



Louisiana Women's Incarceration Task Force: Final Report and Recommendations

Submitted to the Louisiana Legislature May 2020

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OVERVIEW

Louisiana has taken steps to study its criminal justice system through data analysis and review of corrections practices and has implemented cost-effective, evidence-based practices and programs as part of the Justice Reinvestment Initiative of 2017.¹ The state recognizes that incarcerated women² face unique challenges and could therefore benefit from further study using gender-specific analyses. As of June 2019, there were 1,633 women in the custody of the Louisiana Department of Public Safety and Corrections (DPS&C, also referred to as DOC) and 12,237 women under supervision with Probation and Parole (P&P).³ According to the Bureau of Justice Statistics, Louisiana's imprisonment rate (82 per 100,000 female residents) is higher than the imprisonment rate of the United States (63 per 100,000 female residents).⁴

In response to this data, and out of a desire to apply the principles of Justice Reinvestment Initiative to women, the Louisiana Women's Incarceration Task Force was created through House Concurrent Resolution 27 (HCR 27) in 2018, introduced by Representative Patricia Smith (D, East Baton Rouge Parish) with assistance from Operation Restoration.⁵ HCR 27 directed task force members to study the state's criminal justice system as it relates to women, and recommend strategic changes that reduce recidivism and increase health and public safety.

Specifically, the Louisiana legislature charged the task force with making recommendations to:

1. Develop practices and processes that avoid placing additional trauma or harm upon women as they navigate the criminal justice system;
2. Reduce both the correctional population and recidivism of women;
3. Address the holistic health of women to include access to hormone therapy, prenatal care, reproductive health, access to other medicine to maintain health, consistent health screenings, mental health access, and access to substance use and recovery resources;
4. Increase and evaluate programming available to women during and after incarceration with the intention of self-determined development;
5. Increase and ensure the availability of gender-responsive resources to support the dignity and quality of life of all women; and,
6. Reinvest savings into strategies shown to decrease recidivism, including improved reentry outcomes, diversion programs, and employment opportunities.

¹ In June 2017, Louisiana Governor John Bel Edwards signed into law a package of ten Justice Reinvestment bills. This package was developed after months of research on the state's criminal justice policies and practices, and was designed to strengthen alternatives to incarceration, reduce prison terms for those who can be safely supervised in the community, and remove barriers to successful reentry.

² Throughout this report, the terms "women" and "female" are used interchangeably. Both words are used to refer to those who were born female as well as those who identify as female.

³ Louisiana Department of Public Safety and Corrections June 30, 2019 Fact Sheet. Available at: <https://s32082.pcdn.co/wp-content/uploads/2019/11/2-Demographics.pdf>.

⁴ Bronson, J. and Carson, A. E. (2019). Prisoners in 2017. Bureau of Justice Statistics. Available at: <https://www.bjs.gov/content/pub/pdf/p17.pdf>.

⁵ Operation Restoration is a nonprofit organization committed to creating a community where women have access to the full range of support needed to reenter society following incarceration through both direct services and advocacy.

The appointed members of the task force were a diverse group of female leaders with a variety of experiences and included a state legislator, two judges, an assistant district attorney, DOC leadership and staff, leaders and staff of community organizations working with women who are justice-involved, and community members.

Chaired by DOC Executive Counsel Natalie LaBorde, members of the task force met regularly between September 2018 and December 2019. The task force discussed topics relating to women's incarceration and reentry, visited several jails and prisons, and heard from guest speakers, including currently and formerly incarcerated women. The task force also developed subgroups to discuss specific issues of interest to the group, including: housing, domestic violence, family reunification, programming available in correctional institutions, physical and mental healthcare, LGBTQ+ experiences, community supervision, and clemency. In April 2019, the chair invited the Crime and Justice Institute, with funding through the Department of Justice, Bureau of Justice Assistance, to help the task force in its study of women in Louisiana's criminal justice system and facilitate a process to organize the group's findings and prioritize recommendations.

The remainder of the report summarizes the task force members' findings and recommendations.

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FINDINGS

As specified in HCR 27, the task force members examined the state's criminal justice system and produced a body of research to drive its recommendations. They reviewed corrections research and data relating to justice-involved women, both nationally and in Louisiana, and compared Louisiana's current policies to best and promising practices used in other states. However, national data on justice-involved women is limited. Because of this, the Task Force was not always able to review national data that was directly comparable to Louisiana's data.

The task force organized its findings into four key areas to address the topics identified in HCR 27: trauma, physical and mental health, women's gender-specific experiences during imprisonment, and reentry and transition to the community.

It is important to note that this study occurred following a flood in 2016 that resulted in the displacement of women from Louisiana Correctional Institute for Women (LCIW), the only state-operated prison for women serving time for a felony conviction. LCIW was deemed completely uninhabitable as a result of the flood. Thus, the women were moved to, and remain in today,⁶ various other locations, including Louisiana Transitional Center for Women (LTCW), a designated section of a male facility (Elayn Hunt Correctional Center), an uninhabited youth facility (Jetson Center for Youth), and local jails across the state which are able to house females. As of June 2019, 32% (527) of women were housed in state facilities and 68% (1,106) were held in parish jails.⁷ This decentralization means some women are housed in facilities where they are not able to access programs (either because they do not exist, or are only offered in a limited capacity), and makes the provision of gender-specific services challenging.

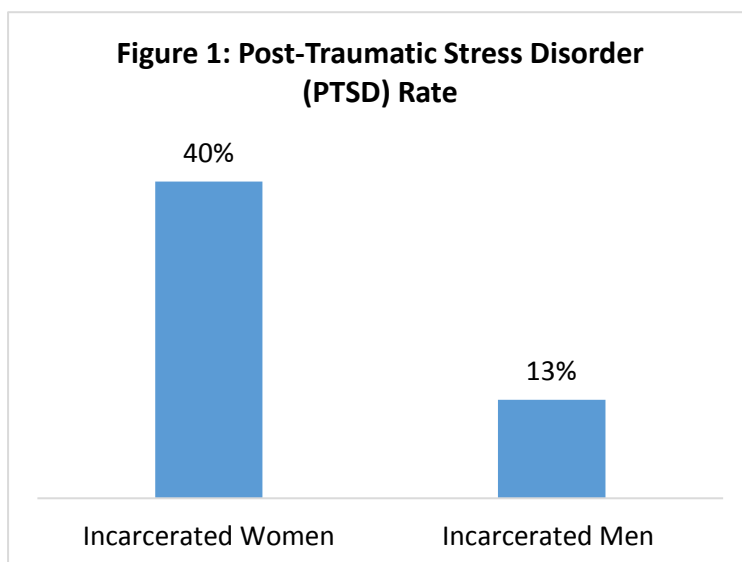
⁶ As of January 2020, FEMA approved the funding necessary to build a new women's facility and DOC is tentatively set to break ground in August 2020.

