

OPM - Criminal Justice Policy & Planning Division

Women in Jail in CT

Highlights

- Approximately 2,000 women were admitted to the CT DOC as pre-trial detainees in both 2014 and 2017. Of the women who bonded out from prison, 76% did so within a week of being admitted to prison.
- Sixty percent (60%) of women admitted as pre-trial detainees in 2017 had been incarcerated at least once in the past. A third had been admitted to prison at least three times.
- Violation of Probation and Failure-to-Appear were the most common charges to appear in the criminal-arrest histories of pre-trial women. According to the analysis, 79% of women had at one time or another been charged with either one or both of these offenses.
- Less than a quarter of women transitioned directly from pre-trial status to sentenced status. Almost 50% of women admitted as pre-trial detainees were released after an appearance at court.
- The population of pre-trial women has in the past been described as a high-needs population. DOC assessments in 2017 found that 63% had at least a mild to moderate mental health issue; 66% required treatment for serious to severe substance abuse.
- Interviews conducted at York CI in 2018 revealed the female pre-trial population to be surprisingly diverse with high needs. Almost 90% had children, 86% reported a history of sexual abuse, and 66% reported being homeless at some point in the past.

Female prisoners on pre-trial status

Connecticut is one of only six U.S. states with a unified prison system. In the majority of other states, prisoners who are incarcerated while awaiting trial, i.e., on pre-trial status, are generally held at the county-level in jails, until their cases are resolved at court. Prisons in those states are generally reserved for offenders who have been convicted and sentenced to longer terms of incarceration. In CT, the Department of Correction incarcerates both sentenced prisoners and pre-trial detainees. On July 1, 2018, among the 930 female prisoners at York CI, the state's only prison facility for women, 345, over a third were awaiting trial.

Most people who are arrested in CT are released by the police on a Promise-to-Appear (PTA) summons. With a PTA, the accused agrees to appear at court on a designated date. The arresting agency may also set a bond in lieu of a PTA and if the defendant can meet the bond they are released at the police station. If bond cannot be arranged, the defendant is held until they can be interviewed by a Bail Commissioner from the Judicial Branch. Bail Commissioners review the arrest charges and employ a risk assessment screen to set a new bond amount. If the defendant cannot meet the terms of that bond, they are transported to the local court lock-up to await arraignment. At arraignment, judges may choose to follow the Bail Commissioner's recommendation or set their own conditions for release. In Connecticut, defendants who cannot meet their bonds are transferred to the Department of Correction.

This report is intended to provide readers with an overview of the characteristics and circumstances of women who have been admitted to the CT DOC on pre-trial status in recent years. While the number of pre-trial women incarcerated at York CI has fluctuated considerably over the last decade, the average daily population for pre-trial women has hovered between 320 and 340 in recent years.

It is commonly assumed that every pre-trial detainee in CT remains incarcerated because of their inability to meet their bond. Anecdotal evidence, however, suggests that other factors are also at play. Jail credit, i.e., the days spent in jail that are credited against a future prison sentence, appears to be a significant factor. We believe that a sizable portion of both men and women, who are held on pre-trial status are, in-effect, serving *de facto* sentence time prior to an impending conviction. By sitting in jail, some defendants appear motivated by an understanding that they will be released at an upcoming court date after pleading guilty and receiving a sentence of 'time served.'

Using data supplied by the CT DOC, OPM reviewed the records of over 4,000 women who were admitted to York CI on pre-trial status. The 2014 admit cohort had 2,236 women. The 2017 cohort had 2,196 women. These cohorts proved to be remarkably similar in composition and in the manner they moved through the system. To supplement this analysis, OPM also conducted interviews with 34 pre-trial women during 2018, hoping to gain deeper insight into the conditions, circumstances and life-trajectories of the state's female jail population.

CT's prison population

Connecticut's prison population has been in steady contraction for a decade. Between 2008 and 2018, the number of male sentenced prisoners – the largest component of CT's incarcerated population - declined by 34%, (14,101 to 9,310). During the same period, the number of sentenced female prisoners dropped by 38% (900 to 561). Among the pretrial prisoners, the reductions were less impressive. The male pre-trial population dropped by 20%, (3,514 to 2,826) while the female pre-trial population fell by only 4%, (339 to 327).

It remains unclear why the female pre-trial population has not declined as substantially as other groups of prisoners.

Pre-trial outcomes

In 2014, 2,236 women were admitted to York CI as pre-trial detainees. In 2017, three years later, a similar number of women, 2,196, were admitted to the DOC on pre-trial status. To understand how long these women sat in jail and what eventually happened to them, OPM researchers analyzed DOC movement data for these 4,000 women.

The analysis revealed that most women experienced one of three possible outcomes following their admission to York CI.

- 1) The defendant either met her bond requirements after being admitted and was released directly from jail, or
- 2) The defendant remained incarcerated until a subsequent court appearance, where she was released, or
- 3) The defendant remained incarcerated until she was convicted at court and transitioned to sentenced-prisoner status at the CT DOC.

Bonding out from jail: Approximately 31% of women admitted in 2014, and 28% of women admitted in 2017 bonded out directly from jail. Of the 686 women in the 2014 cohort who were able to pay their bonds, 261 (38%) were readmitted to York CI within a year. Fifty-nine of these women were admitted to begin a prison sentence. The remainder were admitted on new charges.

Releases from court: Almost half of the 2014 female cohort (47%) left jail for court and did not return to York CI on that day. These women, commonly referred to as those “who did-not-return-from-court,” may have had their cases disposed on that date, or the court may have continued their cases but modified the conditions governing their pre-trial release. Among the 2017 cohort, 46% of women were released from the court.

Among the 1,044 women who were released at court in 2014, 346 (33%) were readmitted to York CI within a year. Of these women, 36 – less than 10% - were readmitted to begin a prison sentence.

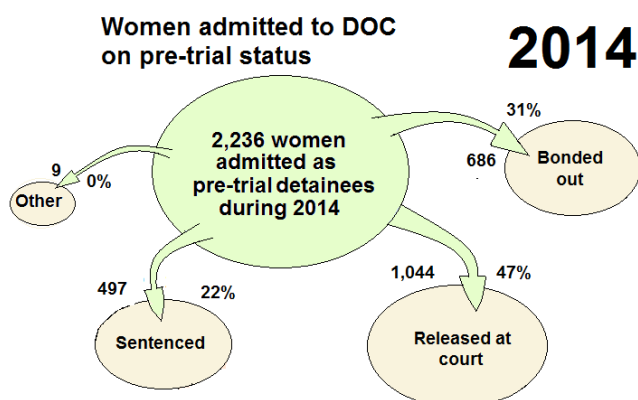
Pre-trial detainee to sentenced inmate: In 2014 and in 2017, less than a quarter of women remained incarcerated on pre-trial status until they transitioned to sentenced-prisoner status.

The woman in the 2014 cohort who remained on pre-trial status for the longest period of time was finally sentenced in April of 2018. She had spent a total of 1,506 days in jail prior to her conviction for Manslaughter 1. She received a 20-year prison sentence, suspended after 15 years with 5 years of probation to follow.

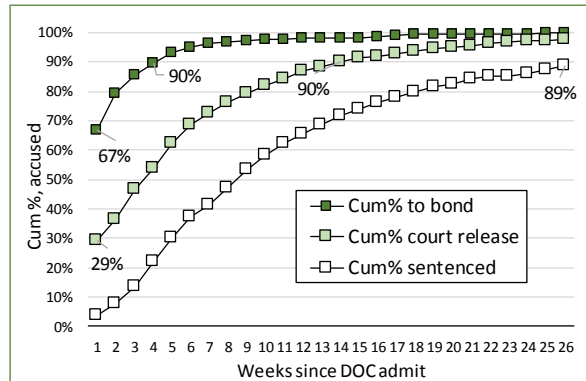
Time to release

Each pre-trial outcome is played out at its own distinct pace. Among women who bonded out from jail, 90% left jail within 4 weeks. For women who were released from court, it took 14 weeks for 90% to leave prison. Finally, for the women whose status changed from pre-trial detainee to sentenced prisoner, it took 26 weeks since the date of admission for 90% of women to transition to their new sentenced status.

Among all of the women who were admitted to prison on pre-trial status in both 2014 and 2017, about a third remained incarcerated for less than a single week. This is an important finding since it reveals the high churn rate that exists within the pre-trial population and underscores the difficulty of designing programming around this population.



Time to clear 90% of admittees, 2017



With this rapid turnover, the Judicial Branch’s Jail Re-interview Program - which assists detainees with bail modifications, changes to the conditions of release, or placements in treatment programs – may not see up to one-third of treatment-eligible defendants.

The following table is intended to illustrate how quickly female pre-trial detainees either left the DOC or transitioned to sentenced-prisoner status after a 2014 pre-trial admission to DOC.

