

**Summary Sheet on 2019 Office of Corrections Ombuds Survey of Women Prisoners at  
Washington Corrections Center for Women, Mission Creek Corrections Center for  
Women, and Yakima County Jail**

DRAFT

## Executive Summary and Findings

Women are an often overlooked population within departments of corrections nationwide. Policies, procedures, and prisons in general are developed based on the male population and often do not take into account the specific needs and concerns of women. The survey undertaken by the Office of the Corrections Ombuds (OCO) was an attempt to lift up the voices of incarcerated women, identify issues, and create a dialogue for development of solutions.

Across all the surveys, a clear finding is that the women being held at Yakima County Jail are the least satisfied with their experience, have the least access to necessary programs and treatment, particularly with regard to health services, and have the poorest conditions of confinement.

The following is a summary of the survey findings by individual question:

- The vast majority of incarcerated women report feeling physically safe at their institution. However, they also report that staff are more reactive than proactive and that under-staffing leads to overwhelmed and less responsive staff. Facility layout, lack of cameras, and poor sanitation also contribute to low feelings of physical safety.
- Only slightly more than half of incarcerated women report feeling emotionally safe at their institution. LGBTQ prisoners, non-white prisoners, and immigrant prisoners experience various types of harassment and do not always feel emotionally safe.
- The majority of incarcerated women felt that their hygiene needs were met, with the exception of the women incarcerated at Yakima County Jail, where the majority felt that their needs were not met. However, the insufficiency of the indigent hygiene pack contents, denture supplies for elderly prisoners, and shower access were repeated concerns.
- Almost half of the respondents reported that their clothing needs were not met, with women at Yakima again the most dissatisfied. The top clothing concerns are that the allowance of six pairs of underwear is insufficient, particularly during menstrual periods, poor selection of shoe sizes, the need for an additional sweatshirt, and clothing colors that are unfeminine.
- Approximately half of respondents reported that their dental needs are not met, with the women at Yakima the most dissatisfied. The majority stated that dental staff will only pull teeth rather than try to save teeth through fillings or root canals and seem indifferent to individualized patient needs. There are reportedly few services offered for dentures.
- Approximately half of respondents reported that their medical health care needs are not met. The women reported feeling that their complaints were minimized or not believed,

even when the symptoms were serious, and there are difficulties obtaining glasses and hearing aids.

- Responses regarding mental health varied from relatively positive perceptions at Mission Creek, more negative at WCCW, and the most negative at Yakima, where mental health access is nonexistent. At the state facilities, the women generally liked the actual care provided, but reported it was difficult to access.
- The majority of incarcerated women reported that the food provided was not of acceptable quality, with the worst perception at Yakima. Respondents were concerned about food contamination or spoiled food, small portions for those in restrictive housing, and over-reliance on carbohydrate or soy heavy items.
- The majority of incarcerated women reported that they did not feel comfortable sharing their concerns with staff. The respondents reported feeling degraded by staff and that staff are trained to treat incarcerated women as though they are lying and manipulated. Positively, almost every respondent could name at least one staff with whom they would feel comfortable.
- The majority of incarcerated women reported feeling that prison staff did not respond appropriately to their concerns. Women reported having to contact staff multiple times, wait extended periods, or be pushed off to other staff. Women incarcerated at Yakima again reported the worst responses.
- The majority of incarcerated women reported that the grievance process is not fair. Women felt that it was slow, that the Grievance Coordinator was biased in favor of staff, or that they would face retaliation for using it.
- Generally, the majority of incarcerated women reported having access to adequate programming, with the exception again being the women at Yakima. Yakima Jail provides no programming or job opportunities outside of one hour of TC sessions per day and a limited quantity of TC jobs. Under-staffing causes delays or cancellation of scheduled programming at WCCW.

Issues at the root of many other concerns addressed in this summary:

- Understaffing, overcrowding, and excessive overtime burdens on staff negatively impact the health, safety, programming, and conditions of confinement for the incarcerated population.
- Need for staff training to better address the following:
  - Consistent, constructive protocols in conflict de-escalation;
  - Better modeling of pro-social behavior for prisoners, and in setting the tone of interactions with prisoners and fellow staff;

- Proactive, effective handling of the emotional and mental health needs of prisoners;
  - Clearer understanding of what kind of language, touching, and joking is considered sexual harassment, a PREA violation, or verbal abuse;
  - Understand their role in broader penological and public safety objectives so their interpretation and application of policy does not undermine pro-social rehabilitation efforts;
  - How to build constructive, responsive interactions with incarcerated individuals, rather than viewing them as manipulative and lying; and,
  - Sufficient CPR and medical emergency response training.
- Rehabilitation and reentry outcomes may be negatively impacted by the conditions of confinement that the women are subjected to:
    - Negative living unit dynamics that cause prisoners to suppress emotions and mental health issues that need to be dealt with and many fear this will cause them to come out emotionally hardened when they release
    - Poor quality of and access to medical, mental health, and dental care may result in the incarcerated being released sicker and in need of greater health services post-release.
    - Cosmetic issues such as dental staff pulling rather than fixing teeth and poor diet may impact personal appearance that negatively impacts employment opportunities.
- Repeat Yakima Jail transfers (and involuntary TC programming)
    - Cause a cloud of anxiety to hang over women who have experienced them or who might experience them
    - Disrupt pro-social, rehabilitative programming, including educational programs and vocational certifications that enhance women's chances of employment upon release
    - Restrict women's access to prison employment, rendering them indigent
    - Give women too much idle time to sit and feel agitated due to eliminating access to other programming

## Introduction

Upon the official opening of the Office of the Corrections Ombuds (OCO), community stakeholders who had lobbied for the creation of OCO identified that special attention was needed for the concerns of the female incarcerated population. This concern was later substantiated by the high rate of complaints submitted by the female population to OCO. OCO responded through the creation of an Assistant Ombuds position focused on the female population and by initiating a survey of every female incarcerated prisoner incarcerated in the Washington Department of Corrections (DOC), the results of which culminate in this report.

The goal of the survey and report is to amplify the voice of the people living inside the prison system, bring attention to their concerns, and identify systemic issues to be addressed.

## Survey Creation, Distribution, and Collection

Surveys were distributed in May and June 2019 to incarcerated individuals under DOC jurisdiction at the Yakima County Jail, Mission Creek Corrections Center for Women (MCCCW), and Washington Corrections Center for Women (WCCW). In total, the OCO received 772 completed surveys from respondents housed in the following living units and subunits:

- Yakima Jail – Therapeutic Community (TC) program (37 surveys)
- MCCCW (209 surveys)
  - Mission Unit – TC program (71 surveys)
  - Gold Unit (57 surveys)
  - Bear Unit (74 surveys)
- WCCW (526 surveys<sup>1</sup>)
  - Reception and Diagnostic Center (56 surveys)
  - Treatment and Evaluation Center (TEC) Acute (10 surveys)
  - TEC Residential (12 surveys)
  - Closed Custody Unit (CCU) East (52 surveys)
  - CCU West (24 surveys)
  - Administrative Segregation (14 surveys)
  - Inpatient Unit (IPU)/Clinic (4 surveys)
  - Medium Security Unit (MSU) A (82 surveys)
  - MSU B (95 surveys)
  - MSU W – overflow living unit in old gym (13 surveys)
  - Medium Security Campus (MSC) J Unit (48 surveys)
  - MSC K Unit (43 surveys)
  - MSC L Unit – TC program (71 surveys)

The OCO survey presented respondents with 12 statements:

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<sup>1</sup> A couple of surveys from this facility did not identify living unit so are excluded from counts for individual living units and subunits

- (1) I feel physically safe at my institution.
- (2) I feel emotionally safe at my institution.
- (3) My hygiene needs are met at this institution.
- (4) My clothing needs are met.
- (5) My dental care needs are met.
- (6) My health care needs are met.
- (7) My mental health care needs are met.
- (8) The food provided is of acceptable quality.
- (9) I feel comfortable sharing my concerns with staff.
- (10) The prison staff respond appropriately to my concerns.
- (11) The grievance process is fair.
- (12) I have adequate access to programming

Respondents were asked to rank each statement in terms of the following range of possible assessments, with additional blank space provided to allow respondents to share additional information:

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

In the following analyses, it should be assumed that unless otherwise specified, details apply to both MCCCW and WCCW (and often to Yakima Jail as well, though smaller quantity of responses means not as much insight into all of these aspects of daily life were provided by Yakima respondents and we can only guess if this all holds true for those women)

## **Report Findings**

### *Physical and Emotional Safety*

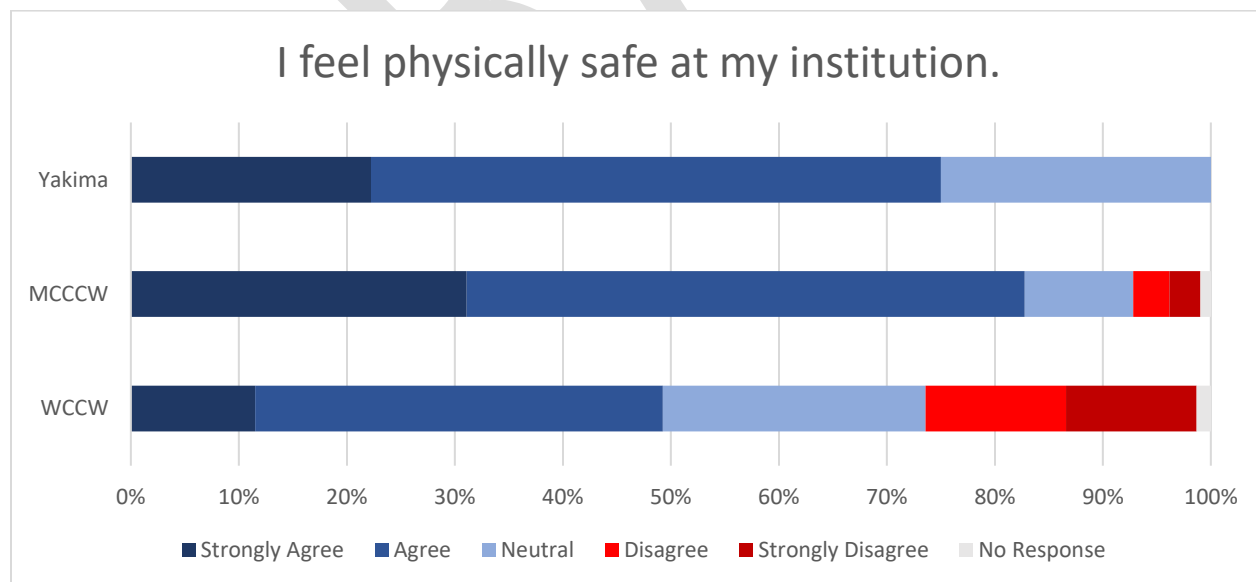
- Staff Response an Underlying Factor
  - DOC staff's way of interacting with women is reportedly reactive rather than proactive, which fails to provide emotional support and physical protection before issues escalate into dangerous situations
  - Staff reportedly do not take prisoner reports of dangerous situations (assaults, sexual harassment, being ganged up on by cellies in overcrowded cells, mental health problem developing, etc.) seriously until it is too late, at which point prisoners are often punished or sometimes physically harmed
  - Staff are reportedly reluctant to intervene in the early stages of prisoners' interpersonal conflict or in staff bullying prisoners due to multiple reasons: fear for own safety, apathy, desire to avoid filling out paperwork, loyalty to coworkers

(even when coworkers are in the wrong), and dislike of those who have committed crimes

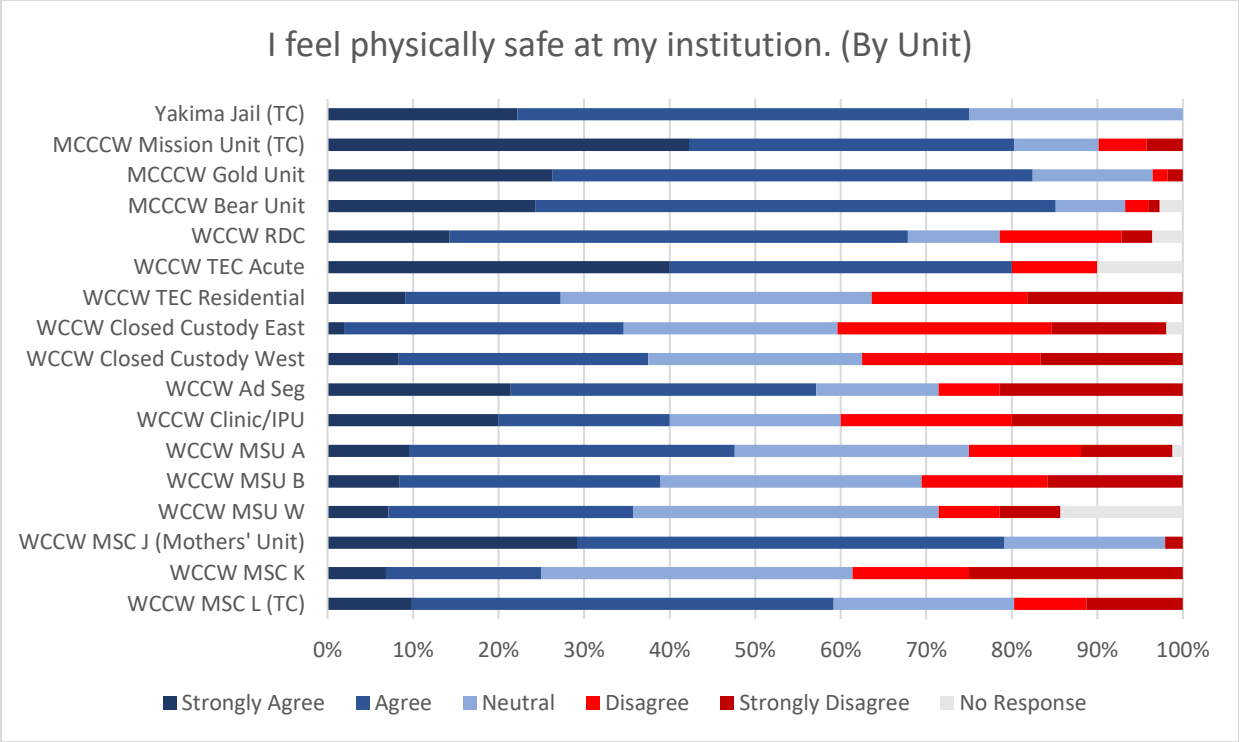
- Staff reportedly are only offering protective custody or Close Observation Area as an option when women report feeling unsafe on living units, but “checking in” to these options can cause prisoners to be further targeted by other prisoners for being perceived “snitches.” Options that are more engaged, helpful, reassuring, and empowering are desired.
- When staff are not physically present for extended periods in living units (especially problematic in WCCW MSU B Pod, with staff reportedly entirely absent for twenty minutes at a times sometimes) unsafe situations may arise.
- Most prisoners report having at least one or two staff members they feel safe reporting concerns to, but most also report specific staff they feel unsafe or uncomfortable approaching
- Staff are exhausted and over-worked, potentially leading to poor responses
- Some staff allegedly encourage prisoner conflict and/or leave prisoners to police themselves.
- Mentally ill prisoners want to be housed somewhere quiet and safe with familiar people around them
- Loud, chaotic living units are exacerbating feelings of being on edge. Staff are reportedly not ensuring enough order.

### Physical Safety

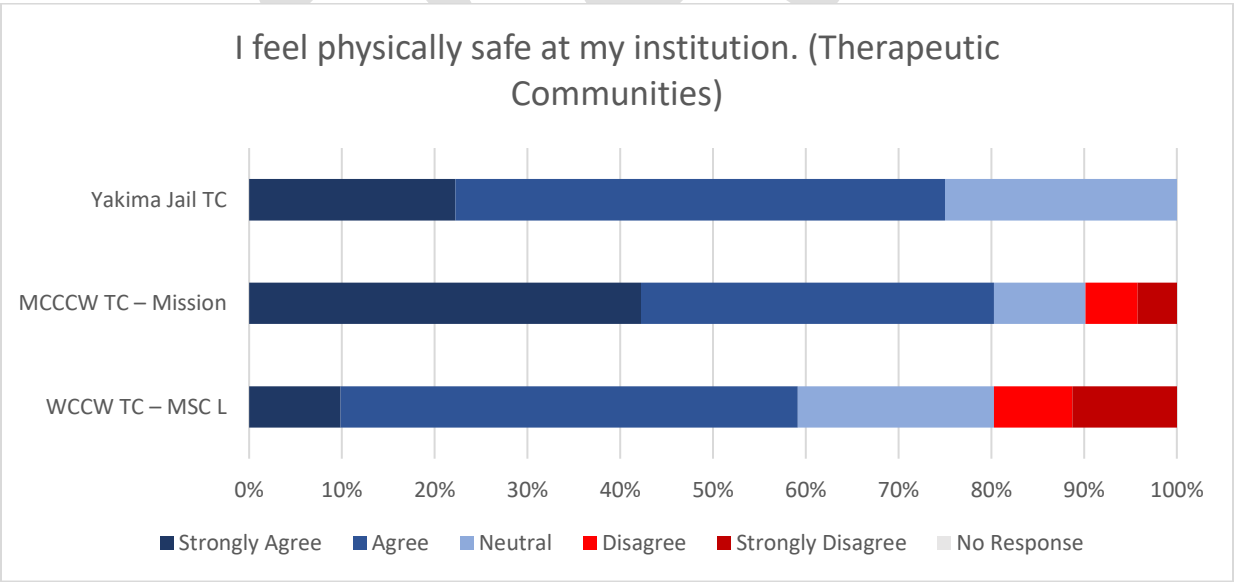
**Summary Finding: The vast majority of incarcerated women report feeling physically safe at their institution. However, they also report that staff are more reactive than proactive and that under-staffing leads to overwhelmed and less responsive staff. Facility layout, lack of cameras, and poor sanitation also contribute to low feelings of physical safety.**



Note: For all three facilities combined, 772 surveys were filled out, with 37 from Yakima Jail, 209 from MCCCW, and 526 from WCCW.



