



# The Incarceration of Women

## Section Highlights

- Historical trends in the incarceration of women
- Contemporary issues in the incarceration of women
- Gender-responsive treatment and programming for incarcerated women
- Barriers to reentry for incarcerated women

This section focuses on issues related to the supervision and incarceration of women. Drawing from historical examples of incarceration to modern-day policies, this section first looks at the treatment of women in prison and the challenges that women face. Following this discussion, this section highlights how the differential pathways of female offending affect the unique needs for women under the correctional system and presents a review of the tenets of gender-responsive programming. This section concludes with a discussion about the lives of women following incarceration and how policy decisions about offending have often succeeded in the “jailing” of women, even after their release from prison.

## Historical Context of Female Prisons

Prior to the development of the all-female institution, women were housed in a separate unit within the male prison. Generally speaking, the conditions for women in these units were horrendous and were characterized by excessive use of solitary confinement and significant acts of physical and sexual abuse by both the male inmates and the male guards. Women in these facilities received few, if any, services (Freedman, 1981). At Auburn State Prison in New York, women were housed together in an attic space where they were unmonitored and received their meals from male inmates. In many cases, these men would stay longer than necessary to complete their job duties. To no surprise, there were many prison-related pregnancies that resulted from these interactions. The death of a pregnant woman named Rachel

Welch in 1825 as a result of a beating by a male guard led to significant changes in the housing of incarcerated women. In 1839, the first facility for women opened its doors. The Mount Pleasant Prison Annex was located on the grounds of Sing Sing, a male penitentiary located in Ossining, New York. While Mount Pleasant had a female warden at the facility, the oversight of the prison remained in the control of the administrators of Sing Sing, who were male and had little understanding about the nature of female criminality. Despite the intent by administrators to eliminate the abuse of women within the prison setting, the women incarcerated at Mount Pleasant continued to experience high levels of corporal punishment and abuse at the hands of the male guards.

Conditions of squalor and high levels of abuse and neglect prompted moral reformers in England and the United States to work toward improving the conditions of incarcerated women. A key figure in this crusade in the United Kingdom was Elizabeth Fry (1780–1845). Her work with the Newgate Prison in London during the early 19th century served as the inspiration for the American women's prison reform movement. Fry argued that women offenders were capable of being reformed and that it was the responsibility of women in the community to assist those who had fallen victim to a lifestyle of crime. Like Fry, many of the reformers in America throughout the 1820s and 1830s came from upper- and middle-class communities with liberal religious backgrounds (Freedman, 1981). The efforts of these reformers led to significant changes in the incarceration of women, including the development of separate institutions for women.

The Indiana Women's Prison is identified as the first stand-alone female prison in the United States. It was also the first maximum-security prison for women. At the time of its opening in 1873, IWP housed 16 women (Schadee, 2003). By 1940, 23 states had facilities designed exclusively to house female inmates. A review of facilities across the United States reveals two different models of institutions for women throughout the 20th century: reformatories and custodial institutions. The reformatory was a new concept in incarceration, as it was an institution designed with the intent to rehabilitate women. Here, women did not receive a fixed sentence length. Rather, they were sent to the reformatory for an indeterminate period of time—essentially until they were deemed to have been reformed. Women sent to the reformatories were most likely to be White, working-class women. Based on the philosophy that the reformatory was designed to “improve the moral character of women,” women were sentenced for a variety of “crimes,” including “lewd and lascivious conduct, fornication, serial premarital pregnancies, adultery [and] venereal disease” (Anderson, 2006, pp. 203–204). These public order offenses were based on the premise that such behaviors were “unladylike.” Generally speaking, the conditions at the reformatory were superior to those found at the custodial institution. The reformatory was effective in responding to abuse of women inmates by male guards, as many of these institutions were staffed by women guards and administrations. While they were the first to provide treatment for female offenders, their rehabilitative efforts have been criticized by feminist scholars as an example of patriarchy at its finest, as women were punished for violating the socially proscribed norms of femininity. The reformatory became a place embodying attempts by society to control the autonomy of women—to punish the wayward behaviors and instill women with the appropriate morals and values of society (Kurshan, 2000).