Detainees clearing the system

	2014 cohort	Remaining, %
2014 admits	2,236	
After 1 week	1,508	67%
After 4 weeks	950	42%
After 8 weeks	548	25%
After 12 weeks	328	15%
After 26 weeks	100	4%

	Bonded out	Remaining, %
2014 admits	686	
After 1 week	231	34%
After 4 weeks	67	10%
After 8 weeks	23	3%
After 12 weeks	9	1%
After 26 weeks	2	0%

	Court release	Remaining, %
2014 admits	1,044	
After 1 week	798	76%
After 4 weeks	500	48%
After 8 weeks	259	25%
After 12 weeks	136	13%
After 26 weeks	20	2%

	To Sentence	Remaining, %
2014 admits	497	
After 1 week	473	95%
After 4 weeks	379	80%
After 8 weeks	262	69%
After 12 weeks	180	69%
After 26 weeks	77	43%

Of 2,236 women admitted on pre-trial status in 2014, only 1,508 remained incarcerated by the end of the first week. By the eight-week mark, only 25% of these women (548) remained incarcerated on pre-trial status.

Among the 686 women who bonded out from prison in 2014, only 67 were left after 4 weeks. If a pre-trial detainee had not bonded out from jail within 4 weeks, the likelihood fell to about 4%.

At the 26-week mark, only 100 women out of the 2,236 in the 2014 cohort remained in custody as pre-trial detainees.

Average jail days by outcome, 2014 cohort

	2014 cohort	Women staying least one day	Total jail days	Avg. jail days per detainee
Bonded out	686	561	6,796	12
Court release	1,044	1,030	41,573	40
Sentenced	497	497	49,745	100

In terms of jail-bed days - a useful measure of cost and capacity utilization – the average person in the 2014 cohort, who bonded out, spent 12 days in jail. The average detainee who was released from court spent 40 days in jail. On average it took 100 days for a detainee who became a sentenced prisoner to change to that status.

Prior admissions to CT DOC

Over half (60%) of the women admitted to the CT DOC on pre-trial status in 2017 had been incarcerated by the CT DOC at some point in the past. Among male pretrial detainees, a slightly higher percentage (75%) had prior histories of incarceration with the CT DOC.

DOC admit history

	2014 cohort	2014 (%)	2017 cohort	2017 (%)
None	952	43%	885	40.3%
1 prior admit	336	15%	343	15.6%
2 prior admits	212	9%	240	10.9%
3 to 4 prior admits	290	13%	261	11.9%
5 to 7 prior admits	208	9%	224	10.2%
8 or more priors	238	11%	243	11.1%

About 20% of women admitted on pre-trial status in 2014, and 2017, had been admitted to the CT DOC at least five times in the past. Among these women, approximately 95% had previously served a sentence with the CT DOC. In 2017, approximately 11% of pre-trial women had been admitted to the DOC at least eight times prior to their most recent admission to York CI.

The process that guides Bail Commissioners in making bond recommendations assigns significant weight to a defendant’s history of criminal justice involvement.

Instances where a defendant has missed a court date in the past has been shown to increase the risk of failing to appear at a future court date. As we shall observe, almost 80% of women in the 2017 cohort had been charged with either Violation or Probation or Failure-to-Appear in the past.

A record of multiple prison admissions in a person’s history often suggests a type of offender whose life becomes entangled in the criminal justice system because of chronic behavior involving low-level, non-violent offenses that result in relatively short stays in prison between almost regular readmissions. These types of offenders often have severe substance abuse and/or significant mental health issues.

Prior arrest histories

A significant proportion of female pre-trial admittees had relatively complicated criminal histories prior to being admitted to jail. In fact, only 9% of the women from these cohorts were defendants on only one criminal docket prior to their pre-trial admission.

Over a third of women (34%) in the 2014 cohort had been charged on between six and 12 dockets prior to being admitted as a pre-trial detainee in 2014. Another 30% of women in the 2014 cohort had been defendants on 13 or more court dockets prior to their 2014 admit.

Distribution by prior docketed cases

	2014	2017
1 docket	212	195
2 dockets	154	162
3 to 5 dockets	426	430
6 to 12 dockets	756	681
13 to 20 dockets	390	413
21 or more dockets	288	306
No CSSD info	10	9
Cohort size	2,236	2,196
1 docket	9%	9%
2 dockets	7%	7%
3 to 5 dockets	19%	20%
6 to 12 dockets	34%	31%
13 to 20 dockets	17%	19%
21 or more dockets	13%	14%
No CSSD info	0%	0%

The criminal history data, shown above, was provided by the Judicial Branch’s Court Support Services Division (CSSD). In the table, defendants are grouped by the number of criminal

dockets in their criminal history file. In truth, this table understates the total number of arrest events since arrests associated with Violation-of-Probation and Failure-to-appear – two common charges - are coded together with the docket containing the original charging offenses. The fact that the aggregated docket histories of women admitted in 2014 and the 2017 are so similar highlights another similarity that emerged while examining both cohorts.

The following table aggregates all prior and current arrest charges filed against women in the 2014 and 2017 cohorts. These charges were grouped to illustrate the range and frequency of offenses appearing in the criminal-arrest histories of most female pre-trial detainees.

Aggregated arrest charges by cohort

	2014	2017	2017, %
Cohort size	2226	2196	
Prior charges			
VOP, FTA	1774	1735	79%
Public order	1742	1717	78%
Theft/Fraud/Larceny	1538	1532	70%
Drug related	1173	1204	55%
Assault MISD	973	1027	47%
Trespass/strangle/harrass	940	966	44%
OP under susp	768	814	37%
Property crime	698	703	32%
Risk of injury	587	569	26%
Viol. prot./restrain order	518	581	26%
DUI	456	484	22%
Assault felony	401	363	17%
Burglary related	366	362	16%
Prostitution	304	261	12%
Robbery-related	250	250	11%
Weapons charge	236	217	10%
MV theft	121	142	6%
Sex crime	81	102	5%
Kidnap/unlawRestr	75	81	4%
Murder/Mans	30	17	1%

The table contains 20 common categories of offenses. The totals that appear in each column represent the number of women from each cohort that had been charged with these offenses. The table also contains a column for the percentage of women in the 2017 cohort that were charged with these offenses. Most detainees were charged with several types of offenses.

The combination of Violation-of-Probation and Failure-to-Appear were the most commonly-applied arrest charges filed against the 2014 and 2017 cohorts. In 2017, 79% of women in the cohort had been charged with either Violation-of-Probation or Failure-to-Appear. These charges were filed either at their last admit or at some point prior to that last admit.

Public order offenses, such as Disorderly Conduct, Breach-of-Peace, and Interfering-or-Resisting-Arrest, were also among the most commonly-lodged charges against women in both cohorts. In the 2017 cohort, 78% of women had been arrested and charged with a public order offense.

In the 2017 cohort, 55% of pre-trial detainees had arrest histories involving drug related offenses. Thirty-seven percent (37%) had been arrested for Operating-a-motor-vehicle-on-a-suspended-drivers-license and 11% for a DUI.

Thefts, Fraud and Larcenies appeared more frequently than Drug-related offenses among the most commonly applied charge types for women in each pre-trial cohort.

Although the rate of violent crime committed by women is generally much lower than the violent crime rate for men, the combined criminal history records indicate that 17% of women in the 2017 cohort had been charged with Assault – felony (Assault 1 or Assault 2) either before or concurrent with their latest admit.

Eleven percent of women (11%) had been charged with Robbery-related crimes, and 10% had been charged with Weapons-related offenses. Of the 2,226 in the 2014 cohort, whose criminal histories were available, 30 had been charged with murder or manslaughter.

Because criminal dockets typically contain several charges, and because the female pre-trial population is not homogenous, producing a simple, universal answer to why women end up in jail in CT is essentially impossible. What is clear, however, is that the preponderance of arrest charges levied against women are relatively minor.

Case history 1

Defendant A was 53 years old when she was admitted to York CI as a pre-trial detainee in March 2014. No stranger to York CI, Defendant A had been admitted to the facility 57 times prior to March 2014. She remained incarcerated on pre-trial status from March until June 2014 when she was sentenced to serve 4 months in prison, concurrently, for 2 counts of Breach of Peace and a year, suspended after 8 months for Interfering/resisting arrest. She was also sentenced to 2 years of probation to be served following her release from prison. She discharged her prison sentence in December 2014.

Following her December 2014 discharge, defendant A was readmitted, as a pre-trial detainee in March 2015. She remained on pre-trial

status for a year, until March 2016, when she was sentenced to another term of incarceration for two counts of Failure-to-Appear and Larceny 6. Defendant A left prison for a halfway house in May of 2016. She finally discharged her sentence in July of that year.

In August 2018, Defendant A was arrested again, charged with Breach of Peace. Since she did not meet her \$3,500 bond, she remained incarcerated until September 2018 when she was convicted and sentenced to serve 60 days in prison.

