



## EXECUTIVE SUMMARY

This report aims to center the experiences of people incarcerated in California women's prisons, which remain a serious and entrenched public health crisis. According to data from the California Department of Corrections and Rehabilitation (CDCR), in 2022, there were 3,699 people incarcerated in women's prisons in California. Due to the way that racism and transphobia permeate the criminal legal system, from policing to the courts to incarceration and beyond, Black people and transgender people are more severely criminalized and experience a disproportionately higher rate of incarceration. In 2022, 25% of people in prison in California were Black, even though Black people make up only 6.5% of the California population. According to a survey administered by CDCR, almost 2,000 transgender people are incarcerated in California prisons.

This report — informed by public health research alongside interviews and survey responses from people currently and formerly incarcerated in women's prisons — exposes the catastrophic health harms of incarceration in women's prisons and provides evidence in support of investments in health-promoting social determinants of health instead of incarceration.

The criminalization of trauma and gender identity are major drivers of incarceration. Research shows that 77% to 90% of people incarcerated in women's prisons report having experienced prior emotional, physical, and/or sexual abuse. A disproportionate percentage of transgender people also report significant trauma prior to incarceration, including experiences of bullying, family rejection and isolation, eviction, criminalization, and mistreatment by police. Each of these factors is associated with higher rates of incarceration, primarily due to a lack of investment in community-based mental health support services and non-carceral violence intervention.

People incarcerated in women's prisons often already have poor health and neglected healthcare needs when they enter prison, due to prior trauma and abuse

and lack of access to community healthcare services. Incarceration leads to even worse outcomes, via multiple pathways:

1. Medical neglect — including failure to provide medical examinations, stopping needed prescriptions, and long delays in treatment — is common in prison. People in women’s prisons have faced particular medical abuse related to reproductive health, including lack of prenatal care, coerced sterilization, or untreated reproductive health issues. For transgender people, gender-affirming care is infrequently provided, leading to harmful consequences such as depression, self-injury, and suicide.
2. Alongside the violence of the criminal legal system itself, people incarcerated in women’s prisons also experience and witness high rates of interpersonal physical, emotional, and sexual trauma and violence, which is harmful to both physical and mental health. People incarcerated in women’s prisons face particular violence within the system. In our survey, 47% of respondents experienced sexual and/or gender-based violence while imprisoned.
3. Environmental conditions in prisons seriously endanger the health of incarcerated people, by exposing them to infectious disease, extreme heat and cold, inadequate food, foodborne illness, mold, toxic drinking water, and more.
4. Despite the United Nations Special Rapporteur stating that the use of solitary confinement amounts to torture, solitary confinement is often used in women’s prisons, particularly for transgender people. The use of solitary confinement can lead to increased psychological distress, anxiety, depression, PTSD, paranoia, agitation, sleep deprivation, and prescription of sedative medications. It can also lead to physical ailments like bed sores, weight loss, rashes, dry skin, fungal growth, and hypertension.
5. Separating people from their families and communities has destructive consequences. Over 60% of people incarcerated in women’s prisons are mothers of children under the age of 18. Separation from parents, including via the family policing system, is linked to attention difficulties, aggression, and negativity in children. Incarcerated LGBTQI+ people are at high risk of losing material, emotional, and social support after imprisonment, which has real impacts on health. The economic instability families face when they lose a source of income can lead to a range of consequences, including difficulty meeting basic housing needs, maternal depressive symptoms, and worse health for caregivers and children.

The state of California invests \$405 million a year in its women's prisons. Instead of perpetuating a system that overwhelmingly works against public health, the state has the opportunity to invest that money in health-promoting support systems that people can access in their own communities. These public safety investments would not only support reentry after incarceration, they would also help to prevent harm from occurring in the first place, creating the conditions that would make women's prisons obsolete. This report provides public health evidence for investment in:

1. **Safe, stable, and affordable housing:** People formerly incarcerated in women's prisons experience houselessness at 1.4 times the rate of people formerly incarcerated in men's prisons. Being unhoused can lead to re-incarceration because of the criminalization of houselessness (e.g., sleeping in public places), thus contributing to the vicious cycle of the criminal legal system. Governments should prioritize investments in housing and the supportive programs that people need to stay housed. An evaluation of a supportive housing program for those who had previously cycled in and out of jails in New York City found that, after one year, 91% of those who participated in the program were in permanent housing, compared to 28% of those who did not participate. It is also essential to remove discriminatory practices and policies that prevent people with a record of prior incarceration from accessing housing.
2. **Increased employment opportunities:** The unemployment rate for formerly incarcerated people — around 27% — is nearly 5 times higher than that of the general population, and higher than the overall US unemployment rate at any point in history. Creating employment opportunities for formerly incarcerated people benefits both the employer and the employee. For the employer, research has found that employees with a record of incarceration are less likely to quit and more likely to stay on staff for longer periods. For formerly incarcerated people, employment is a pathway into health via economic security, housing stability, adequate nutrition, and accessible healthcare.
3. **Affordable health care:** Formerly incarcerated cisgender women and TGI people, who often carry extensive histories of emotional, physical, and sexual trauma and violence prior to and during incarceration, have disproportionately high rates of health needs. Investments in community-based, supportive mental healthcare, substance use treatment, and physical healthcare are necessary to keep communities safe and healthy. At the policy level, drug

decriminalization and Medicaid expansion for incarcerated people prior to their release from prison will be most effective at improving health outcomes.

4. **Accessible and reliable transportation:** For those going through reentry, an accessible and reliable form of transportation is necessary to access healthcare and support services, mobilize in case of emergency, connect with families and loved ones, and maintain stable employment. However, research finds that many people returning from women's prisons do not have access to a personal vehicle. Public transportation can be unreliable, unsafe, inaccessible, or inconvenient. Investment in reliable transportation removes barriers to health care, employment, and parole or probation appointments, reducing the risk of reconviction.
5. **Non-carceral, non-punitive forms of accountability:** When harm does occur in the community, there are alternative ways to ensure accountability and repair harm that do not rely on punishment, such as restorative and transformative justice practices. Research on these practices has found higher levels of satisfaction from individuals involved in the process, greater likelihood of adhering to restorative agreements, decreased rates of recidivism, decreased symptoms of PTSD, and an increased sense of fairness compared to the traditional criminal legal system.

Change is within reach. While rates of incarceration in women's prisons have skyrocketed across the US over the past decade, California's women's prison population has decreased by 70.8% due to significant state policy changes. California recently emptied the women's units at Folsom State Prison, and the facility will be shut down in 2023. This is a positive step toward reducing the state's carceral footprint, and more can be done.

Given the negative health consequences of incarceration, the costs of continued investment in carceral settings outweigh the benefits. California has an opportunity to be a national leader in ending the health harm of incarceration by closing its two remaining women's prisons, releasing the people incarcerated there — only 4% of the state's incarcerated population — and instead investing the millions budgeted to those prisons into life-affirming, health-promoting, community-based programs that would prevent incarceration and support services to ensure a successful reentry for those being released.