In comparison, custodial institutions were similar in design and philosophy to male institutions. Here, women were simply warehoused, and little programming or treatment was offered to inmates. Women in custodial institutions were typically convicted on felony and property-related crimes, with a third of women convicted of violent crimes. The custodial institution was more popular with the Southern states. In cases where a state had both a reformatory and a custodial institution, the distribution of inmates was made along racial lines—custodial institutions were more likely to house women of color who were determined to have little rehabilitative potential, while reformatories housed primarily White women (Freedman, 1981). Black women were also sent to work on state-owned penal plantations under conditions that mimicked the days

of slavery in the south. Women of color generally had committed less serious offenses compared to White women, and yet they were incarcerated for longer periods of time. Indeed, it was rare to see women of color convicted of moral offenses—since Black women were not held to the same standards of what was considered acceptable behavior for a lady, they were not deemed as in need of the rehabilitative tools that characterized the environments found at the reformatory (Rafter, 1985). Prison conditions for women at the custodial institution were characterized by unsanitary living environments with inadequate sewage and bathing systems, work conditions that were dominated by physical labor and corporal punishment, a lack of medical treatment for offenders, and the use of solitary confinement for women with mental health issues (Kurshan, 2000).

One of the most successful reformatories during this time frame was the Massachusetts Correctional Institution (MCI) in Framington. Opened in 1877, Framington possessed a number of unique characteristics, including an all-female staff, an inmate nursery that allowed incarcerated women to remain with their infants while they served their sentence, and an on-site hospital to address the inmates' health care needs. Additionally, several activities were provided to give women opportunities to increase their self-esteem, gain an education, and develop a positive quality of life during their sentence. While MCI Framington is the oldest running prison still in use today, it bears little resemblance to its original mission and design; the modern-day institution bears the scars of the tough-on-crime movement. Today's version of the institution has lost some of the characteristics that made Framington a unique example of the reformatory movement and now mimics the structure and design of the male prisons located in the state (Rathbone, 2005).

Today, most states have at least one facility dedicated to a growing population of female offenders. In many cases, these facilities are located in remote areas of the state, far from the cities where most of the women were arrested and where their families reside. The distance between an incarcerated woman and her family plays a significant role in the ways in which she copes with her incarceration and can affect her progress toward rehabilitation and a successful reintegration. In contrast, the sheer number of male facilities increases the probability that these men might reside in a facility closer to their home, allowing for increased frequency in visitations by family members.

## Contemporary Issues for Incarcerated Women

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Since the 1980s, the number of women incarcerated in the United States has multiplied at a dramatic rate. As discussed in Section VII, sentencing policies such as mandatory minimum sentences and the war on drugs have had a dramatic effect on the numbers of women in prison. These structured sentencing formats, whose intent was to reduce the levels of sentencing disparities, have only led to the increases in the numbers of women in custody. In 2008, there were more than 216,000 women incarcerated in jails and prisons in the United States<sup>1</sup> (West & Sabol, 2009). Table 10.1 illustrates a profile of women found in the criminal justice system today. A review of data on sentencing practices of women indicates that most women are incarcerated for nonviolent offenses. Much of the rise in female criminality is the result of minor property crimes, which reflects the economic vulnerability that women experience in society, or cases involving drug-related crimes and the public health addiction issues facing women.

While Blacks and Hispanics make up only 24% of the U.S. population, 63% of women in state prisons and 67% of women in federal prisons are Black or Hispanic, a practice that indicates that women of color are

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<sup>1</sup>At midyear 2008, 115,779 women were incarcerated in state and federal prison facilities. The average daily population of adult females in jails in the U.S. at midyear 2008 was 99,175.

**Table 10.1** Profile of Women in the Criminal Justice System

- Disproportionately women of color
- In their early to mid-thirties
- Most likely to have been convicted of a drug or drug-related offense
- Fragmented family histories, with other family members also involved with the criminal justice system
- Survivors of physical and/or sexual abuse as children and adults
- Significant substance abuse problems
- Multiple physical and mental health problems
- Unmarried mothers of minor children
- High school degree/GED, but limited vocational training and sporadic work histories

significantly overrepresented behind bars. Indeed, research indicates that Black women today are being incarcerated at a greater rate than both White females and Black males (Bush-Baskette, 1998). Poverty is also an important demographic of incarcerated women, as many women (48%) were unemployed at the time of their arrest, which affects their ability to provide a sustainable environment for themselves and their children. In addition, they tend to come from impoverished areas, which may help explain why women are typically involved in economically driven crimes such as property, prostitution, and drug-related offenses. Women also struggle with limited education and a lack of vocational training, which places them at risk for criminal behavior. The majority of women in state prisons across the United States have not completed high school and struggle with learning disabilities and literacy challenges. For example, 29% of women in custody in New York have less than a fifth-grade reading ability. Yet, many prison facilities provide limited educational and vocational training, leaving women ill prepared to successfully transition to the community following their release. For example, of the 64% of women who enter prison without a high school diploma, only 16% receive their GED and only 29% participate in any form of vocational training while they are incarcerated (Women's Prison Association [WPA], 2003, 2009a).

