

Release from Jail: Moment of Crisis or Window of Opportunity for Female Detainees?

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ABSTRACT *Despite extensive documentation of the reentry challenges facing female prisoners, few such studies have focused on women exiting jails. The Window Study investigated factors associated with the perceived availability of stable housing upon release from detention. Anonymous surveys were conducted with a random sample (n = 148) of female detainees at the Baltimore City Detention Center from January 21 to March 17, 2005. Interviews focused on socio-demographic background, health status, recent drug use and sexual behavior history, and material and social resource availability upon release. The median age of female detainees was 37 (interquartile range [IQR]: 29, 41), 69% were African-American, and 33% identified as lesbian or bisexual. The median income in the 30 days prior to arrest was \$145 (IQR: 0, 559), and the median number of prior arrests was 5 (IQR: 3, 11). In the presence of other variables familial support (Adjusted Odds Ratio [AOR] 2.57; 95% Confidence Interval [CI] 1.21, 5.47) and a monthly income of \$400–799 (AOR 3.18; 95% CI 1.00, 10.07) were positively associated with perceived housing stability upon release; wanting a support group for having traded sex for money, drugs or a place to stay (AOR 0.25; 95% CI 0.10, 0.63) was significantly negatively associated with perceived housing stability upon release. This study suggests the importance of pre-release planning and continuity of care for female detainees. Interventions should emphasize access to housing, economic opportunity and family reunification. Special attention is warranted to those who have engaged in sex work, who may be marginalized from family and service-based support networks.*

KEYWORDS *Commercial sex workers, Detainees, Female, HIV, Housing stability, Injection drug users, Jail.*

INTRODUCTION

The number of females incarcerated in the United States rose by nearly 50% from 68,468 in 1995 to 101,179 in 2003.¹ Since 1995, the average annual growth rate of female imprisonment has grown 5%, exceeding that of 3.4% for males during the same period.² Rising rates of incarceration among females have prompted the examination of gender specific factors related to imprisonment. Females are significantly more likely than males to be in jail for non-violent offenses,^{3,4} such as larceny, fraud and theft, and drugs possession and sales.⁴ Females are more likely than

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males to be unemployed at time of arrest⁴ and to be diagnosed with substance abuse disorders.⁵ Almost half of female detainees in a national survey of local jails report histories of childhood sexual abuse; over 10% report experiencing intimate partner violence.⁴ Seventy percent of women in local jails have children under 18, making childcare and custody a primary concern.⁴ As with males, large racial disparities in incarceration rates persist among female prisoners, with black females “more than twice as likely as Hispanic females and nearly five times more likely than white females” to have been in prison at the end of 2003.¹

In addition to differing from incarcerated men, female prisoners also differ from their non-incarcerated counterparts. Compared with adult females in the general population, incarcerated women are more likely to experience substance use, mental illness, intimate partner violence, HIV risk behaviors,⁶ HIV, hepatitis B and hepatitis C infection⁷ and homelessness.⁸⁻¹⁰ Furthermore, female detainees who report being homeless upon arrest also report higher numbers of previous arrests, substance abuse, prostitution-related charges, and difficulty accessing drug treatment.⁸

Upon release, female prisoners face numerous challenges including housing, employment and family reunification.¹¹⁻¹³ Evidence suggests that female prisoners entering the community having maintained strong familial ties while incarcerated have improved re-entry outcomes and reduced recidivism.^{14,15} However this protective effect can be mitigated by the inability of areas heavily concentrated with poverty to effectively integrate high volumes of recently released prisoners; particularly in cities such as Baltimore.¹⁶

Jails detain people for under 1 year, often prior to sentencing, whereas prisons incarcerate people for longer terms. The experiences of prisoners upon reentry cannot be generalized to detainees exiting jail because “jail inmates are housed for relatively short periods of time, are not eligible for prison programming, and are not subject to post-release supervision.”¹⁷ Consequently, little is known about whether the predictors of successful reentry for females leaving long prison terms are the same for female detainees leaving jails settings.¹³

This study sought to examine factors associated with perceived social and material resource availability upon release. Specifically, this study sought to examine female detainees’ anticipated availability of stable housing upon release.

