

“Some Days Are Harder Than Hard”: Welfare Reform and Women With Drug Convictions in Pennsylvania

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Executive Summary

“Some Days Are Harder Than Hard”¹: Welfare Reform and Women With Drug Convictions in Pennsylvania

A small but vulnerable group of women in recovery from drug addiction are facing an additional obstacle in their efforts to move forward with their lives. They are trying to stay clean, to rebuild relationships with their children and families, to recover from sexual and physical abuse, and to get the skills they will need to find and keep a job. Yet they are banned from ever receiving cash assistance or food stamps, no matter what they do or how hard they try, because they have felony drug convictions, often for only \$5 or \$10 worth of drugs.

Federal law allows states to opt-out of the ban, but requires them to pass legislation in order to do so. **At least 27 states, including New York, New Jersey, Illinois, Connecticut and Ohio have taken the option to support women in recovery, and eliminated or modified the ban.** Because Pennsylvania’s legislature has not considered this issue since the federal legislation was enacted, the ban is in effect. Approximately 1100 women in Pennsylvania are convicted each year, adding to the cumulative total of affected women.

Women with drug convictions, criminal justice staff and drug treatment providers in four counties in Pennsylvania were interviewed for this study. In addition, data were analyzed from the Philadelphia Criminal Court system, from women’s drug treatment programs, and state and federal agencies, to put together a picture of the women, their life histories, and the impact on them, their children, their families, and the community, as well as on the criminal justice system, if they are permanently denied benefits.

Each of these sources provided different types of data, and a different window through which to view issues around women’s drug usage and criminal activities. Yet they also provided a surprisingly consistent picture of the women themselves, of their life histories and criminal histories, and of the barriers they have faced and continue to face in their struggles to recover from their addictions and from the abuse they have survived, to develop and maintain healthy relationships with their children, families, and friends, and to move forward with their lives. The picture that emerges is quite striking:

The overwhelming majority of the women had no prior drug convictions, and their felony convictions are for very small quantities of drugs (often only \$5 or \$10 worth).

Quotation from Maria, interview on 2/25/98.

- They began their drug usage as young children or teenagers, often in direct response to sexual and/or physical abuse they were experiencing, or when they ran away to escape the abuse.

When I was a child, my father used to rape me. It started when I was nine....After I ran away, I wanted somebody to want me. I ran into this guy, he was older, and I wanted him to want me. He gave me cocaine. I was thirteen.^{II}

- They have limited educations, limited literacy, employment histories in short-term low-wage jobs, histories of homelessness and prostitution, multiple physical and mental health problems needing treatment, and have survived repeated and horrific violence as adults.

They don't understand how she could have used drugs; they don't understand how much physical and emotional pain she was in – she had broken ribs, broken arms. The abuse this woman endured from her husband, I would have written prescriptions for myself too – she was in such pain.^{III}

- They have children about whom they care very much, and with whom they have had very troubled relationships as a result of their drug addictions. They are trying to build and maintain healthier relationships with their children.

My son is happy I'm not using drugs no more. I'm here for him. He always was with me but my body was just there—my mind wasn't. Now my body and mind are both there. I spend more time with him, show him love, take him places and do things with him.^{IV}

- Jail was the first place anyone had talked to them about the abuse they had experienced, or offered them drug treatment.

I started using alcohol and pills when I was thirteen. I was raped when I was twelve, my father was an alcoholic, my mother was using pills. He used to beat her up all the time—it was pretty crazy. No, no one helped me. This [drug and alcohol treatment program in jail] is the first place anyone talked about it.^V

Quotation from Tanya, interview on 7/9/98.

^{III} Quotation from non-urban county jail staff member, interview on December 15, 1998.

^{IV} Quotation from Tanya, interview on 7/9/98.

^V Quotation from Cindy, interview on 9/22/98.

[In jail] they had all different kind of classes—about being raped in the street, about being raped in your family. I needed both those classes.^{VI}

This is my first time in treatment. I couldn't get Medical Assistance so I couldn't get treatment. Now I'm court-stipulated, so I can get treatment.^{VII}

• **The ban is likely to increase recidivism and relapse.** Taking away benefits—the additional strain of severe poverty—makes it harder for a woman to stay clean and to stay out of jail. As one woman put it, “now it matters because I'm trying to do the right thing.”^{VIII}

It also results in additional costs for the child welfare system, and harm to the children, since children will be placed in, or remain longer in foster care because their mothers can not afford housing; and a loss of funding for drug treatment programs which depend on food stamps and cash assistance to feed and house women and children in treatment programs.

The whole nature of an addiction is that it is a disease—the point of treatment is to try to cure that disease. Then you have a well person, a different person. If we want to create well women, how can we deny them help because of a mistake they made while they were sick?^{IX}

Policy Recommendations: Supporting Women in Recovery

The report makes five recommendations to support women in recovery who have drug convictions, prevent recidivism and relapse and assist them to move forward with their lives:

- 1. Allow Women Access to Subsistence Benefits.**
- 2. Increase Outreach, Remove Barriers, and Improve Access to Treatment.**
- 3. Respond to Violence Against Women and Girls.**
- 4. Increase the Supply of Safe, Affordable Housing.**
- 5. Assist Women in Getting Education and Job Skills.**

^{VI} Quotation from Maria, interview on 2/25/98.

^{VII} Quotation from Wendy, interview on 4/28/98.

^{VIII} Quotation from Sharon, interview on 4/28/98.

^{IX} Quotation from Linda Mathers, Director, Intensive Supervision, Adult Probation Department, Court of Common Pleas, Philadelphia PA, interview on 5/6/98.

Research Methods for the Interviews

Twenty-six women were interviewed over a fourteen month period between November, 1997 and December, 1998. They were found in the Philadelphia county jail, in drug and alcohol treatment programs in four different Pennsylvania counties, in half-way houses and through referrals from criminal justice staff (probation officers and case-managers). Staff at the institutions or agencies were contacted, and offered a free educational seminar for staff and women in their programs or institutions concerning the new welfare reform rules, based on the researcher's almost twenty years of experience as a lawyer specializing in public benefits issues. In return they were asked to provide an opportunity to describe the research to the women, and to ask for volunteers.

At the conclusion of each seminar the research project was explained (including the confidentiality and privacy arrangements for the interviews, and that participants would not be paid). The women were told that the researcher would stay afterwards to talk with any woman who had a drug conviction and was willing to be interviewed, or who knew of a woman with a drug conviction who might be willing to be interviewed. The researcher also invited women who had questions about welfare eligibility or other legal problems or who needed referrals to possible sources of help with legal problems to speak with her afterwards. This allowed women to stay and talk without having to be singled out as having a drug conviction, as well as allowing a useful service to be offered to the women.

Most women were interviewed on the same day they volunteered; depending on the scheduling needs of the women being interviewed and of the programs or institutions, appointments were made to return and interview those women who could not be interviewed on the day of the seminar. In addition to the women who volunteered as a result of the seminars, some women were referred by criminal justice or drug treatment staff who knew of the research project. Some women who were interviewed then referred other women they knew. Most women were interviewed at the institutions or drug treatment programs they were attending; the remainder were interviewed where they were living or at another location they chose.

Of the twenty-six women who were interviewed, twenty-three had drug convictions and three had pending drug charges. Eighteen had been convicted of drug felonies.^X A nineteenth woman had been charged with possession with intent to deliver (a felony) and with simple possession (a misdemeanor); she knew she had pled guilty, but was not sure what charge she had pled guilty to. Four women had been convicted of

^X Of those eighteen, seventeen were convicted in Pennsylvania of possession with intent to deliver; one was convicted in New York of an equivalent offense.

simple possession; two of these women also had pending felony charges at the time of the interview. The remaining three women had pending drug felony charges. In addition to the twenty-six women who were interviewed in depth, brief conversations were held with five other women with drug convictions, and court proceedings involving a number of other women with drug charges were observed.^{XI}

All of the women were amazingly generous and open in the interviews. The interviews were semi-structured,^{XII} and ranged from forty-five minutes to over two hours in length. Most women were interviewed once; some were interviewed twice during their stays in treatment programs; and a few were interviewed initially in jail and again after they were paroled to drug treatment programs in the community. A few women with pending drug felony charges asked or allowed the researcher to accompany them to court hearings as an observer and as a friendly face in the courtroom. The interviews covered a range of topics, many of them painful and difficult to discuss.

The women received no compensation for the interviews, and woman after woman said the same thing in different words: “that’s okay; maybe it will help someone else not to make the same mistakes I made. Maybe it will make things better for other women.”^{XIII} Only one woman asked “what’s in it for me?” and when she was told “nothing” she thought about it for a bit and then said, “well, okay, if you want to talk for a while we can.”^{XIV}

Each interview was conducted privately and each woman was promised that her identity would not be revealed. All of the first names used here have been changed in order to protect the women’s privacy. It was also stressed that the woman did not need to answer any questions she did not want to, and she could end the interview at any point. Although some women were clearly more comfortable than others, and at various points a number of women said “I don’t want to talk about that” (most often concerning childhood sexual abuse), the women’s thoughtfulness about their lives, and how carefully they considered the questions asked, was very impressive.

In part, this may be because many of the women were in alcohol and drug treatment programs in which their daily lives are focused around recovery, examining and attempting to change their lives. For many of the women, it was the first time someone had asked to hear their story, without wanting them to do something. Many of their stories were very hard to hear. They have experienced terrible violence, and they

^{XI} One of these five women was convicted in California; the rest were convicted in Pennsylvania. In addition, several other women who have been denied welfare benefits because of drug convictions have discussed their lives and criminal histories with the researcher after the study was completed. Although they were not part of the study, and are not described here, their stories were similar to those of the women interviewed.

^{XII} Open ended questions were used as much as possible to cover a list of desired topics. For example, to find out about formal schooling each woman had completed, the woman was initially asked “how did school go for you?” with follow up questions related to her answer. If open ended questions did not reveal particular information that was wanted, more specific questions were asked (e.g., “what was the last grade you finished in school?”).

^{XIII} Quotation from Carmen, interviewed on 6/19/98.

^{XIV} Quotation from Tanya, interviewed on 7/9/98.

struggle with tremendous pain, guilt and shame – about their addictions, about the abuse they have survived, about the ways in which they have failed their children, about the things they have done to get drugs.

Over thirty staff working in probation offices, county jails, drug treatment programs across the state, the state and city departments of health, other health care and social service programs, and other parts of the criminal justice system and the child welfare system were also interviewed. They were also generous and thoughtful in their responses, making time for questions in the midst of very busy schedules and constant crises. Some were relatively new to their jobs, others had been working for decades in the same or related fields. Some of them were interviewed over a series of visits and many hours; others spoke briefly in the hallway of the courthouse, between hearings. All of them provided helpful information and referrals to other individuals, and all of them clearly cared deeply about their work.

The women interviewed here are not a random sample of all women with drug convictions (a difficult population to identify and locate), nor are the staff interviewed a random sample of all staff. They were found through commonly used snowball and referral techniques. The qualitative interviews in this study identify and illuminate issues deserving further research and fuller exploration.

Introduction

An increasingly punitive attitude towards low income mothers has dramatically affected the legal systems poor women interact with most – welfare, the criminal justice system and family courts. In each of these arenas poor women are stigmatized; their behavior is viewed with rising suspicion and hostility; and efforts to control their sexual and maternal behavior are ever harsher. One little-noticed form these efforts have taken is a lifetime ban on cash assistance and food stamps to women with felony drug convictions. The federal welfare reform legislation enacted in 1996 provides that unless a state affirmatively passes legislation to the contrary, any individual with a felony drug conviction for conduct after August 22, 1996 is permanently barred from receiving Temporary Assistance for Needy Families (TANF) benefits or food stamps.¹ TANF is the block grant program that replaced Aid to Families with Dependent Children (AFDC), the program most people think of as “welfare.”

The ban on benefits was passed by Congress after a total of two minutes of debate in the Senate, and no debate at all in the House of Representatives. Although at least 27 states have eliminated or modified the ban in order to reduce recidivism, ensure that drug and alcohol treatment services remain available,² encourage family reunification, and support women in recovery, Pennsylvania’s legislature has not considered this issue since the federal provision was passed, and the federal ban is therefore in effect as to TANF and food stamps.³ The state Department of Public Welfare has also unilaterally extended the ban to General Assistance (GA), without authorization from the state legislature, despite a state statute providing for time limited GA benefits for individuals in drug or alcohol treatment.⁴

At the time the ban on benefits was passed, relatively little was known about women with felony drug convictions, and most people’s image of “drug felons” focused

¹ All references to the federal legislation are to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), P.L. 104-193, which was signed by President Clinton on August 22, 1996; the felony drug ban provision became effective on July 1, 1997. The felony drug ban appears at § 115 of PRWORA, and was amended by the Balanced Budget Act of 1997, P.L.105-33 to limit its scope to convictions for conduct after August 22, 1996 (rather than applying to all convictions entered after that date). The provision is codified at 21 U.S.C. §862a.

² Many treatment programs depend on the food stamps and cash assistance that women receive to help pay for treatment.

³ Connecticut, Kentucky, Michigan, New Hampshire, New York, Ohio, Oklahoma, Oregon and Vermont have completely opted out of the ban. At least eighteen other states have modified the ban. A list of states that have eliminated or modified the ban as of Spring, 1999, is attached as Appendix A, based on information compiled by the Legal Action Center, the National Governors’ Association and calls to states.

⁴ General Assistance is a state-funded program providing benefits for individuals not categorically eligible for TANF.

on men, not on women.⁵ This research was done in an effort to begin painting a picture of women with drug convictions, and to start answering some basic questions about them: How many women have felony drug convictions? What offenses did they commit? How old are they? Do they have children? What have their lives been like? What difference will it make to them, to their families, and to their communities if they are forever barred from getting cash assistance and food stamps? Did they have prior criminal records? What are their employment and educational backgrounds? When and how did they begin using drugs? Had they experienced abuse, as children or as adults? Did they have stable housing?

The research consisted of three related projects. The main project consisted of interviews of women with drug convictions and of staff in the criminal justice system. A total of twenty-six women (twenty-three women with drug convictions and three women with pending felony drug charges) were interviewed about their lives, their life histories and their hopes and plans for the future.⁶ They were found in drug treatment programs and half-way houses in four different counties in Pennsylvania, in the Philadelphia county jail, and by word of mouth. In addition, 30 professional staff working in drug treatment programs across the state, in the state and city departments of health, in other health care and social service programs, in the county jail, and in other parts of the criminal justice system were interviewed.

In order to get an overview of drug addiction, arrests and convictions, existing data from state and federal sources were gathered. One month's worth of data from the Philadelphia criminal court system was also examined, starting with all individuals arraigned in September, 1996. All individuals with felony drug charges, and all women with misdemeanor drug charges, were followed in the court computer system, in order to compare women with felony drug charges to men with felony drug charges and women with felony drug charges to women with misdemeanor drug charges.⁷

The third project consisted of reviewing certain portions of records for all thirty-one women admitted to Interim House, a well-respected women's residential drug & alcohol treatment program in Philadelphia, during the first four months of 1997.⁸ This group of women included women referred for treatment by the criminal justice system,

⁵ Although an excellent, small but growing literature exists on women drug users, including Sheigla Murphy and Marsha Rosenbaum, Pregnant Women on Drugs (Rutgers University Press, 1999), Claire Sterk, Fast Lives: Women Who Use Crack Cocaine (Temple University Press, 1999), Lisa Maher, Sexed Work (Clarendon Press, 1997), and Stephen R. Kendall, Substance and Shadow (Harvard University Press, 1996), most general discussions of drug addiction and of drug policy pay little attention to women, and no attention to the connections between women's drug usage and sexual and physical violence against women. If women are discussed at all in the general literature it is in the context of drug usage by pregnant women. See, e.g., Franklin E. Zimring & Gordon Hawkins, The Search for Rational Drug Control (Cambridge University Press, 1992).

⁶ "In general, studies have shown that data obtained from drug users tend to be both reliable and valid." Susan K. Datesman and James A. Inciardi, "Female Heroin Use, Criminality, and Prostitution," Contemporary Drug Problems, pp.455-472, 459, vol. 8, no.4 (Winter 1979).

⁷ The study of Philadelphia Criminal Court data is discussed in greater detail in Amy E. Hirsch, "Drug Charges in Philadelphia: Who Gets Charged? Who Gets Convicted?" (manuscript in preparation).

⁸ All of these women signed releases for research purposes, and their identities were kept confidential.

women who were referred by community sources but who had criminal justice histories, women who did not have criminal justice histories but who disclosed having engaged in illegal activities (prostitution, shoplifting, drug sales), and women who had not engaged (or at least did not disclose engaging) in illegal activities. These records were used to look at ways in which the women with drug charges were different from or similar to the women with other criminal justice histories and to the women without criminal justice histories. Abuse screening forms for all women in the Interim House residential treatment program as of September 1998 were reviewed to compare rates and severity of abuse experienced by the women referred for treatment by the criminal justice system and the women referred by community sources.⁹

These three research projects were supplemented by reviewing the existing literature on women and drug usage, and by observing criminal court hearings at the Philadelphia Criminal Justice Center. Cases were watched involving both male and female defendants, and felony and misdemeanor charges, at different stages of prosecution (preliminary hearings, motions, trials, and sentencing) before many different judges. These cases, and the issues being researched were also discussed with police officers, defense lawyers and prosecutors.

Each of these sources provided different types of data, and a different window through which to view issues around women's drug usage and criminal activities. Yet they also provided a surprisingly consistent picture of the women themselves, of their life histories and criminal histories, and of the barriers they have faced and continue to face in their struggles to recover from their addictions and from the abuse they have survived, to develop and maintain healthy relationships with their children, families, and friends, and to move forward with their lives. The picture that emerges is quite striking:

- **The overwhelming majority of the women had no prior drug convictions, and their felony convictions are for very small quantities of drugs (often only \$5 or \$10 worth).**
- **They began their drug usage as young children or as teenagers, often in direct response to sexual and/or physical abuse they were experiencing, or when they ran away to escape the abuse.**
- **They have limited education, limited literacy, employment histories in short-term low-wage jobs, histories of homelessness and prostitution, multiple physical and mental health problems needing treatment, and have survived repeated and horrific violence as children and as adults.**
- **They have children about whom they care very much, and with whom they have had very troubled relationships as a result of their drug addictions.**

⁹ This study of women in drug treatment is discussed in greater detail in Amy E. Hirsch, "Women in Residential Drug Treatment: Survivors of Violence" (manuscript in preparation).

- Jail is the first place they have been offered drug treatment, and the first context in which the abuse they have survived has been addressed.

Women with Drug Convictions

“I want to tell my story because I hope the next addict they save their life. It’s no secrets with me. Here it is.”¹⁰

A. Background Information about the Women

Of the twenty-six women who were interviewed, fifteen (58%) identified themselves as African-American, five (19%) as white, three (12%) as Hispanic, and three (12%) as biracial. When they were last interviewed, eight (31%) were in jail, seventeen (65%) were in residential drug and alcohol treatment programs, half-way houses, or some other structured living situation, and one (4%), a sixty-eight year-old woman with multiple medical problems, was living in a small apartment on her own, after completing a residential drug and alcohol treatment program.

Of the seventeen women in structured living situations, five (29%) were in residential drug and alcohol treatment programs for women and their children and had at least some of their children with them in the program, seven (41%) were in women’s residential drug and alcohol treatment programs without their children, two (12%) were in a halfway house with a drug and alcohol treatment component, one (6%) was in a recovery house¹¹ while attending an outpatient dual diagnosis (drug addiction and severe mental illness) program after having completed a residential treatment program, one (6%) was living in transitional housing and attending outpatient drug and alcohol treatment after having completed a residential treatment program, one (6%) was in a residential dual diagnosis program (for women with chronic, severe mental illness and drug and alcohol problems) with her six-year old son.

The women interviewed ranged in age from twenty-three to sixty-eight at the time of the interviews. Eighteen (69%) of the twenty-six women were under thirty-five; eight (31%) were thirty-five or older. Most had been convicted of their drug offense not more than a year or two before the interview.

Of the twenty-six women interviewed, eight (31%) had been married, seventeen (65%) had never been married, and one (4%) did not discuss her marital status.¹² The marriages had lasted from one year to eighteen years. Some of the women who had

¹⁰ Quotation from Wendy, interviewed on 4/28/98.

¹¹ Recovery houses are intended to be drug-free, safe housing. They are monitored by the Philadelphia Department of Health.

¹² Of the eight women who had been married, six had each been married once. Of those six, two were separated, two were divorced, and two were widowed. Two women had each been married twice; one had been divorced twice, and one had been divorced once and widowed once.

never married had been in long-term relationships, including one that lasted seventeen years.

B. Survivors of Abuse

“The world was never a safe place for them.”¹³

1. Summary

Violence was overwhelmingly prevalent in the lives of the women who were interviewed. Twenty-one (81%) of the twenty-six women who were interviewed disclosed having been abused as children, adults, or both. Twenty (77%) of the twenty-six women interviewed disclosed having been battered by a husband or boyfriend. Ten (50%) of the twenty women who disclosed domestic violence described having been in more than one violent relationship. Women who had been married reported a higher prevalence of domestic violence than women who had not been married. Seven (87.5%) of the eight women who had been married had been physically or sexually abused by their husbands, and nine (90%) of the ten husbands had been abusive. Thirteen (72%) of the eighteen women who had never been married disclosed abuse by their boyfriends. Many of the women were very articulate about having used drugs to self-medicate the pain of beatings.

Eighteen (69%) of the twenty-six women who were interviewed disclosed having worked as prostitutes to get money for drugs, and/or having traded sex for drugs. Sixteen (89%) of these eighteen women disclosed having been battered by a husband or boyfriend, and sixteen (89%) disclosed having been abused as a child.¹⁴ Although questions were not directly asked about assault by strangers, ten (56%) of these eighteen women discussed having been raped, beaten, or otherwise assaulted while working on the street as well as in intimate relationships.

The injuries the women had sustained, whether from boyfriends, husbands or strangers, were quite severe—shootings, stabbings, multiple broken bones, beatings while pregnant, etc. Many of the women had chronic physical and/or mental health problems as a result of assaults. Seven (50%) of the fourteen women who disclosed physical health problems during the interviews had serious ongoing physical health problems as the aftermath of traumatic injuries.¹⁵

Eighteen (69%) of the twenty-six women who were interviewed disclosed having been abused physically and/or sexually abused as children. Seventeen (94%) of the eighteen women who disclosed childhood abuse also disclosed having been abused as

¹³ Quotation from Sue Wolfe, staff at Episcopal Hospital Cocaine Outreach Service, interview on 6/24/98.

¹⁴ One of the women who disclosed prostitution or trading drugs for sex said she “did not want to talk about it” when asked about abuse; another disclosed domestic violence by boyfriends beginning at age sixteen and said she was not abused by family members as a child; a third said she was sexually abused as a child but not abused as an adult.

¹⁵ These mental and physical health problems are discussed in greater detail in the section on health below.

adults. Battering by boyfriends while the woman was a teenager was not counted as childhood abuse, but instead was counted as adult domestic violence. Of the eighteen women who disclosed childhood abuse, fourteen (78%) disclosed sexual abuse and five (28%) disclosed physical abuse.¹⁶ Many of the women had been abused as children while living with their parents; others were abused while living with other relatives or in foster or group homes.

Of the eighteen women who disclosed childhood abuse, seven (39%) began their drug usage as very young children or young teenagers (between the ages of eight and fifteen), all of them either while they were being abused, in direct response to the abuse, or when they ran away to escape the abuse, and were living on the street. Eight others (44%) began their drug usage between the ages of sixteen and nineteen, either in direct response to abuse, or while they were living on the street having run away to escape abuse. The remaining three (17%) began their drug usage at ages twenty-four to twenty-eight.

For nineteen (90%) of the twenty-one women who disclosed childhood and/or adult abuse, jail or a women's drug and alcohol treatment program was the first place anyone had talked to her about the abuse she had survived, or helped her try to deal with it. The only exceptions were two women who were given phone numbers by emergency room hospital staff to call for follow-up counselling and help—one for domestic violence, one for rape.