⁷ Louisiana Department of Public Safety and Corrections June 30, 2019 Fact Sheet. Available at: <https://s32082.pcdn.co/wp-content/uploads/2019/11/2-Demographics.pdf>.

Trauma

Research Review

One area the task force studied in depth is trauma among justice-involved women. The members found that *justice-involved women experience higher rates of trauma than incarcerated men and the US adult population*. For example, as shown in Figure 1, a national study of trauma exposure and Post-Traumatic Stress Disorder (PTSD)⁸ symptoms among incarcerated men and women found women showed much higher rates of PTSD symptoms than men (40% and 13%, respectively).⁹ In addition to a high prevalence of trauma exposure, incarcerated women are also more likely



to experience PTSD risk factors, such as adverse childhood experiences,^{10, 11, 12} intimate partner and/or domestic violence,¹³ sexual violence,¹⁴ behavioral health issues,¹⁵ and re-victimization.¹⁶

⁸ According to the American Psychiatric Association, PTSD is a psychiatric disorder that can occur in people who have experienced or witnessed a traumatic event.

⁹ Komarovskaya, I. A., Loper, A. B., Warren, J. and Jackson, S. (2011). Exploring gender differences in trauma exposure and the emergence of symptoms of PTSD among incarcerated men and women. *The Journal of Forensic Psychiatry and Psychology*, 22:3, 395-410. Available at: <https://www.tandfonline.com/doi/abs/10.1080/14789949.2011.572989>.

¹⁰ Jordan, B. K., Shlenger, W. E., and Fairbank, J. A. (1996). Prevalence of Psychiatric Disorders Among Incarcerated Women. *Arch Gen Psychiatry*, 53(6):513–519.

¹¹ Browne, A., Miller, B., and Maguin, E. (1999). Prevalence and severity of lifetime physical and sexual victimization among incarcerated women. *International Journal of Law and Psychiatry*, 22(3-4), 301–322.

¹² Messina, N. and Grella, C. (2006). Childhood Trauma and Women’s Health Outcomes in a California Prison Population. *American Journal of Public Health*, 96(10), 1842-1838. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1586137/#!po=86.7647>.

¹³ Jones, M. S., Peck, B. M., Sharp, S. F., and McLeod, D. A. (2019). Childhood Adversity and Intimate Partner Violence in Adulthood: The Mediating Influence of PTSD in a Sample of Women Prisoners. *Journal of Interpersonal Violence*. Available at: https://www.researchgate.net/profile/Melissa_Jones44/publication/332698162_Childhood_Adversity_and_Intimate_Partner_Violence_in_Adulthood_The_Mediating_Influence_of_PTSD_in_a_Sample_of_Women_Prisoners/links/5cc42284299bf1209782fd8e/Childhood-Adversity-and-Intimate-Partner-Violence-in-Adulthood-The-Mediating-Influence-of-PTSD-in-a-Sample-of-Women-Prisoners.pdf.

¹⁴ Karlsson, M. E. and Zielinski, M. J. (2018). Sexual Victimization and Mental Illness Prevalence Rates Among Incarcerated Women: A Literature Review. *Trauma, Violence, and Abuse*.

¹⁵ Bloom, B. E. and Covington, S. S. (2008). Addressing the Mental Health Needs of Women Offenders. Available at: <https://www.stephaniecovington.com/assets/files/FinalAddressingtheMentalHealthNeeds.pdf>.

¹⁶ Ibid.

*The corrections environment can be a triggering setting.*¹⁷ It includes experiences that may prompt a recall of past traumatic events for survivors of trauma, such as pat down searches, strip searches, discipline from authority figures, and restricted movement.¹⁸ Because people react differently to trauma, certain triggers may impact some trauma survivors and not others. For example, while the structure of a correctional facility may be difficult for some women, others report feeling safe or relieved during intake to a correctional facility because it is a secure setting and removes them from potentially dangerous situations at home.¹⁹ Still, because many justice-involved women have experienced past trauma, and because involvement in the correctional system can be re-traumatizing, it is important for staff throughout the criminal justice system to recognize trauma and understand the impact it can have on behavior.

Impacts of trauma vary greatly, and not all people who have experienced trauma develop trauma symptoms. Typical symptoms for those who do are re-experiencing,²⁰ avoidance,²¹ hyperarousal,²² and altered cognition.²³ These symptoms can manifest in ways that result in rule-breaking behavior. For example, drug use, self-harm, or defiance may be the way an individual's trauma survival behaviors manifest. These behaviors may be perceived as a blatant disregard for institutional rules,²⁴ but be driven by trauma. It is helpful when correctional staff are aware when trauma exposure may play a role in a conduct and when it may be a barrier to prosocial behavior.

PTSD has been linked to an increase in recidivism. One study found that justice-involved PTSD survivors were 1.4 times more likely to be arrested and 1.5 times more likely to be convicted of a new felony charge when compared with people with no trauma history.²⁵ This suggests that PTSD should be considered in interventions to reduce justice-system involvement.

¹⁷ According to the American Psychiatric Association, a trigger is a psychological stimulus or cue that prompts recall of a traumatic experience.

¹⁸ Owen, B., Wells, J., Pollock, J., Muscat, B., and Torres, S. (2008). Gendered Violence and Safety: A Contextual Approach to Improving Security in Women's Facilities. Department of Criminology, CSU Fresno. Available at: <https://www.ncjrs.gov/App/Publications/abstract.aspx?ID=247318>.

¹⁹ Loper, A. B. (2002). Adjustment to prison of women convicted of possession, trafficking, and non-drug offenses. *Journal of Drug Issues*, 32, 10331050.

²⁰ According to SAMHSA, re-experiencing is reliving a past trauma. For example, the authoritative tone of a correctional officer may cause someone to *re-experience* past trauma from a domestic violence situation.

²¹ According to SAMHSA, avoidance is an attempt to remove reminders, or triggers, from one's life so as not to have to relive the terror from prior trauma.

²² According to SAMHSA, hyperarousal is the body's way of remaining prepared after a traumatic event. This can present itself in many ways, such as trouble sleeping, muscle tension, or a lower threshold for startled responses.

