

TESTIMONY OF
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**OVERSIGHT HEARING: FEDERAL OFFENDER REENTRY AND PROTECTING CHILDREN FROM
CRIMINAL RECIDIVISTS**

COMMITTEE ON THE JUDICIARY
SUBCOMMITTEE ON CRIME, TERRORISM, AND HOMELAND SECURITY
U.S. HOUSE OF REPRESENTATIVES
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Mr. Chairman, Members of the Committee, it is a privilege to be here today. My name is Malika Saada Saar, I am the Executive Director of the Rebecca Project for Human Rights. The Rebecca Project is a national advocacy and policy organization for low income families suffering with the intersecting issues of economic marginality, substance abuse, access to family-based treatment, and the criminal justice system.

Every week, women who have been incarcerated in the DC jail system are released. Many of these women are released in the night, wearing nothing but their blue prison jumpers. They are released into the night without placement in a drug treatment program, without a referral to mental health services, without knowledge of a job or housing opportunity, without a bus token, and without any identification. The story of incarcerated women who are released without services and community supports is a story that can be extended out to women's jails and prisons beyond Washington, DC.

It is critical that in our discussions of reentry, the voices of these women—who are mostly mothers—be heard.

Twenty-five years ago, the presence of women—especially mothers—was an aberration in the criminal justice system. However, following the introduction of mandatory sentencing to the federal drug laws in the mid 1980s, the number of women in prison has risen 400%.¹ The percentage of females incarcerated for drug offenses now surpasses that of males.

And most of these women are mothers:

- In State prison, 65.3 percent of incarcerated women are mothers to minor children.²
- In Federal prison, 58.8 percent of the imprisoned women are mothers to minor children.³
- Many women enter jails and prisons pregnant. In 1997-98, more than 2,200 pregnant women were imprisoned and more than 1,300 babies were born in prisons.⁴

The most recent statistics indicate that drugs are responsible for the incarceration of 34 percent of state prisoners who are female and 72 percent of federal female prisoners.⁵ Indeed, drug related offenses accounted for 65 percent of the increase in the female prison population between 1996 and 1999.⁶

When mothers are placed behind bars for untreated addiction, their children are either placed in foster care or kinship care. During the period of incarceration, it is a struggle for incarcerated mothers to maintain an abiding connection to their children. Women's prisons are often located in rural areas far from the cities in which the majority of inmates lived, making it difficult to maintain contact with their children and jeopardizing the prospects of successful reunification. A national study found that more than half of the children of women prisoners did not visit their mothers while they were in prison. Over 60 percent of the children who did not visit lived more than 100 miles from the prison where their mothers were incarcerated.⁷ Incarcerated mothers with children in foster care are often unable to meet court-mandated

¹ Bureau of Justice Statistics., U.S.Dep't of Justice, ncj 175688, Women Offenders 1(Lawrence A. Greenfield&Tracy L. Snell eds.,1999)

² BUREAU OF JUSTICE STAT., U.S. DEP'T OF JUSTICE, SOURCEBOOK OF CRIMINAL JUSTICE STAT. 1998, at 488.

³ Id.

⁴ INMATE HEALTH CARE, PART II, CORRECTIONS COMPENDIUM, 23, 11 (1998). The number is based on information provided by 35 state correctional systems and the Federal Bureau of Prisons, some of which provided only approximate data. The other states did not respond to the survey at all or did not have information about pregnancies and births..

⁵ Bureau of Justice Statistics., U.S.Dep't of Justice, ncj 175688, Women Offenders 1(Lawrence A. Greenfield&Tracy L. Snell eds.,1999) at 7.

⁶ Women in Prison, BJS, (1994).

⁷ Id.

family reunification requirements for contact and visitation with their children, and consequently lose their parental rights.

When these mothers are in prison, they receive little or no opportunity for healing from the disease of addiction. Effective programs for both male and female offenders are limited, but programs explicitly designed and implemented for women are nearly non-existent. Despite the growing numbers of female inmates, Morash and Byrnum found in a nationwide study that few services addressed women's distinct needs and experiences. Especially lacking were services for mothers and pregnant women.⁸ The treatment programs that existed lacked comprehensiveness, and so counselors did not focus on the women's histories of physical and sexual victimization that led to their drug abuse.⁹

In its 1999 five-state study of the barriers to the provision of effective substance abuse and parenting services to women in prisons and jails, National Council on Crime and Delinquency (NCCD) identified several core unmet needs.¹⁰ The women in the focus groups regarded the paucity of substance abuse services as a fundamental problem. They expressed a desire for more intensive and accessible programs. Many complained of long waiting lists, and said that the available services were administered by counselors who acted abusively and lacked adequate training.¹¹ None of the women reported on the availability of programs that addressed drug addiction and co-occurring mental health disorders.¹²