Defendant A was first admitted to the CT DOC as a 20 year-old in May 1981. Over the next 33 years, she served prison sentences on over 40 criminal dockets. Her longest period of incarceration lasted 27 months after a conviction for Assault 2 in 2002. Over the years she also served 17 sentences for Failure to Appear, 14 sentences for Breach of Peace, 12 for Interfering/resisting arrest, eight for Larceny 6, and six for Violation of Probation. From her record, it is clear that the vast majority of the offenses in her arrest and conviction history were minor.

According to DOC records, Defendant A reported she had completed nine years of schooling. Her DOC classification scores indicated that Defendant A has had significant health, substance abuse and mental health issues for many years. At her last admission to the CT DOC in 2018, she reported that she was homeless. She has no dependents and is a Medicare recipient.

Prior prison sentences

Approximately 37% of women in the study had served at least one prison sentence before their last pre-trial admit. That so many women had significant arrest, conviction and incarceration histories may help to explain why so many women are jailed on relatively minor, non-violent offenses.

The table, shown on the following page, lists the types of charges associated with the prison sentences imposed on the two study cohorts.

Among the 2,196 women admitted in 2017, 811 had completed a prior prison sentence in CT. Of these, 73% had been sentenced to prison for violating a court order. i.e., for Violation of Prohibition, Failure-to-Appear, or Violation of a Restraining or Protective Order.

Thefts and larcenies were the second most common category of offenses leading to prison sentences for both the 2014 and 2017 cohorts.

Among women in the 2017 cohort who had been previously sentenced to a term of incarceration, 44% had served time for theft or larceny.

Aggregated, sentence offenses

	2014	2017	2017, %
COHORT	2236	2196	
w/prior prison sentence	820	811	
Offense type			
Viol. of a court order	594	589	73%
Theft, larceny	369	354	44%
Public order	287	300	37%
Drug-related	269	271	33%
DUI, intoxication	169	165	20%
Sex crime	135	95	12%
Felony assault	87	95	12%
Burglary - related	80	74	9%
Robbery-related	64	68	8%
Weapon's charges	22	19	2%
Murder, manslaughter	5	3	0%

Public order offenses, drug-related offenses and DUI-related offenses were the next most common categories of offenses leading to the imposition of prison sentences for women.

Case history 2

Defendant B was admitted as a pre-trial-detainee in October 2014. She was charged with Interfering/resisting arrest and Criminal Mischief 3. The first charge is an A misdemeanor, the second -a B misdemeanor. Defendant B remained at York CI for approximately six weeks before she was released at court. In March 2015, she was convicted on both charges and sentenced to serve one year for Interfering/resisting arrest and six months for the Criminal Mischief charge. Both prison sentences were suspended and Defendant B was placed on probation.

A year later, August 2015, Defendant B was readmitted to York CI charged with Assault 3, an A misdemeanor. She remained incarcerated for one month until she was released at court. She was convicted on the assault charge in March 2016 and sentenced to one year of prison. That sentence was also suspended immediately, and Defendant B was give a year of probation.

Defendant B was first admitted to DOC in 2014. She had no prior criminal history and was 79 years old. Her DOC classification scores indicated that she had no substance abuse issues. Her medical health score (3) indicated that she required access to nursing care for 16 hours per day, seven days a week. According to the DOC's Needs and Classification Manual, Defendant B's mental health score (4) was severe enough to 'require specialized housing and or on-going intensive mental health treatment.'

After her 2016 conviction, we have no further information on Defendant B.

DOC classification scores

Shortly after being admitted to York CI, most female, pre-trial detainees are assessed by medical staff and counselors. The staff evaluates inmates and scores them across a range of dimensions according to DOC classification procedures. Within several days, a prisoner may be reevaluated a number times in order to record new information that might become available or to record changes in the offender's behavior, status or condition.

The classification scores reported by the DOC are used to determine the specific needs of each inmate with respect to housing, medical and psychiatric care, services and programming. Needs scores are not clinical or diagnostic scores.

OPM reviewed the mental health (MH), substance abuse treatment (SA) and medical needs (MN) scores of the women who were evaluated as pre-trial admittees at York CI in 2014 and 2017. Not all women in each cohort had classification scores associated with the current jail stay. Of the 2,196 women in the 2017 cohort, only 2,149 could be matched with classification data and only 1,936 were assigned a medical needs score. The results shown here represent the maximum scores reported for each defendant within 14 days of admission.

Medical needs: The Medical Needs (MN) score describes the degree of nursing care that is required by each inmate. A score of 3 indicates the inmate requires predictable access to nursing staff for 16 hours each day, seven days per week. A score of 4 indicates a need for access to nursing care 24 hours a day although that care may not be utilized. A MN score of 5 indicated that the medical need is so severe, 24-hour nursing is required.

In 2017, 66% of women whose MN scores were recorded within two weeks of admission had scores of 3 or higher. Inexplicably, the percentage of women who were scored with MN scores of 3 or higher in 2014 was significant lower, 37%. At present, it remains unclear why such a large discrepancy exists. It is possible that changes in staffing, or in procedures governing classification scoring and assessment changed between 2014 and 2017. It is also possible that factors like the increased use of opioids in the state between 2014 and 2017, dramatically altered the health profile of women entering the state's jail system.

Medical needs scores

MN scores	2014	2017
No score	379	213
1	182	95
2	866	559
3	391	830
4	189	408
5	31	44
Scored women	1,659	1,936
Matched women	2,038	2,149
Total Cohort	2,236	2,196
MN >2	611	1,282
MN>2, % of scored	37%	66%
% of total cohort	27%	58%

Substance abuse: Anecdotal evidence suggests that drug and/or alcohol use is ubiquitous among people who are admitted to prison. This assumption is somewhat validated by the fact that among the 1,801 women whose drug and alcohol use was evaluated within 14 days of entering jail in 2017, only 8% were assessed to have a substance abuse score of 1, i.e., no apparent substance abuse issue.

Substance abuse scores

SA scores	2014	2017
No SA score	1	79
Not assessed - 0	1,386	269
1	48	144
2	21	97
3	207	366
4	218	973
5	157	221
Women with scores	651	1,801
Matched women	2,038	2,149
Cohort	2,236	2,196
Score >4	375	1,194
Score >4, % of scored	58%	66%
SA= 1, % scored	7%	8%

Of women who were assessed for substance abuse within 14 days of admission in 2017, 66% were found to have a substance abuse issue requiring intensive outpatient services (SA score=4) or an extremely, serious problem (SA score=5) requiring high-level intensive treatment.

It should be noted that between 2014 and 2017, the number of pre-trial women who were evaluated for substance abuse within 14 days of admission to York CI increased dramatically. Of women in the 2014 cohort, only 651 appear to have been assessed for substance abuse. By 2017, that number had risen to 1,801.

Mental health: The mental health condition of most newly admitted inmates to York CI is assessed after entry. As the only state prison facility serving women, York CI has psychiatric care available on a 24/7 basis.

OPM reviewed mental health (MH) assessment scores for women that were evaluated within 14 days of admission in 2014 and 2017. Since an inmate’s immediate mental health and emotional condition can fluctuate considerably within several days of a prison admission, the data shown here reflects the most severe MH scores that were assigned within 14 days of admission.

Mental health scores

	2014	2017
No MH score	396	190
1	271	250
2	502	482
3	747	851
4	64	61
5	58	315
Women with scores	1,642	1,959
Matched women	2,038	2,149
Cohort	2,236	2,196
Score >3	869	1,227
Score >3, % scored	53%	63%
% no MH history	18%	9%

An MH score of 1 is an indication that the inmate has no past or current history of mental health issues. Among women admitted as pre-trial detainees in 2017, whose mental health was evaluated, only 13% were assessed to have no history or issues with mental health.

A MH score of 4 indicates a severe mental health disorder requiring specialized housing or on-going treatment. A score of 5 indicates the inmate is in mental health crisis requiring 24 hour care and placement on suicide watch.

In 2017, 19% of the women admitted as pre-trial detainees, whose mental health was assessed, scored at a 4 or 5 for their mental health condition. Among those women that were evaluated for mental health within 14 days of admission, 16% were assessed to be MH 5s.

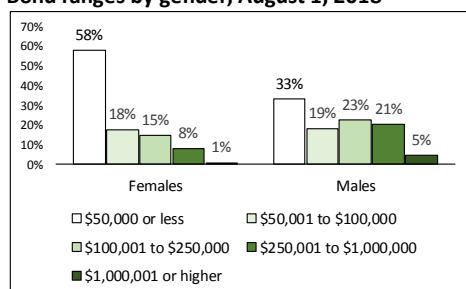
The reader should note that the number of women who were evaluated as MH 5s within 14 days of admission increased dramatically – from 58 to 315, or 440% - between 2014 and 2017. Since MH scores are used to match inmate needs with a level of care, and are not clinical or diagnostic scores, the discrepancy may reflect process and procedural change and not actual differences in the mental health status of the two cohorts.