²³ According to SAMHSA, altered cognition or mood refers to the way trauma can change an individual's outlook on life. For example, after experiencing trauma, an individual may believe no one can be trusted anymore.

²⁴ Benedict, A. (2014). Using Trauma-Informed Practices to Enhance Safety and Security in Women's Correctional Facilities. CORE Associates. Available at: <https://bja.ojp.gov/sites/g/files/xyckuh186/files/Publications/NRCJIW-UsingTraumaInformedPractices.pdf>.

²⁵ Sadeh, N. and Mcniel, D. (2014). Posttraumatic Stress Disorder Increases Risk of Criminal Recidivism among Justice-Involved Persons with Mental Disorders. *Criminal Justice and Behavior*. 42. Available at: https://www.researchgate.net/publication/267510937_Posttraumatic_Stress_Disorder_Increases_Risk_of_Criminal_Recidivism_Among_Justice-Involved_Persons_With_Mental_Disorders.

A review of Louisiana DOC policies uncovered areas where policies and practices can be improved to better incorporate trauma research. Task force members found that:

- DOC does not currently use a formal trauma screening tool, meaning there is no method for identifying survivors of trauma or incorporating information about trauma into case plans.
- While LCIW offers sexual trauma groups and domestic violence support groups for incarcerated women, other facilities do not offer similar programs and there are no curriculum-based programs for non-sexual trauma.
- There is minimal training provided to DOC staff on recognizing and responding to trauma, and training for volunteers does not include information on trauma.
- Prison policies and Basic Jail Guidelines do not reference trauma-informed care or approaches. Trauma-informed care is a framework organizations can use to help recognize and respond to the effects of trauma. It emphasizes physical, psychological, and emotional safety for clients and staff, and helps survivors rebuild a sense of control and empowerment.^{26 27 28}

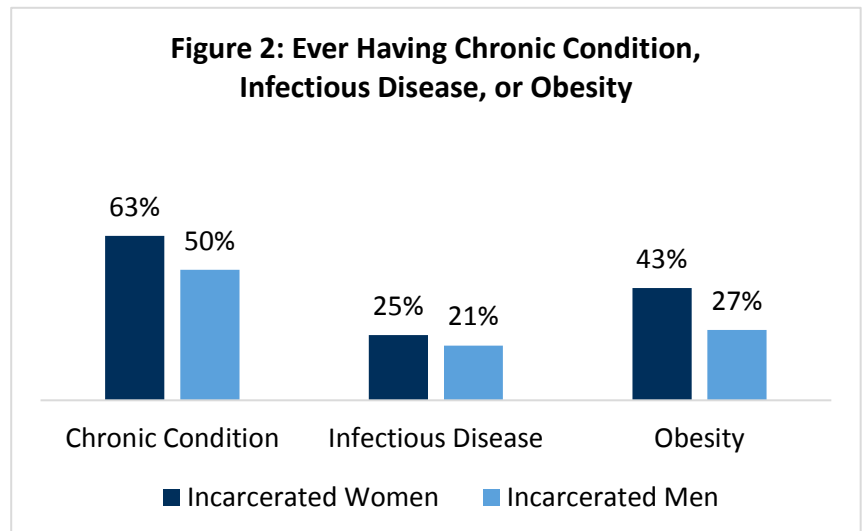
Physical and Mental Health

Research Review

The physical and behavioral health of incarcerated women was also a primary topic of study by the task force. The members found that *incarcerated women have worse health outcomes than both incarcerated men and non-incarcerated women.*

According to the Bureau of Justice Statistics (BJS), nationally, people incarcerated in state and federal prisons have a higher prevalence of chronic conditions and infectious

disease than non-incarcerated people.²⁹ BJS also compared health outcomes of men and women in U.S. federal and state prisons and, as Figure 2 shows, women are more likely than men to have chronic health conditions, infectious disease, and obesity.³⁰



²⁶ Butler, L. D., Critelli, F. M., and Rinfrette, E. S. (2011). Trauma-informed care and mental health. *Directions in Psychiatry*, 31(3), 197–212.

²⁷ Elliott, D. E., Bjelajac, P., Fallot, R. D., Markoff, L. S., and Reed, B. G. (2005). Trauma-Informed or Trauma-Denied: Principles and Implementation of Trauma-Informed Services for Women. *Journal of Community Psychology*, 33(4), 461–477.

²⁸ The Trauma Informed Care Project. Available at: <http://www.traumainformedcareproject.org/>.

²⁹ Maruschak, L. M., Berzofsky, M., and Unangst, J. (2015). Medical Problems of State and Federal Prisoners and Jail Inmates, 2011-12. Bureau of Justice Statistics. Available at: <https://www.bjs.gov/content/pub/pdf/mpsfjii1112.pdf>.

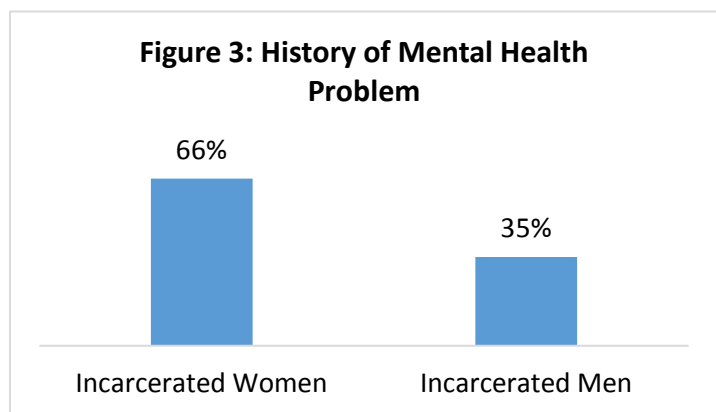
³⁰ Ibid.

In addition to having high rates of negative health outcomes, some incarcerated women have specific reproductive and geriatric care needs. Nationally, approximately 5 to 10% of women entering correctional facilities are pregnant.³¹ Because of exposure to substance use, violence, poor nutrition, and/or lack of medical care prior to incarceration, many of these pregnancies are considered high risk.³² Women incarcerated in jails are at high risk for preterm birth and having babies with low birth weight.³³

In Louisiana, 16% of the females in the custody of the DOC are 50 years old or older.³⁴ There are limited studies evaluating the health of older incarcerated women, but the research that does exist indicates that, similar to older incarcerated men, older women are generally sicker than non-incarcerated older adults.³⁵ Women who are incarcerated and in older age groups may also face difficulties with aspects of daily life in a correctional facility, as decreased mobility can make standard activities such as bathing, dressing, or walking while handcuffed more challenging. A national study of older people incarcerated in prison found that an estimated 12% of women and 9% of men needed help with one or more daily activities.³⁶

Incarcerated women have high rates of behavioral health needs. According to BJS, 14% of people in federal and state prisons nationally have a serious mental illness,³⁷ compared with 4% of the US adult population.³⁸ Thirteen percent of Louisiana DOC's imprisoned women have a serious mental illness.³⁹

As shown in Figure 3, BJS also found that women who are incarcerated in federal and



³¹ Buell, M. (2016). Assess Women's Healthcare Needs. National Institute of Corrections. Available at: <https://cjincludedwomen.org/wp-content/uploads/2016/03/Jail-Tip-Sheet-6.pdf>.

