Health, Housing, and Household Circumstances Among Women on Parole

Findings from the National Survey on Drug Use and Health, 2021–2023

August 2026

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Reentry after prison often involves more than meeting post-release supervision requirements. For many women on parole, it also involves navigating health and housing challenges while managing family and household responsibilities under circumstances that differ from both other women and men on parole. This brief uses pooled 2021–2023 public-use data from the National Survey on Drug Use and Health (NSDUH)[1] to examine those circumstances among adults who reported being on parole in the past year.

The analysis compares women on parole with two groups: women who did not report being on parole and men who reported being on parole. The comparison with women not on parole shows how women on parole differ from other women in the survey. The comparison with men on parole shows where women's circumstances differ from those of people under the same broad form of supervision. The sections below report the size of those differences and indicate whether comparisons with women on parole were statistically significant.

Because NSDUH includes measures that extend beyond criminal justice status, the analysis captures circumstances often missing from correctional data. These include self-rated health, health insurance coverage, mental health and substance use disorders, residential moves, and the presence of minor children in the household. The analysis cannot determine whether the conditions measured preceded, contributed to, or were exacerbated by justice system

involvement. It does, however, identify factors relevant to reentry planning, supervision, family stability, health care coordination, and public safety.

Key Takeaways

Unless otherwise noted, differences described as higher or lower were statistically significant.

- **Housing instability was especially high among women on parole.** About 13% said they had moved three or more times in the past year, compared with 2% of women not on parole and 6% of men on parole.
- **Women on parole reported poorer overall health than both comparison groups.** About 29% rated their overall health as fair or poor, compared with 16% of women not on parole and 17% of men on parole.
- **Severe mental health disorders were more common among women on parole.** About 24% of women on parole met the threshold for a severe mental health disorder, compared to 7% of women not on parole and 10% of men on parole.
- **Women on parole had higher rates of severe substance use disorders, including drug and opioid use disorders.** About 32% met the criteria for severe substance use disorder, including 28% for severe drug use disorder and 18% for severe opioid use disorder. Each rate was higher than those for women not on parole and men on parole.
- **Living with minor children was common but household details were limited.** About 29% of women on parole reported living in a household with minor children. That rate was higher than among men on parole but similar to the rate among women not on parole. The measure does not show whether respondents were parents, caregivers, or financially responsible for the children.

About the Analysis and Charts

This analysis uses pooled 2021–2023 data from the National Survey on Drug Use and Health (NSDUH). It compares females aged 18 and older who reported being on parole in the past year with two groups: females who did not report being on parole and males who reported being on parole. Results are weighted to produce nationally representative estimates.

In the figures, women on parole are the reference group. Asterisks mark comparisons where the difference from women on parole met standard thresholds for statistical significance. One asterisk indicates that the difference met the conventional 95% threshold; two asterisks mean that the difference met the 99% threshold. Ratios reported in the text compare the size of group rates; they are descriptive and should be read alongside the statistical testing results. Full measure definitions, sample sizes, statistical tests, and limitations are available in the supplemental methodology report.

Women on Parole Were More Likely to Report Frequent Moves Than Both Comparison Groups

About 40% of women and men on parole reported moving at least once in the past year, compared with 19% of women not on parole (Figure 1). Women on parole were more likely than women not on parole to report any move, but their rate was similar to the rate among men on parole.

Frequent moves were less common but showed larger differences among the groups. About one in eight women on parole reported moving three or more times in the past year, a rate 7.9 times higher than women not on parole and 2.2 times higher than men on parole.

Housing instability can affect several parts of reentry. Frequent moves can disrupt employment, treatment participation, supervision appointments, transportation, and family routines.

Figure 1. Number of Moves in the Past Year

Women on Parole Were More Likely to Rate Their Health as Fair or Poor Than Both Comparison Groups

About 29% of women on parole rated their overall health as fair or poor,[2] compared with 16% of women not on parole and 17% of men on parole (Figure 2). Fair or poor health can make the basic demands of reentry harder to manage, including maintaining employment, complying with supervision requirements, and managing family or household responsibilities.