Five (19%) of the twenty-six women who were interviewed did not disclose abuse. Of the five, two (40%) responded to the question "Have you ever been abused?" by saying "I don't want to talk about it." Two (40%) others had dual diagnoses of major mental illness, which they believed had begun before their drug usage started at ages sixteen and nineteen. The fifth began her drug usage significantly later than the other women—at age forty-one.

Interviews with the women revealed a pattern of childhood physical and/or sexual abuse, followed by abuse by boyfriends and husbands. Women described using drugs in an effort to cope with the physical and sexual assaults they were enduring, in the absence of other resources.

2. Childhood Physical and Sexual Abuse

"My stepfather beat me, starting when I was eight or nine. He kept doing it until I hit him back and ran away when I was twelve or thirteen. I asked my mom for help, but she was too afraid. He hit her bad also. I know she would have helped if she could."¹⁷

¹⁶ One woman disclosed both physical and sexual childhood abuse.

¹⁷ Quotation from Donna, interview on 2/4/98.

Although some women asked for help from adults, few got it. Some, like Lynette, were explicitly told the abuse was their fault:

My stepfather was drunk a lot, my mom left us alone with him. I was sexually molested by my stepfather. I was hurt because I told my mom and she said maybe I led him on—I was very young. They took me away when I was thirteen and it was before then. It went on for a year or two and my mother said it was my fault. The drugs I used when things really hurt me, so I wouldn't feel the hurt.¹⁸

Others, like Wendy, were told to stop making up stories:

I started drinking when I was nine, but it became a problem when I was fourteen. I was molested as a child by my mom's boyfriend. I was afraid to go to sleep. I started taking valium and downers to go to sleep. I told my mom, she didn't want to believe me. I ran away when I was fifteen and went downtown. That's when I started getting locked up. Nobody wanted to listen to me. I tried to tell them.¹⁹

Still others simply found adult help unavailable to them:

I started using alcohol and pills when I was thirteen. I was raped when I was twelve, my father was an alcoholic, my mother was using pills. He used to beat her up all the time—it was pretty crazy. No, no one helped me. This [drug and alcohol treatment program in jail] is the first place anyone talked about it.²⁰

Many women reported that other adults were too frightened of the abuser to intervene.

My father beat me nearly to death. I was a runaway child and he kept beating me and I kept running away from his beatings. Finally I ran away and never went back. Even the neighbors were scared of my father. He was a mean man, so no one would help me. It was worse than being in prison—I was that scared of him.²¹

Others were too scared or confused to ask for help. "My brother molested me when I was nine years old, and off and on after that. I never told nobody until recently.

¹⁸ Quotation from Lynette, interview on 8/27/98.

¹⁹ Quotation from Wendy, interview on 4/28/98.

²⁰ Quotation from Cindy, interview on 9/22/98.

²¹ Quotation from Rose, interview on 7/21/98.

I'm working on that now."²² When asked if anyone helped them at the time, most women just looked blank, or startled at the idea that someone could or would have helped. When asked if anyone had talked with them about the abuse, one woman said that the only person who had discussed it with her was her uncle, who was the perpetrator, and he told her it was her fault.

My brother sexually abused me. I told my parents, they didn't believe me, but then my father caught him doing it and threw him out. OPTIONS²³ [the drug and alcohol treatment program in jail] was the first place anyone talked about it—they had a class here. My father died in 1989; my mother is still in denial about the abuse. I started snorting cocaine when I was seventeen, when my brother was touching me. He showed me the wrong kind of love. He paid me for oral sex, I tricked for my brother for years—never again.²⁴

Many of the women ran away as teenagers to escape abuse.

When I was a child, my father used to rape me. It started when I was nine. I ran away because my mom used to take me to his house on weekends. He raped me, and then I found myself in bed with his friend. I don't want to talk about it. After I ran away, I wanted somebody to want me. I ran into this guy, he was older, and I wanted him to want me. He gave me cocaine. I was thirteen.²⁵

Drug treatment and criminal justice staff confirmed the direct connection between childhood sexual and physical abuse and drug usage:

The women we see began using at very early years to deal with abuse as it was happening. The schools are not ready to address those needs. Girls are beginning to use drugs at 10, 11, 12 because they are being abused. The elementary schools need to deal with it.²⁶

Other studies have also shown that “[c]hild sexual abuse and substance abuse are closely associated,”²⁷ and “female drug abusers and addicts are four times more likely to have

²² Quotation from Carmen, interview on 7/14/98.

²³ OPTIONS (Opportunities for Prevention and Treatment Interventions for Offenders Needing Support) is a drug and alcohol treatment program in the Philadelphia Prison System.

²⁴ Quotation from Debby, interview on 9/22/98.

²⁵ Quotation from Tanya, interview on 7/9/98.

²⁶ Quotation from Tamara Boney, Evaluation Coordinator, Female Offender Comprehensive Integrated Services (FOCIS) program, interview on 6/16/98.

²⁷ Christiane Sanderson, Counselling Adult Survivors of Child Sexual Abuse, p. 60, 93-94, Jessica Kingsley Publishers, 1990. Strikingly, however, much of the literature on child sexual abuse fails to

suffered sexual assaults than women without drug problems”²⁸ although they often discuss the connection in the context of adult women’s drug usage as an effort to self-medicate the long-term aftereffects of the abuse,²⁹ rather than in the context of young girls’ efforts to self-medicate the pain of the abuse while it was happening, or very shortly afterwards. The connections between childhood sexual and physical abuse, addiction and incarceration among women are just beginning to be explored. A recent study interviewed 150 incarcerated women and found that 70% of those women reported childhood physical abuse and 59% reported childhood sexual molestation.³⁰ These rates are much higher than those for the general population.³¹ A study comparing 206 women survivors of childhood sexual abuse to a matched comparison group of 205 women found that the survivors of childhood sexual abuse were five times more likely to be arrested for drug offenses than members of the comparison group.³²

3. Domestic Violence

“They don’t understand how she could have used drugs; they don’t understand how much physical and emotional pain she was in – she had broken ribs, broken arms. The abuse this woman endured from her husband, I would have written prescriptions for myself too – she was in such pain.”³³

Many of the women were abused repeatedly in different relationships:

I always got into abusive relationships. When I was sixteen I was stabbed by a man. He punctured my liver and lungs, and I got very suicidal after that. I still have trouble breathing because of my lung from the stabbing. I just wanted never to see him again, I just wanted to be left alone. After I ran away, I had came home, and he stabbed me on my grandmother’s porch. Then the father of one of my kids tried to cut my throat.³⁴

mention this connection. See e.g., Laura Davis, Allies in Healing: When The Person You Love Was Sexually Abused As A Child, Harper Collins, 1991.

²⁸ The National Center on Addiction and Substance Abuse at Columbia University, Substance Abuse and the American Woman: Illicit Drugs, p.2 (June 1996).

²⁹ See, e.g., Timothy P. Janikowski and Noreen M. Glover, “Incest and Substance Abuse: Implications for Treatment Professionals,” Journal of Substance Abuse Treatment, vol. 11, no. 3, pp. 177-183 (1994).

³⁰ Angela Browne, Brenda Miller, and Eugene Maguin, “Prevalence and Severity of Lifetime Physical and Sexual Victimization Among Incarcerated Women,” International Journal of Law & Psychiatry (in press).

³¹ A recent report from the federal Bureau of Justice Statistics found that 37% of women in state prisons and jails had been abused as children, compared with estimates that 12-17% of women in the general population were abused as children. Caroline Wolf Harlow, Prior Abuse Reported by Inmates and Probationers, 1 (Bureau of Justice Statistics April 1999 NCJ172879).

³² The disparity between the two groups was “most extreme” for drug offenses. Jane A. Siegel, Aggressive and Criminal Behavior Among Survivors of Child Abuse at 77-78, (Dissertation Submitted to the University of Pennsylvania 1996).

³³ Quotation from non-urban county jail staff member, interview on December 15, 1998.

³⁴ Quotation from Wendy, interview on 4/28/98.

Others were in very long term relationships in which they were abused for many years. Rose was married for eighteen years:

My husband broke both of my arms. No one helped me. He was drinking. Finally I went to court and the judge saw how both my hands and arms was broken and how bruised I was and he threw him out of the house and told him he could never go back or the judge would put him in jail. So we stayed separated after that.³⁵

Other women found the courts less responsive:

I was married to my first husband for six years. He beat me while I was pregnant. I didn't do coke while I was pregnant, because I was worried about the babies. But he threw me down the stairs and kicked me, and I lost the babies. I was pregnant with twins and he killed the babies. I brought criminal charges but the judge let him go. He said it was an accident. Then I started doing coke again.³⁶

Some were abused by boyfriends while they were teenagers, as well as while they were adults:

My oldest son's father started beating me when I was sixteen. One time he was choking me and my girlfriend got him off me. Another time my sister-in-law helped when he was hitting me. It went on for a long time. I went to city hall one time and I got a piece of paper and then I left him when I was nineteen. I ended up leaving him, but then other boyfriends I had later beat me up. My daughter's father forced me to have sex with him.³⁷

Many women left home to escape abuse as teens, only to be beaten by boyfriends:

I left home when I was sixteen. I was the oldest of four, around a lot of hitting, and drinking. A lot of memories are still with me of that. I lost my mother to alcohol. I went back and forth to my boyfriend and his family. He was my boyfriend for years, my oldest daughter's father. He was hitting me for years. I finally got myself out after so much abuse.³⁸

Most women did not tell anyone about the abuse, either because they were ashamed, or because they didn't feel there was anyone they could trust. Two women

³⁵ Quotation from Rose, interview on 7/21/98.

³⁶ Quotation from Christina, interview on 6/19/98.

³⁷ Quotation from Laura, interview on 11/24/98.

³⁸ Quotation from Pamela, interview on 9/22/98.

reported that their mothers saw that they were being battered and intervened. One other woman, who was quoted above, reported that a friend and her sister-in-law had intervened while she was being assaulted by her boyfriend. One woman told medical staff at an emergency room:

My children's father, we were together eight and a half years. He began beating me after four or five years. I went to the emergency room when I had cracked ribs. I told them it was domestic violence; they gave me phone numbers, but I never used them.³⁹

A staff member working with incarcerated women talked about one of the women she is worried about:

She has two children at home who really need her. Her husband was terribly violent to her. She was in a battered women's shelter, and she applied for benefits – one of the shelter workers went with her to the welfare office. The welfare department turned her down. The caseworker said she wasn't eligible because she had been convicted of a felony, writing prescriptions for painkillers for herself. After she was turned down for benefits her husband violated the protection from abuse order, and she had to leave the shelter. Then she violated her parole, and now she's back in jail.

Her parents, who are taking care of her children, are really angry at her. They don't understand how she could have used drugs; they don't understand how much physical and emotional pain she was in – she had broken ribs, broken arms. The abuse this woman endured from her husband, I would have written prescriptions for myself too – she was in such pain. She's going to be released soon, and her children need her, and she needs benefits – isn't there some way to get cash assistance for her? It can't be right.⁴⁰

For several of the women, the abuse stopped only when their boyfriend or husband was arrested on other charges. "My boyfriend beat me up when he was drunk. He got locked up on outstanding warrants—that's how it stopped. They sent him upstate for three years."⁴¹

³⁹ Quotation from Carmen, interview on 7/14/98.

⁴⁰ Interview on December 15, 1998. This staff member works in a county jail in a non-urban part of the state.

⁴¹ Quotation from Sharon, interview on 4/28/98.

4. Other Violence

Most of the questions asked about abuse were more likely to elicit information about physical or sexual domestic violence the woman had experienced as an adult, or abuse she had experienced as a child, than assaults by strangers or in other contexts. Although women were not explicitly asked about violence from strangers or non-intimate acquaintances, ten (56%) of the eighteen women who disclosed prostitution or trading sex for drugs volunteered information about violence they had experienced on the street, including rapes, shootings, and stabbings. Several women had been raped repeatedly on the street. "I was raped three or four times while prostituting. I've had a gun to my head, a razor and a screwdriver to my neck."⁴² Other studies of street prostitutes document the pervasive physical and sexual violence they experience.⁴³

Some women sought help from police and got it. "The second time I was raped the cops pulled up and I reported it. He was caught and prosecuted. The first time I kept it to myself."⁴⁴

Several women described incidents in which they had been seriously injured while trying to protect other women from assault. For example, one woman was shot after she answered the door of an apartment; the man on the doorstep was looking for "his woman" who was inside. The woman answering the door knew that the woman was afraid of this man, and was inside the apartment, tricking, so she told him the woman he was looking for wasn't there. He then shot the woman who answered the door. Drugs were being used in the apartment, and the woman who was shot believed the police had written up the shooting as "drug related" rather than as domestic violence.

In another incident, one of the women who was interviewed had heard a woman screaming, looked out the window and saw a woman being raped on the street, ran out to intervene, and was beaten in the head with a hammer. Her children, who had run outside after her, witnessed the assault.

Both these incidents occurred while the women involved were in active addiction, living fairly chaotic lives, with few people who they felt they could trust. They nonetheless risked their lives, and sustained very serious injuries, to assist other women. After hearing several of these stories, the researcher started asking staff in drug treatment programs if they knew of similar incidents, and several said that they knew of women in their programs who had been injured while trying to protect other women from violence.

⁴² Quotation from Debby, interview on 9/22/98.

⁴³ A 1995 study of 130 street prostitutes in San Francisco found that 82% reported having been physically assaulted and 68% had been raped while working as prostitutes. Melissa Farley and Howard Barkan, "Prostitution, Violence and Posttraumatic Stress Disorder," *Women and Health* 27 (3):37-49 (1998). See also, Minouche Kandel, "Whores in Court: Judicial Processing of Prostitutes in the Boston Municipal Court in 1990" in *Gender, Crime and Feminism*, ed. by Ngaire Naffine, Dartmouth Publishing Company at p. 347(1995).

⁴⁴ Quotation from Carmen, interview on 7/14/98.

5. Putting It All Together

“[In jail] they had all different kind of classes—about being raped in the street, about being raped in your family. I needed both those classes.”⁴⁵

Most of the women had been abused in many different ways, at different times and by different men in their lives—brothers, fathers, stepfathers, boyfriends, husbands and strangers. In many ways Maria’s story is typical:

When I was thirteen, my stepfather raped me. I ran away, but each time my mother would find me and bring me back. I ran away nine or ten times, and each time my mother would find me and punish me. So I went to stay with my father when I was fifteen, only he beat me. My mother was an alcoholic but she didn’t beat me. I stayed with my father a while, but he was beating me. Then I ran away again. From the time I was sixteen or seventeen I had boyfriends, and they hit me. I was introduced to crack by a boyfriend when I was twenty, and I got hooked real bad. I’ve been prostituting since I was twenty-three, selling myself on the Avenue. My boyfriend was killed in my arms, a bullet grazed my face. I don’t want to live like that. I was in [the city jail], in the OPTIONS program, for drugs and alcohol. They had all different kind of classes—about being raped in the street, about being raped in your family. I needed both those classes. It’s a real good unit—help you out a lot.⁴⁶

The physical and sexual abuse endured by these women has long-lasting effects on their lives, and reversing those effects requires great courage and is neither simple nor fast. A staff member working in an outreach program for addicted women with children explained that HMOs have really reduced the number of women in the program:

There’s a lot of sexual abuse issues—from childhood—it goes deep. And an HMO says we’ll approve for six therapy sessions! You’re still sizing the therapist up and learning to trust. The world was never a safe place for them. That [limit on treatment]’s setting them up for failure again—they’ve failed enough in their lifetime. Small steps—teeny little steps—have to be real nonthreatening and they lead to big change. It takes great risk for women to try. I get so frustrated with the system—it’s all cut and dried but each individual woman has real, individual needs.⁴⁷

⁴⁵ Quotation from Maria, interview on 2/25/98.

⁴⁶ Quotation from Maria, interview on 2/25/98.

⁴⁷ Quotation from Sue Wolfe, staff at Episcopal Hospital Cocaine Outreach Service, interview on 6/24/98.

A Probation Office Supervisor described the lack of knowledge about abuse that he saw as endemic in the criminal justice system.

Female offenders are seen as aberrant. There's greater stigma for women in the criminal justice system and in drug treatment. There's always stigma for women—if you're a domestic violence victim you're told it was your fault. There's such a connection between that abuse, especially incest, and drug usage. Judges don't know that women were abused as children, as adults....⁴⁸

Another Probation Officer with over 25 years of experience pointed out that, because of the violence they have experienced, and because of the responsibilities they have for taking care of children, “many of our women, they don't have the opportunity to deal with anything but survival.”⁴⁹ According to staff working on parenting skills with incarcerated women in suburban jails, 93% of the women they see have sexual abuse histories.⁵⁰ Similar numbers are reported by women's drug treatment programs that take women from the criminal justice system.⁵¹ The connections between physical and sexual abuse of women and girls and their drug usage and criminal activities are also discussed in recent literature on women and crime.⁵² A recent national study of individuals in state and federal prisons and local jails, and on probation, found that 57% of the women state prison inmates, 40% of the women federal prison inmates, 48% of the women jail inmates and 40% of the women on probation had been physically or sexually abused before their current sentence. The study also found higher rates of drug usage among the women who had been abused.⁵³

One follow-up study presented encouraging results and a sharp decline in domestic violence experienced by women who were interviewed on entering a gender-specific residential drug treatment program and at six, twelve, eighteen and twenty-four month intervals after leaving residential treatment. Although 86% reported having experienced domestic violence at the time of admission to the treatment program, less than 10% reported experiencing domestic violence during the follow-up period. While

⁴⁸ Quotation from Joseph M. Harrington, Supervisor, Drug/I.S.P. Unit, Adult Probation Department, First Judicial District of Pennsylvania, interview on 5/14/98.

⁴⁹ Quotation from Linda Mathers, Director, Intensive Supervision, Adult Probation Department, Court of Common Pleas, Philadelphia, PA, interview on 5/14/98.

⁵⁰ Ruth Briggs, Parenting Educator, Family Planning Council.

⁵¹ For example, Beacon House, a residential treatment program for women and their children in Philadelphia, reports that 73% of the 76 women admitted to the program in 1994, and 85% of the 57 women admitted to the program in 1998 disclosed experiencing physical or sexual abuse before age 18. Theresa M. Hoban, Director, Substance Abuse Services, Episcopal Hospital.

⁵² See Meda Chesney-Lind, *The Female Offender*, Sage Publications 1997, Beth E. Richie, *Compelled to Crime: The Gender Entrapment of Battered Black Women*, Routledge, 1996, and Kathryn Watterson, *Women in Prison: Inside the Concrete Womb*, Northeastern University Press 1996 (revised edition).

⁵³ Caroline Wolf Harlow, *Prior Abuse Reported by Inmates and Probationers*, 1, 3 (Bureau of Justice Statistics April 1999 NCJ172879).

women who are in violent relationships may be more likely to have been lost to follow-up, these results are nonetheless very striking.⁵⁴

C. Physical and Mental Health Problems

The twenty-six women who were interviewed were asked whether they had any health problems apart from their alcohol and drug addictions. Some women volunteered a great deal of information about physical and mental health problems. Others provided very minimal information, and some women said they did not want to discuss health issues at all. Because the interviewer did not probe when women did not seem to want to talk about health issues, and did not ask any questions at all about health if women said they did not want to discuss health issues, the interviews produced much less detailed information, and much less comprehensive information on health than was obtained from the Interim House chart reviews. By comparison, all thirty-one women whose charts were reviewed had significant physical health problems, and twenty-nine of the thirty-one had serious mental health issues (in addition to alcohol or drug addiction).⁵⁵

For example, women were not specifically asked about sexually transmitted diseases in the interviews, and only one woman brought them up. Given that most of the women interviewed had traded sex for money or drugs, the prevalence of sexually transmitted diseases must have been much greater than one woman in twenty-six. The chart reviews documented sexually transmitted diseases other than syphilis in 61% of the women, and syphilis in 35% of the women.⁵⁶ Similarly, had specific questions been asked about hypertension or diabetes during the interviews, it is likely that the number of women who disclosed those conditions would have been higher. Nonetheless, the women who did discuss health problems presented a disturbing picture of significant, often chronic impairments.

Eighteen (69%) of the twenty-six women volunteered information about health problems apart from alcohol and drugs. Of those eighteen, fourteen (78%) disclosed physical health problems and nine (50%) disclosed mental health problems. Eleven (61%) disclosed multiple health problems. Most said they had not been tested for HIV infection.

Of the fourteen who volunteered information about physical health problems, seven (50%) had ongoing medical problems as the aftermath of trauma (including lung and liver damage from a stabbing, severe headaches suffered by a woman with a metal plate in her skull from being beaten in the head with a hammer, arm, shoulder and head injuries from shootings, and broken bones from beatings), five (36%) had asthma, three

⁵⁴ Philadelphia Health Management Corporation, Interim House West, Comprehensive Residential Drug Prevention and Treatment Project for Substance-Abusing Women and their Children: Final Program Evaluation Report at 14, table 29 (Submitted to Center for Substance Abuse Treatment, Department of Health and Human Services) (April 1998).

⁵⁵ See, Amy E. Hirsch, "Women in Residential Drug Treatment: Survivors of Violence" (manuscript in preparation).

⁵⁶ See, Amy E. Hirsch, "Women in Residential Drug Treatment: Survivors of Violence" (manuscript in preparation).

(21%) were pregnant at the time of the interview, two (14%) were significantly underweight at the time of their interviews as a result of poor nutrition during their active addictions, two (14%) had had heart attacks and had ongoing cardiac problems, and one (7%) each reported ovarian cancer, an ovarian cyst requiring surgery, hepatitis C, diabetes, hypertension, severe headaches, syphilis, deafness in one ear, chronic arthritis and spinal problems, chronic thyroid problems and difficulty breathing and swallowing despite surgery, seizures, and HIV disease.

Of the nine women who volunteered information about mental health problems, six (67%) had been diagnosed with depression, two (22%) had been diagnosed as bipolar, two (22%) had been diagnosed as schizophrenic, two (22%) had been suicidal, and one (11%) had a developmental disability.⁵⁷ The two women who had been diagnosed as schizophrenic each expressed doubt about the correctness of that diagnosis, while acknowledging that they had serious mental illness. It is striking that none of the women reported having been diagnosed as having post-traumatic stress disorder, despite having survived repeated physical and sexual assault.⁵⁸

Many of the women talked about the ways in which they felt volatile and fragile during early recovery. As a result of being in recovery, difficult issues were surfacing, and they were having to learn to deal with their mental illness in the context of sobriety, rather than by using drugs.

I've been suicidal. It's scary to me, nothing stays the same getting sober—a lot of feelings are coming back about my childhood. I probably need more medication, learning coping skills. It's all new to me, I'm real hyperactive, real emotional, bad mood swings. I was diagnosed schizophrenic, but I think that's questionable. I have anger issues, depressions, I take Sinequan for depression.⁵⁹

Several of the women talked about the connections they saw between their mental illness and their drug addictions. For some women, mental illness predated their drug usage. "When my depression is under control, I don't use. When my medications

⁵⁷ Several studies of comorbidity have found major depression to be the most common concomitant mental illness among women with drug or alcohol problems. Amy Price, "Dual Diagnosis; Substance Dependence and Mental Illness," *The Source*, vol. 4 no. 3, pp. 1-14 (National Abandoned Infants Assistance Resource Center Winter 1994); Mary Jane Alexander, "Women With Co-Occurring Addictive and Mental Disorders; An Emerging Profile of Vulnerability," *American Journal of Orthopsychiatry*, pp. 61-69, 63 (January 1996).

⁵⁸ This likely reflects the limited care the women had received. Recent studies of women drug users have found high rates of post-traumatic stress disorder. Amy Price, "Dual Diagnosis; Substance Dependence and Mental Illness," *The Source*, vol. 4 no. 3 pp. 1-14 (National Abandoned Infants Assistance Resource Center Winter 1994), Mindy Thompson Fullilove, et al., "Crack 'Hos and Skeezers: Traumatic Experiences of Women Crack Users," *The Journal of Sex Research*, vol. 29 no. 2, pp. 275-287 (May 1992). Those traumas are often not adequately addressed in treatment. Mary Jane Alexander, "Women With Co-Occurring Addictive and Mental Disorders; An Emerging Profile of Vulnerability," *American Journal of Orthopsychiatry*, pp. 61-69, 63 (January 1996).

