SPECIAL REPORT
ON
FEMALE
OFFENDERS
IN
FLORIDA PRISONS

Supplement to
The State of Florida
Correctional Medical Authority's
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INCARCERATING FEMALE OFFENDERS: MENTAL AND PHYSICAL HEALTH IMPLICATIONS

In late 1998, for the first time in the recorded history of the Florida Department of Corrections (department), two female offenders died, with suicide as the identified cause of death. Subsequently, the Florida Legislature expressed interest in those deaths. Legislators and legislative staff requested Correctional Medical Authority (authority) review of the suicides. Several hearings were held on the suicides by the House Corrections Committee and the Senate Criminal Justice Committee. Numerous individuals testified before the committees. Nearly simultaneously, the department's Inspector General's office and the Florida Department of Law Enforcement (FDLE) independently investigated the deaths. The deaths also generated considerable media attention. An unusually large number of documents were generated as a consequence.

The Legislature assigned the House Corrections Committee, the Florida Corrections Commission, and the authority to review and report on issues pertaining to female offenders. The authority was delegated the responsibility of exploring the physical and mental health impact of incarceration on the typical female offender.

Experts in the fields of psychiatry and suicide were engaged to review the facts and circumstances of the suicides in the context of the broad body of knowledge pertaining to suicide and female offender issues.

Records reviewed and relied upon for the authority's contribution to the legislatively mandated report included the department's inspector general's report; the FDLE final report; authority experts' reports; input from the authority's Mental Health Committee; the Governor's press release pertaining to the suicides; medical records; psychological reviews; newspaper publications; documents generated by the offenders; department security records; and department rules and policies.

In addition, in conjunction with the House Corrections Committee and the Florida Corrections Commission, the authority undertook a female offender survey to determine the status of female offenders in the department's custody. One hundred fifty three offenders at five institutions were surveyed.

What follows is a distillation of the information generated in investigation/review of one of the deaths, a review of pertinent literature pertaining to females with abuse histories and female offenders, and a discussion of findings from the female offender survey.

The Legislature also has been provided this information for the purpose of responding to legislative directive pertaining to the female offender survey.

Background of JD: This was the first prison incarceration for JD. A middle-aged female, she had a lengthy history of legal system confrontations. Her criminal history included arrests for grand theft, forgery, trespassing, and prostitution. She later had convictions for possession of marijuana and narcotics. Still later, convictions for battery, possession of controlled substances, loitering, delivery of drugs, burglary, and resisting arrest preceded her department incarceration. While under community supervision, she left the state without advising her probation officer. The violation resulted in her return to Florida, and an arrest for illegal use of a rental car.

During her detention at a county jail, and the same day she was sentenced to 18 months in prison, she declared suicidal intent. She was held under a suicide watch for four days. Following release from suicide watch, JD was prescribed Sinequan for depression. Shortly thereafter, she was transferred to a department reception facility.

Institution #1: On intake to the department, JD reported she had completed the fifth grade. She had no GED. She admitted having used cocaine, with first use at age 23. She drank alcohol daily, with first use at age 12. On intake, mental health diagnosed an adjustment disorder with depression. She weighed 129 pounds. The Sinequan, previously prescribed for depression, was discontinued and JD was assigned a psychological grade of S1 (“no disorder or impairment in adaptive functioning”).

Within days of her incarceration, JD received corrective consultations (CCs) for being in a restroom with another offender without posting her ID tag in the window, and not wearing a bra. Other CCs were issued for starting a new table in the dining hall before filling one up, and not sitting on her locker between 8 and 9 PM. She remained at institution #1 for about one month.

Institution #2: Immediately upon arrival at institution #2, JD received a CC for talking in the medical unit. Within about three weeks, she received three more CCs and a verbal warning for raising her shirt while sunbathing, failing to comply with count, and talking during count. JD was asked if she had her bra on correctly. She said yes. Asked again, she said no. She was issued the fourth CC for lying to staff.

Shortly after transfer to institution #2, JD entered the tier substance abuse treatment program (tier program). During her substance abuse intake evaluation, she reported a history of childhood sexual abuse. Unfortunately, this information was not transferred with JD when she later moved to institution #3. Substance abuse treatment records do not travel with the offender; they typically are stored in the institution(s) where the treatment is provided.

Approximately one month after transfer to institution #2, JD was in a counseling session about an alleged problem she had with a fellow offender. She became angry, upset, and out of control, stating to a fellow female offender, "you're garbage, you're junk, and you'll never be anything." She also said, "I'm going to kick your butt." A correctional officer intervened and JD was placed in administrative confinement pending a charge of disorderly conduct. On that same day, JD refused a strip search. Force was used to strip search JD; a nurse visually observed her vaginal and rectal areas. The nurse conducted the search with "officers holding the offender's arms and legs. No injury noted." JD was given 30 days in disciplinary confinement for spoken threats against a fellow offender.

During a psychological screening while in confinement, JD reported a fellow offender had pursued her sexually and wanted to marry her. The psychologist wrote: "if the offender continues to report the alleged behaviors after being separated from the peer, further evaluation will be made for delusional thinking." Twenty-seven days later, she was released to general population. While in confinement, on three separate occasions, she complained of constipation.

About two weeks after her release from confinement, JD was seen by mental health, at her request. The psychological specialist noted, "stated she wanted to be put on psychotropic medication to leave (this institution)." Also noted were scars on her arm from "self inflicted injuries". JD was "jittery, with a facial tic. She was hyper in speech and very defensive." The conclusion: JD "made it plain that she was being manipulative to get off (the) compound…Offender lacks personal control…appears to be dealing with withdrawal symptoms and emerging personality disturbances. Refer to psychiatrist in one week."

That same afternoon, immediately upon exiting the tier program, JD began throwing things and yelling. She approached a treatment supervisor and stated "You mother ______, you're the reason I'm in here." She then threw a radio and headset at the supervisor.

Notes written by JD indicate a male substance abuse treatment worker at institution #2 called her out in front of her tier program, and told her, "she did it with horses and dogs." She wrote she "wanted to die", she "would have died before she would have run out and cried." According to JD, she left the class, walked outside, threw her notebook down, and started to cry. A fellow offender intervened. A counselor appeared and chastised JD. In her own handwriting, she stated "yes sir, I lost it due to them riding me, and giving me such a hard time, and they probably knew I would act towards it just the way I did." None of those statements have been refuted or confirmed. According to JD, disciplinary reports (DRs) were issued. This was corroborated by security documentation.

JD refused a pre-confinement strip search. Force was used. She resisted the officer who took her to medical for the search. She also refused a post use-of-force exam. DRs were issued for kicking a correctional officer who had escorted her to medical (30

days); refusing to strip in confinement holding cell (60 days); and disobeying a verbal order (30 days).

JD refused the first three meals in confinement. Approximately three days later, her weight had decreased to 120 pounds. She had lost nine pounds since her incarceration.

Approximately one week after JD entered confinement, she was evaluated by mental health. JD stated she was depressed and wanted to be returned to her intake facility to be closer to home and to obtain medication. The mental status evaluation was normal with no evidence of thought disorder. The mental health entry read, "She was extremely manipulative…not deemed to be homicidal or suicidal at time of evaluation. She said she was depressed, said she couldn't sleep, was losing weight, but it was all as a result of not liking to be in prison." "Patient is just manipulating."

A few days later classification denied a male visitor to JD. Denial was made because JD was married and the visitor was not her husband. JD's husband could not visit because of his criminal history. Neither could her adult children; they, too, had criminal histories. For the next several days JD refused exercise. She again complained of constipation.

Approximately three months after her placement at institution #2, while in confinement, JD wrote a request for administrative remedy, stating she was issued two separate disciplinary reports for her being in two separate places at one time. She requested dismissal of one or both of the disciplinary reports. Her request was returned for failure to follow proper filing requirements.

JD continued to refuse exercise. Another DR was issued for disrespect to officials when JD responded to a correctional officer who looked in her confinement window, "get out of my _____ing room, you dirty _______."

Approximately four months after transfer to institution #2, JD complained of vaginal odor, and continued problems with constipation. The nursing entry indicated a follow-up for possible vaginitis with an ARNP referral delayed due to offender's menses. An examination was scheduled for the following week. However, JD was transferred to institution #3 before it was carried out.

Institution #3: Upon her transfer to institution #3, JD had accumulated 150 days in disciplinary confinement, having previously completed 62 of those days. She had been in the DC system for about five months. She weighed 115 pounds. She had lost 14 pounds.

Upon initial intake into confinement at institution #3, JD wrote that correctional staff went through her things and threw away her toothbrush, toothpaste, tampax, a new bar of soap, two plastic jars, a bottle of baby lotion, which was "poured out into my things." Prior to transfer, she wrote that articles of clothing were sent back to the laundry,

allegedly due to the transfer. JD wrote institution #2's laundry. She wrote that she waited over a month asking for something, as she had only "the tee shirt I brought, two robes, no underwear, and no slips." She wrote she got the request back, and "still had to wait another week, and all I got was two towels, two pair of socks." None of those statements has been refuted or confirmed.

Seven days after transfer to institution #3, JD was interviewed by mental health staff. A memorandum was written to the superintendent stating, "offender shows no sign of significant mental or emotional impairment."

On day nine of that stay, JD declared a psychological emergency, allegedly having stated to mental health personnel, "I just want to go in the AC" (air conditioning). Suicidal thoughts were ruled out by mental health.

On day ten, JD was found yelling, cursing, and throwing her property into the hall, saying, "get away from me mother ______. I know what you are up to." A few minutes later she allegedly stated "Come near me mother ______ and I will jump off the bunk on my head." She also threatened staff. Within 15 minutes, the medical unit authorized the use of chemical agents. Shortly thereafter all her property was removed from her cell, and chemical agents were used. Approximately 40 minutes later, JD was handcuffed to be showered. A few minutes later she was quoted as saying, "Let me get to the f______ shower. If not I will get on the top bunk and jump off and hit my head on the toilet." Still a few minutes later, she was placed in the shower and her handcuffs were removed. While in the shower, she was given several warnings to hand over her dress. She refused, stating "I'm not giving up a f_____ thing until I get a towel." Authority for use of force was given. Chemical agents were used again. Two minutes later staff turned off the water in the shower. Five minutes later JD was given a towel; she refused to dry off with it, then threw it out the shower cell door.

Approximately one hour and 40 minutes after the initial incident began, JD tied her dress around her neck and attempted to hang herself. She was taken to her cell, her dress was removed, and JD stated "she (would) kill herself with the paper gown." Twenty minutes later mental health was notified. Forty-five minutes later a psychologist saw JD. During that visit, JD said, "I want to go back to Broward…they'll give me medication there and my family's there." JD was "lying on bunk in confinement, naked and wet from shower…offender presents as hostile, angry, and complains her skin stings from mace." The assessment was "offender at risk for self-injury with secondary gain motivation of transfer to Broward C.I. or obtaining medication." The plan was to "refer to psychiatrist for disposition." She remained in confinement. She was not put on suicide observation status.

JD refused her evening meal, a restricted diet. Nothing in the record explained the need for a restricted diet. Approximately 45 minutes later, instructions were given to issue no clothing until further notice. Through the night, JD remained naked, in a stripped cell for 12 hours. Subsequently, a canvas blanket was provided. The next day, JD refused both her morning and noon meal.

A psychiatric screening conducted the next day noted JD was oriented and uncooperative. JD was naked, wrapped in the canvas blanket during the interview. She was made a psychological grade S2 for further evaluation of her problems. During the interview, JD stated she gave birth to her first child at age 13, and put the child up for adoption.

Later that day, a male psychological specialist noted JD was "alert, lying prone on a metal bunk covered with a canvas blanket…oriented, uncooperative…difficult to assess at this time…is being monitored by security staff due to behavioral protocol." At 6 PM, JD refused a shower, though she did eat her evening meal. At 9 PM she refused to participate in the cell count. That same evening, disciplinary reports from two days prior were served on JD.

The following morning, approximately 13 days after JD arrived at institution #3, she began yelling and banging on her bunk. Eight hours later, the water in JD's cell was turned off. No documentation was made regarding why. Nearly simultaneously, JD was ordered a restricted diet for the next three days. No documentation explained the restricted diet. On day 15, the medical record reflected a psychology review indicating "no action needed."

JD again became disruptive on day 15 of her placement at institution #3. An incident report revealed early that evening JD began yelling profanities and threats. The security staff stated they realized she was on suicide watch, and "there were items in her cell that should not be there." Correctional staff used a shield to force entry into the cell and conducted a cell search at 7:30 PM. JD resisted, and was handcuffed. JD, still naked, was left handcuffed on the floor "to calm down", according to the incident report. She was left handcuffed and naked for several hours. The authorization for use of force form stated JD was on "special management housing status in confinement and not allowed to have any items in cell." The form also stated she had a "heavy duty canvas suicide blanket and was wrapped in it."

Nothing in the medical or security record indicated JD was on suicide watch. "A stick tampon, a cup of milky white fluid[*], excessive toilet paper, and a copy of a disciplinary report were removed from her cell."

At that point, JD's water had been turned off for two days (no flushable toilet, no running water). She had been naked with a canvas blanket for five days. In addition, she had been on stripped cell status for five days preceding the cell search.

The next day (day 16), JD refused all meals. She also refused to comply with the count procedure. Her care was reassigned from the psychologist to a psychological specialist, suggesting a perceived need for less intensive services. Nothing in her

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[*] This may have been Ivory Soap dissolved in water. Offenders reportedly use this mixture to self-medicate for constipation. This is impossible to confirm or refute, however.

record explained the reassignment. The medical doctor visited the confinement wing for approximately four minutes late that afternoon.

Later that afternoon the male psychological specialist interviewed JD cell-side. JD remained naked, “in shroud cover in strip cell status.” She stated, “they beat me up last night. I won’t stand for this. I am going out for a shower in a few minutes. Tomorrow I would like to see you where we can have confidential counseling. I am OK but it is important that I see you tomorrow.” The psychological specialist noted a disheveled appearance…oriented…evidence of impulsive oppositional acting out…exhibits dysfunctional adaptive adjustment to prison and requires the application of strong external controls in “alternate housing status.” (For an in-depth discussion of alternate housing status, please refer to the Mental Health section of the 98-88 CMA Annual Report.)

That evening she was removed from her cell to shower. JD weighed 116 pounds. A dress, mattress, and blanket were returned to her. Her water was turned on. JD had remained on stripped person and strip cell status for six days. Her water had been turned off for three days. How long she went without a mattress is unclear. Nothing in the records documented why the necessities were removed or why they were returned to JD.

During days 17 through 35, JD’s physical appearance and attitude were recorded as “good” on the daily record of segregation. JD reportedly was eating a regular diet and showering without incident.

On day 17, she received three disciplinary reports from the incidents which occurred two days previously. On day 18, JD gave a statement contending she refused to approach the cell front during a previous cell count incident because she “was naked and males were present”. She also stated her ankle was sprained during the incident. Security’s response was the offender was not naked, but was wearing a suicide observation “shroud” and they went to the cell “because she was on suicide status and was not allowed to have anything in her cell.” Three days later security staff stated they later discovered she was never on suicide status.

On day 18, the male psychological specialist documented JD’s refused mental health treatment. He further documented “acceptable grooming and cell hygiene in confinement…assertive in refusing to consider treatment benefits…oriented… anger/hostility stemming from confinement status…no hallucinations/delusions…denies suicidal/homicidal thoughts, plans, actions…insists she does not belong in prison… signed a mental health refusal and is considered not amenable for treatment at this time…change S2 to S1 (“no disorder or impairment in adaptive functioning”) and continue to make mental health services available to offender."

Four days later, JD was seen by the same psychological specialist. The mental health assessment was “appearance somewhat careless, disheveled but WNL (within normal limits) for confinement environment…cooperative…oriented…denies suicidal/homicidal

thoughts, plans, or actions. JD has demonstrated/verbalized a capability for adaptive confinement when she decides to do so….stable at this time…JD also makes herself clear that she will make the strongest effort to obtain a transfer from this institution to institution #1. There is no clinical evidence ruling out her propensity for acting out behaviors in attempting to achieve her goals."

On day 23, JD refused an x-ray of the ankle injured on day 15.

Late that evening of day 23, JD filed a request for protective management: "Offender requested protection stating that her father is a retired police officer and she feels the offenders may cause her harm if they know this information." A recommendation for assignment to close management status was filed by security at that time based on 11 disciplinary reports, an escape history, and instability to live in general population without disrupting the operation of the institution.

On day 32, JD again complained of constipation.

On day 33, JD was provided notice security was recommending close management status. On day 35, during the early morning hours, staff confiscated letters to a judge and the offender's mother. Copies were provided to the institutional inspector. Security documentation suggests JD gave staff permission to read the letters. That same day she refused exercise recreation.

The letter to the judge was approximately 20 pages in length. The letter to her mother was two pages. Both letters lacked punctuation, and were rambling, almost stream of consciousness documents. They indicated JD's contempt for the system which incarcerated her. She complained of inhumane treatment, taunting and teasing by offenders, correctional staff, and medical/mental health staff. Her letters suggested that another offender was purposely given instructions to harass her, and that on another occasion, an offender she did not name was placed with her in her confinement cell for the purpose of harassing her – she convincingly described her rationale in coping with the latter offender. She complained of a substance abuse treatment program member at institution #2 having demeaned her in front of her peers at the tier program, making sexually inappropriate suggestions. She claimed that hair, perfume, and saliva were placed in her food. She alluded rather loosely to the possibility of childhood sexual abuse perpetrated by her father, resulting in the divorce of her parents when she was approximately six years old. This childhood complaint was loosely and unclearly associated to a claim that she was drugged and forced to perform oral sex on a male who ejaculated and urinated into her mouth. JD also complained of having had some type of chemical sprayed on her while she was showering. She stated that the chemical made her eyes burn, and that she felt off-balance after the spraying.

She complained of chronic constipation and weight loss. The letter implied that she was given an inadequate shower to remove mace from her skin and hair, and that she was possibly maced again while in the shower. The incident leading to her macing involved the offender's throwing her belongings out of her cell at staff. She reported being

taunted by correctional staff as the antecedent to her irate behavior. She also described an incident four days later in which she was in a scuffle with officers who were searching her room. In her letter she claimed to have been shackled to her cell bars without clothing, the duration an unspecified period. According to the letters, the altercation apparently led to the bruising of her right ankle, for which she consistently refused complete medical evaluation.

In her letters, JD also mentioned appealing to a number of political figures, including television stations, the mayors of towns near her site of incarceration, the Governor of Florida, and President Clinton. None of those statements has been refuted or confirmed.

Records indicated JD weighed 129 pounds at reception. At 115 pounds, she had lost 14 pounds within the six months she was incarcerated.

On day 36 during the early morning hours, medical received a call requesting a nurse STAT (immediately) for a suicide attempt in confinement. The nurse arrived in confinement within one to two minutes. "JD was on the floor with a sheet around her neck…no breath, no pulse, no heartbeat, blue lips, blue coloration noticed from tip of fingers to mid-forearms, both hands clenched in fists, dark pink coloration from the top of the thighs downward. CPR not initiated due to information gathered in assessment." (CPR also had not been initiated by security staff.) A late entry note later that morning included further information from the nurse responding to the suicide: JD "was not discovered within four to six minutes, thus CPR was not initiated by medical staff."

As part of a cooperative effort with the House Corrections Committee and the Florida Corrections Commission, female offenders have been interviewed at five DC institutions. The interviews were to collect data pertinent to female offenders in response to a legislative directive. The interviews were conducted eight to eleven months after the suicide occurred. During one of the interviews, one offender, who was on the confinement unit at the same time as JD, offered the following information: Early during JD's confinement stay at institution #3, JD had a serious run-in with security. The offender offered JD had been "maced three times". She believed JD was "not in her right state of mind". She heard JD yell, "Get away from me…he's here to do it to me again…get away…I hate you…that's my dad…he's come to do it to me again." Allegedly, offenders told security JD "needed to talk to psych". They were allegedly told to "mind your own business". This was neither confirmed nor refuted.

JD died having served six months of her 18-month sentence. Her gynecologic complaints had never been addressed. Her chronic constipation had not been resolved. She remained a psychological grade I ("no disorder or impairment in adaptive functioning") at the time of her death. The letters confiscated from her while in prison were never returned.