³² Ibid.

³³ Bell, J., Zimmerman, F., Cawthon, M., Huebner, C., Ward, D., and Schroeder, C. (2005). Jail Incarceration and Birth Outcomes. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*. 81, 630-44.

³⁴ Louisiana Department of Corrections Briefing Book. July 2019. Available at: <https://s32082.pcdn.co/wp-content/uploads/2019/11/BB-July-19-Update.pdf>.

³⁵ Barry, L. C., Adams, K. B., Zaugg, D., and Noujaim, D. (2019). Health-care needs of older women prisoners: Perspectives of the health-care workers who care for them. *Journal of Women and Aging*. 4:1-20.

³⁶ Leigey, M.E. and Hodge, J. P. (2012). Gray Matters: Gender Differences in the Physical and Mental Health of Older Inmates. *Women and Criminal Justice*. 22:4, 289-308.

³⁷ According to the National Institute of Health, Serious mental illness (SMI) is defined as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities.

³⁸ Bronson, J. and Berzofsky, M. (2017). Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-2012. Bureau of Justice Statistics. Available at: <https://www.bjs.gov/content/pub/pdf/imhprpji1112.pdf>.

³⁹ Louisiana Department of Public Safety and Corrections. 2019. Unpublished raw data.

state prisons were far more likely than incarcerated men in federal and state prisons to have a history of mental health problems.⁴⁰

Nationally, nearly 60% of people in state prisons have a drug dependence,⁴¹ compared to 4% in the non-incarcerated population.⁴² Among those incarcerated in state facilities across the US, women are more likely to meet the DSM-IV criteria for drug dependence or abuse⁴³ (69%) than incarcerated men (57%).

These high rates of behavioral health disorders are important, because research has shown that these individuals face additional risks within the criminal justice system. Incarcerated people with behavioral health needs are more likely to be incarcerated longer,⁴⁴ experience victimization or exploitation,⁴⁵ be written up for disciplinary issues⁴⁶ and serve time in segregation.⁴⁷

Because justice-involved women have many physical and behavioral health risks, incarceration presents an opportunity to intervene to prevent future health issues and lower existing health risks. Louisiana has the opportunity to intervene by assessing, educating and connecting women with treatment.

Policy Review

After studying justice-involved women's health generally, the task force reviewed DOC's healthcare policies. DOC screens women upon intake to incarceration to identify specific physical and behavioral health concerns. If concerns that require a high level of care are detected, policy requires a case plan be created to address these concerns.

In general, there are many prevention-related services available to women while they are incarcerated, including reproductive care, substance use programs, and support groups. Access to these programs varies across institutions and is not consistent.

⁴⁰ Bronson, J. and Berzofsky, M. (2017). Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-2012. Bureau of Justice Statistics. Available at:

<https://www.bjs.gov/content/pub/pdf/imhprpji1112.pdf>.

⁴¹ The DSM does not include consideration of alcohol when diagnosing substance use or dependence.

⁴² Bronson, J., Stroop, J., Zimmer, S., and Berzofsky, M. (2017). Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007-2009. Bureau of Justice Statistics. Available at:

<https://www.bjs.gov/content/pub/pdf/dudaspi0709.pdf>.

⁴³ DSM is the manual used by clinicians and researchers to diagnose and classify mental disorders. The DSM-IV defines substance dependence or abuse as a maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested certain symptoms.

⁴⁴ Baillargeon, J., Binswanger, I. A., Penn, J. V., Williams, B. A., and Murray, O. J. (2009). Psychiatric disorders and repeat incarcerations: the revolving prison door. *American Journal of Psychiatry*. 166:103-9.

⁴⁵ Wolff, N., Blitz, C. L., and Shi, J. (2010). Rates of Sexual Victimization in Prison Inmates With and Without Mental Disorders. *Psychiatry Services*. 58(8): 1087-10094. Available at:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2811043/pdf/nihms168251.pdf>.

⁴⁶ Ditton, P. M. (1999). Mental Health and Treatment of Inmates and Probationers. Bureau of Justice Statistics. Available at:

https://www.prisonlegalnews.org/media/publications/bojs_mental_health_and_treatment_of_inmates_and_probationers_1999.pdf.

⁴⁷ O'Keefe, M. L. (2007). Administrative segregation for mentally ill inmates. *Journal of Offender Rehabilitation*, 45(1-2), 149-165.

Finally, as part of the discharge process, DOC collects health-related information and provides people with assistance enrolling in Medicaid, referrals to community healthcare providers, and a supply of prescribed medication upon release.

Gender-Specific Incarceration Experience

Research Review

A third area studied by task force members was women’s experience during incarceration, meaning anything that affects the day-to-day experience of women while incarcerated. This includes the physical environment of the facility, interactions with staff, and available programming options. The task force used a gender-responsive framework to study women’s incarceration experiences; a gender-responsive framework is the acknowledgement of gender differences, issues, and inequalities, and incorporating that information into practice.⁴⁸

Nationally, women represent 8% of the U.S. state prison population and recidivate at a similar rate to men.⁴⁹ Because women make up a small percentage of the total population, prisons are typically designed for men. *This focus on the custody of men in correctional settings leads to gaps in addressing women’s unique needs while they are incarcerated.*

Additionally, between 1980 and 2017, the number of women in state and federal prisons in the U.S. increased by more than 750%, rising from 26,378 in 1980 to 225,060 in 2017.^{50, 51} Although women represent a fraction of the total U.S. prison population, the rate of female incarceration continues to rise, demonstrating a need for gender-responsive policies and practices in jails and prisons.

Many states, including Washington,⁵² Alabama,⁵³ and Maine,⁵⁴ are implementing gender-responsive policies and practices to ensure women’s needs are considered. Many correctional facilities across the country are beginning to offer gender-specific programming designed to address the needs of women.

