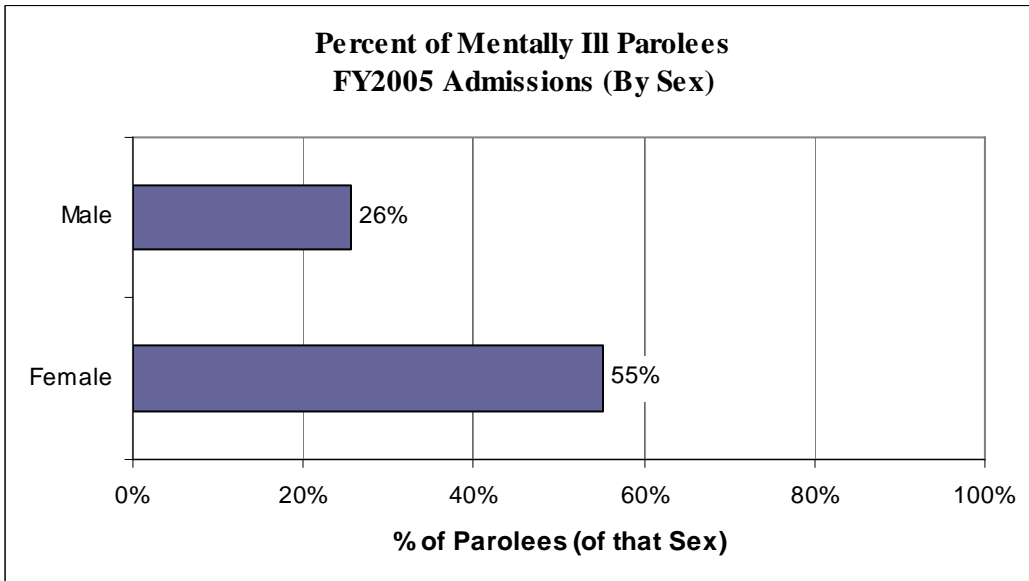
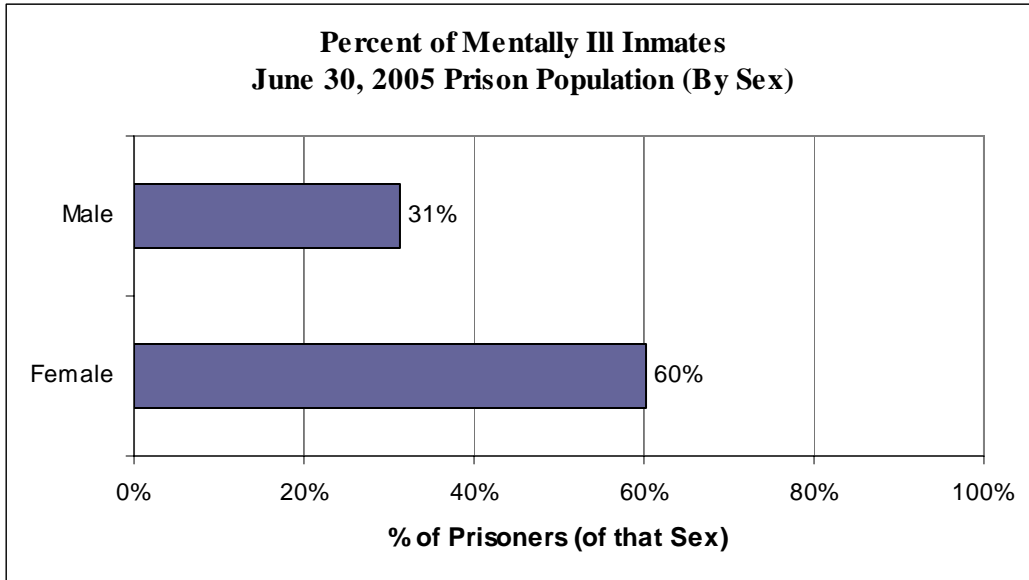
STAR (Sisters Together Achieving Recovery) is the inpatient substance abuse program for women. During FY2005, a total of 71 women participated in this program.

During FY2005, 64 women received continuing care-- relapse treatment or aftercare. One offender received substance abuse education.