The dearth of adequate services for women offenders is not limited to incarceration settings, but impacts women at every point in their involvement with the criminal justice system. Pre-trial diversion and release services, court-sentenced alternatives and re-entry programs for women offenders are restricted in number, size, and effectiveness. A NCCD survey of promising community-based programs providing supervision and treatment services for women offenders revealed the extent of the problem.¹³ A broad national survey of effective women-specific community corrections programs revealed that only 111 qualified as meeting the study criteria for offering community programs for female inmates.¹⁴

Mothers behind bars and mothers reentering the community must be afforded access to treatment in order to give families the opportunity to heal together from the disease of addiction. Unfortunately, families struggling with substance abuse issues are offered few opportunities to find treatment that is family focused, where they and their children may receive comprehensive services together. The Uniform Facility Data Set found that only 6 percent of the treatment programs surveyed included prenatal care and 11.5 percent provided childcare. Only 37 percent of mothers in need of drug treatment who are mothering children under the age of eighteen receive any kind of treatment services.

While family-based treatment represents a small percentage of the overall treatment available, family treatment programs enjoy consistently high levels of success. In 2001, the Center for Substance Abuse Treatment (CSAT) evaluated its Pregnant and Postpartum Women and Their Infants Program, which provides comprehensive, family-based treatment for substance abusing mothers and their children. Major findings of this study, at 6 months post treatment, include:

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- 60% of the mothers remained alcohol and drug-free.
- Drug-related offenses declined from 28% to 7%.
- 38% obtained employment and 21% enrolled in educational/vocational training.
- 75% of the mothers had physical custody of one or more children.

⁸ See generally, Merry Morash et al., Findings from the National Study of Innovative and Promising Programs for Women Offenders 40-46 (Dec.1995).

⁹ Leslie Acoca, Natl. Council on Crime and Delinq. The Robert Wood Johnson Foundation, Barriers to the Adoption of Harm Reducing Gender-Specific Substance Abuse and Parenting Programs for Incarcerated Mother, spring 2000.

¹⁰ *Id* at 7.

¹¹ *Id.*

¹² *Id* at 9.

¹³ *Id.*

¹⁴ *Id.* at 8-9.

In 2003 an additional cross-site evaluation of 24 residential family-based treatment programs 6 months after post-treatment revealed successful outcomes for mothers and their children:

- 60% of the mothers remained completely clean and sober 6 months after discharge.
- Criminal arrests declined by 43%.
- 44% of the children were returned from foster care.
- 88% of the children treated in the programs with their mothers remained stabilized, 6 months after discharge.
- Employment rose from 7% before treatment to 37% post-treatment.
- Enrollment in educational and vocational training increased from 2% prior to treatment to 19% post-treatment.

Evaluation studies at the state level of family treatment programs demonstrate similar findings of successful outcomes. For example, Center Point's LifeLink Treatment Program for Women and Children, a therapeutic communities treatment program in San Rafael, California offers comprehensive services for mothers with children. LifeLink is a model 40 bed residential program for substance abusing mothers and their minor children. A 2000 evaluation of 160 women and their 378 children who completed the program found the following:

- 70% of the mothers were employed after completion of the program
- Involvement in the criminal justice system declined from 67% to 33% of mothers reporting no further involvement in the criminal justice system.¹⁵

The Women's Recovery Program of Gateway Community Services in Jacksonville, Florida, offers comprehensive residential family-based treatment programs. A 1997 study of 467 women and their 1,374 children who completed the program found the following:

- 72% of mothers reported alcohol and drug abstinence at one-year post discharge
- 64% of mothers attained education necessary for employment
- 52% of mothers were employed at one-year post discharge
- 92% of mothers reported no further involvement in the criminal justice system
- 36% of the children who were not with their mothers prior to treatment were reunified with their mothers post-treatment.¹⁶

Successful reentry for mother offenders—as well as for non-violent offenders who are fathers—requires the expanded capacity of family-based treatment services. Until a continuum of family based treatment services is available, substance abusing mothers will remain ensnared in the criminal justice system and families will continue to be destabilized. Family-based treatment ensures lower recidivism rates, family stability, and child well-being.

Indeed, family treatment as a reentry policy must also be extended out to a no-entry policy. Most parents convicted of non-violent drug felonies who are suffering from the disease of addiction should be placed in comprehensive treatment programs, and not correctional facilities. Treatment alternatives to incarceration for mothers, as well as fathers, suffering with untreated addiction should be pursued in order for families to heal together.

¹⁵ Center Point LifeLink Evaluation, (2000).

¹⁶ Gateway Community Services, Program materials (1997).