⁵⁹ Quotation from Wendy, interview on 4/28/98.

aren't working, all I can think about is crack. I get obsessed with cocaine, and it's the only thing that makes me feel better."⁶⁰ Other women believed their addiction came first. "I have depression from drugs and abuse."⁶¹ Both patterns are consistent with the literature on dual diagnosis in women.⁶²

Four (44%) of the nine women either were or had been in dual diagnosis programs for individuals with serious mental illness and drug or alcohol addictions. There are nowhere near enough treatment slots for women with dual diagnoses, and one of the problems prison, Forensic Intensive Recovery (FIR) program⁶³, and Female Offender Comprehensive Integrated Services (FOCIS) program⁶⁴ staff all raised was the difficulty of finding appropriate placements for women with severe mental illness. Close to 40% of the women in the drug and alcohol treatment program in the Philadelphia County jail have dual diagnoses, and many of them had been self-medicating with drugs in an effort to stop the voices they hear.

Many treatment programs will not take women with certain diagnoses, or certain types or levels of medication, because they feel they are not equipped to treat women whose psychiatric condition warrants certain medications, and lack funding for the necessary mental health professional staff.⁶⁵ One woman explained that she had been unable to leave jail through the FIR program because no residential dual diagnosis program had a space available; instead she would be placed in an intensive outpatient program after completing her sentence. Other women talked about going off their psychiatric medications in hopes of getting into an alcohol and drug treatment program. Jail staff talked about advising women to see if they could do without medications, or with lowered dosages, in order to get accepted by treatment programs. Conversely, treatment staff complained about women who went off of medications in order to be

⁶⁰ Quotation from Gloria, interview on 7/24/98.

⁶¹ Quotation from Lynette, interview on 8/27/98.

⁶² "Our findings suggest that crack use in some women follows a complex pattern in which users initiate crack use to relieve the symptoms of depression or trauma, become traumatized by [the violence experienced in] their efforts to secure it, and then relieve this new trauma by seeking additional occasions to obtain the drug. Since these efforts all too frequently provide additional opportunities for trauma, the cycle is reinitiated." Mindy Thompson Fullilove, et al., "Crack 'Hos and Skeezers: Traumatic Experiences of Women Crack Users," *The Journal of Sex Research*, vol. 29 no. 2, pp. 275-287, 284 (May 1992).

⁶³ Forensic Intensive Recovery (FIR) is an early parole program which moves addicted individuals from jail into drug treatment, where they complete their sentences. In order to participate in the FIR program, women must be evaluated by an independent, professional assessor to determine the extent of their addiction and appropriateness for treatment, and approved for participation by the defense counsel, prosecutor and sentencing judge. Women are transported by the sheriff directly from jail to the treatment program. Women make up about 10% of the FIR caseload.

⁶⁴ FOCIS assists women defendants who are referred by a judge or bail commissioner, who have drug or alcohol problems and who want treatment. The FOCIS staff assess the woman's condition, and find an appropriate treatment program for her, as well as providing additional support services to her. Unlike the FIR program, which only accepts women who have been convicted and are incarcerated, the FOCIS program accepts women at any stage of the criminal court process.

⁶⁵ Jail, FIR, FOCIS and treatment program staff said this. Refusal to admit an individual because of a diagnosis, or medication, rather than individually assessing the woman's ability to function in the treatment program, probably violates the Americans with Disabilities Act.

accepted, then decompensated after arrival at the program from jail or from a community hospital, and needed hospitalization or transfer to a dual diagnosis program.

Eight (31%) of the twenty-six women who were interviewed either said they had no health problems (including a woman who later mentioned her stay in a dual diagnosis program) or declined to discuss their health at all (including one woman who said she had been found eligible for SSI based on disability, but did not want to talk about her condition). Several women who said they had no medical problems looked ill. Other women reported being healthy now that they were in treatment. “No health problems now—I got sick from dope that’s all.”⁶⁶

Several women mentioned difficulty getting medical care because of being uninsured, including one pregnant woman who was turned away from a hospital clinic earlier on the same day she was arrested, and first received prenatal care in jail.

Many of the women talked about how much better their health was now that they were in treatment. Like Christina, many women lose a lot of weight during active addiction. “When I got here, I weighed 120 pounds and I’m five feet ten and a half inches—I looked like death. Cocaine made my asthma worse, and I was hospitalized repeatedly. Now I’m taking my medicine regularly, and I’m much healthier.”⁶⁷

Other women talked about how they had used drugs to self-medicate physical pain, and how addiction had masked other health problems. “I never felt the pains before, because I was using. Now I’m feeling every pain. Drugs were all I knew, the only thing that made me feel better.”⁶⁸ For some women, their history of addiction was making current health care more complicated. A sixty-eight year old woman explained:

I was born with chronic arthritis. The doctors were giving me morphine when I was girl, that was how I started using. I got to have some type of pill to stop the pain. All up the sides of my legs and my spine, my arms and my chest. It’s so severe I can hardly breathe—it’s all over my body. There’s not a place on my body that doesn’t hurt. I need something to stop the pain. Tylenol ain’t working. The doctor said they told her not to give me no drugs for the pain, because of my history of addiction.⁶⁹

Treatment program staff and jail staff stressed that almost all of the women they see have significant medical problems at the time they enter treatment, or at the time of arrest, either as the direct result of addiction or as a result of risky behaviors women

⁶⁶ Quotation from Laura, interview on 11/24/98.

⁶⁷ Quotation from Christina, interview on 6/19/98.

⁶⁸ Quotation from Tanya, interview on 7/9/98.

⁶⁹ Quotation from Rose, interview on 7/21/98. The interviewer asked several experts on addiction whether Rose’s doctor was correct to deny her pain medication for her physical problems. They were all appalled, and urged that she be referred to a different, and more knowledgeable physician for proper pain management without risk of addiction. Her FOCIS case manager was able to arrange for more appropriate treatment.

engaged in to get drugs, or because they have not been able to deal with ongoing medical problems while they were in active addiction. For example, the director of one treatment program explained that they used to screen women with a history of IV drug usage for hepatitis; since the rate of positive tests was 100%, they now simply refer all women with a history of IV drug usage to a gastroenterologist without bothering to do the screen first.⁷⁰ The literature on women drug users confirms that women enter treatment with multiple medical problems and that they often delay medical care until after they enter drug treatment.⁷¹

D. Histories of Drug Usage

“When I was a child, my father used to rape me. It started when I was nine. ... After I ran away, I wanted somebody to want me. I ran into this guy, he was older, and I wanted him to want me. He gave me cocaine. I was thirteen.”⁷²

All of the women were in recovery at the time of the interviews. Most had had long histories of drug usage. The range was from two years to fifty-three years of usage, with the median being thirteen and a half years of drug usage. Of the twenty-six women interviewed, there were three (12%) women who had been using from two to four years; two (8%) women who had been using from five to seven years; seven (27%) women who had been using for nine or ten years; five (19%) women who had been using between thirteen and nineteen years; and nine women (35%) who had been using for twenty years or more.⁷³

Twenty-one (81%) out of the twenty-six women began their drug usage before the age of twenty. Of those twenty-one women, nineteen (90%) began using in the context of severe abuse, and two (10%) began using in the context of pre-existing mental illness. Ten (38%) of the twenty-six women began their drug usage between the ages of eight and fifteen. Of those ten, seven (70%) disclosed childhood sexual or physical abuse; two (20%) others began using while being beaten by abusive boyfriends at the ages of fourteen and fifteen; the last (10%) began using at the age of twelve and, when asked about abuse, stated “I don’t want to discuss it.”⁷⁴ Eleven (42%) of the twenty-six women began their drug usage between the ages of sixteen and nineteen. Of those eleven women, nine (82%) began their drug usage in the context of severe abuse, and two (18%) began using in the context of pre-existing mental illness.

⁷⁰ Theresa M. Hoban, Director, Substance Abuse Services, Episcopal Hospital, interview on 6/24/98.

⁷¹ Philadelphia Health Management Corporation, Interim House West. Comprehensive Residential Drug Prevention and Treatment Project for Substance-Abusing Women and their Children: Final Program Evaluation Report at 21 (Submitted to Center for Substance Abuse Treatment, Department of Health and Human Services) (April 1998).

⁷² Quotation from Tanya, interview on 7/9/98.

⁷³ There is some evidence that women who have been using longer are more likely to have sold drugs. This makes sense, since the longer your addiction, the more socially isolated you are likely to be, and the fewer other options you are likely to have. See, e.g., Marsha Rosenbaum, Women on Heroin, Rutgers University Press, 1981, Meda Chesney-Lind, The Female Offender, Sage Publications, 1997.

⁷⁴ Quotation from Elizabeth, interview on 9/22/98.

Five (19%) of the twenty-six women who were interviewed began their drug usage after the age of twenty. Of those five women, four (80%) began usage between the ages of twenty-four and twenty-eight, and one (20%) at age forty-one. Three (60%) of those five women disclosed histories of childhood sexual abuse. One (20%) woman attributed the start of her drug usage at age forty-one to “pressure and stress”⁷⁵ and one (20%) to “destructive recreation.”⁷⁶ She was the only one (4%) of the twenty-six women interviewed who described her drug usage as recreation. These two women only used powder cocaine, unlike most of the other women.

This overwhelming pattern of drug usage in response to abuse was confirmed in interviews with drug treatment and child welfare professionals. “I think that’s true. I do sex abuse groups with children, teenagers and adults. They start [using drugs] as an escape mechanism.”⁷⁷ The two women who began drug usage as teenagers and did not disclose abuse both had major mental illnesses which began before their drug usage.

Many of the women used alcohol and whatever drugs they were offered or found easily available, and many switched drugs or tried different drugs at different points in their lives: “I used everything I could get—crack cocaine, pills, heroin. I started with alcohol when I was eight, and cocaine when I was thirteen.”⁷⁸

Crack cocaine had been the most recent drug of choice for seventeen (65%) of the twenty-six women who were interviewed, although many of the crack addicts had also used alcohol, marijuana, heroin and pills. Five (19%) women said their primary drug had been heroin or morphine, although most also used other drugs, including alcohol, powder cocaine, crack, methamphetamines, and painkillers. Four (15%) women said their primary drug had been powder cocaine, although several also used alcohol and one of those women also used crack. The women whose drug usage began later in life were more likely to have used powder cocaine, and less likely to have used crack. The women who were older at the time of the interviews had generally used alcohol and other drugs before crack became available.

Twenty-two (85%) of the twenty-six women disclosed who had introduced them to drugs. Like Julie, nine (41%) of those twenty-two women were introduced to drug usage by boyfriends, either while they were being abused or when they were living on the street to escape abuse:

Friends asked if I wanted to try, I said no, they kept asking, and then a guy gave me drugs. I stayed with him. I was with him for

⁷⁵ Quotation from Sue, interview on 5/12/98.

⁷⁶ Quotation from Caroline, interview on 2/17/98.

⁷⁷ Quotation from Rita Urwitz, Supervisor at the Philadelphia Department of Human Services, interview on 12/15/98.

⁷⁸ Quotation from Tanya, interview on 7/9/98.

eighteen years. He was my husband. He kept hitting me, off and on, but he took care of me.⁷⁹

Six (27%) of the twenty-two women were introduced to drugs by other friends, usually while they were experiencing abuse. A few women stressed that they had made their own decisions. “Curiosity got me to try it [crack] and the bad influence of friends. I tried it cause I wanted to try it. No one got me to try it.”⁸⁰ Six (27%) women were first given drugs by family members, usually cousins, brothers or sisters, but sometimes parents, again in the context of physical and sexual abuse. “I was introduced to it [crack] by my mother, when I was seventeen.”⁸¹ Elizabeth, a white woman who had done secretarial work at several banks and the IRS before her arrest, explained her history:

My main drug was heroin, since I was twenty-seven. Before that I drank and smoked marijuana and took pills, starting when I was twelve. I used acid, cocaine, methamphetamine, diet pills and crack. I come from a family of drug dealers—it was in the house so I used it.⁸²

One woman began using morphine fifty-three years ago, at age fifteen, when a doctor gave it to her for pain:

I have chronic pain since childhood from chronic arthritis. I used it [morphine] and reefer to stop the pain, from the arthritis and from when my father beat me. I began using crack ten years ago [at age 58]. That stopped the pain all the time.⁸³

Whether for physical pain from illness or battering, or the psychological pain and trauma of serious mental illness, sexual abuse or other violence, the women consistently reported using drugs to self-medicate their pain.

E. Criminal Histories and Circumstances of Offense

“All my women drug clients are users—none have been sellers unless they were using. If a woman is charged with a drug felony she’s usually in really bad shape.”⁸⁴

Of the twenty-six women interviewed, at least eighteen (69%) had been convicted of drug felonies; of those eighteen, seventeen (94%) were convicted in Pennsylvania of possession with intent to deliver; one (6%) was convicted in New York of an equivalent offense. One (4%) of the twenty-six women had been charged with possession with intent to deliver (a felony) and with simple possession (a misdemeanor); she knew she had pled guilty, but was not sure which charge she had pled guilty to. Four (15%) of the twenty-

⁷⁹ Quotation from Julie, interview on 6/19/98.

⁸⁰ Quotation from Carmen, interview on 7/14/98.

⁸¹ Quotation from Serena, interview on 9/22/98.

⁸² Quotation from Elizabeth, interview on 9/22/98.

⁸³ Quotation from Rose, interview on 7/21/98.

⁸⁴ Quotation from Cristi A. Charpentier, Assistant Defender, Defender Association of Philadelphia, interview on 11/24/98.

six women had been convicted of simple possession; two (50%) of these four women had pending felony charges. The remaining three (12%) of the twenty-six women interviewed had pending drug felony charges.

All twenty-six of the women interviewed had drug addictions, and their criminal offenses were closely connected to their addictions. For example, eighteen (69%) of the twenty-six women interviewed disclosed having prostituted to get cash for drugs, or traded sex for drugs.

I didn't have to buy drugs because I could get them that way. I started doing everything I said I never would do. I had drug dealers to come over. I wound up selling my body to the drug dealers to trade for drugs. I danced strip for guys. Everything I said I'd never do, I did it. I started taking and stealing from my mother. I knew I was getting bad when I wanted to sell my food.⁸⁵

Their drug offenses were also driven by their addictions—none of the twenty-six women who were interviewed were selling drugs but not using them; and all of the women who were selling drugs were doing it to get drugs for themselves. **The quantities of drugs involved, even in the felony convictions, were very small—ranging from \$4 to \$100, with most of the women being convicted for sales of \$5, \$10 or \$15 worth of drugs.**⁸⁶ This is consistent with other studies of women and drug sales. A study of women serving prison terms in Colorado for felonies also found that their drug sales tended to be “small trades (i.e. transactions of less than \$10).”⁸⁷ A study of women drug users in Bushwick, New York found that “to the limited extent that they participated in drug selling, women were overwhelmingly concentrated at the lowest levels.”⁸⁸

Although they were not asked about other individuals' involvement, nine (35%) of the twenty-six women who were interviewed specifically mentioned being arrested or charged with drug offenses in conjunction with the men in their lives; in each case it was an abusive boyfriend or husband. Another woman, who was elderly, was being victimized by a man who was selling drugs from her home. Like the rest of the women who were interviewed, all ten of these women were using drugs, and the drug offenses were connected to their usage. “Everything I said I'd never do, I did it [to get drugs].”⁸⁹ Several of the women were convicted because they helped an abusive boyfriend who had

⁸⁵ Quotation from Tanya, interview on 7/9/98.

⁸⁶ \$10 worth is 1/280th of an ounce. See footnote 234 for a discussion of dollar value and quantities of drugs. A woman who sells \$10 worth of drugs is likely to make between 30 cents and one dollar on the transaction. Low level drug sellers retain between 3% and 10% of revenues. Jonathan P. Caulkins et al., “What Drug Dealers Tell Us About Their Costs of Doing Business,” *Journal of Drug Issues*, vol. 29 no. 2, pp. 323-340, 323, 338 (1999).

⁸⁷ Kim English, “Self-Reported Crime Rates of Women Prisoners,” *Journal of Quantitative Criminology*, Vol.9, No. 4, pp.357-382 at 372 (1993).

⁸⁸ Lisa Maher and Kathleen Daly, “Women In The Street-Level Drug Economy: Continuity or Change?” *Criminology*, vol. 34 no. 4 pp. 465-491, 472 (1996).

⁸⁹ Quotation from Tanya, interview on 7/9/98.

a drug business. As Laura explained, “my daughter’s father started selling cocaine and he introduced me to using it. I was helping him bag up.”⁹⁰ He was one of a series of abusive boyfriends, and had raped and beaten her. Jail was the first place anyone talked with her about the violence she had experienced.

Some of the women, like Wendy, acknowledged selling drugs:

I was prostituting—selling my body. I ran away when I was fifteen because of my mom’s boyfriends messing with me. I went downtown and started getting locked up. I was prostituting to get drugs. I began using crack when I was introduced to it by a date, a guy, when I was seventeen, when it first came out. Been smoking crack ever since then. My daughter’s father had a business selling crack; he gave me some to sell. I got convicted of possession with intent to deliver. It was the only time I ever got convicted—I never had prostitution convictions, only that drug case.⁹¹

The man who gave her drugs to sell had previously “tried to cut my throat. I always got into abusive relationships.”⁹² Similarly Louise’s boyfriend, who got her to transport drugs, “split my face open.”⁹³

Other women, like Nancy, stressed that they weren’t actually selling drugs themselves: “I was living with a boyfriend—it was his stuff but I was living there. He got prosecuted also and got more time than me.”⁹⁴ He was physically abusive to her.

Cindy’s drug charges stemmed from the day her husband died of an overdose:

He was dying, and they arrested me, because of the drugs. I’m not sure how much it was. He was dying, my husband was dying. They took me to city hall and interrogated me, they never formally charged me then. I went into treatment right after he died. It was either kill myself or do that. I went into treatment, then they arrested me again for the drugs from the day my husband died. He was abusive to me. Both my husbands were abusive to me. This [jail] is the first place anyone talked about it.⁹⁵

Donna was twenty-three when she was interviewed. She began using crack as a teenager, after she ran away because of abuse by her stepfather:

⁹⁰ Quotation from Laura, interview on 11/24/98.

⁹¹ Quotation from Wendy, interview on 4/28/98.

⁹² Quotation from Wendy, interview on 4/28/98.

⁹³ Quotation from Louise, interview on 2/4/98.

⁹⁴ Quotation from Nancy, interview on 9/22/98.

⁹⁵ Quotation from Cindy, interview on 9/22/98.

I was homeless, I stayed out in the street and worked as a prostitute. My boyfriend was hitting me a lot; we were both involved with drugs and that was how I got arrested. It was my first drug case. My mind was all on drugs.⁹⁶

Still other women were arrested after a boyfriend sent them out to get drugs for both of them:

I was going to buy a bundle for myself and for my boyfriend. I smoked his with him, and he made me trick him for mine; then I was caught by the cops with it. I went to live with my father because my stepfather raped me, but my father was beating me, so I kept running away and then my boyfriends beat me starting when I was sixteen or seventeen. I really loved my brother. When someone killed him, I just wanted to be high. I lost two brothers—by me losing two brothers it made me go worser. All I cared about was making money by prostituting so I could get drugs.⁹⁷

Several women were arrested in conjunction with other relatives:

My brother was holding somebody's drug and he was living in my house and they said they had an informant who said I and my twenty-eight year old daughter were selling drugs out my house. I was sentenced to six months here [in a residential treatment program]. My brother and my daughter were ordered to stay out of my house for three years.⁹⁸

Most of the women were arrested on the street. Some of the women denied having actually sold drugs:

I wasn't selling. The seller told me to give the bags to the guy and to get \$10 from him since he had a lot of people waiting. I was there to purchase myself a \$5 bag. I knew the dealer so I did what he asked. No money was caught on me when I was arrested—it was caught on the dealer. There was a long line, so I did what he asked. It was \$10 worth I was convicted of. It was possession with intent to deliver.⁹⁹

Other women candidly admitted having sold small quantities of drugs to support their habits:

⁹⁶ Quotation from Donna, interview on 2/4/98.

⁹⁷ Quotation from Maria, interview on 2/25/98.

⁹⁸ Quotation from Sue, interview on 5/12/98.

⁹⁹ Quotation from Carmen, interview on 7/14/98.

I guess it happened by me using drugs. I'd been using crack, alcohol and heroin for about ten years. I was living in North Philly, on the street. I was homeless. I knew the people who were selling, so I asked can I work? They said sure, sure. So I got arrested for selling to an undercover.¹⁰⁰

For almost all of the women interviewed, regardless of the circumstances of the specific incident that led to a conviction, drug usage, abusive relationships, and criminal behavior were thoroughly intertwined:

My husband, we were together for eighteen years. He gave me drugs, that was how I started using, when I was fifteen. He was taking care of me. He was hitting me a lot, off and on the whole time we was together, but he took care of me. We would both get high, we were selling drugs together.¹⁰¹

A probation officer with eleven years of experience described the women in her caseload as follows:

They have substance abuse problems, multiple children, relationship and familial problems that men don't bring to the table. The women usually are selling drugs to help support their family, being involved with a guy who's on drugs, and they are more focused on his needs and on their kids' needs than her own. Childhood sexual abuse is very prevalent among the women in my caseload. They often have strained relationships with their parents and other relatives, especially with their mothers—could have been incest from their mother's paramour and blaming her.¹⁰²

Of the twenty-three women interviewed with drug convictions, fifteen (65%) had no prior convictions. Six (26%) had prior convictions for non-drug offenses, mostly prostitution.¹⁰³ Three (13%) had prior drug convictions; of those three women, two (66%) had convictions for simple possession and prostitution, and one (33%) for possession with intent to deliver. Of the five women with pending felony drug cases, two (40%) had prior convictions for simple possession, and none had prior felony drug convictions.

¹⁰⁰ Quotation from Denise, interview on 5/12/98.

¹⁰¹ Quotation from Julie, interview on 6/19/98.

¹⁰² Quotation from Philadelphia County probation officer, interview on 5/6/98.

¹⁰³ Most women who are arrested are not charged with drug offenses, even though their criminal activities are driven by their drug addictions. Women are more likely to be charged with prostitution, retail theft, or other non-drug offenses.

Of all twenty-six women who were interviewed, only one (4%) had two felony drug convictions. These numbers are similar to the results from the Philadelphia Criminal Court data, in which none of the nine women convicted of felony drug offenses had prior drug convictions, and six (67%) of the nine women had no prior convictions at all.¹⁰⁴

F. Education

“I like learning. Sometimes it takes me two or three go rounds to learn something. I’m doing GED to catch up again. I already got my math back. I forgot how to do it.”¹⁰⁵

Most of the women who were interviewed had very limited educational backgrounds, and corresponding work histories in low-wage, short-term jobs. Many appeared to have lower literacy skills than their formal years of education would indicate.¹⁰⁶ It is difficult to know to what extent these disparities result from the effects of long-term heavy drug usage, from the difficult living conditions these women have struggled with (homelessness, abuse, health problems etc.) and/or from lesser skills at the time the woman left school than her years of schooling would predict. Despite having painful memories of failure in school as children, many of the women now expressed a longing for education.

1. Educational Background

“I was afraid to go to sleep at home, because my mom’s boyfriend came in and messed with me. I thought if I could just go to sleep – I only felt safe sleeping at school. So I went to sleep at school every day, and they yelled at me.”¹⁰⁷

Of the twenty-six women interviewed, nineteen (73%) had less than a high school education; fourteen (54%) of the women interviewed had less than a tenth grade education.¹⁰⁸ Among the seven most highly educated women, three (43%) had gotten GEDs, three (43%) had high school degrees, and one (14%) had a master’s degree in early childhood education.