⁴⁸ Gobeil, R., Blanchette, K., and Stewart, L. (2016). A Meta-Analytic Review of Correctional Interventions for Women Offenders. *Criminal Justice and Behavior*. 43:3, 301-322.

⁴⁹ Bronson, J. and Carson, A. E. (2019). Prisoners in 2017. Bureau of Justice Statistics. Available at: <https://www.bjs.gov/content/pub/pdf/p17.pdf>.

⁵⁰ Cahalan, M. W. and Parsons, L. A. (1986). Historical Corrections Statistics in the United States, 1850-1984. Bureau of Justice Statistics. Available at: <https://www.bjs.gov/content/pub/pdf/hcsus5084.pdf>.

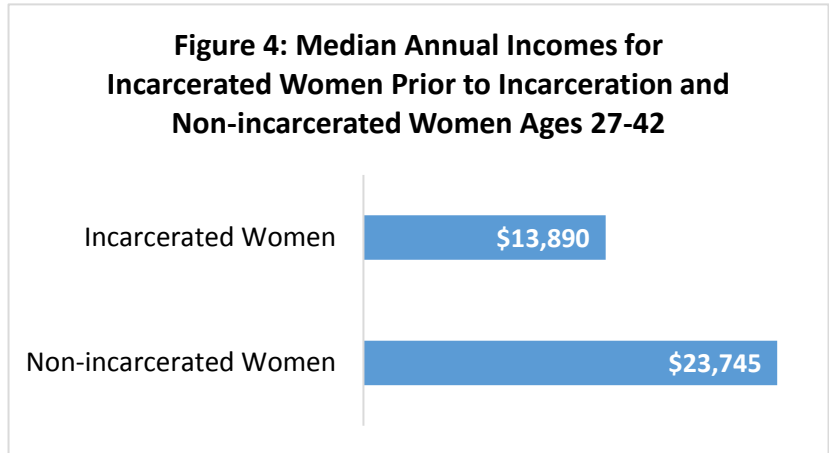
⁵¹ Bronson, J. and Carson, A. E. (2019). Prisoners in 2017. Bureau of Justice Statistics. Available at: <https://www.bjs.gov/content/pub/pdf/p17.pdf>.

⁵² Gender-Responsiveness Policy. State of Washington, Department of Corrections. Available at: <https://www.doc.wa.gov/information/policies/files/590370.pdf>.

⁵³ Women’s Services Inmate Handbook. Alabama Department of Corrections. Available at: <http://www.doc.state.al.us/docs/PublicFemaleInmateHandbook.pdf>.

⁵⁴ Women’s Center. State of Maine, Department of Corrections. Available at: <https://www.maine.gov/corrections/facilities/mcc/women/index.htm>.

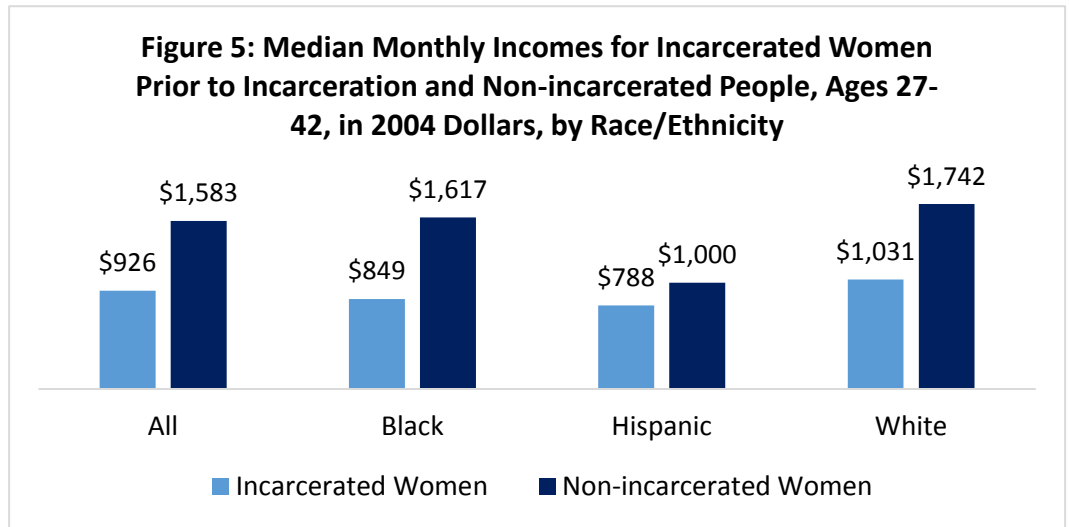
Women face gender-specific challenges that may require educational and employment programming to improve outcomes upon return to their community. Incarcerated women tend to have lower educational attainment than non-incarcerated women; an analysis of American Community Survey data from 2009 found 37% of females prisoners⁵⁵ had not completed high school, compared to 13% of the total US population.⁵⁶ Similarly, nearly 6 in 10 people within the U.S. population had completed some postsecondary education, compared to only 3 in 10 women in prison.⁵⁷



Prior to incarceration, justice-involved women earned far less than non-incarcerated women. In a 2015 study, the median annual income for women ages 27 to 42 incarcerated in state prisons, prior to a period of incarceration, was close to \$10,000 less than that of non-incarcerated women of the same age group (see Figure 4).⁵⁸

Earning potential is further worsened by incarceration.⁵⁹ This is especially true for women of color, who earn less before incarceration than white women (see Figure 5).⁶⁰

Incarceration can be an opportunity for women to improve their economic and vocational prospects



⁵⁵ The American Community Survey defines “prisoner” as “adults in federal detention centers, federal prisons, state prisons, local jails (and other municipal confinement facilities), correctional residential facilities, and military disciplinary barracks and jails.”

⁵⁶ Ewert, S. and Wildhagen, T. (2011). Educational Characteristics of Prisoners: Data from the ACS. U.S. Census Bureau. Available at: <https://www.census.gov/content/dam/Census/library/working-papers/2011/demo/ewert-wildhagen-prisoner-education-4-6-11.pdf>.

⁵⁷ Ibid.