INTRODUCTION

To effectively understand the typical female offender, one must first understand her past. Trauma in the forms of domestic violence, sexual abuse, and prostitution can injure an individual permanently. Many female offenders carry the scars. Failure to acknowledge these issues exist will impact the correctional system in terms of man-hours, system disruption, and ineffective programming. It will impact the state, because those offenders whose problems are not effectively addressed will leave the system with the same problems that caused their entry, thereby increasing their likelihood of recidivism and non-productivity.

"A single traumatic event can occur almost anywhere. Prolonged, repeated trauma by contrast, occurs only in circumstances of captivity. When the victim is free to escape, she will not be abused a second time; repeated trauma occurs only when the victim is a prisoner, unable to flee, and under the control of the perpetrator.[1] Children can be made victims because they are dependent. Captivity can be used to control and victimize them.[2] The perpetrator's first goal appears to be the enslavement of his victim, and he accomplishes this goal by exercising despotic control over every aspect of the victim's life. But true damage begins to occur when the trauma is inflicted."[3]

"The methods of establishing control over another person are based upon the systematic, repetitive infliction of psychological trauma. They are the organized techniques of disempowerment and disconnection. Fear is increased by inconsistent and unpredictable outbursts of violence and by capricious enforcement of petty rules. Days may pass without action by the perpetrator, followed by aggressive and hostile attacks. The victim loses all sense of control as the abuse is unpredictable."[4]

"Individuals who are aware of the methods of coercive control devote particular attention to maintaining their sense of autonomy. One form of resistance is refusing to comply with petty demands or to accept rewards. The hunger strike is the ultimate expression of this resistance. Because the prisoner voluntarily subjects himself to greater deprivation than that willed by his captor, he affirms his sense of integrity and self-control."[5]

"Chronic abuse occurs over time. It is all controlling. In addition to inducing fear, the perpetrator seeks to destroy the victim's sense of autonomy. This is achieved by

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[1] Herman, Judith. "*Trauma and Recovery*", (New York, NY: Basic Books, 1997), 75.
[2] Herman, Judith. "*Trauma and Recovery*", (New York, NY: Basic Books, 1997), 75.
[3] Herman, Judith. "*Trauma and Recovery*", (New York, NY: Basic Books, 1997), 75.
[4] Herman, Judith. "*Trauma and Recovery*", (New York, NY: Basic Books, 1997), 77.
[5] Herman, Judith. "*Trauma and Recovery*", (New York, NY: Basic Books, 1997), 79.

scrutiny and control of the victim's body and bodily functions. The perpetrator supervises what the victim eats, when she sleeps, when she goes to the toilet, what she wears. When the victim is deprived of food, sleep, or exercise, this control results in physical debilitation. But even when the victim's basic physical needs are adequately met, this assault on bodily autonomy shames and demoralizes her."[6]

"Additional methods, however, are usually needed to achieve complete domination. As long as the victim maintains any other human connection, the perpetrator's power is limited. It is for this reason that perpetrators universally seek to isolate their victims from any other source of information, material aid, or emotional support.[7] *As tenaciously as their captors seek to destroy their relationships, these individuals tenaciously seek to maintain communication with the world outside the one in which they are confined. Victims may attempt to communicate via phone or letter or even escape, only to be caught and the communication intercepted."*[8]

[6] Herman, Judith. "*Trauma and Recovery*", (New York, NY: Basic Books, 1997), 77.
[7] Herman, Judith. "*Trauma and Recovery*", (New York, NY: Basic Books, 1997), 79.
[8] Herman, Judith. "*Trauma and Recovery*", (New York, NY: Basic Books, 1997), 81.

A PROFILE OF FEMALE OFFENDERS

A limited profile of the typical female offender is provided as a backdrop for further discussion. For a more in-depth profile of the typical female offender, the reader is referred to the 1999 Corrections Commission Annual Report.

Women in prison often enter the system with complex histories indicative of neglect and abuse, starting in childhood and continuing through adulthood. Some of the most common characteristics of women in prison are histories of profound physical and sexual abuse, long standing histories of drug and alcohol dependence, and family histories of arrest and incarceration.[9] In a 1996 study by Acoca and Austin, 92.1% of the female offenders interviewed reported having received some form of emotional, physical, or sexual abuse prior to their current prison term. Thirty-one point one percent reported they had been forced to engage in sex, or had been raped or sodomized as children.[10]

JD was no different. She reportedly gave birth to her first child at age 13, and shared a history of sexual abuse during a psychiatric encounter. She admitted to having abused marijuana, narcotics, and alcohol. Neither her husband nor her children could visit because of histories of criminal activities.

Female offenders, in general, are poorly educated. In one study of female offenders, 64.4% had not completed high school. In that same study, which included Florida offenders, those offenders reported significantly lower levels of education during their primary and secondary school years.[11]

JD's educational achievements were similar to those reported. She had not completed high school, and never obtained her GED. Poor education often results in a decreased income earning capacity. When a poorly educated woman is the sole provider for her child(ren), this often results in poverty, a drain on the public, and a vicious cycle of more poverty and a greater drain.[12] A lack of education associated with poverty can compel survival by any means, including criminal activity, particularly when a woman is solely responsible for feeding and housing her children.

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[9] Acoca, Leslie and James Austin. "The Crisis: Women in Prison" *National Council on Crime and Delinquency Report*, February 1996, 42.
[10] Acoca, Leslie and James Austin. "The Crisis: Women in Prison" *National Council on Crime and Delinquency Report*, February 1996, 46.
[11] Acoca, Leslie and James Austin. "The Crisis: Women in Prison" *National Council on Crime and Delinquency Report*, February 1996, 42.
[12] Acoca, Leslie and James Austin. "The Crisis: Women in Prison" *National Council on Crime and Delinquency Report*, February 1996, 2.

Female offenders are dissimilar from male offenders in many ways. Acoca and Austin found of those female offenders interviewed, close to half were in prison for their first time, and the majority were there for non-violent drug and property offenses.[13] This is in sharp contrast to male offenders.

At the time of her death, JD was serving her first prison sentence. She, too, was incarcerated for a property offense. Like most female offenders, JD's crime was not one of violence against another. If she had survived, it is statistically unlikely she would return to prison.

One half, or 51.4% of the women interviewed in the National Council on Crime and Delinquency study on Women in Prison reported they were currently experiencing a physical health problem that interfered with their lives. Women offenders most commonly reported physical problems involving a history of sexually transmitted diseases (25.8%), head injury (25.8%), and hepatitis (13.9%). Twenty-five point eight percent of the women interviewed for that study reported they had considered suicide.[14]

JD declared suicidal intent during the jail stay immediately preceding her state incarceration. She also exhibited a suicidal gesture while in confinement status with the department. Her psychiatric status was not unrepresentative of the typical female offender.

Many female offenders are incarcerated for drug related offenses. A recent study by the Bureau of Justice Statistics (BJS) indicates that "for the female prison population, drug offenders were the largest source of growth."[15] This is in sharp contrast to male offenders, who have much higher convictions for violent offenses. One explanation for the growth in incarceration of women for drug offenses may be that the "war on drugs" has become a largely unannounced war on women.[16] In 1979, one in ten women were incarcerated for drug related offenses. In 1998, drug offenders nationwide accounted for more than a third of the female prison population (37.4%).[17]

Steffensmeier and Allen summarize the remaining profile of the typical female offender:

> "Case studies and interview, even with serious female offenders, indicate no strong commitment to criminal behaviour (Arnold 1989; Botcher 1995;

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[13] Acoca, Leslie and James Austin. "The Crisis: Women in Prison" *National Council on Crime and Delinquency Report*, February 1996, 43.
[14] Acoca, Leslie and James Austin. "The Crisis: Women in Prison" *National Council on Crime and Delinquency Report*, February 1996, 73.
[15] Chesney-Lind, Meda, "Women in Prison: From Partial Justice to Vengeful Equity" *Corrections Today*, December 1998, 68, citing *Bureau of Justice Statistics, Women in Prison*. Washington, D.C., U.S. Department of Justice, 1994.
[16] Chesney-Lind, Meda, "Women in Prison: From Partial Justice to Vengeful Equity" *Corrections Today*, December 1998, 68.
[17] Chesney-Lind, Meda, "Women in Prison: From Partial Justice to Vengeful Equity" *Corrections Today*, December 1998, 68.

Miller 1980). This finding stands in sharp contrast to the commitment and self-identification with crime and the criminal lifestyle that is often found among male offenders (Sutherland 1924; Pruse and Sharper 1977; Steffensmeier 1986; Commonwealth of Pennsylvania 1991). Case studies also show, for example, that the career paths of female teens who drift into criminality are typically a consequence of running away from sexual and physical abuse at home. The struggle to survive on the streets may then lead to other status offenses and crimes (Gilfus 1992; Chesney Lynd 1989), including prostitution and drug dealings (English 1993). Especially when drug abuse is involved, other criminal involvements are likely to escalate (Anglin and Hser 1987; Inciardi et al. 1993). Other researchers have chronicled how female vulnerability to male violence may drive women into illegal activities (Miller 1986; Richie 1995). Despite histories of victimization or economic hardship, many of these women display considerable innovation and independence in their "survival strategies" (Mann 1984)."[18]

In incarcerating female offenders, corrections must be prepared to deal with and address the unique history of women. Failure to do so will impact the state financially as these women return to their communities and their children. If their histories are not effectively addressed, there exists the possibility that many will raise children who will emulate their parents.

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[18] Steffensmeier, Darrell and Emilie Allan "The Nature of Female Offending, Patterns and Explanation" in Zaplan, Ruth T., *Female Offenders: Critical Perspectives and Effective Interventions*, (Aspen Publishers, Inc., Gaithersburg, MD, 1998) page 14, citing: Arnold, R. 1989. "Processes of criminalization from girlhood to womanhood" in *Women of color in American Society,* eds. Zinn, M., and Dill, B., 88-102, Philadelphia: Temple University.
Botcher, J. 1995. "Gender as social control: A qualitative study of incarcerated youths and their siblings in greater Sacramento" *Justice Quarterly* 12:33-57. Miller, W. 1980. "The Molls". In *Women, crime, and justice,* eds. Datesman, S., and Scarpitti, F., 111-119. (New York: Oxford University Press). Sutherland E. 1924. *Criminology.* (Philadelphia: J.B. Lippincott Co.). Prus, R., and Sharper, C.R.D. 1977. *Road Hustler.* (Lexington, MA: Lexington Books). Steffensmeier, D. 1986. *The fence: In the shadow of two worlds.* (Totowa, NJ: Rowman & Littlefield). Commonwealth of Pennsylvania 1991. *Organized crime in Pennsylvania, The 1990 report.* Conshohocken, PA: Pennsylvania Crime Commission. Gilfus, M. 1992. "From victims to survivors to offenders: Women's routes of entry and immersion into street crime" *Women & Criminal Justice* 4: 63-89. Chesney-Lind, M. 1989. "Girls' crime and woman's place: Toward a feminist model of female delinquency" *Crime & Delinquency* 35: 5-29. English, K. 1993. "Self-reported crime rates of women prisoners" *Journal of Quantitative Criminality* 9: 357-382. Anglin, D., and Hser, Y. 1987. "Addicted women and crime" *Criminology* 25: 359-397. Inciardi, J., et al. 1993. *Women and crack cocaine.* (New York: MacMillan Publishing USA). Miller, E. 1986. *Street women.* (Philadelphia: Temple University Press). Richie, B. 1995. *The gendered entrapment of battered, Black women.* (London: Routledge). Mann, C. 1984. *Female Crime and Delinquency* (Birmingham, AL: University of Alabama Press).

THE IMPACT OF ABUSE ON FEMALE OFFENDERS

Research suggests that childhood and adult victimization of girls and women frequently are precursors to female criminality.[19] Studies have found that, not unlike their adult counterparts, girls who have been abused, particularly at an early age, are more likely to become delinquent than girls who have not been abused.[20] Of course, not all women or children who have been abused become criminals. The effects of familial betrayal, deception, and physical and psychological damage that abuse wages on individuals plays itself out in ways that are unique to each person.[21] These findings are supported by the additional works of Stout and others.[22]

This is not to suggest that domestic violence, physical, sexual, and emotional abuse do not impact the male offender. However, unlike their female counterparts, studies have shown that males are abused as children less frequently than females (reportedly, girls abused – 33.5%; boys abused – 10%). Also, in contrast, in at least one study male victimization decreased as males grew older (25% of female offenders reported adult abuse compared to 5.3% of male offenders).[23] In addition, women react differently to abuse.

When women are abused, they are more inclined to internalize their feelings, become depressed, and assume responsibility for the abuse than men.[24] McClellen found that even though men and women associate childhood abuse with depression, women's depression was more strongly associated with childhood abuse than was men's.[25] Briar found a direct relationship between childhood abuse and adult psychiatric symptoms among 66 female psychiatric inpatients that he studied. He also found that female patients in his study with a history of abuse had more severe symptoms, more

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[19] Bill, Louise. "The Victimization and Re-victimization of Female Offenders" *Corrections Today*, (December 1998), 107.
[20] Windom, C., "The Cycle of Violence" *Science Magazine*, (1989), 244: 160-166.
[21] Bill, Louise. "The Victimization and Re-victimization of Female Offenders" *Corrections Today*, (December 1998).
[22] Stout, Karen P. Brown, "Legal and Social Differences Between Men and Women Who Kill Partners". *Affilia*, 10(2): 194-195 and "The Psychological Issues of Women Serving Time in Jail" *Social Work*, (1995) 40(1): 103-111.
[23] Chesney-Lind, Meda, "Women in Prison: From Partial Justice to Vengeful Equity" *Corrections Today*, (December 1998), 67-73 at 70. Citing: Bureau of Justice Statistics 1994, Women in Prison, (Washington, D.C.: U.S. Department of Justice).
[24] Walker, L., *The Battered Woman* (New York: Harper and Row Publication, 1979).
[25] McClellen, D. et al. "Early Victimization, Drug Abuse, and Criminality: A Comparison of Male and Female Offenders" *Criminal Justice and Behavior*, (1997) 24(4): 455-476.

borderline diagnoses, more suicidal symptoms, and were more likely to be given medication than male counterparts.[26] In another study, Elaine Carmen and her colleagues found that female survivors of abuse showed extreme difficulties with anger, self-image, and trust. They turned their anger inward, resulting in self-destructive behaviors, including self-mutilation and suicide attempts.[27]

The connection between childhood abuse and self-mutilating behavior is well documented.[28] Herman reports survivors of abuse who self-mutilate consistently describe a profound disassociation preceding the act. According to her, "Depersonalization, derealization, and anesthesia are accompanied by a feeling of unbearable agitation and a compulsion to attack the body. The initial injuries often produce no pain at all. The mutilation continues until it produces a powerful feeling of calm and relief; physical pain is much preferable to the emotional pain that it replaces. Contrary to common belief, victims of childhood abuse rarely resort to self-injury to "manipulate" other people, or even to communicate distress. Many survivors report that they developed the compulsion to self-mutilate quite early, and practiced it in secret for many years."[29]

In summary, abuse takes its toll on offenders; more so women than men. Studies have demonstrated abuse of women initiates sequelae such as depression, anger control problems, self-destructive behavior, and even suicide. Abused women who become incarcerated take those problems with them to prison. Mental health treatment staff must be prepared to recognize and therapeutically deal with them.

JD's reported history of sexual abuse may well have impacted her psychiatric status. We know she was diagnosed with depression while in jail, and was placed on medication. She exhibited difficulty controlling her anger. Scars on her arms were linked to self-destructive behavior. JD attempted suicide more than once, and was ultimately successful. Researchers have linked all of those behaviors to histories of abuse among women.

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[26] Briar, J., Nelson, B., Miller, J., and Krol, P. "Childhood Sexual and Physical Abuse as Factors in Adult Psychiatric Illness" *American Journal of Psychiatry*, 144: 11, 1426-1430, 1987. Cited in: The Center for Mental Health Services Substance Abuse and Mental Health Services Administration. Responding to the behavioral health care issues of persons with histories of physical and sexual abuse, National Trauma Experts Meeting, April 2-3, 1998 Final Report: July 1998.
[27] Carmen, E., Riccard, P., and Mills, T. "Victims of Violence in Psychiatric Illness" *American Journal of Psychiatry* 141: 3, 378-383, 1984.
[28] Herman, Judith. *Trauma and Recovery* (New York, NY: Basic Books 1997), 109.
[29] Herman, Judith. *Trauma and Recovery* (New York, NY: Basic Books 1997), 109.

POST-TRAUMATIC STRESS DISORDER THE "BATTERED WOMAN SYNDROME"

An understanding of post-traumatic stress disorder (PTSD), its origin, effect on female offenders, and the best means to handle offenders with this disorder will assist corrections staff in more effectively and efficiently managing female offenders. It will also assist corrections staff in maintaining control, and avoiding potential correctional officer and offender conflict/injury. Because women with PTSD often complain of physical and mental symptoms which cannot be substantiated, an understanding of the disorder can also impact health care's fiscal position.

In a study of battered women, Lenore Walker, a nationally known expert in the field, introduced the idea of "battered women syndrome".[30] This syndrome has since become a sub-category of the diagnostic and statistical manual of mental disorders (DSM IV-R), labeled post-traumatic stress disorder syndrome (PTSD).[31] This disorder has most frequently been associated with the effects of war on United States Vietnam veterans.

Several studies report a positive correlation between a history of childhood sexual assault and symptoms of PTSD in adult women.[32] The symptoms of PTSD may be cumulative over one's lifetime.

PTSD can result when people have experienced:

> "extreme traumatic stressors involving direct personal experience of an event that involves actual or threatened death or serious injury; or other threat to one's personal integrity. It can also occur when an individual witnesses an event that involves death, injury, or a threat to the physical integrity of another person, or in

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[30] Walker, L. The Battered Woman, (New York: Springer Publication , 1979).
[31] APA Diagnostic and Statistical Manual of Mental Disorders (4th ed.) (Washington, DC: American Psychiatric Press), 1994.
[32] Farley et al. Prostitution in Five Countries: Violence and post-traumatic stress disorder. Feminism and Psychology 8(4): 1998 citing:
Farley, M. and Keaney, J. "Development of a Scale to Measure Physical symptoms in Adults who Report Childhood Trauma: A Pilot Study", *Family Violence and Sexual Assault Bulletin*, 1994, 10:23-7.
Farley, M. and Keaney, J. "Physical Symptoms, Somatization, and Dissociation in Women Survivors of Childhood Sexual Assault", *Women and Health*, 1997, 25(3): 33-45.
Rodriguez, N., Ryan, S.W., Vande Kemp, H. and Foy, D.W. "Post-traumatic Stress Disorder in Adult Female Survivors of Childhood Sexual Abuse: A Comparison Study", *Journal of Consulting and Clinical Psychology*, 1997, 65: 53-9.

learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate."[33]

Symptoms of PTSD include the following:

1) Repeated, disturbing memories, thoughts, or images of past trauma.
2) Sudden acting or feeling as if trauma from the past were happening again (as if reliving it = a flashback).
3) Feeling very upset when reminded of past trauma.
4) Feeling irritable or having angry outbursts.
5) Feeling jumpy or easily startled.[34]

Flashbacks to incidents of abuse can be both auditory and visual; victims of PTSD may develop phobias and uncontrollable anger or rage.[35] In addition, interacting with authority figures or men in general (individuals who create a memory of past violence by a perpetrator), being physically threatened, restrained or locked down, and being naked can cause flashbacks. These are involuntary reactions to triggers. They may even occur without subsequent knowledge or recall by the individual experiencing the symptoms.

From a security perspective, some psychiatric disorders such as PTSD and anxiety disorders are likely to increase the risk that women will become management problems for security staff unprepared to effectively identify and address the disorder.[36] This, of course, requires an astute and interactive mental health department. Female offenders with PTSD may also inappropriately use medical and psychiatric services they would otherwise not require. If this disorder is not addressed adequately and appropriately, increased use of staff time, unnecessary use of valuable and limited resources, as well as retraumatization of the offender will result.

JD's case has been discussed at length by members of the authority's Mental Health Committee. Some members believe that at least some of her behavior can be attributed to PTSD. The recounting of a fellow female offender's observations of JD's reaction to a cell search may well have been a "flashback". Her irritability and angry outbursts were also consistent with symptoms of post-traumatic stress disorder, as was her apparent uncontrollable anger or rage. Since PTSD was not diagnosed during her lifetime, no one will ever know for sure.