Figure 2. Self-Rated Health

Women on Parole Were More Likely Than Other Women to Be Uninsured, but Less Likely Than Men on Parole

About 11% of women on parole reported being uninsured, compared with 7% of women not on parole and 20% of men on parole (Figure 3). This means women on parole had lower rates of health insurance coverage than other women, but higher coverage than men on parole.

Health insurance coverage can affect reentry in practical ways. Without coverage, women may have more difficulty continuing mental health or substance use disorder treatment, filling prescriptions or accessing medications for opioid use disorder, and getting primary or specialty care after release.

Figure 3. Health Insurance Coverage

Women on Parole Were More Likely to Report Major Depression and Severe Mental Health Disorders

About 25% of women on parole reported experiencing a major depressive episode in the past year, compared with 10% of women not on parole and 12% of men on parole (Figure 4).

A broader NSDUH estimate showed a similar pattern. About 57% of women on parole were classified as having a past-year mental health disorder of any severity,[3] compared with 27% of women not on parole and 35% of men on parole (not visualized).

Severe mental health disorders showed larger differences among the groups. About 24% of women on parole met the threshold for a severe mental health disorder, compared with 7% of women not on parole and 10% of men on parole. The rate among women on parole was 3.4 times the rate among women not on parole and 2.4 times the rate among men on parole.

Stabilization and continuity of care are especially important for people with serious mental health disorders. Without consistent treatment, medication access, and crisis support, women may have more difficulty securing and maintaining employment, meeting supervision requirements, managing family responsibilities, and avoiding crisis points after release.

Figure 4. Severe Mental Health Disorders

Severe Substance Use Disorders Were More Prevalent Among Women on Parole

Substance use disorders of any severity were common among people on parole.[4] About 51% of women on parole met criteria for a past-year substance use disorder of any severity, compared with 15% of women not on parole and 47% of men on parole (not visualized). The similar rates among women and men on parole suggest that substance use disorders are a common reentry issue across both groups.

Group differences were larger for severe disorders (Figure 5). About 32% of women on parole met criteria for severe substance use disorder, compared with 3% of women not on parole and 24% of men on parole. Severe drug use disorder followed a similar pattern: 28% of women on parole met the criteria, compared with 2% of women not on parole and 15% of men on parole.

The largest relative difference was for severe opioid use disorder. About 18% of women on parole met the criteria, compared with 0.4% of women not on parole and 5% of men on parole.

Nearly one in five women on parole met criteria for severe opioid use disorder, compared with about one in 20 men on parole and fewer than one in 100 women not on parole.

For people with severe substance use disorders, reentry is a critical point for treatment continuity. Planning before release and targeted support after release can help reduce interruptions in care, connect women to community providers, support access to medications for opioid use disorder when clinically appropriate, keep treatment appointments, and meet supervision requirements.

Figure 5. Severe Substance Use Disorders, by Type

Women on Parole Were More Likely Than Men on Parole to Live in Households with Minor Children

Women on parole were more likely than men on parole to report living in a household with minor children; their rate was similar to the rate among women not on parole. About 29% of

women on parole lived in a household with at least one minor child, compared with 30% of women not on parole and 19% of men on parole.

This measure does not show whether the survey respondent was a parent, caregiver, or financially responsible for the children in the household. It does, however, point to household circumstances that may shape reentry planning. For some women, supervision, treatment, housing, health care, and employment requirements may have to be managed alongside school schedules, childcare arrangements, transportation, and other household responsibilities.

Figure 6. Minor Children in Household

What the Findings Mean for Reentry

Women's reentry challenges are well recognized in correctional practice and research.[5] By using national survey data and two comparison groups, this analysis shows where those challenges are more pronounced among women on parole.