## Physical and Mental Health Needs of Incarcerated Women

Women in custody face a variety of physical and mental health issues. In many cases, the criminal justice system is ill equipped to deal with these issues. Given the high rates of abuse and victimization these women experience throughout their lives, it is not surprising that the incarcerated female population has a high demand for mental health services. Women in prison have significantly higher rates of mental illness compared to women in the general population. Thirteen percent of women in federal facilities and 24% of women in state prisons indicate that they have been diagnosed with a mental disorder (General Accounting Office, 1999). The pains of imprisonment, including the separation from family and adapting to the prison environment, can exacerbate these conditions.

Women also face a variety of physical health needs. Women in prison are more likely to be HIV positive, presenting a unique challenge for the prison health care system. While women in the general United States population have an HIV infection rate of 0.3%, the rate of infection for women in state and federal facilities is 3.6%, a ten-fold increase. In New York state, this statistic rises to an alarming 18%, a rate sixty times that of the national infection rate. These rates are significantly higher than the rates of HIV-positive incarcerated

men. Why is HIV an issue for women in prison? When we consider the lives of women prior to their incarceration, we find that these pathways are filled with experiences of abuse, which in turn places women at risk for unsafe sexual behaviors and drug use, factors that increase the potential for infection. For example, women who are HIV positive are more likely to have a history of sexual abuse, compared to women who are HIV negative (WPA, 2003). While the rates of HIV-positive women have declined since an all-time high in 1999, the rate of hepatitis C infections has increased dramatically within the incarcerated female population. Estimates indicate that between 20% and 50% of women in jails and prisons are affected by this disease. Hepatitis C is a disease that is transmitted via bodily fluids such as blood and can lead to liver damage if not diagnosed or treated. Offending women are at a high risk to contract hepatitis C given their involvement in sex and drug crimes. Few prison facilities routinely test for hepatitis C, and treatment can be expensive due to the high cost of prescriptions (Van Wormer & Bartollas, 2010).

While women inmates have a higher need for treatment (both in terms of prevalence as well as severity of conditions) compared to male inmates, the prison system is limited in its resources and abilities to address these issues. For example, most facilities are inadequately staffed or lack the diagnostic tools needed to address women's gynecological issues. Women also have higher rates of chronic illnesses than the male population (Anderson, 2006). However, the demands for these services significantly outweigh their availability. While states such as New York indicate that more than 25% of women receive mental health treatment while they are incarcerated, the lack of accessible services ranks high on the list of inmate complaints regarding quality of life issues in prison (WPA, 2003).

While the decision in *Todaro v. Ward* (1977) mandated reforms to health care in prisons, women continue to receive fewer resources compared to the male incarcerated population (Anderson, 2006). Elaine Lord, the former superintendent of Bedford Hills Correctional Facility (a maximum-security prison for women in New York State) tells of the challenges that face a facility wherein a large percentage of the women suffer from mental health issues. She highlights how facilities struggle to provide adequate resources to address these issues and that in these instances, challenges to the court are not necessarily a bad thing, as it can force states to provide additional funds to expand the options and availability for management and treatment of these issues (Lord, 2008).



▲ **Photo 10.1** Visitation at a women's prison. Here, a no-contact visit means that the inmate cannot touch or hug her family and friends when they come to visit. For many women, the lack of physical contact with their loved ones can contribute to the stress and loneliness of incarceration.

## Children of Incarcerated Mothers: The Unintended Victims

Another key issue for women in prison involves the effects of incarceration on children. Children of incarcerated mothers (and fathers) deal with a variety of issues that stem from the loss of a parent, including grief, loss, sadness, detachment, and aggressive or at-risk behaviors for delinquency, and these



▲ **Photo 10.2** The rise of female incarceration has had significant impacts on the lives of incarcerated women's children, who are left to grow up without their mothers. Here, children visit with their mothers at Rikers Island Prison in New York.

children are at high risk for ending up in prison themselves as adults. The location of many prisons makes it difficult for many children to retain physical ties with their mother throughout her incarceration. While more than two thirds of incarcerated mothers have children under the age of 18, only 9% of these women will ever get to be visited by their children while they are incarcerated (Van Wormer & Bartollas, 2010).