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[33] APA Diagnostic and Statistical Manual of Mental Disorders (4th ed.) (Washington, DC: American Psychiatric Press), 1994.

[34] Farley, Melissa, Isin Baral, Mirab Kiremiri, Ufile Sezgin, Prostitution in Five Countries: Violence and Post-traumatic Stress Disorder. Feminism and Psychology, 8(4): 405-425, 407, 1998.

[35] Veysey, Bonita M., Specific Needs of Women Diagnosed with Mental Illness in U.S. Jails, in Empowerment, Survivors, and At-risk Populations, 368-389, 372, citing:
Giobbe E., Harrigan, M., Ryan, J. and Gamache, D. (1990) "Prostitution: A Matter of Violence Against Women"" *WHISPER (Women Hurt in Prostitution Engaged in Revolt)*, 3060 Bloomington Ave. S., Minneapolis, MN 55407, USA.

[36] Veysey, Bonita M., Specific Needs of Women Diagnosed with Mental Illness in U.S. Jails, in Empowerment, Survivors, and At-risk Populations, 309-389, 372.

PROSTITUTION AND POST-TRAUMATIC STRESS DISORDER

JD reported a history of prosecution for prostitution.

Experiences connected with prostitution are associated with PTSD. Melissa Farley and her colleagues are the leading researchers in exploring the associations between prostitution and violence, trauma, and PTSD. They work under the assumption that "prostitution itself is violence against women." They also work from the premise that "prostitution is a sequelae of childhood sexual abuse, domestic violence, and in many instances, slavery or debt bondage."[37]

Many authors have documented sexual and other physical violence as the normative experience for women in prostitution (Baldwin, 1992; Farley and Barkin, 1998; Hunter, 1994; McKeganey and Barnard, 1996; Silbert and Pines, 1982; VanWesenbeck, 1994; and Farley, et al. 1998).[38] Giobbe, et al. likened prostitution to domestic violence. "Pimps and customers exercise coersive control that is identical to methods used by battering men to control women: isolation, verbal abuse, economic control, threats and physical intimidation, denial of harm and sexual assault used as a means of control."[39]

The concept of PTSD has been important in describing the psychological symptoms suffered by combat veterans, physical and sexual abuse survivors, and concentration camp survivors. It can also be used to describe the psychological harm of prostitution. In a survey of prostitutes in five countries, 82% reported physical assaults since entering prostitution, and 68% of those interviewed reported rape in association with prostitution. In that regard, 68% of the respondents also met criteria for a diagnosis of

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[37] Farley et al. "Prostitution in Five Countries: Violence and Post-Traumatic Stress Disorder" *Feminism and Psychology* 8(4) 406, November 1998.

[38] Farley et al. "Prostitution in Five Countries: Violence and Post-Traumatic Stress Disorder" *Feminism and Psychology* 8(4) 406, November 1998, citing: Baldwin, M.A., "Split at the toot: prostitution and feminist discourses of law reform" *Yale Journal of Law and Feminism*, 5, 47-120 (1992). Hunter, S.K., "Prostitution is cruelty and abuse to women and children" *Michigan Journal of Gender and Law,* 1, 1-14 (1993. Silbert, M.H., and Pines, A.M., "Sexual child abuse as an antecedent to prostitution" *Child Abuse and Neglect,* 5, 407-411. Vanwesenbeeck, I. *Prostitutes' Well-being and Risk.* (VU University Press, Amsterdam 1994).

[39] Farley et al. "Prostitution in Five Countries: Violence and Post-Traumatic Stress Disorder" *Feminism and Psychology*, 8(4) 410, (November 1998) Citing: Giobbe, E., Harrigan, M., Ryan, J. and Gamache, D. "Prostitution: A Matter of Violence Against Women", *WHISPER (Women Hurt in Prostitution Engaged in Revolt),* (3060 Bloomington Ave. S., Minneapolis, MN 55407, USA).

PTSD, with 76% qualifying for partial PTSD.[40] This report included women from the United States.

JD's history of prostitution and its statistically relevant mental injuries, such as PTSD, may well have contributed to her perceived negative behavior while in prison.

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[40] Farley, Melissa, and Howard, Barkin, "Prostitution in Five Countries: Violence and Post-Traumatic Stress Disorder" *Feminism and Psychology* 27(3): 37-49 (November 1998).

SUBSTANCE ABUSE AMONG WOMEN OFFENDERS: WHY OFFENDERS ABUSE SUBSTANCES

JD was arrested for using and trafficking marijuana and narcotics. Reportedly, she began drinking alcohol daily at age 12 and using cocaine at age 23. Her drug use profile is not uncommon among incarcerated women. Research shows many incarcerated women used drugs and alcohol to avoid the pain associated with abuse.

Women who have been abused are more vulnerable to a whole array of psychological and behavioral problems. Research further indicates abused women often use drugs or alcohol as a way of dealing with abuse issues and their associated feelings of failure and entrapment.[41] A study by McClellen suggests female offenders tend to turn to hard drugs rather than alcohol. In that study, the women indicated that heroin and crack were their drugs of choice. Interestingly, and importantly, participants in that study reported using and abusing drugs before becoming involved in criminal activity.[42] This directional information is significant, as it supports previous research establishing the pathway from victimization to substance abuse and then to crime.[43]

Women who abuse substances present with different issues requiring resolution than their male counterparts. When compared with men, women who abuse substances are more likely to be poor,[44] are more likely to be involved with a partner who abuses drugs,[45] have lower self-esteem,[46] exhibit more severe physiologic effects,[47] and are

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[41] Bill, Louise, "The Victimization and Re-victimization of Female Offenders" *Corrections Today*, December 1998. Citing: Windom, C. *The Cycle of Violence* (1989), 244: 160-166.
[42] McClellen, D. et al. "Early Victimization, Drug Abuse, and Criminality – A Comparison of Male and Female Offenders" *Criminal Justice and Behavior* (1997), 24(4): 455-476.
[43] Bill, Louise, "The Victimization and Re-victimization of Female Offenders" *Corrections Today*, (December 1998). Citing: Windom, C. *The Cycle of Violence*. (1989), 244: 160-166.
[44] Policy Research Inc.: "Practical Approaches in the Treatment of Women Who Abuse Alcohol and Drugs" DHHS publication number (SMA) 94-3006, (Rockville, MD: Center for Substance Abuse Treatment, 1994) and Holden, P., Rann, J., VanDrasek, L.: "Unheard Voices: A Report on Women in Michigan County Jails" Lansing, MI Women's Commission, (1993). Moise R., Kovach, J., Reed, B. et al: "A Comparison of Black and White Women Entering Drug Abuse Treatment Programs" *International Journal of the Addictions* (1982); 17:46-47.
[45] Holden, P., Rann, J., VanDrasek, L.: "Unheard Voices: A Report on Women in Michigan County Jails" Lansing, MI Women's Commission, (1993). Finkelstein, N., Duncan, S.A., Derman, L. et al. "Getting Sober, Getting Well" Cambridge, MA: Women's Alcoholism Program of CASPAR (1990).
[46] Holden, P., Rann, J., VanDrasek, L.: "Unheard Voices: A Report on Women in Michigan County Jails" Lansing, MI Women's Commission, (1993).
[47] Policy Research Inc. "Practical Approaches in the Treatment of Women Who Abuse Alcohol and Drugs"

more likely to be victims/survivors of violence as adults and as children.[48] Unfortunately for female offenders, substance abuse treatment services have traditionally been designed by and for men.[49]

To achieve success and assure responsible fiscal expenditures, a substance abuse program must target the population it seeks to rehabilitate. Stephanie Covington has presented to the department such a program for female offenders.[50] Successful substance abuse intervention for women must recognize that past physical, emotional, and sexual abuse may be the root causes for substance abuse. Unless those root causes are addressed, recidivism is more likely to occur.

Substance abusing women often have survived incredible abuse and hardship, and the qualities that helped them survive can be used to help them recover.[51] Successful interventions must recognize and build on the multiple strengths that enable abused offenders to survive their abuse.

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[48] Finkelstein, N., Duncan, S.A., Derman, L. et al. Getting Sober, Getting Well. Cambridge, MA: Women's Alcoholism Program of CASPAR (1990). Veysey, Bonita M. "Specific Needs of Women Diagnosed with Mental Illnesses in U.S. Jails" *Empowerment, Survivors, and At-Risk Populations*, 368-379, 373 and 374.

[49] Policy Research Inc.: "Practical Approaches in the Treatment of Women Who Abuse Alcohol and Drugs" DHHS publication number (SMA) 94-3006, (Rockville, MD: Center for Substance Abuse Treatment, 1994) and Holden, P., Rann, J., VanDrasek, L. "Unheard Voices: A Report on Women in Michigan County Jails" Lansing, MI Women's Commission, (1993).

[50] Covington, Stephanie. "Helping Women Recover: A Comprehensive Treatment Model" presented at Florida Department of Corrections' Female Offender Symposium, Orlando, FL, (Sept. 9, 1999).

[51] Kerr, Donna "Substance Abuse Among Female Offenders" *Corrections Today*, (December 1998), 114-120, 116.

THE IMPACT OF TRADITIONAL SECURITY METHODS ON WOMEN OFFENDERS

Correctional systems nationwide have developed a system of offender management based on what has worked with managing male offenders. "Without much fanfare, and with little public discussion or debate, the male model of incarceration has been increasingly applied in response to the soaring number of female offenders."[52]

Control is one of the three words in the department's mission statement. Cranford and Williams offer that corrections, in general, and institutions, specifically, are mission-driven to be in control, to hold the power, to be in charge. Sociologists recognize that it is much more a male phenomenon to want control and power, and to be willing to physically challenge another for that power.[53]

In contrast, Cranford and Williams posit that female offenders do not see the prison experience as a quest for control. Instead, they believe the female offender naturally moves toward establishing relationships. For staff unfamiliar with female offenders, this may be very threatening.[54] Because of the difference in gender, it is important to address how corrections professionals approach female offenders.

Many corrections professionals adhere to the adage of treating all offenders alike. Cranford and Williams maintain that this is not done, nor should it be condoned. They maintain that offenders with mental impairments are not treated the same as are offenders who are mentally healthy. Likewise, elderly offenders are not treated as young ones.[55] Female behavior is different from male behavior. The prison environment doesn't make a female offender any less a woman.[56]

Unfortunately, the prison systems' approach of adapting policies designed for managing male offenders often contributes to the re-victimization of girls and women.[57] Canadian

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[52] Chesney-Lind, Meda. "Women in Prison: From Partial Justice to Partial Equity" *Corrections Today* (December 1998), 67-73, 68.
[53] Cranford, Susan and Rose Williams. "Critical Issues in Managing Female Offenders" *Corrections Today* (December 1998), 130-134, 130.
[54] Cranford, Susan and Rose Williams. :Critical Issues in Managing Female Offenders" *Corrections Today* (December 1998), 130-134, 130.
[55] Cranford, Susan and Rose Williams. "Critical Issues in Managing Female Offenders" *Corrections Today* (December 1998), 130-134, 130.
[56] Cranford, Susan and Rose Williams. "Critical Issues in Managing Female Offenders" *Corrections Today* (December 1998), 130-134, 130.
[57] Bill, Louise. "The Victimization and Re-victimization of Women in Prison" *Corrections Today* (December 1998), 106-112, 107.

researchers, Jan Haney and Connie Kristiansen agree. They suggest most prison operations include procedures that can cause vulnerable women to relive their abusive experiences. Those same operations also communicate to them a renewed sense of powerlessness, a feeling many have repeatedly experienced during previous victimization.[58]

Because of the concern for security, the department's operations include unannounced searches for contraband where both women's personal spaces and bodies are searched. Ransacking cabinets and storage spaces, violent stripping of beds, and violent searching through personal items can also be traumatizing for women.[59] Many women with histories of abuse have experienced the violent ransacking of their living space by their abusers. In association with those violent activities, even in a prison setting, there is also a constant awareness and reminder for sexual assault.[60]

Other routine procedures used in processing individuals into a prison setting, assuring security, and providing medical care may inadvertently retraumatize women with abuse histories. They include:

- ✓ Removal of clothing (strip searches, suicide precautions, medical examinations);
- ✓ Intimate touching of individuals' bodies (strip searches, medical examinations);
- ✓ Threat or use of physical force;
- ✓ Isolation (confinement, suicide precautions);
- ✓ Being held in locked rooms or spaces, and use of handcuffs or other restraint devices.[61]

Each of these activities may be reminiscent of previous abuse, cause flashback or disassociation from the situation at hand. In addition, these procedures are more difficult when conducted within a vacuum of information and when they appear coercive.[62]

From JD's case study, we have learned that she was likely the victim of sexual abuse, may have experienced physical abuse as a child, and possibly as an adult during her period of prostitution. In its routine management of female offenders, the department uses many procedures which have been developed over time in managing male offenders. Those same procedures were used in the management of JD. She experienced strip searches; was placed in a stripped cell in stripped person status for several days; experienced the use of physical force; was placed in confinement in a

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[58] Haney, J. and C. Kristiansen. "An Analysis of the Impact of Prison on Women Survivors of Childhood Sexual Abuse" *Women in Therapy* (1998), 20(4): 13.
[59] Zupan, L. "Men Guarding Women: An Analysis of the Employment of Male Correctional Officers in Prisons for Women" *Journal of Criminal Justice* (1992), page 20: 297-309.
[60] Zupan, L. "Men Guarding Women: An Analysis of the Employment of Male Correctional Officers in Prisons for Women" *Journal of Criminal Justice* (1992), page 20: 297-309.
[61] Veysey, Bonita M.; Kate DeCore; and Laura Prescott. "Effective Management of Female Jail Detainees with Histories of Physical and Sexual Abuse" *American Jails* (May-June 1998), 50-54, 51.
[62] Veysey, Bonita M., Ph.D.; Kate DeCore; and Laura Prescott. "Effective Management of Female Jail Detainees With Histories of Physical and Sexual Abuse" *American Jails*. (May-June 1998), 50-54, 51.

locked room; handcuffs were used for an extended period of time; and she was forcibly held while undergoing external visualization of her genitalia while in a strip status.

FEMALE OFFENDER TASK FORCE

Subsequent to the first two female offender suicides in the history of the department, the department reestablished the Standing Advisory Committee on Female Offender Issues. According to the governor's press release dated February 17, 1999, the committee was to be "an interdisciplinary team composed of individuals from health services, offender programs, institutional superintendents, as well as experts in the area of domestic violence, sexual abuse, and other women's issues." The committee's purpose was to "advise the department of issues related to the management of women within the correctional context." The committee was intended to "also assist the secretary in drafting policies, procedures, and developing programs for female offenders."

An organizational and planning meeting was held on January 26, 1999. As second meeting was held on March 2, 1999. Subsequently, the authority submitted to the department curriculum vitae for 5 community members with expertise in the areas of domestic violence, sexual abuse, and other women's issues.

On July 30, 1999, the authority received correspondence from the Secretary of the department that the Standing Advisory Committee's input pertaining to female offenders was no longer needed, citing the department's adoption of an Operational Plan for Female Offenders.

FEMALE OFFENDER SYMPOSIUM

On September 8 through 10, 1999, the department sponsored a third Female Offender Focused Symposium, which was held in Orlando, Florida. Two full days of presentations were provided approximately 150 department employees. The National Institute of Corrections provided, gratis, a nationally recognized speaker, Stephanie S. Covington, Ph.D., who presented the opening workshop on "Women in the 21st Century". She also presented a workshop entitled "Helping Women Recover: A Comprehensive Treatment Model", which is a female gender-specific treatment model for substance abusing women.

The authority was invited to participate in the planning of the event. The authority sponsored three speakers and organized four presentations for the symposium. The presentations included a two-part series on the psycho-dynamics of women in prison and therapeutic methods of managing female offenders; a panel discussion on relationships (sexual) in prison; and a presentation on the gender specific medical needs of the female offender. The authority has underwritten the expense for the videotaping of those presentations. Plans are underway to collaborate with the department to create videotaped training modules from those presentations for use by department security and medical staff.

RECOMMENDATIONS

- Develop a comprehensive, gender specific screening instrument which targets the identification of histories of abuse, medical problems, and child care issues; and integrate the information into health care, mental health, and substance abuse treatment plans.

- Intensify health care staff educational opportunities identifying and responding to the medical and psychiatric needs of female offenders with abuse histories.

- Design crisis intervention strategies which avoid retraumatization of female offenders. Develop non-invasive, non-threatening de-escalation techniques for general use.

- Reconsider the use of Designated Alternate Housing for suicidal or self-injurious behavior, regardless of perceived motivation, as the psychiatric community has no comparable bifurcated management of similar clients.

- Develop training events that challenge the view that disruptive behavior is manipulative.

- Conduct a comprehensive, independent review of all suicides that go well beyond whether criminal activity was involved.

- Enforce HSB 15.05.09D to assure cell-side consultations are not a substitute for private consultation with a mental health provider.

- Review and revise the policies, procedures, and culture pertaining to the use of boot camps; the use of physical and chemical restraints; pat searches; strip searches; stripped cell status; cell searches; forcible body searches; and verbal degradation for their application to all female offenders, both those with abuse histories and without. This is critically important when managing women with significant histories of physical and sexual abuse.

- Provide female gender-specific substance abuse treatment programs.

- Implement the operational plan developed from recommendations of the Female Offender Task Force. Consult with experts from the community in the areas of domestic violence, sexual abuse, and other areas, as necessary. Assure the department's goals with respect to women are disseminated throughout the workforce.

- Continue to present an annual female offender symposium for correctional staff and expand its content to attract more health care staff. Set aside a budget to assure presentations by outside experts on pertinent issues pertaining to female offenders which also can be used in the department's training program.

THE FEMALE OFFENDER SURVEY REPORT

In response to a legislative directive to provide a status report on female offenders, the Correctional Medical Authority, Florida Corrections Commission, and House Corrections Committee undertook a survey of Florida female prison offenders. Between July and October of 1999, offenders at Lowell Women's Unit, Gadsden Correctional Facility, Jefferson Correctional Institution, Broward Correctional Institution, and Hernando Correctional Institution were interviewed. Offenders were randomly selected for participation. Prior to the interview, offenders were advised the results of the interviews would remain anonymous, and participation in the survey was voluntary. One hundred fifty three interviews were conducted; four offenders refused interviews. Notably, one privately operated facility (GADCI) and one female youthful offender facility (HERCI) were included in the survey.

The breakdown of interviewees was as follows:

Institution	Date of Survey	Number of Offenders Interviewed
Lowell Women's Unit (LOWCI-F)	07/27-28/99	32
Gadsden Correctional Facility (GADCI)	08/05/99	32
Jefferson Correctional Institution (JEFCI)	08/12/99	30
Broward Correctional Institution (BROCI)	09/30/99	39
Hernando Correctional Institution (HERCI)	10/06/99	20

In an effort to validate offender information and independently poll correctional staff, staff questionnaires were circulated at each institution. Responses from the 44 correctional staff who participated are also included in this report.

It is recognized that offenders may have some incentive to provide a negative report on the department. However, the unique characteristics and needs of female offenders, coupled with the recent suicides of two females at Jefferson C.I., support the need to seek input from this population. These data should be considered as one component of a multi-faceted approach to the female offender including the literature reviews and authority survey results. The reader is also referred to the Florida Corrections Commission's 1999 Annual Report and the Florida House Corrections Committee Report on Female Offenders.

All data collected are reported at the back of this report. The reader will note that data were not collected from each respondent for every question. For that reason, the number of respondents in each area is indicated as n=x.

In conjunction with the House Corrections Committee and the Florida Corrections Commission, survey questions and their respective results were divided according to areas of designated responsibility/interest for reporting and discussion purposes. The authority's report on those survey results focuses on issues impacting the medical and mental health of female offenders housed in department facilities. Following is a discussion of those survey questions and results which, in the opinion of the interviewers, and the respective parties responsible for conducting the female offender study and preparing the report, impacted female offenders' mental and physical health.

DEMOGRAPHICS

A number of questions were asked of the offenders in order to derive an understanding of their demographics.

Race (n=144)

- Forty six percent of the interviewees were black; forty six percent white; and eight percent were of other races.

Age (n=152)

- Twenty six percent of the respondents were 17 to 24 years of age; sixty five percent were 25 to 54 years of age; nine percent were 55 years of age or older.

