RISE IN THE FEMALE PRISON POPULATION

Over the last 20 years, the female prison population in North Dakota has grown at a rate of 500%, roughly double the rate of the men’s population.

Currently the women in custody in North Dakota make up approximately 12% of the state’s overall prison population.
DISTRIBUTION OF FEMALE RESIDENTS BY COUNTY

Nine of the top ten counties from which female residents were sentenced in 2018 were in central and eastern North Dakota.
In 2018, 190 (87%) of our 218 female residents were charged in central and eastern North Dakota. Only 28 (13%) were charged in Western North Dakota. (Those 28 women were charged in Williams, Bowman, Dunn, McKenzie, Mercer, and Stark.)

**Location of Charges (Western vs. Central/Eastern North Dakota)**

- Central and Eastern North Dakota: 87%
- Western North Dakota: 13%

**Distribution of Charges By County**

Over 30% of the women in custody in 2018 were charged in Burleigh and Morton counties.
EFFECTS OF DISTANCE ON VISITATION

The distance between the location of incarceration and someone’s home is closely associated with the amount of visitation that a person receives.

A 2011 study on the effects of distance among incarcerated women found that “perhaps the most significant determinant of whether an inmate receives visits is the distance between her home county and the prison to which she is committed” (Acevedo and Bakken).

(Graph made from data from study by Kopf and Rubuy)
VISITATION PER FACILITY IN 2018

As shown in the graph:
• MRCC had an average of 175 residents and 310 visits per month.
• JRCC had an average of 403 residents and 406 visits per month.
• NDSP had an average of 720 residents and 764 visits per month.
• DWCRC had an average of 120 residents and 31 visits per month. Whereas each of the men’s facilities had more visits than residents per month, DWCRC had about one fourth the number of visits as residents.

The averages presented here were calculated using monthly data for 11 months during 2018. (Data was used from all months except for January 2018 for the men’s facilities and July 2018 for DWCRC.)
The number of visits for NDSP does not include the roughly 100 secured visits per month.
IMPORTANCE OF VISITATION

Studies have consistently shown that prison visitation can have a positive impact on the behaviors and emotional well-being of people during their incarceration (De Claire and Dixon).

- An increase in visitation can decrease rule-breaking (De Claire and Dixon). A study in Ohio found that more visitation is associated with fewer rule-violations while incarcerated, and even one visit can have a positive impact on behavior (Mohr).

- Visitation can also improve mental health, especially among women, by reducing depressive symptoms (De Claire and Dixon).

- Prison visitation has also been shown to reduce recidivism (Balse, et al.).

  - In a study exploring the challenges people face upon release from prisons in Massachusetts, researchers found, “The main source of support for... [s]tudy participants after their release from prison came not from jobs, criminal activity, or government programs, but from families.” (Western 101). Contact between family members and those incarcerated—including through prison visitation—set the stage for a supportive transition upon release (Western 101-120). And support from family post-release can, in turn, ease the transition and minimize the likelihood of recidivism.

  - A study in Minnesota that tracked over 16,000 people released from prison between 2003 and 2007 showed that people who received visits were 13% less likely to be convicted of a felony upon release and 25% less likely to have parole or probation revoked (Clark and Duwe).

Researchers at the Vera Institute of Justice found that video visitation can be a “positive supplement to” in-person visits, but “should never replace in-person visits” (Digard).
According to the Department of Justice, women incarcerated in state prisons across the nation are more likely to report being a parent than incarcerated men and more likely to have lived with at least one child in the month before they were arrested (Glaze and Maruschak).

In North Dakota, approximately 80% of our female residents have children under the age of 18.

Pamela Winn, founder of RestoreHER, writes, “Incarcerating a mother is a dual punishment because of the harmful implications placed on the children. Research indicates that children with incarcerated mothers are at heightened risk for attachment disturbance, leading to depression, anxiety, and other trauma-related stress. Continued contact through communication and visitation with the primary caregiver is critical for children’s healthy growth and development, as well as to maintain a continued relationship with the parent. Many relationships erode due to drastic limitations of communication because the mother is designated far away” (Winn).
DISTANCE IN THE FEDERAL BUREAU OF PRISONS

The Federal Bureau of Prisons requires that the location of a woman’s children be considered when determining where she will be placed (McLearen).

Furthermore, the First Step Act, which was signed into law with bipartisan support in December 2018, has a provision stating that people in BOP custody should be placed “in a facility as close as practicable to the prisoner’s primary residence” (First Step Act).

Julie Resnick, a Professor at Yale Law School, argues that people in custody of the Federal Bureau of Prisons should be placed no more than 75 miles from home (Resnick).
“No one will come visit and my dad is really sick and would like to come visit me but with the shape he’s in he can’t make the drive this far.” — Anonymous Resident

“I feel like being housed at the DWCRC made me feel isolated from my family.” — Anonymous Resident

“It’s just too far away [for my family in Minot to visit].” — Cassondra Ayala, Resident (see Hyatt)

“I just know I would love to be in Bismarck where my family can come and see me as a day trip... or just an overnight trip... That to me right now is the most important – is to be able to see my family.” — Sherry Midstokke, Resident (see Hyatt)
Approximately 70% of our female residents report experiencing sexual or physical abuse as children or adults.