MATERIALS AND METHODS

Study Design

We conducted a cross-sectional study of 148 adult female detainees in the Baltimore City Detention Center between January 21 and March 17, 2005.

The Baltimore City Detention Center

In 2004, BCDC housed 8,351 female detainees, released 8,300 female detainees, and had an average daily population of 661 female detainees with an average length of stay of 29 days (personal communication, Cortez Rainey, April 19, 2005). Detainees are classified according to health needs and security risk. High risk detainees are housed in the protective custody unit; detainees with acute health conditions are housed in the medical infirmary units; those sentenced to drug treatment are housed in a separate, acupuncture facility; pregnant women are housed in the maternity dorm. In addition, there is a Therapeutic Community dorm which houses 33 detainees, who are drawn from the general population by

request. Female detainees are housed in the quarantine unit for an initial period pending health assessments by medical personnel, who must provide clearance before for each detainee may join the general population. The general population is divided into ten dorms, with an average of 42 detainees per dorm. Individual cells are allotted to detainees who have special needs or adjustment problems.

Study Subjects

Women were eligible for study inclusion if they were 18 years of age or older and detained in the Baltimore City Detention Center's general female population, Therapeutic Community and maternity dorms, or individual cells. Detainees in the quarantine, medical clinic, juvenile, acupuncture, and protective custody units were excluded due to security restrictions.

Recruitment

Subjects were recruited using randomly generated numbers from a sampling frame of 450 eligible beds distributed between 11 dorms (ten general population dorms and the Therapeutic Community) and individual cells. Random numbers were generated in Microsoft Excel (2003) and matched to a list of eligible bed numbers. The list was then inspected to eliminate repeats. Interviewers approached correctional officers for permission to speak with detainees by bed number beginning at the top of the random bed numbers list. Refusals and empty beds were recorded, and the next number on the list approached. Failed attempts to approach detainees were repeated three times before detainees were declared unavailable for interview.

Out of 450 potentially eligible beds, 70% ($n = 314$) were approached. Of those, 128 beds were then deemed ineligible because 115 beds were empty, eight detainees were unavailable for interview despite repeated attempts, and five detainees had already participated and changed bed numbers since their initial interview. Of the remaining 186 detainees approached, 80% ($n = 149$) consented to be interviewed. Reasons for refusal included feeling sick ($n = 4$), self-reported lack of need for participation due to having sufficient resources ($n = 4$), facing long prison sentences ($n = 2$), correctional officer denying permission ($n = 1$), and not stated ($n = 23$). One participant terminated her interview early, stating that she would prefer discussing sensitive issues in a community setting. Her interview was discarded, and 148 subjects were included in the final analysis.

Data Collection

Once selected, female detainees were approached at the door of their dorm or cell and asked if they wanted to participate in an anonymous survey. Everyone approached was compensated with a comprehensive resource packet, irrespective of participation. Interviewers accompanied participants to a private setting outside the sight and hearing range of correctional officers for the consent and interview. Interviewers obtained written informed consent. The consent was read aloud to ensure comprehension for those with limited literacy skills. To protect identity, participants initialed the consent and were informed that they could use fake initials if they chose. Additionally, no identifying information was collected or attached to the interview. Interviews were not tape-recorded and at no time did jail personnel overhear or view the contents of interviews. Interviews were conducted by trained public health graduate students. Institutional Review Board approval for the project was obtained from the Committee on Human Subject Research at the Johns

Hopkins University Bloomberg School of Public Health. Institutional approval was also obtained from the Commissioner of the Baltimore City Detention Center.