¹⁰⁴ The study of Philadelphia Criminal Court data is discussed in greater detail in Amy E. Hirsch, “Drug Charges in Philadelphia: Who Gets Charged? Who Gets Convicted?” (manuscript in preparation).

¹⁰⁵ Quotation from Carmen, interview on 7/14/98.

¹⁰⁶ The Interim House chart reviews also demonstrated disparities between formal years of schooling and actual reading and math levels. See Amy E. Hirsch, “Women in Residential Drug Treatment: Survivors of Violence” (manuscript in preparation).

¹⁰⁷ Quotation from Wendy, interviewed on 4/28/98.

¹⁰⁸ Of the nineteen women who had left school and had not gotten GEDs, one had been in special education classes and had left school in the 9th grade. The other eighteen had all been in regular classes: three left during 8th grade, one left during 9th grade, two finished 9th grade, seven left during 10th grade and five left during 11th grade.

Like other low-income women, many of the women interviewed had sought other education or training which they hoped would lead to decent jobs.¹⁰⁹ In some cases they were recruited for poor quality training that was unlikely to improve their situations. In other cases they were unable to complete better programs because of their addictions or other barriers (lack of child care, medical problems etc.).

Eleven (42%) of the twenty-six women had participated in vocational training of various types: two had started, but not completed medical assistant training (one of those two had graduated from high school, the other had left during 10th grade); a high school graduate had started but not completed a word processing course. One woman who dropped out during 10th grade had training as a security guard, but never found work in that field. One woman who left school during 11th grade had taken building maintenance vocational training a number of years ago; another had gotten a certificate “for warehousing, air conditioning and refrigeration.”¹¹⁰ One high school graduate had completed a 9 month data entry course at a Community College; one woman with a GED had some secretarial training, and one woman who dropped out during 10th grade had later graduated from a two-year Catholic business school. One woman studied “business clerical” in the Job Corps, where she also worked on (but did not pass) her GED. Another went to one trade school for hairdressing and then to an allied health program, but didn’t finish because of her drug addiction. Several women were working on GEDs in jail, or had gotten their GEDs in jail.

2. Literacy

One of the women interviewed acknowledged not being able to read. Several others said they could read “okay” but did things that made the interviewer conclude that their reading skills were very limited. Each woman was asked to sign a release agreeing to the interview, after it was read to her. The interviewer usually sat next to the woman being interviewed, and some of the women followed along as the interviewer read the release out loud. Others did not appear to be able to follow it on paper, although they clearly understood the content when it was discussed orally. Each woman was also given a handout describing the research project (as well as discussing it with her) and asked if she wanted to receive a copy of this report when it was done, and of any other documents describing the research; if the woman said yes, she was to give the address she would like the report sent to. Two women sounded out each letter as they wrote their names and addresses. Several other women said it would be better if the informational handout about the study was read to them, and asked if the interviewer would write their addresses down after they had painstakingly signed their names.

¹⁰⁹ Many low-income women have repeatedly sought training that would enable them to get and keep jobs that pay a living wage. They are often recruited by low quality for-profit trade schools which sign them up for Pell grants and student loans, provide ineffective or nonexistent training, and leave the women worse off, without marketable skills and with debts they cannot repay. See Irv Ackelsberg and Amy Sinden, “Assisting Clients Seeking the Road to Decent Jobs: Job Training Advocacy,” *Clearinghouse Review* 233 (July 1995).

¹¹⁰ Quotation from Vanessa, interview on 9/22/98.

3. Reasons for Leaving School

For most of the women interviewed, school had not gone well, and their problems at school were intertwined with their problems at home, the abuse they experienced, and the onset of their drug usage. Wendy explained why she left school in 10th grade:

I was always in trouble, always got yelled at in school. I was molested as a child. I was afraid to go to sleep at home, because my mom's boyfriend came in and messed with me. I thought if I could just go to sleep – I only felt safe sleeping at school. So I went to sleep at school every day, and they yelled at me.¹¹¹

Wendy was asked if anyone at school had asked her why she was going to sleep. She answered:

No, they just yelled at me. So I started taking Valiums, drinking cough syrup. I told my mom—it was her boyfriends who tried to mess with me—she didn't want to believe me, it happened with her uncles in her childhood. So I ran away. I went downtown and started getting locked up.¹¹²

Other women talked about leaving school because “I came out pregnant”¹¹³ or because of other family problems. Lynette explained why she left school:

My mom was an alcoholic so I was in group homes from the time I was 13. I stopped going to school. They took me away because I wasn't going to school. I wasn't going to school because I had a lot to do taking care of my brothers – cooking and all. I have two brothers and I'm the only girl. They took and put me away, but I tried to raise my brothers and cope before I got put away.¹¹⁴

Maria said she had been in “slow school” and explained that she left “because I gets confused, I can't learn. I was slow on learning how to cook and everything. I can't read and write. I felt left out.”¹¹⁵

Even though many of the women have miserable memories of schooling, they are all eager to learn. Without being asked, they brought up wanting to go back to school, wanting to work on their reading and writing, needing to learn skills that would let them get and keep better jobs. Some women with high school degrees were taking GED classes to brush up: “I like learning. Sometimes it takes me two or three go arounds to

¹¹¹ Quotation from Wendy, interviewed on 4/28/98.

¹¹² Quotation from Wendy, interview on 4/28/98.

¹¹³ Quotation from Laura, interview on 11/24/98.

¹¹⁴ Quotation from Lynette, interview on 8/27/98.

¹¹⁵ Quotation from Maria, interview on 2/25/98.

learn something. I'm doing GED to catch up again. I already got my math back. I forgot how to do it."¹¹⁶

Many of the women talked about wanting further education and credentials in the context of unstable jobs they've held in the past:

I want to get my GED and get totally educated. I had a good job and they closed down with no notice. I need to get educated and qualified. I want some backbone, some papers that say I completed something and I'm capable. I want to get a college degree.¹¹⁷

Other women, with less confidence in their ability to succeed in school, were nonetheless working hard to learn basic skills. Lynette, who stopped going to school at age 13 to take care of her younger brothers, talked about her efforts at learning while in jail:

Maybe I can go to school and get a trade. I'm trying my best to get a GED. I'm working on it here [in jail]. I'm not too good with it though. I forget things, I go in a daze because of my [psychiatric] medications and because I was really damaged by the drugs. I'm having a hard time, and there's a lot I don't remember, like my children's ages and birthdates. The drugs really damaged my brain.¹¹⁸

G. Employment

"I never got in a union, I never stayed steady."¹¹⁹

Twenty-two (85%) of the twenty-six women had work histories, but most had worked at short-term, low-wage jobs that they lost because of drug usage. The remaining four (15%) had only worked as prostitutes. Many had worked in fields that would now be closed to them, as a result of their convictions (as nurse's aides, other health care workers, child care workers),¹²⁰ or in settings that would likely interfere with their recovery (as barmaids, strippers, dancers in topless bars). A few had held longer term jobs, but only one thought that she would be able to return to her former job, doing janitorial work. Most had lost their jobs well before they were arrested, as a result of their drug addictions.

Louise's history was typical of many of the women interviewed:

¹¹⁶ Quotation from Carmen, interview on 7/14/98.

¹¹⁷ Quotation from Caroline, interview on 2/17/98.

¹¹⁸ Interview on 8/27/98.

¹¹⁹ Quotation from Laura, interview on 11/24/98.

¹²⁰ Under state law in Pennsylvania, as in many other states, individuals convicted of drug felonies are barred from employment in child care, public or private schools, home health care agencies, nursing homes or personal care homes, 23 Pa. C. S. A. §6344(c)(2); 24 P.S. § 1-111; 35 P.S. § 10225.503.

When I got arrested, I was in active addiction. My only income was from drugs and prostitution. Before that, I had lots of different jobs. I never had a problem getting jobs, but I had trouble staying in jobs. I pressed clothes, I worked as a lunch aide in schools, at a department store, in a meat factory and in a store at a mall. I worked in restaurants.¹²¹

All of the women were eager to talk about their work histories:

Laura: I worked in a paper box factory for six months, working on and off for a couple of months at a time whenever they were hiring. And I cleaned people's houses. I used to do that. Half paid me with drugs, half with money.¹²²

Debby: I waitressed for seven years, and I was a supervisor at a make-up factory.¹²³

Vanessa: I worked at [two hospitals] in medical records, and at a medical center. I worked with deaf people.¹²⁴

Angela: I had a lot of short jobs. I was a sales representative. I worked in clothing stores. I was a teacher's aide at a day care center. I was a probation assistant in the restitution department of adult probation. I worked in a recreation center. I was a waitress.¹²⁵

Linda: I worked as a cook, doing housecleaning, and doing photography. My father was a photographer and I learned it from him. I trained as a security guard but I never worked in the field.¹²⁶

Gloria: I worked in a factory for a year, and I did building maintenance for one month. Then I was doing odd jobs for people for \$5 or \$10 or \$15.¹²⁷

Elizabeth: I worked at [two banks] and at the IRS. I did secretarial work.¹²⁸

¹²¹ Quotation from Louise, interview on 2/4/98.

¹²² Quotation from Laura, interview on 11/24/98.

¹²³ Quotation from Debby, interview on 9/22/98.

¹²⁴ Quotation from Vanessa, interview on 9/22/98.

¹²⁵ Quotation from Angela, interview on 7/20/98.

¹²⁶ Quotation from Linda, interview on 6/25/98.

¹²⁷ Quotation from Gloria, interview on 7/24/98.

¹²⁸ Quotation from Elizabeth, interview on 9/22/98.

Wendy: I was a waitress on excursion superdome buses to Atlantic City, and I did domestic work.¹²⁹

Caroline: I worked as a nursing assistant, a home health aide, and doing private duty nursing for elderly people. When my daughter was born, I got welfare off and on; mostly I had jobs. I need to get certified as a nursing assistant to work again, now you need a certificate to work as a nursing assistant.¹³⁰

Christina: My last job was five years ago. I worked with mentally retarded men who were convicted sex offenders. I gave them their medications, took them on trips. I worked there about a year. I worked at [a hospital] with mental health patients for about four years. I worked there three to eleven pm, and I worked at [another hospital] midnight to seven at the same time. Before that, I worked as a bar maid, a waitress, in a disco, and as a caseworker for the welfare department.¹³¹

Rose: I worked in a mushroom factory for ten years, and at a restaurant in Atlantic City. Then I worked in the canteen at the VA until I had two heart attacks. I can't work since then.¹³²

Cindy: I worked in the district attorney's office in [a semi-rural county] and I did party catering, I was a cook in a bar, a waitress, and I danced.¹³³

Denise: I did factory work for six months, then I got laid off. I was a cashier for about a year.¹³⁴

Carmen: I was a cashier for about two years, and a file clerk for about six months. I worked as a barmaid for many years. I'd like to do file clerk work.¹³⁵

Sharon: I worked for one year in accounts receivable. Then once at Christmas, I was a cashier for two months.¹³⁶

Pamela: I worked at [a fast food restaurant], and at [a store] and at [a phone company], and sewing pillowcases and at a supermarket.¹³⁷

¹²⁹ Quotation from Wendy, interview on 4/28/98.

¹³⁰ Quotation from Caroline, interview on 2/17/98.

¹³¹ Quotation from Christina, interview on 6/19/98.

¹³² Quotation from Rose, interview on 7/21/98.

¹³³ Quotation from Cindy, interview on 9/22/98.

¹³⁴ Quotation from Denise, interview on 5/12/98.

¹³⁵ Quotation from Carmen, interview on 7/14/98.

¹³⁶ Quotation from Sharon, interview on 4/28/98.

¹³⁷ Quotation from Pamela, interview on 9/22/98.

Julie: I had a summer job, watching kids in a day care center. I love taking care of kids.¹³⁸

JoAnne: I was a cashier for a year, and I worked in a chocolate factory for six months.¹³⁹

Sue, one of the older women, talked about her long work history:

I worked off and on for twenty-eight years, since I was fourteen. I can't remember all my jobs. I worked at an insurance company for two years, doing inventory control. I left there to go to school for hair. I worked as a cashier at a bus station for three years until I had a child. I worked at [a social service agency] for two years as a receptionist until I got laid off. I worked as a hair stylist for off and on for eight years. When I was between jobs I never got unemployment compensation. Sometimes I got welfare for me and my two children.¹⁴⁰

All of the women talked hopefully of finding jobs when they finished treatment, usually with very low expectations about the types of work they could get:

“When I get out of here, I'll try to work—probably waitressing or something like that. I heard about a place downtown that charges \$500 to get a job, they take \$40 off each paycheck you get.”¹⁴¹

“I will definitely look for work, most likely cleaning a hotel. Part of my sentencing is I have to take vocational training. I want to learn computers.”¹⁴²

Others wanted to work, but were unsure whether they would be able to:

I need me another house and a job to go with it. But they want me to apply for SSI. I've got depression. I'm in a dual diagnosis program, which helps me. I want to be looking for work, but my counselor says I can't work yet. I need to finish the program first. I've been depressed for a long time.¹⁴³

Several of the drug treatment staff interviewed expressed concern that women in early recovery were unlikely to be able to retain very low-wage jobs with difficult working conditions, and were likely to quit and relapse, or relapse and be fired. The

¹³⁸ Quotation from Julie, interview on 6/19/98.

¹³⁹ Quotation from JoAnne, interview on 2/17/98.

¹⁴⁰ Quotation from Sue, interview on 5/12/98.

¹⁴¹ Quotation from Donna, interview on 6/24/98..

¹⁴² Quotation from Laura, interview on 11/24/98.

¹⁴³ Quotation from Linda, interview on 6/25/98.

combination of the stress and frustration of low-wage employment with the demands of childrearing and the fragility of early recovery is extremely difficult, particularly for women whose coping skills are limited. They also report frustration that some of the better job training programs won't take women with a recent history of active addiction, often requiring women to have been clean for two years—an enormous barrier for women who can't get cash assistance during that period.¹⁴⁴

A follow-up study of women admitted to residential drug treatment at two gender-specific women's drug treatment programs in Philadelphia found a dramatic increase in employment over time, as women gained in reading, writing, math and other academic skills and became more confident in their recovery. At one program the proportion of women with some income from employment went from 2.6% at admission to 40% over the course of a 24 month follow-up period. At the other program the proportion of women with some income from employment went from 3.5% to 27% during the same time period. Although most of the women in this study did not have the added barrier to employment of a felony drug conviction, it does provide encouragement as to the possibility of later employment if women can get sufficient support and education during their early recovery.¹⁴⁵

Employers are very wary of hiring women with drug convictions.¹⁴⁶ A probation officer commented:

The first thing companies do now is check on criminal history, then they won't hire you. Even after a longer time, your criminal record is still held against you. In my caseload, domestic violence is a problem but the major, major problem is drugs, lack of education, lack of jobs.¹⁴⁷

A Probation Office Supervisor explained, “more and more employers are doing criminal checks. If you lie, you get fired. If you tell the truth you get fired.”¹⁴⁸

Employment law specialists echoed this concern:

Employers are afraid of drug convictions. They assume the individual will be an addicted, poor employee, as well as

¹⁴⁴ The state welfare department's refusal to consider education or training as an acceptable “work activity” after a woman has received TANF cash assistance for twenty-four months compounds this problem even for women who can get benefits. The training program's requirement of such an extended period of recovery as a condition of admission may also violate the Americans with Disabilities Act.

¹⁴⁵ Philadelphia Health Management Corporation, Interim House West, Comprehensive Residential Drug Prevention and Treatment Project for Substance-Abusing Women and their Children: Final Program Evaluation Report at 15, figure 3 (Submitted to Center for Substance Abuse Treatment, Department of Health and Human Services) (April 1998).

¹⁴⁶ Debbie Mukumal, Criminal Histories as a Barrier to Employment: Implications for the Jobs Initiative, A Report for the Annie E. Casey Foundation (1997).

¹⁴⁷ Quotation from Philadelphia probation officer, interview on 5/6/98.

¹⁴⁸ Quotation from Joseph M. Harrington, Supervisor, Drug/I.S.P. Unit, First Judicial District of Pennsylvania, interview on 5/14/98.

worrying about criminality. Employment applications often ask about felony convictions, any convictions, drug convictions, or arrests, especially for low wage jobs. According to the State Police, an increasing number of employers are checking criminal records.¹⁴⁹

The combination of being barred from cash assistance and of being denied employment (especially during early recovery, when women are most vulnerable) leaves women with no viable alternative to returning to illegal activities and life on the street.

H. Welfare Usage

1. Receipt of Benefits in the Past

All twenty-six of the women who were interviewed had gotten some form of public benefits at some point in their lives, although most had only received benefits for very short periods, often only for a few months at a time. Twenty-four (92%) of the women had received cash assistance at some point; the other two (8%) women had never received cash assistance, but had gotten food stamps. Several had only gotten cash assistance while they were pregnant. “I worked at [a fast food restaurant], making \$7/hour, and I worked as a dancer and as a barmaid. I only got welfare when I had to be on bed rest during my pregnancy.”¹⁵⁰ Many had received AFDC when their children were little, or when they were between jobs. Most of the women with employment histories had gotten welfare when they lost jobs, and left welfare when they found work. None of the women reported having ever received unemployment compensation, despite having worked. Welfare had functioned as their unemployment program.

Many of the women reported losing welfare benefits during periods of active addiction—either because they had lost custody of their children, and were therefore ineligible for AFDC or TANF, or because they were unable to comply with the welfare department’s administrative requirements, or because of their criminal records.¹⁵¹

Women who had lost custody of their children due to addictions would only be eligible for ongoing welfare benefits if they met the General Assistance criteria, including provision of medical documentation of disability. Some women had received General Assistance under the old “transitionally needy” program for a maximum of ninety days/year, or sixty days every two years, before it was completely eliminated in 1994.¹⁵²

¹⁴⁹ Quotation from Nadia Hewka, staff attorney at Community Legal Services, interview on 1/27/98.

¹⁵⁰ Quotation from Serena, interview on 9/22/98.

¹⁵¹ Apart from the felony drug ban, individuals with outstanding bench warrants (for missing a criminal court hearing) or who are in violation of conditions of probation or parole, are not eligible for most benefits until the problem is resolved. See the chart attached as Appendix C.

¹⁵² Before 1983, very low-income individuals who could not find work were eligible for General Assistance in Pennsylvania. In 1983 General Assistance was divided into two categories: ongoing benefits for “chronically needy” individuals (mostly people who were either disabled or forty-five years of age or older) and a maximum of 90 days per year of benefits for “transitionally needy” individuals (everyone who didn’t fit into one of the chronically needy categories). In 1993 the “forty-five or older” chronically needy

Whether TANF, General Assistance, food stamps, or medical assistance is at issue, dealing with the welfare department requires a certain level of organization, the ability to keep appointments, hang onto documents, complete paperwork, and provide “verification” of your living situation, that is often beyond the capacity of a woman in active addiction.

Other women reported being denied welfare benefits because of their criminal records: “This is the fourth time I’ve been in prison. When I got out, welfare kept turning me down because I was on probation or I had fines. The only time they approved me was the last time when I was pregnant.”¹⁵³

2. Receipt of Benefits At the Time of the Interviews

At the time of their interviews, seven (44%) of the sixteen women who had applied were receiving cash assistance benefits.¹⁵⁴ Most women who were in treatment programs had applied for welfare benefits shortly after arriving at the program. Many of them reported difficulties getting welfare benefits now that they were in treatment programs. Six (37%) had been denied benefits because of their felony drug convictions. Several of the women who were ineligible for cash assistance due to the ban were also wrongly denied medical assistance or food stamps.¹⁵⁵ Others were eligible for cash assistance but had been improperly denied benefits (their convictions were for misdemeanors, or, more often, for conduct prior to August 22, 1996):

I never got cash assistance except for a long time ago for my son. I haven’t been with my son since he was three. This is my first time in treatment; I couldn’t get medical assistance so I couldn’t get treatment. I was going to go to [a treatment program] but welfare told me I couldn’t get medical coverage because of a bench warrant. So I kept using, and I got arrested for violation of probation for getting high, and I was in jail for four months and then I got court stipulated here for treatment. I applied for benefits after I got here, but the welfare office said they wasn’t giving benefits to any more people in the FIR program. [A staff person at the treatment program] is trying to get benefits for me.¹⁵⁶

Although there is no legal basis for denying benefits because an individual is in the FIR or FOCIS program, or because she has convictions not relevant to the ban, staff

category was eliminated, and transitionally needy benefits were reduced to 60 days every two years. Transitionally needy benefits were completely eliminated in 1994.

¹⁵³ Quotation from Lynette, interview on 8/27/98.

¹⁵⁴ Out of the twenty-six women interviewed, eight (31%) women were in jail and therefore ineligible for benefits while incarcerated. Of the eighteen women not in jail, two (11%) were receiving SSI or Social Security benefits. The remaining sixteen women applied for cash assistance.

¹⁵⁵ Because DPW had not yet implemented the ban on Food Stamps at the time of the interviews, these women should have been certified to receive Food Stamps at least temporarily.

¹⁵⁶ Quotation from Wendy, interview on 4/28/98.

at every drug treatment program, as well as FIR and FOCIS case managers, reported difficulties getting benefits approved for some of the women in their program who were clearly eligible. Most of these women eventually got benefits after repeated applications, intervention by staff, and/or referrals to legal services programs for representation.

I'm getting benefits now; I was turned down at first. Not getting benefits would have a big effect on me. I wouldn't have no way to pay rent or stay here if I can't put my part in for food. They wouldn't give me the doctor's form to get filled out. I had to get it from [the transitional housing program] because the welfare office wouldn't give it to me. Then once I got it, the doctor filled it out, and I turned it back in at the welfare office, then I got benefits.¹⁵⁷

Three (19%) other women (of the sixteen who had applied for benefits) were waiting for a decision on their welfare applications. One woman in a residential program wanted to take her son to story hour at the public library, along with other families from the program, but she had no way to pay for the bus fare, because her benefits had not yet been approved. Other women talked about their inability to get clothes for their children, or toiletries, or to contribute to food costs at the treatment program while waiting for a decision from the welfare department.

Shame at being totally indigent and unable to afford even the smallest item is yet another trigger for relapse into active addiction. For women with children, the shame is compounded by their inability to adequately care for their children. "I just applied when I got here [a residential treatment program] two months ago, and I'm waiting on a decision from welfare. If I can't get benefits, I couldn't take care of my kids while I'm in here, I couldn't provide them nothing. My son is three years old, my daughter is two years old. They're both here with me."¹⁵⁸

Eight (80%) of the ten women who weren't applying for benefits were in jail, and therefore currently ineligible; the other two (20%) were receiving SSI and Social Security benefits. Seven (87%) of the eight women interviewed who were in jail at the time of the interview expected to apply for benefits from the welfare department upon release. None of them knew that a felony drug conviction would bar them from receiving cash assistance or food stamps. Six (86%) of the seven expected to be placed in a residential or intensive outpatient drug and alcohol treatment program by the FIR or FOCIS programs. The seventh (12%) anticipated needing benefits while looking for work. The eighth (12%) woman had previously received SSI based on disability and expected to do so again after being released from jail.

Treatment program staff told of women who, upon completion of residential treatment were planning to continue treatment in an Intensive Outpatient Program, and who were now faced with the need to work full-time instead because of their ineligibility

¹⁵⁷ Quotation from Angela, interview on 7/20/98.

¹⁵⁸ Quotation from JoAnne, interview on 2/17/98.

for benefits. Working would prevent them from participating in the intensive treatment they needed, but they had no other source of support. The staff expected that the likely result was that these women would relapse into active addiction.

Two of the women who were not incarcerated at the time of their interviews were receiving SSI and Social Security. One was receiving a combination of SSI based on disability and Social Security on her father's account, as a disabled adult child;¹⁵⁹ the second was elderly and was receiving a combination of SSI and Social Security.¹⁶⁰ All three of the women who had been found eligible for SSI (these two and one of the incarcerated women) had previously gotten cash assistance while waiting for their SSI applications to be approved.