Pre-trial men and women

In August 2018, the number of sentenced male prisoners exceeded the number of sentenced female prisoners by a factor of 16-to-1. Among the DOC's pre-trial population, however, the number of male prisoners exceeded females by a ratio of only 8-to-1. This difference suggests that a) many fewer women, compared to men, who enter prison on pre-trial status actually get sentenced to a term of incarceration, and or b) women, on average, receive shorter prison sentences.

Given that bond amounts generally reflect a defendant's criminal history at the time of an arrest and the nature and circumstances of the offense(s) appearing on the charging documents, it would appear from recent data on bonds, that pre-trial women present a generally lower risk to the courts than their male counterparts.

Bond ranges by gender, August 1, 2018



Recent DOC data reveals that a much higher percentage of pre-trial women receive lower bonds than their male, pre-trial counterparts. In August 2018, approximately 58% of the 391 female pre-trial detainees had bonds totalling \$50,000 or less. In comparison, only one third of males (33%) had bonds that were set this low. Twenty-five percent (25%) of males had bonds over \$250,000; only 9% of women had bonds that high.

Significant differences have also been observed between the aggregated needs and classification scores of male and female pre-trial prisoners. It is unclear whether they reflect actual differences or whether they reflect differences in the coding criteria used at York CI compared to the DOC's male prison facilities.

As the only prison serving women in CT, York CI provides medical and psychiatric services that are not available at all male prison facilities in the state. In August 2018, when this data was collected, only 23% of male pre-trial detainees were assessed as requiring access to nursing care for at least 16 hours per day. Among female pre-trial detainees, that figure was 68%.

Classification scores, men and women

	Females	Males
Require min. 16 hrs. predictable access to nursing care: 3, 4 or 5	68%	23%
Serious or higher substance abuse problem: 4 or 5	71%	36%
Mental health score: 3, 4 or 5	75%	33%
Severe or crisis mental health issue: MH 4 or 5	6%	7%

Among females, 75% were assessed with a mental needs scores of 3 or higher. In contrast, only 33% the male pre-trial population was assessed with this range of scores. Similarly, women were assessed to have much more significant substance abuse issues than their male counterparts, i.e., 61% of women, compared to 20% of men, were assessed to have serious (SA score = 4) or extremely serious (SA score = 5) substance abuse issues.

Case history 3

Defendant C was admitted to York CI as a 19-year old pre-trial-detainee in September 2014. Although charged with Robbery 1, her DOC record indicates that Defendant C was released at court 21 days after she was admitted.

Court records indicate that Defendant C had been arrested twice prior to her 2014 pre-trial detention. In 2012 she was charged with Credit card theft, Credit card fraud and Larceny 4. All charges were nolle in that case. Defendant C was arrested again in June 2014 and charged with Forgery, Interfering with an officer and Criminal impersonation. These charges were also nolle.

Defendants C's final arrest, which led to her short incarceration at York CI, was in September 2014 when she was charged with Robbery 1 and Larceny 1. These charges were also nolle.

The record indicates that Defendant C had had no further incidents involving the criminal justice system. In 2016, She was shot to death in an incident involving two other victims.

Interviews at York CI

As this report was being compiled during the summer of 2018, a member of our staff conducted interviews with over 30 women who were being held on pre-trial status at York CI. The women who were interviewed were selected at random, with one caveat, the DOC limited OPM access to women who had been admitted to York CI at least one week prior to the interview.

Since almost one-third of women admitted as pre-trial detainees remain incarcerated for less than a single week, OPM researchers did not have the opportunity to interview the portion of the female pre-trial population that remained in jail for only a few days.

It is possible, if not likely, that the women who are able to leave jail within a week are qualitatively different from the women who remain past one week. While we presently have no firm evidence to substantiate this assumption, we suspect that most women that remain incarcerated past one week either, a) lack the economic resources or the social or familial networks needed to meet their bail, b) have more complicated cases involving multiple dockets across several court jurisdictions, or, c) have been charged with serious offenses where a high bond has been imposed.

The interviews were generally open-ended, allowing interviewees the opportunity to discuss and explain their life trajectories and their current circumstances. Interviews generally lasted between 30 to 45 minutes.

Aggregated life histories, York CI interviews

	Asked	Responding	
		yes	yes, %
Previously incarcerated?	29	25	86%
Been pregnant?	30	29	97%
Do you have children?	32	26	81%
Mental health issues?	26	21	81%
Ever used heroin?	27	12	44%
Ever used cocaine/crack?	30	22	73%
Ever used marijuana?	23	18	78%
Ever homeless?	25	16	64%
Violence in home as a child?	24	15	63%
Ever physically abused?	28	21	75%
Ever sexually abused	28	24	86%
...if yes, age 16 or less?	24	18	75%
Criminal case as juvenile?	17	7	41%
Ever evicted?	19	9	47%
Ever shot?	20	2	10%
Ever stabbed?	20	4	20%

These interviews paint a sobering picture of a population facing a depressing constellation of issues colored by trauma, personal history and present-day circumstance.

The state’s Court Support Services Division (CSSD) does extensive work with the state’s pre-trial population. Their experience indicates that between 70% and 90% of their female pre-trial clients report a history of trauma. OPM’s interviewers observed similarly high rates.

The preceding table identifies some common themes encountered by the OPM’s interviewers. The percentages presented there have been included to give readers a sense of the frequency at which these themes emerged during the interviews.

The percentages, however, should be used with caution because of the limited sample size. Nevertheless, each of the women who were interviewed exhibited a rather complicated, albeit, varied assemblage of problems and issues that included substance abuse, physical and mental health problems, severe trauma, economic instability, poor or no family relations, abusive relationships and periods of intense desperation.

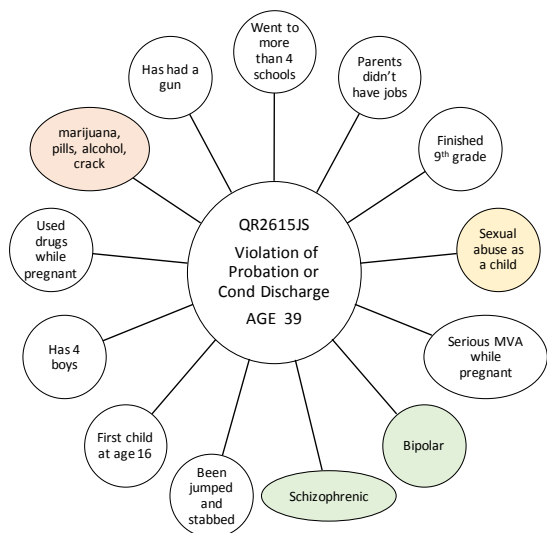
Eighty-two percent (82%) of women questioned had children. It was not uncommon for women to report that their children were in foster care, residing with other family members or were themselves involved in the criminal justice system.

Eighty-one percent (81%) reported a mental health issue ranging from depression, panic attacks, PTSD, ADHD, to Bipolar Disorder.

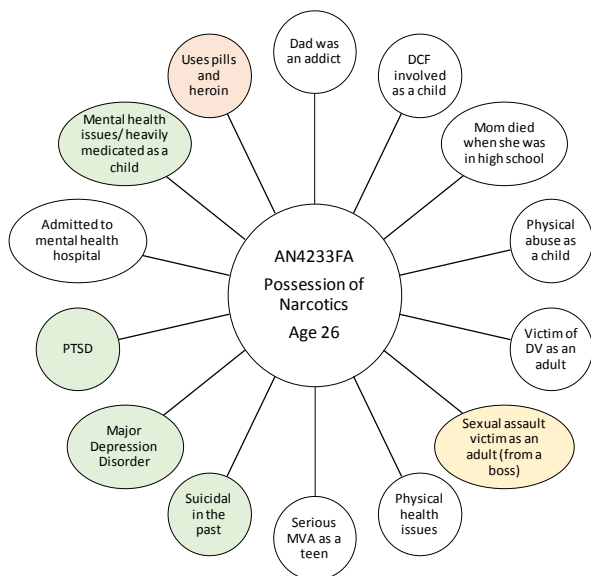
A startling 86% of women that were asked reported a history of sexual abuse and of the women reporting sexual abuse, 75% reported that the abuse occurred while they were 16 years of age or younger. Some women reported that they were sexually abused as young children by family members.

Almost two-thirds (64%) of the women that were asked reported having been homeless at some point in their lives. Forty-seven percent (47%) reported having been evicted from home. Despite the fact that CT, and the nation as a whole is in the midst of an opioid epidemic, more women in the interview sample reported using crack cocaine than heroin.

The following two charts are an attempt to illustrate the complex constellation of issues, circumstances and life-histories faced by women who find themselves in pre-trial detention. Each chart represents the life elements of a single pre-trial detainee that was interviewed by OPM during summer 2018. The cluster charts of these two defendants rank somewhere in the middle of the pack for the population that was interviewed.