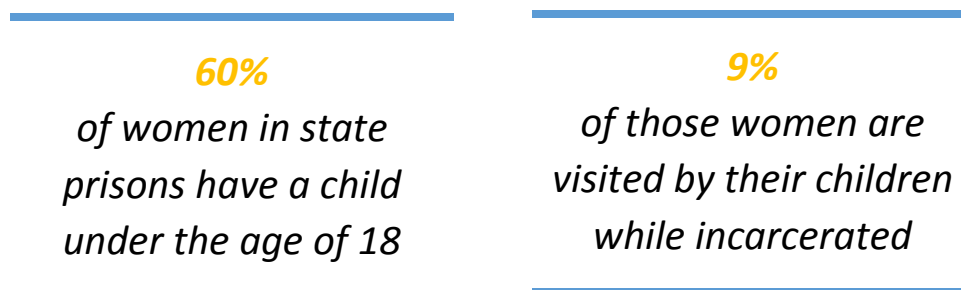
⁵⁸ Rabuy, B. and Kopf, D. (2015). Prisons of Poverty: Uncovering the pre-incarceration incomes of the imprisoned. Prison Policy Initiative. Available at: <https://www.prisonpolicy.org/reports/income.html>.

⁵⁹ Ibid.

⁶⁰ Ibid.

through employment-related training and academic courses. One meta-analysis found that adults incarcerated in U.S. state prisons who participated in correctional education were 13% more likely to obtain a job post-release than those who did not participate.⁶¹ The same study found that people who participated in correctional education had a 43% lower likelihood of recidivating than those who did not.⁶²

Women also have different family-related concerns and needs than men. Women are more likely than men to have served as the primary caretakers of children prior to entering prison⁶³ and are likely to have plans to return to that role upon release.⁶⁴ But maintaining a connection to children while incarcerated



can be challenging; one study, for example, found that 60% of women in state prisons have a child under the age of 18, but only 9% of these mothers receive visits from their children while incarcerated.⁶⁵ The reasons for this varied, but included being incarcerated long distances from their children, lack of transportation and/or not having an adult to bring the child(ren) to the facility, the mother feeling embarrassed or feeling that facility restrictions, such as non-contact visits, make visitation too difficult.

Another challenge for women is pregnancy and delivery while incarcerated. Most prisons do not have programs in place that allow for some period of time for mothers to bond with their newborns. Evidence suggests these programs, when in place, increase mother-child attachment, improve parenting efficacy, and reduce participant recidivism.⁶⁶

⁶¹ Davis, L. M., Bozick, R., Steele, J. L., Saunders, J., and Miles, J. N. V. (2013). Evaluating the Effectiveness of Correctional Education: A Meta-Analysis of Programs That Provide Education to Incarcerated Adults. Santa Monica, CA: RAND Corporation. Available at: https://www.rand.org/pubs/research_reports/RR266.html.

⁶² Ibid.

⁶³ Mumola, C.J. (2000). Incarcerated Parents and their Children. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics. Available at: <http://www.bjs.gov/index.cfm?ty=pbdetail&iid=981>.

⁶⁴ Hairston, C.F. (2002). Prisoners and Families: Parenting Issues During Incarceration. Urban Institute. Available at: https://www.urban.org/research/publication/prisoners-and-families-parenting-issues-during-incarceration/view/full_report.

⁶⁵ Glaze, L. E. and Maruschak, L. M. (2010). Parents in Prison and Their Minor Children. Bureau of Justice Statistics. Available at: <https://www.bjs.gov/content/pub/pdf/pptmc.pdf>.

⁶⁶ Fritz, S. and Whiteacre, K. (2016). Prison nurseries: Experiences of incarcerated women during pregnancy. Journal of Offender Rehabilitation. 55:1, 1-20. Available at: <https://www.tandfonline.com/doi/abs/10.1080/10509674.2015.1107001>.

Policy Review

A review of Louisiana’s policies related to women’s experience during incarceration showed that – while DOC has placed an emphasis on mental health services over the last five years – there are opportunities for improvement in focusing on the unique needs of women. Screening and assessment of women’s risks and needs is conducted but the tools used for doing so are gender neutral. DOC does not provide curriculum-based programs that are evidence-based and gender-specific.

There is currently no requirement that staff use gender-specific approaches or are trained on gender-specific approaches. Additionally, each local jail is allowed to set some of their own policies and procedures, which means women’s experiences across facilities is dissimilar. While women make up a small proportion of DOC’s total population (5% in 2019), more than two-thirds of these women are currently housed in local jails as DOC rebuilds LCIW. This makes it difficult for DOC to provide consistent educational, employment, and gender-specific programs and services.

Finally, DOC is in the process of developing a gender-specific rulebook for women to address rule-breaking behavior with a gendered lens.

Reentry and Transition to Community

Research Review

Finally, the task force examined women’s reentry and their transition to the community. The task force again studied this area with gender-responsiveness in mind.

Task force members found that women returning to the community have specialized needs: they are often planning to take on the role of the primary parent, and require a safe living environment and financial stability. As indicated in the previous section, women are more likely to serve as the primary caretakers of children prior to incarceration⁶⁷ and are likely to have plans to return to that role upon release.⁶⁸ Because women are more likely to serve as the primary caretakers of children upon release, it is essential that their reentry plans take this into consideration.

In one study of women under DOC custody in Georgia, approximately 78% of incarcerated women reported physical abuse by a partner.⁶⁹ While all returning individuals must think about housing, women

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of incarcerated women in Georgia reported physical abuse by a partner

⁶⁷ Mumola, C.J. (2000). *Incarcerated Parents and their Children*. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics. Available at: <http://www.bjs.gov/index.cfm?ty=pbdetail&iid=981>.

⁶⁸ Hairston, C.F. (2002). *Prisoners and Families: Parenting Issues During Incarceration*. Urban Institute. Available at: <http://www.urban.org/sites/default/files/alfresco/publication-pdfs/410628-Prisoners-and-FamiliesParenting-Issues-During-Incarceration.PDF>.

⁶⁹ Cook, S. L., Smith, S. G., Tusher, C. P., and Raiford, J. L. (2005). Self-Reports of Traumatic Events in a Random Sample of Incarcerated Women. *Women and Criminal Justice* 16(1-2):107-126. Available at: https://www.researchgate.net/publication/254379699_Self-Reports_of_Traumatic_Events_in_a_Random_Sample_of_Incarcerated_Women.

must consider whether they will be safe from domestic violence. To support successful reentry of women in Louisiana, women's reentry planning must consider how their needs differ from those of men.

For women under supervision, specialized needs around family, housing, and employment may make compliance with some gender-neutral supervision conditions difficult. Officers should be aware of the additional challenges around child care, housing, and/or employment that women face, and keep these in mind when developing case plans and responding to compliance issues on supervision.

Policy Review

After studying research and data on women's reentry and transition to community, the task force reviewed DOC's reentry and community supervision policies. Task force members found that, unlike with men, there are currently very few transitional work programs⁷⁰ in existence across the state that house and employ females prior to their release.