For the 5–10% of women who enter prison while pregnant, only nine states (New York, California, Illinois, Indiana, Ohio, Nebraska, South Dakota, Washington, and West Virginia) have prison nurseries, which allow for women to remain with their infant children for at least part of their sentence (WPA, 2009b). The oldest prison nursery program is located at Bedford Hills Correctional Facility in New York. Founded in 1901, this program is the largest in the country

and allows for 29 mothers to reside with their infant children. Women residing in the prison nursery take classes on infant development and participate in support groups with other mothers. While most programs limit the time that a child can reside with his or her mother (generally 12–18 months), the Washington Correctional Center for Women is unique in that their prison nursery program allows for children born to incarcerated women to remain with their mothers for up to 3 years (WPA, 2009b). Other states allow for overnight visits with children, either in special family units on the prison grounds or in specialized cells within the facility. At Bedford Hills, older children can participate in programs at the facility with their mothers (Van Wormer & Bartollas, 2010). These programs help families repair and maintain ties between a mother and her child(ren) throughout her incarceration. Not only do these programs help to end the cycle of incarceration, but they also assist in the reduction of recidivism once a woman is released from custody (WPA, 2009b).

While the concept of the prison nursery and programming for children of incarcerated mothers helps promote the bond between parent and child, what about those states where these types of programs are not available? What happens to these children? The majority of women in the criminal justice system are the primary custodial parents for their young children, and these women must face the issue of who will care for their children while they are incarcerated. Some may have husbands and fathers to turn to for assistance, though many will seek out extended family members, including grandparents, who will be charged with the task of raising their children. Indeed, 79% of children who have an incarcerated parent are raised by an extended family member (WPA, 2003). In cases where an extended family member is unable or unavailable to care for a woman's minor child(ren), social services will place them in foster care. When a woman faces a long term of incarceration, the Adoption and Safe Families Act of 1997 terminates the parental rights in cases where children have been in foster care for 15 months (out of the previous 22 months). Given the increases in strict sentencing practices, the effects of this law mean that the majority of incarcerated women will lose their children if a family member is unable to care for them while the mother serves her sentence (Belknap, 2007).



## Gender-Responsive Programming for Women in Prison

Clearly, women have been significantly neglected by the prison system throughout history. In an effort to remedy the disparities in treatment, several court cases began to challenge the practices in women's prisons. The case of *Barefield v. Leach* (1974) was particularly important for women, as it set the standard through which the courts could measure whether women received a lower standard of treatment compared to men. Since *Barefield*, the courts have ruled that a number of policies that were biased against women were unconstitutional. For example, the case of *Glover v. Johnson* (1979) held that the state must provide the same opportunities for education, rehabilitation, and vocational training for females as provided for male offenders. *Todaro v. Ward* (1977) declared that the failure to provide access to health care for incarcerated women was a violation of the Eighth Amendment protection against cruel and unusual punishment. Cases such as *Cooper v. Morin* (1980) held that the equal protection clause prevents prison administrators from justifying the disparate treatment of women on the grounds that providing such services for women is inconvenient. Ultimately, the courts held that “males and females must be treated equally unless there is a substantial reason which requires a distinction be made” (*Canterino v. Wilson*, 1982).

While these cases began to establish a conversation on the accessibility of programming for women, these early discussions focused on the issue of parity between male and female prisoners. At the time, women comprised only about 5% of the total number of incarcerated offenders. During the 1970s, prison advocates worked toward providing women with the same opportunities for programming and treatment as men. Their efforts were relatively successful in that many gender-based policies were abolished, and new policies were put into place mandating that men and women be treated similarly (Zaitzow & Thomas, 2003). However, feminist criminologists soon discovered that parity and equality for female offenders does not necessarily mean that women require the same treatment as men (Bloom, Owen, & Covington, 2003, 2004). Indeed, research has documented that programs designed for men fail the needs of women (Belknap, 2007).

These findings led to the emergence of a new philosophy of parity for women—gender-responsive programming. What does it mean to be gender responsive in our prison environments? Research by Bloom et al. (2003, 2004) highlights how six key principles can change the way in which programs and institutions design and manage programs, develop policies, train staff, and supervise offenders. These six principles are (1) gender, (2) environment, (3) relationships, (4) services and supervision, (5) socioeconomic status, and (6) community. Together, these six principles provide guidance for the effective management of female offenders.

The first principle of gender discusses the importance for criminal justice systems and agents to recognize the role that gender plays in the offending of women and the unique treatment needs of women. As discussed in Section II, the pathways of women to crime are dramatically different from the pathways of men. Even though they may be incarcerated for similar crimes, their lives related to these offenses are dramatically different. As a result, men and women respond to treatment in different ways and have different issues to face within the context of rehabilitation. To offer the same program to men and women may not adequately address the unique needs for both populations. Given that the majority of programs have been developed about male criminality and are used for male offenders, these programs fail the unique needs of women. While the courts have held that prison officials must provide parity and equality for male and female offenders, Bloom et al. (2003, 2004) highlight that equal treatment does not necessarily mean that women require the same treatment as men.