Note: 772 surveys total (Yakima 37, Mission 71, Gold 57, Bear 74, RDC 56, TEC-A 10, TEC-R 12, CCU-E 52, CCU-W 24, Ad-Seg 14, IPU 4, MSU-A 82, MSU-B 95, MSU-W 13, MSC-J 48, MSC-K 43, MSC-L 71)



Note: 179 surveys total (Yakima 37, Mission 71, MSC-L 71)

**Concerns:**

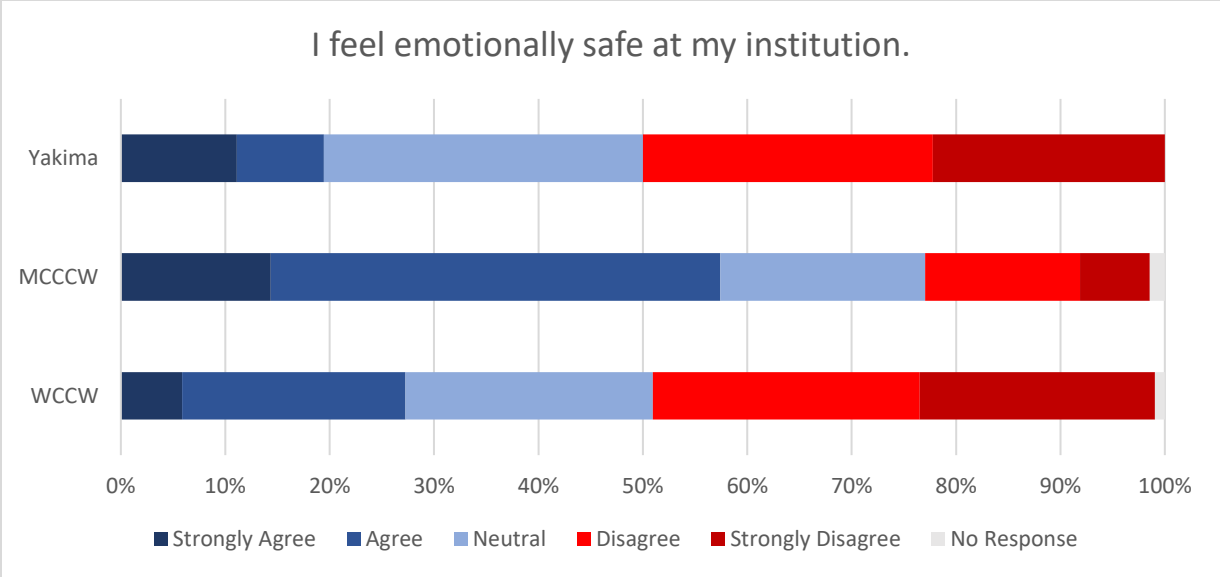
- Aging and docile prisoners feel unsafe being housed with young rambunctious prisoners, especially when drug use occurs.



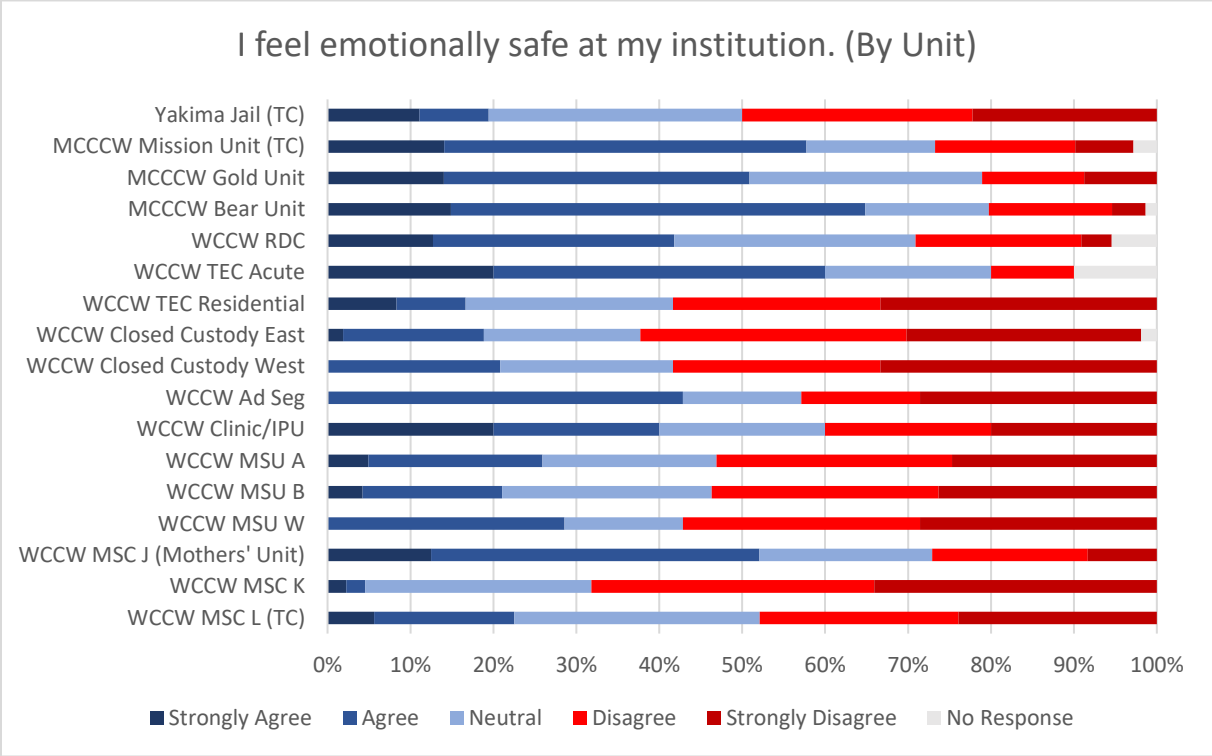
- Facility layout (with absence of cameras in key places, such as WCCW MSU W unit) and infrastructure disrepair undermine feelings of physical safety.
  - Roof caving in from air conditioning in MCCCW Mission Unit (Survey No. 70), ceiling and light fixtures leaking water (Surveys No. 1, 76, 78, 82). Mission Unit is reported to be in such disrepair that it “needs to be condemned” (Survey No. 81). MCCCW respondents also report water quality concerns, including water contaminated with fecal matter (e.g. Survey No. 83). Several women at MCCCW and one at WCCW report developing scalp fungus or having hair fall out in clumps that sometimes leave bald spots due to chemicals and fecal contaminants in facility water (e.g. Surveys No. 15, 19, 75, 78, 86, 118, 129, 541). Both MCCCW and WCCW respondents report black mildew growing in living unit showers (Surveys No. 82, 339, 481, 515) and no bleach being used to sanitize communal bathrooms (Survey No. 615). The WCCW MSC showers are reported to have tiles falling off the walls and to fail to meet ADA requirements (Survey No. 642). Broken or malfunctioning showers are another concern, with several WCCW respondents reporting that shower water temperature cannot be controlled (e.g. Survey No. 278) and that a broken shower can leave 50 women competing for the one or two remaining showers in a living unit (e.g. Surveys No. 610, 731, 753)
  - The integrity of prisoners’ living unit structure affects feelings of physical safety at both MCCCW and WCCW, as well as general well-being and ability to function. Respondents report termites in cupboards and ventilation systems full of dust and hair, cupboard doors falling off, showers out of order, mold growing in ice machines, and broken DOC and JPay kiosks contribute to a demoralizing atmosphere (e.g. Surveys No. 297, 704, 741, 752).
- Drugs brought in by DOSA revokes, prisoners brought back from work release, and some staff are making many feel unsafe, and staff are reportedly turning a blind eye to drugs and other illicit behavior on living units
- Inattentiveness to medical needs of prisoners create feelings of being physically unsafe, and covers everything from incorrect diagnoses by medical staff to slow and apathetic responses to dayroom medical emergencies

### Emotional Safety

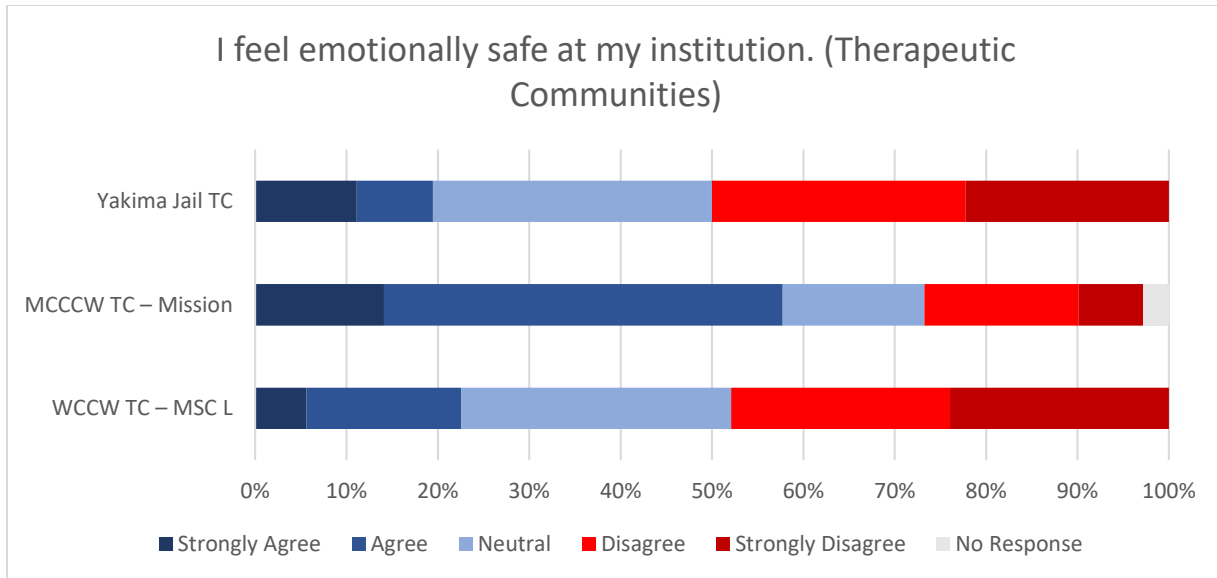
**Summary: Only slightly more than half of incarcerated women report feeling emotionally safe at their institution. LGBTQ prisoners, non-white prisoners, and immigrant prisoners experience various types of harassment and do not always feel emotionally safe.**



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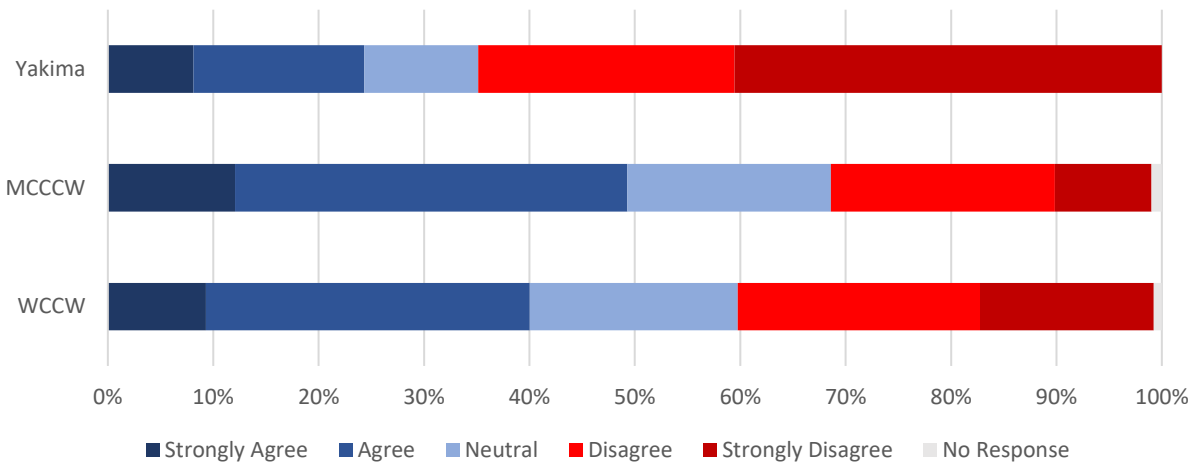
#### Concerns:

- Inconsistency in staff enforcement of rules and ways of running living units creates an “emotional roller coaster” for many prisoners. Consistency and stability are desired.
- Loud noise, chaos, ceaseless loudspeaker announcements, unpredictable living environment, and erratic behavior in fellow prisoners or overworked staff undermine emotional safety and puts prisoners on edge, especially those with post-traumatic stress disorder or other mental health struggles. Understaffing at WCCW and a leaky roof means that the gym is frequently closed and prisoners cannot use exercise as a healthy emotional outlet to cope with emotions (Survey No. 509, 704).
- Prisoners need more therapy group opportunities and more access to proactive, non-emergency mental health care to feel emotionally safe. Multiple respondents from WCCW report being told that unless the prisoner calls “a 13420 Mental Health emergency” code and informs staff that they are going to hurt themselves, they do not receive assistance.
- Fears of getting false U/As or a false PREA accusation by another prisoner make many feel emotionally unsafe
- Many feel emotionally unsafe showing emotions or vulnerability and fear being made a target for teasing and bullying by other prisoners and even staff.
- LGBTQ prisoners, non-white prisoners, and immigrant prisoners experience various types of harassment and do not always feel emotionally safe.

#### Hygiene

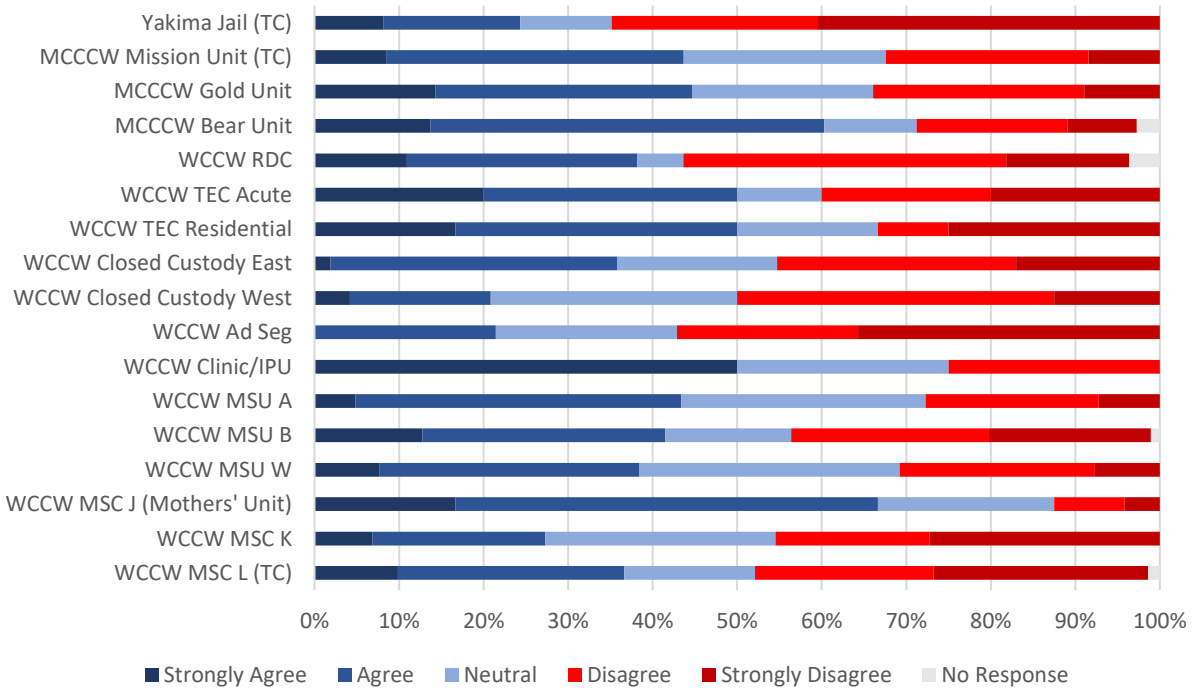
**Summary: The majority of incarcerated women felt that their hygiene needs were met, with the exception of the women incarcerated at Yakima County Jail, where the majority felt that their needs were not met. However, the insufficiency of the indigent hygiene pack contents, denture supplies for elderly prisoners, and shower access were repeated concerns.**

### My hygiene needs are met at this institution.

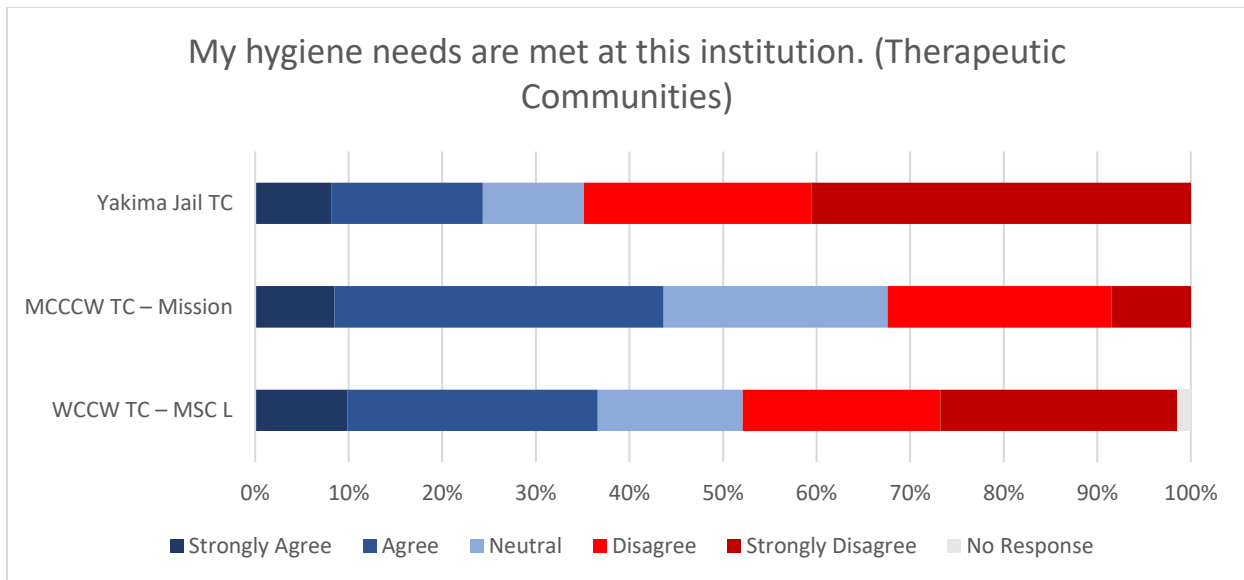


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### My hygiene needs are met at this institution. (By Unit)



Note: 772 surveys total (Yakima 37, Mission 71, Gold 57, Bear 74, RDC 56, TEC-A 10, TEC-R 12, CCU-E 52, CCU-W 24, Ad-Seg 14, IPU 4, MSU-A 82, MSU-B 95, MSU-W 13, MSC-J 48, MSC-K 43, MSC-L 71)



Note: 179 surveys total (Yakima 37, Mission 71, MSC-L 71)