Estimates suggest that up to 90% of all incarcerated women have experienced some sort of trauma, with sexual violence being the most common type reported, followed by intimate partner violence (McLearen).

On the national level, women are more likely than men to have a psychiatric diagnosis, including for serious mental illnesses like depression and schizophrenia (McLearen).

- 8% of women in BOP institutions have serious mental illness diagnoses, which is double the percentage for men (McLearen).
- 48% of women in BOP institutions are diagnosed with some form of mental illness, whereas only 22% of men in BOP institutions have a mental health diagnoses (McLearen).
Types of Convictions

More than half of the convictions of women in our custody are for drug offenses.

Rehabilitation for residents with drug convictions requires addressing drug use and addiction.
The women in our custody have higher rates of substance use disorder and opiate use disorder than our male population. However, the location of DWCRC prevents the women from receiving adequate substance abuse services.

Bismarck has over four times the capacity of Dickinson to provide care coordination and peer support services through Free Through Recovery.
Research suggests that it is most effective and efficient to treat co-occurring disorders by pursuing an integrated approach, treating several diagnoses at one time rather than one after another. Emily J. Salisbury, an Associate Professor of Criminal Justice at the University of Nevada, Las Vegas, and co-creator of the Women’s Risk Needs Assessment, has said that “the supervision and treatment of women offenders should focus on building healthy relationships, providing relevant services for substance abuse, mental health, trauma, improving socioeconomic status, and facilitating community connections to services. This is best accomplished through well-coordinated provision of holistic and wraparound services, involving case management with multiple resources at all stages of correctional processing” (Salisbury).

Because of DWCRC’s limited capacity to provide mental health and substance abuse treatment, women go back and forth between DWCRC and treatment centers, and their rehabilitative process is broken up.
RESIDENT FEEDBACK ON MENTAL HEALTH SERVICES

“I was at one point crying out for help and it took me almost two and half months to see a psych doctor.. I found out that we didn’t even have one… I was to the point where I wanted to take my life... But it took me about two and a half months to see a psych doctor.” – Kim Cox, Resident (see Hyatt)

“When I got here, I asked for one on one counseling, and they don’t really provide that.” – Cassondra Ayala, Resident (see Hyatt)

“The psychiatrist you see on TV for maybe five minutes every six months, and she provides you with all the meds that you think that you need or should have... then you don’t see... [her] again for another 3-6 months. That’s their on-call psychiatrist.” – Sherry Midstokke, Resident (see Hyatt)

“There is no mental health care counselor... that we can go and talk to all the time... [the mental health care counselor is] only on once a week and she’s on through a screen... There’s more people that needs to be addressed, whether they can go two times a week... I know we have addiction counselors but... [they] aren’t the ones that... are trained for the abuse issues, whether it’s sexual abuse, physical abuse, abuse by a partner, mental abuse.” – April Bergman, Resident (see Hyatt)
Access to emergency care, as well as cancer treatment and treatment for dialysis, requires a 25-mile transport to Dickinson or a 123-mile transport to Bismarck. Dental services are provided in Bowman, ND, which is a 50-mile transport from New England.

Officers currently transport a resident to Dickinson five days a week for lung cancer treatment.

Andie Moss, founder of The Moss Group and chairwoman of the National Institute of Corrections Initiative on Women Offenders, points out that if a “facility struggles to transport inmates to outside medical appointments… then medical decisions could be based on an operational need rather than a clinical need.” She adds, “Unrealistic staffing and difficulty in securing health care appointments in a timely manner have been at the center of inadequate constitutional care.”

RESIDENT FEEDBACK ON MEDICAL CARE:

“There is very little medical. They say that there is and that they’ve got all these providers… but it takes forever to get in to see anybody.” — Sherry Midstokke, Resident (see Hyatt)

“The 1st day I got to prison I developed an ulcer on the front of my eye due to algae in the shower water. The prison refused to take me to the hospital until the ulcer had swollen my eye shut. I lost vision in my right eye. I will be suing for this.” — Anonymous Resident

“Dental office in Bowman—you know how far that is from here? That’s almost an hour and a half. To go to the dentist! I mean it’s just stuff like that. We need to be centrally located.” — Julie Roubideaux, Resident (see Hyatt)

“[It’s] hard to get anything taken care of unless you complained a lot or almost dying.” — Anonymous
PREGNANCY

In 2018, **10% of our female residents were pregnant.**

One woman recently incarcerated in the DOCR began leaking amniotic fluid when she was seven months pregnant. She needed to be treated at a hospital in a more central part of the state, so we moved her there until she gave birth. Because DWCRC was about 125 miles from the hospital, returning her to DWCRC would have limited her ability to bond with the fragile, premature baby she had given birth to. The DOCR placed her at home to allow her to bond with her child. Moving forward, we must ensure that women with complicated pregnancies can be closer to full-service hospitals and their infant children.