Notably, 95% of the respondents age 17 to 24 were housed at Hernando Correctional Institution. The majority of the respondents age 55 and over (n=13) resided in Jefferson Correctional Institution (31%) and Broward Correctional Institution (38%).

Custody Level (n=137)

- More than half (51%) of the respondents were in minimum custody; 34% were in medium custody; 3% were in maximum custody; and 11% in close custody.

End-of-Sentence (n = 78)

- Fifty five percent of the respondents had a remaining expected incarceration of less than 12 months.
- Twenty percent expected to serve an additional one to two years.
- Sixteen percent expected to serve an additional two to five years.

- Nine percent expected to serve five or more years.

Housing Assignments (n=139)

- Eighty five percent of the respondents were housed in general population.
- Twelve percent were housed in confinement.
- Two percent were housed in close management.
- One percent had other housing assignments.

Amount of Time Served (n=153)

- Forty five percent had served less than two years.
- Forty one percent had served two to five years.
- Fourteen percent had served in excess of six years.

> Notably, 65% of the youthful offender respondents at Hernando C.I. had served less than two years. At Gadsden C.I., all respondents had served less than six years; while 47% of those respondents had served less than two years.

Incarceration History (n=146)

- This was the first incarceration for 69% of the respondents.

Discussion:

The demographic background of the respondents from whom data were collected suggests 54% were of a race other than white. Twenty six percent fell within the "youthful offender" category, while nine percent fell within the definition of "elder population" of offenders. The remaining 65% fell within the "adult" age range. Eighty five percent of respondents were under minimum to medium security; better than half of all respondents were minimum custody. Eighty six percent had served 0-5 years; seventy five percent had less than 2 years of their sentence to serve. Eighty five percent were housed in general population, and sixty nine percent were serving their first incarceration.

These findings are not inconsistent with findings reported in the literature. (See previous discussion at pages 12-14.) The majority of offenders are non-white, serving short sentences for non-violent offenses. Most were not management problems (as reflected in their housing status); and most are expected not to return to the prison setting.

NUTRITION/FOOD SERVICE

The authority does not routinely monitor food services in conjunction with its survey activities. However, the three contributors to the female offender study identified the importance of at least summarily reporting on female offender reaction to their nutritional plan. Because food service and nutrition impact health, the authority was delegated the responsibility of reporting the findings associated with food service and nutrition.

General Satisfaction with food service

- Seventy five percent of the respondents (n=145) expressed dissatisfaction with food services.
- Twenty three percent reported receiving fruit daily; 63 % reported receiving fruit weekly. The remaining 14% provided a variety of other responses. (n=146)
- Ninety one percent reported receiving vegetables daily. (n=143)
- Ninety eight percent reported receiving milk or dairy products daily. (n=146)
- Regarding suggestions to improve food service, 45% of the respondents recommended an improvement in the quality[*] of food; 12% recommended an improvement in cleanliness; 39% recommended improving the variety; and 4% made other recommendations. (n=137)
- Interestingly, 89% of the 44 correctional staff respondents felt the institutional food service was satisfactory, while only 17% regularly ate institutionally prepared food. The most frequently cited reason for not eating institutionally prepared food was its poor quality/cleanliness (34%).

Canteen Services

A number of questions were asked of the offender pertaining to canteen services.

- Respondents were split nearly equally regarding whether they felt healthy snacks were offered in the canteen. (n=140)
- Ninety three percent of the respondents reported an inability to obtain between-meal snacks from any source other than the canteen. (n=143)

Offender Weight

Offenders were also queried regarding weight gain/loss while in prison.

- Out of 137 offenders surveyed, 73% said that they have gained or lost a significant amount of weight while in prison.

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[*] Both terms, “quality” and “healthy”, were defined by the respondent. This may have affected the results of responses to these questions.

- Seventy nine percent of those who gained/lost weight reported they were dissatisfied with the food service.
- Weight gain/loss was reported by the majority of each racial group: black (81%), white (78%), and other (100%). In terms of institutional differences, the offenders reported weight gain/loss at proportional levels from each institution.

Discussion:

All offenders are currently provided a 3200 to 3400 daily caloric diet. When it was first developed, the diet was designed to meet the nutritional needs of the average male offender with a moderate level of physical activity. At that time, the system housed few female offenders.

A female offender must consume the entire 3200 to 3400 calories per day to obtain the recommended daily allowance (RDA) of necessary vitamins and minerals. Recognizing the use of vitamin supplements requires a prescription, and vitamin prescriptions are written by exception, the only means available to female offenders to assure a balanced diet is through the consumption of the majority of the 3200 to 3400 calories, or through the canteen.

Following the deaths of two female offenders at Jefferson C.I. in January 1999, the department's secretary activated the department's female offender task force. The task force held two meetings; one in January 1999, the other in March 1999. The authority was encouraged by those meetings. Presented at those meetings was a proposed female offender diet pilot project.

The female offender diet pilot project proposed utilization of the current male offender-based diet, with variation designed to address female offenders' overall decreased caloric need as well as problems with chronic constipation found among many female offenders. The proposed diet would have decreased some empty carbohydrates and fats offered while increasing existing fruit and vegetable portion sizes. Those simple alterations would have resulted in a decrease in daily calories offered with a concentrated increase in vitamins. Roughage would not have been affected. RDAs would have been achieved for the female population through the increased portion sizes of fruits and vegetables.

The pilot application, planned for Jefferson C.I., also would have included nutrition education and counseling; an exercise program; the monitoring of health indicators such as blood pressure, cholesterol, and weight; and the monitoring of canteen usage. If it had proven successful, it easily could have been applied statewide for all female offenders, with minimal changes to the standard offender diet and little to no cost increases. Because of more concentrated fiber content, the diet could have impacted the frequent female offender medical condition of chronic constipation and its concomitant complications. The proposed project remains under advisement at this time. The roadblock seems to be an interpretation of a statutorily embraced term of

“equality” as the male offender diet is applied to the female offender population. (But see discussion on pp. 23-25 of this report.)

Encouraged by the reactivation of the female offender task force and the task force’s preliminary discussions regarding the standardization of canteens at female offender institutions, the authority enlisted the services of a dietician to analyze food items offered through the canteens at three of the institutions housing female offenders (Broward C.I., Jefferson C.I., and Lowell Women’s Unit). A number of recommendations resulted. (See Appendix A)

Notably, the reviewer recommended an analysis of the level of waste and an incorporation of nutritious, frequently purchased canteen items into the basic diet. While some may insist offenders should “eat what is provided, or else”, female offenders suggest waste may be considerable at some or all female institutions. Food waste is a poor use of state funds.

CLOTHING

The authority was also assigned the responsibility of reporting on the offenders’ reactions to the quality and quantity of clothing provided female offenders. The following is an overview of the responses offenders provided in relation to clothing.

- Fifty three percent of those who responded (n=138) believed they were provided clothing appropriate for the different seasons; forty three percent felt the clothing provided was inappropriate.
  a) Seventeen percent of those who responded negatively to the above felt they did not receive an adequate quantity of clothing.
  b) Fifty six percent felt they needed warmer clothing.
  c) Ten percent felt they needed cooler clothing.
  d) Seventeen percent reported other comments pertaining to the adequacy of clothing provided (including 3% expressing the need for maternity clothing).
- On the other hand, 91% of the correctional staff respondents felt the issued clothing was appropriate for the different seasons.

These responses varied by location. Several offenders cited the inconsistent issuance of the same type of garment among institutions. For example, raincoats were standard issue at some institutions. At other institutions, offenders were required to purchase them from the canteen. Survey results suggest the need to address and rectify inconsistencies in this area.

Over the years, the authority has received a number of comments relating to the adequacy of feminine undergarments. On many previous occasions offenders incidentally reported being issued inadequate quantities of undergarments and/or inadequate quality in the undergarments provided. The quality and quantity of undergarments can affect female offenders’ health. Inadequate quantity of underpants and the inability to maintain their cleanliness has obvious health implications. Similarly,

the quality of brassiere construction is of particular significance among large breasted women. For example, inadequate support can result in back and shoulder discomfort (and musculo-skeletal complaints) and aggravation of skin conditions.

This year, central office in Tallahassee revised Florida Administrative Code Rule 33-30 to require issuance to all female offenders four brassieres and seven pair of underpants. Survey results indicate the rule requires enforcement.

- Fifty five percent of the respondents (n=135) reported they were issued an adequate quantity of undergarments (less than the 7 required by rule).

Notably, at Gadsden C.F. and Lowell C.I., 64% and 77% respectively felt the issued quantity of undergarments was inadequate.

- Forty three percent reported they possessed three or fewer pair of underpants; sixty five percent reported they were provided three or fewer brassieres. (n=133)
- In a response pertaining to the adequacy of brassiere support, 61% reported the brassieres were inadequate. (n=139) Many reported poor fit and lack of appropriate sizes.
- Ninety two percent of the correctional staff respondents expressed their opinion that offenders were provided an adequate amount of undergarments weekly.
- Sixty seven percent of offenders and sixty percent of correctional staff responded offenders were able to hand wash soiled items.

The ability to hand launder undergarments and hang them to dry varied considerably among institutions. At some institutions offenders were limited to rinsing undergarments in the same sink where floor mops were rinsed. Some could hand wash their undergarments, but were provided no place to dry them. Others were not permitted to hand launder them at all. At that same institution, offenders reported having been issued an inadequate quantity as well. Depending on how frequently laundry is done, if an offender has insufficient undergarments, and is unable to hand launder or adequately dry them, hygiene and body odor become problematic. This can be even more exaggerated during menses.

Broward C.I. seems to have addressed the problem well. Reportedly, washing machines, donated from the community, are located in each housing unit. Offenders advised they were allowed to wash one load per week using canteen purchased detergent. This was extremely well received by the Broward C.I. offenders, and seems to have alleviated many problems which continue in the remainder of the female offender institutions.

FEMININE HYGIENE SUPPLIES

Department of Corrections' rule requires all female offenders have access to their choice of feminine hygiene products. Respondents were surveyed regarding the application of this rule.

- Ninety percent of the respondents (n=134) reported the ability to obtain sanitary pads.
- Sixty six percent reported the ability to obtain tampons. (n=115)
- Sixty nine percent reported the ability to obtain both sanitary pads and tampons. (n=126)
- Sixty five percent reported they were furnished an adequate supply of sanitary pads/tampons.
- Sixty two percent reported they received 20 or fewer sanitary pads/tampons at one time.

At two institutions, Lowell Women's Unit and Gadsden C.F., offenders reported chronic shortages of feminine hygiene products with difficulty getting adequate supplies. At Lowell, offenders are issued 18 sanitary napkins per month, regardless of need. Many offenders reported the quantity was inadequate. At Lowell, one offender also reported following childbirth at the institution, she was provided a two-week supply of sanitary napkins. Thereafter, she was told she no longer needed them, despite a continued heavy postpartum flow. On the other hand, Broward C.I. offenders for the most part reported no problem accessing adequate quantities of feminine hygiene products.

Survey results indicate the department's rule requires uniform enforcement.

SUBSTANCE ABUSE HISTORY

Three questions pertinent to drug and alcohol use were asked of the respondents.

- Fifty four percent reported a history of drug or alcohol abuse prior to incarceration. (n=152)
- Of those reporting a history of drug or alcohol abuse (n=149), 5% reported drug or alcohol use while incarcerated.
- Of those reporting a history of drug or alcohol abuse (n=133), 48% reported an ability to attend meetings such as AA or NA during their incarceration.

Based on the high reporting of substance abuse among our sample population, the need for gender specific substance abuse treatment (previously discussed in this report) is high.

ABUSE HISTORY

The offenders were asked several questions pertaining to histories of physical and sexual abuse. Prior to being asked those questions, each offender was again reminded of the voluntary nature of the survey. Each offender was also advised of her ability to refuse to respond to any or all of those questions on a question-by-question basis, as they were posed. Of the 157 survey respondents, the minimum number of responses to those questions pertaining to abuse history was 136.

The reader is cautioned that the following data may under-report the actual incidents of physical and sexual abuse histories among the sample surveyed. The literature suggests that many individuals with a history of abuse normalize their experiences. In other words, when questioned regarding a history of abuse, they do not perceive their history as having been abusive because the circumstances surrounding the abuse and the actions and expressions of the perpetrator(s) have convinced the victim the activity was non-abusive in nature. Should further studies be conducted in this area, the authority suggests that further exploration of abuse be conducted to rule out the possibility of normalization.[63] Despite that bias, the results remain of interest, particularly because published research suggests as many as 90% of offenders may have histories of abuse. (See discussion on other reports of prior abuse among female offenders, pp. 15-20 of this report.)

- Fifty three percent of the respondents (n=147) became sexually active when they were less than 16 years of age; thirty two percent became sexually active between the ages of 16 and 17; fifteen percent became sexually active at the age of 18 or older.

Interestingly, 68% of the youthful offender respondents housed at Hernando C.I. became sexually active before their 16th birthday.

- Forty one percent of the respondents (n=151) reported a history of physical abuse.

Fifty six percent of the youthful offenders at Hernando C.I. reported a similar history.

- Fifty eight percent of the respondents (n=147) reported a history of sexual abuse.

Fifty six percent of the offenders housed at Hernando C.I. reported a history of sexual abuse.

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[63] Zaplin, Ruth T. "Female Offenders Critical Perspectives and Effective Interventions" (Gaithersburg, PA: Aspen Publishers, 1998) at pp. 240-242. "Treatment providers who ask female offenders who have been socialized to accept interpersonal violence as the norm, "Have you ever been physically, sexually, or emotionally abused or neglected?" must be cautious not to take the responses of these women and girls at face value." Zaplin at p. 241.

- Of those offenders reporting a history of physical or sexual abuse, fifty six percent reported a history of that abuse as a child.

Sixty four percent of the offenders (n=14) housed at Hernando C.I. reported a history of physical or sexual abuse as children.

- Of those offenders reporting a history of physical or sexual abuse (n=138), thirty four percent reported a history of that abuse as an adult.
- Four percent of the respondents (n=138) reported a history of physical or sexual abuse while incarcerated in jail. No differentiation was made regarding the location of the jail (i.e. in or out of Florida, or whether the perpetrator was staff or another offender).
- Seven percent (n=136) reported a history of physical or sexual abuse while incarcerated in prison (no differentiation was made regarding the location of the prison, i.e. in or out of Florida, or whether the perpetrator was staff or another offender).

The development of anger as a consequence of physical or sexual abuse is well documented in the literature pertaining to abuse of women (see previous discussion in this report pp. 15, 16 and 18). Consequently, the respondents were asked whether they would attend an anger management group if it were available.

- Sixty six percent of the respondents indicated they would attend an anger management group if it were available.
- Sixty eight percent of the correctional staff surveyed (n=44) indicated an active anger management group was available at their institution.

Notably, ninety three percent of the youthful offenders housed at Hernando C.I. indicated an interest in attending such a group. According to correctional staff surveyed, this group was not offered at Hernando C.I.

In follow-up to the questions pertaining to histories of abuse, respondents were asked whether they would attend a survivors-of-abuse group if it were available.

- Fifty three percent of the respondents reported they would attend a survivors-of-abuse group if it were available.
- Eighty one percent of correctional staff surveyed indicated a survivors-of-abuse group was active at their respective institution.

INTERACTIONS WITH CORRECTIONAL STAFF

Several questions were asked of the female offenders pertaining to their perception of male and female correctional officer and staff behavior as they interacted with the offenders.

- Inappropriate[*] behavior by correctional officers or staff was reported, overall, by close to 50% of the 143 offenders surveyed.
- Specifically, in terms of gender, 48% reported inappropriate behavior by female correctional officers/staff, and 53% claimed inappropriate behavior from male correctional officers/staff.
- The categories of inappropriate behavior included *sexual, verbal, physical and other*.
- The majority of complaints for female correctional officers/staff behavior were verbal (70%).
- Male correctional officers/staff were said to be inappropriate in the areas of sexual behavior (40%) and verbal behavior (40%).

The most frequently described inappropriate behavior was in the form of verbal abuse or derisive language (calling offenders "whores," "bitches," etc.). As previously discussed in this report, victims of abuse who re-experience similar abuse in prison can be re-traumatized by the experience. The offender's reaction to the abuse can result in a flashback or disassociative behavior. These may result in acute psychiatric events. In these situations, the offender has no control over what she is thinking or doing and is either reliving a previous traumatic event or mentally removing herself from the situation at hand. Often, the individual has no later recollection of her behavior during that time.

A number of questions were asked pertaining to offender experience with male correctional officers watching them in various states of undress.

- Thirty five percent of the offenders (n=149) indicated male correctional staff was present while they showered.

Of those who responded "yes" to the previous question (n=61), fifty seven percent indicated male correctional staff was present while offenders showered a minimum of several times per week.

- Thirty percent of the respondents (n=149) indicated male staff was present while the offenders were changing their clothes.

Of those who responded "yes" (n=46) to the previous question, fifty four percent reported the presence of male correctional staff while the offenders were changing their clothes a minimum of several times per week.

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[*] The definition of the word "inappropriate" was left to the offender's interpretation.

- Thirty four percent of the offenders who responded (n=149) indicated male correctional staff was present while the offender used the toilet.

Of those who responded "yes" to the previous question (n=56), forty nine percent indicated a frequency of male correctional staff presence while the offender was toileting a minimum of several times per week.

Notably, disproportionately higher numbers of female offenders at Lowell Women's Unit indicated the presence of male staff while showering, changing clothes, and toileting. At that institution, in all three categories the offenders' perception that male staff could watch them in various states of undress was more than twice the number of those at the other four institutions.

These data associated with correctional officers' presence while female offenders were in various states of undress are complicated. The reader who is interested in fully understanding the female offenders' responses to these questions is encouraged to review the actual data contained in Appendix C.

OFFENDER HEALTH PERCEPTION

Offenders were asked a series of questions pertaining to their perception of whether their health had stayed the same, improved, or declined during their incarceration.

- Forty one percent of the respondents (n=145) indicated their physical health had declined since their initial incarceration.
- Forty percent of the respondents (n=141) indicated their mental health had declined since their initial incarceration.
- Twenty eight percent of the respondents (n=135) indicated their dental health had declined since their initial incarceration.

The responses to these questions deserve further deliberation for a variety of reasons. It is well known that a large number of offenders were citizens living on the fringes of health care prior to their incarceration. The literature documents that the vast majority of offenders incarcerated in the United States have significant unmet health care needs upon incarceration. For many offenders, incarceration is the first time they have been able to access comprehensive health care services in their lives. This is particularly true for dental services. Many offenders enter and leave the system with communicable diseases (STDs, HIV, Tuberculosis, etc.). Since the majority reenter society within Florida's communities, their medical management in prison has significant public health consequences. For female offenders in particular, because of their relatively short sentences and the likelihood they have children and may have more, the public health impact is even more significant.

HEALTH CARE DELIVERY

Offenders were asked to comment on the quality of health care provided at their respective institutions.

- Fifty eight percent found the medical care unsatisfactory (n=121).
- Of the 75 who found the care unsatisfactory, 43% attributed their dissatisfaction to restricted access; 36% attributed it to poor care.

HEALTH EDUCATION

Offenders were asked several questions pertaining to health education provided during their incarceration. The results of responses to those inquiries are contained in the table below.

Type of Health Education	Yes	No	N/A
Breast cancer (n=150)	62%	37%	1%
Breast self-exam (n=151)	71%	28%	1%
AIDS prevention (n=151)	63%	36%	1%
Contraception (n=150)	38%	61%	1%
STDs (n=151)	61%	38%	1%
Smoking cessation (n=150)	58%	41%	1%
Substance abuse (n=149)	62%	37%	1%
Benefits of exercise (n=148)	61%	38%	1%
Stress management (n=149)	47%	52%	1%

Most, if not all, of the health education identified in the above table impacts individual health, public health, and the health of the offenders' children and families. The opportunity for dissemination of effective health education is prime among this captive population. Continued emphasis on assuring all offenders receive comprehensive health education will have long term offender and community benefits.

SMOKING

Two questions were asked of the respondents (n=151) regarding their smoking history.

- Forty six percent indicated they currently smoked.
  This number may appear artificially low statewide, as Gadsden C.F. is a non-smoking facility. At that facility, six percent of the respondents indicated they were current smokers.
- Of those offenders indicating they currently smoke, only 24% reported they had been offered assistance to stop smoking (i.e., classes, patches, etc.).