In addition, the task force found that, unlike males, there are currently no opportunities for women to work offsite as trustees in state buildings. The trustee option existed previously for women, but the program has been put on hold since the flooding of LCIW due to the dispersal of staff to multiple temporary housing locations. This option will reopen once the new LCIW facility is completed.

While there are many community organizations across the state that may be able to serve or hire formerly incarcerated women, there is no formal relationship or agreement that connects these organizations with DOC. This means DOC employees both within institutions and with community supervision may not be aware of community supports, and thus are unable to help connect women to those services. There also is no statewide resource guide of programs and services available to women in the community.

Community supervision staff receive general trainings about best practices for supervision, but there is no training made available to staff on gender-specific practices or interaction with special populations, such as transgender women.

Additionally, in keeping with best practice, the Division of Probation and Parole currently uses a performance grid to respond to violations by people under supervision. However, that performance grid is gender neutral, and the Division does not currently track the use of sanctions and incentives by gender.

⁷⁰ Transitional work programs (TWP) are DOC programs that allow eligible people in prison to work at an approved job and return to the structured environment of their assigned facility when not working.

TASK FORCE RECOMMENDATIONS

After reviewing research, national and state data, and DOC policies and practices, the task force compiled 66 possible policy solutions. In its final meeting in December 2019, the members prioritized 21 of these recommendations that fall into the following categories:

- Improve the physical spaces where women are incarcerated;
- Expand access to physical and behavioral health education and treatment while incarcerated;
- Increase the gender-responsiveness of women’s incarceration experience;
- Increase institutional programming options;
- Support gender-responsive reentry planning and release; and
- Make community supervision more gender-responsive.

The other policy solutions proposed by the task force are shown in the Appendix.

As with any new initiative, appropriate funding and resource allocation is necessary to ensure recommendations are properly and effectively implemented. The task force encourages the Louisiana Legislature to commit to reducing women’s recidivism and improving public health and safety by providing the necessary funding to implement the following recommendations.

Improve Physical Spaces

In the majority of states across the country, imprisoned persons convicted of felony offenses, are housed in state prison facilities. Louisiana is unique from the rest of the country in that the state felony population is housed in both state facilities – also called a prison – and local jails. The reason for this is that in Louisiana, there are more imprisoned individuals than there is room for in state prisons. In general, people with a longer sentences and/or high custody, medical, or disciplinary needs are held in state facilities, while people with shorter sentences and/or lower custody, medical, or disciplinary needs are held in local jails.

This was complicated in 2016, when Louisiana’s only prison for women, LCIW, flooded. As a result, the women who had been housed there were moved to, and remain in today, various other locations, including LTCW, a designated section of a male facility (Elayn Hunt Correctional Center), an uninhabited youth facility (Jetson Center for Youth), and local jails across the state which are able to house females. This decentralization means some women are housed in facilities where they are not able to access programs and where the provision of gender-specific services is challenging.

In late 2019, DOC was approved for funding to rebuild LCIW which will allow the department to develop a facility that focuses on women’s rehabilitation. DOC is tentatively set to break ground on this new facility in August 2020. The timing of this approval allows the DOC to include recommendations from the task force into the planning for the new facility. Because of this unique opportunity, the task force has included the following recommendations for DOC to consider in the LCIW planning process.

1. Create a central reception center for women under DOC custody.

Create a single reception center that all women go through when they are first incarcerated. This would ensure all women admitted to DOC custody are consistently screened and assessed.

2. Temporarily house women in a smaller number of institutions

While the LCIW is reconstructed, move women who are not already housed at either LTCW, Jetson Center for Youth, or Elayn Hunt Correctional Center into a select number of institutions (as opposed to being spread across many local jails) to ensure they have access to programming and services.

3. Create space for programming within LCIW

Ensure sufficient space is provided in the LCIW redesign to accommodate expanded programming and vocational options and behavioral health services.

4. Create space at LCIW for women who have recently given birth and their babies

Pass legislation authorizing DOC to allow women who give birth while in their custody to keep their babies for some period following birth. Then require DOC to create a physical space within LCIW, such as a separate wing or building, for women who have recently given birth to keep their babies with them for the amount of time authorized by the legislature.

5. Enhance family-friendliness visitation spaces

Ensure visitation areas are welcoming and comfortable for parents and their children to promote parent-child bonding.

6. Create reintegration space for women nearing release

Create a housing unit at LCIW for women approaching release from prison to help them adjust to life in the community prior to release.

Expand Access to Physical and Behavioral Health Education and Treatment

7. Assess all women for trauma and provide treatment to address it

Require DOC to adopt a uniform trauma-screening tool to assess all women upon intake at any DOC facility. When trauma is detected, require DOC to incorporate this information into case plans and use it to guide treatment.

8. Provide education to incarcerated women on health-related topics

Require DOC to provide health education to incarcerated women on a variety of topics, such as: reproductive health, stress management, nutrition, wellness and disease prevention, fitness, healthy relationships, and provide support groups for women with health needs. Community organizations may be engaged to assist in the creation and/or provision of these educational and support opportunities.

9. Ensure DOC's healthcare policies are gender-responsive

Require DOC to revise its policies to ensure only female corrections officers are present during women's reproductive healthcare appointments, extend the current restriction on the shackling

of pregnant and post-partum women to include six weeks post-birth, and make a doula available to pregnant women.

Increase the Gender-Responsiveness of Incarceration

10. Train all DOC staff and volunteers who interact with incarcerated women on gender-responsiveness

Require DOC train all staff, contractors, and volunteers who interact with women on gender-responsiveness, including gender-responsive best practices, trauma-informed care, interacting with transgender women, women's health issues, and any policies and procedures that are female-specific (i.e., different for women than for men, or apply only to the female incarcerated population).

11. Create a Director of Women's Services position within DOC

Require DOC to create a Director of Women's Services position within DOC to be located at DOC Headquarters or LCIW. This position would oversee the development and incorporation of gender-responsive approaches into policy and practice, increase gender-responsive programming options for incarcerated women, create and coordinate partnerships with community organizations to increase gender-responsive programs and reentry services, and oversee women's health and reentry.

Increase Institutional Programming Options

12. Create a process for incarcerated women to identify their programming needs

Require DOC to create a formal process to solicit feedback from incarcerated women about the programming needed in DOC institutions.

13. Create a regularly occurring event to generate funds for women's programs

Create an opportunity and designate space to facilitate an event to regularly generate funds for institutional programs for women in the same way the annual rodeo raises money for programming for men at the Louisiana State Penitentiary.