“I was pregnant when in DWCRC in 2018…. The [doctors] appointments were scattered. My doc would say she would see me in two weeks. I wouldn’t go back for three, almost four.” – Anonymous Resident
DWRCRC offers significantly fewer programs and enrichment opportunities than DOCR facilities. Of the programs and enrichment opportunities DWRCRC does offer, the DOCR administers, supports, or assists with roughly half (11 out of 23).

(The above graphs list offerings from the 2017-2018 academic year and the current academic year.)
The GED graduation rate at DWCRC is significantly lower than the rates at DOCR facilities.

DWCRC is also the only facility with a GED Pass Rate lower than the national rate (as designated by the orange line in the graph).
In 2018, the only off-site work location that DWCRC residents worked at was Steffes in Dickinson, ND. Approximately nine women worked at Steffes at a given time.

By contrast, in 2018, MRCC residents had work placements at over 18 sites.

“Some of us are going to be getting out, and I truly believe that, you know, there needs to be more programming… there is so much that we need… The men get to go out and do manpower jobs, you know from MRCC. When I was housed down there we got to work at the Dakota Zoo [and] Salvation Army. Not here. Not here.” – Julie Roubideaux, Resident (see Hyatt)
Native Services

Roughly 34% of the female population is Native.

There is greater access to Native services in Bismarck than New England.

LGBTQ Services

There is an over representation of LGBTQ women in custody around the country (Moss).

The LGBTQ community has specific needs and can benefit from opportunities to engage with LGBTQ programming and community members (Moss).
RESIDENT FEEDBACK ON PROGRAMMING

“I signed up for multiple classes and only one or two actually took place. Made for a lot of miserable down time.” — Anonymous Resident

“[Programming] is very limited – welding is all + almost impossible to get into.” — Anonymous Resident

“I asked to continue my college education and was not offered any courses to do so. I was enrolled when sentenced. Only GED schooling was offered.” — Anonymous Resident

“There really is no programming for long-term people provided here.” — Sherry Midstokke, Resident (see Hyatt)

“This is our life and… most of us need help. The return rate is extremely high… Why? Because people are coming here, sitting here, and leaving and… they’re not getting any help… They’re coming in and out and in and out and in and out… And things need to change.” — Cassandra Ayala, Resident (see Hyatt)
OFFICER TRAINING

DWCRC and the DOCR train their correctional officers differently.

**DWCRC**

New DWCRC officers shadow a Field Training Officer (FTO) for five or six days, followed by one day of being shadowed by the FTO. They are then assigned work on a unit. They continue receiving classroom training once every two weeks for roughly six months.

**DOCR**

New DOCR officers go through 8-9 weeks of training before they begin work on a unit. Their training involves roughly 15 days of classroom training and six weeks of shadowing officers, as well as online learning.

Providing officers with more extensive training and ensuring that officers complete their training before they are given their first work assignment is essential to running a safe and effective facility.
The facility is “old and trashed. There is mold everywhere.” – Anonymous Resident

“So old[,] toilets always flooded[,] Just in Oct the water was off for 5 hours with 6 girls an[dependent] we were stuck in there with it smelling like sewer.” – Anonymous Resident

“Horrible—water outages, power, gas leaks… Conditions poor, black mold, wash machines broke[,] flooding[,] ran w/out detergent, No air conditioning in Haven Hall. Broken toilets. We got spider bites.” – Anonymous Resident

“There were a lot of problems with the lights/electricity, water and air conditioning. More than I would feel acceptable at a facility. The water to the city was off for days. The electricity would go out, apparently the generator in Haven Hall, minimum didn’t work.” – Anonymous Resident

“Constant sewer smell. Several of our dorms leaked from ceiling. Mice poop found in food too many times and in kitchen supply.” – Anonymous Resident

“Our room floods in one area, from… something in the kitchen breaking down. Or when it rains, it comes through the wall.” – Kim Cox, Resident (See Hyatt)

“It’s an old catholic school that we live in, and it’s falling apart… I live in honor dorm and there is a hole in the wall that when it rains, water pours in on the floor. Or if the dishwater in the kitchen overflows or the garbage disposal plugs, we get rain coming into our rooms, on our beds. We’ve had garbage come up through the drains in the bathrooms multiple times. I know one time, they had shredded carrots. That whole bathroom/shower area was full of shredded carrots.” – Sherry Midstokke, Resident (See Hyatt)
Several states, including Alabama, Missouri, Connecticut, Oregon, Rhode Island, Colorado, Wisconsin, Massachusetts, California, and Nevada have sought to make their women’s programs more gender-responsive and trauma-informed (Salisbury).

Some of these states have begun seeing improvements among their female populations. For example, after implementing trauma-informed policies, the Massachusetts Correctional Institution-Framingham has seen decreases in assaults, the use of segregation, and suicide attempts among the women in its custody (Still).
Residents sharing their experiences...
“We are entitled to get the same thing that the men are getting.”

– Julie Roubideaux, Resident (see Hyatt)