The second principle of environment focuses on the need for officials to create a place where staff and inmates engage in practices of mutual respect and dignity. Given that many women involved in the

criminal justice system come from a background of violence and abuse, it is critical that women feel safe and supported in their journey toward rehabilitation and recovery. Historically, the criminal justice system has emphasized a model of power and control, a model that limits the ability for nurturing, trust, and compassion. Yet research indicates that these elements are essential in providing effective rehabilitative environments for women. Research by Covington (1999) suggests that rehabilitative programs for women need to create an environment that is a safe place where women can share about the intimate details of their lives.

The third element of relationships refers to developing an understanding of why women commit crimes; the context of their lives prior to, during, and following incarceration; and the relationships that women build while they are incarcerated. In addition, the majority of incarcerated women attempt to sustain their relationships with family members outside the prison walls, particularly with their minor children. Given that the majority of incarcerated women present a low safety risk to the community, women should be placed in settings that are minimally restrictive, offer opportunities for programs and services, and reside in locations within reasonable proximity to their families and minor children. The concept of relationships also involves how program providers interact with and relate to their clients. Group participants need to feel supported by their treatment providers, and the providers need to be able to empower women to make positive choices about their lives (Covington, 1999).

The fourth principle identifies the need for gender-responsive programming to address the traumas that women have experienced throughout the context of their lives. As indicated throughout this text, the cycle to offending for women often begins with the experience of victimization. In addition, these victim experiences continue throughout their lives and often inform their criminal actions. Historically, treatment providers for substance abuse issues, trauma, and mental health issues have dealt with offenders on an individualized basis. Gender-responsive approaches highlight the need for program providers and institutions to address these issues as co-occurring disorders. Here, providers need to be cross-trained in these three issues in order to develop and implement effective programming options for women. In addition, community correctional settings need to acknowledge how these issues translate into challenges and barriers to success in the reentry process. This awareness can help support women in their return to the community.

The fifth principle focuses on the socioeconomic status of the majority of women in prison. Most women in prison turn to criminal activity as a survival mechanism. Earlier in this section, you learned that women in the system lack adequate educational and vocational resources to develop a sustainable life for themselves and their families and struggle with poverty, homelessness, and limited public assistance resources, particularly for drug-convicted offenders. In order to enhance the possibilities of success following their incarceration, women need to have access to opportunities to break the cycle of abuse and create positive options for their future. Without these skills and opportunities, many women will fall back into the criminal lifestyle out of economic necessity. Given that many women will reunite with their children following their release, these opportunities will not only help women make a better life for themselves, but for their children as well.

The sixth principle of community focuses on the need to develop collaborative relationships among providers in order to assist women in their transition toward independent living. Bloom et al. (2003) call for the need to develop wraparound services for women. The concept of wraparound services refers to “a holistic and culturally sensitive plan for each woman that draws on a coordinated range of services within her community” (p. 82). Examples of these services include public and mental health systems, addiction recovery, welfare, emergency shelter organizations, and educational and vocational services.



Certainly, wraparound services require a high degree of coordination between agencies and program providers. Given the multiple challenges that women face throughout their reentry process, the development of comprehensive services will help support women toward a successful transition. In addition, by having one case manager to address multiple issues, agencies can be more effective in meeting the needs of and supervising women in the community while reducing the levels of bureaucracy and “red tape” in the delivery of resources.

Table 10.2 illustrates how the principles of gender, environment, relationships, services and supervision, socioeconomic status, and community can be utilized when developing gender-responsive policies and programming. These suggestions can assist institutional administrators and program providers in developing policies and procedures that represent the realities of women’s lives and reflect ways that rehabilitation efforts can be most effective for women. Within each of these topical considerations, correctional agencies should be reminded that the majority of female offenders are nonviolent in nature, are more likely to be at risk for personal injury versus harmful toward others, and are in need of services.

## Reentry Issues for Incarcerated Women

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With the increases in the incarceration of both men and women, it is not surprising that the numbers of people leaving the prison community have changed dramatically, creating a new population of people in need of services. By the mid-2000s, more than 650,000 people were released from prison each year (Harrison & Beck, 2005). Historically, the majority of research has focused on whether offenders will reoffend and return to prison (recidivism). Recent scholars have shifted the focus on reentry to discussions on how to successfully transition offenders back into their communities. This process can be quite traumatic, and for women, a number of issues emerge in creating a successful reentry experience.