Given their severe medical and psychiatric problems, at least seven (30%) of the other twenty-three women interviewed should probably be eligible for SSI.¹⁶¹ Three (43%) of these seven women had severe mental illness: two were receiving treatment in dual diagnosis programs and the third expected to be placed in a dual diagnosis program upon her release from jail. Of these three women, two had been diagnosed with depression; the third had diagnoses of manic depression and schizophrenia. Two (29%) other women had disabling physical after-effects of traumatic injuries. One of these women had liver and lung problems resulting from multiple stab wounds; she also suffered from severe depression and had been diagnosed as schizophrenic.¹⁶² The other, who had been shot in the head and shoulder and beaten in the head with a gun and with a hammer, was also deaf in one ear and had asthma. The last two (29%) women had infectious diseases. One woman had symptomatic HIV disease, another had hepatitis C and seizures.

Of these seven women, only two (29%) had SSI applications pending at the time of the interview; both were in dual diagnosis programs and staff from the programs had helped them to apply. One of them had previously applied and been turned down, and had not appealed. The other five (71%) did not know that they could apply for SSI. Two of the women were in jail at the time of the interviews, and were ineligible for SSI until their release. Neither understood that she could apply for SSI upon her release from jail. Of the three remaining women, one did not know that she could apply for SSI; the other

¹⁵⁹ Individuals who become disabled as children, and who have a parent who is deceased, disabled or retired and eligible for Social Security Benefits, may be eligible for Disabled Adult Child benefits on their parent's Social Security account.

¹⁶⁰ Disabled or elderly low-income individuals whose Social Security benefits are less than SSI, and who meet the SSI income and resource tests, can get a supplemental SSI check so that their total income is the SSI payment amount plus \$20 per month. In 1999, in Pennsylvania, the maximum SSI payment amount is \$527.40 per month for one person, over two and a half times the maximum cash assistance payment for one person in most counties (\$205 per month), but still well below the federal poverty line for one person, which is \$687 per month. In 1999, an individual who received both SSI and Social Security in Pennsylvania would receive a maximum of \$547.40 per month from both programs combined.

¹⁶¹ Although alcoholism and drug addiction are no longer considered disabilities for purposes of SSI or Social Security disability benefits, women with other severe medical or psychiatric disabilities could still be eligible based on those other disabilities.

¹⁶² Both of the women with schizophrenia diagnoses questioned their accuracy, while acknowledging that they did have severe mental illness.

two had applied and been denied at some point in the past, and did not know that they could reapply. They had either been unable to effectively pursue an appeal at the time of the prior denial because of their addictions, or had assumed an appeal would be futile.

Pursuing an SSI appeal requires persistence, a stable address, and the ability to obtain copies of medical records and documentation from treating physicians. Many individuals who succeed in getting SSI have waited two to three years for their benefits to be approved – they must first apply, be denied, complete a first appeal, called requesting reconsideration (a paper review which rarely results in approval), be denied again, and appeal a second time, called requesting a hearing. There is then a 12 to 14 month wait for a hearing date, followed in most cases by a several month wait for a decision.

Many of the other women who were interviewed have disabilities that will significantly limit their ability to get or keep a job, but will not meet the very difficult standard for disability under the SSI or Social Security Disability programs. For them, welfare is needed as a disability program.

I. Housing and Homelessness

Twenty-three (88%) of the twenty-six women interviewed had either been homeless or lived in very unstable housing before being arrested. Fifteen (65%) of those twenty-three women had lived on the street, in cars, or in shelters. “During binges, I lived on the street. I slept in cars. I’d just go to the dope man and back to smoke. I was raped twice on the street.”¹⁶³ Eight (35%) others had moved repeatedly from place to place, staying with a series of friends and relatives for limited periods of time in temporary arrangements, without having housing they could rely on or call their own.

Some women lost housing because of their drug addictions, when friends or relatives asked them to leave, or when their addictions resulted in job loss and then nonpayment of rent. “I was homeless for a long time when I was using a lot. I was in the shelter system and I got kicked out. Even when I was using, I still needed money for a place to stay.”¹⁶⁴

Others began living on the street when they ran away to escape abuse, and were introduced to drugs on the street. Either way, being homeless makes recovery from addiction very difficult. “[For four years] I was homeless, until I got arrested. I was living on streets, here and there, in the shelter system. I traded sex for drugs. Everywhere I was going people were doing drugs.”¹⁶⁵

Most of the women had lived in unsafe conditions, when they had housing:

I had a fire in my apartment. The fire department sent social workers. They said I could stay in the house but it wasn’t safe

¹⁶³ Quotation from Carmen, interview on 7/14/98.

¹⁶⁴ Quotation from Lynette, interview on 8/27/98.

¹⁶⁵ Quotation from Pamela, interview on 9/22/98.

for the kids, between the damage from the fire and my using drugs. So I gave custody of my kids to my relatives. I had just started using around that time. I didn't have anywhere else to stay. No, they didn't offer me drug treatment.¹⁶⁶

And most of the women had lived with other people who were using and selling drugs. "I was living with my grandmother and my sister and some other people. Drugs were being sold out of the house. When the police came, everyone else ran. I was arrested because I said I lived there with my kids. It's my first time being locked up."¹⁶⁷

For many of the women, housing conditions most people would find appalling were a source of pride, because they were better than being on the street. "I had been homeless in the past, but right before I was arrested, I wasn't homeless. I had my own room. I paid with money and with drugs. It was a crackhouse, but I had my own lock on the door of the room."¹⁶⁸

Most of the women were clear that they could not sustain recovery if they went back to their former living situations. "I need to learn about recovery and make new friends. I can't go back around my old friends. I will relapse if I go home. I'm going to another place when I leave here—look for a job and going back to school."¹⁶⁹ "My baby's father wants me to go back with him to live at his mother's house. I don't want to go back there. The last time I was in treatment I went back there and stopped making meetings and relapsed and went back to selling drugs and went back to jail."¹⁷⁰

Three women were facing the loss of their housing because of their drug charges. Two women were in forfeiture proceedings; their homes had been seized because of drug offenses. For one of those women, the house at issue had been bought by her husband many years earlier; for the other, the house at issue was her childhood home:

My mother and father were married thirty-six years. I had a good childhood. I didn't want for anything. We were working class. My daddy worked too hard for me to lose the house. We were never on welfare. It's the house I grew up in. I moved back when my mother had breast cancer. I stopped working to take my mom back and forth to the hospital for chemo. My mom died in my arms. I went on a crack binge for over a month. I lost forty to fifty pounds and I just didn't care. When my mom died it was a lot of guilt and shame. I was slowly trying to kill myself. Lord knows I had ingested enough drugs that I should be dead.

¹⁶⁶ Quotation from Denise, interview on 5/12/98.

¹⁶⁷ Quotation from Pamela, interview on 9/22/98.

¹⁶⁸ Quotation from Laura, interview on 11/24/98.

¹⁶⁹ Quotation from Julie, interview on 6/19/98.

¹⁷⁰ Quotation from Laura, interview on 11/24/98.

Cocaine destroyed me. It took myself, and now it's going to take my parents' house.¹⁷¹

Twenty-four (92%) of the twenty-six women identified the need for safe housing as a major concern facing them when they completed treatment. They saw housing as an overwhelming issue in maintaining recovery, in protecting their children, in extricating themselves from abusive relationships, and in reuniting their families:

JoAnne: What do I need to stay off of drugs and out of jail? I need a drug treatment program and a home for me and my kids.¹⁷²

Tanya: I need a house—a place to raise my family and be a responsible mother, prevent my kids using drugs.¹⁷³

Angela: I need a chance to build up on some skills, help to go to school and then maybe I can get a job, and a way to pay low rent. A house. If I can get my own place to live, [my daughter would] like to be with her mother.¹⁷⁴

All of the women worried about how they would pay for safe housing:

When I leave [the treatment program] I plan to go to transitional housing. I have no idea how to pay for that without benefits. I don't want to go back to the same neighborhood, because if I go back, I'll end up doing the same thing.¹⁷⁵

For several of the women, their psychiatric illnesses or developmental limitations make living alone a problem. "I can't read and write. I gets confused, I can't live alone. I can't learn things. I was slow on learning how to cook and everything. My mother gets my SSI for me."¹⁷⁶ There are very few options for women with dual diagnoses, especially if they have children:

I know I can't live alone with my son yet, my mental illness isn't really under control. I have manic depression. Once they told me I was schizophrenic, but I don't think they're right about it. I take haldol, cogentin and wellbutrin, but even with my medications my illness isn't really under control now. I need to be here [in a dual diagnosis program] with my son for a while. I'm not sure where we'll go after here.¹⁷⁷

¹⁷¹ Quotation from Christina, interview on 6/19/98.

¹⁷² Quotation from JoAnne, interview on 2/17/98.

¹⁷³ Quotation from Tanya, interview on 7/9/98.

¹⁷⁴ Quotation from Angela, interview on 7/20/98.

¹⁷⁵ Quotation from Laura, interview on 11/24/98.

¹⁷⁶ Quotation from Maria, interview on 2/25/98.

¹⁷⁷ Quotation from Gloria, interview on 7/24/98.

J. Children

“I have two children that needs attention, that have been without a mother’s care for six months. Given a chance, it will be different.”¹⁷⁸

Twenty-two (85%) of the twenty-six women interviewed had children. The twenty-two women had a total of sixty-five children among them.¹⁷⁹ Sixty (92%) of the sixty-five children were under age eighteen at the time of the interviews; of the women with children, only one woman (who was sixty-eight years old) had a grown child and no minor children. Of the four women who did not have children of their own, three (75%) had taken care of nieces, nephews, and friends’ children for extended periods. Three (12%) of the twenty-six women were pregnant when I interviewed them (one was in jail and two were in residential treatment programs). Of the twenty-six women who were interviewed, six (23%) had been pregnant when arrested; of those six, five (83%) had given birth while incarcerated, and the sixth (17%) was pregnant at the time of the interview and was unsure whether she would be released before giving birth.

All of the women loved and worried about their children. Some had custody of their children and had their children with them in residential treatment programs. Others were in treatment programs that did not allow children, but had regular visits with their children. Others were in touch with their children who lived in other states by telephone or mail. Some were estranged from some or all of their children, because of the children’s anger at their mothers, or the anger of the family members who were caring for the children. Some had children in foster care; some women with children in foster care were in contact with their children, had visits with their children, and hoped to get their children back shortly. Others were trying to locate their children with the help of program staff. Still others had lost their children to the child welfare system permanently because of their addictions. All of the women talked about their children with tremendous longing, and with enormous guilt and shame for the ways that they had failed their children during their addictions.

The women who had children with them in treatment talked of their efforts to learn to be better parents, to rebuild their relationships with their children. Tanya has three children who were living with her when she was arrested. During the three months she was in jail, they lived with their father. Now she is in a residential treatment program for women and their children. Her youngest child, who is three, is with her. Her mother is caring for her ten year old daughter. She talked about her improved relationship with her youngest child, who is three:

My son is happy I’m not using drugs no more. I’m here for him. He always was with me but my body was just there—my mind wasn’t. Now my body and mind are both there. I spend

¹⁷⁸ Quotation from Sue, interview on 5/12/98.

¹⁷⁹ Four of the women had one child each; six women had two children each; six women had three children each; four women had four children each; one woman had seven children; and one woman had eight children.

more time with him, show him love, take him places and do things with him. Their father was a good parent. He was good to my son while I was in jail. He was good to my son and I'm grateful to him. My mom is supportive and very understanding. She knows I couldn't deal with two young kids at one time right now.¹⁸⁰

When Donna was first interviewed, she was hoping to have her son join her:

My seven year old son is with my grandmother. I'm trying to get him here with me [in a residential drug and alcohol treatment program]. DHS is threatening to take him because my grandmother doesn't have hot water. I just got here last Friday, I was transported by the sheriff from prison. I'm hoping my son will get here soon.¹⁸¹

The next time Donna was interviewed at the treatment program, her son had joined her, and he happily drew pictures during the interview. He is obviously bright, very cute, and very much in need of constant reassurance that they won't be separated again. He made sure he was always maintaining physical contact with her. When she talked about her plans for the future, he interrupted: "I want to go with you Mommy. I want to go with you."¹⁸²

Many of the women talked about their plans for life with their children after completing treatment, and of their children's needs as part of their motivation for recovery. One woman, who was sentenced to six months' drug treatment as a condition of probation, said:

My daughters are 6 and 11, and they were living with me when I got arrested. That was a learning experience for me. I'm no longer with no kinds of drugs no way. I've been blessed by not being incarcerated and I'm going to pay heed to my blessings. I have two children that needs attention, that have been without a mother's care for six months. Given a chance, it will be different. My kids come up every Sunday to see me. One is graduating in June from 5th grade and I'll be able to go as long as I don't get in no trouble here. I haven't been in any trouble since I've been here.¹⁸³

¹⁸⁰ Quotation from Tanya, interview on 7/9/98.

¹⁸¹ Quotation from Donna, interview on 2/4/98.

¹⁸² Quotation from seven year old child, interview on 6/24/98.

¹⁸³ Quotation from Sue, interview on 5/12/98.

Wendy, a mother of four, said: “Now I know I need a job. My children need me. I can not keep getting locked up. I need to be around my children.”¹⁸⁴ Denise, when asked about what she feels she needs to stay off drugs and out of jail, said:

I’m drug free and I made my mind up. I don’t want to use drugs any more. Now I have some tools. I know what to do. I asked for help and this place really helped. And my family’s sticking with me. I see my kids twice a week. I see my two daughters and my two year-old grandson.¹⁸⁵

The women whose children were not with them talked of their efforts to maintain connections and rebuild relationships with their children:

I write to my eight year old daughter and she writes to me. My sixteen year old daughter is too angry at me. I see my one and a half and three year old sons and talk on the phone. They visit here [a residential drug and alcohol treatment program]. My eight year old daughter hasn’t visited yet.¹⁸⁶

Angela, who is living in a transitional housing program after completing a residential drug and alcohol treatment program, talks about her sixteen year old daughter, who is with Angela’s grandmother:

Because I was doing a lot of drugs, I didn’t want her to see me like that, so she’s been with her since she was seven or eight years old. She’s doing fine, and I see her regularly now.... If I can get my own place to live, she’d like to be with her mother.¹⁸⁷

The women also talked about their pain from loss of their children, or loss of time with their children:

My six year old son was taken from me at birth, and my three year old was taken when he was three months old, because of my addiction. They were adopted through DHS, I think it’s final. It hurts to talk about it. My ten year old son is with my mother; I’ll be here [in jail] until next month.¹⁸⁸

One woman, who is struggling with major mental illness (bipolar disorder) as well as drug addiction, and has been in dual diagnosis programs, talked about the years she was away from her seven year old daughter, and her efforts to reconnect:

¹⁸⁴ Quotation from Wendy, interview on 4/28/98.

¹⁸⁵ Quotation from Denise, interview on 5/12/98.

¹⁸⁶ Quotation from Laura, interview on 11/24/98.

¹⁸⁷ Quotation from Angela, interview on 7/20/98.

¹⁸⁸ Quotation from Debby, interview on 9/22/98.

She's living with my mom right now. She's in first grade. She's very well taken care of. She's a good kid. She has a lot of anger because of my addiction. I last saw her at the end of January. My mom's afraid I'll disappoint her again, doesn't want me in and out of her life. Me and her lived with my mother. I left, I never taken her with me. She's always been in my mother's house. She's lived with my mother all of her life. My family is fed up with me. I don't blame them. I'm trying really hard this time. I don't want to stay away from my daughter. She's seven already. I was there until two and a half. I missed a lot of things – her kindergarten graduation. You never get it back again. I'm tired. I'm thirty years old. It's time to grow up. I know I can take on adult responsibilities.¹⁸⁹

In varying words, many women said the same thing: “my kids were taken away from me because of drugs and it really hurts. I want to get them back.”¹⁹⁰ Some women talked about their efforts to get custody or visitation:

I get real upset when I talk about my children. I ain't seen my children in five years. They're with their grandmother, my ex-mother-in-law. I was in treatment, my husband took my kids and never brought them back. I'm hoping to get visitation in the future. My father hired an attorney now to try to get visits for him, and later for me to be brought back into their lives.¹⁹¹

Rose was 68 when she was interviewed; she'd had a fifty-three year drug habit before entering treatment ten months earlier and had first become addicted to morphine at the age of 15. She longs for contact with her son, who was born in the 1940s. “I haven't seen him since he was two years old. He tried to find me in 1979 and my people told me they wouldn't give him the address because of my using drugs. I don't know how to find him, and it still hurts every day.”¹⁹²

For some women, worries about their children's problems were overwhelming. One woman in jail worried about her eleven year old son's psychiatric problems; another incarcerated woman worried “about my thirteen year old son who is in jail, in a juvenile detention center.”¹⁹³ Yet another woman in jail was devastated because her older brother, who had molested her when she was very young, and who now lives thousands of miles away, had just visited her unexpectedly in jail and told her that he had really enjoyed seeing her three year old daughter on his visit to their mother's home, because the three year old looked so much like she had as a young child. She was terribly worried about her young daughter's safety.

¹⁸⁹ Quotation from Sharon, interview on 4/28/98.

¹⁹⁰ Quotation from Lynette, interview on 8/27/98.

¹⁹¹ Quotation from Cindy, interview on 9/22/98.

¹⁹² Quotation from Rose, interview on 7/21/98.

¹⁹³ Quotation from Cindy, interview on 9/22/98.

Separation due to a mother's addiction, causes pain and hardship not only for the mothers and children, but also for the relatives caring for children while their mothers are in jail, in active addiction, or in treatment. Many of the children's caretakers are elderly or ill themselves, or struggling to care for these children in addition to their own children. The most common caretakers were the women's relatives—especially their mothers or grandmothers; other relative caregivers included the women's sisters and aunts and the children's paternal relatives, usually grandparents or aunts and uncles. Some children were with their fathers, or (more commonly) with their fathers and paternal grandmothers.

Louise has her 7 month old son with her at a residential drug and alcohol treatment program. Her three older children (9, 10 and 12 years old) are with her grandmother. "My grandmother is 73. She's eager to give my kids back to me when I leave here."¹⁹⁴ Other children ended up in foster care, or moved from one relative's care to another when relatives who were caring for them became ill. Gloria talked about the relatives who had cared for her children when she needed their help:

My son is six and my daughter is thirteen. My mother had custody of my daughter. My mother was living with my aunt. When my mother died, she asked my aunt to take care of my daughter until I get myself together. My son was living with me, and the day before I got arrested he went to visit my aunt, just by coincidence, so then he was there when I got arrested and stayed with my aunt while I was in jail overnight. Then my son was with me at [a treatment program], but I went into paranoia and was taken to the hospital. My son went to my aunt while I was in the hospital, then came back to me when I got here [a residential dual diagnosis program for women and their young children].¹⁹⁵

Both the women themselves, and the treatment staff talked about the need to learn better parenting skills:

The women have never been nurtured in a healthy way. They need to be taught that and how to nurture their kids. They need family therapy as well as individual therapy. So we work with the women, their children and husbands or companions.¹⁹⁶

Many of the women were in foster care themselves as children. "The physical abuse, the sexual abuse, rape, the incest, the mental health and abandonment issues, neglect issues, women being raised in foster care...things happen in foster care like they happen in your home."¹⁹⁷ Ironically, child welfare social workers often consider a

¹⁹⁴ Quotation from Louise, interview on 2/4/98.

¹⁹⁵ Quotation from Gloria, interview on 7/24/98.

¹⁹⁶ Quotation from Sue Wolfe, staff at Episcopal Hospital Cocaine Outreach Service, interview on 6/24/98.

¹⁹⁷ Quotation from Robbin Baird, FOCIS case manager, 6/25/98. At the time of the interviews, a new program was being started to provide family therapy to women in the FOCIS program.

woman's having been in foster care during her own childhood as raising a question about her capacity to properly parent her children. As a result of all these factors, women need family therapy to strengthen relationships with their children.

K. Drug Treatment

“This is my first time in treatment. I couldn't get Medical Assistance so I couldn't get treatment. Now I'm court-stipulated, so I can get treatment.”¹⁹⁸

Drug addiction is a chronic, relapsing disease, and most people need multiple spells of treatment.¹⁹⁹ It is therefore not surprising that some of the women had previously received drug treatment. Of the twenty-six women who were interviewed, thirteen (50%) had had some form of treatment before entering the programs they were in when they were interviewed. All thirteen had been in residential treatment before, for periods ranging from four days to one month. None had been in residential treatment before for more than one month before this spell of treatment.²⁰⁰ Three (23%) of the thirteen had been in detox units; four (31%) of the thirteen had been in outpatient treatment, and five (38%) of the women had moved serially through several programs, including two women with stays in dual diagnosis programs.

Of the women who had previously had treatment other than detox, most had found treatment through the criminal justice system, or through a friend or relative. The routes to treatment ranged from “my father took me there—he dragged me down the steps by my hair”²⁰¹ to “my mother found a program for me—she called them, and I had to wait for a bed”²⁰² to “my uncle helped me, he was in a program and he's been clean for eleven years.”²⁰³

Seventeen (65%) of the twenty-six women first received treatment through the criminal justice system.²⁰⁴ Six (23%) were referred through a friend or relative and one (4%) called her HMO. Only one (4%) woman was referred to treatment by the child welfare system; and only one (4%) was referred to treatment by the shelter system.

Two (8%) of the twenty-six women had tried calling the number on their medical cards, and asking for drug treatment. One woman did not get treatment, was arrested and

¹⁹⁸ Quotation from Wendy, interview on 4/28/98.

¹⁹⁹ Alan I. Leshner, “Addiction Is A Brain Disease—And It Matters,” *National Institute of Justice Journal 2* (Issue No. 237, October 1998).

²⁰⁰ A number of studies have found that longer and more intensive treatment results in better outcomes. Joan Petersilia, “Probation in the United States,” *National Institute of Justice Journal 2*, 6 (September 1997).

²⁰¹ Quotation from Cindy, interview on 9/22/98.

²⁰² Quotation from Vanessa, interview on 9/22/98.

²⁰³ Quotation from Sharon, interview on 4/28/98.

²⁰⁴ A national study of women in state prisons found that of the women who reported a history of drug usage, 36% had received drug treatment prior to admission to prison. Bureau of Justice Statistics Special Report, “*Survey of State Prison Inmates, 1991: Women In Prison*” at 8-9 (March 1994, NCJ-145321).

was then referred to treatment through the criminal justice system; the other succeeded in getting treatment through the HMO:

I had an [HMO medical assistance] card. I called the 1-800 number for help with drugs. They sent me to Broad and Jefferson and then here [a residential treatment program for women and children]. I just decided I needed help. I was tired of being high, my age, worried about my kids, moving from [relatives] to [relatives]. I didn't have a home of my own.²⁰⁵

Some of the women had previously attempted to get treatment but ran into barriers. "This is my first time in treatment. I couldn't get Medical Assistance so I couldn't get treatment. Now I'm court stipulated, so I can get treatment. I was released here [a residential treatment program] from the jail."²⁰⁶

Rose was arrested in the 1970s on a misdemeanor drug charge, before women's residential drug treatment programs were generally available. After spending the night in jail, she was brought to court:

I asked the judge to send me to a hospital because of my drug problem. I said please don't send me back home because I need the drug for my pain. If you send me back up there I'll just keep using. He said "you're going back home; there's no room in a hospital for you and no place to send you. You just have to try not to use drugs. Just don't use drugs when you get home." I knew I couldn't do it, because the pain was just too bad.²⁰⁷

She finally got treatment after being arrested again in 1997—over twenty years later.

Several women reported that they agreed to a plea bargain in order to get treatment. Others had asked the judge, or their probation officer, or their lawyer, if they could get treatment.

I asked my probation officer for help. She sent me here. I told her I was tired of getting high, I needed help, and I didn't want to go back to jail. I was court-stipulated to be here [a women's half-way house] for six to nine months, but I'm staying longer, for a year.²⁰⁸

Two women said they asked the judge for longer sentences, so they could get more treatment:

²⁰⁵ Quotation from JoAnne, interview on 2/17/98.

²⁰⁶ Quotation from Wendy, interview on 4/28/98.

²⁰⁷ Quotation from Rose, interview on 7/21/98.

²⁰⁸ Quotation from Denise, interview on 5/12/98.

