



REPORT FACT SHEET

Who is incarcerated in California women's prisons?

- 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, 175 of whom have a sentence of life without the possibility of parole.
- Due to the racism of the criminal legal system, in 2022, 929 people in women's prisons were Black — 25% of the prison population, even though Black people make up only 6.5% of the California population.
- While this number is skewed because of misidentification by CDCR and/or fear of self-identification in a carceral setting, as of August 21, 2022, 1,628 people incarcerated in any prison in California identify as transgender, gender variant, or intersex (TGI).
- California is one of the few places in the US where the number of people incarcerated in women's prisons is significantly decreasing — from 12,668 people in 2010 to 3,699 people in 2022, a 70.8% reduction.
- 54.3% of the people incarcerated in women's prisons in California have at least one child.

We surveyed 120 people incarcerated at Central California Women's Facility:

- 43% of respondents reported that intimate partner violence played a role in their criminalization and/or incarceration, with several respondents noting the trauma of their own childhood abuse or witnessing abuse of their own children were factors.
- 83% of respondents reported having an illness, injury, or disability, with 55% reporting having 3 or more health conditions needing care.
- 83% of respondents reported that they had experienced medical abuse or neglect while imprisoned.
- 48% of respondents reported experiencing mental health neglect or abuse while imprisoned.
- 66% of respondents reported that medical staff did not properly treat them, 64% reported that medical staff did not send them to a specialist, 60% reported that medical staff did not investigate the cause of their medical condition, and 51% reported that medical staff did not order diagnostic tests.
- 72% of respondents said that they had to wait a long time to receive treatment for something they were diagnosed with, or for an injury that prison officials knew about.

- 40% of respondents reported experiencing reproductive abuse, such as coerced sterilization or an untreated reproductive health issue while imprisoned.
- 47% of respondents experienced sexual and/or gender-based violence while imprisoned.
- 67% of TGI respondents reported experiencing discrimination or violence for being transgender or gender nonconforming while imprisoned.
- 83% of respondents reported experiencing unsanitary food service, 82% reported excessive heat, 79% reported inadequate ventilation, 78% reported mold, 71% reported polluted water, and 60% reported excessive cold.

THE HEALTH HARM OF INCARCERATION IN WOMEN'S PRISONS

Medical neglect and abuse:

- 79.5% of the people incarcerated in women's prisons report having at least one disability.
- 25% of people in women's prisons were pregnant or had recently delivered a baby, but only 54% of those people reported that they received any form of prenatal care.
- Among chronically ill people in state prisons in the US, 20.1% had not received a medical examination since incarceration.
- Almost 30% of people in federal and state prisons reported they didn't receive needed prescriptions upon incarceration.
- For transgender people, gender-affirming care is rarely provided, leading to harmful consequences such as depression, self-injury, and suicide.

Physical, emotional, and sexual violence:

- Due to transphobia, 47% of formerly incarcerated transgender women reported victimization or mistreatment (including physical assault, sexual assault, harassment, or denial of medical care) in prison, 44% of transgender men in women's prisons reported harassment by prison staff, and 29% of transgender men in women's prisons reported harassment by other incarcerated people.
- Research on violence within prisons found that 89% of incarcerated people in the study believed that "violence in prison is inevitable."

Solitary confinement:

- Though CDCR data is incomplete and infrequently updated, a December 2019 report documents 112 people in the "administrative segregation unit" in women's prisons.
- The use of solitary confinement can lead to increased psychological distress, anxiety, depression, PTSD, paranoia, agitation, sleep deprivation, prescription of sedative medications, bed sores, weight loss, rashes, dry skin, fungal growth, and hypertension.

Impact on families and communities:

- Over 60% of people incarcerated in women’s prisons are mothers of children under the age of 18, creating lifelong consequences for children of incarcerated parents, linked to attention difficulties, aggression, negativity, and a higher likelihood of their own incarceration later in life.
- 48% of families with an incarcerated family member have difficulty meeting basic housing needs because of the loss of a source of income, which can lead to a range of consequences for non-incarcerated family members, including maternal depressive symptoms and worse health for caregivers and children.
- Communities with high incarceration rates are associated with a 2.5% increased rate of county-level mortality, as well as significantly greater odds of individual-level preterm birth, lifetime major depressive disorder, & lifetime general anxiety disorder.

HEALTH-PROMOTING RECOMMENDATIONS FOR ALTERNATIVE INVESTMENTS

Invest in safe, stable, and affordable housing because:

- Being unhoused can contribute to the cyclical nature of the criminal legal system by leading to re-incarceration due to the criminalization of homelessness: one study found that unhoused people reported an average of 21 contacts with police in the previous six months.
- Programs that provide housing to previously incarcerated people without conditions such as sobriety or employment are more effective at keeping people housed long term.
- An evaluation of a supportive housing program for those who were previously incarcerated in New York City jails found that, after one year, 91% of those who participated in the program remained in permanent housing, while only 28% would have been in permanent housing if they had not participated in the program.

Invest in increased employment opportunities because:

- For formerly incarcerated people, employment is a pathway into health via economic security, housing stability, adequate nutrition, and accessible healthcare.
- Prohibiting employers from asking about an applicant’s criminal record benefits both the employer and the employee — organizations that hired applicants with criminal records exhibited a lower turnover rate in their employees than organizations that did not.

Invest in affordable health care because:

- Affordability is a primary barrier to accessing care upon reentry, with 80% of formerly incarcerated people uninsured in 2014.

- Medicaid expansions not only improve health outcomes and health equity, but also could be a stopgap in the revolving door of re-incarceration, with research showing that Medicaid expansion reduced violent crimes by 5.8% and property crime by 3%.
- Decriminalization of drugs in Portugal was associated with an 80% reduction in overdose deaths, a 60% increase in the number of people in drug treatment, and significant improvements in HIV/AIDS outcomes.
- For every 10 additional community mental health care offices there are in a county, there is a corresponding 2.2% reduction in crime costs.

Invest in accessible and reliable transportation because:

- Lack of access to reliable transportation can lead to mental health impacts such as increased stress, which can then contribute to decreased attendance and productivity at work, interrupted family and community cohesion, and physical health correlates.
- For formerly incarcerated people, lack of access to transportation is a barrier to employment, probation or parole appointments, as well as transgender-inclusive health care.

Invest in non-carceral, non-punitive forms of accountability for harm because:

- There is robust research that restorative justice practices are linked to higher levels of satisfaction from individuals involved in the process, greater likelihood of adhering to restorative agreements, and decreased rates of recidivism compared to those who do not participate in a restorative justice process.
- A meta-analysis of restorative justice programs with young people under 18 found decreased re-engagement with the legal system, an increased sense of fairness among both the young people who did harm and the people who were harmed, and increased satisfaction when compared to those who did not participate in restorative justice programs.