#### Concerns:

- Over 80 surveys across the three facilities specifically identify the insufficiency and ineffectiveness of indigent hygiene pack contents, especially those available at Yakima Jail and in WCCW RDC, as the top hygiene concern. Indigent hygiene packs at MCCCW and WCCW lack lotion, conditioner, and hair ties, and provide ineffective deodorant (e.g. Surveys No. 207, 416) insufficient soap and toothpaste quantities, and sometimes toothpaste with an expiration date of four years earlier (Survey No. 391). Indigent hygiene packs at Yakima Jail provide only a few tiny bars of soap, a razor, toothpaste, and toothbrush, and lack deodorant, shampoo, conditioner, and lotion (Survey No. 218). For those in WCCW RDC, even indigent hygiene packs can take two weeks to receive, since prisoners must wait until a designated commissary (canteen) ordering period, with only bar soap provided in the meantime (Survey No. 403, 406). Prisoners coming into RDC are not allowed to keep any hair ties or hygiene products they may have had in county jails (Survey No. 371). Those transitioning from administrative segregation to general population experience difficulties accessing hygiene items as well (Survey No. 759).
- Indigent hygiene pack products are reported to cause dryness, irritation, acne, rashes, destruction of hair, and hair loss (e.g. Surveys No. 249, 299, 310). One respondent states that these products “include chemicals that have been banned or recalled for safety reasons” (Survey No. 575). The products are designed for male prisoners, particularly for those of European ancestry, leaving female, African American, and transgender prisoners with inadequate hygiene items (e.g. Surveys No. 158, 338, 434, 439, 446, 465, 472, 488). Prisoners with long hair report inadequate combs and brushes on commissary (Survey No. 439).
- Since the current RCW 72.09.015 indigent cap on spendable accounts is a mere \$10, unemployed prisoners who receive a small amount of money from family must often

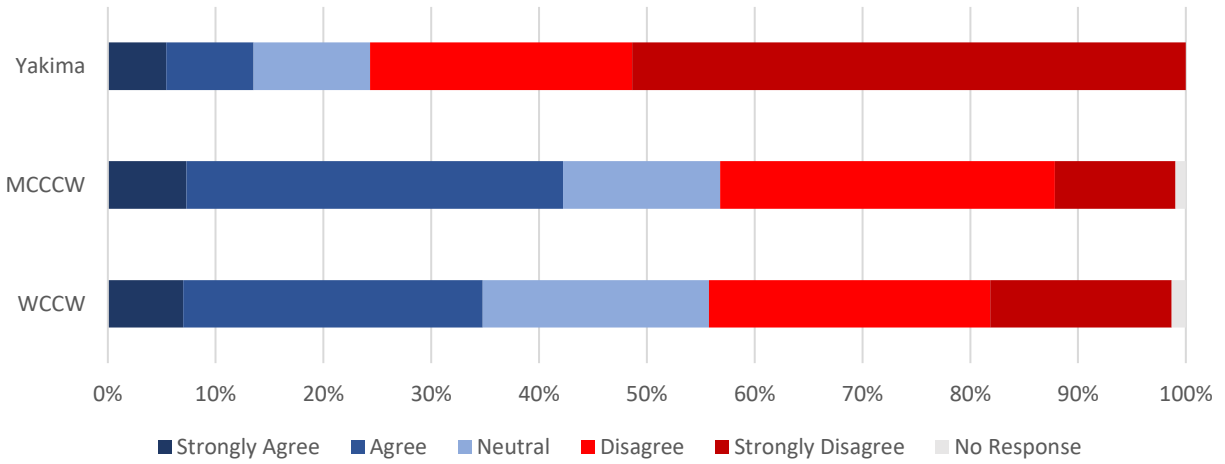
choose among purchasing food, postal supplies, or hygiene items from commissary. Indigent hygiene packs are reported to drive prisoners without financial support into debt, with one respondent having to try to catch up on at least \$100 in hygiene debt once she became employed (Survey No. 462) and another accruing over \$400 in hygiene pack debt (Survey No. 481). Cost of incarceration fees charged to prisoners do not cover hygiene items (Survey No. 345). Non-indigent prisoners who lose commissary privileges are unable to buy additional hygiene products and must also rely on indigent hygiene pack. Many respondents would like access to decent hygiene products to be a right rather than a revocable privilege (e.g. Surveys No. 260, 261, 536).

- Elderly prisoners report having difficulties getting requests for obtaining denture cleaning and adhesive products, as well as cleaning products for specialized medical devices, even during Inpatient Unit stays (e.g. Survey No. 283).
- Tampons and pads are provided at MCCCW and WCCW in insufficient quantities of 30 per month, limited to five at a time, and are sometimes out of stock (e.g. Surveys No. 1, 297, 662). Moreover, women must struggle with suspicious and questioning staff to obtain additional feminine hygiene products (e.g. Surveys No. 82, 102, 120).
- Shower access is another major concern. On an eventful day, prisoners must choose between using limited free time for showers or personal tasks (Survey No. 424). Lockdowns, “cease movements,” or sudden shifting of staff to emergent disciplinary situations—such as packing up the belongings of a prisoner who has been sent to administrative segregation—can result in the canceling of scheduled access to showers (e.g. Surveys No. 316, 357). Programming or work schedules can conflict with approved times for showers, and scheduled exercise periods may be separated from approved shower times by many hours, with the result that some prisoners spend hours or days waiting for access to a shower when feeling sweaty and filthy (e.g. Surveys No. 298, 328, 346, 357). Women in the WCCW TC program must compete for showers early in the morning to be ready for TC sessions by 5AM (Survey No. 752, 753). Showering needs when menstruating in administrative segregation, where shower access is granted only three times per week, are an additional concern (Survey No. 322).

### *Clothing*

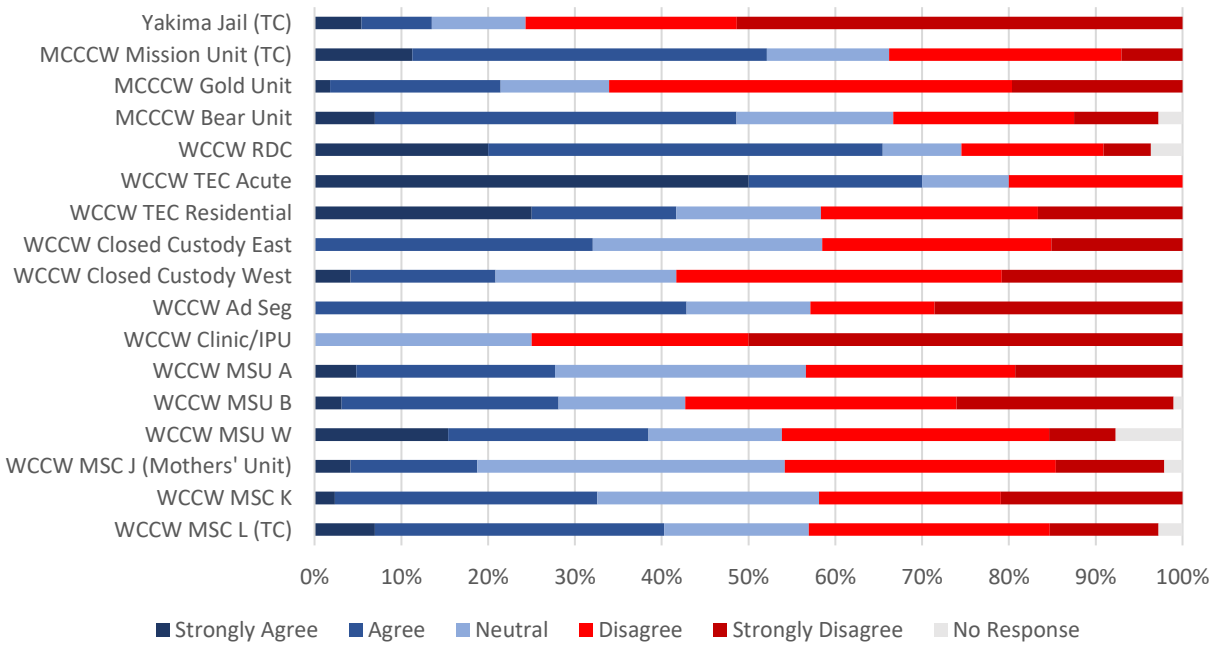
**Summary: Almost half of the respondents reported that their clothing needs were not met, with women at Yakima again the most dissatisfied. The top clothing concerns are that the allowance of six pairs of underwear is insufficient, particularly during menstrual periods, poor selection of shoe sizes, the need for an additional sweatshirt, and clothing colors that are unfeminine.**

### My clothing needs are met.

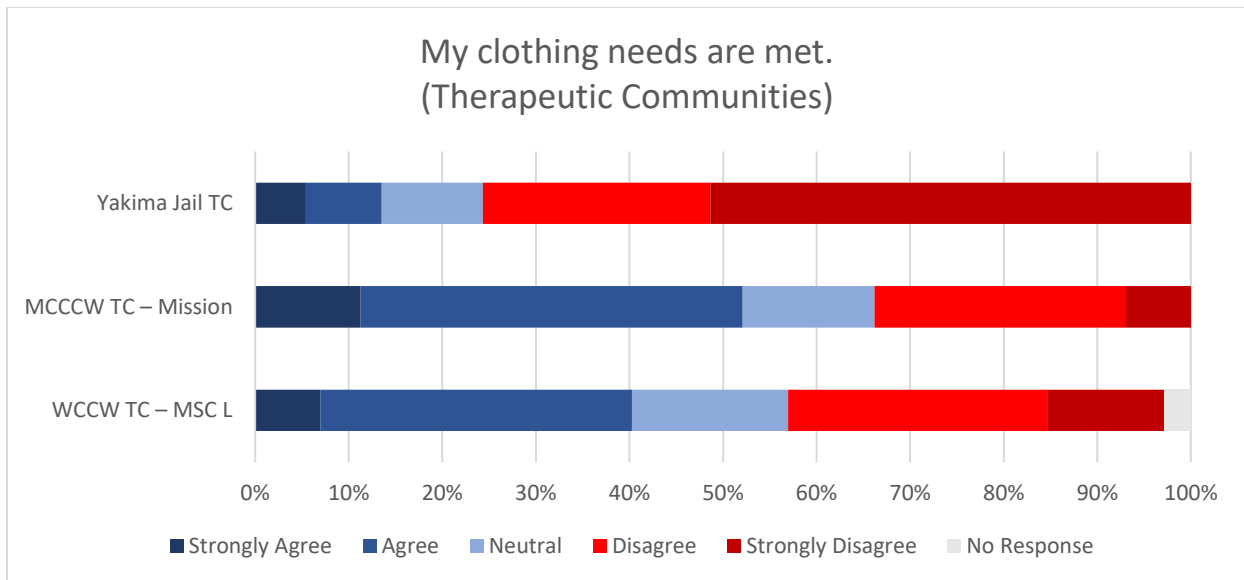


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### My clothing needs are met. (By Unit)



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Note: 179 surveys total (Yakima 37, Mission 71, MSC-L 71)

#### Concerns:

- The top clothing concern for respondents at MCCCW and WCCW is that an allowance of six pairs of panties every six months (because the policy-approved three-month timeline is typically delayed, especially at MCCCW (Survey No. 181) is reported by most respondents to be insufficient, especially during menstrual periods (e.g. Surveys No. 2, 181). Respondents report feeling they must constantly struggle with staff to acquire sufficient quantities of sanitary underwear (e.g. Surveys No. 28, 57, 82), even though underwear become stained and rapidly fall apart with wear (Surveys No. 75, 79, 118). Respondents express concerns about sanitation when required to reuse badly soiled underwear for six months, and women at MCCCW report feeling humiliated when DOC staff require them to show evidence of soiling from menstruation or incontinence before a request for new underwear will be granted (e.g. Surveys No. 43, 59, 63, 79, 102, 181, 185), even in cases of severely soiled underwear due to a medical condition (Survey No. 79). If underwear fall apart, are stolen, or are lost, women may have to get by on as few as three pairs until the next scheduled six-month clothing exchange (Surveys No. 74, 298, 540). Thus, some women rely on used panties borrowed from a fellow prisoner (Survey No. 585). Bra and sock quantities are also insufficient (e.g. Survey No. 180), and obtaining binders or boxers in sufficient quantities is difficult for transgender prisoners (Survey No. 248, 446).
- One respondent reports being allowed no changes of underwear for a week upon being placed in administrative segregation (Survey No. 252). Prisoners transitioning from administrative segregation to general population experience difficulties obtaining general population clothing (Survey No. 759), as do those returning from Yakima Jail (Survey No. 343). For example, one respondent writes: “When I came back from Yakima in January it took me 2 months to get clothing. I had no panties and started my cycle upon returning” (Survey No. 652). Those who are transferred to Yakima Jail are initially made to wear Yakima Jail uniforms, and must wait an inordinately long time to receive their



DOC TC uniforms or even regular DOC general population clothing (e.g. Surveys No. 211, 212, 214, 215).

- Women are given used shoes and underwear when they transition—feeling vulnerable if they are first-time prisoners—from reception to general population, and are sometimes given used clothing at their subsequent policy-scheduled clothing exchanges (e.g. Survey No. 13). The used shoes they are given can smell bad and have holes, and can cause athlete’s foot and fungus (e.g. Surveys No. 47, 104). Used clothing is often stained (e.g. Survey No. 8) and, as one respondent explains, “I have...a rash under my breasts due to the numerous people who have used my bra before me” (Survey No. 732).
- When scheduled clothing exchanges roll around, many items and sizes are typically out of stock (Survey No. 584). Seventy-six survey respondents expressed concerns about clothing size being unpredictable and inaccurate (not matching the size printed on the Correctional Industries label), as well as difficulties getting the correct shoe size. Moreover, the clothing is cut for men and fits uncomfortably for women (e.g. Surveys No. 21, 422, 487). Bras are reported to fit poorly (e.g. Survey No. 481), especially for large-busted women (e.g. Surveys No. 17, 66, 209). There is limited access to special bras after mastectomy, receiving half as many as policy allows for regular bras (Survey No. 518).
- Prisoners must struggle with staff to exchange for correct shoe sizes (Survey No. 207)—sometimes suffering foot injuries from wearing shoes that are too small for extended periods of time (Survey No. 656)—and for reasonable clothing exchanges in general (e.g. Surveys No. 131, 158, 168, 541), sometimes having to resort to filing grievances to obtain policy-approved clothing (Survey No. 337). One respondent reports having almost to “beg” staff to “prove” that underwear are torn, that socks have holes, that towels are dingy, that T-shirts are torn, and that it is too cold sleeping with only one blanket (Survey No. 158), while another states that “you literally have to have tears in your clothes in order to get new ones. Even your underwear and socks” (Survey No. 176). At MCCCW, the officer responsible for facilitating approved clothing exchanges works graveyard and wakes women up in the middle of the night to verify that they do not already have the clothing item they are requesting (Survey No. 42). No allowance for early exchange or replacement of clothing due to laundry losing clothing (Survey No. 285), officers confiscating improperly labeled clothing during a cell search (Survey No. 349, 605), dramatic weight loss or gain (e.g. Surveys No. 36, 99, 520), or theft of clothing (Survey No. 455, 463, 566). When an emergency clothing exchange for one or two items is granted, the date of the emergency exchange is sometimes treated as the date of last full clothing exchange, such that prisoners must wait through an additional scheduled round before receiving policy-approved regular clothing exchanges (Survey No. 471).
- The coats, shoes, and hats provided to the prisoners are not waterproof, and they are only given one of each, so prisoners have no dry one to wear the next day when these items get wet from being outdoors in rain (Survey No. 598). No extra set of state-issued clothes and shoes are provided for prisoners working the sort of labor jobs that get their clothes and shoes wet, filthy, sweaty, and stinky (e.g. Surveys No. 8, 98, 575, 596), sometimes

resulting in foot fungus and leaving them with nothing presentable to wear when their families visit them (Survey No. 465). Moreover, state issue shoes are not comfortable to work in (Survey No. 22).

- Women, especially elderly women or very thin women, often feel cold and would like to have more than one sweatshirt during winter months and the three days it takes laundry to go out and come back for washing, as well as a sunhat and some sort of lighter weight long-sleeve shirt for UV protection or for spring and autumn temperatures (e.g. Surveys No. 15, 77, 424, 466, 561, 566, 622). Some respondents would like to have additional pairs of shorts and sweatpants instead of just two of each, since having enough clean clothing is only possible for those who are able to do laundry every day (Surveys No. 345, 381, 610).
- Clothing color is both a practical and a morale concern for many respondents. It can also be a safety concern when women tease or harass each other over menstrual blood stains on clothing (Survey No. 761). The white panties women are provided get stained with menstrual blood—or may already be stained with someone else’s blood if used—or become dingy from communal laundry (e.g. Surveys No. 45, 82, 472, 760), and men’s colors of khaki, white, and grey for all clothing feel dreary and unfeminine for many respondents (e.g. Surveys No. 267, 299, 302). Moreover, men’s t-shirts are not fully opaque, causing embarrassment for women who do not like that their bras can be seen through their shirts (Survey No. 504).
- Laundry soap causes rashes and skin allergies for many women (e.g. Survey No. 707). Insufficiently hot water temperatures, contaminants of cat urine (due to cat programs; Survey No. 463), no use of bleach (Survey No. 33), and communal washing contribute to clothing, bedding, and towels at MCCCW and WCCW not getting clean and having a dingy appearance (e.g. Surveys No. 481, 605). Women at WCCW MSC report sometimes not being allowed to change bed linens for several weeks (Survey No. 750)

### ***Health Services: Dental, Medical, and Mental Health Care***

Common issues:

- A concern expressed in over thirty surveys for all types of dental and medical care is the cost of the \$4 copay (e.g. Survey No. 54), and many surveys report being charged a copay for unnecessary appointments, preliminary discussions with Health Services staff, or for appointments in which they are given no helpful medical information or guidance by a staff person lacking advanced medical expertise. When the indigent spendable account cap is \$10, a \$4 copay represents 40% of what an indigent prisoner may have to spend on hygiene items and commissary food. Most Health Services staff prisoners encounter appear to be nurses or physicians assistants, leaving incarcerated patients with no access to a provider with advanced medical expertise (e.g. Surveys No. 142, 168).
- A common complaint is over-prescription of medications, as well as disruption of medications—especially mental health medications—or medication dosages prisoners

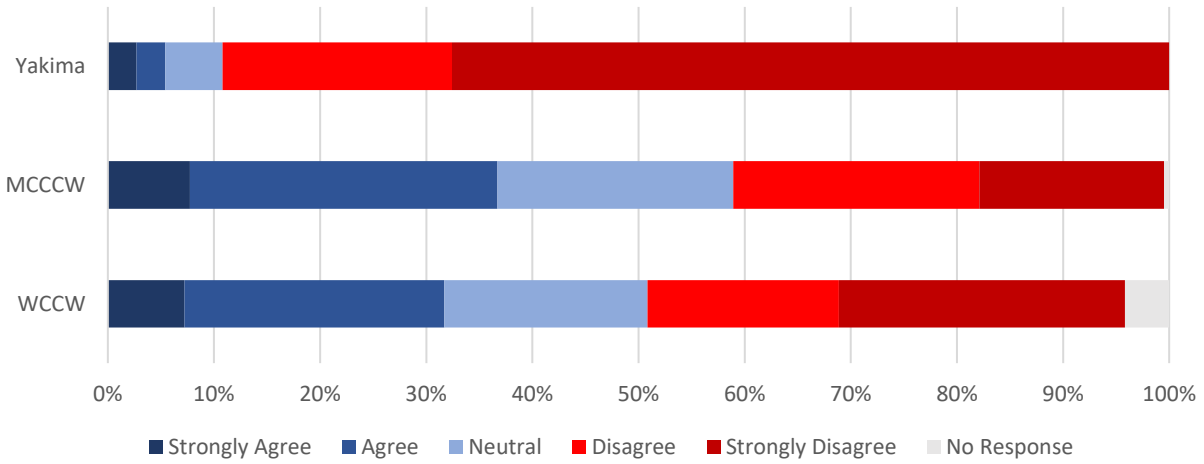
took for years prior to incarceration (e.g. Surveys No. 328, 431, 445, 490, 514, 598, 707). If a particular medication or dosage is causing distress or is not working, it can take months of kiting to get a response from providers (Survey No. 517). When individual prisoners abuse certain medications, DOC makes the medicine unavailable to all prisoners (Survey No. 598). The result appears to be that providers then prescribe one or two medications as panaceas for all mental health struggles. Some respondents report “off-label” prescription of the medications Clonidine, a blood pressure medication, and Effexor, an anti-depressant, for insomnia and ADHD, respectively (e.g. Surveys No. 17, 48, 69). One respondent reports that anti-depressants are prescribed for physical pain instead of pain medication (Survey No. 483). Effexor especially is reported to be widely prescribed as a catch-all medicine (e.g. Surveys No. 75, 79, 372, 524), and respondents report experiencing or observing side effects such as severe mood swings and aggression in response to off-label prescriptions (e.g. Surveys No. 17, 524). Many respondents would like to see DOC providers offer and prescribe medications that are better suited to individualized needs (Survey No. 372).