This 39-year old was jailed on a Violation of Probation charge. She remained incarcerated for about 27 days until she was released at court in May 2015. She was first admitted to the CT DOC in 1997. Her admission to York CI in 2018 was her 8th entry since that first admit. She had served two terms of incarceration as a sentenced prisoner.



This 26-year old women was held on a Possession of Narcotics charge. She was jailed for 18 days in 2018. She did not return from court. This defendant has been admitted to York CI once before in 2017.

Mortality among the 2014 cohort

OPM has worked with the Department of Public Health and the Office of the Chief Medical Examiner to investigate mortality rates of former inmates at the CT DOC. This work has shown that

former prisoners, suffer much higher rates of death than the general population.

Using death registry data, OPM was able to match death records to 52 women who died within three years of being admitted to prison as pre-trial detainees in 2014. From this data, we were able to generate three-year mortality rates for the 2,236 women in the 2014 cohort. We also produced three-year mortality rates for the general female population in the state using U.S. Census data and the DPH Registry of Deaths.

The comparison of mortality rates revealed that women between the ages of 20 and 29, who were in the 2014 cohort, were 13 times more likely to die within three years as 20 to 29 year old women in the general population. Among women between the ages of 30 and 39, the jail group had mortality rates that were ten times greater than the rates for the general population.

Comparison of 3-year mortality rates

	Total	20 to 29	30 to 39
2014 Cohort	2236	862	612
Deaths w/in 3 yrs.	52	19	13
Overdose deaths	28	13	8
All deaths /1,000	23.3	22.0	21.2
Overdose deaths/1,000	12.5	15.1	13.1
CT women*, statewide	1,174,096	216,940	217,958
Deaths w/in 3 yrs.	9,976	359	463
Overdose deaths	547	108	112
All deaths /1,000	8.5	1.7	2.1
Overdose deaths/1,000	0.5	0.5	0.5

* U.S. Census

Drug overdose deaths were a significant factor in these different rates of death. Among the 19 women, between the ages of 20 and 29, who died, 68% were victims of a drug overdose. Among 30- to 39-year olds that died, 62% succumbed drug overdoses.

Of the 862 women between the ages of 20 and 29, two became victims of homicide outside of prison within three years of their 2014 admission.

Some demographics

The women in the 2014 and 2017 cohorts were similar when evaluated by their ages and race and ethnicity. In both years, Whites accounted for slightly more than 54% of all women. Black women constituted about 28% of the total; 16% of women pre-trial admitees self identified as Hispanic.

The largest component among each racial and ethnic group were women between the ages of 20 and 29. Between 2014 and 2017, the number of admittees under the age of 20 dropped from 89 to 72, an 18% drop.

2014 Cohort

Age	Black	Hispanic	White
19 and younger	36	21	32
20-29	268	141	446
30-39	151	119	338
40-49	110	57	252
50-59	57	19	144
60 and older	4	4	17
Total	626	361	1229

2014 cohort - distribution by age

Age	Black%	Hispanic %	White %
19 and younger	40%	23%	36%
20-29	31%	16%	52%
30-39	25%	19%	55%
40-49	26%	13%	59%
50-59	26%	9%	65%
60 and older	15%	15%	65%
Total	28%	16%	55%

2017 Cohort

Age	Black	Hispanic	White
19 and younger	26	18	29
20-29	235	110	419
30-39	186	137	392
40-49	98	66	223
50-59	71	19	114
60 and older	8	3	14
Total	624	353	1191

2017 cohort - distribution by age

Age	Black%	Hispanic %	White %
19 and younger	34%	23%	38%
20-29	30%	14%	54%
30-39	26%	19%	54%
40-49	25%	17%	57%
50-59	35%	9%	56%
60 and older	31%	12%	54%
Total	28%	16%	54%

This Report

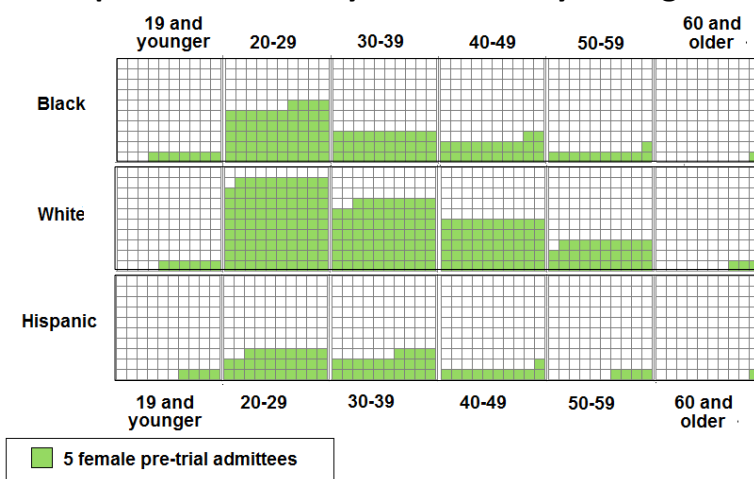
The authors intended this report to be a contribution to on-going discussions by policy makers, administrators and operations staff about the nature of the state's female, pre-trial jail population and about the factors that drive the state's system for pre-trial incarceration.

In addition to presenting the findings from OPM's analysis and the jail interviews, we have included three short case studies of women from the 2014 cohort. These have been included to illustrate for readers how diverse the population of women is that find themselves incarcerated while awaiting trial at York CI.

This report would not have been possible without the generous support and assistance of the CT DOC and the CT Judicial Branch, notably Court Support Services Division.

All inquiries should be directed to the authors at CT OPM's Criminal Justice Policy & Planning Division.

2014 pre-trial cohort by race/ethnicity and age



OPM - Criminal Justice Policy & Planning Division

Women in Jail Interview Notes

Preview

- This publication is atypical of the reports that are generally published by the Research Unit at OPM's Criminal Justice Policy & Planning Division, in that it is a compilation of observations and findings from a series of interviews conducted with female, pre-trial detainees at York CI, CT's sole women's-only prison.
- In October 2018, the Research Unit at CJPPD published *Women in Jail in CT* an analysis on the status and circumstances of women held on pre-trial status at York CI. As that report was being prepared a series of interviews at York CI were arranged in order to test the findings in the initial report and to investigate whether there were other dynamics at play that were being overlooked in the broader report. The interviews uncovered a range of troubling issues experienced by pre-trial women – on a scale that we had not anticipated – relating to childhood trauma, pregnancy, sexual trauma, mental health issues, drug use, economic and family issues and violence.
- This report is intended to capture and present to an interested readership some of the major observations of the project's principal investigator, Kendall Bobula. The Research Unit at CJPPD is generally focused on quantitative work. In the few cases where we have undertaken qualitative research projects, we have struggled with how to present our findings. In this report we have chosen to loosely organize the findings into broad thematic areas. We leave it to the reader to make use of this material and contact the unit for any clarification.

Purpose and Methodology

Between March 3, 2018 and August 23, 2018, the Criminal Justice Policy and Planning Division at the Office of Policy and Management, performed a series of one-on-one, open-ended interviews with 33 incarcerated women who were awaiting adjudication at York Correctional Institution, the state's only prison for women.

These interviews were intended as part of a broader OPM investigation into the dynamics that appeared to be driving the state's, female pre-trial prison population (*Women in Jail in CT, 2018*). The interviews at York CI provided an often-sobering look at the issues and circumstances confronting a large portion of the state's female pre-trial population. A majority of the women who were interviewed exhibited a complex constellation of issues and concerns that included economic and family instability, chronic substance abuse, mental and physical health issues, and histories of childhood and sexual trauma.

Access to inmates at York CI was granted by former-DOC Commissioner Scott Semple. The women that were interviewed were selected at random by OPM from the DOC's inmate management system. Staff at York CI were informed of the names of the women to be interviewed in advance and correctional officers accompanied each woman to a private interview room where they were informed about the purpose of the interviews. The women were then given the opportunity to opt out and return to their housing units or to sign a consent agreement. In the consent agreement, each interviewee was informed that she was not required to discuss or reveal anything that she did not feel comfortable sharing, and that she could end the interview at any time.

Only one caveat was placed on OPM by York CI staff; interviews were only allowed with women who had been admitted to the facility at least one week prior to the date of the interview. This was done, we were told, to ensure that none of the women were undergoing 'detox' at the time of the interview. The DOC staff's decision to restrict interviews to pre-trial women held for more than one week certainly affected the composition of the interview cohort. In the report *Women in Jail in CT*, we discovered that among women who were able to bond out from jail, 76% were able to do so within the first week. It is, therefore, reasonable to assume that the women who are able to leave prison within 7 days of admission have greater access to economic assets and social and family support than the women who remain incarcerated past one week. Given this constraint we assume that the interview cohort was slightly more likely to be experiencing more difficult circumstances than the average pre-trial admittee.

The follow pages are an attempt to present the information gleaned from the interviews in a general way in the hope that they might be useful to future researchers interested in incarcerated women.