Instruments

The survey instrument included a range of measures, such as socio-demographic background, income, education, recent (30 days prior to incarceration) drug use and sexual risk behaviors, drug treatment utilization, and material and social resource availability upon release. Family support and neighborhood disorder questions were used with permission from the Urban Institute survey of prisoner re-entry in Illinois,¹⁸ which had Chronbach's alpha coefficients of 0.797 and 0.726, respectively. Questions regarding barriers to accessing drug treatment were used from the National Institutes of Drug Abuse Risk Behavior Assessment.¹⁹

Measurement

Composite family and neighborhood scores were calculated on a scale of one to four, with one representing high family support or neighborhood stability and four representing low family support or neighborhood stability. Negative items were reverse coded and items were summed; the sum was divided by the total number of items on the scale. Composite neighborhood stability and family support scores were dichotomized into high and low scores above or below their respective medians, which were skewed to the left (3) and right (1.6), respectively.

Perceived housing stability was defined as a dichotomous variable coded as one when respondents reported knowing where they would be staying when they got out and knowing they could stay there for at least 30 days. Perceived housing stability was coded as zero when respondents reported not knowing where they were going to stay when they got out, or being able to stay less than 30 days, or not knowing how long they would be able to stay at their destination. The definition of stable housing was derived using the criterion for being "at-imminent-risk-of-homelessness" developed by the Center for Disease Control—Housing and Urban Development Housing Health Study for Baltimore City and cited in the definition of client eligibility for Baltimore Services, Inc.*²⁰ Recent sexual and drug using behaviors were defined as having occurred within 30 days prior to a detainee's most recent arrest.

Data Analysis

Bivariate comparisons of proportions were compared by conducting χ^2 Fisher's exact tests and simple logistic regression analyses. Independent variables with *p* values less than 0.10 were carried into forward and backwards stepwise multiple logistic regression models to predict the odds of having perceived housing stability immediately upon release. For items that were highly correlated, the item with the

*As utilized by Baltimore Homeless Services, Inc., "the term 'at-imminent-risk-of-homelessness' means a person/family who does not hold a lease and does not own their property, and he/she is experiencing one of the circumstances as follows:

- a. Are moving frequently from relatives' or friends' homes at least once a month within a period of at least 3 months;
- b. Are doubled/tripled up with relatives or friends and are being asked to leave;
- c. Are living in an overcrowded setting with two or more people in sleeping/living areas;
- d. Are living in a dangerous situation due to domestic violence."²⁰

lowest p value that best fit the model represented the other variables in the scale. Independent variables with p values less than 0.05 were included in the final multivariate model. Hosmer–Lemeshow goodness-of-fit and likelihood ratio tests were used to choose the most parsimonious model. Data were analyzed using Stata Statistical Software 8.²¹

RESULTS

Demographics

More than half (54%) of female detainees anticipated stable housing upon release. The median age of female detainees was 37 (interquartile range [IQR]: 29, 41); 69% self-identified as African-American, and 33% identified as lesbian or bisexual. The median income in the 30 days prior to arrest was \$145 (IQR: 0, 559), and the median number of prior arrests was 5 (IQR: 3, 11). The median number of days detained was 46.5 (IQR: 29, 97.5). The 29% of respondents who knew their release date had a mean of 28 days until release (standard deviation [SD] = 35).

Housing Status

One in four participants did not know where she would be staying when she got out. Among those who knew where they would be staying, 38% anticipated staying with a family member, 16% at their own home, 13% in a residential treatment program, and 8% with friends. One participant anticipated staying in an abandoned house. Over half (56%) anticipated being able to stay at their destination permanently; however, 2% anticipated being able to stay less than 7 days, 5% between one and 3 months, 12% 4 months to a year, and 26% did not know how long they would be able to stay.

Health Indicators

Infectious diseases were common: 5% of respondents reported being infected with HIV, 14% with HCV, and 40% reported ever having an STI. Mental health issues were common: 59% reported having been diagnosed with depression, 33% with bipolar disorder, 28% with anxiety, and 9% with schizophrenia. At the time of interview, 4% of participants reported being pregnant.