- Respondents also relayed concerns about staff breaking of HIPAA confidentiality by gossiping about confidential medical and mental health details with other staff and other prisoners (e.g. Surveys No. 75, 76, 85, 118, 716). An additional concern is that medical and mental health records are falsified to protect DOC Health Services staff from being held accountable for egregious errors in treatment (e.g. Survey No. 22, 541)
- Many respondents report both dental and medical staff being rough and careless with their incarcerated patients’ bodies: dentists who break or crack neighboring teeth when pulling another tooth, or doctors who clean ears so roughly they cause the ears to bleed, for example. General indifference toward the health of prisoners. One respondent shares that she feels “like if you have a health issue they don’t look into it like they should. I feel they will let you die because we are property of state” (Survey No. 115). Another respondent states that “the public nor media cares if we die. They tell people 4<sup>th</sup> stage cancer when DOC knew at 2<sup>nd</sup> stage. To kill us. Unless we have outside people who’d sue. I’m going to sue” (Survey No. 608).

## Dental

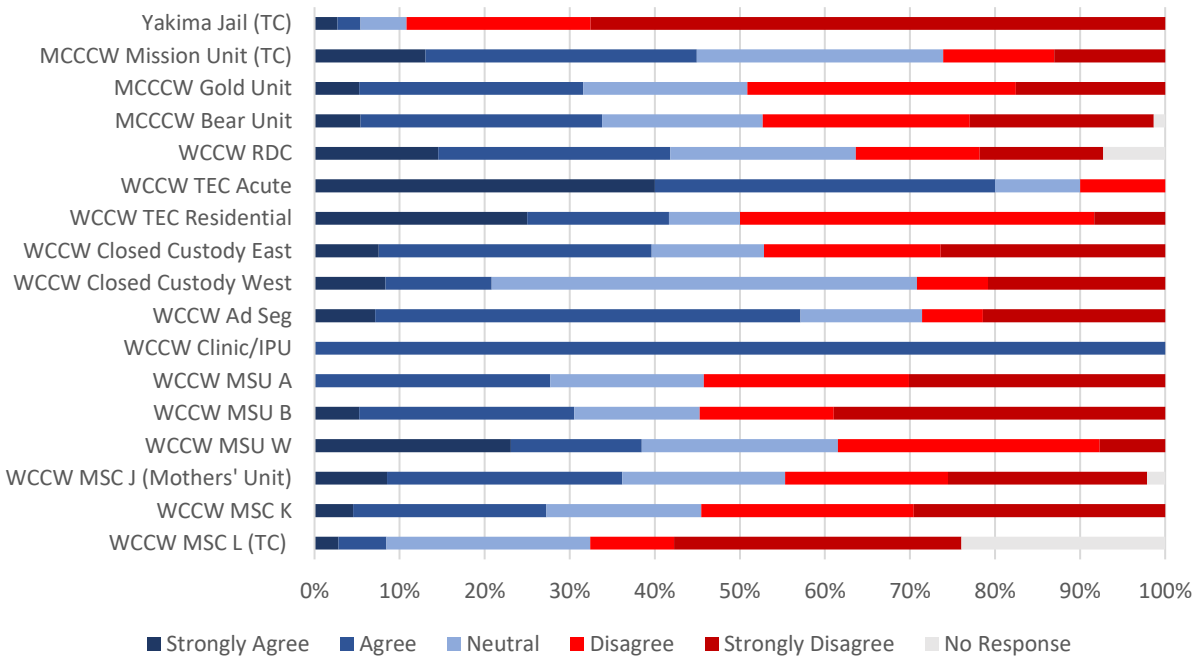
**Summary Finding: Approximately half of respondents reported that their dental needs are not met, with the women at Yakima the most dissatisfied. The majority stated that dental staff will only pull teeth rather than try to save teeth through fillings or root canals and seem indifferent to individualized patient needs. There are reportedly few services offered for dentures.**

### My dental care needs are met.

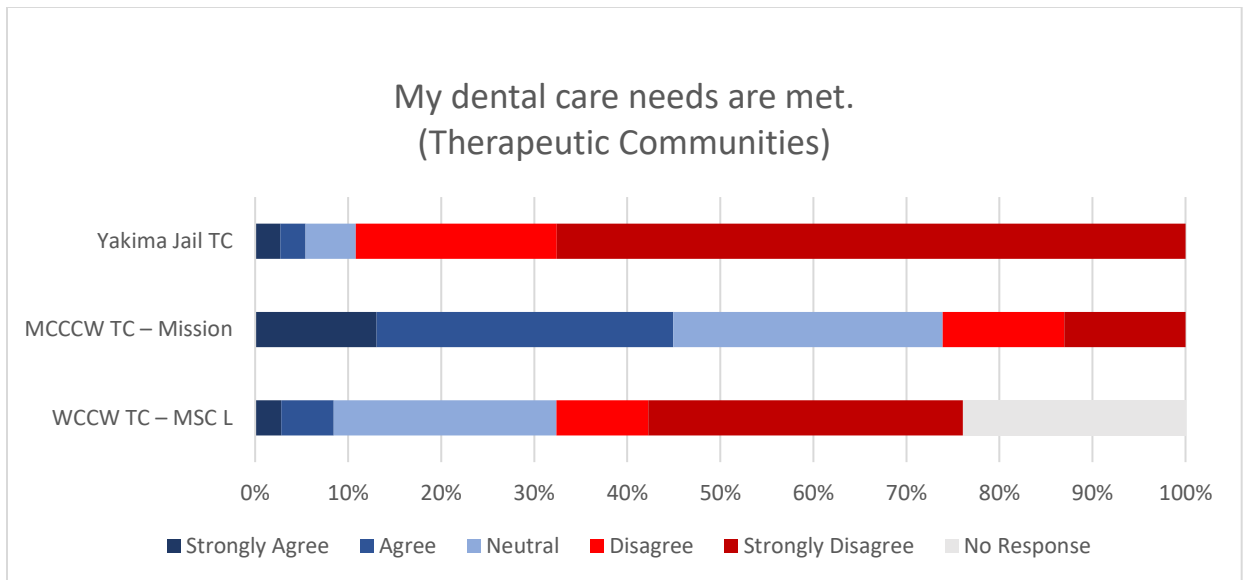


Note: 772 surveys total (Yakima 37, MCCCW 209, WCCW 526)

### My dental care needs are met. (By Unit)



Note: 772 surveys total (Yakima 37, Mission 71, Gold 57, Bear 74, RDC 56, TEC-A 10, TEC-R 12, CCU-E 52, CCU-W 24, Ad-Seg 14, IPU 4, MSU-A 82, MSU-B 95, MSU-W 13, MSC-J 48, MSC-K 43, MSC-L 71)



Note: 179 surveys total (Yakima 37, Mission 71, MSC-L 71)

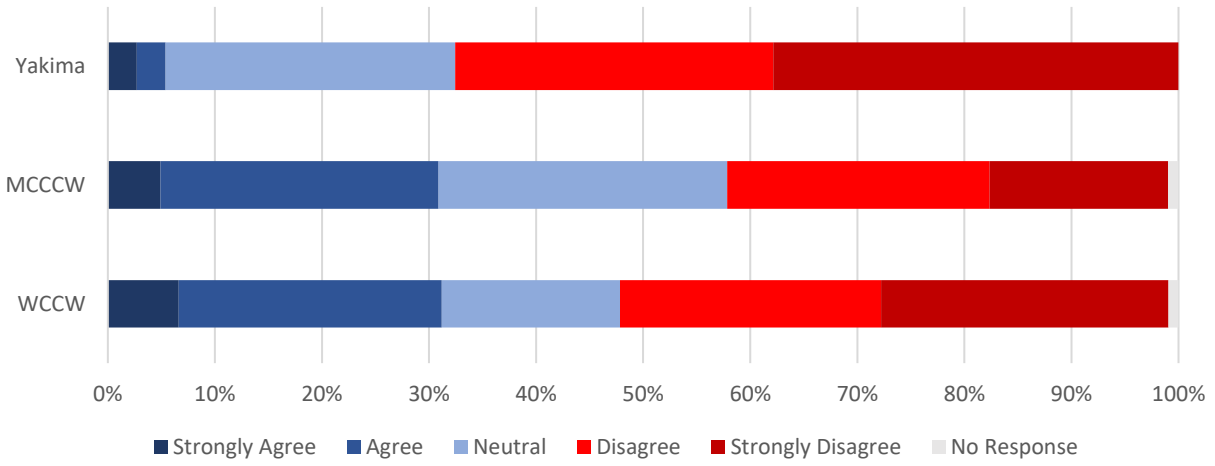
#### Concerns:

- Over 40 respondents report that dental will only pull teeth, will not try to save teeth using fillings or root canals, refuses to provide preventative care (cleanings and fillings) if prisoner refuses to have tooth pulled (e.g. Surveys No. 17, 79, 310, 517, 541, 608, 648) and seem indifferent to individualized patient needs concerning dental care.
- Those incarcerated at MCCCW must be transported to WCCW for dental care and experience additional delays (e.g. Surveys No. 24, 53, 200). Those who experience dental-procedure related emergencies after returning from dental procedures at WCCW are not provided with an expedited process to access corrective dental care (Survey 53).
- There are few services offered for the care of dentures (Survey No. 591) and many women report being denied dentures, denture repairs, and partials (e.g. Surveys No. 67, 183, 558, 584, 591). Those who have lost their dentures or had dentures stolen report being denied replacements and cannot properly eat (Survey No. 192). Women at the Yakima Jail report having no access to a dentist at all (Survey No. 237). When all teeth are pulled, it can take over a month to get dentures and there is insufficient denture adhesive provided to the women.

#### General Medical

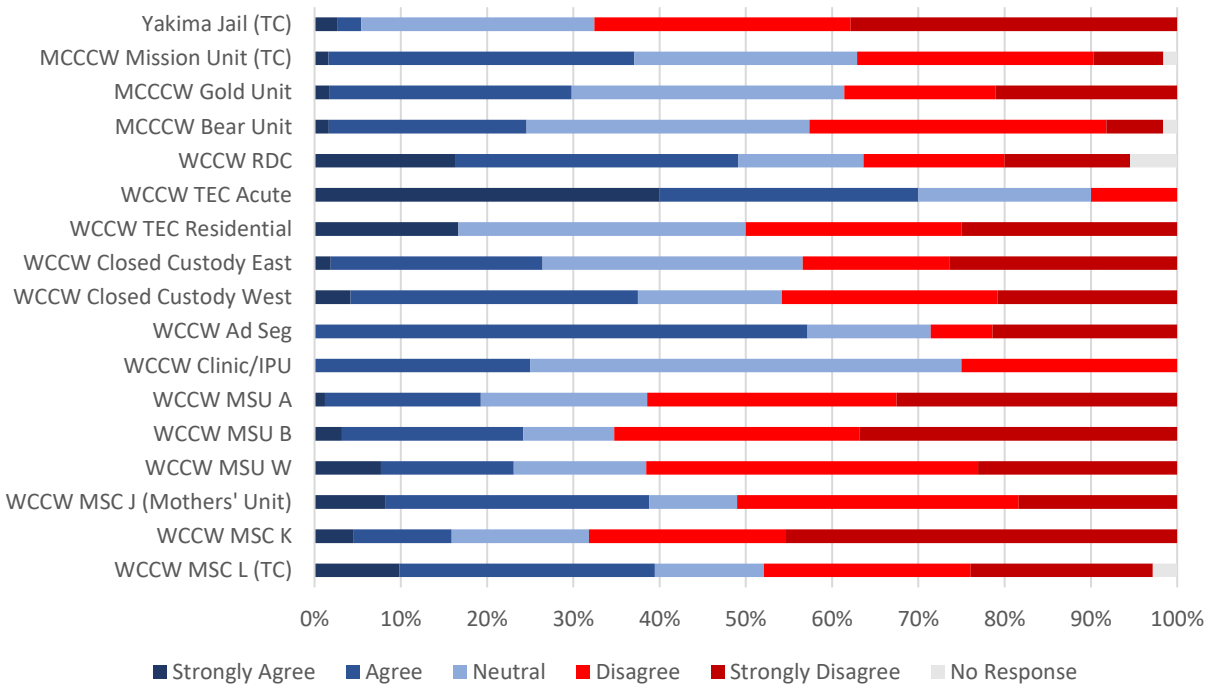
**Summary Finding: Approximately half of respondents reported that their medical health care needs are not met. The women reported feeling that their complaints were minimized or not believed, even when the symptoms were serious, and there are difficulties obtaining glasses and hearing aids.**

### My health care needs are met.

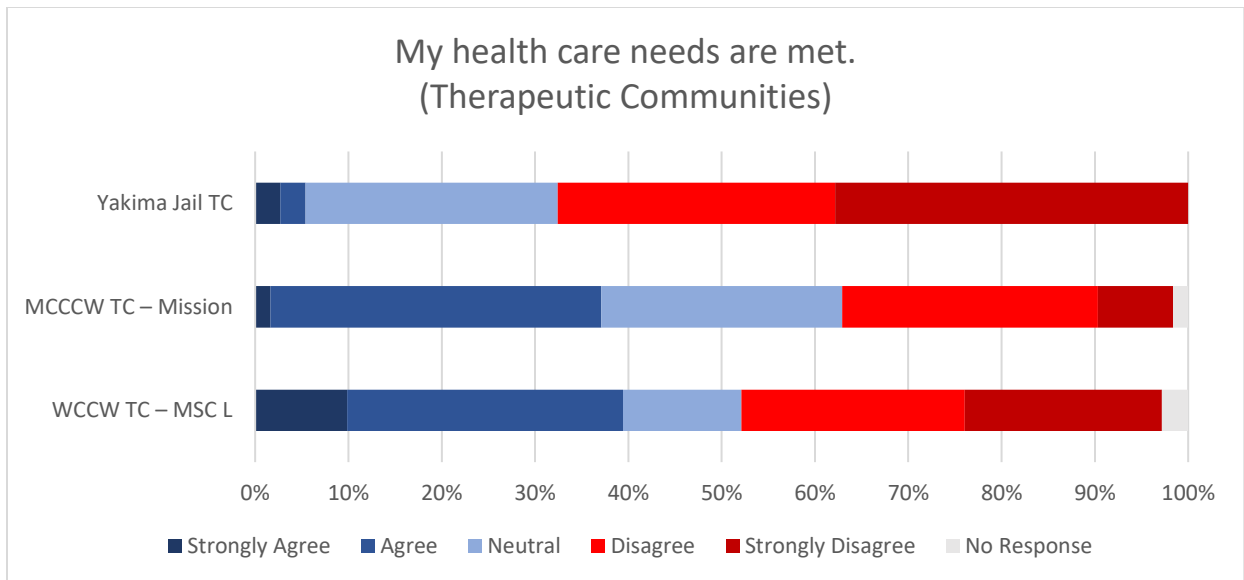


Note: 772 surveys total (Yakima 37, MCCCW 209, WCCW 526)

### My health care needs are met. (By Unit)



Note: 772 surveys total (Yakima 37, Mission 71, Gold 57, Bear 74, RDC 56, TEC-A 10, TEC-R 12, CCU-E 52, CCU-W 24, Ad-Seg 14, IPU 4, MSU-A 82, MSU-B 95, MSU-W 13, MSC-J 48, MSC-K 43, MSC-L 71)



Note: 179 surveys total (Yakima 37, Mission 71, MSC-L 71)

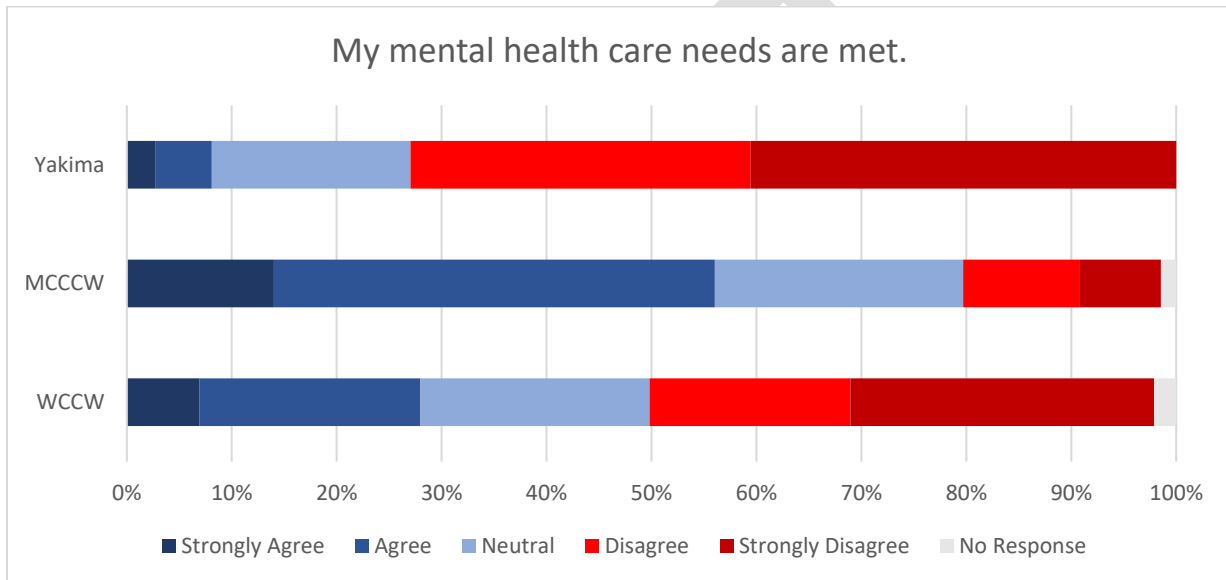
#### Concerns:

- Respondents report a lack of advanced medical expertise and indifference to specialized needs: “We are told to drink water for any ailment. Our concerns are blown off with threat of infraction” (Survey No. 79). A prisoner with a lump in her chest reports being told multiple times by medical that the lump is “stress-related” (Survey No. 320).
- Prisoners are frequently told that what feel like serious medical issues will “clear up” on their own (Survey No. 310). Medical staff are reported to be careless and negligent in diagnosing serious medical conditions, such that patients are “brought to emergency in the nick of time” (Survey No. 79). There is reportedly a tendency of medical staff not to believe or fully acknowledge the needs of incarcerated patients about medical concerns.
- When women at MCCCW and WCCW send kites to medical, they are told to “watch the callout” but often names don’t go on until weeks or months later. It reportedly can take months to get a follow up appointment after an initial screening that costs a \$4 copay in which they are told, as 29 respondents shared, to take ibuprofen and drink more water as a generic remedy to all kinds of specialized medical problems. It appears specialized and preventative medical care may be denied to both prisoners serving lengthy or life sentences and prisoners who are a year or less away from release.
- Respondents reported difficulties obtaining glasses and hearing aids or getting broken ones replaced (e.g. Survey No. 15). DOC will not approve contact lenses, and will impose delays of over ten months for even specialized contact lenses for those who are legally blind (Survey No. 132). Those with poor vision are told their vision is not sufficiently deteriorated to receive glasses (Survey No. 60)
- Additional concerns include difficulty to get effective medication to treat allergies (e.g. Survey No. 582); a desire for thicker, higher quality mattresses, and report waking up with severe body pain on a daily basis, even for those who are in their twenties (Survey

No. 66); the growing population of elderly women prisoners must wait outdoors in long pill lines, sometimes being subjected to intense sun, rain, or snow (Survey No. 754); and, some respondent have experienced difficulties applying for ADA accommodation documentation and services (Survey No. 463).