Consider the basic needs of a woman who has just left prison. She needs housing, clothing, and food. She may be eager to reestablish relationships with friends, family members, and her children. In addition, she has obligations as part of her release—appointments with her parole officer and treatment requirements. The label of an ex-offender brings unique challenges to this process as she struggles to find employment with limited educational and vocational training (Rose, Michalsen, Wiest, & Fabian, 2008). One woman shares the struggles in meeting these demands, expressing fear and the unknown of her new life and her ability to be successful in her reentry process:

I start my day running to drop my urine [drug testing]. Then I go see my children, show up for my training program, look for a job, go to a meeting [Alcoholics Anonymous], and show up at my part-time job. I have to take the bus everywhere, sometimes eight buses for 4 hours a day. I don’t have the proper outer clothes, I don’t have the money to buy lunch along the way, and everyone who works with me keeps me waiting so that I am late to my next appointment. If I fail any one of these things and my PO [probation officer] finds out, I am revoked [probation is revoked]. I am so tired that I sometimes fall asleep on my way home from work at 2:00 a.m. and that’s dangerous given where I live. And then the next day I have to start over again. I don’t mind being busy and working hard. . . . that’s part of my recovery. But this is a situation that is setting me up to fail. I just can’t keep up and I don’t know where to start. (Ritchie, 2001, p. 381)

**Table 10.2** Questions to Ask in Developing a Systemic Approach for Women Offenders**Operational Practices**

- Are the specifics of women's behavior and circumstances addressed in written planning, policies, programs, and operational practices? For example, are policies regarding classification, property, programs, and services appropriate to the actual behavior and composition of the female population?
- Does the staff reflect the offender population in terms of gender, race/ethnicity, sexual orientation, language (bilingual), ex-offender, and recovery status? Are female role models and mentors employed to reflect the racial/ethnic and cultural backgrounds of the clients?
- Does staff training prepare workers for the importance of relationships in the lives of women offenders? Does the training provide information on the nature of women's relational context, boundaries and limit setting, communication, and child-related issues? Are staff prepared to relate to women offenders in an empathetic and professional manner?
- Are staff training in appropriate gender communication skills and in recognizing and dealing with the effects of trauma and PTSD?

**Services**

- Is training on women offenders provided? Is this training available in initial academy or orientation sessions? Is the training provided on an ongoing basis? Is this training mandatory for executive-level staff?
- Does the organization see women's issues as a priority? Are women's issues important enough to warrant an agency-level position to manage women's services?
- Do resource allocation, staffing, training, and budgeting consider the facts of managing women offenders?

**Review of Standard Procedures**

- Do classification and other assessments consider gender in classification instruments, assessment tools, and individualized treatment plans? Has the existing classification system been validated on a sample of women? Does the database system allow for separate analysis of female characteristics?
- Is information about women offenders collected, coded, monitored, and analyzed in the agency?
- Are protocols established for reporting and investigating claims of staff misconduct, with protection from retaliation ensured? Are the concepts of privacy and personal safety incorporated in daily operations and architectural design, where applicable?
- How does policy address the issue of cross-gender strip searches and pat-downs?
- Does the policy include the concept of zero tolerance for inappropriate language, touching, and other inappropriate behavior and staff sexual misconduct?

**Children and Families**

- How do existing programs support connections between the female offender and her children and family? How are these connections undermined by current practice? In institutional environments, what provisions are made for visiting and for other opportunities for contact with children and family?
- Are there programs and services that enhance female offenders' parenting skills and their ability to support their children following release? In community supervision settings and community treatment programs, are parenting responsibilities acknowledged through education? Through child care?

**Community**

- Are criminal justice services delivered in a manner that builds community trust, confidence, and partnerships?
- Do classification systems and housing configurations allow community custody placements? Are transitional programs in place that help women build long-term community support networks?
- Are professionals, providers, and community volunteer positions used to facilitate community connections? Are they used to develop partnerships between correctional agencies and community providers?

Upon release, the majority of women find themselves returning to the same communities in which they lived prior to their incarceration, where they face the same problems of poverty, addiction, and dysfunction. For those women who were able to receive some therapeutic treatment in prison, most acknowledge that these prison-based intervention programs provided few, if any, legitimate coping skills to deal with the realities of the life stressors that awaited them upon their release. Without continuing community-based resources, many women will return to the addictions and lifestyles in which they engaged prior to their incarceration. In addition, women have limited access to health care on the outside, often due to a lack of community resources, an inability to pay, or lack of knowledge about where to go to obtain assistance. Given the status of mental and physical health needs of incarcerated women, the management (or lack thereof) of chronic health problems can impede a woman's successful reentry process (Ritchie, 2001).