HIV Risk Behaviors

Regarding trading sex for money, drugs or a place to stay (“sex work”), one third of the female detainees interviewed reported at least one recent sex trade partner, 74% reported always using condoms during vaginal sex with trade partners, 64% reported always using condoms during oral sex with trade partners, and 24% reported always using condoms during recent vaginal sex with their primary male partners. Fifteen percent of participants reported having a female primary partner.

Heroin use was common, with 55% of respondents reporting recent heroin use. Among recent heroin users, 44% reported injection as their route of drug administration. In contrast, only 2% of recent cocaine users reported recent cocaine injection. Of those who reported recent injection, 33% reported recently borrowing or sharing needles, and 59% reported “borrowing or sharing cookers, cottons, waters, crack pipes or other tools with other people.” Thirty percent had ever overdosed, and 60% reported ever having witnessed an overdose.

TABLE 1. Characteristics of female detainees by perceived housing stability upon release (n = 148)

	Total N (%)	Stable housing	Non-stable	UOR (95% CI)
		(n = 80) N (%)	(n = 68) N (%)	
<i>Age</i>				
18–29	40 (27%)	25 (31%)	15 (22%)	1.00
30–39	54 (36%)	26 (33%)	28 (41%)	0.56 (0.24, 1.28)
40+	54 (36%)	29 (36%)	25 (37%)	0.70 (0.40, 1.60)
<i>Race/ethnicity</i>				
African-American	102 (69%)	55 (69%)	47 (69%)	1.00
White	24 (16%)	13 (16%)	11 (16%)	1.01 (0.41, 2.47)
Mixed/Other	14 (9%)	8 (10%)	6 (9%)	1.14 (0.37, 3.52)
American Indian	8 (5%)	4 (5%)	4 (6%)	0.85 (0.20, 3.60)
<i>Sexual orientation</i>				
Heterosexual	101 (69%)	60 (76%)	41 (60%)	1.00
Bisexual	30 (20%)	12 (15%)	18 (27%)	0.45 (0.20, 1.04)*
Homosexual	16 (11%)	7 (9%)	9 (13%)	0.53 (0.18, 1.54)
<i>Income (in dollars; 30 days prior to arrest)</i>				
0	68 (46%)	32 (41%)	36 (53%)	1.00
1–399	31 (21%)	12 (15%)	19 (28%)	0.71 (0.30, 1.69)
400–799	28 (19%)	23 (29%)	5 (7%)	5.17 (1.76, 15.21)‡
800+	20 (14%)	12 (15%)	8 (12%)	1.69 (0.61, 4.65)
<i>Education</i>				
≤8 years	13 (9%)	4 (5%)	9 (13%)	1.00
9–12 years	77 (52%)	40 (50%)	37 (55%)	2.43 (0.69, 5.57)*
>12 years	57 (39%)	36 (45%)	21 (31%)	3.85 (1.06, 14.08)†
<i>Degree</i>				
None	68 (47%)	32 (40%)	36 (54%)	1.00
GED	22 (15%)	12 (15%)	10 (15%)	1.35 (0.51, 3.54)
Diploma	46 (31%)	26 (33%)	20 (30%)	1.46 (0.69, 3.10)
AS/BS	11 (7%)	10 (12%)	1 (1%)	11.25 (1.36, 92.79)
<i>Number of children</i>				
None	30 (20%)	15 (19%)	15 (22%)	1.00
1–3	88 (60%)	47 (59%)	41 (60%)	1.14 (0.50, 2.63)
4+	29 (20%)	17 (22%)	12 (18%)	1.41 (0.51, 3.96)
<i>Arrest history</i>				
≤5 arrests	73 (49%)	42 (52%)	31 (46%)	1.00
6–10 arrests	36 (24%)	19 (24%)	17 (25%)	0.82 (0.37, 1.84)
10+ arrests	39 (26%)	19 (24%)	20 (29%)	0.70 (0.32, 1.53)
<i>Probation/Parole status at time of arrest</i>				
Probation	79 (53%)	44 (56%)	35 (44%)	1.15 (0.60, 2.20)
Parole	6 (4%)	1 (16%)	5 (84%)	0.16 (0.02, 1.40)

Not all Ns total 148 due to missing values.