14. Increase prerelease employment opportunities available to incarcerated women

Require DOC to increase prerelease employment opportunities available to incarcerated women, such as by expanding women's opportunity for work release and reinstating the option for women to hold offsite trustee positions.

Support Gender-Responsive Reentry Planning and Release

15. Invest in housing options for women within in the community

Through legislation, allocate funding to expand housing options in the community for women leaving incarceration, including transitional housing.

16. Pass legislation to incentivize businesses to incentivize female-owned businesses to hire females exiting the prison system.

Through legislation, create a group of business owners and community members to develop a plan to incentivize businesses, particularly women-owned businesses, to hire women who are formerly incarcerated. DOC may require assistance from local business owners and community organizations.

17. Require recipients of Community Incentive Grants to provide gender-specific programming

Require recipients of Community Incentive Grant funds that work with women to provide gender-responsive programming, and encourage organizations providing gender-responsive reentry services to apply for grants. The Community Incentive Grants, created through the 2017 Justice Reinvestment Initiative, provide opportunities for community organizations to meet the needs of justice-involved populations.

Make Community Supervision Gender-Responsive

18. Train Division of Probation and Parole staff on gender-specific practices

Require DOC to train probation and parole staff on gender-responsive practices, resources available to women in the community, and respectful ways to interact with transgender women on supervision.

19. Evaluate the use of the Division of Probation and Parole's performance grid

Require DOC to review its policy on the use of Probation and Parole's performance grid (used to guide probation and parole officers in responding to behavior) to determine where it may be made to be gender-responsive, and track data on the use of the performance grid by gender.

20. Create a statewide resource guide of services available to women in their community

Require DOC to work with community organizations to extend the current resource guide detailing services available in the community to include services for women, and distribute the guide to the public.

CONCLUSION

Even though there are more men incarcerated nationwide than women, the number of women incarcerated across the United States grew at twice the incarceration rate of men between 1980 and 2016.⁷¹ In fact, there was a 750% increase in the number of women incarcerated between 1980 and 2017.^{72, 73}

Incarcerated women have different needs than men: they tend to have higher rates of behavioral health needs, high rates of trauma, and a greater need for education and/or employment support. Given this, incarceration and supervision must look different for women than it does for men. By acknowledging these differences and incorporating gender-responsive policies and practices, corrections can help improve outcomes for women. This will not only benefit these women. It can also help their families and communities, and reduce the financial and social burdens of recidivism.

Louisiana was one of the first states to establish a formal means of studying the needs and circumstances of justice-involved women and developing policy recommendations. The Louisiana Women's Incarceration Task Force was created in response to a recognition that women are different and have different needs. During the year and half the task force met, its members reviewed research, data, and DOC policies; heard from currently and formerly incarcerated women; and visited correctional institutions to gain a deeper understanding of the experiences of women. Implementing the recommendations of the task force will require a sustained commitment to improving the outcomes of women in Louisiana. With the recently approved rebuild of LCIW, the state has a unique opportunity to reimagine what corrections for women looks like in this state, and to become a model for gender-responsive corrections nationally.

With this in mind, the Louisiana Women's Incarceration Task Force is honored to submit this final report of findings and recommendations to the Louisiana Legislature.

⁷¹ The Equal Justice Initiative (2018). Incarceration of Women is Growing Twice as Fast as Men. <https://eji.org/news/women-incarceration-growing-twice-as-fast-as-male-incarceration>.

⁷² Cahalan, M. W. and Parsons, L. A. (1986). Historical Corrections Statistics in the United States, 1850-1984. Bureau of Justice Statistics. Available at: <https://www.bjs.gov/content/pub/pdf/hcsus5084.pdf>.

⁷³ Bronson, J. and Carson, A. E. (2019). Prisoners in 2017. Bureau of Justice Statistics. Available at: <https://www.bjs.gov/content/pub/pdf/p17.pdf>.

APPENDIX: OTHER SUGGESTIONS FROM THE TASK FORCE

In addition to the prioritized recommendations identified in the body of the report, the task force discussed other recommendations for consideration.

Physical and Behavioral Health Education and Treatment

- Explore grant opportunities to increase fitness options for incarcerated women, and review the DOC contract for bras to ensure quality to encourage participation in recreational activities.
- Review the statutory language on co-payments for medical services in DOC facilities to ensure they are not a barrier to obtaining services.

Gender-Responsive Incarceration Experience

- Train court personnel, jail staff, and sheriffs on gender-responsive practices.
- Increase visiting hours to encourage family interaction and support reunification.
- Review the Basic Jail Guidelines to ensure they are gender-responsive, and include trauma-informed practices (such as assessment and treatment of trauma and training for staff on gender-responsive and trauma-informed practices).
- Require DOC to review its current policies on the housing of transgender women to ensure they are placed in the least restrictive housing option.
- Reconstitute the Women's Incarceration Task Force to continue to assess the needs of justice-involved women and suggest further changes to meet those needs.
- Prohibit or minimize cross-gender pat downs in DOC institutions to prevent re-traumatizing women who have been victims of sexual violence.
- Repeal provisions in the Louisiana Children's Code that allow for the termination of parental rights solely based on length of incarceration.

Institutional Programming

- Offer resources for parents who are incarcerated, such as classes and support groups, to help facilitate interactions and develop relationships with their children while incarcerated.
- Review and add more gender-specific programming at DOC institutions.
- Offer programming to women who are temporarily held in local jails due to the construction of LCIW.
- Ensure women in restrictive housing have access to the programming opportunities allowable through full implementation of the restrictive housing redesign (currently in pilot phase).

- Start programming and other services close to the beginning of women’s sentences as women tend to have shorter sentences than men so need access earlier to prepare for reentry.
- Ensure the orientation handbook given to individuals incarcerated in a DOC facility has clear information on who is eligible for which programs.

Reentry Planning and Release

- Create a mechanism to provide more clarity for incarcerated women about the timeline of their release and the process for release.
- Support the establishment of an organization to oversee the enhancement of services provided by community groups to currently and formerly incarcerated women.
- Review and strengthen case management procedures to ensure women have housing upon release.
- Require DOC to establish partnerships with community organizations that provide services to formerly incarcerated women so DOC can inform those organizations when there is a women about to return to the community who may be in need of that organizations’ services.
- Create a statewide peer support and mentor program, preferably with formerly incarcerated people serving as mentors when possible.

Community Supervision

- Research the feasibility and effectiveness of female-specific probation and parole caseloads.