The judge was going to give me a shorter sentence, but I asked for a longer program. I knew I needed more treatment. I asked can I get six months inpatient and six months outpatient after that? I requested it and the judge gave it to me. First he asked my lawyer and the probation officer, then he gave it to me. I want this so bad. Now I'm here for the right reasons, for myself. I'm here to win this time around.²⁰⁹

For most women, their first treatment program came through the criminal justice system—either in jail, or in a community based program through a court stipulation or referral. All but one of the women who were interviewed in jail had been offered treatment for the first time by the criminal justice system, despite having interacted with many other social service or health care agencies before being arrested. The one exception was a woman who had heard about treatment from the shelter system, and a friend helped her get to a program. She later relapsed, was arrested, and was in treatment in jail. “This is the fourth time I’ve been in prison. Now I’ve really got a chance for recovery. The other times I was only in jail for a short time and I didn’t get really into recovery. Now I am.”²¹⁰

Probation officers talked of the difficulty arranging for treatment for women who were not in the Forensic Intensive Recovery (FIR) program, and who don’t have medical assistance: “It’s increasingly difficult. A lot have no medical coverage, and they need treatment.”²¹¹ Other criminal justice staff described women pleading guilty in order to get treatment. “They always charge possession with intent to deliver—never just possession. Most women plead guilty just to get into a program. Even if they just had a little amount and even if they didn’t intend to sell drugs.”²¹²

Even women who are approved for treatment through the criminal justice system may face a long wait. One official described the mechanism for arranging treatment as a “Rube Goldberg machine.” The cumbersome process of getting approval for placement from the public defender’s office, the district attorney, the FIR or Female Offender Comprehensive Integrated Services (FOCIS) program and then the judge, is compounded by the shortage of treatment programs, particularly residential programs for women. In June 1998, over 30 women were sitting in jail in Philadelphia, having completed the approval process, but waiting for bed dates to be placed in residential programs. That wait, which can last for months, is a very stressful period during which women can regress.

²⁰⁹ Quotation from Carmen, interview on 7/14/98.

²¹⁰ Quotation from Lynette, interview on 8/27/98.

²¹¹ Quotation from Philadelphia probation officer, interview on 5/6/98. A program known as Behavioral Health Services Initiative (BHSI) exists to pay for drug treatment for individuals who do not have medical assistance or other insurance, but it regularly runs out of funding several times each year, with a shortfall statewide in excess of \$80 million dollars/year. As of mid-February 1999, 25 counties had run out of BHSI funds, with an additional 18 counties expected to run out of funds by mid-April 1999. (Numbers provided by the Drug and Alcohol Service Providers of Pennsylvania).

²¹² Quotation from urban criminal justice staff person, interview on 3/27/98.

Several of the women expressed gratitude for intervention by the criminal justice system:

I knew I was tired of getting high and I knew I was hurting my son. I just didn't know how to stop. When they arrested me they saved my life. I was real grateful for those cops.²¹³

I felt like [the judge] listened to me and would help me. She explained things to me and let me speak for myself. I said I needed treatment and a place to live. I put myself in the program here. I was in [another unit of the jail] and I signed up [for drug and alcohol treatment]. I have been in the program for six months. I'm leaving October 8th hopefully; I'm going to a treatment program from here [jail]. It's my first time being locked up. I learned a lot being here. I would never want to [go to jail] again.²¹⁴

Other women were angry or bitter about the circumstances of their arrests, or about being incarcerated, but all of the women spoke positively about the treatment programs they were in, or had recently completed.

I need to stay here and get together. I would die out there. I look and feel better now. I'm not selling myself, I'm not dirty on the avenue. I was selling myself to get money because of drugs. I feel clean now.²¹⁵

I don't even believe I'm still here. It's too good. I remember all the pain, all the suffering and I don't believe this is real. I probably need more medication. I'm learning coping skills. It's all new to me. I'm real hyperactive, real emotional, I get mood swings. I've been suicidal. It's scary to me nothing stays the same. Getting sober a lot of feelings are coming back about my childhood.²¹⁶

They talked about the difficulty of dealing with addictions:

It's a very powerful disease. I get lonely a lot. A lot of crazy thoughts. I don't need to be living, want to hurt myself—its crossed my mind. Thank god I didn't react on it. Plenty of days I just really want to die and go to heaven with my drug. I know what to do if I feel like I want to hurt myself, I talk to my therapist, I go find my buddy in the program. But some days are harder than hard. I got some of my structure from getting

²¹³ Quotation from Tanya, interview on 7/9/98.

²¹⁴ Quotation from Pamela, interview on 9/22/98.

²¹⁵ Quotation from Donna, interview on 2/4/98.

²¹⁶ Quotation from Wendy, interview on 4/28/98.

meetings. People come and share about meetings real good. I want to go to another program after this because I need more structure. I can't just go to my mom's. I need like a psychiatric to help me with my problems.²¹⁷

Many of the women talked about the pain they were feeling now that they are clean and sober. "I've been through the whole nine yards being beaten up. I never felt the pain before because I was using—now I'm feeling every pain."²¹⁸

Many of the women saw changes in themselves, in how they cope with problems:

When I was abused, I never told nobody. Now I believe I could. If I was abused now, I could get help. Today I could talk to my mother, my friends, my buddy in the program here.²¹⁹

Other women talked about improving relations with their families as a result of being in treatment:

I'm in touch with them now. They all glad I'm in here, getting help for myself. My mom and pop both got cancer now—my pop has cancer of the throat. My mom has breast cancer. They're sick but they're glad I'm in here now. My first time getting clean and being in recovery. I've got my family behind me now—not my husband, but my family. I have support.²²⁰

Some of the women had been in multiple treatment programs in one extended spell of treatment. For example, one woman with serious mental illness had been at six different programs for periods ranging from one day to 2 months before she was accepted by a dual diagnosis program, which is appropriate for her needs and where she and her six year old son expect to stay for the next year. "I know my mental illness is not really under control even with my medications. We need to stay here. I need treatment. I can't live alone with my son yet."²²¹

Other women had been in several treatment programs at different times.

I was in detox twice. I decided I needed help. Once after detox they sent me to a twenty-eight day program. I completed it, but there was no follow-up, no outpatient treatment afterwards. I relapsed after six and a half months clean. Then I did detox again and I stayed clean eleven and a half months by myself

²¹⁷ Quotation from Maria, interview on 2/25/98.

²¹⁸ Quotation from Tanya, interview on 7/9/98.

²¹⁹ Quotation from Carmen, interview on 7/14/98.

²²⁰ Quotation from Julie, interview on 6/19/98.

²²¹ Quotation from Gloria, interview on 7/24/98.

without a program. Then I relapsed again. Then, the next year, I got arrested, and I asked to be in a program.²²²

Several women had tried outpatient programs without success, and ultimately were placed in residential programs after failing in less intensive programs. Some women who had stopped using without a program, but knew they needed treatment to sustain recovery, had difficulty getting it.

I just stopped using but my mind was still sick. [They] wanted to send me to outpatient. I said I need to be inside a strict program. I know I'll use if I stay outside. I told them they had to put me somewhere. They said you're not using now. I really had to fight to get into a program.²²³

L. Plans for the Future

"I've come a long way from what I was."²²⁴

Almost all of the women spoke hopefully about the future. The details varied, largely depending on where the woman was in her recovery. Women in jail focused on plans for after leaving jail. Six (75%) of the eight women who were interviewed in jail were in the FIR or FOCIS programs, and expected to go to a treatment program upon release. The other two (25%) women were in the drug and alcohol treatment program in jail, but not in the FIR or FOCIS programs, and did not expect to be released to a treatment program. All of the women in jail had hopes of rebuilding family relationships and of sustaining their recoveries, wherever they expected to go.

I need recovery and a complete change in my life. I'll be going to an outpatient program, I need a dual diagnosis program. I'll be living with my mother. I'm happy because my mother is recovering now. She used to smoke crack too and I want to help her and recover with her. My brothers are helping her now too. She's not able to walk; she has a hospital bed and a nurse comes to the house.²²⁵

Women who had recently arrived at treatment programs focused on the need to stay in treatment. "I need to complete this program and take this recovery seriously this time and to do this for me and nobody else."²²⁶ Women who were close to completing treatment programs focused on plans for follow-up treatment, transitional housing, reuniting with family members, and hopes of finding work.

²²² Quotation from Carmen, interview on 7/14/98.

²²³ Quotation from Christina, interview on 6/19/98.

²²⁴ Quotation from Donna, interview on 2/4/98.

²²⁵ Quotation from Lynette, interview on 8/27/98.

²²⁶ Quotation from Laura, interview on 11/24/98.

All of the women spoke of hopes of rebuilding better relationships with their children and other relatives, of making friends, of staying in recovery. “My plans are to complete this program and outpatient and then slowly bring my kids in at a slow pace. I’m in their life now. They’re doing fine. I need this program, definitely I need it and to continue on therapy.”²²⁷

They all also expressed grave worries about finding safe housing, finding work, needing income and needing emotional support to function in a stressful world without relapsing. “Employment’s going to be so hard now with this record. I’m planning to get married. If I do, then an entry level job would be enough, with his salary. But now he’s laid off.”²²⁸

²²⁷ Quotation from Carmen, interview on 7/14/98.

²²⁸ Quotation from Sue, interview on 5/12/98.

Policy Recommendations: Supporting Women in Recovery

There are several recurring themes in these interviews with women in recovery and with drug treatment, criminal justice, and public health staff about what we need to do to support women in recovery, prevent recidivism and relapse, and help them care for their children and move forward with their lives.

A. Allow Women Access to Subsistence Benefits

The overwhelming consensus among the professional drug treatment, public health and criminal justice staff who were interviewed is that the ban on benefits is counterproductive and should be eliminated. Denying women cash assistance and food stamps does nothing to prevent drug usage or sales; instead it increases the chances of recidivism and relapse, harms women and their children, and makes it harder for them to reconnect with society and to rebuild their lives.

As a probation officer with over twenty-five years of experience said:

The whole nature of an addiction is that it is a disease—the point of treatment is to try to cure that disease. Then you have a well person, a different person. If we want to create well women, how can we deny them help because of a mistake they made while they were sick?²²⁹

The director of a residential treatment program expressed her frustration while discussing a woman in the program who had been denied benefits as a result of a felony conviction:

The single most frustrating thing for me is not knowing what to tell her to do now. There's a set up in it to commit further criminal acts. I'm baffled. I don't know what to offer her. She's young, healthy. She's twenty-two years old now with no GED. She needs education and she won't be able to get it. The only job she's been able to find is through a temporary agency that will charge her \$500 to get minimum wage work. There's nothing stopping her from starting over again except [the ban on benefits]. If she had gotten cash assistance while in treatment she could have saved money to get an apartment of her own, for

²²⁹ Quotation from Linda Mathers, Director, Intensive Supervision, Adult Probation Department, Court of Common Pleas, Philadelphia, PA, interview on 5/6/98.

herself and her son. That's not an option now. The odds were in her favor but for this.²³⁰

As a staff person from a treatment program explained:

You can't take someone with no skills and put them in an eight or twelve week class and think that's it. Their verbal and cognitive skills aren't there. They have no self-worth, no life skills, they can't maintain housing, they need ongoing support, treatment, family therapy. If you get someone stabilized with a good support system, other things will fall into place. When they're ready and they go out to work, they are so proud. But it takes time. And they need help, they need cash assistance and food stamps to get there.²³¹

1. What Benefits Are At Issue?

The federal law provides that, unless a state chooses otherwise, women with felony drug convictions are banned from receiving TANF benefits and food stamps. The ban does not apply to Supplemental Security Income (SSI) or Social Security benefits, or to Medical Assistance (Medicaid) or Medicare.²³² The Pennsylvania Department of Public Welfare has unilaterally chosen to extend the ban to General Assistance, even though no statute authorizes them to do so, and even though the state legislature has specifically created a General Assistance category for individuals who are seeking treatment for alcohol or drug addiction.

Only the individual with the drug conviction is barred from getting benefits. Other members of the household can still be eligible, but any income or resources the barred individual may have will be counted against the rest of the family's benefits.

a. Who Would Otherwise Be Eligible?

There are two types of cash assistance in Pennsylvania: Temporary Assistance for Needy Families (TANF) and General Assistance (GA). Individuals often don't know which program they are receiving benefits from, since the welfare department uses the same application form and pays the same dollar amounts for both cash assistance programs. In order to be eligible for cash assistance, you have to be very poor and you must fit into a particular category. In addition, you must comply with many requirements that are beyond the scope of this report – you must cooperate on child support enforcement unless it would endanger you or the child, look for work and participate in

²³⁰ Quotation from Theresa M. Hoban, Director, Substance Abuse Services, Episcopal Hospital, interview on 6/24/98.

²³¹ Quotation from Sue Wolfe, staff at Episcopal Hospital Cocaine Outreach Service, interview on 6/24/98.

²³² Although the ban is not supposed to extend to Medical Assistance, I have repeatedly spoken with women who were denied Medical Assistance by DPW caseworkers who were confused about this provision, and with drug treatment staff who had been told by DPW caseworkers that women in their programs could not get Medical Assistance because of a felony drug conviction.

employment and training programs unless you are disabled or taking care of a child under the age of one, provide voluminous documentation, etc.

You must meet both an income test (how much money do you have coming in each month?) and a resource test (what assets do you have?). The resource limits for TANF are a little higher (\$1,000 for a family) than for GA (\$250 for a single individual, \$1,000 for a family) and the earned income deductions (how much you can have in earnings and still get a small partial welfare grant) are more favorable.²³³ But in most respects the programs are very similar.

b. What Categories of People Can Get Cash Assistance?

In general, very low-income women who are pregnant or who are taking care of children they are related to will be eligible for TANF. TANF includes single parents and two-parent families as well as other relatives (for example, grandparents or aunts and uncles) who are taking care of children. (There are a small number of two-parent families who get GA). TANF is federally funded, through a block grant which replaced AFDC. TANF has a 60 month time limit, under which an entire family becomes ineligible once an adult in the family has gotten 60 months of TANF benefits. Each month that benefits were received since March 3, 1997 (the date Pennsylvania began its TANF program) counts towards the 60 month time limit.²³⁴

In Pennsylvania, General Assistance is only available to limited categories of individuals. The most relevant categories for women with drug addictions are:

1. People with disabilities which preclude employment. The disability could be temporary or permanent, as long as it prevents the individual from engaging in any employment. A physician or licensed psychologist must complete an "Employability Assessment Form" assessing whether the individual is permanently or temporarily disabled, and if the disability is temporary, stating when the individual's condition should be reassessed.

2. Survivors of domestic violence. An individual may only receive benefits in this category for a maximum of 9 months in her lifetime. In order to be eligible, the woman must be receiving services connected to the violence. Relevant services include seeking (or having obtained) a protection from abuse order or other legal services, counselling or shelter services.

3. Individuals who are in drug or alcohol treatment programs that preclude employment. An individual may only receive benefits in this category for a maximum of

²³³ These very low resource limits make it impossible for families to save any funds, even if their expenses allowed them to do so.

²³⁴ The only exception to the 60 month time limit is for families with "child-only" grants – families in which no adults are getting TANF benefits. These are families where the child's parents are not in the household, or where the child's parent who is in the household is getting SSI rather than TANF.

9 months in her lifetime. The treatment program must certify to the welfare department that the individual is participating in the program on a basis that precludes employment.

Other General Assistance categories either are unlikely to be relevant to women with drug convictions, (e.g., children who are not living with a relative caretaker within the TANF categorical requirements – for example, a child living with friends or neighbors, or with a more distant relative) or have very few individuals in the category (e.g., two parent families who do not meet the TANF categorical requirements and who have children under 13).

c. How Much Are Welfare Grants?

The maximum welfare grant for a single individual with no income at all is \$205 per month in most counties in Pennsylvania.²³⁵ If the person has any income the welfare grant will be reduced. A two person family (either a mother with one child or two adults) with no income would get a maximum of \$316 per month. A mother with two children with no income would get a maximum of \$403 per month. If child or spousal support is paid for a member of the family, the family (not each individual) could keep up to \$50 more per month—the rest of the support would be taken by the welfare department.

Welfare grants in Pennsylvania have not been increased since January 1, 1990. A family getting the maximum welfare grant gets only 34% of the federal poverty line in 1999. Because of inflation, that percentage has decreased every year.

If a mother with one child is unable to get cash assistance for herself because of the ban, and only gets benefits for her child, she will receive a maximum of \$205 per month instead of \$316 per month. In 1999, this means that instead of getting 34% of the federal poverty guideline for two people she only gets 22% of the federal poverty guideline. Her chances of finding or maintaining housing and adequately caring for herself and her child are very slim.

d. Who Can Get Food Stamps?

Low-income people can get food stamps on an ongoing basis if they are: children or families with children, older individuals, pregnant women, employed or getting unemployment compensation, or disabled. Individuals between the ages of 18 and 50 can only get food stamps a maximum of 3 months in any 36 month period, unless they are employed or getting unemployment compensation benefits. The United States Department of Agriculture, which oversees the food stamps program, has granted Governor Ridge's request to waive the 3 month limit in many parts of Pennsylvania, where there are not enough jobs for everyone who would lose their food stamps. These waivers are granted on a year by year basis, and may or may not continue.

²³⁵ A list of the maximum grant amounts for each county in Pennsylvania is attached as Appendix B.

e. How Much Are Food Stamps?

Food stamps are federally funded, and the amounts are set by federal law, although there are some state options. In Pennsylvania, the average food stamp allotment is only 80 cents per person per meal. Most families report that they run out of food stamps by the second or third week of the month. Effective October 1, 1998, the maximum Food Stamp allotment for one person is \$125 per month; for a family of two it is \$230 per month. A mother and child who got the maximum cash assistance grant and the maximum Food Stamp allotment in most counties in Pennsylvania received only 59% of the federal poverty guideline in 1999. Of course, most families do not get the maximum amounts.

If a mother who has one child is denied cash assistance and food stamps for herself because of the ban, and only receives benefits for her child, instead of getting 59% of the federal poverty guideline, they will only receive 48% of the federal poverty guideline.

2. What Counts As A Felony Drug Conviction?

Under the federal law, for purposes of the ban on benefits, a conviction counts as a felony drug conviction if:

1. The conviction is for a felony (as defined by the jurisdiction involved); and
2. The offense “has as an element the possession, use, or distribution of a controlled substance...”²³⁶ and
3. The conviction is for conduct after August 22, 1996.

Each state has its own criminal code, and determines whether a particular crime is a felony or not. There is enormous variation as to what constitutes a drug felony in different states. Under the federal ban, a woman may be barred from benefits in Pennsylvania for an offense which occurred in another state, and which, had it occurred in Pennsylvania, would not have been a felony.

In Pennsylvania, the most common felony drug charge is “PWID”—possession with intent to deliver, or actual delivery, of a controlled substance.²³⁷ A woman could be convicted of PWID if she attempts to sell (or give) drugs to an undercover police officer, makes a sale or transfer of drugs which is directly observed by a police officer, or is found to possess a large enough quantity of drugs that a court is convinced she must have intended to give or sell some to someone else. There is no requirement that money be exchanged – if a woman shares drugs with a friend, that constitutes “delivery” whether or

²³⁶ 21 U.S.C. §862a(a). Although each jurisdiction gets to decide whether a particular offense is classified as a felony, the definition of controlled substance is set by federal law.

²³⁷ See §13(a)(30) of the Pennsylvania Controlled Substance, Drug, Device and Cosmetic Act, 35 P.S. §780-101 et seq.

not a sale is involved. Similarly, the quantity or street value of the drugs involved is irrelevant if a woman has attempted to deliver drugs to an undercover officer, or if an officer has directly observed her hand drugs to someone else. Many of the women who were interviewed were convicted of felonies for very small amounts of drugs—\$5 or \$10 worth. Although the quantity of drugs involved is not relevant to the conviction, it is relevant to sentencing.²³⁸

In Pennsylvania, simple possession of a controlled substance is a misdemeanor. The usual misdemeanor drug charge is “K&I”—knowingly or intentionally possessing a controlled substance.²³⁹

In addition to being a felony conviction, a drug conviction, and for conduct after August 22, 1996, in order to count under the federal ban the conviction must actually be a conviction. So, while a verdict of guilty entered by a judge or a jury, or a plea of guilty or no contest counts as a conviction, a disposition of “ARD” (accelerated rehabilitative disposition) or §17 (probation without a verdict) does not. ARD and §17 are programs which allow a first time offender to agree to a term of probation (which can include drug or alcohol treatment) without having been convicted. If the individual successfully completes the probation, the underlying charges are dismissed, and no criminal record results. An individual whose case is disposed of through ARD or §17 does not have a conviction. Similarly, the Pennsylvania Department of Public Welfare has recognized that juvenile offenses do not count as convictions for purposes of the federal ban.²⁴⁰

These complicated criteria result in significant confusion, and the mistaken denial of benefits to individuals who are not barred by federal law. Welfare caseworkers often erroneously assume that any felony conviction is a bar to benefits, or that any drug conviction (including a misdemeanor) is a bar to benefits, or that what matters is the date of conviction, or the date of arrest. For many women, the date of arrest is the same as or quite close to, the date of the illegal conduct. However Philadelphia criminal court data concerning individuals who were arraigned in September, 1996 included several individuals whose date of alleged illegal conduct was weeks or months earlier than the date of arrest.²⁴¹ Similarly, the researcher attended a

²³⁸ Pennsylvania’s criminal code provides for a mandatory 2 year prison sentence if at least 2 grams of drugs are involved; a mandatory 3 year prison sentence if at least 10 grams are involved, and a mandatory 5 year prison sentence if at least 100 grams are involved. Two grams is approximately \$ 200 worth of cocaine or heroin according to routine police estimates in Philadelphia. There are 28 grams in an ounce. \$10 worth of drugs (an amount for which many women are convicted of felonies) is 1/280th of an ounce. For comparison, spices are often sold in one ounce jars in the supermarket. Under Pennsylvania state law, unlike under federal criminal law, no distinction is made between crack and powder cocaine. However Pennsylvania law does distinguish between cocaine and narcotics (including heroin), with longer maximum sentences provided for narcotics than for cocaine. See the Pennsylvania Controlled Substance, Drug, Device and Cosmetic Act, 35 P.S. §780-101 et seq.

²³⁹ See §13(a)(16) of the Pennsylvania Controlled Substance, Drug, Device and Cosmetic Act, 35 P.S. §780-101 et seq.

²⁴⁰ See Pennsylvania Department of Public Welfare Office of Income Maintenance Policy Clarification, “Juvenile Court/Criminal History Provisions” issued 10/27/97.

²⁴¹ Amy E. Hirsch, “Drug Charges in Philadelphia: Who Gets Charged? Who Gets Convicted?” (manuscript in preparation).

court hearing in 1998 for one of the women in the study whose alleged illegal conduct was in 1993. Even if the welfare caseworker understands the rule correctly, it can be quite difficult for a woman to prove that her conviction is not covered under the ban because her conduct occurred on or before August 22, 1996, even if her conviction occurred after August 22, 1996.²⁴²

3. How Many Women Have Felony Drug Convictions?

According to data collected by the Pennsylvania Commission on Sentencing, in 1996, 1,104 women were convicted of drug felonies in Pennsylvania. Of course the number of women barred from benefits will grow each year. Since the bar is lifelong, the numbers of women affected will continue to increase cumulatively. National data on the number of women with felony drug convictions are not easily available. However it appears from data collected by the federal Bureau of Justice Statistics that approximately 61,000 women were convicted of felony drug offenses in state and federal courts in the U.S. during 1996.²⁴³ Of those 61,000 women, approximately 26,000 (43%) were convicted of possession of drugs, rather than sales.²⁴⁴ The Legal Action Center surveyed seventeen drug and alcohol treatment programs for women with children around the country, and found that 21% of the AFDC recipients in those treatment programs had felony drug convictions.²⁴⁵

Most women who are charged with crimes have drug or alcohol problems, but are not charged with drug crimes—in other words, although their drug addictions may be driving their criminal behavior, the offenses for which they are arrested are more likely to be prostitution, retail theft, or other non-drug charges. Only a small proportion of women whose addictions result in criminal behavior are actually charged with drug crimes. A recent federal study found that 77.4% of the adult women arrested in Philadelphia tested positive for drugs.²⁴⁶ By comparison, a study of all individuals arraigned in the Philadelphia criminal court system in September 1996 showed that only 16% of the women were charged with drug offenses.²⁴⁷

²⁴² When a woman is released from jail after serving her sentence, she usually has no proof as to whether her conviction was for a felony or not, let alone whether it counts as a drug offense or what date her illegal conduct occurred.