### Mental Health

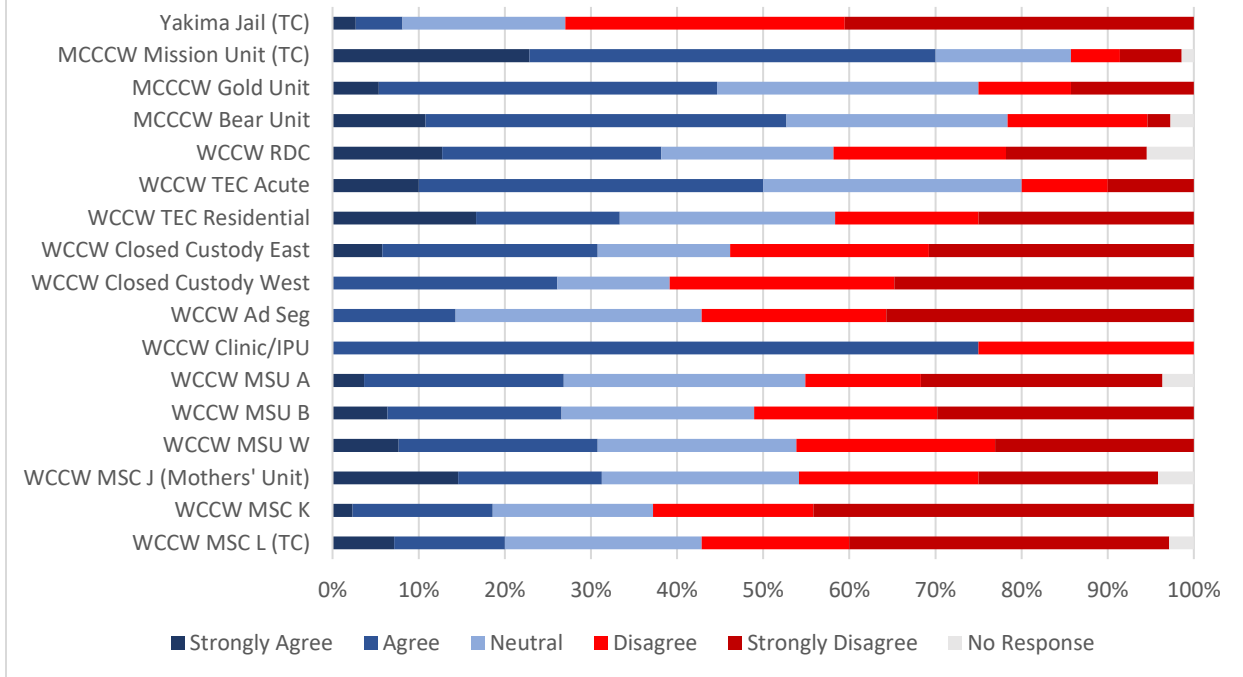
**Summary Finding: Responses regarding mental health varied from relatively positive perceptions at Mission Creek, more negative at WCCW, and the most negative at Yakima, where mental health access is nonexistent. At the state facilities, the women generally liked the actual care provided, but reported it was difficult to access.**



Note: 772 surveys total (Yakima 37, MCCCW 209, WCCW 526)

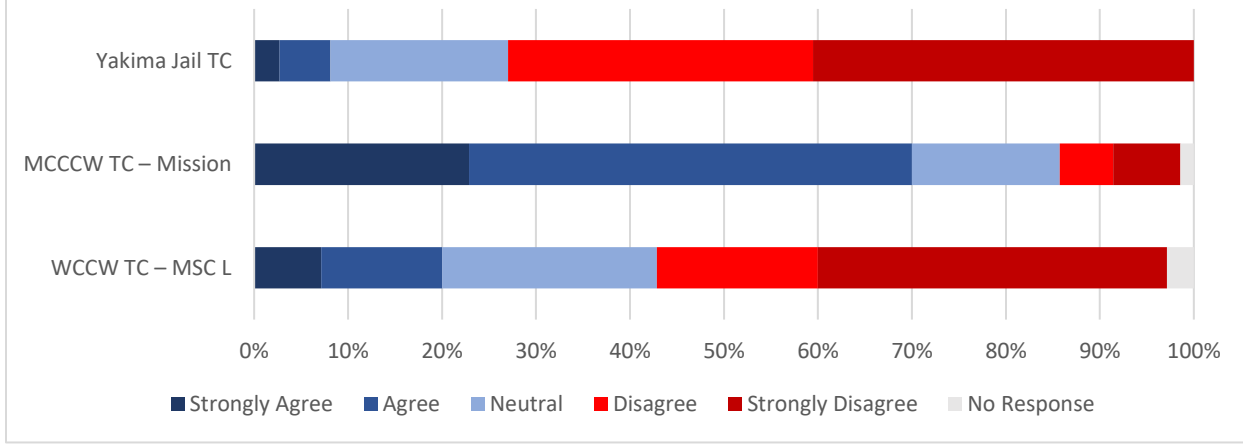


### My mental health care needs are met. (By Unit)



Note: 772 surveys total (Yakima 37, Mission 71, Gold 57, Bear 74, RDC 56, TEC-A 10, TEC-R 12, CCU-E 52, CCU-W 24, Ad-Seg 14, IPU 4, MSU-A 82, MSU-B 95, MSU-W 13, MSC-J 48, MSC-K 43, MSC-L 71)

### My mental health care needs are met. (Therapeutic Communities)



Note: 179 surveys total (Yakima 37, Mission 71, MSC-L 71)

#### Concerns:

- Respondents reported many positive reports about actual care itself, so long as the person can get access: “Mental health is the only place where I feel cared for properly or adequately. And they act like they actually care about you” (Survey No. 561). Those

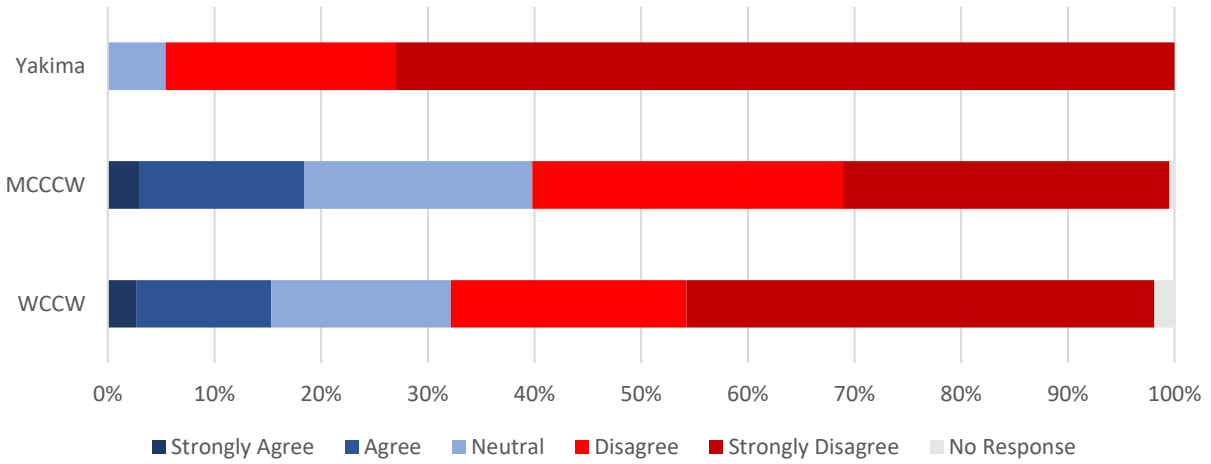
respondents who qualified for more extensive mental health services sometimes had a more favorable perception of DOC health services in general compared to other respondents (e.g. Survey No. 578).

- However, many respondents lament that general population prisoners are only allowed three visits to Mental Health per year (e.g. Survey No. 562). Many respondents report that Mental Health is highly understaffed (e.g. Surveys No. 495, 593), with high turnover rates in mental health staff (Survey No. 338), and respondents from all facilities report waiting weeks to months to see a mental health provider (e.g. Surveys No. 213). Mental Health services are also reported to be more reactive than proactive or preventative (Survey No. 229). Classes, support groups are reported to help but are not available to everyone and have long waitlists (Surveys No. , 307). Those at Yakima Jail report rarely having access to mental health doctors, and instead are visited only by assistants (Survey No. 214).
- Confidentiality concerns make many respondents reluctant to open up to mental health staff (e.g. Surveys No. 38, 52). Mental health care is described by some respondents as being on the terms of providers or will not be provided at all (e.g. Surveys No. 5, 8). Some respondents feel mental health staff push them to talk about life experiences they are not yet ready to discuss, such as childhood sexual abuse (Survey No. 5). Unwillingness to consider prior diagnoses (Survey No. 380, 517). Some report not being believed about their mental health concerns, though it is not always clear whether the staff to which they refer are medical, mental health, custody, or program staff (Survey No. 496)
- Many respondents report filing emergency mental health codes and never getting a response. Mental health appointments are frequently cancelled, and those with mental health emergencies sometimes end up relying (or being instructed to rely) on prison chaplains untrained in mental health services for mental health support (e.g. Survey No. 511, 557)
- One respondent reports that involuntary mental health medication interferes with her ability to focus on her college courses (Survey No. 278).

### *Food*

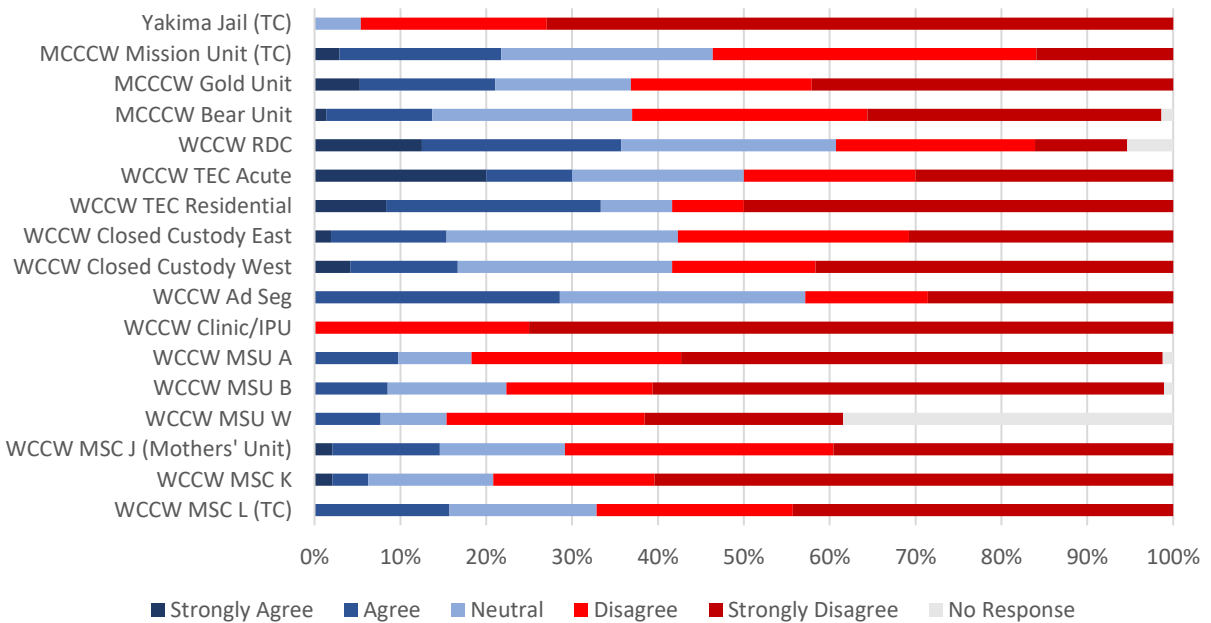
**Summary Finding: The majority of incarcerated women reported that the food provided was not of acceptable quality, with the worst perception at Yakima. Respondents were concerned about food contamination or spoiled food, small portions for those in restrictive housing, and over-reliance on carbohydrate or soy heavy items.**

### The food provided is of acceptable quality.



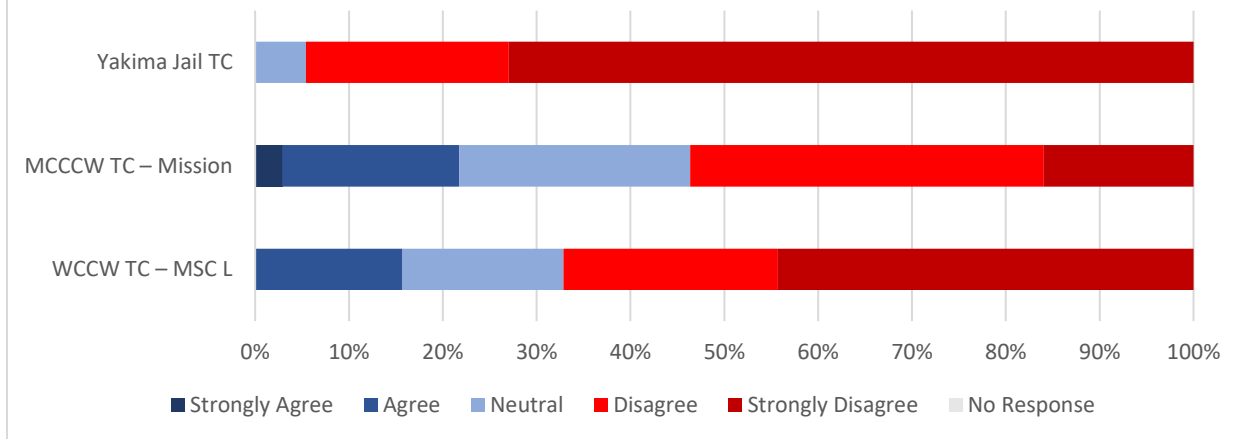
Note: 772 surveys total (Yakima 37, MCCCW 209, WCCW 526)

### The food provided is of acceptable quality. (By Unit)



Note: 772 surveys total (Yakima 37, Mission 71, Gold 57, Bear 74, RDC 56, TEC-A 10, TEC-R 12, CCU-E 52, CCU-W 24, Ad-Seg 14, IPU 4, MSU-A 82, MSU-B 95, MSU-W 13, MSC-J 48, MSC-K 43, MSC-L 71)

### The food provided is of acceptable quality. (Therapeutic Communities)



Note: 179 surveys total (Yakima 37, Mission 71, MSC-L 71)

#### Concerns:

- Food contamination concerns appear to be localized primarily at WCCW: Rocks, maggots, bugs, hair, and other foreign substances reported to often be found in food and kitchen, reportedly sometimes due to prisoner kitchen workers wishing to contaminate the food of disliked prisoners (Surveys No. 320, 351, 430, 431, 439, 509, 536, 588). Kitchen workers report being told to wash maggots off food and serve anyway (Survey No. 534). One respondent is still waiting to get a dental emergency response for a tooth that broke in half after biting down on a rock in the beans she was served (Survey No. 573). Unusual quantity of rocks reported in beans in WCCW MSC L Unit.
- Food is a security concern when it leaves prisoners feeling hungry, unwell, and angry (Survey No. 41).
- Portions given to those in Administrative Segregation reported to be smaller than those received in general population (Survey No. 255). Those in Administrative Segregation and the RDC do not have the ability to supplement their diets with commissary food (e.g. Survey No. 374).
- Issues with recent menu change, primarily related to elimination of salads and reduction in portion size (e.g. Surveys No. 17, 19, 94, 491, 583, 753).
- Food is frequently served past its expiration date, or is spoiled or moldy (e.g. Surveys No. 62, 116, 588, 589). Moldy bread has the mold torn off and is still served (Survey No. 251).
- Over-reliance on beans, tortillas, processed soy products, and carbohydrate-heavy items or margarine to fulfill caloric requirements, such that meals are repetitive, lacking in nutritional variety, and contributing to obesity (e.g. Surveys No. 14, 53, 207, 350, 489, 509).
- High carb content causes weight gain during sentence, such that women release back to the community with obesity (e.g. Surveys No. 83, 596). This, however, may be in part due to a combination of mainline and commissary food consumption, since some

respondents who are unable to afford commissary report marked weight loss due to reduced portion sizes (Survey No. 308).