* $p < 0.1$.

† $p < 0.05$.

‡ $p < 0.01$.

Three quarters of respondents reported wanting drug treatment upon release. Nearly one third (32%) of detainees had recently attempted to access treatment. Of the 38 detainees who had contacted treatment services since they had been in jail,

TABLE 2. Social determinants and HIV risk behaviors of female detainees (n = 148)

	Total	Stable housing	Non-stable	
	N (%)	(n = 80)	(n = 68)	UOR (95% CI)
	N (%)	N (%)	N (%)	
<i>Neighborhood disorder score</i>				
Low (vs. High)	86 (58%)	41 (48%)	45 (52%)	1.86 (0.96, 3.63)
<i>Family support score</i>				
High (vs. Low)	65 (39%)	44 (68%)	21 (32%)	2.74 (1.39, 5.38)‡
<i>Close friends</i>				
>1 (vs. none)	91 (61%)	52 (57%)	39 (43%)	1.38 (0.71, 2.68)
<i>Phone contacts</i>				
Daily (vs. <Daily)	120 (81%)	71 (59%)	49 (41%)	3.06 (1.28, 7.32)†
<i>Condom use during recent vaginal sex with primary partner (n = 91)</i>				
Always (vs. <Always)	22 (24%)	16 (73%)	6 (27%)	2.12 (0.76, 6.22)
<i>Recent sex in exchange for money, drugs or a place to stay</i>				
Yes (vs. No)	51 (34%)	25 (49%)	26 (51%)	0.73 (0.37, 1.45)
<i>Condom use during recent vaginal sex with trade partner (n = 46)</i>				
Always (vs. <Always)	23 (50%)	19 (82%)	4 (17%)	2.53 (0.63, 10.05)
<i>Want a support group for issues surrounding engagement in sex work</i>				
Yes (vs. No)	39 (27%)	12 (31%)	27 (69%)	0.26 (0.12, 0.57)‡
<i>Recent benzodiazepine use</i>				
Yes (vs. No)	26 (18%)	8 (31%)	18 (68%)	0.20 (0.12, 0.75)†
<i>Recent daily heroin or cocaine use</i>				
Yes (vs. No)	87 (59%)	40 (46%)	47 (54%)	0.47 (0.23, 0.88)†
<i>Ever not accessed drug treatment because could not afford fees (n = 129)</i>				
Yes (vs. No)	68 (53%)	30 (44%)	38 (56%)	0.48 (0.24, 0.97)†
<i>Insurance</i>				
No (vs. Yes)	58 (39%)	42 (74%)	16 (28%)	0.28 (0.14, 0.58)†

Recent=within the 30 days prior to arrest. Not all Ns total 148 due to missing values. Those who had ever not been able to access drug treatment due to fees had previously identified as ever having had a problem with drugs during the interview.

* $p < 0.1$.

† $p < 0.05$.

‡ $p < 0.01$.

61% had received a positive response. Less than one seventh (13%) reported having accessed some form of treatment since being in jail. Respondents identified employment, drug treatment, housing, seeing their children, and living in a different neighborhood as the top five most important factors in keeping them out of jail.

Bivariate Analysis

Unadjusted odds ratios [UOR] from the bivariate analysis of demographic variables are presented in Table 1. Women with more than 12 years of education were significantly more likely to have perceived housing stability upon release (63 vs. 36%, respectively, $p < 0.05$), compared to those with less than 12 years of education. Information regarding bivariate analysis of social determinants and HIV risk behaviors is located in Table 2. Women with stable housing reported significantly higher family support scores (68 vs. 32%, respectively, $p < 0.01$) compared to those without. Women without perceived housing stability upon release were significantly

TABLE 3. Characteristics and behaviors associated with housing stability upon release among female detainees in a multiple logistic regression analysis ($n = 148$)

Characteristics of Behaviors	UOR (95% CI)	AOR (95% CI)
Monthly income \$400–799	5.17 (1.76, 15.21) [†]	3.18 (1.00, 10.07) [†]
High family support score	2.74 (1.39, 5.38) [†]	2.57 (1.21, 5.47) [†]
Wanting a support group for issues surrounding engagement in sex work	0.26 (0.12, 0.57) [‡]	0.25 (0.10, 0.62) [‡]

Adjusted for age and race.