²⁴³ These estimates were derived from data in two reports from the Bureau of Justice Statistics: Jodi M. Brown, Patrick A. Langan and David J. Levin, Felony Sentences in State Courts, 1996, Tables 1 and 5 (May 1999, revised July 30, 1999, NCJ 173930), and Jodi M. Brown and Patrick A. Langan, Felony Sentences in the United States, 1996, Table 2 (July 1999, NCJ 175045).

²⁴⁴ In some jurisdictions, simple possession of drugs is a felony.

²⁴⁵ Legal Action Center, Making Welfare Reform Work: Tools for Confronting Alcohol and Drug Problems Among Welfare Recipients, 40-41 (September 1997).

²⁴⁶ Arrestee Drug Abuse Monitoring Program, National Institute of Justice, 1998 Annual Report on Drug Use Among Adult and Juvenile Arrestees, p.62.

²⁴⁷ Amy E. Hirsch, "Drug Charges in Philadelphia: Who Gets Charged? Who Gets Convicted?" (manuscript in preparation).

4. What Difference Does Denial of Cash Assistance or Food Stamps Make?

“I would die out there if I have to go back on the Avenue.”²⁴⁸

The women who were interviewed talked about different ways in which the denial of cash assistance or food stamps would affect them. There were five recurring themes:

- inability to work because of illness and disability;
- the need for temporary help until women can get back on their feet, particularly given the difficulties of early recovery and of finding work with a criminal record;
- the need for benefits to support women in treatment, and to help sustain their recovery;
- the need for benefits as an alternative to staying in or returning to abusive relationships or engaging in illegal activities; and
- the need for benefits to reunify or to keep a family together.

The same themes emerged in the interviews with drug treatment, health department and criminal justice staff.

a. Women with Disabilities

Many of the women who were interviewed have physical or mental illnesses which sharply limit their ability to work. Denise, who is HIV+ and has been denied cash assistance because of her drug conviction, was living in a halfway house at the time of the interview. She was receiving food stamps at the time of the interview because the welfare department had not yet implemented that part of the ban. She was terrified at the thought of losing her food stamps as well:

Some days I feel good, some days I be tired, by this virus [HIV]. I guess I'll have to try to work. It's real scary. I would like to work but sometimes my body won't let me, but I need some income. What could I do? Food stamps is what I'm living off of, it's all I've got. I was diagnosed about two years ago. I was allergic to my first medications. I get tired. I have pains, and I've been hospitalized once. I gave the welfare office the form from my doctor. No, I never tried to get SSI. Should I?²⁴⁹

Women like Denise, who may be eligible for SSI based on disability (and who should have been advised by the welfare office to apply for SSI), still need cash

²⁴⁸ Quotation from Donna, interview on 2/4/98.

²⁴⁹ Quotation from Denise, interview on 5/12/98.

assistance and food stamps while they go through the often protracted process of applying for disability benefits. Many individuals who get SSI are approved only after two appeals and an administrative hearing; a process that usually takes two to three years. In the meantime, cash assistance and food stamps are a lifeline.

b. Women Who Need Benefits While Looking For Work

“Now it matters because I’m trying to do the right thing.”²⁵⁰

“It makes it a little harder for me. My criminal record makes it harder for me to get a job. It makes it complicated and chances are slim of getting a job. I’d like to do file clerk work. If I can’t get a job, [welfare]’s the only source that I would have had.”²⁵¹

Most of the women want desperately to work, but know that they will need help in the meantime. “I’d like to tell them just give people like myself a chance. The ones that really need the help and want the help as a stepping stone until we can be on our own.”²⁵²

They worried about the loss of benefits making it even harder to find work:

I would be devastated. I wouldn’t have any income. If you don’t have money to look for a job, what can you do? Lots of people won’t hire you if you’re a recovering addict. These new laws are creating more of a problem. If someone gets out and is trying to make a new life, how are they supposed to support themselves—it’s a vicious revolving door and they’re making the situation worse. I would be resorting to illegal things to get money to live.²⁵³

They were clear that cash assistance was only a temporary source of support:

I don’t want it for the rest of my life. I just want it until I can get back on my feet—so I can focus on my recovery, get myself together. I have no income whatsoever right now and I need something. Now it matters because I’m trying to do the right thing. They tell you not to get a job the first six months to focus on your recovery. What are you supposed to do if you can’t get welfare? The children are going to suffer. At least a year—to get yourself a job.²⁵⁴

²⁵⁰ Quotation from Sharon, interview on 4/28/98.

²⁵¹ Quotation from Carmen, interview on 7/14/98.

²⁵² Quotation from Angela, interview on 7/20/98.

²⁵³ Quotation from Christina, interview on 6/19/98.

²⁵⁴ Quotation from Sharon, interview on 4/28/98.

They were also clear that without that temporary source of support they had no resources for survival while job-hunting. “I have to pay rent, buy my son clothes, necessities. I need to save for a place. I need to save at least \$200 to apply for [an apartment]. I don’t know how they expect you to live until you can get a job.”²⁵⁵

After years of isolation, and struggle with addiction, they know that successful recovery requires connections to society and support, and can’t be sustained alone. “Drugs are one of the worst things that can happen to anyone. It’s a trap and you need help to stop and you got to stay with it. It takes time and someone to help. You got to have a group to go to and someone to talk to and it’s hard. It’s wrong to take them off welfare—if they can’t get jobs, what are going to do?”²⁵⁶

The women’s plans for building a new, productive life had three parts: taking care of their children, maintaining recovery, and looking for work. Access to welfare benefits was a critical factor for all three pieces.

“I need finances in order to take care of my son. I plan to look for factory work, but the program told me to wait a year before looking for work in order to complete my treatment. If I can’t get welfare I would have to go back to selling drugs in order to survive.”²⁵⁷

Criminal justice staff shared this concern:

We have forty women who have worked very hard...three women in Community College, ten women who are working, twenty women who have never relapsed once. Women who are doing data processing....Women who deserve the highest recognition. Women who were sexually abused, who were raped, who are dealing with it now—tragic moments in their younger lives led them to this moment. Most women in the criminal justice system are not hardened criminals. They took a wrong turn, made a bad decision. When you’re looking at a woman who’s trying to dig herself out of the ditch she’s dug herself into, she needs support. The women in my caseload who are working, who are now off welfare, they needed welfare... before that.²⁵⁸

c. Benefits to Support Women in Recovery

“We need welfare for a chance to recover and maybe never need welfare again.”²⁵⁹

²⁵⁵ Quotation from Donna, interview on 6/24/98.

²⁵⁶ Quotation from Rose, interview on 7/21/98.

²⁵⁷ Quotation from Gloria, interview on 7/24/98.

²⁵⁸ Quotation from Robbin Baird, FOCIS case manager, interview on 6/25/98.

²⁵⁹ Quotation from Louise, interview on 2/4/98.

Many of the women talked about the ways in which being denied benefits makes it harder for them to stay in treatment, and to maintain recovery. Treatment programs, halfway houses and shelters depend on the women's food stamps and a portion of their cash assistance checks to support the program.²⁶⁰ None of the programs in this study planned to discharge individual women because of welfare denials, but all of them described it as a significant loss of funds that would make it harder to keep the program operating. The women often worried about whether they would be able to stay in the program, or go to a transitional housing or follow-up program afterwards, without benefits.

I'm hoping I can still stay here in rehab—I've been borrowing money. I'm supposed to give \$15 of each check to the program, and I can't because I don't have a check. I have no way to buy clothes or personal stuff. I need to stay here and get together. I need six to nine months here. I would die out there if I have to go back on the Avenue. I was selling myself to get money because of drugs. I've come a long way from what I was. People that are getting theirself clean deserve a chance to start all over again. I pray and hope they'll do something. I need rent, personal needs, food. Do you know if they'll let me stay here without a check?²⁶¹

Most treatment programs urge women not to work for the first six months to a year of recovery, because they believe the stress of trying to maintain a job will threaten the woman's fragile early recovery. Staff repeatedly stressed that in early recovery women are very vulnerable, and lots of problems they had repressed during active addiction now surface, resulting in anxiety, depression and other mental health issues. Most residential treatment programs will not allow women to work while they are in the program, although some residential treatment programs allow women to work part-time towards the end of their stay. They impose these restrictions because they want the woman to participate fully in the treatment program, and to focus intensively on her recovery. At the same time, they hope to prepare women to reenter the work force by teaching life skills and providing adult basic education and GED classes, and exposing women to different vocational opportunities.

After a woman leaves a residential treatment program, many transitional housing programs either forbid employment or sharply limit the hours a woman can work.

It bothers me because I'm in this program, I'm just coming out of jail. I'm not allowed to work here because I'm in treatment. I need money to live. I need to buy things, clothes—none of my

²⁶⁰ Since these interviews were completed, some treatment programs have stopped the practice of taking a portion of women's cash assistance, instead putting the funds into a mandatory savings program. Halfway houses and shelters still require the women to pay part of their income as rent. All of the programs still require women to contribute their food stamps towards the cost of food.

²⁶¹ Quotation from Donna, interview on 2/4/98.

clothes fit me because I was a lot thinner—shampoo, cosmetics, cigarettes, phone calls. I need shoes. I need a coat for this winter. It's good to have a couple of dollars in your pocket even though it's not much what they give you. I can't go out there doing the same thing, doing drugs and selling drugs. That will take me right back to jail. It's a revolving door and nothing changes. When I get out of here I want to go to transitional housing. I will have to get a job fast. I'll also have to come here for outpatient three days a week so it would have to be a part-time job. I'll really have to be on the ball to stay on track. My judge says as part of my sentence I have to go to vocational training. If I do that, won't welfare help me then?²⁶²

Many of the women arrive in treatment with only the clothing they are wearing, and, like Laura, many have lost a lot of weight during their addictions. As they begin to eat normally again, they gain weight, and need larger clothing. "I feel like [an] outcast. They let me stay in the program, even though I can't get welfare, but they don't buy you clothes or personal stuff. It's like you're still incarcerated, having no money at all."²⁶³

Public health officials working to increase the availability of drug treatment saw the ban as counter-productive:

Substance abuse treatment works. Any barrier to a person who seeks to access those services is negative. Anything that keeps a person from obtaining health care they need and means to support their families has negative social consequences. People need access to resources to help them help themselves. We seek to empower them via treatment to make gainful contributions to society. That requires investment of resources which can be repaid many times both in terms of financial and social outcomes.²⁶⁴

There is substantial evidence that treatment does work. Although drug addiction and alcoholism are chronic, relapsing diseases, numerous studies have shown that treatment reduces drug usage, reduces criminal activity and recidivism to jail, increases employment and reduces welfare usage, reduces hospitalizations and other health care costs, and saves taxpayers' money.²⁶⁵ "For every dollar spent on drug and alcohol treatment, California saved \$7 in reduced crime and health costs....The level of criminal

²⁶² Quotation from Laura, interview on 11/24/98.

²⁶³ Quotation from Wendy, interview on 4/28/98.

²⁶⁴ Quotation from Barry Savitz, Assistant Health Commissioner, Philadelphia Department of Health, interview on 6/12/98.

²⁶⁵ See studies cited in Legal Action Center, Making Welfare Reform Work: Tools for Confronting Alcohol and Drug Problems Among Welfare Recipients, September 1997, pp.13-15, and in National Center on Addiction and Substance Abuse at Columbia University, Behind Bars: Substance Abuse and America's Prison Population, 1998.

activity declined by two-thirds from before treatment to after treatment. The greater the length of time spent in treatment, the greater the reduction in crime.²⁶⁶

d. Benefits As A Positive Alternative to Abusive Relationships or Illegal Activities

“If I could get welfare, it would make a lot of difference to me. I wouldn’t have to ask nobody for anything. I’d have something of my own.”²⁶⁷

Fear of being homeless as a result of losing benefits was a recurring theme in women’s comments, as was the fear that lack of alternatives would drive women back to abusive relationships, back to drug usage, back to prostitution, or back to other criminal activity. “I think [welfare] helps a lot. Some people need it—to have somewhere to stay, for positive things, for clothing and sheltering. If they take welfare from people, the crime rate will go up higher, because people will rob people or prostitute to get money. People need help. It makes a big difference.”²⁶⁸ Other research has shown that access to public assistance is important in enabling women to leave prostitution.²⁶⁹

As a child welfare agency supervisor explained:

If you don’t have adequate housing and adequate therapy there’s nothing else but the street and on the street there’s nothing else but drugs. You and I have so many resources—if I lost my job today I would not be on the street. These parents don’t have resources.²⁷⁰

In addition to talking about the material difference welfare makes—the ability to pay rent, buy food, clothing and other necessities, several of the women talked about the ways in which welfare helps them feel connected to civil society:

We still need welfare until we are strong enough to get on our feet. Trying to stay clean, trying to be responsible parents and take care of our families. We need welfare right now. If we lose it, we might be back out there selling drugs. We trying to change our lives. Trying to stop doing wrong things. Some of us need help. Welfare helps us stay in touch with society. Trying to do what’s right for us.²⁷¹

²⁶⁶ Joan Petersilia, “Probation in the United States,” National Institute of Justice Journal, September 1997, p.6.

²⁶⁷ Quotation from Linda, interview on 6/25/98.

²⁶⁸ Quotation from Lynette, interview on 8/27/98.

²⁶⁹ Nabile El-Bassel et al., “Sex-Trading and Psychological Distress among Women Recruited from the Streets of Harlem,” American Journal of Public Health, vol. 87, no. 1, pp. 66-70, 66 (January 1997).

²⁷⁰ Quotation from Rita Urwitz, Supervisor at the Philadelphia Department of Human Services, interview on 12./15/98.

²⁷¹ Quotation from Tanya, interview on 7/9/98.

The women's comments were echoed by drug treatment and public health staff. The director of a health project working with injecting drug users talked about the impact of losing benefits on the women she sees:

There's a general sense of helplessness engendered by losing benefits. Helplessness at not being able to advocate for themselves, a sense of the overwhelming inability to move through the system. We see a lot of people having to scrounge to get money—collecting cans, shoplifting, sexwork—there seems to be more of that when women lose benefits. They're not happy in their addiction. They're not revelling in their 30 year heroin habit. Addiction is a devastating condition. I think that for folks who are trying to get away from their addiction—when we think of what it takes for someone to pay bills, maintain a residence, feed oneself, you need such a network of support—families, friends. For people in addiction who never had, or have lost those supports, to regain their functioning, they need those supports. There is no other place to turn for support. I find [the ban]to be very cruel and unrealistic. I think that the cost of those minimal benefits is the least we can do as a society for people who have been ravaged by addiction...or this whole class of people will never be able to function.²⁷²

Criminal justice staff agreed as well. “They definitely shouldn't be barred for life from food stamps. The system should be there for people who need it.”²⁷³

It seems grossly unfair to me. It's tantamount to saying you're just looking for a reason to deny people benefits. These women live life on the margins—to take that safety net away increases drug use, criminality...it's a set of dominoes in someone's life. You lose one thing, then another; lose benefits, then everything. If someone is in a job program or a drug treatment program I would restore benefits....I wouldn't penalize them for their background.²⁷⁴

e. Caring for Children, Reunifying Families

“My son is happy I'm not using drugs no more.”²⁷⁵

Joanne, who was interviewed at a residential drug treatment program where she is living with her three year old son and two year old daughter, explained that she had just

²⁷² Quotation from Julie Parr, Executive Director of Prevention Point Philadelphia, interview on 12/3/98.

²⁷³ Quotation from Tamara Boney, Evaluation Coordinator, FOCIS Program, interview on 6/16/98.

²⁷⁴ Quotation from Joseph M. Harrington, Supervisor, Drug/I.S.P. Unit, First Judicial District of Pennsylvania, interview on 5/14/98.

²⁷⁵ Quotation from Tanya, interview on 7/9/98.

applied for welfare and was waiting for a decision. “If I couldn’t get welfare, I couldn’t take care of my kids while I’m in here, I couldn’t provide them nothing. They’re here with me, I need to take care of them. I need a home for me and my kids and I need a drug treatment program.” When asked if benefits for her children, and not for her, would be enough to take care of them, she replied “No—I doubt that very seriously.”²⁷⁶

Caroline was three months pregnant with her fourth child when she was interviewed:

It would totally destroy my life, especially with a new baby. I would have to resort to drastic measures which would probably lead me into jail again. I would be worried about paying my rent, how to pay electric. My kids can’t be in the dark. While I’m in here [a residential drug treatment program] my mother is staying with my eight and six year old kids in my apartment. My youngest is here with me. My kids are waiting for me to come home. I’m not a jail bound person, but I need someone strong in my corner like my mom. And I need my home and my welfare benefits to take care of my kids now, until I can get certified as a nursing assistant.²⁷⁷

Serena, also pregnant, explained:

It would make a lot of difference for me. I’m pregnant. I need welfare for food, clothing, transportation. I’m going to need to buy pampers, milk. It’s a high-risk pregnancy, and my doctor ordered bed rest. I can’t work.²⁷⁸

Criminal justice staff predicted that denial of benefits would result in children being placed in, or remaining in, out of home placements. “If they don’t get any help, kids will stay in foster care or with relatives. I’m a mother...well if I don’t have food for my children, I’m going to steal or give them up. You don’t want your kids hungry and if you can’t provide for them that’s what’s going to happen.”²⁷⁹ The impact on mothers and children of the loss of benefits also worries staff in the child welfare system:

If a mother is not able to support her child, we would take the child; and at the end of twelve months of placement, we have to terminate parental rights unless there are compelling circumstances. If you’ve ever made a mistake in your life, it’s very punitive. I imagine it would come into play as more and more women lose their benefits. Convictions will rise as women don’t have places to live, then we will take the child while the

²⁷⁶ Quotation from JoAnne, interview on 2/17/98.

²⁷⁷ Quotation from Caroline, interview on 2/17/98.

²⁷⁸ Quotation from Serena, interview on 9/22/98.

²⁷⁹ Quotation from urban criminal justice staff person, interview on 3/27/98.

woman is in jail. Women will lose their kids, will lose everything in their lives—cash assistance, kids, jobs. Employers won't hire them with felony drug convictions. The Department would say we will do everything in our power to provide necessary services to enable women and children to stay together, but that doesn't include cash assistance or housing.²⁸⁰

f. Will the Ban on Benefits Deter Drug Use?

“If my daughter didn't, nothing would.”²⁸¹

None of the women interviewed had known about the ban prior to being convicted. They all learned of it either by being turned down for benefits at the welfare department or from the researcher. Each woman was asked whether the threat of losing cash assistance and food stamps for the rest of her life would have made a difference in her behavior—if she had known before being arrested that the penalty for a felony drug conviction included loss of benefits, would that have changed what she did?

Twenty-four (92%) of the twenty-six women looked at the interviewer incredulously, and then patiently explained the realities of life in active addiction.²⁸²

Sharon: No. If my daughter didn't nothing would.²⁸³

Maria: I was too much into the addiction to care about anything. All I cared about was making money by prostituting so I could get drugs.²⁸⁴

Christina: I knew I would lose my house. All I cared about was getting my next hit. I was an active addict.²⁸⁵

Tanya: No—not while I was using.²⁸⁶

Wendy: No. I would have still prostituted and sold coke. I was used to having things my way. Now I know I need a job. My

²⁸⁰ Quotation from Rita Urwitz, Supervisor at the Philadelphia Department of Human Services, interview on 12/15/98. The federal Adoption and Safe Families Act of 1997, P.L. 105-89, requires child welfare agencies to move to terminate parental rights very quickly.

²⁸¹ Quotation from Sharon, interview on 4/28/98.

²⁸² Two women thought that knowing about the ban might have affected their behavior. One woman said “I think it would have. I didn't know that.” (Quotation from Denise, interview on 5/12/98). The second said “Yes. I never got as high as some others, once in a while. I would be able to understand.” (Quotation from Caroline, interview on 2/17/98).

²⁸³ Quotation from Sharon, interview on 4/28/98.

²⁸⁴ Quotation from Maria, interview on 2/25/98.

²⁸⁵ Quotation from Christina, interview on 6/19/98.

²⁸⁶ Quotation from Tanya, interview on 7/9/98.

children need me. I can not keep getting locked up. Back then it would not have mattered.²⁸⁷

Angela: I was so caught up in my active addiction that it might not have made a difference. I was so gone that I would have justified it.²⁸⁸

Donna: I would have kept on going to the avenue to sell myself. My mind was all on drugs.²⁸⁹

The women's conviction that the ban is not an effective deterrent was echoed by an experienced prosecutor: "I think that if the policymakers looked into the lives of these women and if they understood the implications they might conclude that the impact of it is not as a deterrent. It's purely punitive. It isn't thoughtful."²⁹⁰

The data from this study clearly lead to the conclusion that Pennsylvania should join the twenty-seven other states, including Illinois, Ohio, New York, New Jersey and Connecticut, that have taken the option to support women in recovery by allowing them access to cash assistance and food stamps.²⁹¹

B. Increase Outreach, Remove Barriers, and Improve Access to Treatment

One of the most disturbing findings in this study is the lack of outreach for drug treatment prior to arrest. Of the twenty-six women interviewed, seventeen (65%) first received treatment through the criminal justice system. Six (23%) were referred through a friend or relative and one (4%) called her HMO. Only one (4%) woman was referred to treatment by the child welfare system; and only one (4%) was referred to treatment by the shelter system. The criminal justice system should not be the first place a woman is offered treatment!

According to statistics compiled by the Pennsylvania Department of Health Bureau of Drug and Alcohol Programs, just over 20,000 Pennsylvania women received drug or alcohol treatment during the state fiscal year 1995-1996.²⁹² Of those 20,002 women, 13,352 (67%) were white, and 5,968 (30%) were African-American. By comparison, 50,602 men received treatment, of whom 35,252 (70%) were white and 13,188 (26%) were African-American. Women were 28% of the individuals treated statewide, as well as in the median county. Women ranged from 0% to 49% of the individuals treated in different counties.²⁹³ The proportions of admission to treatment by

²⁸⁷ Quotation from Wendy, interview on 4/28/98.

²⁸⁸ Quotation from Angela, interview on 7/20/98.

²⁸⁹ Quotation from Donna, interview on 2/4/98.

²⁹⁰ Quotation from Mimi Rose, Chief, Family Violence and Sexual Assault Unit, District Attorney's Office, Philadelphia, PA, interview on 12/17/98.

²⁹¹ A list of the other states taking the option to eliminate or modify the ban is attached as Appendix A.

²⁹² This is the most recent year for which numbers are currently available. The state fiscal year runs from July 1st through June 30th.

²⁹³ Bureau of Drug and Alcohol Programs Client Information System Data, State Fiscal Year 1995-96.

sex have been “virtually constant” in Pennsylvania since 1975 when uniform state-wide data collection began.²⁹⁴

The proportion of women in treatment is significantly lower than it should be given the proportion of women with drug or alcohol problems. Most national estimates are that women should be about 40% of all individuals in treatment, since they are about 40% of the individuals in need of treatment.²⁹⁵

The National Center on Addiction and Substance Abuse at Columbia University estimates that “less than 14% of all women and 12% of pregnant women” in need of drug or alcohol treatment get it, because of a shortage of treatment slots, especially for women with children, as well as because of women’s family responsibilities, doctors’ failure to properly diagnose addiction in women, and the greater stigma surrounding addiction in women.²⁹⁶ A survey of state alcohol and drug agencies by the Legal Action Center found that only an average of 24% of the women who were eligible for publicly funded drug treatment were actually served, as the need for treatment far outstripped the funds available.²⁹⁷

1. Drug Treatment And The Criminal Justice System

Women get drug treatment through the criminal justice system in several different ways. The Philadelphia Prison System has a drug treatment program for inmates at several of its facilities, including the Philadelphia Industrial Correction Center, where most women are held. The program, called OPTIONS, (Opportunities for Prevention and Treatment Interventions for Offenders Needing Support) has two components – “inpatient” treatment for women in a special unit of the jail, and “outpatient” treatment for women held in other units of the jail. Many women in other units of the jail are on a waiting list to get into the OPTIONS program—often there are as many as 70-100 women on the waiting list.²⁹⁸

²⁹⁴ The 1995-96 data are almost identical to the data from 1975 through 1989. Pennsylvania Department of Health, Office of Drug and Alcohol Programs, Drug and Alcohol Treatment Trend Report July 1988 through June 1989, p.4.