- Diet-related intestinal and stomach issues (e.g. Surveys No. 79, 433, 507, 582).
- Too many soy-adulterated and processed meats; desire for meat on the bone (Survey No. 333).
- Desire for fresh fruits and vegetables (e.g. Survey No. 359) and to have vegetables grown on-site used for prisoner consumption (Survey No. 62, 338).
- Food over or under cooked (e.g. Survey No. 509).
- Yogurt servings have been reduced from daily to once per week<sup>2</sup> (Survey No. 59).
- Portion size reduced when kitchen does not prepare enough food for everyone (Survey No. 319).
- Food reheated rather than prepared from scratch on-site (e.g. Survey No. 14). Multiple reuses of leftovers, multiple days in a row (e.g. Survey No. 193).
- No substitutes or alternatives for people with food allergies; those with allergies are told to “self-monitor” their food intake and are expected to buy alternatives off commissary (e.g. Surveys No. 176, 429, 465, 509, 598). Those with special medical conditions like hypoglycemia have a difficult time getting an HSR for dietary adjustments (Survey No. 566, 631, 664).
- Unsanitary, dirty, malodorous trays and utensils (e.g. Survey No. 450, 509)
- Menu items incompatible or not suitable for time of day being served (e.g., carrots with pancakes cited in Survey No. 333).
- Concerns about CI kitchen staff not adhering to safety standards for food storage temperatures and failing to monitor prisoner kitchen staff in the practice of proper food handling safety protocols (e.g. Survey No. 158, 168, 456, 465, 562, 586).
- CI food sources are marked animal feed grade rather than for human consumption (Survey No. 575, 686)

Additional concerns raised:

- Special diet menus not correctly followed by staff (Survey No. 587)
- Small portion sizes especially problematic for transgender prisoners transitioning MTF, caloric needs increasing with testosterone intake (Survey No. 495).
- CI funds believed to be spent on equipment instead of menu improvements (Survey No. 333).
- Reported observation that when CI food is prepared for staff higher standards of quality and safety are applied (Survey No. 357)

### ***Comfort in Sharing Concerns With Staff & Staff Responsiveness***

Common to both comfort in sharing concerns with staff and experiences of staff responsiveness were respondent observations of professionalism and staff modeling of pro-social behavior. The Washington Department of Corrections defines pro-social behavior as “[a] voluntary behavior intended to benefit one or more people other than oneself. Prosocial behavior is often

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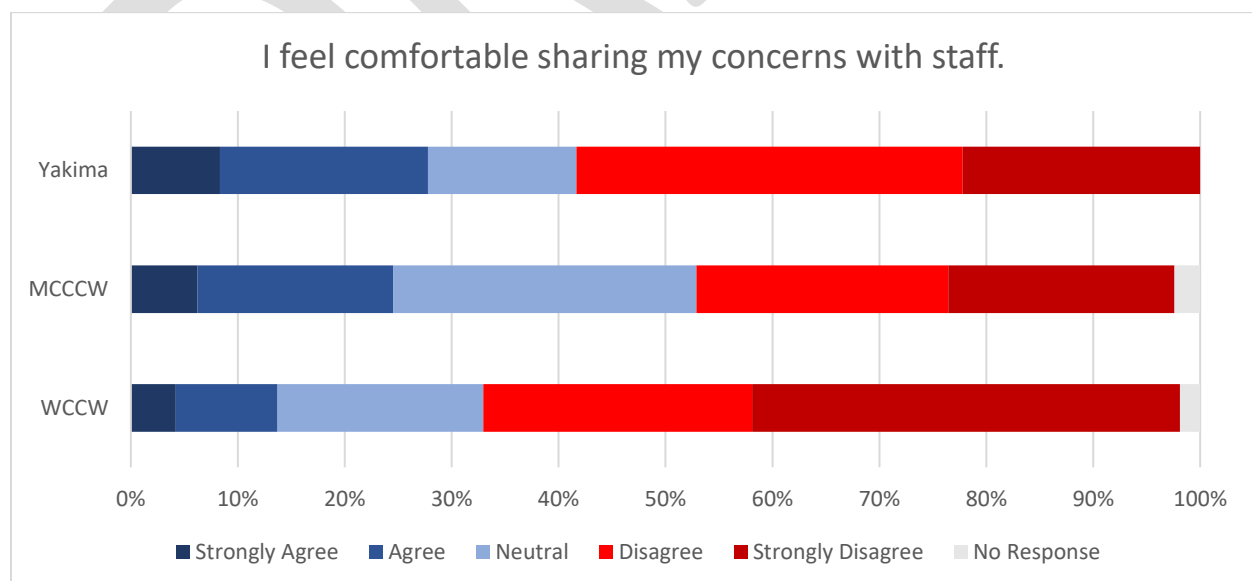
<sup>2</sup> Yogurt has been DOC’s women-specific food provision.

characterized by concern about the rights, feelings, and welfare of others.”<sup>3</sup> Many respondents expressed appreciation of staff who model pro-social behavior when they respond “with respect and empathy as well as give professional advice on how to problem solve” (Survey No. 557). Indeed, having staff who can teach prisoners how to problem solve for themselves and how to navigate the prison bureaucracy seems important to many respondents, especially those who are newly incarcerated (e.g. Survey No. 545). Desire for more active, more visible, and more consistent communication from staff to help navigate all aspects of prison life, from seeking support when feeling unsafe to learning about current programming options.

Survey responses commonly indicated that many prisoners expect staff, especially supervisory staff (Survey No. 329), to have a higher standard than prisoners when it comes to modeling this sort of pro-social behavior (e.g. Surveys No. 28, 139, 664), as well as in the protection of confidentiality, especially because the behavior of any subset of staff has a tendency to shape the broader staff culture (Survey No. 36). However, many respondents state that staff frequently fall short of these expectations. This affects how comfortable prisoners feel bringing concerns to staff attention, as well as perceptions of staff responsiveness. Poorly modeled behavior and a lack of sensitivity in staff can also cause prisoners to re-live traumatic memories of past hostile experiences (e.g. Surveys No. 465, 476). It can also create security risks when an excessively harsh response from staff “leaves us feeling hostile and less than” (Survey No. 66).

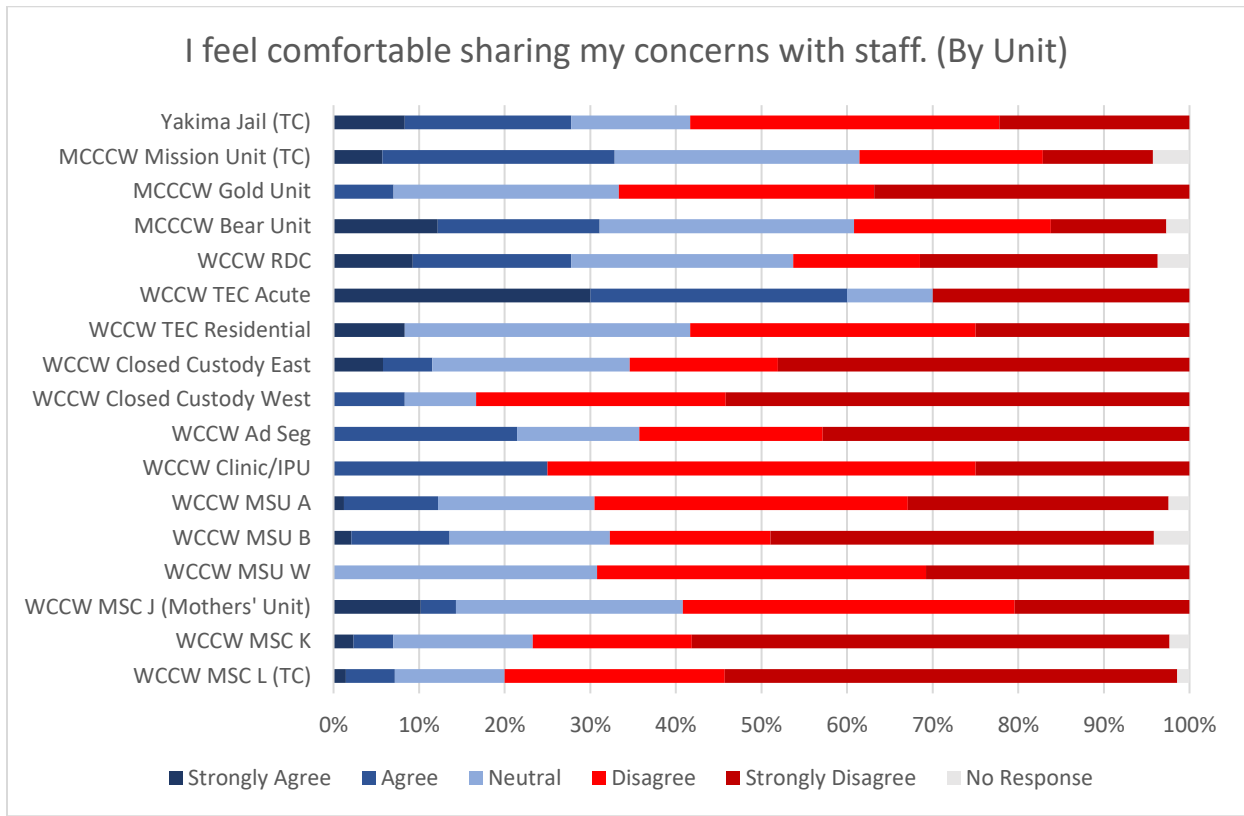
### **Comfort**

**Summary Finding: The majority of incarcerated women reported that they did not feel comfortable sharing their concerns with staff. The respondents reported feeling degraded by staff and that staff are trained to treat incarcerated women as though they are lying and manipulated. Positively, almost every respondent could name at least one staff with whom they would feel comfortable.**

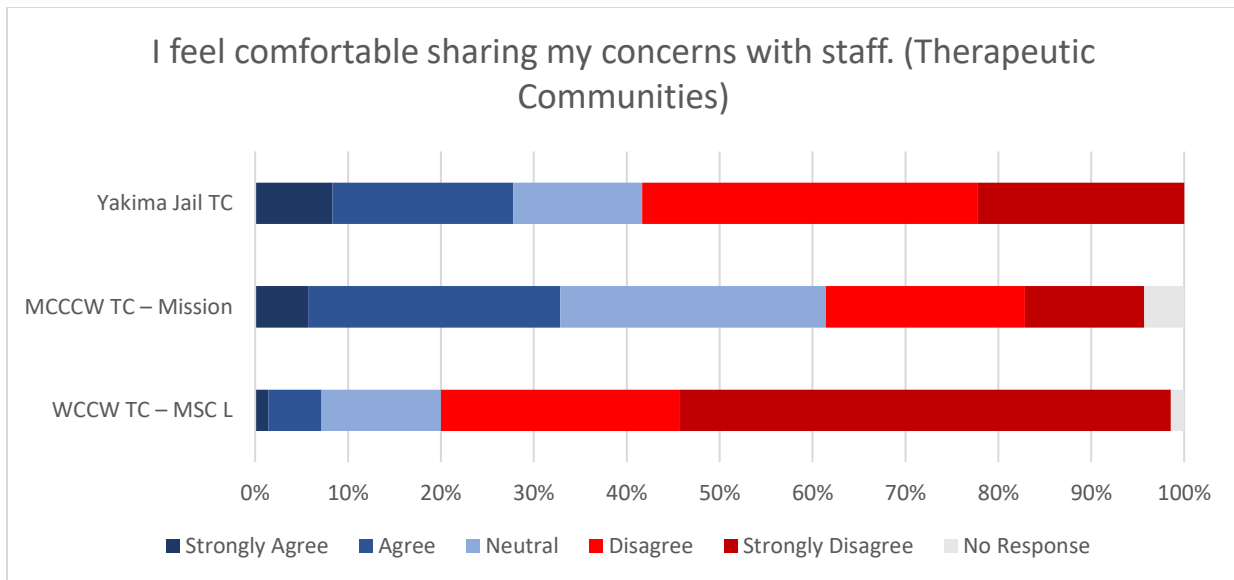


<sup>3</sup> <https://www.doc.wa.gov/information/definitions.htm>

Note: 772 surveys total (Yakima 37, MCCCW 209, WCCW 526)



Note: 772 surveys total (Yakima 37, Mission 71, Gold 57, Bear 74, RDC 56, TEC-A 10, TEC-R 12, CCU-E 52, CCU-W 24, Ad-Seg 14, IPU 4, MSU-A 82, MSU-B 95, MSU-W 13, MSC-J 48, MSC-K 43, MSC-L 71)



Note: 179 surveys total (Yakima 37, Mission 71, MSC-L 71)

#### Concerns:

- Similar sentiments for this survey item were expressed across all facilities, with a few unique aspects: Several respondents from MCCCW reported feeling more comfortable with CSC crew staff than with regular DOC staff (e.g. Surveys No. 57, 171). Women at Yakima Jail frequently reported feeling more comfortable sharing concerns with Yakima Jail staff than with DOC classification counselors and TC staff (e.g. Surveys No. 211, 220, 224, 229), and women in TC programs often reported feeling more comfortable with regular DOC staff than with TC staff (e.g. Surveys No. 763, 772). Women at Yakima Jail expressed concerns that for their kites and grievances to reach staff at WCCW, they had to rely on a classification counselor with whom they do not feel comfortable relaying documents, with concerns that this would not happen (e.g. Surveys No. 217).
- A common response across facilities was that comfort in approaching staff depends on which staff are working (e.g. Survey No. 437). As previously stated, it seems that nearly every respondent could name at least one or two staff members with whom they felt comfortable sharing concerns, but in many cases could also name staff with whom they felt extremely uncomfortable. Some prisoners report having no staff members they feel safe talking to (e.g. Survey No. 283, 284, 287), or feeling that it is safer to remain inconspicuous by not speaking up or staff will “target you” (Survey No. 320). One respondent is reluctant to share concerns with staff for fear she will be “penalized or have it used against me later” (Survey No. 603). Other respondents feel comfortable talking to any staff member, but do not necessarily have an expectation of responsiveness (Survey No. 733).
- Some respondents express concerns about staff reliance on reactive punitive measures, such as infractions and negative Behavioral Observation Entries (Survey No. 489), rather than proactive communication and interventions:



Once a person is written an infraction that person is the staff's target, and keeps on that person to infract...The staff here thrives on infractions, instead of improving relations and behaviors. (Survey No. 45)

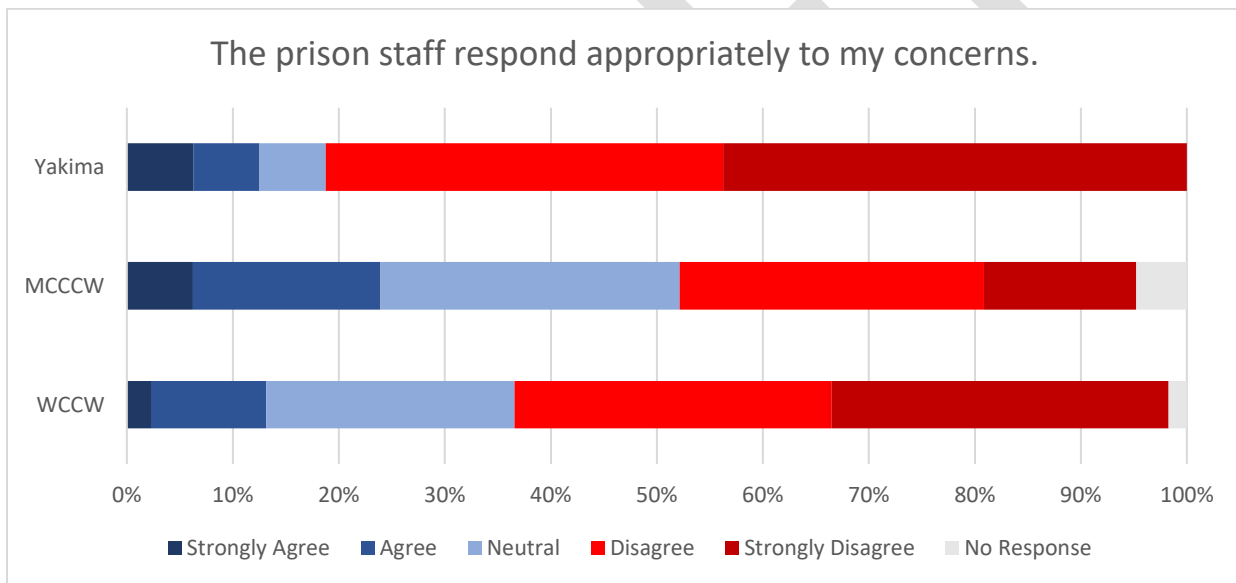
We get ignored or infringed. (Survey No. 27)

- Women who have been incarcerated for a decade or more reported that staff were more approachable and trustworthy back when they were first incarcerated (e.g. Survey No. 457). Newer staff hires and staff transferring from men's prisons were identified by some respondents as being the least certain of their job duties, the least supportive, the most likely to be verbally abusive, the most likely to be overly reliant on escalating approaches or infractions, the most unlikely to admit mistakes, or the most likely to perceive prisoners as inferior or stupid (e.g. Surveys No. 63, 171, 302, 329, 460, 496, 503, 515, 611, 615, 617, 701). Several responses state that staff are now trained to view prisoners as lying and manipulative, and this sets the tone for interactions with prisoners. Male staff were identified by one respondent as "terribly degrading" (Survey No. 391), while senior staff, such as sergeants and Correctional Program Managers, were identified as "the ones abusing power" (Survey No. 395) or as treating prisoners as "lesser than human" (Survey No. 451). Supervisory staff are also identified as setting the professional culture for more recent hires (Surveys No. 434, 489)
- One respondent believes that DOC staff do not mean to be "malicious," but are "emotionally reckless toward us" (Survey No. 360; see also Survey No. 71). Another feels that most DOC staff have enough "common sense" but do not receive sufficient training in how to deal with a "major emotional dilemma" (Survey No. 139). Some consistent word choice was used by many respondents across the three facilities to describe unconstructive DOC staff comportment and unresponsiveness. Over 70 respondents describe staff as "rude" and 27 describe staff as "unprofessional." Additional common descriptions were: "unapproachable" (28 respondents), "verbally abusive" (16 respondents), "disrespectful" (51 respondents), "dismissive" (30 respondents), "inappropriate" (10 respondents), "vindictive" (13 respondents), "yelling" (32 respondents), "bullying" (31 respondents), and "belittling" (14 respondents), as well as reports of staff "cussing/cursing" at prisoners (25 respondents) and treating prisoners as "lower/less than human" (14 respondents).
- Additional descriptors respondents applied to staff behavior were "abrasive" (Survey No. 33), "defensive" (Survey No. 37), "condescending" (Survey No. 28), "sarcastic" (Survey No. 35), "short-tempered" (Survey No. 187), "dehumanizing" (Survey No. 209), "intimidating" (Survey No. 94), "emotionally degrading" (Survey No. 120), "vulgar" (Survey No. 735), and using "offensive language/profanity" (Surveys No. 664, 642). One respondent states that staff sometimes have "severe 'rage outs'" (Survey No. 598), and another reports that prisoners are afraid to come out of their rooms during the shifts of unit staff who are known to be volatile (Survey No. 642). Still another respondent reports staff "saying things that are cruel to vulnerable new moms" (Survey No. 628).