- Kendall Bobula, Principal Investigator

The York interview cohort

The thirty-three women that were interviewed for this study were selected at random. Since women who were released within a week of admission to York CI could not be interviewed, researchers were concerned about the degree of similarity between the interview cohort and the overall pre-trial population at York CI.

Table 1. Race and ethnicity, York CI vs. cohort

	York CI population	York CI, %	Interview group	Interview group, %
White	166	54%	18	55%
Hispanic	53	17%	5	15%
Black	86	28%	10	30%
Other	1	0%	0	0%
Total	306	100%	33	100%

The racial and ethnic composition of women in the interview cohort was consistent with that of the entire pre-trial population at York CI that remained incarcerated, on pre-trial status, for a least a week between May and August 2018.

Table 2. Age distribution, York CI vs. cohort

	York CI population	York CI, %	Interview group	Interview group, %
Under 30	99	32%	10	30%
30-39	121	40%	18	55%
40 and Over	86	28%	5	15%
Total	306	100%	33	100%

Although women in the interview cohort skewed slightly younger than women in the entire pre-trial population, the difference was within acceptable bounds.

Table 3. Distribution by controlling offense

Controlling offense	York CI population	York CI, %	Interview group	Interview group, %
VOP	51	17%	8	24%
FTA 1 st or 2 nd	52	17%	5	15%
Poss. of Narc	19	6%	4	12%
Crim. Viol. of Protect. Order	16	5%	2	6%
Injury / Risk of Injury to Minor	20	7%	2	6%
All other charges	148	48%	12	36%
Total	306	100%	33	100%

Women in the interview cohort were somewhat more likely to be charged with violation of probation or with drug charges than women in the general pre-trial population.

Explanation and discussion

Table 4 consolidates many of the questions that were asked during the York CI interviews. Due to the open-ended nature of the interviews, not every interviewee was asked every question. As the interviews evolved, specific areas of interest that had not been anticipated at the inception of the interview process were incorporated into interviews. Similarly, some lines of questioning were not continued as the interviews proceeded. The percentages included throughout this report refer to the number of responses given divided by the number of women asked, not the entire interview cohort.

Several notable findings emerged from the interviews such as the high rate of physical abuse (75%), sexual abuse (86%), mental health issues (81%), and homelessness (64%) reported among the pre-trial cohort. OPM had some expectations that these issues would emerge but the scale of the reporting around these issues was not anticipated.

Following Table 4 this report relates some of the most significant findings uncovered during the interview process. These findings are organized around a set of themes including – Childhood Trauma, Pregnancy, Sexual Trauma, Mental Health, Drug Use, Family and Economic, Violence, and Health Emergencies. Interspersed among the findings are some direct quotations from individual women relating their own experience.

Following the narrative, we have produced a series of charts – one for each interviewee – providing a summary of the issues that we encountered during the interview process.

As the charts illustrate, the main interviewer (K. Bobula) observed a high degree of intersectionality due to complexity and co-occurrence of trauma associated with women in the interview group.

Table 4. Summary of answers to key topic areas

Question posed	Answering "yes"	Persons asked	Answering "Yes", %
Have you ever been pregnant?	29	30	97%
Have you had an issue(s) with a pregnancy?	11	13	85%
Has anybody close to you died unexpectedly?	24	26	92%
Have your parent(s) had a job(s) (Notice: Answered "Yes")	23	26	88%
Have you ever been sexually abused?	24	28	86%
If sexually abused, were you 16 or younger?	18	24	75%
Did your parent/primary caregiver have mental or physical health issue(s)?	16	19	84%
Have you ever been hospitalized?(non-pregnancy-related)	19	23	83%
Do you have mental health issues?	21	26	81%
Did you move as a child or young adult?	19	24	79%
Did you have enough food to eat as a child?	15	19	79%
Have you ever used marijuana?	18	23	78%
Have you ever been physically abused?	21	28	75%
Use(d) crack or cocaine?	22	30	73%
Was your parent an addict?	14	20	70%
Have you ever attended a drug treatment program?	11	16	69%
Have you ever considered yourself homeless?	16	25	64%
Was there any violence in the house as a child?	15	24	63%
Are you/ have you ever been an alcoholic?	13	21	62%
Have you ever smoked cigarettes?	5	9	56%
Do you abuse pills?	11	20	55%
Have you ever been married?	11	21	52%
Have you ever used methadone?	5	10	50%
Have you ever been evicted from your home?	9	19	47%
Have you had an abortion?	7	15	47%
Have you used heroin in any form?	12	27	44%
Have you ever gotten a DUI?	4	9	44%
Have you ever been jumped/beaten?	9	21	43%
Did you have a juvenile case?	7	17	41%
Did you live with someone besides your parent(s) as a child?	11	28	39%
Have you ever voted?	5	13	38%
Have you ever been shot at?	6	19	32%
Are your kids with the same dad?	6	19	32%
Did you use drugs while pregnant?	4	16	25%
Did NOT finish 12th grade or receive a GED?	7	31	23%
Have you ever been stabbed?	4	20	20%
Is this your first time (physically) in prison?	4	29	14%
Have you ever been shot?	2	20	10%

Themes

The major themes found during the interviews included – childhood trauma, pregnancy, sexual trauma, mental health issues, drug use, adulthood economic and family instability, violence, and health emergencies. I selected interview quotes that I thought best accompanied each of the themes. There are many more interview quotes that were not used. As a caution to the reader there is profanity in the quotes below. Ellipses are used to denote unintelligible words, not that words were excluded.

Childhood Trauma

The first portion of the interviews primarily focused on childhood, including their families and/ or their foster care homes. When asked about their parents, 23 of 26 (88%) women said at least one of their parents had at least one job at one point in time. 19 of 24 (79%) women said they moved at least once as a child or young adult. 11 of 28 (39%) said they lived with someone besides their parent(s) as a child for an extended period of time. 14 of 20 (70%) women reported their parent was an addict, and 16 of 19 (84%) women said a parent or primary caregiver had a serious mental or physical health issue. Finally 4 of 19 (21%) women said they did not have enough food to eat as a child.

The women recalled childhood instability such as moving as a young adult, changing elementary schools, and not living with their biological parents. Although not asked consistently across all women in the study, 14 of the women, who volunteered information about when they left home, said they had left home or moved out of their parents' house before the age of 18, 5 of them left home before the age of 16. 44% (8 of 18) of women said they were DCF involved as a kid and 8 women out of 17 women asked (47%), had been institutionalized (overnight) as a child. (i.e. mental health hospital, detention center, group home, etc.) Despite this, 77% (24 out of 31) women finished high school or got their GED and 8 of these 31 (26%) reported to at least beginning post-secondary education courses.

"My father ended up getting a dishonorable discharge because he took off to go find my mother. Yeah, so, he ended up finding her or whatever, and she got pregnant with my brother. And then, they got married, and then he left her when she got pregnant with me. My brother is, like, 18 or 14 months older than me... [My dad] left all of us here. My mom was pregnant with me so I was blamed for everything because I looked like my father. My father left when she was pregnant with me, so, of course, I took the brunt of all the bullshit."

"He would try to strangle [my mom] and stuff like that. Finally got away. I was in a juvenile program 'cause I ran away – I used to run away all the time – 'cause I just, I don't know, I couldn't deal with it. So then I would just like run away, and then, I don't know..."

"I was a runaway. I was in a new home every week. Literally, every single week a new home. I ran away all the time. I hate being told what to do, I hate being made to sit still. I'm not that person."

"Once I told my mom everything that was going on, because like, he would be like, 'Oh, I'm gonna kill her if you tell her. Your mom doesn't care about you; she says she didn't go to school for four years to be a housewife' things like that. He brainwashed us into thinking our mom doesn't love us and that he is the only one who cared."

"I was 18 months old when I went into the foster home that eventually adopted me when I was 9, and I went back into foster care when I was 11. And I exalted (sic) all of them by the time I was 16. There's nothing cool, nothing fun, nothing good about my story. There's nothing about it that I even care to talk about. My life was shit. I don't care to talk about it."

"[My mom] has anger issues. When I was little, for example, she used to, like, if I did anything wrong, she would go nuts, and I would cry and say, 'I'm sorry.' Well, one day, I was getting a little older, and I didn't cry and say, 'I'm sorry.' I think I told her she was crazy or something. And so, I came home from school, and she threw a pill bottle at me that was empty and told me that she took them all and that she was killing herself because I don't give a shit about her. And I was like, 8."