PREVENTIVE HEALTH CARE

Preventive health care services are offered prison offenders just as they are offered to individuals in the private sector. Preventive health care services are cost effective in reducing expensive medical conditions. Offenders were asked a number of questions pertaining to preventive health care services provided during their incarceration.

Annual Exams

- Eighty seven percent of the respondents (n=145) reported they had received an annual examination which included a pap smear, breast examination, and mammogram (where indicated).

Osteoporosis

- Of 145 offenders surveyed, 90% did not receive osteoporosis education.
- The institutional ages ranged from 17 to 72 at the time of the surveys, with 14% over the age of 50, and 23% between the ages of 40 and 50.

Mammograms

- Seventy eight percent of the eligible offenders (n=58) advised they were offered mammograms consistent with community standards (bi-annually for offenders age 40-49; annually thereafter).
- Eighty percent of the eligible respondents (n=55) advised they received mammograms according to community standards.

Menopause

- Twenty five percent of the respondents (n=63) stated they had undergone a total hysterectomy, while twenty nine percent of the respondents (n=54) stated they were currently going through menopause.
- Of 48 offenders surveyed, 50% had been recommended hormonal treatment such as estrogen replacement therapy (ERT).
- Yet 56% reported never receiving education on ERT.
- Moreover, 44% failed to receive explanations of the benefits and risk factors of ERT.
- This may account for the small percentage of offenders reporting actually taking hormones (33%).

Discussion:

Generally offenders' responses indicate that comprehensive annual examinations are provided. The rate of human papilloma virus (HPV) and HIV is higher among the female offender population than the general population. HPV, alone, increases the risk of cervical cancer. HPV, in association with HIV, if not aggressively treated, will result in expensive complications among those who have cervical cancer. For those reasons, annual or more frequent pap smears are a cost effective preventive health measure among this population.

Education on osteoporosis, a condition which affects many women as they age, and which is preventable, is indicated. Preventive health education regarding the benefits of regular exercise is also indicated.

Finally, those offenders who have artificially or naturally completed menopause require additional information on estrogen replacement therapy to make an intelligent decision regarding that intervention. ERT is an appropriate, clinically recognized means of managing many effects associated with menopause. Community standards indicate that ERT should be offered and discussed with all qualifying offenders.

DEPRESSION AMONG FEMALE OFFENDERS

Several questions were asked pertaining to the offender's perception of whether they were experiencing symptoms of depression. In addition, offenders were queried regarding health care services and medications provided to address that condition.

- Seventy five percent of the respondents (n=127) reported problems with depression.
- Of this population, fifty three percent reported receiving mental health services.
- Of those receiving mental health services, forty three percent had been prescribed anti-depressant medication.

- Thirty one percent of the respondents provided no response when asked if they had been prescribed anti-depressant medication, because they were not receiving mental health services.

Reasons for not receiving mental health services included “handles on own” (26%), “have not asked” (16%), and “other” (58%).

Discussion:

Depression was a reported concern among nearly 7 of 10 of the surveyed offenders. This is representative of national statistics. Gender-specific programming to address this concern is indicated.

FEMALE OFFENDERS AND PREGNANCY

All pregnant female offenders are housed at Lowell Correctional Institution for the duration of their pregnancy. While surveying female offenders at Lowell Women’s Unit, the authority was able to interview ten offenders pertaining to pregnancies (one offender was currently pregnant) they experienced while in the custody of the department.

- Three offenders were black; six were white; and one was of other race. Four offenders were in minimum custody while five were in medium custody. Information was not collected from the remaining offender regarding custody level.

- Eighty percent of the offenders reported having been advised of the availability of adoption services. Eighty percent reported receiving counseling pertaining to their ability to keep the child, finding temporary placement while the offender was incarcerated. Fifty percent of the offenders were offered counseling to assist them in making that decision.

- Pertaining to the prenatal period, all offenders reported having received at least three milk servings per day. No extra snacks were provided the pregnant female offenders that participated in the survey.

- While constipation was a problem for 60% of the interviewed offenders, no increase in dietary fiber was reportedly recommended. All interviewed offenders reported having received prenatal vitamins.

- Childbirth education was reportedly received by only one of the ten offenders. Two of the ten offenders attended parenting classes.

- All offenders received a low bunk pass during their pregnancy and all felt their work assignment during the pregnancy was appropriate.

- Offenders were also queried regarding postpartum care. Fifty six percent reported having received no counseling after the birth of their child. Sixty seven percent reported not having received a postpartum examination.

- An overall rating for prenatal treatment/clinical management was provided by the offenders. Sixty seven percent reported an overall rating of below average. Sixty seven percent of the respondents who found the care below average attributed it to poor medical care; thirty three percent attributed the below average care to poor food.

RECOMMENDATIONS

- Pilot test the proposed female offender diet. If successful, expand its application statewide.

- Regarding canteen services in female institutions:

  a. If not already in place, develop guidelines and/or a statewide contract for all canteen inventories.
  b. Provide items in the canteen that are less carbohydrate and fat dense. (More reduced sugar and fat content, added calcium to juices.)
  c. Provide milk/dairy products through the canteen (yogurt, cheese, fresh milk to include chocolate) in all correctional institutions. Provide fresh and canned fruit through the canteen in all correctional institutions.
  d. Provide a more consistent canteen offering at all institutions. Provide a more consistent price structure.
  e. Review the methods used in rotating and dating canteen stock. Make any necessary changes to comply with state health codes.
  f. Evaluate the safety and sanitary conditions of food handling in the canteen. If necessary, provide in-services on hand washing, proper food handling techniques, and cleaning/sanitizing of equipment.
  g. Develop a self-monitoring checklist to ensure a safe and sanitary food service environment. Establish outcomes and monitor for compliance.

- Analyze the waste factor in each institution and revamp menu to eliminate items that are seldom eaten.

- Provide nutritional classes/data on good nutrition (proper food choices, healthy eating) to personnel and offenders, and offer a weight reduction program.

- Determine the healthy items that are most often purchased from the canteen and then provide those items or like items on menus.

- Standardize season appropriate clothing issued statewide for female offenders.

- Enforce departmental rules to assure the issuance of required quantities of undergarments at all institutions. Procure and require issuance of brassieres with adequate support to large breasted offenders. Assure adequate variety of sizes of brassieres for all female offenders. Assure the re-issuance of shoes on

an as-needed basis. Enforce departmental rules to assure issuance and availability of adequate quantities and choices of feminine hygiene products.

- Provide a female gender-specific anger management and survivor-of-abuse group at all female institutions.

- Proactively investigate and respond to allegations of all forms of abuse of female offenders.

- Assure female correctional staff in dormitory areas during the hours female offenders are most likely to change clothing/bathe; and require that male correctional staff announce their presence when entering dormitory areas.

- Require yearly education of correctional staff at all female institutions that pertains to professional communication techniques with female offenders and addresses sexuality and sexual misconduct.

- Reexamine the method by which health care is provided female offenders, emphasizing a more comprehensive approach rather than the emergency/sick call and chronic illness model currently in place.

- Assure the availability of health education materials to all offenders, including contraception, STDs, osteoporosis, and the benefits/risks of estrogen replacement therapy for eligible offenders.

- Expand the HIV peer education program to include at least one female institution.

- Assure the availability of childbirth education and parenting classes to all pregnant offenders and educate this sub-population on the importance and value of receiving it.

- Routinely offer postpartum counseling.

- Assure unrestricted movement (no shackles or handcuffs) for all offenders in labor and during delivery.

CONCLUSIONS

The authority hopes this information has provided opportunity to further explore the circumstances which often lead to the incarceration of female offenders. In addition, we hope that through the case history, the literature review, and the female offender interviews, we have provided you a snapshot of those offenders' lives while in prison. The opportunity to address the unique needs of female offenders presents in Florida at the same time it is presenting itself all over the country. Since most of the offenders housed in Florida's system are non-violent, short-term incarcerees, many opportunities which might otherwise be unavailable exist for constructively and proactively managing their incarceration. Finally, we hope the information which has been presented will lay the foundation for extensive discussion and constructive activity.

APPENDIX A

ANALYSIS AND RECOMMENDATIONS FOR CANTEEN SERVICE
BROWARD CORRECTIONAL INSITUTION
JEFFERSON CORRECTIONAL INSTITUTION
FLORIDA CORRECTIONAL INSTITUTION

ANALYSIS AND RECOMMENDATIONS FOR CANTEEN SERVICE

BROWARD CORRECTIONAL INSTITUTION

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FLORIDA CORRECTIONAL INSTITUTION

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ANALYSIS OF CANTEEN LIST for BROWARD, JEFFERSON, AND FLORIDA CORRECTIONAL INSTITUTIONS:

OVERVIEW:

1. All three institutions provide a variety of food items that includes: ice cream, sandwiches, condiments, cookies, candy, coffee, juices, cocoa, tea, canned fish and meat, sodas, soups, and chips/crackers/snacks. Florida Correctional and Broward carry bakery products; there is no classification for bakery products for Jefferson even though they offer breakfast bars. Broward offers the greatest variety including cakes, milk/dairy, an extensive list of sandwiches, salads, dinners, fresh and canned fruits, nuts and peanuts, peanut butter, gum/breath fresheners, cereal (all carry oatmeal), groceries and miscellaneous items, a very wide variety of soups, and cheese.

2. There is a wide range in price for the same named item. For example a sausage biscuit cost from $0.88-$1.12; sodas from $0.32-$0.43; Vienna sausages from $0.61-$0.90. Without exception all prices were highest at Broward and lowest at Florida Correctional Institution.

3. Neither Jefferson or Florida Correctional Institutions offered fresh milk, yogurt, cheese, canned fruit, fresh fruit, peanut butter, or groceries.

CONCERNS:

1. FOOD SAFETY/SANITATION

   - How are sandwiches kept cold?
   - Are they dated and removed after 72 hours?
   - Is there a mechanism used to heat meals such as turkey/dressing, spaghetti w/meat sauce, burgers, pizza, etc.?
   - For meat items that are from 5-10 oz., how are the unused portions kept within a safe and sanitary environment?
   - At Jefferson Correctional Institution, is ice cream hand dipped? Does it follow the Florida health code concerning running water for storage of dipper? Are disposable gloves used when dipping ice cream, and are the gloves changed frequently and hands washed often?
   - How is soup heated? By whom?
   - At Broward, are some of the sandwiches frozen (hot pockets, hearty lasagna, turkey dressing, fried chicken breast, cod fillet, etc.)? If frozen, what method is used to rethermalize? By whom? Are hands washed? How often is stock rotated? Equipment cleaned (microwaves, freezers, tables/chairs and other equipment, including vending machines)?
   - Are salads maintained at 41° F? Where are salads produced? When is the salad dressing added?

- Are metal flip/pull tops used on canned items? Is it necessary for an officer to open products and dispose of lids and cans?
- May inmates carry products back to their cells? If so, how is food stored and the unused portion disposed?
- Are routine health inspections (county/state) made?
- Are self-inspections made to ensure that foods are rotated and handled properly?
- Are personnel trained in safe and sanitary food handling procedures?
- Do servers use hair restraints?

2. SELECTIONS

- In the majority of instances the selections are high in fats and carbohydrates.
- In some instance sugar free and low fat items are offered, however they are few.
- Milk and other dairy products are not offered at all institutions.
- Fresh fruit and canned fruits are offered at only one facility.
- Are selections based on cultural and ethnic needs/request of the correctional population?

3. HEALTH/NUTRITIONAL CONCERNS

- In general, is the correctional population overweight/obese?
- What is the rate of dental carries?
- Is there a deficiency of vitamins (especially folic acid and Vitamin C) and minerals (calcium)?
- Are the meals that are prepared for the inmates eaten? What is the waste factor?
- What percentage of the average inmate's daily food consumption comes from the canteen?
- Why are some items sold in quantities that can't be eaten at one time (or shouldn't be eaten at one time – boxes of crackers, bottles of Mayo, jars of honey, boxes of cookies, large containers of beverages, cans of nuts, boxes of cereals, boxes of tea bags, cocoa, 24 bags of coffee)?
- Offering trail mix is a good idea as are the sugar free and reduced fat items. Most of the food items sold in the Canteen would not meet the needs of inmates on modified diets (caloric, reduced sodium, vegetarian, and reduced fat/cholesterol).

RECOMMENDATIONS:

- If not already in place, secure a statewide contract for all canteen services. In areas where there is a mixture of cultures and ethnic groups, offer items that will meet the needs of the population.
- Analyze the waste factor in each facility and revamp menu to eliminate items that are seldom eaten.
- Review the inmate population and determine if there are health problems that relate to weight, dental caries, and insufficient intake of vitamins and minerals. Provide items in the canteen that are less carbohydrate and fat dense. (More reduced sugar and fat content, added calcium to juices.)

- Provide nutritional classes/data on good nutrition (proper food choices, healthy eating) to personnel and inmates.
- If feasible and within the scope of service and under supervision, begin a weight reduction program.
- Determine the items that are most often purchased and then provide those items or like items on menus (not the candy, cookies, and sodas).
- Provide milk/dairy products (yogurt, cheese, fresh milk to include chocolate) in all correctional institutions.
- Provide fresh and canned fruit in all correctional facilities.
- Reduce the number and quantity of cookies, crackers, and candy offered.
- Provide a more consistent offering at all facilities. Evaluate the pricing structure and provide a more consistent price structure.
- Review the methods used in rotating and dating stock. Make any necessary changes to comply with state health codes.
- Evaluate the safety and sanitary conditions of food handling in the canteen. If necessary, provide in-services on hand washing, proper food handling techniques, and cleaning/sanitizing of equipment.
- Develop a self-monitoring checklist to ensure a safe and sanitary food service environment.
- Establish outcomes and monitor for compliance.

APPENDIX B

FEMALE QUESTIONNAIRE RESULTS

Lowell CI was surveyed on July 27 – 28, 1999
(32 interviews)

Gadsden CI was surveyed on August 5, 1999
(32 interviews)

Jefferson CI was surveyed on August 12, 1999
(30 interviews)

Broward CI was surveyed on September 29, 1999
(39 interviews)

Hernando CI was surveyed on October 6, 1999
(20 interviews)

Female Questionnaire

Demographic Information:

Race

	Black	White	Other
Statewide (N=144)	46%	46%	8%
Lowell CI (N=32)	44%	50%	6%
Jefferson CI (N=29)	38%	48%	14%
Hernando CI (N=13)	69%	23%	8%
Gadsden CF (N=32)	56%	44%	0%
Broward CI (N=38)	34%	53%	13%

Age

	17 – 24	25 – 34	35 – 44	45 – 54	55 +
Statewide (N=152)	26%	23%	26%	16%	9%
Lowell CI (N=31)	23%	29%	25%	20%	3%
Jefferson CI (N=30)	30%	13%	20%	23%	14%
Hernando CI (N=20)	95%	5%	N/A	N/A	N/A
Gadsden CF (N=32)	9%	31%	31%	20%	9%
Broward CI (N=39)	5%	29%	36%	15%	15%

Custody Level

	Minimum	Medium	Maximum	Close	Unknown
Statewide (N= 137)	51%	34%	3%	11%	1%
Lowell CI (N= 29)	62%	28%	N/A	7%	3%
Jefferson CI (N= 28)	21%	43%	4%	32%	N/A
Hernando CI (N= 18)	56%	44%	N/A	N/A	N/A
Gadsden CF (N= 30)	83%	17%	N/A	N/A	N/A
Broward CI (N= 32)	31%	44%	9%	16%	N/A

End of Sentence Date

	0 – 3 mos.	3 – 6 mos.	7 – 12 mos.	1 – 2 yrs.	2 – 5 yrs.	5 + yrs.
Statewide (N= 78)	22%	14%	19%	20%	16%	9%
Lowell CI (N= 18)	22%	17%	17%	22%	17%	5%
Jefferson CI (N= 13)	8%	8%	23%	23%	15%	23%
Hernando CI (N= 13)	8%	46%	15%	23%	8%	N/A
Gadsden CF (N= 22)	32%	9%	18%	18%	23%	N/A
Broward CI (N= 12)	17%	17%	8%	17%	16%	25%

Housing

	CM	Conf.	GP	Other
Statewide (N= 139)	2%	12%	85%	1%
Lowell CI (N= 32)	N/A	3%	97%	N/A
Jefferson CI (N= 29)	7%	14%	79%	N/A
Hernando CI (N= 11)	N/A	N/A	100%	N/A
Gadsden CF (N= 31)	3%	10%	87%	N/A
Broward CI (N= 36)	N/A	22%	72%	6%

Section A

Q.1. How long have you currently been in prison?

	0 – 1 yrs.	2 – 5 yrs.	6 – 10 yrs.	10 + yrs.
Statewide (N= 153)	45%	41%	8%	6%
Lowell CI (N= 32)	75%	13%	9%	3%
Jefferson CI (N= 30)	23%	60%	13%	4%
Hernando CI (N= 20)	65%	35%	N/A	N/A
Gadsden CF (N= 32)	47%	53%	N/A	N/A
Broward CI (N= 39)	26%	48%	13%	13%

Q.2. Is this your first prison incarceration?

	Yes	No	N/A
Statewide (N= 146)	69%	31%	N/A

Lowell CI (N= 32)	56%	44%	N/A
Jefferson CI (N= 30)	83%	17%	N/A
Hernando CI (N= 13)	100%	N/A	N/A
Gadsden CF (N= 32)	53%	47%	N/A
Broward CI (N= 39)	70%	30%	N/A

Q.3 If not, how many previous incarcerations?

	1	2	3 or more
Statewide (N= 48)	40%	19%	41%

Lowell CI (N= 14)	57%	7%	36%
Jefferson CI (N= 6)	50%	17%	33%
Hernando CI (N= 0)	N/A	N/A	N/A
Gadsden CF (N= 16)	6%	38%	56%
Broward CI (N= 12)	59%	8%	33%

Q.4 Do you have any children?

	Yes	No	N/A
Statewide (N= 149)	75%	25%	N/A

Lowell CI (N= 32)	78%	22%	N/A
Jefferson CI (N= 30)	73%	27%	N/A
Hernando CI (N= 17)	65%	35%	N/A
Gadsden CF (N= 31)	84%	16%	N/A
Broward CI (N= 39)	73%	27%	N/A

Q.5 If yes, what are their ages? 1st child

	0 – 4 yrs.	5 – 10 yrs.	11 – 18 yrs.	19 + yrs.
Statewide (N= 111)	16%	20%	22%	42%

Lowell CI (N= 25)	12%	20%	28%	40%
Jefferson CI (N= 17)	24%	12%	12%	52%
Hernando CI (N= 15)	53%	47%	N/A	N/A
Gadsden CF (N= 25)	4%	8%	36%	52%
Broward CI (N= 29)	7%	21%	24%	48%

2nd child

	0 – 4 yrs.	5 – 10 yrs.	11 – 18 yrs.	19 + yrs.
Statewide (N= 79)	10%	28%	24%	38%

Lowell CI (N= 18)	17%	28%	22%	33%
Jefferson CI (N= 9)	N/A	11%	33%	56%
Hernando CI (N= 10)	40%	60%	N/A	N/A
Gadsden CF (N= 21)	N/A	19%	38%	43%
Broward CI (N= 21)	5%	33%	14%	48%

3rd child

	0 – 4 yrs.	5 – 10 yrs.	11 – 18 yrs.	19 + yrs.
Statewide (N= 45)	24%	20%	18%	38%

Lowell CI (N= 13)	46%	N/A	15%	38%
Jefferson CI (N= 6)	N/A	17%	17%	66%
Hernando CI (N= 5)	60%	40%	N/A	N/A
Gadsden CF (N= 8)	N/A	25%	25%	50%
Broward CI (N= 13)	15%	31%	23%	31%

4th child

	0 – 4 yrs.	5 – 10 yrs.	11 – 18 yrs.	19 + yrs.
Statewide (N= 20)	25%	35%	10%	30%

Lowell CI (N= 6)	33%	33%	N/A	34%
Jefferson CI (N= 4)	N/A	50%	25%	25%
Hernando CI (N= 0)	N/A	N/A	N/A	N/A
Gadsden CF (N= 3)	33%	33%	N/A	34%
Broward CI (N= 7)	29%	29%	13%	29%

5th child

	0 – 4 yrs.	5 – 10 yrs.	11 – 18 yrs.	19 + yrs.
Statewide (N= 9)	33%	44%	23%	N/A

Lowell CI (N= 2)	50%	50%	N/A	N/A
Jefferson CI (N= 3)	N/A	67%	33%	N/A
Hernando CI (N= 0)	N/A	N/A	N/A	N/A
Gadsden CF (N= 1)	N/A	100%	N/A	N/A
Broward CI (N= 3)	67%	N/A	33%	N/A

6th child

	0 – 4 yrs.	5 – 10 yrs.	11 – 18 yrs.	19 + yrs.
Statewide (N= 3)	67%	N/A	N/A	33%

Lowell CI (N= 0)	N/A	N/A	N/A	N/A
Jefferson CI (N= 2)	100%	N/A	N/A	N/A
Hernando CI (N= 0)	N/A	N/A	N/A	N/A
Gadsden CF (N= 0)	N/A	N/A	N/A	100%
Broward CI (N= 1)	N/A	N/A	N/A	100%

Q.6
(a) Where do your children live?