- An additional 59 respondents identify staff as frequently gossiping about prisoners’ personal case and life details—in some cases including medical and mental health information, or details of strip searches (Survey No. 329)—with other staff and prisoners. Ninety-four respondents expressed fear of retaliation for raising concerns with staff or for using the grievance system.
- Last, one respondent reported that staff, presumably male, discuss prostitution and escorts in an unprofessional manner around women prisoners (Survey No. 320).

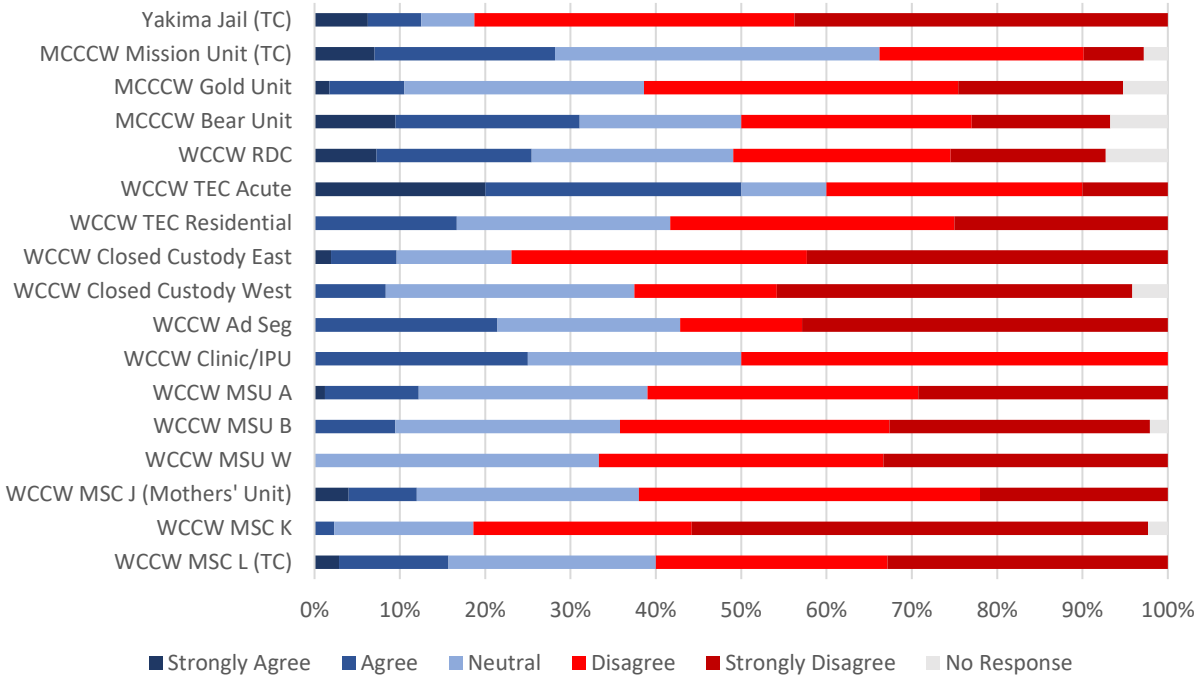
Staff and Agency Responsiveness

**Summary Finding: The majority of incarcerated women reported feeling that prison staff did not respond appropriately to their concerns. Women reported having to contact staff multiple times, wait extended periods, or be pushed off to other staff. Women incarcerated at Yakima again reported the worst responses.**



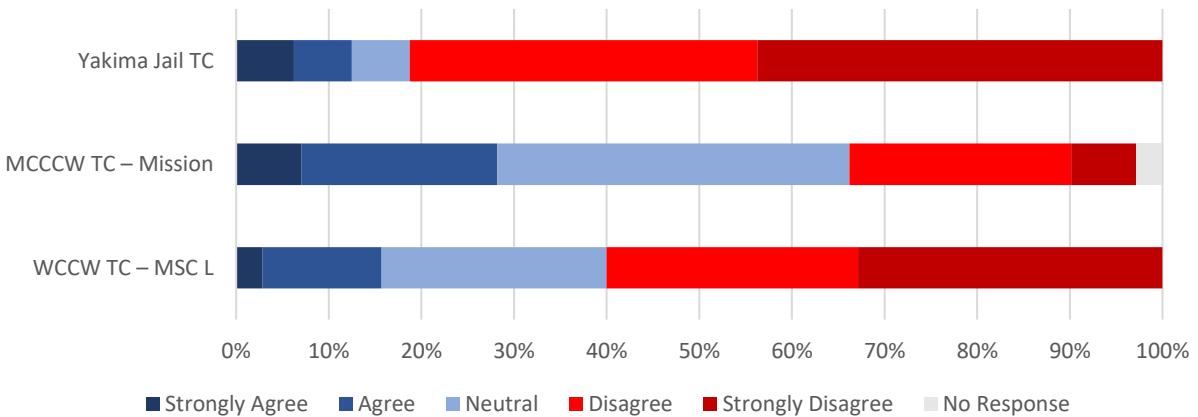
Note: 772 surveys total (Yakima 37, MCCCW 209, WCCW 526)

### The prison staff respond appropriately to my concerns. (By Unit)



Note: 772 surveys total (Yakima 37, Mission 71, Gold 57, Bear 74, RDC 56, TEC-A 10, TEC-R 12, CCU-E 52, CCU-W 24, Ad-Seg 14, IPU 4, MSU-A 82, MSU-B 95, MSU-W 13, MSC-J 48, MSC-K 43, MSC-L 71)

### The prison staff respond appropriately to my concerns. (Therapeutic Communities)



Note: 179 surveys total (Yakima 37, Mission 71, MSC-L 71)

#### Concerns:

- Because prisoners live in a total institution and rely on staff to facilitate most processes central to daily needs, staff responsiveness appears to be at the root of many other types

of concerns respondents at all facilities expressed. This starts from the moment prisoners enter DOC jurisdiction:

I sat in receiving for 5 days with no shoes or hygiene. I asked 8 different officers and not one of them would help me. (Survey No. 319)

It's on their time not ours. We are just DOC property and our concerns really don't matter to them. (Survey No. 597)

- Both timeliness and consistency in staff responsiveness seems important to prisoners (e.g. Survey No. 70). Many respondents report that staff responsiveness depends on which staff are working on a given day, but one respondent points out that this should not be the case because responsiveness “should be consistent because that's what they expect from us” (Survey No. 505). One states that “[f]or the most part they handle my concerns well. When they do make mistakes or I have a problem due to a mistake they made they don't like to accept responsibility. Some warn us not to file grievances” (Survey No. 607).
- Many surveys report kiting medical and mental health multiple times to request services with no response (e.g. Surveys No. 36, 409, 497, 506, 596, 604), or having to repeatedly file requests with staff for policy-approved clothing replacements (e.g. Surveys No. 33, 185, 540, 571, 657, 659), and various types of safety concerns are attributed to staff not taking concerns prisoners share seriously (e.g. Surveys No. 336, 337). This includes staff responsiveness to serious prisoner mental health concerns:

They wait until you hurt yourself or it's too late and you kill yourself. I say this cuz [sic] I've seen it here. (Survey No. 325)

- Respondents identified many staff responses that inhibit policy-approved processes, from passive or unhelpful responses, such as “not in my domain” or staff preferring to “pass the responsibility” and “push us off to someone else” (Surveys No. 306, 320, 358, 605), to outright resistance and refusal to provide the policy-approved services the staff person's job description would seem to require them to provide (e.g. Surveys No. 42, 185):

The corrections officers will direct us to Sergeant, who directs us to Mental Health or medical staff, who, in turn, direct us back to Sergeant. Repeat. Thus, solutions to problems are never met. (Survey No. 320)

- Respondents at Yakima Jail reported having an especially difficult time accessing and getting responses from staff: TC counselors cannot be seen without an appointment and frequently cancel scheduled appointments (Survey No. 235), classification counselor “is barely here” (Survey No. 220), and Facility Risk Management Team assessments (FRMTs) are frequently delayed (Survey No. 232), which can interfere with prisoners' scheduled transition to work release. When an appointment with staff can be arranged, respondents report staff are unhelpful or lack the necessary expertise to address

questions, needs, and concerns (e.g. Surveys No. 214, 220). Communications with WCCW can take weeks or even months (Survey No. 215).

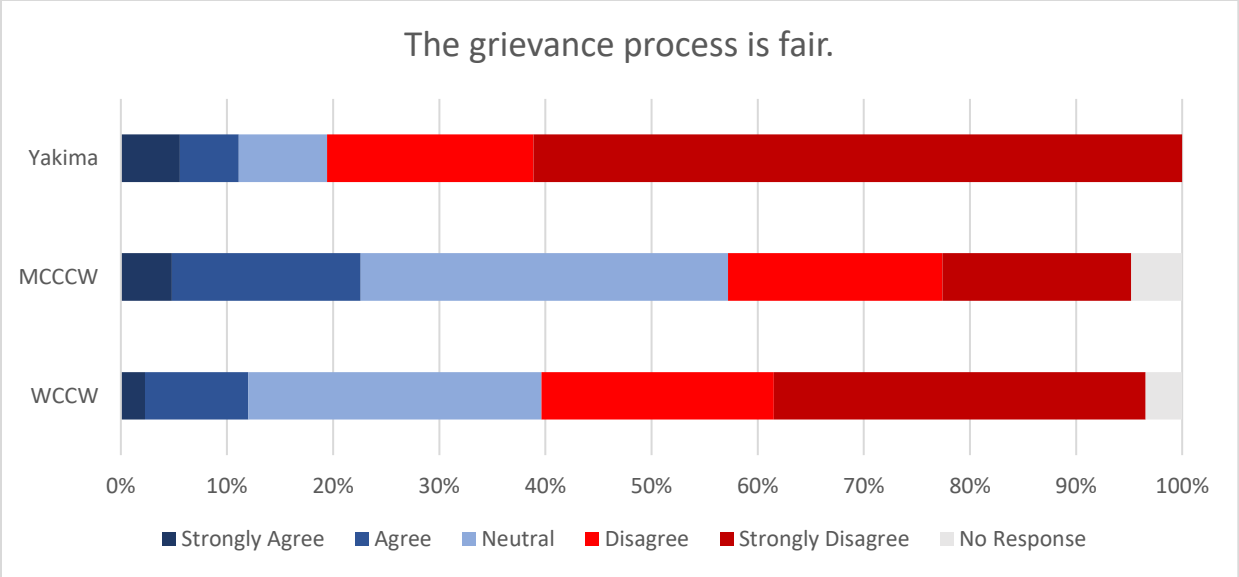
- Apathy toward paperwork, such that multiple prisoners report people being held past their release dates (Survey No. 571):

Counselors are lazy and do everything last minute. People are here past their ERD because of counselor mistakes (Survey No. 572)

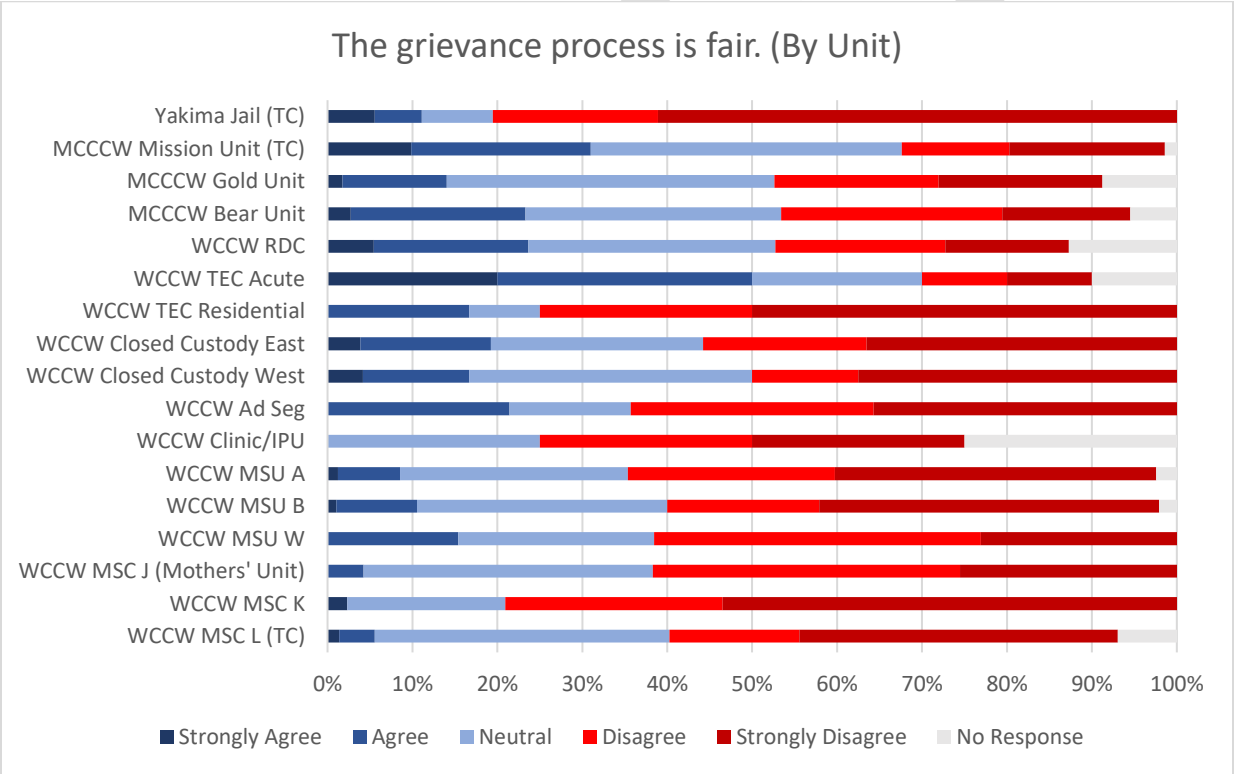
- Across all facilities, twenty-eight respondents state that staff seem to feel bothered or inconvenienced, and are even sometimes resistant, if asked to carry out the tasks they are responsible for facilitating. May only allow prisoners to ask for assistance at certain times staff have designated, known as “rush hour” (Surveys No. 365, 622, 662). Getting staff to provide a grievance form or accept a policy-approved clothing exchange request is often subject to staff mood, exhaustion levels, whim, or favoritism (Surveys No. 29, 38, 208, 704, 728, 761).
- Another common theme of responsiveness in survey responses is that individual staff members or DOC as an agency often fail to make good on things promised, such as policy-approved clothing exchange timelines (e.g. Surveys No. 226, 230), policy-required provision of copies of grievances (e.g. Surveys No. 220, 505), or continuity of scheduled medical and dental care when prisoners transfer between facilities (e.g. Survey No. 222). Fulfilment of timelines for processing infraction appeals can mean that a prisoner who is ultimately found not guilty has already served the entire duration of a sanction, including loss of visits with children and other family, by the time the appeal is ultimately granted (Survey No. 21, 63).
- The failure to follow through, or to fulfill promises in a timely manner, appears to have a detrimental effect on trust and broader perceptions of staff and DOC as an agency.
- Consistency and transparency in staff responses are important to respondents’ sense of security and safety. Several surveys report that staff’s follow-up actions are often at direct odds with what they told the prisoners in conversation, seeming to give the women a sense of either being manipulated or placated rather than listened to (Survey No. 453).

### *Grievance Process*

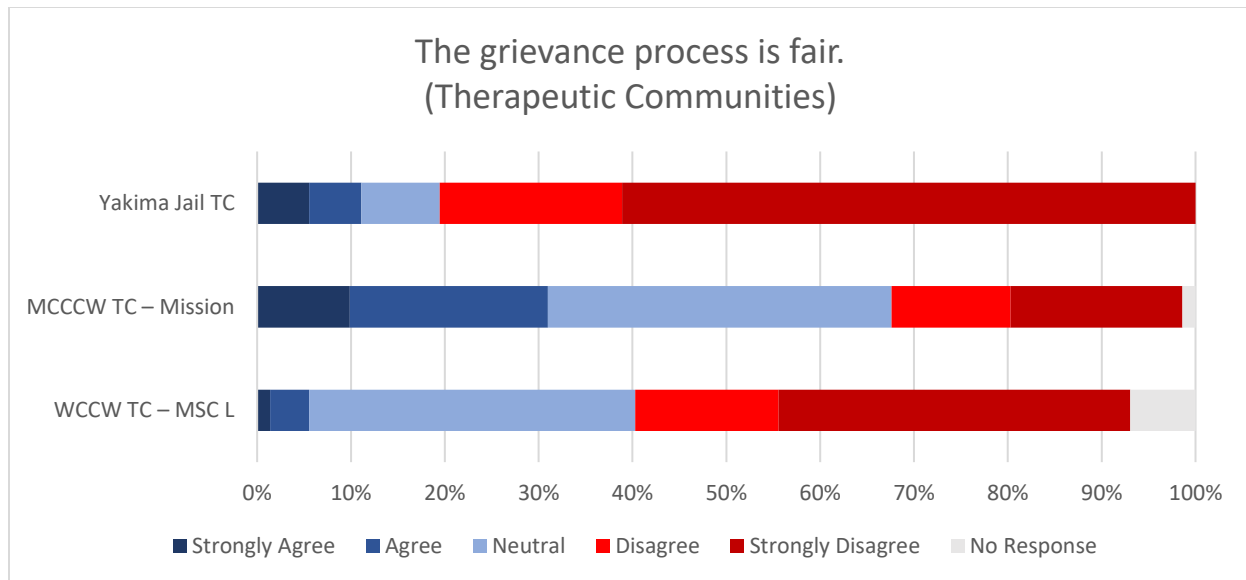
**Summary Finding: The majority of incarcerated women reported that the grievance process is not fair. Women felt that it was slow, that the Grievance Coordinator was biased in favor of staff, or that they would face retaliation for using it.**



Note: 772 surveys total (Yakima 37, MCCCW 209, WCCW 526)



Note: 772 surveys total (Yakima 37, Mission 71, Gold 57, Bear 74, RDC 56, TEC-A 10, TEC-R 12, CCU-E 52, CCU-W 24, Ad-Seg 14, IPU 4, MSU-A 82, MSU-B 95, MSU-W 13, MSC-J 48, MSC-K 43, MSC-L 71)



Note: 179 surveys total (Yakima 37, Mission 71, MSC-L 71)

Respondents overall relayed a number of concerns regarding the grievance procedure, with less than 20 percent of YCJ prisoners feeling that the grievance procedure was fair, and less than 40 percent at WCCW.