While women may turn to public assistance to help support their reentry transition, many come to find that these resources are either unavailable or are significantly limited. For example, the Welfare Reform Bill, signed by President Bill Clinton in 1996, not only imposed time limits on the aid that women can receive, but has significantly affected the road to success by denying services and resources for women with a criminal record, particularly in cases of women convicted on a felony drug-related charge (Hirsch, 2001). Section 115 of the welfare reform act calls for a lifetime ban on benefits such as Temporary Assistance for Needy Families (TANF) and food stamps to offenders convicted in the state or federal courts for a felony drug offense. In addition, women convicted of a drug offense are barred from living in public housing developments and, in some areas, a criminal record can limit the availability of Section 8 housing options<sup>2</sup> (Jacobs, 2000). Drug charges are the only offense type subjected to this ban—even convicted murderers can apply for and receive government benefits following their release (Sentencing Project, 2006). In her research on drug-convicted women and their struggles with reentry, Hirsch (2001) found that the majority of women with drug convictions were incarcerated on charges involving low levels of substances designed for personal use, not distribution. Most of these women struggled with use and addiction since adolescence and early adulthood, often in response to significant experiences with abuse and victimization, but rarely had access to treatment to address their issues. They had relatively limited educational and vocational training and faced a variety of issues such as homelessness, mental health issues, and poverty. While many of them had children whom they cared for deeply, these relationships were often strained as a result of their issues with addiction and subsequent incarceration, making their family reunification efforts a challenge. Indeed, the limits of this ban jeopardize the very efforts toward sustainable and safe housing, education, and drug treatment that are needed in order for women to successfully transition from prison. Table 10.3 presents state-level data on the implementation of the ban on welfare benefits for felony drug convictions.

How many women are affected by the lifetime bans on assistance under Section 115? Research by the Sentencing Project indicates that, as of 2006, more than 92,000 women are currently affected by the lifetime welfare ban. They also estimate that the denial of benefits places more than 135,000 children of these mothers at risk for future contact with the criminal justice system due to economic struggles. The ban also disproportionately affects women of color, with approximately 35,000 African American women and 10,000 Latina women dealing with a loss of benefits. Since its enactment in 1996, 37 states have

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<sup>2</sup>Section 8 housing provides government subsidies for housing in nonpublic housing developments. Here, private landlords are paid the difference between the amount of rent that a tenant can afford, based on his or her available income, and the fair market value of the residence.

**Table 10.3** State Implementation of Lifetime Welfare Ban

State	Denies Benefits Entirely	Partial Denial/ Term Denial	Benefits Dependent on Drug Treatment	Opted Out of Welfare Ban
Alabama	X			
Alaska	X			
Arizona	X			
Arkansas		X		
California		X		
Colorado		X		
Connecticut				X
Delaware			X	
District of Columbia				X
Florida		X		
Georgia	X			
Hawaii			X	
Idaho		X		
Illinois		X		
Indiana	X			
Iowa		X		
Kansas	X			
Kentucky			X	
Louisiana		X		
Maine				X
Maryland			X	
Massachusetts		X		
Michigan				X
Minnesota			X	
Mississippi	X			

State	Denies Benefits Entirely	Partial Denial/ Term Denial	Benefits Dependent on Drug Treatment	Opted Out of Welfare Ban
Missouri	X			
Montana	X			
Nebraska	X			
Nevada			X	
New Hampshire				X
New Jersey			X	
New Mexico				X
New York				X
North Carolina		X		
North Dakota	X			
Ohio				X
Oklahoma				X
Oregon				X
Pennsylvania				X
Rhode Island		X		
South Carolina			X	
South Dakota	X			
Tennessee			X	
Texas	X			
Utah			X	
Vermont				X
Virginia	X			
Washington			X	
West Virginia	X			
Wisconsin			X	
Wyoming				X
<b>U.S. total</b>	15	11	12	13

rescinded the lifetime ban on resources, either in its entirety or in part. However, 13 states have retained this ban on assistance, placing family reunification efforts between women and their children in jeopardy (Sentencing Project, 2006).

Even women without a drug conviction still face significant issues in obtaining public assistance. Federal welfare law prohibits states from providing assistance under programs such as TANF (Temporary Assistance for Needy Families), SSI (Supplementary Security Income), housing assistance, or food stamps in cases where a woman has violated a condition of her probation or parole. In many cases, this can be as simple as failing to report for a meeting with a probation officer when she has a sick child. In addition, TANF carries a 5-year lifetime limit for assistance. This lifetime limit applies to all women, not just those under the criminal justice system. In addition, the delay to receive these services ranges from 45 days to several months, a delay that significantly affects the ability of women to put a roof over their children's heads, clothes on their bodies, and food in their bellies (Jacobs, 2000). Ultimately, these reforms are a reflection of budgetary decisions that often result in the slashing of social service and government aid programs, while the budgets for criminal justice agendas such as incarceration continue to increase. These limits not only affect the women who are in the greatest need of services but their children as well, who will suffer physically, mentally, and emotionally from these economic struggles (Danner, 2003).