Mental Health Needs

Prevalence

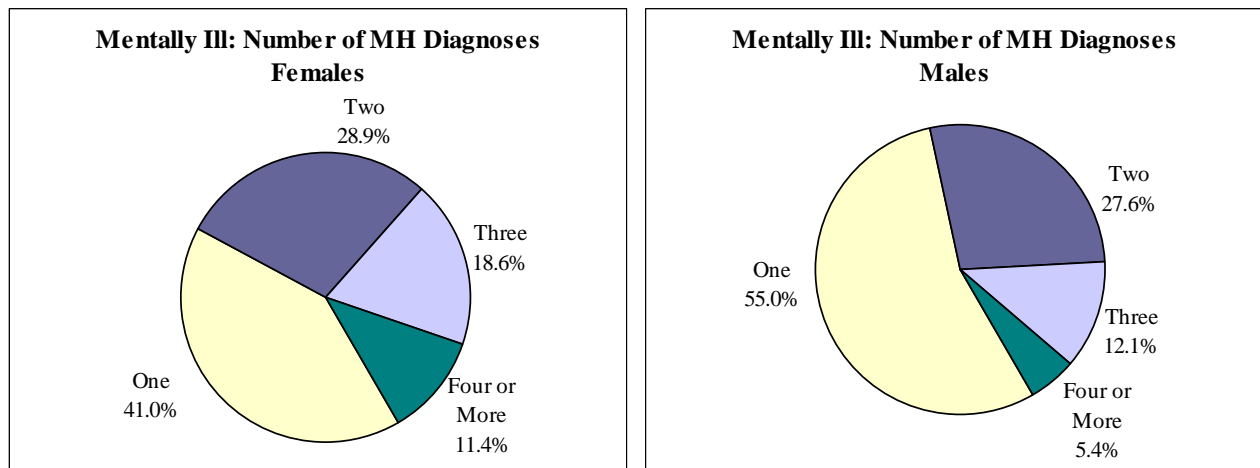
Analysis of the prison population on June 30, 2005 reveals that 60% of female offenders, but only 31% of male offenders, were diagnosed as mentally ill. Among offenders admitted to parole supervision during FY2005, 55% of female offenders, but only 26% of male offenders, were diagnosed as mentally ill.



Mental Health Needs

Diagnoses

A higher percentage of female offenders in prison on June 30, 2005 have more than one mental health diagnosis, compared to male offenders. Depression, substance use disorders, and anxiety/panic disorders were the three most common categories of diagnoses among women offenders in prison. Prevalence of these among female inmates was higher when compared to males.¹⁹



Female Institutional Offenders: Mental Illness Diagnoses by Category June 30, 2005 Prison Population			
Mental Illness Category	N Offenders	% of MI	% of Pop
Depression & major depressive disorders	271	59.4%	35.8%
Substance use disorders	135	29.6%	17.8%
Anxiety, general anxiety & panic disorders	123	27.0%	16.2%
Personality disorders	99	21.7%	13.1%
Bipolar disorders	68	14.9%	9.0%
Dysthymia/Neurotic depression	56	12.3%	7.4%
Psychosis/Psychotic disorders	40	8.8%	5.3%
Schizophrenia	25	5.5%	3.3%
Posttraumatic stress disorder (PTSD)	22	4.8%	2.9%
Other adjustment disorders (not PTSD)	15	3.3%	2.0%
Sleep, movement & eating disorders	13	2.9%	1.7%
Impulse control disorders	3	0.7%	0.4%
Dementia	3	0.7%	0.4%
Civil commitment	2	0.4%	0.3%