Pregnancy

When discussing family during the interviews, a major component were the women's children. 32 women were asked if they have children –81% responded yes (26 of 32 women). But when asked if they had ever been pregnant the rate jumped to 97% (29 out of 30 women had been pregnant). 7 of 18 women had had an abortion – 47% of women. 4 of 16 women admitted to using drugs, at least once during pregnancy. 85% of women (11 of 19) reported having an "issue" with a pregnancy. Of the women who provided more information about their pregnancy issues, responses included SIDS, stillborn, and "tubal" pregnancy (also known as an ectopic pregnancy). 9 the women in the study had 3 children, ranging from ages 0 to 6. The most frequently occurring age for first pregnancy was 17, the average age was 18.7. The youngest age for a pregnancy was 14, and there were three women who were first pregnant at age 14. The oldest age of pregnancy was 37 and she was the only woman who gave birth to her first child in her 30's. Seven women gave birth to their first child in their 20's. 71% (24 women asked) of the women said they had a physical health issue and 85% (13 women asked) said they had an issue with a pregnancy. In this case, abortions were not included as an issue with the pregnancy. 7 women out of 15 women had said they had an abortion or multiple abortions.

"I got pregnant at the end of 17, so I didn't do anything, well I did weed. I did weed, but I didn't do any cocaine or crack or PCP ... most of the time I was pregnant, but when I found out I was pregnant, I stopped. Anyhow I would regularly smoke weed and I was pregnant and they assigned me a social worker at the hospital at Yale and um she turned her back on me and turned me in... for using weed when I was pregnant. It was illegal, it was illegal back then."

"There was a protective order against me and my ex-husband. I brought my daughter to the doctor's – to a therapist, psychiatrist – and she said my daughter had all the signs of being molested. And I said he called when he didn't, so it was a false please statement so I did 30 days."

"I had a rough life... 10th grade, I got pregnant with my son when I was 14... I took care of him, my aunt helped me take care of him, my grandmother, that's when I was selling drugs, then a lot of money, but then I stopped after I had my second baby, 18. I got 6 different baby fathers, I got 8 kids altogether, but two passed, 6 survived. My daughter 3 months she died of SIDS, then I had a stillborn baby."

Sexual Trauma

Sexual trauma was a common topic in the interviews. 86% (24 of 28) of the women asked had been sexually assaulted in her life, and of those 24 women, 18 of them acknowledged sexual abuse at age 16 or younger. Of the women who gave a specific age of the childhood sexual assault (two women vaguely said the sexual assault happened "as a kid"), the ages ranged from 18 months to 16 years, with the most commonly occurring age as 16 (3 women). Seven women said they were first sexually assaulted under the age of 9. Most of the women knew the perpetrator of the sexual violence; "family friend", "uncle", "cousin", and "step-dad" each appeared twice when asked about who sexually assaulted them at the youngest age they were sexually assaulted. "Gang raped" appeared twice as well. While we did not explicitly ask about prostitution, in 6 interviews the woman identified "prostitution" and one woman said "stripping" when asked "how do you support yourself and/or your family?"

"My mom's name is (redacted), I miss her so much, she was here visiting me when I got arrested. I don't really talk to my dad anymore, he has embarrassed me, I'm like a prostitute and I'm pretty sure I have HIV. I started like tricking in (redacted) city when I was like 15 years old, you know, so like, I've been abused so many times in my life, it's like unbelievable, I just got raped like 13 times in the past year – the past year – in Fair Haven."

"I was assaulted at 13, 18, and 30 years old; I was raped, and two of those times I was heavily drugged...At 13, I was lucid – completely awake for that. And just, a friend's brother and a friend...pinned me down and attacked me. Um, when I was 18, I was heavily drugged and raped by my friend's brother. I tried to commit suicide because...he gave me chlamydia. And then, uh, at 30 years old...someone put over 270 milligrams of Ativan in my drink when I stepped away. And I was left beaten, bloody, and raped on my friend's doorstep."

“When I first relapsed, I lost everything. I lost my job, I lost my scooter, lost my place; I lost everything. So, I did what I did – at that time – to survive. Which is basically sell myself. And then you have people that take advantage of that. You don’t know whose car you’re getting into at any specific time. It is a very, very dangerous game.”

“(Crying) I was gang raped, maybe 3 years ago...I don’t really wanna go into that.”

Mental Health

Mental health issues appear to be a major component of the lives of the women interviewed, and there is evidence that this exists in the larger female pre-trial population. Most of the women, 81% (21 of 26), acknowledged having a mental health issue or, in many cases, multiple mental health conditions. We compared the women’s interview answers to the questions “Do you have a mental health issue?”, “Have you ever been institutionalized for a mental health reason?”, and “Do you take any medications for your mental health issues?” to the RT 74 – the most recent mental health score given by the DOC. Only 5 women who answered “no” to the question – “Do you have any mental health issues?” However, two of these women had caveats – of one women stated she has “no diagnosed mental health issues, but I think there’s something wrong with me”. (This particular woman also took Librium, Benadryl, and a “mystery pill” from the DOC which stabilizes her mood.) And another woman in the “no” answers said she thinks she has PTSD, but she isn’t diagnosed with it. Fifty-two percent (14 of 27) of women asked said they have PTSD, 37% (10 of 27) said they are depressed, 33% (9 of 27) said they suffer from anxiety or panic attacks, and 30% (8 of 27) said they are bipolar. Four women said they were schizophrenic or heard voices (or were taking medications for hearing voices), 4 women said they were at one time suicidal, and 5 women had spent time in a mental health institution for some length of time – longer than an outpatient visit. Many women mentioned the medications they take for their mental health – including drugs such as, but not limited to, Gabapentin, Lexapro, and Librium. When asked about mental health issues, the women do not seem to differentiate between mental health disorders (e.g., bipolar disorder, schizophrenia, depression) and behavioral health disorders (e.g., ADHD, ODD, OCD, gambling, substance abuse) in their own lives and experiences. Therefore, this section does not comment on official terms of the medical or mental health fields, but rather it is predicated in the mindset and perspective of the offenders being interviewed, not necessarily medical fact or literature.

“So my kid’s father, he’s like abusive and he kept calling the police on me until they arrested me basically, he said that I was like hallucinating and bipolar and schizophrenic. And um he was gaslighting me and really confusing me... I was working 2 jobs, going to school, and I have 3 kids. So, I got really tired, and I have chronic pain the winter, so my whole body, like my joints hurt and stuff and I couldn’t sleep, so I got really sleep deprived and I started like having a mental breakdown. I was inpatient in a behavioral health clinic for a week and he basically kicked me out of the house.”

“It started with Percocet – it actually started with Xanax, I was like prescribed that since I was young – since I was like 12 years old, I’ve been on Klonopin, I’ve been on Geodon, I’ve been on Wellbutrin, I’ve been on Zoloft, I’ve been on Prozac, I’ve been on everything you can name... because I was like... I have PTSD and I have like a bunch of major depressive disorder, I actually made like a suicide attempt with the pills when I was younger. I have been in the Pond House a couple of times. I’ve been institutionalized a couple of times. In Connecticut. I’ve been to the Pond House like 3 or 4 times.”*

* A behavioral health unit at Lawrence + Memorial Hospital in New London, CT

Drug Use

Drug use is nearly ubiquitous among inmates, only two women from the entire interviewed cohort did not acknowledge ever using a drug (including marijuana). The most commonly used drugs were marijuana at 78% (18 of 23 women), crack and/ or cocaine at 73% (22 of 30 women), and heroin 44% (12 of 27 women). Of the 22 women who used crack and/or cocaine, 12 were white, 6 were black, and 4 were Hispanic. Black women who used cocaine and/or crack were on average 36, white women were 34 and Hispanic women were 31. And of the women who used marijuana 8 were black, 7 were white, and 3 were Hispanic. Of the women who used heroin – 10 were white and the remaining 2 were Hispanic and the average age was 32. 62% of the women

asked said they were an alcoholic (13 of 21 women) 44% said they had gotten a DUI, (4 of 9 women). 69% (11 of 16 women) said they had tried a drug treatment program and 50% (5 of 10 women) said they had tried methadone. And lastly, 15% (4 of 16 women) said they did use drugs at some point while they were pregnant.

"I was doing crack and heroin... well I was on heroin for a while, and then I got onto the methadone, because the first time DCF was involved and I got all that, then I was clean for two years and then I started smoking crack, I tried it with one of my friends and I fell in love, and then because I kept coming up dirty with the clinic with cocaine, I got rapid detox off of it, they detoxed me 100 ml in 5 days, so I was really sick, and I had to get up and get the kids ready for school, like it was getting impossible, so I just started using the heroin again, this was not even about a year ago now."

"I think it was just the fact that drugs were everywhere and I was already used to them, curious about them, making money from them, tired of working, tired of not seeing my son. And I think that made it easier for me to buy a pack and sell it so I could be with my son. I was missing my son growing, missing my son developing new characteristics, missing milestones. I missed it. I got him back to pay for him, I didn't get him back to be with him. So, I felt like that would be a way for us to spend time together, if I stayed home and sold drugs, then I could still be with my son. And in the meantime, I guess I had so much time on my hands that I became curious again and started using."