²⁹⁵ According to the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services, 3.5% of all non-institutionalized men and 2.1% of all non-institutionalized women in the United States are in need of illicit drug abuse treatment. Prevalence of Substance Use Among Racial and Ethnic Subgroups in the United States 1991-1993, p. 47 (April 1998). Similarly, the Preliminary Results from the 1997 National Household Survey on Drug Abuse, table 19, shows 8.5% of males and 4.5% of females reporting use of any illicit drug during the past month. Approximately 40% of crack addicts are women. The National Center on Addiction and Substance Abuse at Columbia University, Substance Abuse and the American Woman:Foreword and Executive Summary p.3 (June 1996).

Women are also more likely to become addicted to legal substances (prescription tranquilizers and sedatives) than to illegal drugs. The National Center on Addiction and Substance Abuse at Columbia University, Substance Abuse and the American Woman:Prescription Drugs p.1 (June 1996).

²⁹⁶ The National Center on Addiction and Substance Abuse at Columbia University, Substance Abuse and the American Woman:Foreword and Executive Summary p.7 (June 1996).

²⁹⁷ Legal Action Center, Making Welfare Reform Work: Tools for Confronting Alcohol and Drug Problems Among Welfare Recipients, 38-39 (September 1997).

²⁹⁸ A detailed description of the OPTIONS program is available from the Philadelphia Prison System, Deborah Raddock, OPTIONS Director, 8301 State Road, Philadelphia, PA 19136. The program was

In addition to the OPTIONS program in jail, women may be referred to drug treatment in the community by the criminal justice system through many different mechanisms. First, a woman could be sentenced to drug treatment as “Intermediate Punishment” (IP). An intermediate punishment sentence involves significant restriction of liberty, but not incarceration.²⁹⁹ Second, a woman who has been sentenced to incarceration could be given early parole into drug treatment through the “Forensic Intensive Recovery” (FIR) program. Third, a woman could be sentenced to a term of probation with drug treatment as a condition of probation. Fourth, a woman may ask her probation officer, attorney, or judge for assistance getting into treatment. Fifth, a recently established program called the “Female Offender Comprehensive Integrated Services” (FOCIS) program assists women who have drug or alcohol problems and who want treatment; women can be referred to the FOCIS program only by a judge or bail commissioner.

The IP, FIR and FOCIS programs each have professional evaluators assess each woman to determine whether she has a drug or alcohol addiction, and if so, to determine what level of treatment (outpatient, intensive outpatient, or residential) is appropriate, as well as the type of program the woman needs. The programs then provide the individual woman with a case manager who assists her in finding appropriate treatment, housing, medical care, etc.; the judge handling her case must also approve early parole or placement in the program. Women are about 10% of the caseload of the FIR and IP programs. The FOCIS program only serves women, who usually remain in the program until charges are dropped or they complete probation. A FOCIS case manager will continue to work with a woman after that point if she still needs and wants help.³⁰⁰

Treatment programs in Philadelphia report that between 50 and 70% of their beds are filled through the criminal justice system. While programs to identify women in need of treatment who are in the criminal justice system, and to refer them to treatment make sense, it would also make sense to improve outreach so that women in need of treatment do not need to be arrested in order to get it.

2. Ways to Improve Outreach and Increase Access to Treatment

Staff from treatment programs had the following suggestions, in order to better reach and serve women:

- We need to offer services and support to women with no strings attached, as we do at senior citizen centers and at mental health centers run by consumers. We

profiled by the Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice in Programs in Correctional Settings: Innovative State and Local Programs.

²⁹⁹ See Commonwealth of Pennsylvania Commission on Sentencing, Sentencing Guidelines Implementation Manual §303.12(a), p.215 (1997).

³⁰⁰ Philadelphia also has a drug treatment court, which hears misdemeanor and felony cases and diverts a limited number of appropriate defendants into treatment. FOCIS works with the women whose cases are in drug treatment court. Only one judge hears drug treatment court cases, and only thirty cases/week are automatically reviewed for referral to the treatment court. Plans for a Center City Community Court modeled after the Midtown Community Court in Manhattan, are also underway.

need to reach out to women who are on the street, to women who are prostitutes, to women who are not yet ready to commit to a treatment program.³⁰¹ We need to offer drop-in services that can be used to develop a relationship of trust with women. We need to offer a safe space for women as a refuge from the violence and degradation of the street: a safe place to sit, get a cup of coffee, use a bathroom, take a shower, wash clothes, without fear of assault, and without fear of losing her children.

- Every treatment program needs a playroom to provide respite care and babysitting.
- Programs need to include the men in women's lives in their treatment efforts.
- Voluntary, confidential, gender specific drug and alcohol treatment (e.g., treatment for women that addresses the violence and abuse women have experienced, as well as addressing their needs as mothers) should be offered to every woman who interacts with the child welfare system.³⁰²
- Dependency court, which hears child welfare (abuse and neglect) cases needs to have drug treatment evaluation and placement staff co-located at the court, who can immediately provide referrals for parents in need of treatment, and assistance in actually getting to the treatment facility.
- Staff at every social service and educational agency should be trained on how to offer treatment in a sensitive and non-judgmental manner, and on how to access treatment immediately for women who want it.
- We need more treatment facilities for women with dual diagnoses (severe and persistent mental illness as well as drug addiction). We also need greater resources for mental health treatment for women in drug treatment who have less severe mental illness. The current situation, of women being advised to hide the severity of their mental illness and go off psychotropic medications in order to get into drug treatment, is unacceptable.
- We need to build on the existing network of women and women and children's treatment programs to increase the number of facilities providing gender-specific treatment, accepting families with multiple children and/or older children (especially adolescents), and providing family therapy involving members of the woman's family who are not in the treatment program.³⁰³

³⁰¹ Similar suggestions were made by women drug users who were interviewed in an Atlanta study. Claire E. Sterk, *Fast Lives: Women Who Use Crack Cocaine*, 140-142 (Temple University Press, 1999).

³⁰² See, Lani Nelson-Zlupko, Eda Kauffman, and Martha Morrison Dore, "Gender Differences in Drug Addiction and Treatment: Implications for Social Work Intervention with Substance-Abusing Women," *Social Work*, vol. 40, no. 1, pp. 45-54 (January 1995).

³⁰³ The OPTIONS program in the Philadelphia County Jail has recently expanded its Forensic Family Therapy Treatment Program so that a woman's therapist can continue to work with her and her family after she leaves jail and enters a drug-treatment program in the community.

- Treatment issues for younger women—aged eighteen to twenty-five—are especially difficult. We need specialized programs for women in this age range, who are less likely to succeed in traditional women’s treatment programs.
- We need more treatment resources for spanish speaking women, especially women with children.

C. Respond to Violence Against Women and Girls

“We need to ask why a thirteen-year-old girl runs away to the street because it’s safer.”³⁰⁴

The women interviewed in this study experienced pervasive violence, and responded to battering and rape with drug usage as self-medication. Twenty-one (81%) of the twenty-six women who were interviewed disclosed having been abused as children, adults, or both. Twenty (77%) of the twenty-six women interviewed disclosed having been battered by a husband or boyfriend. Eighteen (69%) of the twenty-six women who were interviewed disclosed having been abused physically and/or sexually abused as children. Twenty-one (81%) out of the twenty-six women began their drug usage before the age of twenty. Of those twenty-one women, nineteen (90%) began using in the context of severe abuse, and two (10%) began using in the context of pre-existing mental illness. For nineteen (90%) of the twenty-one women who disclosed childhood and/or adult abuse, jail or a women’s drug and alcohol treatment program was the first place anyone had talked to her about the abuse she had survived, or helped her try to deal with it.

We therefore need to improve our response to violence against women and girls in several key respects. First, we need to pay attention to the violence that women who are charged with or convicted of crimes have survived. When domestic violence advocates have focused on the criminal justice system it has more often been in the context of improving police or prosecutorial response to women complainants. This study, and other recent studies of incarcerated women, have demonstrated the long-term, pervasive consequences of violence in these women’s lives, and the close connections between that violence and the women’s criminal activities.

An experienced prosecutor noted, “we have no female offenders probation unit. No one appreciates the differences between women and men. When someone gets involved in the criminal justice system, we classify how we can help them by their crime—we pay no attention to gender. Women have very different needs. We need a family violence unit.”³⁰⁵ The Warden of Bedford Hills Prison (the maximum security prison for women in New York State) explained, “we have a family violence program to

³⁰⁴ Quotation from Elaine Lord, Warden of Bedford Hills Maximum Security Correctional Facility (New York State), interview on 11/13/98.

³⁰⁵ Quotation from Mimi Rose, Chief, Family Violence and Sexual Assault Unit, District Attorney’s Office, Philadelphia, PA, interview on 12/17/98.

address abuse issues—if we only address drugs, it’s only half the program.”³⁰⁶ A number of the staff who were interviewed commented that we need to develop diversionary programs to serve women who have been battered and assaulted and who are charged with crimes, rather than incarcerating them.³⁰⁷

Second, we need to do better outreach on domestic violence and sexual assault to women who are in active addiction, to women who are working as prostitutes, and to women who are living on the street. Unlike some other large cities, Philadelphia has no programs to assist prostitutes.

Women who are working as sex workers have no resources, no ability to protect themselves, they’re in violent relationships. They seek help at the needle exchange, but not about the abuse. We see women with visible bruises. They’re not in contact with domestic violence organizations or resources. We [used to have] a drop-in center. Women needed a break. They could come in for coffee, a few safe minutes.³⁰⁸

Third, we have to do a much better job of preventing and responding to child sexual abuse, and of preventing drug addiction as a response to abuse. We need to reach elementary school children and young teenagers. Adults need to end the silence about childhood sexual abuse, to challenge abusers to stop the abuse and seek treatment, teach men and boys that physical and sexual abuse is unacceptable behavior and explore the childhood sexual abuse many male perpetrators of sexual violence against women experienced as boys.³⁰⁹ We need to ask both boys and girls about domestic violence, dating violence, child abuse or child sexual abuse in any studies of children at risk.³¹⁰

Fourth, both domestic violence and drug and alcohol treatment programs need to recognize the connections between domestic violence and drug usage by women, integrate both issues into their programs, and find ways to provide ongoing support for women after leaving the programs. Treatment program staff noted that women struggle

³⁰⁶ Quotation from Elaine Lord, Warden of Bedford Hills Maximum Security Correctional Facility (New York State), interview on 11/13/98.

³⁰⁷ The need for expanded use of alternatives to incarceration of women was raised by nearly half the state jail or prison administrators surveyed in a recently published study. Merry Morash et al., Women Offenders: Programming Needs and Promising Approaches (National Institute of Justice, August 1998 NCJ1668).

³⁰⁸ Quotation from Julie Parr, Executive Director of Prevention Point Philadelphia, interview on 12/3/98.

³⁰⁹ “We adults—not our children—must shoulder the burden of stopping the cycle of abuse.” STOP IT NOW! P.O. Box 496, Haydenville, MA 01039.

³¹⁰ A recently released report, A Generation At Risk: Alcohol, Tobacco, Other Drugs, Weapons, Violence and Pennsylvania’s Youth. The 1997 Survey, sponsored by the Pennsylvania Commission on Crime and Delinquency, appears not to have asked questions about these topics, and to have focused on violence at school rather than violence at home. The only data broken out by sex in the report are on use of smokeless tobacco by boys. Similarly, a recent federal report on juvenile justice and drug usage breaks none of its data out by gender, and does not acknowledge the role of sexual and physical abuse in children’s drug usage. Office of Juvenile Justice and Delinquency Prevention, Drug Testing and Identification in the Juvenile Justice System (NCJ 167889, May 1998).

with violence in relationships even after treatment is completed, and that domestic violence is a major trigger for relapse, especially if the abusive partner is still using drugs.

D. Increase the Supply of Safe, Affordable Housing

Twenty-three (88%) of the twenty-six women interviewed had either been homeless or lived in very unstable housing before being arrested. The lack of safe, affordable homes for women and their children is a major barrier to recovery, and a major trigger for relapse. Twenty-four (92%) of the twenty-six women who were interviewed identified the need for safe housing as a major concern facing them when they completed treatment. They saw housing as an overwhelming issue in maintaining recovery, in protecting their children, in extricating themselves from abusive relationships, and in reuniting their families. The fear of having nowhere else to go leads women to stay in or return to abusive relationships. The difficulty of finding appropriate housing for women leaving jail or treatment programs was raised in almost every interview, as was the role of unsafe housing and homelessness in women's drug usage and exposure to violence.

In addition to the shortage of safe and affordable housing faced by all low income people, women in recovery face certain additional barriers. Women in methadone programs may be barred from drug-free recovery and step-down housing. Women are threatened with the loss of section 8 or other subsidized housing when they temporarily leave in order to be in a residential treatment program, or if they are incarcerated. In addition, drug convictions result in denial of public housing.

Women who get welfare generally pay about 70-80% of their monthly income for housing and utilities.³¹¹ What women are able to find for even a very high proportion of their total income is usually very poor quality housing. Women who receive benefits for their children but not for themselves cannot possibly afford an apartment. Women without children who are barred from receiving cash assistance and food stamps not only cannot afford rent, but cannot make any financial contribution to a shared household. Even the shelter system expects a contribution and savings towards future rent.

Without a substantial public investment in the development of safe, affordable housing, women will simply not be able to sustain recovery and provide stable homes for themselves and their children.

E. Assist Women in Getting Education and Job Skills

Of the twenty-six women interviewed, nineteen (73%) had less than a high school education; fourteen (54%) of the women interviewed had less than a tenth grade education. Education was repeatedly identified by women and by staff as critical to sustaining recovery and finding jobs that will last. The overwhelming majority of women did not have high school degrees, and despite having miserable memories of failure in

³¹¹ Presentation by Liz Hersh, Executive Director of Tenants' Action Group, to the Working Group on Chemically Dependent Pregnant and Parenting Women, 2/20/98.

school, were nonetheless eager to learn. The combination of limited education and the loss of skills during years of active addiction, physical abuse, and living on the street left them at a terrible disadvantage in seeking work now. They need adult basic education, GED classes, and job skills for employment that is not closed to them as a result of felony drug convictions. As a result of state law, they will be barred from many of the jobs low-income women often get, in health care and child care, because of their drug convictions. Education is essential to any hope of employment that will enable these women to stay off of drugs and out of jail, and to support themselves and their children.

Conclusion

The women with felony drug convictions in this study got there by way of childhood and adult physical and sexual abuse, mental and physical illness and homelessness. Their whole lives, “the world was never a safe place for them.”³¹² They have used drugs to self-medicate their pain while trying to survive horrific violence. Their most intimate relationships have been filled with brutality and betrayal of trust. They are struggling with enormous pain, guilt and shame—about having been abused, about being addicted, about having failed their children.

The criminal justice system is the first place anyone offered them drug treatment or addressed the abuse they have endured. Now that they are in recovery, they feel hope for the first time. If we respond by denying them subsistence benefits for the rest of their lives, regardless of what else they do or how hard they try, we are simply adding to their shame, making their recovery from addiction much more difficult, and undermining their efforts to rebuild their lives and their relationships with their children. We can and should, instead, respond by helping women to move forward with their lives, by taking the option to allow them to receive benefits. As one woman said, “now it matters because I’m trying to do the right thing.”³¹³

³¹² Quotation from Sue Wolfe, staff at Episcopal Hospital Cocaine Outreach Service, interview on 6/24/98.

³¹³ Quotation from Sharon, interview on 4/28/98.

Appendix A

List of States Choosing to Eliminate or Modify the Ban (as of Spring, 1999)

States that have eliminated the ban:

Connecticut
Kentucky
Michigan
New Hampshire
New York
Ohio
Oklahoma
Oregon
Vermont

States that have modified the ban:

Alaska
Arkansas
Colorado
Florida
Hawaii
Illinois
Iowa
Louisiana
Maryland
Minnesota
Nevada
New Jersey
North Carolina
Rhode Island
South Carolina
Utah
Washington
Wisconsin

Source: Legal Action Center, National Governors' Association, and calls to states.

**"Some Days Are Harder Than Hard":
Welfare Reform and Women With Drug Convictions in Pennsylvania**

Appendix B

Maximum Cash Assistance Grants in Pennsylvania Counties

Cash Assistance Handbook

Family Size Allowance

Effective January 1, 1990

Group 1	Number of Persons In Budget Group					each additional person	
	<u>1</u> 215	<u>2</u> 330	<u>3</u> 421	<u>4</u> 514	<u>5</u> 607	<u>6</u> 687	83
	Bucks	Chester	Lancaster	Montgomery	Pike		

Group 2	Number of Persons In Budget Group					each additional person	
	<u>1</u> 205	<u>2</u> 316	<u>3</u> 403	<u>4</u> 497	<u>5</u> 589	<u>6</u> 670	83

Adams	Centre	Erie	Monroe	Union
Allegheny	Columbia	Lackawanna	Montour	Warren
Berks	Crawford	Lebanon	Northampton	Wayne
Blair	Cumberland	Lehigh	Philadelphia	Westmoreland
Bradford	Dauphin	Luzerne	Sullivan	Wyoming
Butler	Delaware	Lycoming	Susquehanna	York

Group 3	Number of Persons In Budget Group					each additional person	
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$\frac{1}{195}$	$\frac{2}{305}$	$\frac{3}{393}$	$\frac{4}{479}$	$\frac{5}{589}$	$\frac{6}{647}$	83
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Beaver	Elk	Lawrence	Mifflin	Snyder
Cameron	Franklin	McKean	Perry	Tioga
Carbon	Indiana	Mercer	Potter	Venango
Clinton				Washington



Group 4	Number of Persons In Budget Group					each additional person	83
	$\frac{1}{174}$	$\frac{2}{279}$	$\frac{3}{365}$	$\frac{4}{454}$	$\frac{5}{543}$	$\frac{6}{614}$	

Armstrong	Clarion	Forest	Huntingdon	Northumberland
Bedford	Clearfield	Fulton	Jefferson	Schuylkill
Cambria	Fayette	Greene	Juniata	Somerset

Source: Department of Public Welfare Cash Assistance Handbook

Appendix C: Guide to Criminal Background & Access to Public Benefits

	Drug felony conviction or guilty plea — incident after 8/22/96¹	Outstanding warrant or fleeing prosecution	Probation or parole violation	Unpaid fine, court costs, or restitution	Currently incarcerated
TANF^{2, 3} (formerly AFDC)	Life time ban for cash assistance.	Ineligible for failure to appear in any criminal court case (including misdemeanors), until resolved.	Ineligible.	Ineligible unless up-to-date with approved payment plan.	Ineligible.
Federally-funded MA⁴	Not relevant.	Not relevant.	Not relevant.	Not relevant.	Ineligible.
Food Stamps³	Life time ban.	If fleeing prosecution for a <i>felony</i> , ineligible until resolved.	Ineligible.	Not relevant unless violates a condition of probation or parole.	Ineligible.
General Assistance^{2, 3} — cash benefits and GA-related MA	Not relevant. DPW rules imply there is a lifetime ban for <i>cash</i> benefits (though not MA). Call ALPP or CLS if DPW tries to cut GA for this reason.	Ineligible for failure to appear at any criminal court case (including misdemeanors), until resolved.	Ineligible.	Ineligible unless up-to-date with approved payment plan.	Ineligible.
SSI³	Not relevant.	If fleeing prosecution for a <i>felony</i> , ineligible until resolved.	Ineligible.	Not relevant unless violates a condition of probation or parole.	Ineligible for benefits. Not required to reapply if incarcerated for less than one year.
SSDI	Not relevant.	Not relevant.	Not relevant.	Not relevant.	Ineligible while incarcerated for a crime with possible sentence of one year or more. Family members are entitled to benefits. Not required to reapply on release.

¹ Does not affect family members' eligibility, although resources of drug felon are counted in determining family members' resource eligibility. Only includes drug-related felonies where illegal activities took place after August 22, 1996.

² State welfare fraud convictions carry the following disqualification periods:
 First time: ineligible for TANF and GA for 6 months
 Second time: ineligible for TANF and GA for 12 months
 Third time: permanently ineligible for TANF and GA.

³ Not eligible for TANF, GA, Food Stamps, or SSI for ten years after a conviction for making a fraudulent statement or representation regarding your state of residence in order to receive assistance from more than one state.

⁴ Federally-funded MA is Medical Assistance for families with children, children under 21, pregnant women, people with serious disabilities, and people 65 and over.

Appendix D**List of Staff Members Interviewed**

Robbin Baird, Female Offender Comprehensive Integrated Services (FOCIS) program
Case Manager

Tamara Boney, Evaluation Coordinator, Female Offender Comprehensive Integrated
Services (FOCIS) program

Ruth Briggs, Parenting Educator, Family Planning Council

Bradley S. Bridge, Assistant Defender, Defender Association of Philadelphia

Patricia Charleston, Clinical Supervisor, Interim House

Cristi A. Charpentier, Assistant Defender, Defender Association of Philadelphia

Laurie A. Corbin, Program Director, Interim House West

Patricia Dubin, Managing Attorney, Women Against Abuse Legal Center

Bryant Engelke, Forensic Intensive Recovery Supervisor

Nan Feyler, Executive Director, AIDS Law Project of Pennsylvania

Amy Hafner, Forensic Intensive Recovery (FIR) Case Manager

Nadia Hewka, Staff Attorney, Employment Unit, Community Legal Services, Inc.

Theresa M. Hoban, Director, Substance Abuse Services, Episcopal Hospital

Deborah Lee, Director, Opportunities for Prevention and Treatment Interventions for
Offenders Needing Support, (OPTIONS) Program for Women, Philadelphia
Industrial Corrections Center

Cheryl Jordon, Probation/Parole Officer, Drug Intensive Supervision Program, First
Judicial District of Pennsylvania

Bonnie Koss, Director of Family Services, Libertae

Elaine Lord, Warden, Bedford Hills Maximum Security Correctional Facility (New York
State)

Linda Mathers, Director, Intensive Supervision, Adult Probation Department, Court of
Common Pleas, Philadelphia, PA.

Dawn M. Pakech, Ombudsperson, Consumer Satisfaction Team, Inc.

Julie Parr, Executive Director, Prevention Point Philadelphia

Mimi Rose, Chief, Family Violence and Sexual Assault Unit, Philadelphia
District Attorney's Office

Kathy Lee Rozzelle, Women and Children's Program Analyst, Bureau of Drug and
Alcohol Programs, Pennsylvania Department of Health

Barry Savitz, Assistant Health Commissioner, Philadelphia Department of Health

Stephanie Fleischer Seldin, Staff Attorney, Support Center for Child Advocates

Niles Schore, Minority Chief Counsel, Pennsylvania Senate Public Health and Welfare
Committee

Dottie Schell, Family Services Specialist, Family Planning Council

Kathleen Sonnie, Case Manager, Action AIDS

Carol Tracy, Executive Director, Women's Law Project

Rita Torres, Substance Abuse Specialist, Consumer Satisfaction Team, Inc.

Rita Urwitz, Supervisor, Philadelphia Department of Human Services

Delhi Velasquez, Forensic Intensive Recovery (FIR) Case Manager

Kathy Wellbank, Program Director, Interim House

Sue Wolfe, Episcopal Hospital Cocaine Outreach Service

Additional staff were interviewed at women's drug treatment programs which did not want the names of staff or of the program revealed; similarly, police officers and some court and criminal justice staff did not want to be identified.