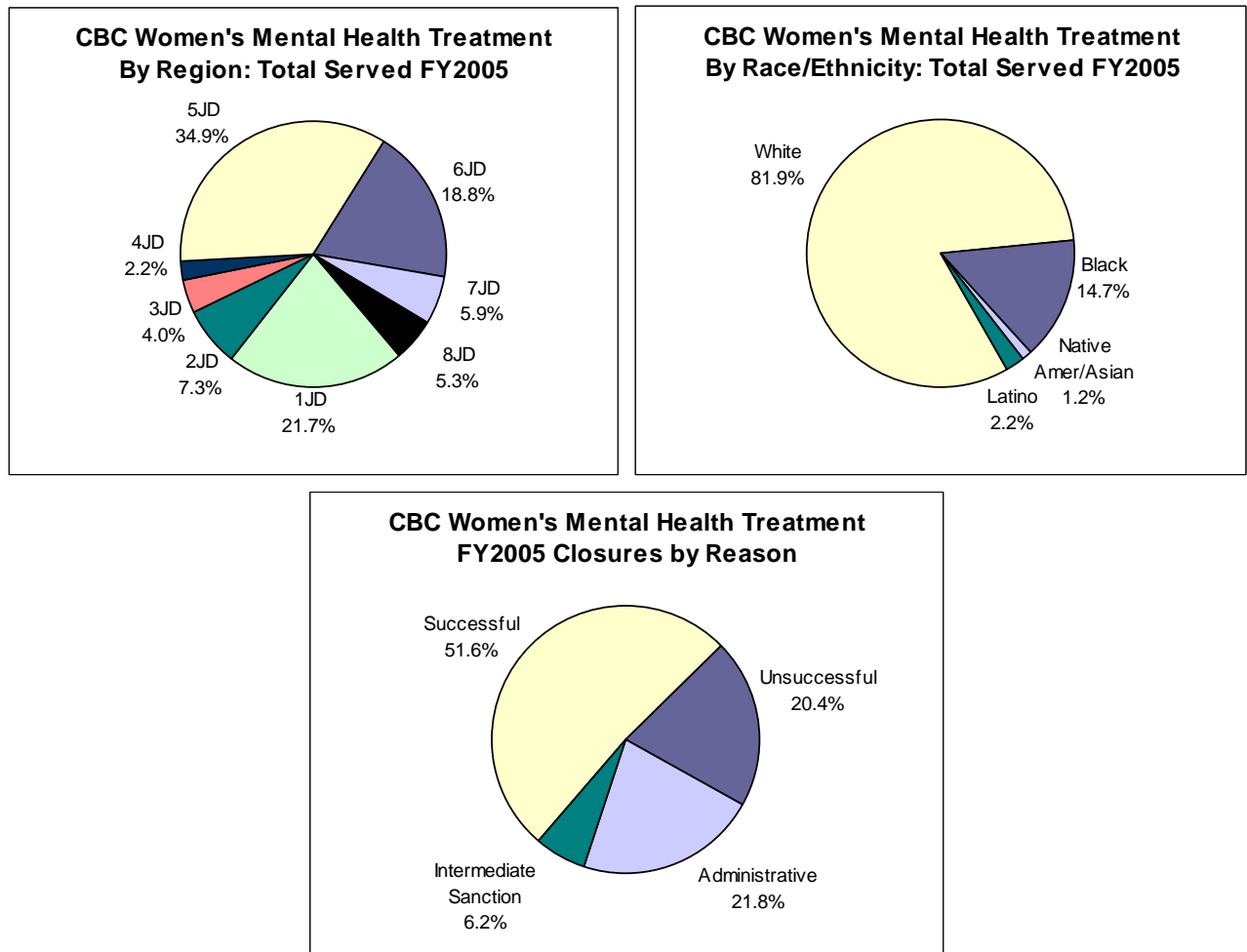
A given offender is counted only once per category, but may be counted in more than one category.

¹⁹ Iowa Department of Corrections, *Report to the Board of Corrections: Mental Health* (2006), 6.

Mental Health Treatment

For institutions, the most severe mentally ill female offenders are housed at the Iowa Medical and Classification Center. A 100-bed unit for women at the Mount Pleasant Correctional Facility houses mentally ill offenders as well as those who are behaviorally challenged, such as persons with profound developmental disabilities. Prison-based interventions for the mentally ill are primarily psychiatric and psychological services, with proper medication where indicated. A program at the Mt. Pleasant Women's Unit, called STEPPS (Systems Training for Emotional Predictability and Problem-Solving) treats offenders with borderline personality disorders.