	In-State	Out-State	Other
Statewide (N= 114)	46%	16%	38%

Lowell CI (N= 24)	50%	25%	25%
Jefferson CI (N= 22)	59%	9%	32%
Hernando CI (N= 15)	100%	N/A	N/A
Gadsden CF (N= 26)	65%	23%	12%
Broward CI (N= 27)	63%	37%	N/A

(b) With whom?

	Foster care/ Adoption	Family	Of Legal Age	Other
Statewide (N= 103)	4%	55%	25%	16%

Lowell CI (N= 20)	10%	60%	20%	10%
Jefferson CI (N= 18)	6%	39%	39%	16%
Hernando CI (N= 15)	N/A	100%	N/A	N/A
Gadsden CF (N= 24)	N/A	67%	33%	N/A
Broward CI (N= 26)	N/A	65%	31%	4%

Q.7 Do you get to see them?

	Yes	No	N/A
Statewide (N= 126)	33%	53%	14%

Lowell CI (N= 24)	42%	54%	4%
Jefferson CI (N= 28)	25%	50%	25%
Hernando CI (N= 11)	64%	36%	N/A
Gadsden CF (N= 30)	20%	67%	13%
Broward CI (N= 33)	36%	46%	18%

Q.8 If yes, how often?

	Monthly	Quarterly	Yearly	Never	Other
Statewide (N= 63)	28%	22%	17%	20%	14%
Lowell CI (N= 13)	62%	31%	N/A	N/A	8%
Jefferson CI (N= 13)	15%	8%	38%	15%	24%
Hernando CI (N= 9)	44%	22%	N/A	11%	23%
Gadsden CF (N= 14)	21%	7%	21%	14%	37%
Broward CI (N= 14)	29%	21%	29%	14%	7%

Q.9 Do you think the visitation program is satisfactory?

	Yes	No	N/A
Statewide (N= 127)	38%	31%	31%
Lowell CI (N= 28)	30%	43%	27%
Jefferson CI (N= 26)	35%	30%	35%
Hernando CI (N= 11)	46%	18%	36%
Gadsden CF (N= 30)	50%	10%	40%
Broward CI (N= 32)	31%	47%	22%

Q.10
(a) If no or N/A, why?

	Distance	Individual Preference	Visitation Conditions	Not condusive to kids	Other
Statewide (N= 79)	19%	3%	33%	9%	36%
Lowell CI (N= 17)	24%	12%	35%	6%	24%
Jefferson CI (N= 19)	26%	N/A	26%	5%	43%
Hernando CI (N= 11)	9%	9%	N/A	27%	55%
Gadsden CF (N= 13)	38%	N/A	8%	N/A	54%
Broward CI (N= 19)	N/A	N/A	58%	N/A	42%

(b) How would you improve it?

	Improve for kids	Procedures	Visitation Area	Other
Statewide (N= 87)	20%	27%	19%	34%
Lowell CI (N= 20)	20%	25%	25%	30%
Jefferson CI (N= 19)	21%	21%	11%	47%
Hernando CI (N= 8)	25%	50%	13%	12%
Gadsden CF (N= 15)	13%	20%	13%	54%
Broward CI (N= 25)	12%	44%	24%	20%

Q.11 How do you most often communicate with your family/friends?

	Call	Write	Both	Other
Statewide (N= 151)	16%	21%	60%	3%
Lowell CI (N= 32)	19%	9%	66%	6%
Jefferson CI (N= 29)	14%	24%	52%	10%
Hernando CI (N= 20)	25%	N/A	70%	5%
Gadsden CF (N= 32)	19%	N/A	78%	3%
Broward CI (N= 38)	16%	32%	47%	5%

Q.12 Would you attend parenting classes if available?

	Yes	No	N/A
Statewide (N= 140)	57%	10%	33%
Lowell CI (N= 32)	50%	9%	41%
Jefferson CI (N= 26)	39%	61%	N/A
Hernando CI (N= 17)	82%	6%	12%
Gadsden CF (N= 32)	69%	9%	22%
Broward CI (N= 33)	52%	21%	27%

Q.13 Do you have a place to live/go when you have completed your sentence?

	Yes	No	N/A
Statewide (N= 147)	85%	12%	3%
Lowell CI (N= 32)	84%	13%	3%
Jefferson CI (N= 28)	86%	11%	3%
Hernando CI (N= 18)	100%	N/A	N/A
Gadsden CF (N= 32)	84%	16%	N/A
Broward CI (N= 37)	78%	14%	8%

Q.14 If not, what will you do?

	No plans	Live w/ family	School	Work	Other
Statewide (N= 35)	17%	31%	20%	3%	29%
Lowell CI (N= 8)	25%	38%	N/A	N/A	38%
Jefferson CI (N= 4)	50%	N/A	N/A	N/A	50%
Hernando CI (N= 10)	N/A	40%	30%	10%	20%
Gadsden CF (N= 5)	N/A	40%	20%	20%	20%
Broward CI (N= 8)	25%	38%	N/A	N/A	37%

Q.15 Have you received any skills training while incarcerated which will help you find employment after your release?

	Yes	No	N/A
Statewide (N= 141)	50%	49%	1%
Lowell CI (N= 32)	34%	63%	3%
Jefferson CI (N= 28)	50%	50%	N/A
Hernando CI (N= 16)	44%	56%	N/A
Gadsden CF (N= 31)	55%	45%	N/A
Broward CI (N= 34)	65%	35%	N/A

Q.16 If yes, what kind of training?

	GED	**Business**	Culinary	Cosm.	Computer	Other
Statewide (N= 96)	22%	17%	4%	3%	7%	47%
Lowell CI (N= 15)	20%	13%	7%	N/A	7%	53%
Jefferson CI (N= 20)	20%	20%	5%	10%	N/A	45%
Hernando CI (N= 14)	7%	N/A	7%	14%	N/A	72%
Gadsden CF (N= 22)	32%	18%	N/A	N/A	9%	41%
Broward CI (N= 25)	4%	20%	8%	N/A	8%	60%

Q.17 Do you have any employment or educational plans following your release?

	Yes	No	N/A
Statewide (N= 128)	82%	18%	N/A
Lowell CI (N= 31)	77%	23%	N/A
Jefferson CI (N= 27)	74%	26%	N/A
Hernando CI (N= 8)	100%	N/A	N/A
Gadsden CF (N= 29)	86%	14%	N/A

Broward CI (N= 33)	85%	15%	N/A

Q.18 If yes, explain:

	School	Work	Other
Statewide (N= 133)	39%	45%	16%
Lowell CI (N= 29)	41%	45%	14%
Jefferson CI (N= 23)	22%	65%	13%
Hernando CI (N= 18)	72%	17%	11%
Gadsden CF (N= 30)	40%	40%	20%
Broward CI (N= 33)	12%	70%	18%

Q.19 Do you think the food service at this institution is satisfactory?

	Yes	No	N/A
Statewide (N= 145)	25%	75%	N/A
Lowell CI (N= 31)	26%	74%	N/A
Jefferson CI (N= 28)	57%	43%	N/A
Hernando CI (N= 16)	25%	75%	N/A
Gadsden CF (N= 32)	6%	94%	N/A
Broward CI (N= 38)	16%	84%	N/A

Q.20 How often (per day) do you get fruit?

	None	1 per day	2 + per day	Weekly	Monthly	Other
Statewide (N= 146)	1%	18%	5%	63%	7%	6%
Lowell CI (N= 32)	3%	19%	3%	53%	6%	16%
Jefferson CI (N= 28)	N/A	14%	4%	71%	N/A	11%
Hernando CI (N= 19)	N/A	37%	32%	21%	N/A	10%
Gadsden CF (N= 31)	N/A	3%	3%	88%	N/A	6%
Broward CI (N= 36)	N/A	10%	6%	78%	N/A	6%

Q.21 How often (per day) do you get vegetables?

	None	1 per day	2 + per day	Weekly	Monthly	Other
Statewide (N= 143)	1%	34%	57%	1%	N/A	7%
Lowell CI (N= 32)	N/A	31%	69%	N/A	N/A	N/A
Jefferson CI (N= 26)	N/A	23%	62%	4%	N/A	11%
Hernando CI (N= 19)	5%	21%	47%	N/A	N/A	27%
Gadsden CF (N= 31)	N/A	23%	74%	N/A	N/A	3%
Broward CI (N= 35)	2%	49%	49%	N/A	N/A	N/A

Q.22 How often (per day) do you get milk/dairy products?

	None	1 x per day	2 + per day	Weekly	Monthly	Other
Statewide (N= 146)	N/A	86%	12%	1%	N/A	1%
Lowell CI (N= 32)	N/A	56%	38%	3%	N/A	3%
Jefferson CI (N= 28)	N/A	100%	N/A	N/A	N/A	N/A
Hernando CI (N= 19)	N/A	74%	16%	N/A	N/A	10%
Gadsden CF (N= 31)	N/A	100%	N/A	N/A	N/A	N/A
Broward CI (N= 36)	N/A	97%	3%	N/A	N/A	N/A

Q.23 Does the canteen offer healthy snacks?

	Yes	No	N/A
Statewide (N= 140)	50%	49%	1%
Lowell CI (N= 30)	40%	60%	N/A
Jefferson CI (N= 26)	39%	61%	N/A
Hernando CI (N= 16)	56%	44%	N/A
Gadsden CF (N= 30)	70%	30%	N/A
Broward CI (N= 38)	47%	50%	3%

Q.24 Besides the canteen, are you able to get any between meal snacks?

	Yes	No	N/A
Statewide (N= 143)	6%	93%	1%
Lowell CI (N= 32)	3%	94%	3%
Jefferson CI (N= 28)	7%	93%	N/A
Hernando CI (N= 16)	6%	94%	N/A
Gadsden CF (N= 31)	3%	97%	N/A
Broward CI (N= 36)	11%	89%	N/A

Q.25 Do you have any suggestions to improve the food service?

	Quality	Cleanliness	Variety	Other
Statewide (N= 137)	45%	12%	39%	4%
Lowell CI (N= 32)	19%	16%	56%	9%
Jefferson CI (N= 26)	54%	N/A	23%	23%
Hernando CI (N= 13)	38%	31%	15%	16%
Gadsden CF (N= 31)	55%	N/A	N/A	45%
Broward CI (N= 35)	31%	6%	46%	17%

Q.26 Have you gained or lost a significant amount of weight while in prison?

	Yes	No	N/A
Statewide (N= 140)	73%	16%	11%
Lowell CI (N= 31)	65%	19%	16%
Jefferson CI (N= 24)	71%	21%	8%
Hernando CI (N= 18)	83%	11%	6%
Gadsden CF (N= 31)	71%	19%	10%
Broward CI (N= 36)	75%	11%	14%

Q.27 If yes, approximately (+) or (-) pounds.

	-5-10 lbs.	-11-25 lbs.	-26 + lbs.	+5-10 lbs.	+11-25 lbs.	+26 lbs.
Statewide (N= 102)	13%	8%	26%	4%	22%	27%
Lowell CI (N= 21)	10%	10%	19%	19%	24%	18%
Jefferson CI (N= 17)	12%	6%	53%	N/A	12%	17%
Hernando CI (N= 14)	14%	7%	36%	N/A	7%	36%
Gadsden CF (N= 22)	18%	N/A	9%	N/A	36%	37%
Broward CI (N= 28)	11%	11%	25%	4%	21%	28%

Q.28 Are you provided clothing that is appropriate for the different seasons?

	Yes	No	N/A
Statewide (N= 138)	53%	43%	4%
Lowell CI (N= 29)	41%	49%	10%
Jefferson CI (N= 27)	56%	44%	N/A
Hernando CI (N= 14)	50%	50%	N/A
Gadsden CF (N= 31)	61%	36%	3%
Broward CI (N= 37)	54%	41%	5%

Q.29 If no or N/A, explain:

	Not enough	Warmer	Cooler	Maternity	Other
Statewide (N= 98)	17%	56%	10%	3%	14%
Lowell CI (N= 21)	38%	19%	10%	14%	19%
Jefferson CI (N= 20)	10%	80%	10%	N/A	N/A
Hernando CI (N= 9)	44%	33%	11%	N/A	12%
Gadsden CF (N= 24)	8%	50%	17%	N/A	25%
Broward CI (N= 24)	25%	67%	N/A	N/A	8%

Q.30 Are you provided an adequate amount of undergarments weekly? (panties & bras)

	Yes	No	N/A
Statewide (N= 135)	55%	45%	N/A
Lowell CI (N= 31)	23%	77%	N/A
Jefferson CI (N= 24)	63%	37%	N/A
Hernando CI (N= 15)	80%	20%	N/A
Gadsden CF (N= 28)	36%	64%	N/A
Broward CI (N= 37)	81%	19%	N/A

Q.31 If not, how many of each are you provided?

Panties?

	1 – 3	4 – 6	7 +
Statewide (N= 133)	43%	47%	10%
Lowell CI (N= 30)	80%	20%	N/A
Jefferson CI (N= 30)	13%	57%	30%
Hernando CI (N= 10)	20%	60%	20%
Gadsden CF (N= 32)	84%	16%	N/A
Broward CI (N= 31)	N/A	90%	10%

Bras?

	1 – 3	4 – 6	7 +
Statewide (N= 138)	65%	34%	1%

Lowell CI (N= 30)	93%	7%	N/A
Jefferson CI (N= 30)	40%	60%	N/A
Hernando CI (N= 14)	43%	50%	7%
Gadsden CF (N= 31)	97%	3%	N/A
Broward CI (N= 33)	45%	55%	N/A

Q.32 Do the bras provide you with adequate support?

	Yes	No	N/A
Statewide (N=139)	38%	61%	1%

Lowell CI (N= 30)	30%	70%	N/A
Jefferson CI (N= 27)	41%	56%	3%
Hernando CI (N= 15)	60%	40%	N/A
Gadsden CF (N= 32)	34%	66%	N/A
Broward CI (N= 35)	37%	63%	N/A

Q.33 Are you able to hand-wash soiled items?

	Yes	No	N/A
Statewide (N= 150)	67%	33%	N/A

Lowell CI (N= 32)	66%	34%	N/A
Jefferson CI (N= 29)	17%	83%	N/A
Hernando CI (N= 19)	79%	21%	N/A
Gadsden CF (N= 31)	71%	29%	N/A
Broward CI (N= 39)	95%	5%	N/A

Q.34 Are you given a choice of: Sanitary pads? Tampons? Both?

	Yes	No	N/A
Statewide (N= 134)	89%	7%	4%

Lowell CI (N= 29)	86%	7%	7%
Jefferson CI (N= 24)	96%	N/A	4%
Hernando CI (N= 19)	100%	N/A	N/A
Gadsden CF (N= 32)	69%	25%	6%
Broward CI (N= 30)	100%	N/A	N/A

b. Tampons?

	Yes	No	N/A
Statewide (N= 115)	66%	30%	4%
Lowell CI (N= 28)	71%	21%	8%
Jefferson CI (N= 22)	96%	N/A	4%
Hernando CI (N= 8)	100%	N/A	N/A
Gadsden CF (N= 30)	N/A	97%	3%
Broward CI (N= 27)	100%	N/A	N/A

c. Both?

	Yes	No	N/A
Statewide (N= 126)	69%	28%	3%
Lowell CI (N= 27)	70%	22%	8%
Jefferson CI (N= 25)	96%	N/A	4%
Hernando CI (N= 13)	100%	N/A	N/A
Gadsden CF (N= 31)	N/A	97%	3%
Broward CI (N= 30)	100%	N/A	N/A

Q.35 Are you furnished an adequate supply of sanitary pads/tampons?

	Yes	No	N/A
Statewide (N= 139)	65%	28%	7%
Lowell CI (N= 30)	40%	53%	7%
Jefferson CI (N= 27)	70%	22%	7%
Hernando CI (N= 17)	94%	6%	N/A
Gadsden CF (N= 29)	48%	38%	14%
Broward CI (N= 36)	81%	14%	5%

Q.36 If not how many are you given at one time?

	1 – 10	11 – 20	21 +
Statewide (N= 52)	32%	30%	38%
Lowell CI (N= 11)	18%	36%	46%
Jefferson CI (N= 12)	17%	67%	16%
Hernando CI (N= 2)	50%	50%	N/A
Gadsden CF (N= 16)	N/A	19%	81%
Broward CI (N= 11)	100%	N/A	N/A

Q.37 How do you get them?

	Monthly	As needed	Ask	Other
Statewide (N= 130)	29%	11%	29%	31%
Lowell CI (N= 28)	61%	4%	21%	14%
Jefferson CI (N= 25)	24%	N/A	60%	16%
Hernando CI (N= 17)	12%	24%	35%	29%
Gadsden CF (N= 29)	62%	N/A	17%	21%
Broward CI (N= 31)	N/A	10%	74%	16%

Q.38 Do you have a history of drug or alcohol abuse?

	Yes	No	N/A
Statewide (N= 152)	54%	46%	N/A
Lowell CI (N= 31)	65%	35%	N/A
Jefferson CI (N= 30)	43%	57%	N/A
Hernando CI (N= 20)	30%	70%	N/A
Gadsden CF (N= 32)	53%	47%	N/A
Broward CI (N= 39)	65%	35%	N/A

Q.39 If yes, any drug or alcohol use while incarcerated?

	Yes	No	N/A
Statewide (N= 149)	5%	64%	31%
Lowell CI (N= 30)	N/A	73%	27%
Jefferson CI (N= 30)	N/A	57%	43%
Hernando CI (N= 20)	5%	65%	30%
Gadsden CF (N= 30)	N/A	73%	27%
Broward CI (N= 39)	15%	54%	31%

Q.40 If yes, are you able to attend any meetings such as AA or NA?

	Yes	No	N/A
Statewide (N= 133)	48%	13%	39%
Lowell CI (N= 30)	43%	20%	37%
Jefferson CI (N= 27)	26%	15%	59%
Hernando CI (N= 9)	33%	11%	56%
Gadsden CF (N= 29)	55%	10%	35%
Broward CI (N= 38)	63%	11%	26%

Q.41 At what age did you become sexually active?

	9 – 11	12 – 15	16 – 17	18 +
Statewide (N= 147)	3%	50%	32%	15%
Lowell CI (N= 29)	7%	45%	34%	14%
Jefferson CI (N= 28)	4%	50%	25%	21%
Hernando CI (N= 19)	N/A	68%	32%	N/A
Gadsden CF (N= 32)	N/A	50%	34%	16%
Broward CI (N= 39)	5%	45%	30%	20%

Q.42 Were you ever physically abused?

	Yes	No	N/A
Statewide (N= 151)	41%	59%	N/A
Lowell CI (N= 32)	34%	66%	N/A
Jefferson CI (N= 30)	30%	70%	N/A
Hernando CI (N= 18)	56%	44%	N/A
Gadsden CF (N= 32)	25%	75%	N/A
Broward CI (N= 39)	64%	36%	N/A

b. Were you ever sexually abused?

	Yes	No	N/A
Statewide (N= 147)	58%	42%	N/A
Lowell CI (N= 32)	53%	47%	N/A
Jefferson CI (N= 30)	40%	60%	N/A
Hernando CI (N= 18)	56%	44%	N/A
Gadsden CF (N= 32)	63%	37%	N/A
Broward CI (N= 35)	77%	23%	N/A

Q.43 If yes, as a child?

	Yes	No	N/A
Statewide (N= 140)	56%	41%	3%
Lowell CI (N= 32)	56%	44%	N/A
Jefferson CI (N= 30)	33%	67%	N/A
Hernando CI (N= 14)	64%	29%	7%
Gadsden CF (N= 32)	56%	44%	N/A
Broward CI (N= 32)	75%	16%	9%

As an adult?