The findings show that women on parole differ from men on parole across several measures. Compared with men on parole, women reported higher rates of frequent residential moves, fair or poor health, and severe mental health and substance use disorders. At the population level, these differences suggest that women on parole are more likely than men to report circumstances that can make the basic tasks of reentry harder to manage, including finding and keeping work, attending treatment and supervision appointments, maintaining housing, managing health care, and meeting family or household responsibilities.

Reentry outcomes are often measured by supervision compliance, revocation, rearrest, or return to prison. Those measures are central to public safety and system accountability. They should also be paired with measures that reflect the responsibilities of other systems, including whether women have stable housing, health insurance, access to medical care, continuity of mental health and substance use disorder treatment, and family-support services after release. A woman may avoid new criminal justice system contact while still lacking stable housing, treatment, health care, or other supports that affect daily stability. The results support reentry planning that begins before release and continues after women return to the community, with clear handoffs to health care, behavioral health, housing, and family-support systems.

The analysis has important limitations. Survey data rely on self-report, and the analysis cannot determine whether the conditions measured here preceded, contributed to, or were exacerbated by criminal justice system involvement. It also does not examine how often these conditions occur together for the same people.

For policy and practice, the analysis points to several priorities: stable housing, continuity of mental health and substance use disorder treatment, access to medications and other health care, and planning that accounts for women's family and household circumstances. Corrections and parole agencies have an important role to play, including identifying challenges before release, supporting post-release connections to care, and coordinating with community providers. They should not be expected to address these issues on their own. Supporting reentry requires coordination before and after release across the systems responsible for supervision, treatment, health care, housing, and other supports.

About the Authors

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Acknowledgements

Stephanie Akhter, Liza Bayless, and other members of the Council on Criminal Justice team provided additional support.

This report was produced with support from the Ford Foundation, the George Kaiser Family Foundation, the Joan Ganz Cooney & Holly Peterson Fund, The J.B. and M.K. Pritzker Family

Foundation, the Ms. Foundation for Women, the Navigation Fund, the National Football League, The New York Women's Foundation, Charles and Lynn Schusterman Family Philanthropies, The Tow Foundation, and the Council's general operating contributors.

Suggested Citation

Kennedy, S., Bhati, A. S., & Roman, J. K. (2026). *Health, housing, and household circumstances among women on parole: Findings from the National Survey on Drug Use and Health, 2021–2023*. Council on Criminal Justice. https://councilonj.org/health-housing-and-household-circumstances-among-women-on-parole

Endnotes

[1] Substance Abuse and Mental Health Services Administration. (n.d.). *NSDUH: Combined public-use file (2021-2023)*. https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/datafiles/2021-2023

[2] NSDUH asks respondents to rate their overall health as excellent, very good, good, fair, or poor. This analysis reports the share who rated their health as fair or poor.

[3] NSDUH estimates the presence and severity of past-year mental health conditions using a model that incorporates measures of psychological distress and functional impairment, as well as a major depressive episode, suicidal thoughts, and age. See Table 2.3: Substance Abuse and Mental Health Services Administration. (2024). *2023 National Survey on Drug Use and Health (NSDUH): Methodological summary and definitions.* https://www.samhsa.gov/data/sites/default/files/reports/rpt47098/Methodological%20Summary%20and%20Definitions/2023-nsduh-method-summary-defs.htm

[4] NSDUH classifies substance use disorders using *DSM-5* criteria. Mild disorders meet two or three applicable criteria, moderate disorders meet four or five, and severe disorders meet six

or more. See Section 3.4.3 “Substance Use Disorders”: Substance Abuse and Mental Health Services Administration, 2024.

[5] Miller, H. V. (2021). Female re-entry and gender-responsive programming: Recommendations for policy and practice. *Corrections Today*. https://www.ojp.gov/pdffiles1/nij/300931.pdf; Spjeldnes, S., & Goodkind, S. (2009). Gender differences and offender reentry: A review of the literature. *Journal of Offender Rehabilitation, 48*, 314-335. https://doi.org/10.1080/10509670902850812