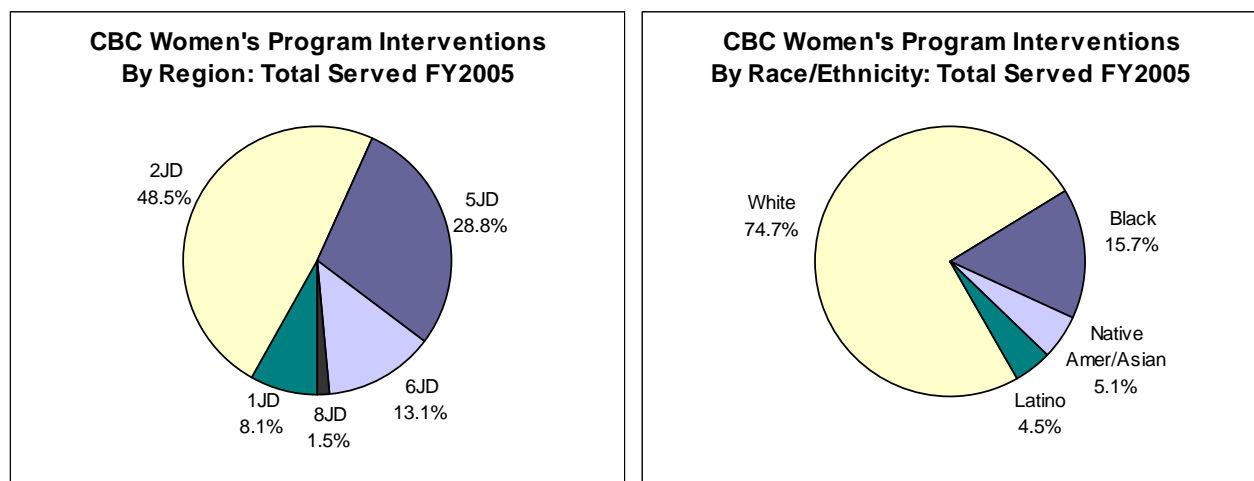
During FY2005, a total of 645 female offenders under community-based corrections supervision received mental health treatment, usually psychiatric or psychological services. **Please note these are interventions documented on ICON, and likely under-represent the numbers of offenders receiving mental health treatment while under supervision.** The rate of successful completion of mental health treatment among women offenders for FY2005 was just over half. Administrative closures (such as transfer to another jurisdiction) were also common, and likely reflect the ongoing nature of mental health treatment for chronic conditions.



Women's Programs

In Iowa's prison system, interventions for female offenders have evolved to meet the specific needs of women offenders. For women under community supervision, women's programs are a specific category defined in ICON to describe gender-specific interventions.

During FY2005, a total of 198 women offenders under community supervision participated in women's programs in five of Iowa's eight judicial districts. The second and fifth districts had the largest number of participants in these programs during that fiscal year.



Examples of women's programs in community-based corrections include a women's residential facility program and a youthful offender program's women's support group, both in Des Moines.

Moving On is another gender-specific program that operates in a number of communities including Ames, Fort Dodge, Marshalltown, Cedar Rapids and Waterloo, and is often conducted as a component of batterers' education or day programming. The primary goal of the program is to provide women with alternatives and choices free from criminal activity by assisting them in identifying and mobilizing personal and community resources. The program assists women offenders with reintegration to the community and relies on a combination of methods and strategies drawn from a variety of approaches including Solution-Focused Intervention, Motivation Enhancement Therapy and Cognitive/Behavioral Skills Training.

Continued Commitment to Evidence-Based Practices

Findings reported by the Iowa Department of Public Health clearly document that substance abuse treatment works.²⁰ The Iowa Department of Corrections is committed to further studies of our intervention programs to examine **what works best** for offenders, including women offenders, with a goal of reducing recidivism.

For example, the Polk County Drug Court has been shown to be particularly beneficial in reducing recidivism rates of female offenders. “Regardless of referral status, the women in the drug court have lower rates of total recidivism than the men. This is not true in the comparison groups....This reinforces the idea that the drug court has been particularly beneficial to its female clients, regardless of referral status and even when they are terminated unfavorably.”²¹

Iowa Justice Data Warehouse development is underway to provide programming which will readily track offenders following program completion, to study the outcome of their supervision, and beyond. Already, a link between ICON and ICIS (Iowa State Court Information System data) is able to match well over 90% of offenders between the two systems. We are working to make outcome information available **by intervention** to describe new charges and convictions occurring in the Iowa District Court following program completion. Additionally, reports will be readily available to describe, for offenders who are revoked from supervision, the most serious violations incurred leading to the revocation.

The Iowa Department of Corrections is also currently working with a number of research partners to study interventions. This summer a formal evaluation of institutional inpatient/residential substance abuse treatment programs will be underway, and the STAR program will be included in this study.

All of these efforts have one goal in mind: to determine which programs work best so they may be replicated or expanded. Programs that work less well will be examined to see how they might be made more effective – or replaced. Ineffective programs will be discontinued and resources redirected to what does work. In this way, the Iowa Department of Corrections intends to transform the way we do business, and achieve a better return on investment – in terms of increased public safety – for each corrections dollar spent.

²⁰ As quoted in Iowa Department of Corrections, *Report to the Board of Corrections: Substance Abuse* (2006), 9.

²¹ Division of Criminal and Juvenile Justice Planning, *Final Report on the Polk County Adult Drug Court* (Iowa Department of Human Rights, 2001), 70. The report is published on the Internet at: http://www.state.ia.us/dhr/cjjp/images/pdf/01_pub/DrugCourt.pdf.