	Yes	No	N/A
Statewide (N= 138)	34%	63%	3%
Lowell CI (N= 32)	28%	72%	N/A
Jefferson CI (N= 30)	20%	80%	N/A
Hernando CI (N= 14)	36%	55%	9%
Gadsden CF (N= 32)	28%	72%	N/A
Broward CI (N= 30)	60%	27%	13%

Q.44 While incarcerated in jail?

	Yes	No	N/A
Statewide (N= 138)	4%	76%	20%
Lowell CI (N= 30)	10%	80%	10%
Jefferson CI (N= 29)	7%	45%	48%
Hernando CI (N= 15)	N/A	93%	7%
Gadsden CF (N= 30)	N/A	83%	17%
Broward CI (N= 34)	N/A	82%	18%

Q.45 While incarcerated in prison?

	Yes	No	N/A
Statewide (N= 136)	7%	72%	21%
Lowell CI (N= 30)	3%	87%	10%
Jefferson CI (N= 29)	21%	31%	48%
Hernando CI (N= 14)	7%	86%	7%
Gadsden CF (N= 29)	N/A	83%	17%
Broward CI (N= 34)	3%	79%	18%

Q.46 Would you attend an anger management group if available?

	Yes	No	N/A
Statewide (N= 140)	66%	14%	20%
Lowell CI (N= 32)	59%	19%	22%
Jefferson CI (N= 30)	40%	13%	47%
Hernando CI (N= 14)	93%	7%	N/A
Gadsden CF (N= 31)	81%	13%	6%
Broward CI (N= 33)	70%	15%	15%

Q.47 Would you attend a survivors of abuse group if available?

	Yes	No	N/A
Statewide (N= 136)	53%	14%	33%
Lowell CI (N= 31)	48%	19%	33%
Jefferson CI (N= 30)	30%	7%	63%
Hernando CI (N= 11)	46%	9%	45%
Gadsden CF (N= 30)	67%	17%	16%
Broward CI (N= 34)	68%	15%	17%

Q.48 While incarcerated, have you ever experienced what you believe to be inappropriate behavior by male correctional officers or other male correctional staff?

	Yes	No	N/A
Statewide (N= 145)	53%	47%	N/A
Lowell CI (N= 32)	44%	56%	N/A
Jefferson CI (N= 29)	69%	31%	N/A
Hernando CI (N= 17)	41%	59%	N/A
Gadsden CF (N= 32)	34%	66%	N/A
Broward CI (N= 35)	71%	29%	N/A

Q.49 If yes where:

(a) This institution?

	Yes	No	N/A
Statewide (N= 114)	64%	13%	23%
Lowell CI (N= 20)	65%	10%	25%
Jefferson CI (N= 27)	70%	7%	23%
Hernando CI (N= 8)	75%	25%	N/A
Gadsden CF (N= 26)	35%	15%	50%
Broward CI (N= 33)	76%	15%	9%

(b) Another state institution?

	Yes	No	N/A
Statewide (N= 106)	30%	36%	34%

	Yes	No	N/A
Lowell CI (N= 17)	12%	41%	47%
Jefferson CI (N=26)	46%	23%	31%
Hernando CI (N= 7)	71%	29%	N/A
Gadsden CF (N= 27)	7%	37%	56%
Broward CI (N= 29)	40%	45%	15%

(c) An institution in another state?

	Yes	No	N/A
Statewide (N= 105)	2%	26%	72%

	Yes	No	N/A
Lowell CI (N= 17)	N/A	41%	59%
Jefferson CI (N= 25)	4%	20%	76%
Hernando CI (N= 7)	N/A	57%	43%
Gadsden CF (N= 26)	4%	19%	77%
Broward CI (N= 30)	N/A	20%	80%

(d) County jail in Florida?

	Yes	No	N/A
Statewide (N= 105)	9%	59%	32%

	Yes	No	N/A
Lowell CI (N= 18)	N/A	67%	33%
Jefferson CI (N= 25)	12%	52%	36%
Hernando CI (N= 8)	13%	87%	N/A
Gadsden CF (N= 26)	4%	46%	50%
Broward CI (N= 28)	14%	64%	22%

(e) County jail in another state?

	Yes	No	N/A
Statewide (N= 104)	N/A	31%	69%

	Yes	No	N/A
Lowell CI (N= 17)	N/A	53%	47%
Jefferson CI (N= 25)	N/A	24%	76%
Hernando CI (N= 6)	N/A	67%	33%
Gadsden CF (N= 26)	N/A	27%	73%
Broward CI (N= 30)	N/A	20%	80%

Q.50 If yes explain:

	Sexual	Physical	Verbal	Other
Statewide (N= 76)	40%	9%	40%	11%

Lowell CI (N= 13)	54%	31%	15%	N/A
Jefferson CI (N= 17)	53%	N/A	29%	18%
Hernando CI (N= 8)	13%	N/A	87%	N/A
Gadsden CF (N= 11)	55%	9%	18%	18%
Broward CI (N= 27)	22%	4%	74%	N/A

Q.51 While incarcerated here, have you ever experienced what you believe to be inappropriate behavior by female correctional officers or other female correctional staff?

	Yes	No	N/A
Statewide (N= 144)	48%	52%	N/A

Lowell CI (N= 31)	39%	61%	N/A
Jefferson CI (N= 29)	66%	34%	N/A
Hernando CI (N= 19)	26%	74%	N/A
Gadsden CF (N= 30)	23%	77%	N/A
Broward CI (N= 35)	71%	29%	N/A

Q.52. If yes explain:

	Sexual	Physical	Verbal	Other
Statewide (N= 74)	9%	1%	70%	20%

Lowell CI (N= 13)	15%	N/A	85%	N/A
Jefferson CI (N= 21)	14%	N/A	62%	24%
Hernando CI (N= 4)	N/A	N/A	75%	25%
Gadsden CF (N= 10)	20%	10%	70%	N/A
Broward CI (N= 26)	4%	N/A	96%	N/A

Q.53 Are male correctional officers or other male correctional staff ever present while you shower?

	Yes	No	N/A
Statewide (N= 149)	35%	65%	N/A
Lowell CI (N= 31)	71%	29%	N/A
Jefferson CI (N= 30)	30%	70%	N/A
Hernando CI (N= 17)	35%	65%	N/A
Gadsden CF (N= 32)	31%	69%	N/A
Broward CI (N= 39)	15%	85%	N/A

Q.54 If yes, how often?

	Occ.	Daily	Sev. X week	Announce Presence	Other
Statewide (N= 61)	24%	35%	22%	19%	N/A
Lowell CI (N= 26)	27%	23%	31%	19%	N/A
Jefferson CI (N= 10)	50%	10%	30%	10%	N/A
Hernando CI (N= 7)	N/A	100%	N/A	N/A	N/A
Gadsden CF (N= 12)	17%	50%	17%	16%	N/A
Broward CI (N= 6)	33%	50%	17%	N/A	N/A

Q.55 Are male correctional officers or other male correctional staff ever present while you are changing your clothes?

	Yes	No	N/A
Statewide (N= 149)	30%	70%	N/A
Lowell CI (N= 31)	61%	39%	N/A
Jefferson CI (N= 30)	20%	80%	N/A
Hernando CI (N= 18)	22%	78%	N/A
Gadsden CF (N= 31)	32%	68%	N/A
Broward CI (N= 39)	15%	85%	N/A

Q.56 If yes, how often?

	Occ.	Daily	Sev. X week	Announce Presence	Other
Statewide (N= 46)	36%	45%	9%	10%	N/A
Lowell CI (N= 20)	55%	25%	10%	10%	N/A
Jefferson CI (N= 7)	57%	14%	29%	N/A	N/A
Hernando CI (N= 4)	25%	25%	50%	N/A	N/A
Gadsden CF (N= 8)	25%	75%	N/A	N/A	N/A
Broward CI (N= 7)	29%	43%	28%	N/A	N/A

Q.57 Are male correctional officers or other male correctional staff ever present when you are using the toilet?

	Yes	No	N/A
Statewide (N= 149)	34%	66%	N/A
Lowell CI (N= 31)	61%	39%	N/A
Jefferson CI (N= 29)	28%	72%	N/A
Hernando CI (N= 18)	11%	89%	N/A
Gadsden CF (N= 32)	53%	47%	N/A
Broward CI (N= 39)	13%	87%	N/A

Q.58 If yes, how often?

	Occ.	Daily	Sev. X week	Announce Presence	Other
Statewide (N= 56)	43%	37%	12%	8%	N/A
Lowell CI (N= 20)	30%	25%	25%	20%	N/A
Jefferson CI (N= 11)	45%	18%	37%	N/A	N/A
Hernando CI (N= 1)	100%	N/A	N/A	N/A	N/A
Gadsden CF (N= 18)	17%	56%	17%	10%	N/A
Broward CI (N= 6)	50%	33%	17%	N/A	N/A

Q.59 What do you think is the most difficult aspect of being in prison?

	Away from family	Treatment	Pregnancy	Loss of freedom	Other
Statewide (N= 151)	39%	15%	1%	11%	34%
Lowell CI (N= 32)	38%	25%	6%	16%	16%
Jefferson CI (N= 30)	43%	20%	N/A	20%	17%
Hernando CI (N= 19)	32%	21%	N/A	32%	15%
Gadsden CF (N= 32)	38%	9%	N/A	28%	25%
Broward CI (N= 38)	47%	26%	N/A	16%	11%

Section B

Q.1 In your opinion, since you have been in prison, has your overall physical health: Stayed the same? Improved? Declined?

	Stayed the same	Improved	Declined
Statewide (N= 145)	40%	19%	41%
Lowell CI (N= 30)	40%	20%	40%
Jefferson CI (N= 27)	30%	11%	59%
Hernando CI (N= 18)	56%	11%	33%
Gadsden CF (N= 32)	47%	28%	25%
Broward CI (N= 38)	34%	16%	50%

Q.2 Has your overall mental health: Stayed the same? Improved? Declined?

	Stayed the same	Improved	Declined
Statewide (N= 141)	35%	25%	40%
Lowell CI (N= 31)	23%	32%	45%
Jefferson CI (N= 26)	23%	23%	54%
Hernando CI (N= 14)	36%	29%	35%
Gadsden CF (N= 32)	56%	22%	22%
Broward CI (N= 38)	37%	21%	42%

Q.3 Has your overall dental health: Stayed the same? Improved? Declined?

	Stayed the same	Improved	Declined
Statewide (N= 135)	51%	21%	28%

Lowell CI (N= 31)	73%	13%	14%
Jefferson CI (N= 25)	40%	12%	48%
Hernando CI (N= 14)	43%	29%	28%
Gadsden CF (N= 30)	53%	17%	30%
Broward CI (N= 35)	43%	31%	26%

Q.4 Have you received health education on the following:

Breast cancer?

	Yes	No	N/A
Statewide (N= 150)	62%	37%	1%

Lowell CI (N= 30)	50%	50%	N/A
Jefferson CI (N= 30)	57%	40%	3%
Hernando CI (N= 19)	84%	16%	N/A
Gadsden CF (N= 32)	63%	37%	N/A
Broward CI (N= 39)	65%	35%	N/A

Breast self-examination?

	Yes	No	N/A
Statewide (N= 151)	71%	28%	1%

Lowell CI (N= 31)	61%	39%	N/A
Jefferson CI (N=30)	63%	33%	4%
Hernando CI (N= 19)	79%	21%	N/A
Gadsden CF (N= 32)	84%	16%	N/A
Broward CI (N= 39)	70%	30%	N/A

AIDS prevention?

	Yes	No	N/A
Statewide (N= 151)	63%	36%	1%
Lowell CI (N= 31)	45%	55%	N/A
Jefferson CI (N= 30)	50%	47%	3%
Hernando CI (N= 19)	79%	21%	N/A
Gadsden CF (N= 32)	75%	25%	N/A
Broward CI (N= 39)	68%	32%	N/A

Contraception?

	Yes	No	N/A
Statewide (N= 150)	38%	61%	1%
Lowell CI (N= 30)	23%	77%	N/A
Jefferson CI (N= 30)	40%	57%	3%
Hernando CI (N= 19)	42%	58%	N/A
Gadsden CF (N= 32)	47%	53%	N/A
Broward CI (N= 39)	36%	64%	N/A

STDs?

	Yes	No	N/A
Statewide (N= 151)	61%	38%	1%
Lowell CI (N= 31)	39%	61%	N/A
Jefferson CI (N= 30)	43%	53%	4%
Hernando CI (N= 19)	74%	26%	N/A
Gadsden CF (N= 32)	75%	25%	N/A
Broward CI (N= 39)	73%	27%	N/A

Smoking?

	Yes	No	N/A
Statewide (N= 150)	58%	41%	1%
Lowell CI (N= 30)	53%	47%	N/A
Jefferson CI (N= 30)	57%	40%	3%
Hernando CI (N= 19)	63%	37%	N/A
Gadsden CF (N= 32)	56%	44%	N/A
Broward CI (N= 39)	62%	38%	N/A

Alcohol/Drug abuse?

	Yes	No	N/A
Statewide (N= 149)	62%	37%	1%

Lowell CI (N= 30)	57%	43%	N/A
Jefferson CI (N= 29)	48%	48%	4%
Hernando CI (N= 19)	74%	26%	N/A
Gadsden CF (N= 32)	63%	37%	N/A
Broward CI (N= 39)	67%	33%	N/A

Exercise/cardiovascular benefits?

	Yes	No	N/A
Statewide (N= 148)	61%	38%	1%

Lowell CI (N= 29)	52%	48%	N/A
Jefferson CI (N= 30)	60%	37%	3%
Hernando CI (N= 19)	68%	32%	N/A
Gadsden CF (N= 32)	56%	44%	N/A
Broward CI (N= 38)	71%	29%	N/A

Stress management?

	Yes	No	N/A
Statewide (N= 149)	47%	52%	1%

Lowell CI (N= 30)	40%	60%	N/A
Jefferson CI (N= 30)	43%	53%	4%
Hernando CI (N= 19)	21%	79%	N/A
Gadsden CF (N= 32)	50%	50%	N/A
Broward CI (N= 38)	66%	34%	N/A

Q.5 Do you currently smoke?

	Yes	No	N/A
Statewide (N= 151)	46%	54%	N/A

Lowell CI (N= 31)	68%	32%	N/A
Jefferson CI (N= 30)	50%	50%	N/A
Hernando CI (N= 19)	63%	37%	N/A
Gadsden CF (N= 32)	6%	94%	N/A
Broward CI (N= 39)	51%	49%	N/A

Q.6 If yes, have you been offered any assistance to stop smoking (i.e., classes, patches)?

	Yes	No	N/A
Statewide (N= 129)	24%	43%	33%
Lowell CI (N= 29)	7%	55%	38%
Jefferson CI (N= 25)	24%	36%	40%
Hernando CI (N= 12)	50%	50%	N/A
Gadsden CF (N= 29)	28%	48%	24%
Broward CI (N= 34)	27%	32%	41%

Q.7 Do you receive an annual examination which includes a PAP smear and breast examination?

	Yes	No	N/A
Statewide (N= 145)	87%	7%	6%
Lowell CI (N= 29)	69%	7%	24%
Jefferson CI (N= 28)	93%	7%	N/A
Hernando CI (N= 19)	100%	N/A	N/A
Gadsden CF (N= 31)	94%	3%	3%
Broward CI (N= 38)	84%	13%	3%

Q.8 Have you been provided education on osteoporosis?

	Yes	No	N/A
Statewide (N= 145)	9%	90%	1%
Lowell CI (N= 29)	7%	93%	N/A
Jefferson CI (N= 29)	7%	90%	3%
Hernando CI (N= 16)	12%	88%	N/A
Gadsden CF (N= 32)	13%	87%	N/A
Broward CI (N= 39)	10%	90%	N/A

Q.9 Has a calcium supplement been prescribed for you?

	Yes	No	N/A
Statewide (N= 140)	9%	89%	2%
Lowell CI (N= 29)	10%	90%	N/A
Jefferson CI (N= 27)	7%	93%	N/A
Hernando CI (N= 14)	N/A	93%	7%
Gadsden CF (N= 32)	16%	81%	3%
Broward CI (N= 38)	5%	95%	N/A

Q.10 Do you exercise on a regular basis?

	Yes	No	N/A
Statewide (N= 144)	63%	37%	N/A

Lowell CI (N= 29)	52%	48%	N/A
Jefferson CI (N= 29)	66%	34%	N/A
Hernando CI (N= 18)	44%	56%	N/A
Gadsden CF (N= 32)	63%	37%	N/A
Broward CI (N= 36)	81%	19%	N/A

Describe:

	Aerobics	Walk	None	Other
Statewide (N= 90)	23%	53%	10%	14%

Lowell CI (N= 20)	35%	40%	15%	10%
Jefferson CI (N= 19)	37%	53%	N/A	10%
Hernando CI (N= 5)	20%	20%	N/A	60%
Gadsden CF (N= 27)	22%	63%	11%	4%
Broward CI (N= 19)	21%	58%	N/A	21%

Q.11 Are you offered annual (50 yrs. and older) or biennial (40 – 50 yrs.) mammograms?

	Yes	No	N/A
Statewide (N= 58)	78%	17%	5%

Lowell CI (N= 13)	69%	8%	23%
Jefferson CI (N= 12)	92%	8%	N/A
Hernando CI (N= 0)	N/A	N/A	N/A
Gadsden CF (N= 15)	87%	13%	N/A
Broward CI (N= 18)	67%	33%	N/A

Q.12 Do you receive annual (50 yrs. and older) or biennial (40 – 50 yrs.) mammograms?

	Yes	No	N/A
Statewide (N= 55)	80%	18%	2%
Lowell CI (N= 13)	85%	15%	N/A
Jefferson CI (N= 11)	100%	N/A	N/A
Hernando CI (N= 0)	N/A	N/A	N/A
Gadsden CF (N= 14)	86%	7%	7%
Broward CI (N= 17)	59%	41%	N/A

Q.13 Have you had a total hysterectomy?

	Yes	No	N/A
Statewide (N= 63)	25%	73%	2%
Lowell CI (N= 13)	23%	77%	N/A
Jefferson CI (N= 12)	58%	42%	N/A
Hernando CI (N= 0)	N/A	N/A	N/A
Gadsden CF (N= 18)	22%	72%	6%
Broward CI (N= 20)	10%	90%	N/A

Q.14 Are you currently going through menopause?

	Yes	No	N/A
Statewide (N= 54)	29%	67%	4%
Lowell CI (N= 10)	40%	60%	N/A
Jefferson CI (N= 12)	17%	75%	8%
Hernando CI (N= 0)	N/A	N/A	N/A
Gadsden CF (N= 14)	29%	64%	7%
Broward CI (N= 18)	33%	67%	N/A

Q.15 If no, have you completed menopause?

	Yes	No	N/A
Statewide (N= 54)	27%	17%	56%
Lowell CI (N= 11)	9%	45%	46%
Jefferson CI (N= 12)	25%	8%	67%
Hernando CI (N= 0)	N/A	N/A	N/A
Gadsden CF (N= 14)	21%	14%	65%
Broward CI (N= 17)	47%	6%	47%

Q.16 Have you been given education on hormones (estrogen replacement therapy)?

	Yes	No	N/A
Statewide (N= 50)	34%	56%	10%

	Yes	No	N/A
Lowell CI (N= 11)	18%	64%	18%
Jefferson CI (N= 13)	39%	46%	15%
Hernando CI (N= 0)	N/A	N/A	N/A
Gadsden CF (N= 11)	64%	27%	9%
Broward CI (N= 15)	20%	80%	N/A

Q.17 Were the benefits and risk factors of ERT explained to you?

	Yes	No	N/A
Statewide (N= 46)	26%	44%	30%

	Yes	No	N/A
Lowell CI (N= 11)	18%	36%	46%
Jefferson CI (N= 12)	8%	75%	17%
Hernando CI (N= 0)	N/A	N/A	N/A
Gadsden CF (N= 10)	60%	20%	20%
Broward CI (N= 13)	23%	39%	38%

Q.18 Have hormones been recommended for you?