UOR Unadjusted odds ratio, 95% CI confidence interval, AOR adjusted odds ratio.

^{*} $p < 0.1$.

[†] $p < 0.05$.

[‡] $p < 0.01$.

more likely to report wanting a support group for issues surrounding engagement in sex work (69 vs. 31%, $p < 0.01$), recent daily heroin or cocaine use (54 vs. 46%, $p < 0.05$), and lacking health insurance (74 vs. 28%, $p < 0.05$).

Multivariate Analysis

Adjusted odds ratios (AOR) from the multivariate logistic regression analysis are presented in Table 3. High familial support (AOR 2.57; 95% CI 1.21, 5.47) and a monthly income of \$400–799 (AOR 3.18; 95% CI 1.00, 10.07) were significantly positively associated with perceived housing stability upon release; wanting a support group for having traded sex for money, drugs or a place to stay (AOR 0.25; 95% CI 0.10, 0.63) was significantly negatively associated with perceived housing stability upon release after adjusting for age, race and income.

Alternative Model

To test the robustness of this model, we conducted an alternative multivariate analysis that compared respondents who knew where they would be staying when they got out ($n = 111$) to those who did not ($n = 37$) but did not include the anticipated length of stay in the definition of the dependent variable. In this model, identifying as lesbian (AOR 0.25; 95% CI 0.08, 0.82) was significantly negatively associated with having a place to stay upon release; reporting a monthly income of \$400–799 (AOR 11.11 (1.28, 100.00)) was significantly positively associated with having a place to stay upon release, after controlling for age and race. The small sample size in the group lacking a place to stay upon release limited the statistical power of this model and a broader definition of housing stability was favored. With the broader definition, however, identifying as lesbian was not significantly associated with housing stability.

DISCUSSION

This study sought to identify factors associated with perceived housing stability upon release for female detainees. Almost half of female detainees reported a perceived lack of stable housing availability upon release. Familial support and a monthly income of \$400–799 were significantly positively associated with perceived housing stability upon release; wanting a support group for issues surrounding engagement in sex work was significantly negatively associated with perceived housing stability upon release.

The increasing rate of female incarceration impacts the lives, families and communities of incarcerated women in ways that are only beginning to be understood. While prisons have made some progress in recent years in developing gender-responsive programming, female detainees may be less likely to benefit from such programs due to women's short tenure in jail and to the high volume of turnover in jails. Given the dearth of services in jails, this study sought to investigate social and material resource availability and factors associated with perceived housing stability upon release from jail settings. Having strong familial support and a monthly income of \$400–799 independently predicted perceived housing stability upon release, while wanting a support group for issues surrounding engagement in sex work was negatively associated with perceived housing stability, after controlling for other factors.

Our sample was majority African-American, reflecting both the racial composition of Baltimore City and the overrepresentation of African-Americans in United States prisons and jails.²² Participants had been detained a median of over 1 month, suggesting that sufficient time does exist for interventions with detained populations. However the average length of stay in this sample was positively skewed by our failure to interview detainees in the quarantine unit.

Consistent with other studies, detainees were representative of the lowest socio-economic segments of our society, with over two-thirds reporting a monthly income less than \$400 USD and nearly half lacking a high school diploma or General Equivalency Degree certificate. Our findings also support previous studies which have found high rates of HIV, drug and alcohol use, mental health diagnoses, homelessness and chronic diseases in incarcerated populations.^{6–10} While three-quarters of participants expressed a desire for drug treatment services, only 13% reported receiving treatment while incarcerated, illustrating a dearth of treatment availability within BCDC. The diagnoses (e.g., depression, bipolar disorder and schizophrenia) named by respondents are consistent with a similar study of female detainees in Chicago.⁸ Post Traumatic Stress Disorder has been shown to be common among female detainees^{8,23–25} but was not included in this questionnaire.