#### Concerns:

- Not receiving help from staff in finding an alternative solution for non-grievable issues or in re-writing grievances correctly (Survey No. 282)
- Staff misreading or carelessly reading the details of a submitted grievance (Survey No. 271)
- When grievance coordinators send grievances back to be rewritten for petty reasons (Survey No. 357)
- Never having a single grievance substantiated (Survey No. 484)
- Never getting to meet with the grievance coordinator to have a conversation about the concern (Survey No. 683)
- Witnessing a staff person tear up a grievance (Survey No. 283)
- When the very staff person who is the topic of the grievance is the staff person responsible for processing the grievance or turning the grievance in to the grievance coordinator (Survey No. 258)
- Slow staff responses to grievances (Survey No. 254)
- Staff laughing and daring prisoners to write grievances (Survey No. 260)
- Observing other prisoners experiencing futility or retaliation when using the grievance system
- When the same staff person responds to the grievance at multiple levels (Survey No. 328)
- When grievance coordinators side with coworker friends despite legitimacy of a grievance (Survey No. 319)

- When grievance coordinators mix up prisoners' grievances and return to the wrong person (Survey No. 304)
- When staff will not accept an emergency grievance (Survey No. 302)
- When a grievance coordinator is a promoted correctional officer (Survey No. 338)
- When grievance coordinators "send most back for rewrites and use all types of tactics to create barriers to the grievance system" (Survey No. 474)
- When not given enough space on the grievance form to explain the issue (Survey No. 519)
- When camera footage related to the issue "gets magically 'lost'" (Survey No. 598)
- When a grievance is substantiated, prisoners report being provided with no documentation by which they can verify that the issue was indeed addressed<sup>4</sup> (Survey No. 507)
- The Grievance Coordinator at MCCCW is reported to try to talk women out of filing grievances, and many women at this facility have reportedly been misinformed (by whom it is not clear) that the only grievable issues are those related to physical or sexual assault (e.g. Survey No. 79) At WCCW, a prisoner was talked out of filing a grievance by prison administration because they said filing the grievance would "make the harassment worse" (Survey No. 497).
- Some staff are family members or spouses of other staff and are reported to retaliate if a prisoner files a grievance against a staff member who is a family member (Survey No. 338, 521, 712). "If you grieve an officer they find out and it puts a target on your back" (Survey No. 115) This typically takes the form of staff technically acting within policy but suddenly imposing more cell searches, urinalyses, and property compliance checks than before, or more scrutiny of prisoners on a walkway; or prisoner mail might start ending up "lost," or prisoner might suddenly be made to frequently "cell up"; or a prisoner might suddenly be denied access to things other prisoners are able to access (Survey No. 509, 603).
- Officers often tell prisoners there are no grievance forms available (e.g. Survey No. 401, 704, 728, 761) and at least one respondent alleged that even requesting a grievance form can start escalating a cycle of retaliation (Survey No. 704).
- Grievance coordinators generally side with staff, even when staff are in the wrong<sup>5</sup> (e.g. Survey No. 603). Many surveys from WCCW identify a sort of conflict of interest when the current grievance coordinator is a promoted correctional officer—loyalty is to protecting former coworkers instead of grievance resolution—and suggest that the

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<sup>4</sup> In cases where a grievance involves staff misconduct, this may be due to collective bargaining agreement protections for privacy of details related to staff disciplinary measures.

<sup>5</sup> Correctional literature and corrections websites such as <https://www.correctionsone.com/> encourage correctional staff to show unity in front of prisoners. Allowing prisoners to witness reprimanding or corrective action toward staff is thought to reveal weaknesses in staff unity that could potentially be used to compromise facility security. The normative code among correctional officers of "back your fellow officers in decisions and actions" is explored in: Farkas, M. A. (1997). The normative code among correctional officers: An exploration of components and functions. *Journal of Crime and Justice*, 20(1), 23–36.



grievance coordinator should be hired from outside DOC (Survey No. 428, 455). Ideally, prisoners would like an outside entity to handle grievances (Survey No. 721) and would like there to be a hotline number they could call as with PREA complaints (Survey No. 736). Many respondents indicate that so long as DOC staff are the ones carrying out grievance and PREA investigations, no issues can be resolved (e.g. Survey No. 608).

- Prisoner perceptions of the grievance system:

Almost every grievance comes back to me with something to fix or that it’s not grievable. They do that until you are so frustrated you quit trying (Survey No. 475)

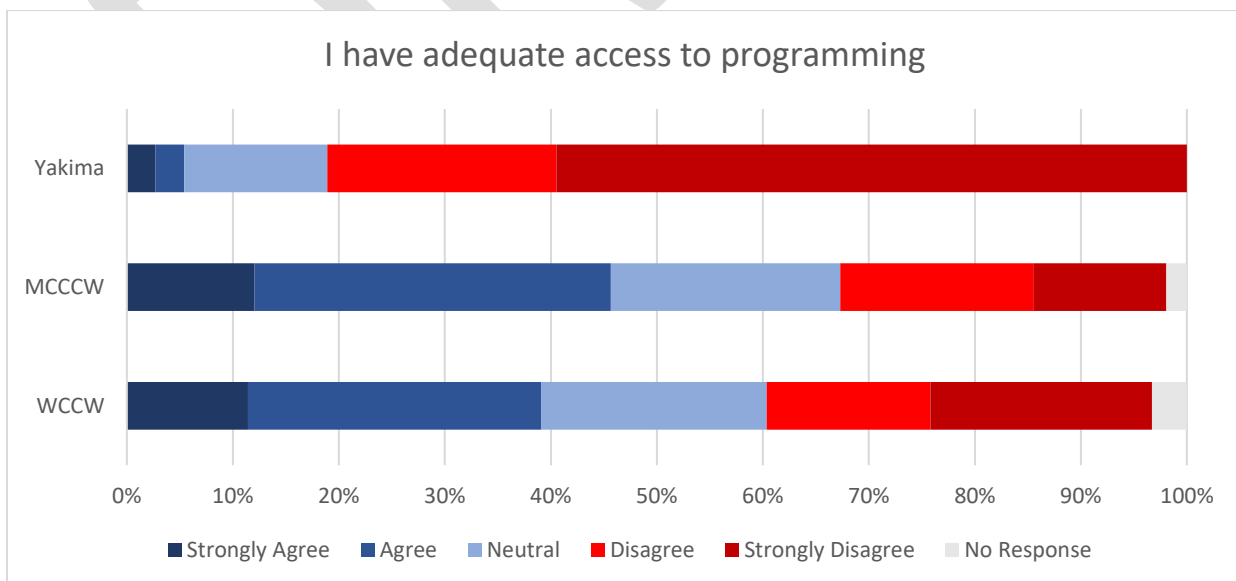
The grievance processes and response is a “silencer”. The integrity of the entire process is perfunctory (Survey No. 575)

I don’t feel safe or heard using this process (Survey No. 625)

- On the positive side, a prisoner at WCCW who had a positive experience with the grievance process gives a specific reason why: even when an issue is not grievable, the grievance coordinator was respectful in communications and was proactive about helping her find an alternative way to resolve the issue (Survey No. 511)

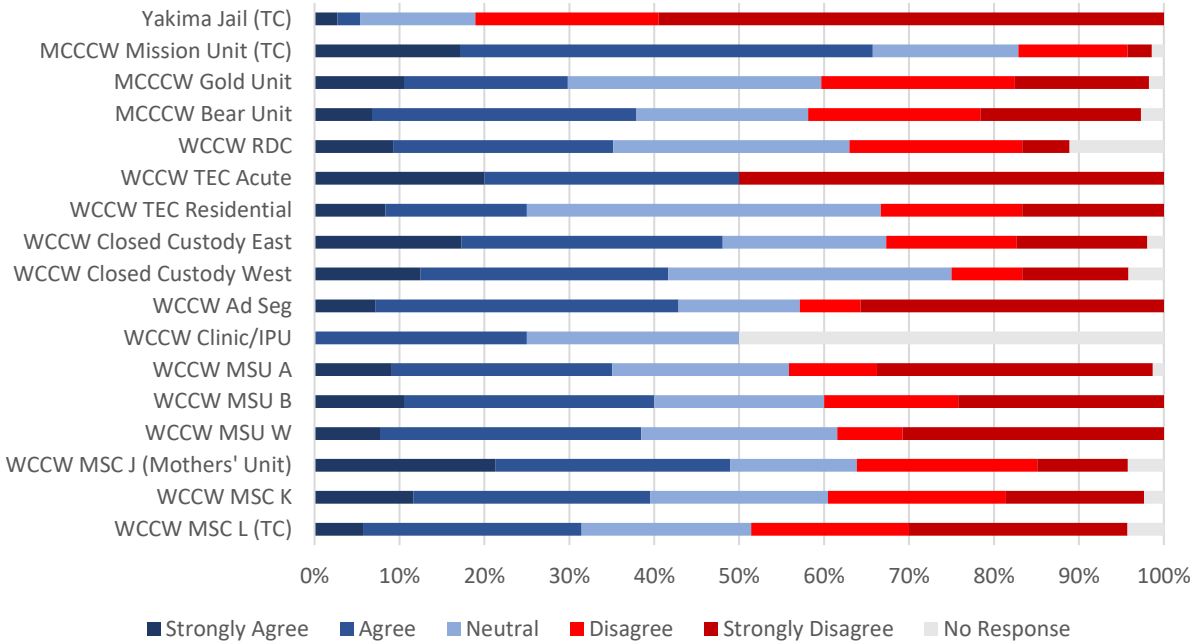
### *Programming Access*

**Summary Finding: Generally, the majority of incarcerated women reported having access to adequate programming, with the exception again being the women at Yakima. Yakima Jail provides no programming or job opportunities outside of one hour of TC sessions per day and a limited quantity of TC jobs. Under-staffing causes delays or cancellation of scheduled programming at WCCW.**



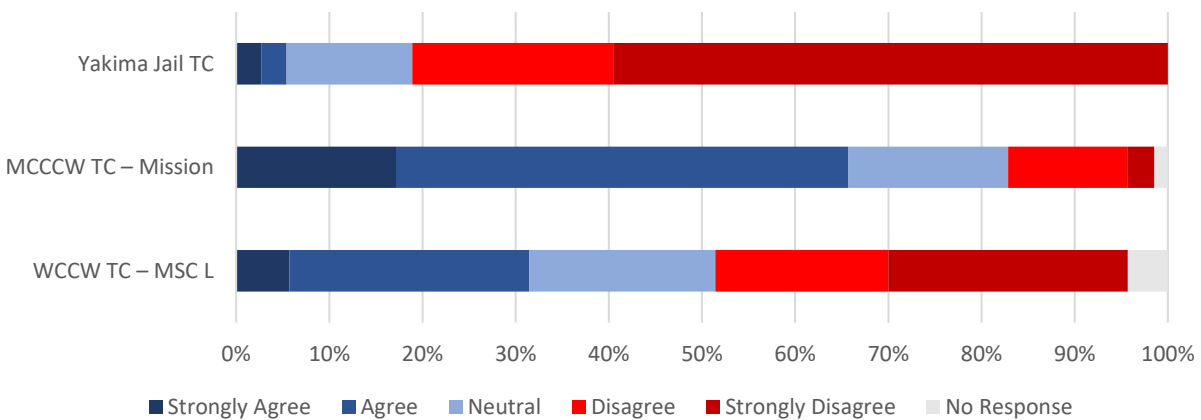
Note: 772 surveys total (Yakima 37, MCCCW 209, WCCW 526)

### I have adequate access to programming (By Unit)



Note: 772 surveys total (Yakima 37, Mission 71, Gold 57, Bear 74, RDC 56, TEC-A 10, TEC-R 12, CCU-E 52, CCU-W 24, Ad-Seg 14, IPU 4, MSU-A 82, MSU-B 95, MSU-W 13, MSC-J 48, MSC-K 43, MSC-L 71)

### I have adequate access to programming (Therapeutic Communities)



Note: 179 surveys total (Yakima 37, Mission 71, MSC-L 71)

#### Concerns:

- Concerns about programming access for each facility can be summarized as follows: Yakima Jail provides no programming or job opportunities outside of one hour of TC sessions per day and a limited quantity of TC jobs (Survey No. 22). Most women at

Yakima Jail report living in indigency and having too much idle time, but with no privacy, to sit with unpleasant emotions. This sentiment is echoed by WCCW RDC respondents (e.g. Survey No. 364, 400), who would like to have access to a library and the gym (Survey No. 364). MCCCW has somewhat more programming—TC, cat program, GED programs—but lacks any programming of a more advanced nature for women who will be spending three or more years there. WCCW has the most diverse selection of programming to offer, much of it offered by organizations other than DOC, and those respondents who are eligible report being quite happy with the WCCW programming offerings (e.g. Surveys No. 320, 328). However, because of a shift in focus to reentry prep spearheaded by a WCCW Correctional Program Manager (e.g. Survey No. 489), and perhaps in response to new Washington ONE risk assessments, women with less than a year or more than seven years to serve are being cut out of programming access and many types of jobs (e.g. Surveys No. 302, 308, 344, 509), despite what is allowed for those with lengthy sentences in RCW 72.09.460<sup>6</sup> (Survey No. 586). One respondent writes: “I am being terminated from my job as a service dog trainer because the program is being turned into a reentry program and I have 14 years left” (Survey No. 473). Undocumented immigrant prisoners are also denied access to educational opportunities (Survey No. 494).

- Prisoners at WCCW report difficulties getting a school hold so they can guarantee their completion of a given course in which they are enrolled, resulting in transfer back and forth between WCCW and MCCCW, which is disruptive to their attempts to obtain a degree (Surveys No. 449, 710), and mistakes made on the callout list often interfere with programming access (Surveys No. 518, 678). Frequent programming staff turnover is a barrier to programming access for some (Survey No. 664), as is scheduling conflicts between jobs and desirable programs (Survey No. 675). TC programming requirements prevents women from participating in educational and vocational programming or other programming they feel would be helpful in reentry preparation and general well-being (Survey No. 74, 105).
- Understaffing that results in delays or cancelation of scheduled programming at WCCW causes pent-up, agitated feelings in some prisoners who identify regular programming as crucial to mental health stability (e.g. Surveys No. 357, 521, 589, 594, 602, 741). WCCW’s new body scanner also results in delays of scheduled programming (Survey No. 422). Many respondents at WCCW report feeling uncomfortable with a specific staff person who works in their programming area, and who is reported to give sexually inappropriate pat searches (e.g. Survey No. 550).
- When sanctions entail loss of dayroom privileges, prisoners can’t send kites for programming related needs (Survey No. 322). Pro-social program access at MCCCW and WCCW, including access to education programs, is denied when a major infraction is written for behavior deemed anti-social (Survey No. 339), and some who have served their sanctions experience barriers reentering programs they had started (Survey No. 299). Respondents would like to see more educational opportunities provided for

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<sup>6</sup> RCW 72.09.460: Inmate participation in education and work programs—Associate degree education opportunities—Legislative intent—Priorities—Rules—Payment of costs.

“behaviorally challenged offenders who need positive outlets” (Survey No. 712). As stated earlier, many respondents feel DOC’s reactive focus on short-run safety security undermines proactive supports that could prevent behavioral problems in the long run (e.g. Surveys No. 440, 460).

- Some prisoners report needing additional support to feel comfortable accessing programming, such as improved ADA accessibility, help overcoming phobias of being around groups of people, effective medication for ADHD, and support for learning disabilities (Surveys No. 267, 286, 706).

### *Additional Areas of Concern*

#### Therapeutic Communities

Some prisoners are required to enter TC program, even when not court-ordered to do so (Survey No. 709). Women want a say in whether they join it. “I don’t believe inmates should be forced to participate in “mandatory” programming because I don’t believe that any life changes can be bullied into people” (Survey No. 357). Several respondents ask for TC programs to be investigated, with allegations of TC staff abusing power, especially at WCCW (Surveys No. 723, 753). One woman in the MCCW TC program reports feeling intimidated and pressured, presumably by TC staff, when she tries to call her husband or her family (Survey No. 750). TC staff at WCCW are reported to speak to women in a condescending manner (Survey No. 751). TC participants report having staff withhold WAC numbers relevant to TC program (Survey No. 763).

Eligible prisoners report being pulled out of other programming or have had graduated reentry eligibility delayed until TC fifth phase because of DOC need to “fill beds” in TC program (Surveys No. 2, 79, 130). TC is reported to interfere with access to other programming, such as education and religious activities, as well as with access to work release and graduated reentry, making women feel improperly prepared or delayed in their preparation for reentry (e.g. Survey No. 752):

The TC program dictates every extra activity that we try to do for ourselves. They have too much say in our religious activities they deny them (Survey No. 734).

TC programming also interferes with prisoners’ ability to have a job (especially during first phase) so they are only able to afford indigent hygiene supplies (Survey No. 752, 757).

TC at Yakima Jail has no grievance process, with reports that complaints are informally taken to program manager and not resolved.

Some respondents find it stressful to be expected to open up to counselors on the spot during scheduled TC sessions (e.g. Survey No. 223). Multiple respondents across TC programs express the concern that sharing honest information during TC sessions will result in punishment or retaliation rather than therapeutic interventions or resolution of problems (e.g. Surveys No. 84, 94, 705). Prisoners in TC programs seem especially afraid of revealing concerns to TC staff and

would prefer to go to non-TC staff (e.g. Survey No. 753, 772). TC women fear that what they divulge during TC sessions will be used against them, especially in relation to their DOSA status, even if they are not engaging in active drug use (Survey No. 708, 758). Several respondents report TC sessions eliciting intense emotions and buried life experiences, but having no safe place or alone time to process these things after sessions (e.g. Surveys No. 218, 239, 752), especially when living in a stressful dorm unit (WCCW TC). As one respondent explains, “now I live in an open hall with 45 other females who gripe, complain, gossip, lie, don’t keep out of others’ business... It’s quite traumatic for me” (Survey No. 733). Moreover, some respondents feel that TC counselors are not equipped to help women through emotional difficulties (Survey No. 232). At the Yakima Jail TC program, the “[c]ounseling staff is one CDP counselor in training who has a caseload of 42 women at this time” (Survey No. 228).

#### Access to DOC Policy, Law Library, and Legal System

Some respondents express a desire for all prisoners to be provided with a copy of all non-restricted DOC policies and Operational Memoranda for the purpose of self-education (Survey No. 175, 207). This is especially important for prisoners who wish to be able to navigate the grievance and various appeal systems, where many “staff rely on my/other offenders’ ignorance of policy and procedure” (Survey No. 606) or “turn off recorders at all hearings” (Survey No. 22).

MCCCW does not have a proper law library, reportedly consisting of a single computer that only has family law resources (Survey No. 79, 91, 710). For those at WCCW, there is a law library, but access can be hard to get (Survey No. 702). Yakima Jail respondents did not comment on their law library access.

A respondent from MCCCW reports that staff are not allowing prisoners to appear by phone conferences for court dates, resulting in prisoners getting warrants for arrest issued for not appearing in court (Survey No. 721).

#### Access to Family

Respondents report losing visits with family for petty infraction sanctions, and JPay kiosks broken for half a year or more interfere with ability to communicate with loved ones (Survey No. 704). One respondent reports being unable to have EFV access with her children because she has no other immediate family who can participate in this program with them (Survey No. 762). WCCW TC staff are reported to discourage some women from communicating with their families (Survey No. 750). Delays in count at WCCW eat into visiting time (Survey No. 735). Yakima Jail transfers also move women far away from their families (Survey No. 449).