	Yes	No	N/A
Statewide (N= 48)	50%	35%	15%

	Yes	No	N/A
Lowell CI (N= 12)	33%	25%	42%
Jefferson CI (N= 13)	46%	39%	15%
Hernando CI (N= 0)	N/A	N/A	N/A
Gadsden CF (N= 10)	80%	20%	N/A
Broward CI (N= 13)	46%	54%	N/A

Q.19 Are you currently taking hormones?

	Yes	No	N/A
Statewide (N= 48)	33%	67%	N/A

	Yes	No	N/A
Lowell CI (N= 11)	27%	73%	N/A
Jefferson CI (N= 13)	46%	54%	N/A
Hernando CI (N= 0)	N/A	N/A	N/A
Gadsden CF (N= 11)	36%	64%	N/A
Broward CI (N= 13)	23%	77%	N/A

Q.20 Do you have problems with depression?

	Yes	No	N/A
Statewide (N= 127)	70%	30%	N/A

Lowell CI (N= 29)	79%	21%	N/A
Jefferson CI (N= 28)	75%	25%	N/A
Hernando CI (N= 9)	56%	44%	N/A
Gadsden CF (N= 24)	42%	58%	N/A
Broward CI (N= 37)	78%	22%	N/A

Q.21 If yes, are you receiving mental health services?

	Yes	No	N/A
Statewide (N= 122)	53%	30%	17%

Lowell CI (N= 30)	60%	30%	10%
Jefferson CI (N= 28)	68%	18%	14%
Hernando CI (N= 8)	63%	25%	12%
Gadsden CF (N= 22)	N/A	59%	41%
Broward CI (N= 34)	65%	24%	12%

Q.22 If not, why?

	Handles on own	Hasn’t asked	Other
Statewide (N= 38)	26%	16%	58%

Lowell CI (N= 8)	N/A	38%	62%
Jefferson CI (N= 8)	N/A	25%	75%
Hernando CI (N= 2)	N/A	N/A	100%
Gadsden CF (N= 10)	50%	20%	30%
Broward CI (N= 10)	30%	30%	40%

Q.23 If yes, have you been prescribed anti-depressant medication?

	Yes	No	N/A
Statewide (N= 120)	43%	26%	31%

Lowell CI (N= 29)	59%	14%	27%
Jefferson CI (N= 28)	43%	39%	18%
Hernando CI (N= 8)	50%	25%	25%
Gadsden CF (N= 21)	N/A	19%	81%
Broward CI (N= 34)	53%	29%	18%

Q.24 In your opinion, is your medical care at this institution satisfactory?

	Yes	No	N/A
Statewide (N= 121)	41%	58%	1%
Lowell CI (N= 29)	31%	66%	3%
Jefferson CI (N= 26)	42%	58%	N/A
Hernando CI (N= 9)	56%	44%	N/A
Gadsden CF (N= 23)	65%	35%	N/A
Broward CI (N= 34)	27%	71%	2%

Q.25

(a) If not, why?

	Restricted Access	Poor care	Poor Treatment	Other
Statewide (N= 75)	43%	36%	12%	9%
Lowell CI (N= 21)	33%	52%	10%	5%
Jefferson CI (N= 14)	50%	29%	14%	7%
Hernando CI (N= 4)	100%	N/A	N/A	N/A
Gadsden CF (N= 11)	36%	45%	N/A	19%
Broward CI (N= 25)	44%	44%	N/A	12%

(b) How would you improve/change it?

	Improve Access	Improve Treatment	Additional or Better staff	Other
Statewide (N= 107)	19%	13%	30%	38%
Lowell CI (N= 26)	46%	19%	15%	19%
Jefferson CI (N= 20)	20%	20%	20%	40%
Hernando CI (N= 8)	50%	13%	13%	24%
Gadsden CF (N= 22)	23%	14%	14%	49%
Broward CI (N= 31)	23%	35%	26%	16%

Final comments:

	Add More Programs	Additional Staff	Improve Medical Care	Improve Treatment	Other
Statewide (N= 86)	12%	5%	25%	13%	45%
Lowell CI (N= 16)	N/A	19%	44%	25%	12%
Jefferson CI (N= 15)	21%	N/A	13%	33%	33%
Hernando CI (N= 8)	50%	25%	N/A	13%	12%
Gadsden CF (N= 26)	23%	N/A	19%	15%	43%
Broward CI (N= 21)	29%	N/A	24%	5%	42%

APPENDIX C

STAFF QUESTIONNAIRE RESULTS

Staff Questionnaire

Job Title

	Warden Asst. Warden	CHO/ HSA	Clerical	CO	Classification	PH	MH
Statewide (N=39)	10%	5%	5%	41%	5%	10%	24%
Lowell CI (N=13)	8%	8%	N/A	23%	N/A	23%	38%
Jefferson CI (N=7)	14%	14%	14%	44%	14%	N/A	N/A
Hernando CI (N=4)	N/A	N/A	N/A	25%	N/A	25%	50%
Gadsden CF (N=9)	22%	N/A	11%	56%	11%	N/A	N/A
Broward CI (N=6)	N/A	N/A	N/A	67%	N/A	N/A	33%

Q.1. Do you think the visitation program at this institution is satisfactory?

	Yes	No	N/A
Statewide (N=44)	89%	11%	N/A
Lowell CI (N=13)	92%	8%	N/A
Jefferson CI (N=10)	90%	10%	N/A
Hernando CI (N=5)	100%	N/A	N/A
Gadsden CF (N=9)	78%	22%	N/A
Broward CI (N=7)	86%	14%	N/A

Q.2a. If not, why?

	Lack of Professionalism	Noise Level	No play area for kids	Not familiar w/ process	Other
Statewide (N=10)	10%	10%	10%	30%	40%
Lowell CI (N=4)	N/A	N/A	N/A	50%	50%
Jefferson CI (N=1)	N/A	100%	N/A	N/A	N/A
Hernando CI (N=0)	N/A	N/A	N/A	N/A	N/A
Gadsden CF (N=3)	33%	N/A	33%	N/A	34%
Broward CI (N=1)	N/A	N/A	N/A	N/A	100%

Q.2b. How would you improve it?

	Improve visitation area	Add/improve play area	Fine as it is	Other
Statewide (N=19)	37%	16%	16%	31%

Lowell CI (N=4)	25%	25%	N/A	50%
Jefferson CI (N=3)	67%	33%	N/A	N/A
Hernando CI (N=5)	40%	N/A	20%	40%
Gadsden CF (N=5)	20%	20%	40%	20%
Broward CI (N=2)	N/A	N/A	50%	50%

Q.3. In your opinion, is it appropriate for children to visit a parent who is in prison?

	Yes	No	N/A
Statewide (N=46)	87%	13%	N/A

Lowell CI (N=14)	79%	21%	N/A
Jefferson CI (N=11)	91%	9%	N/A
Hernando CI (N=6)	83%	17%	N/A
Gadsden CF (N=9)	100%	N/A	N/A
Broward CI (N=6)	83%	17%	N/A

Q.4. Describe the visitation program for inmate families at this institution:

Q.5. Do you have any comments or recommendations regarding the visitation program?

	Yes	No	N/A
Statewide (N=45)	22%	78%	N/A

Lowell CI (N=13)	15%	85%	N/A
Jefferson CI (N=10)	30%	70%	N/A
Hernando CI (N=6)	17%	83%	N/A
Gadsden CF (N=9)	33%	67%	N/A
Broward CI (N=7)	14%	86%	N/A

Q.6. If yes, comments:

	Improve visitation area	More security	Other
Statewide (N=14)	29%	14%	57%
Lowell CI (N=4)	N/A	N/A	100%
Jefferson CI (N=4)	50%	25%	25%
Hernando CI (N=1)	N/A	100%	N/A
Gadsden CF (N=3)	67%	N/A	33%
Broward CI (N=2)	50%	N/A	50%

Q.7. Do you think the food service at this institution is satisfactory?

	Yes	No	N/A
Statewide (N=44)	89%	11%	N/A
Lowell CI (N=12)	83%	17%	N/A
Jefferson CI (N=11)	100%	N/A	N/A
Hernando CI (N=6)	100%	N/A	N/A
Gadsden CF (N=8)	75%	25%	N/A
Broward CI (N=7)	86%	14%	N/A

Q.8. On a regular basis do you eat institutionally prepared food?

	Yes	No	N/A
Statewide (N=48)	17%	83%	N/A
Lowell CI (N=14)	7%	93%	N/A
Jefferson CI (N=12)	25%	75%	N/A
Hernando CI (N=6)	50%	50%	N/A
Gadsden CF (N=9)	11%	89%	N/A
Broward CI (N=7)	N/A	100%	N/A

Q.9. If not, explain:

	Brings own food	Poor quality/ cleanliness	Eats occasionally	Not available	Other
Statewide (N=35)	23%	34%	9%	9%	25%
Lowell CI (N=12)	33%	25%	N/A	9%	33%
Jefferson CI (N=6)	17%	17%	32%	17%	17%
Hernando CI (N=4)	N/A	25%	N/A	25%	50%
Gadsden CF (N=8)	25%	63%	12%	N/A	N/A
Broward CI (N=5)	40%	20%	N/A	20%	20%

Q.10. Do you have any suggestions to improve the food service?

	Yes	No	N/A
Statewide (N=47)	34%	66%	N/A
Lowell CI (N=13)	39%	61%	N/A
Jefferson CI (N=11)	27%	73%	N/A
Hernando CI (N=7)	29%	71%	N/A
Gadsden CF (N=9)	33%	67%	N/A
Broward CI (N=7)	43%	57%	N/A

Q.11 If yes, suggestions:

	Variety	Hygiene	Other
Statewide (N=15)	40%	20%	40%
Lowell CI (N=4)	75%	N/A	25%
Jefferson CI (N=3)	100%	N/A	N/A
Hernando CI (N=2)	50%	N/A	50%
Gadsden CF (N=3)	67%	N/A	33%
Broward CI (N=3)	67%	N/A	33%

Q.12 Are inmates provided clothing appropriate for the different seasons?

	Yes	No	N/A
Statewide (N=46)	91%	9%	N/A
Lowell CI (N=13)	77%	23%	N/A
Jefferson CI (N=10)	100%	N/A	N/A
Hernando CI (N=7)	86%	14%	N/A
Gadsden CF (N=9)	100%	N/A	N/A
Broward CI (N=7)	100%	N/A	N/A

Q.13. If not, explain:

	Variety	Warmer	Procedures	Other
Statewide (N=6)	33%	17%	17%	33%
Lowell CI (N=4)	25%	N/A	25%	50%
Jefferson CI (N=0)	N/A	N/A	N/A	N/A
Hernando CI (N=1)	N/A	100%	N/A	N/A
Gadsden CF (N=0)	N/A	N/A	N/A	N/A
Broward CI (N=1)	100%	N/A	N/A	N/A

Q.14. Are inmates provided an adequate amount of undergarments weekly (panties and bras)?

	Yes	No	N/A
Statewide (N=37)	92%	8%	N/A
Lowell CI (N=8)	88%	12%	N/A
Jefferson CI (N=11)	91%	9%	N/A
Hernando CI (N=5)	100%	N/A	N/A
Gadsden CF (N=7)	86%	14%	N/A
Broward CI (N=6)	100%	N/A	N/A

Q.15a. How many panties are provided per week?

	1 – 3	4 – 6	7 +
Statewide (N=35)	20%	29%	51%
Lowell CI (N=7)	N/A	N/A	100%
Jefferson CI (N=11)	9%	9%	82%
Hernando CI (N=5)	N/A	60%	40%
Gadsden CF (N=7)	57%	43%	N/A
Broward CI (N=5)	40%	60%	N/A

Q.15b. How many bras are provided weekly?

	1 – 3	4 – 6	7 +
Statewide (N=35)	37%	60%	3%
Lowell CI (N=7)	N/A	86%	14%
Jefferson CI (N=11)	18%	82%	N/A
Hernando CI (N=5)	20%	80%	N/A
Gadsden CF (N=7)	100%	N/A	N/A
Broward CI (N=5)	60%	40%	N/A

Q.16. Are inmates able to handwash soiled items?

	Yes	No	N/A
Statewide (N=40)	60%	40%	N/A
Lowell CI (N=10)	70%	30%	N/A
Jefferson CI (N=10)	10%	90%	N/A
Hernando CI (N=5)	40%	60%	N/A
Gadsden CF (N=8)	88%	12%	N/A
Broward CI (N=7)	100%	N/A	N/A

Q.17 Do you have any comments or recommendations regarding inmate clothing or undergarments?

	Yes	No	N/A
Statewide (N=43)	37%	63%	N/A
Lowell CI (N=13)	54%	46%	N/A
Jefferson CI (N=10)	10%	90%	N/A
Hernando CI (N=5)	60%	40%	N/A
Gadsden CF (N=9)	44%	56%	N/A
Broward CI (N=6)	17%	83%	N/A

Q.18 If yes, comments:

	Bras need more support	Quantity	Laundry Procedures	Other
Statewide (N=19)	16%	21%	26%	37%
Lowell CI (N=8)	25%	N/A	13%	62%
Jefferson CI (N=1)	N/A	100%	N/A	N/A
Hernando CI (N=3)	N/A	N/A	33%	67%
Gadsden CF (N=5)	N/A	40%	40%	20%
Broward CI (N=2)	N/A	N/A	N/A	100%

Q.19a. Are inmates given a choice of: Sanitary pads?

	Yes	No	N/A
Statewide (N=38)	95%	5%	N/A
Lowell CI (N=9)	100%	N/A	N/A
Jefferson CI (N=9)	100%	N/A	N/A
Hernando CI (N=5)	100%	N/A	N/A
Gadsden CF (N=9)	78%	22%	N/A
Broward CI (N=6)	100%	N/A	N/A

Q.19b. Tampons?

	Yes	No	N/A
Statewide (N=37)	87%	13%	N/A
Lowell CI (N=9)	89%	11%	N/A
Jefferson CI (N=9)	100%	N/A	N/A
Hernando CI (N=5)	100%	N/A	N/A
Gadsden CF (N=8)	50%	50%	N/A
Broward CI (N=6)	100%	N/A	N/A

Q.19c. Both?

	Yes	No	N/A
Statewide (N=38)	71%	28%	N/A
Lowell CI (N=9)	22%	78%	N/A
Jefferson CI (N=11)	100%	N/A	N/A
Hernando CI (N=6)	100%	N/A	N/A
Gadsden CF (N=6)	33%	67%	N/A
Broward CI (N=6)	100%	N/A	N/A

Q.20. How many pads/tampons are issued at one time?

	1 – 10	11 – 20	21 +
Statewide (N=33)	27%	15%	58%
Lowell CI (N=8)	N/A	N/A	100%
Jefferson CI (N=10)	N/A	50%	50%
Hernando CI (N=2)	100%	N/A	N/A
Gadsden CF (N=6)	N/A	N/A	100%
Broward CI (N=7)	100%	N/A	N/A

Q.21. Describe the process for the distribution of sanitary supplies:

	Monthly	As needed	Ask	Other
Statewide (N=40)	45%	15%	28%	12%
Lowell CI (N=10)	50%	N/A	20%	30%
Jefferson CI (N=10)	50%	30%	20%	N/A
Hernando CI (N=6)	17%	17%	49%	17%
Gadsden CF (N=7)	86%	N/A	14%	N/A
Broward CI (N=7)	14%	29%	43%	14%

Q.22a. Are the following available to pregnant inmates: Abortion?

	Yes	No	N/A
Statewide (N=31)	45%	48%	7%
Lowell CI (N=10)	100%	N/A	N/A
Jefferson CI (N=7)	29%	57%	14%
Hernando CI (N=2)	N/A	50%	50%
Gadsden CF (N=6)	N/A	100%	N/A
Broward CI (N=6)	33%	67%	N/A

Q.22b. Adoption services?

	Yes	No	N/A
Statewide (N=31)	58%	36%	6%
Lowell CI (N=10)	100%	N/A	N/A
Jefferson CI (N=7)	29%	57%	14%
Hernando CI (N=2)	N/A	50%	50%
Gadsden CF (N=7)	14%	86%	N/A
Broward CI (N=5)	100%	N/A	N/A

Q.22c. Keep the child-temporary placement?

	Yes	No	N/A
Statewide (N=30)	47%	47%	6%
Lowell CI (N=10)	100%	N/A	N/A
Jefferson CI (N=7)	N/A	86%	14%
Hernando CI (N=2)	N/A	50%	50%
Gadsden CF (N=6)	N/A	100%	N/A
Broward CI (N=5)	80%	20%	N/A

Q.23. Is counseling offered to assist in the decision?

	Yes	No	N/A
Statewide (N=33)	58%	30%	12%
Lowell CI (N=11)	82%	18%	N/A
Jefferson CI (N=7)	43%	43%	14%
Hernando CI (N=2)	N/A	50%	50%
Gadsden CF (N=7)	14%	57%	29%
Broward CI (N=6)	100%	N/A	N/A

Q.24 Is there an active anger management group at this institution?

	Yes	No	N/A
Statewide (N=44)	68%	32%	N/A
Lowell CI (N=12)	58%	42%	N/A
Jefferson CI (N=10)	100%	N/A	N/A
Hernando CI (N=7)	N/A	100%	N/A
Gadsden CF (N=8)	75%	25%	N/A
Broward CI (N=7)	100%	N/A	N/A

Q.25 Is there an active survivors-of-abuse group at this institution?

	Yes	No	N/A
Statewide (N=41)	81%	19%	N/A
Lowell CI (N=12)	100%	N/A	N/A
Jefferson CI (N=10)	100%	N/A	N/A
Hernando CI (N=7)	N/A	100%	N/A
Gadsden CF (N=7)	86%	14%	N/A
Broward CI (N=5)	100%	N/A	N/A

Q.26. Do the inmates receive childbirth education?

	Yes	No	N/A
Statewide (N=40)	55%	35%	10%
Lowell CI (N=12)	83%	17%	N/A
Jefferson CI (N=9)	56%	22%	22%
Hernando CI (N=6)	17%	67%	16%
Gadsden CF (N=7)	N/A	86%	14%
Broward CI (N=6)	100%	N/A	N/A

Q.27. Are inmates allowed privacy during labor and/or delivery?

	Yes	No	N/A
Statewide (N=28)	39%	36%	25%
Lowell CI (N=9)	78%	22%	N/A
Jefferson CI (N=7)	14%	29%	57%
Hernando CI (N=2)	N/A	50%	50%
Gadsden CF (N=7)	N/A	71%	29%
Broward CI (N=3)	100%	N/A	N/A

Q.28. If not, please explain:

	No pregnant inmates	Inmates have private rooms	Constant Supervision	Other
Statewide (N=17)	35%	18%	18%	29%
Lowell CI (N=7)	N/A	29%	29%	42%
Jefferson CI (N=1)	100%	N/A	N/A	N/A
Hernando CI (N=3)	33%	N/A	N/A	67%
Gadsden CF (N=5)	80%	N/A	N/A	20%
Broward CI (N=1)	N/A	N/A	N/A	100%

Q.29 Are inmates shackled during labor and/or delivery?

	Yes	No	N/A
Statewide (N=25)	N/A	72%	28%
Lowell CI (N=9)	N/A	89%	11%
Jefferson CI (N=4)	N/A	25%	75%
Hernando CI (N=1)	N/A	N/A	100%
Gadsden CF (N=6)	N/A	67%	33%
Broward CI (N=5)	N/A	100%	N/A

Q.30. If yes, please explain:

Q.31 How would you improve/change the medical care at this institution?

	Additional staff	Fine as it is	Add MH Programs	Improve/change procedures	Other
Statewide (N=41)	46%	22%	12%	10%	10%
Lowell CI (N=13)	70%	N/A	15%	N/A	15%
Jefferson CI (N=7)	N/A	57%	14%	N/A	29%
Hernando CI (N=7)	57%	N/A	29%	N/A	14%
Gadsden CF (N=9)	44%	N/A	N/A	33%	23%
Broward CI (N=5)	40%	60%	N/A	N/A	N/A

Q.32. What special needs do female inmates have?

	Health issues	Hygiene needs	Communication w/ family/children	Emotional/ MH needs	Other
Statewide (N=37)	30%	14%	11%	24%	21%
Lowell CI (N=11)	55%	N/A	N/A	18%	27%
Jefferson CI (N=7)	14%	14%	N/A	58%	14%
Hernando CI (N=6)	N/A	17%	17%	33%	33%
Gadsden CF (N=8)	25%	N/A	50%	N/A	25%
Broward CI (N=5)	N/A	N/A	20%	20%	60%

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