This study found recent daily heroin, cocaine and benzodiazepine use, lack of health insurance and inability to afford drug treatment to be associated with perceived housing instability upon release. This relationship disappeared when controlling for age, race and income. Strong familial ties were the strongest predictors of perceived housing stability upon release, outweighing the role of recent drug use and income. This supports previous research documenting the vital role of familial support for successful prisoner re-entry and suggests that interventions focused solely on sobriety may be less effective than those emphasizing family reunification.^{8,14,26} Friendship ties were not protective, which is consistent with previous findings that social ties may have deleterious effects in communities where there is a high level of overlap between drug and support networks and suggests the need for interventions that promote ties to pro-social networks.²⁷

Approximately one third of the sample reported recent sex work, and one third identified as lesbian or bisexual. Wanting a support group for issues surrounding engagement in sex work was negatively associated with perceived housing stability upon release, suggesting that sex workers may be particularly isolated from social and economic resources that are protective for successful reentry after periods of incarceration. In an alternate model, identifying as lesbian was significantly negatively associated with having a place to stay upon release. The potential for disapproval of

engagement in sex work and lesbian identity by social networks or service providers, indicates that targeted interventions may be warranted for these populations.

The data are subject to several limitations. The cross-sectional nature of this study limits the ability to determine the temporal direction of the associations found here. The study had a small sample size, which limited its statistical power, and lacked a male detainee or female prisoner sample for comparison. The exclusion of detainees in the booking and quarantine units resulted in average length of stay of 46.5 days, which is substantially higher than that of the 29 day average length of stay for female detainees reported by BCDC. Participants in this sample may have been unable to afford bail and may have come from a more socially isolated or economically deprived group. For this reason, our findings may not be generalizable to the quarantine population or to those who were released early on bail and who may have greater real and perceived social and material resources. Conversely, our exclusion of detainees in the medical unit and the few refusals by detainees who reported not feeling well may have underestimated the morbidity among the population, although this effect was probably minimal.

While research has shown Post-Traumatic Stress Disorder (PTSD) to be common among female detainees,^{8,23-25} this study failed to ascertain the prevalence of PTSD among participants. Questions regarding sensitive topics such as drug use and sexual risk behavior relied on self-report and may have elicited socially desirable responses. However, previous research has documented reliable self-report of HIV risk behaviors and recent drug use.²⁸

The definition of housing stability used here included not having a place to stay, anticipating a stay of less than 30 days, and not knowing how long one could stay. A stricter definition of housing stability that compared respondents who had a place to stay upon release to those who did not suggested that identifying as lesbian was associated with an anticipated lack of housing upon release, but the model lacked statistical power due to sample size limitations. Alternate definitions of housing stability may have yielded different results. Additional research with larger populations of female detainees would assist in identifying factors associated with housing stability upon release from jail.

Despite these limitations, the findings presented here have immediate practical implications for informing service provision to current and former female detainees in Baltimore and other locales.

Female detainees have unique needs that warrant special attention. With nearly half of the sample anticipating a lack of housing stability upon release, pre-release planning efforts should be provided to connect detainees with affordable housing opportunities. Additionally, the protective effects of monthly incomes above \$400 suggest a need for programs focused on income generation through employment, vocational training, and assistance with accessing public benefits. Given the centrality of familial ties, family-based interventions geared toward successful re-entry of detainees should be studied. With the potential for people leaving jail who identify as lesbian or who are or have been engaged in sex work to be alienated from their families, services should address the social vulnerability of these populations. Programs such as La Bodega in New York City provide promising models for incorporating families into successful prisoner re-entry.¹⁷

The periods of time that female detainees spend in jail are long enough to provide excellent windows of opportunity for intervention. Public health and corrections officials should work in collaboration to establish a continuum of care between jails and the communities to which detainees will likely return.²⁹

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