"Klonopin, then it went to Ativan, than it was on Xanax, and I think it was just, then it was just like the coping mechanism, to take it and go to bed, take a nap, it was making me tired and it just shut my brain down, instead of kinda dealing with it, and I wasn't really doing much like counseling – talking – I was more just taking medicine, and I think that's what really started it – looking back – because a year later I was - you know - snorting, I'm not an intravenous user. I've never done that before, but I mean I'm no better than anybody else, but it started out with that then percocets, then 2 -3 years ago it was the heroin"

Adulthood Economic and Family Instability

The theme of instability often followed these women from childhood into adulthood in the form of evictions, homelessness, and previous incarcerations. 47% of the women (9 out of 19) had experienced being evicted as an adult. 64% (16 of 25 women) reported experiencing homelessness at some point in adulthood, including living in a homeless shelter, on peoples porches, on the street, or in tents. 86%, (25 of 29 women), had spent at least one night in prison prior to this current pre-trial stay. All of these variables of instability, were often compounded with other stressors, as previously mentioned, such as domestic violence, sexual trauma, mental and physical health issues, and having to care for children and/or other adults. Despite this, most women reported having, or having had, jobs in the past. As mentioned previously, 6 women reported working as prostitutes at some point, for money and/ or drugs; one additional woman said she was a stripper. Two of these women also held other jobs in addition to prostitution. Only two women in the cohort answered that they never held a job. 36% (12 of 33 women) had a food related job, including working at fast food, waitressing, or a grocery store. 7 women had medical field related jobs such as eye doctor receptionist, Assess-A-Ride, CNA, and home care. Other miscellaneous jobs included construction, cable installation, Walmart, housekeeping, window washing, veterinarian technician, secretary and others. Most women moved frequently between different low-skill, low-wage jobs. Only one respondent reported having a stable well-paying career in the traditional sense– as a unionized construction worker.

"I ended up in a church when it got so cold 'cause I was staying under the bridge, and they let me sleep there for a few hours. And then I got up and I called (name redacted) and said, "Look, I don't know what we're doing here; I can't stay here," and they finally put me in a shelter. But we still couldn't see each other. I don't have a vehicle, I know nobody. I have no support system."

"I didn't stab anyone, I didn't mug anyone, I didn't rob a store, I didn't you know – I mean it's like, I'm a mom from [redacted], I was a tee ball mom, I ran the concession stands."

"Normally, it was like sports bars, type – family restaurants/ sports bars ... so I would work like double shifts, and I would come home and in between shifts do laundry, walk the dog, you know make dinner, do – I mean like – I was like, you know like, I just want my life back, but it's like nobody will give me a chance. The judge even said... like the prosecutor said, she goes, she's just going to be a felon walking the streets of (city redact). It's like – you don't even know me. It's like – you read what's on a piece of paper from what other people wrote on a piece of paper."

Violence

When asked about themselves 75% (21 of 28) said they had been physically abused and 83% (19 of 23) said they had been hospitalized at some point. Most women recounted episodes, if not ongoing, of violence in the house as a child – 63% (15 of 24). This often carried from household to household as they were shifted from multiple households as children. 43% (9 of 21) said yes they had been jumped or beaten, 20% (4 of 20) had been stabbed, 32% (6 of 19) said they had been shot at, and finally two women said they had been shot. We didn't specifically ask the question "Have you ever carried a weapon?" however 5 women said they had used or were in possession of a weapon at some point.

"[Living with my drug-dealing uncles] was scary, it was exciting, it was depressing. Some happy times. There was a lot of money, things that were available to you that other kids didn't get. And sometimes it was life-threatening... a lot of raids, shootings, dog attacks, stabbings...by other drug dealers, police, people who wanted to robs us; they'd kick in the doors... My uncles got shot. Some of them passed away, some of them lived. Right outside the door, in the parking lots. People would just wait for them, 'cause there was a lot of money coming out of our house. I've been held [hostage] for my uncles to show up with money. One time I was 13, uh, one time I was 15. Um, I think another time I was 15, maybe 16."

"[My ex-boyfriend] would take the phone from me. He would, like, drive me to remote areas and beat the shit out of me. It was wonderful. (Sarcastically). Like my whole pregnancy [and] before I was pregnant."

"When I was in my twenties I went through a lot of deaths, I went through a lot of um, relationships with my kids' fathers, um, I was in one bad-ass relationship where he was abusing me, which is my one youngest daughter's father, I had my jaw broken from him, he broke my jaw, he shattered my jaw, I had to have my jaw wired... this was about 8 – 9 years ago."

"[My ex-boyfriend] was doing all sorts of stuff: beating me, and the police had to come, all types of stuff...I can show you – if I take my clothes off – my whole body is bruised...They said that they have to – even though I'm the victim – they have to [arrest me] in the state of Connecticut [speaking on dual-arrest]...I'm the victim, I'm dragged, I'm beaten, but I'm the one in jail."

Health Emergencies

Stories of significant hospitalizations due to head trauma, accidents, and violence were common in the interviews. Although not asked directly about car accidents, 15 women mentioned – without prompting – during their interviews they had been in a serious car accident, and 2 more said they had been in a minor car accidents (We didn't ask women specifically if they had been in a car accident). 13 women recalled having a traumatic brain injury, brain surgery, or a serious concussion. The stories included traumas such as being struck by a moped at age 9, a mirror falling on her as a child resulting in brain surgery to remove the shards of glass, seizures causing concussions since age 7, being head-butted by a drug dealer resulting in a surgery, pistol whipped in the head during a fight, and multiple stories of car accidents resulting in varying levels of head injuries. Death, violence and physical illnesses were common themes in most of the interviews. Almost all of the women – 92% (24 of 26 women) said they had experienced the death of someone close to them (usually a close family member or significant other) – the causes ranged from shootings, accidents, and suicide to AIDS and various cancers. Only two women said "no" they hadn't experienced the death of a loved one.

"I think anything below \$25,000 shouldn't be held I think it should just be promise to appear and case is handled... OK, I missed my appointments, god fucking forbid, ok, I'm ADHD, bad as hell, I'm 34 years old, I have 4 kids, I lose my train of thought, OK, I don't think of the appointments, I don't think that, it's not like I think I'm better than them- I don't have to go, it's just I don't think about it. You know, I do in the moment, like at first, like the first couple days – whatever. I'm like yeah I got this, I call. But it's like I can't – I can't do too much at once, I have, I have had brain traumas like nobody's business. I was head-butted by my Columbian drug lord ex-boyfriend. And I had to have brain surgery... caused a subdural hematoma."

"I was on medication with my first one, because I have grand mal epileptic seizures. They were worried about birth defects with both of my boys because I needed to be on the medication, so they did ultra sounds all the time to make sure the kids were ok, like no holes in their hearts or cleft lips, or anything"

but they – beautiful children – healthy, everything. I’ve probably had probably like had 70, since I was like 7, and I was on medication, I was on Trileptal for a while, but then my husband’s insurance didn’t cover it, cause it didn’t come in generic form, so I weaned off of it, so I haven’t been on medication since.”

“So we were living in [a ’99 Ford Escort in a Walmart parking lot in (redacted)] and then I get sick because I have: colitis, irritable bowel syndrome, and I have a twisted intestine that is infected. So, I have all these plus other problems – I’m old – high blood pressure, thyroid, arthritis, a disability in my shoulder, I just broke my ankle that’s still repairing ‘cause I ripped the tendon from the bone, so they say it’ll take 8 months to a year before it really heals.”

Constellation of Issues Graphics

It is hard to explain in a traditional chart or graph the extent of dysfunction present in these women’s lives. To best illustrate this point of a multitude of issues in one woman’s life, we have taken each woman and given them a “constellation of issues” graphic. These are grouped by thematic color and include interviewee-specific information near that bubble. These graphics make it easier to see how a person could become overwhelmed by their situation or their life’s trajectory. For example, a small excerpt of an interview with a woman, demonstrates the fragmented lives of these women.

“They shot at me too, the same dudes who raped me, they chased me and couldn’t catch me so they started shooting at me... of course I have seen people get shot, killed, stabbed in Hartford and in Florida. I went to North Dakota. I saw someone get killed there...” This woman is in prison for a VOP, she mentions her twin sister is also at York for Assault. “...me and my twin sister were in DCF, but just went to my dad’s, my mom was not being a good parent...my dad was on drugs at one time, we lived with his mom and sister.” She goes on to explain, “I don’t have kids and I don’t want none, I had an abortion and a miscarriage and my twin same – an abortion and tube pregnancy...”

This excerpt is not unique in painting a picture of a web of dysfunction in these women’s lives. These graphics give a general look at each woman we interviewed and their co-occurrences of trauma and stressors. Names were replaced by pseudonyms out of respect to the interviewees and to provide anonymity.

Note: The data provided here is directly from the woman’s interviews, no further attempt at explanation or validation of their accounts have been made, other than from the RT system and the gathering of data about pre-trial women as a whole. Psuedonyms were given to provide some anonymity in addition to their actual age at the time of the interview and their charge (Controlling Offense) from the RT system.