Despite the social stigma that comes with receiving welfare benefits, women in one study indicated that the receipt of welfare benefits represented progress toward a successful recovery and independence from reliance on friends, family, or a significant other for assistance. A failure to receive benefits could send them into a downward spiral toward homelessness, abusive relationships, and relapse. As one woman reported to Hirsch (2001),

We still need welfare until we are strong enough to get on our feet. Trying to stay clean, trying to be responsible parents and take care of our families. We need welfare right now. If we lose it, we might be back out there selling drugs. We're trying to change our lives. Trying to stop doing wrong things. Some of us need help. Welfare helps us stay in touch with society. Trying to do what's right for us. (p. 278)

Throughout the reentry process, women also struggle with gaining access to services. Given the nature of their offenses, many women are classified as low risk, even though they may have a high level of needs. However, this classification as low risk means that they will have reduced contact with their parole/probation officer and will receive few mandates or referrals for services. Without these referrals, most women are denied access to treatment due to the limited availability of services or an inability to pay for such resources on their own. Here, women are actually at risk for recidivism, as their needs continue to be unmet. In addition, many of the therapeutic resources that are available to women fail to work within the context of their lives. For example, the majority of inpatient drug treatment programs do not provide the option for women to reside and care for their children. These programs promote sobriety first and rarely create the opportunity for family reunification until women have successfully transitioned from treatment, have obtained a job, and can provide a sustainable environment for themselves. For many women, the desire to reunite with their children is their primary focus, and the inability for women to maintain connection with their children can threaten their path toward sobriety (Jacobs, 2000).

Clearly, women who make the transition from prison or jail back to their communities must achieve stability in their lives. With multiple demands on them (compliance with the terms and conditions of their release; dealing with long-term issues such as addiction, mental health, and physical health concerns; and the need for food, clothing, and shelter), this transition is anything but easy. Here, the influence of a positive mentor can provide significant support for women as they navigate this journey.

While it is true a woman in reentry has many tangible needs (housing, employment, family reunification, formal education), attention to intangible needs (empowerment, a sense of belonging, someone to talk to) can promote personal growth through positive reinforcement of progress, encouragement and support in the face of defeat and temptation, and a place to feel like a regular person. (WPA, 2008, p. 3)

Several key pieces of legislation have focused on the need for support and mentorship throughout the reentry process and have provided federal funding to support these networks. For example, the Ready4Work initiative (2003), the Prisoner Reentry Initiative (2005), and the Second Chance Act (2007) all acknowledged the challenges that ex-offenders face when they exit the prison environment. These initiatives help support community organizations that provide comprehensive services for ex-offenders, including case management, mentoring, and other transitional services (WPA, 2008). Given the struggles that women face as part of their journey back from incarceration, it is clear that these initiatives can provide valuable resources to assist with the reentry process.

## Summary

- The first prison for women was opened in 1839 in response to the growing concerns of abuse of women in male prison facilities.
- The reformatory prison was designed to rehabilitate women from their immoral ways.
- The custodial institution offered very little in terms of rehabilitative programming for incarcerated women.
- Women of color are overrepresented in women's prisons.
- Women in custody face a variety of unique issues, many of which the prison is ill equipped to deal with.
- Some facilities have prison nursery programs, which allow mothers to remain with their infant children while incarcerated.
- Gender-responsive programming is designed to address the unique needs of female offenders.
- Upon release, many women return to the communities in which they lived prior to their incarceration, where they face issues of addiction and dysfunction in their lives.

## KEY TERMS

Elizabeth Fry  
Custodial institutions  
Reformatory  
*Todaro v. Ward (1977)*  
Incarcerated mothers

Gender-responsive programming  
*Barefield v. Leach (1974)*  
*Glover v. Johnson (1979)*  
*Cooper v. Morin (1980)*  
*Canterino v. Wilson (1982)*

Parity  
Wraparound services  
Welfare Reform Bill of 1996  
Reentry

## DISCUSSION QUESTIONS

1. If you were to build a woman's prison that reflected gender-responsive principles, what key features would you integrate into your facility?
2. Discuss the profile for women who are incarcerated in our prison facilities. In what ways are incarcerated women different from incarcerated men?
3. What challenges do women face during their reentry process? How does the Welfare Reform Bill limit access to resources for some women following their incarceration?

## WEB RESOURCES

*Women's Prison Association:* <http://www.wpaonline.org>

*Our Place: DC* <http://www.ourplacedc.org>

*Hour Children:* <http://www.hourchildren.org>

*The Sentencing Project:* <http://www.sentencingproject.org>



## READING

In the section introduction, you learned about how prisons and programs for female offenders can be responsive to issues of gender and consider the unique needs of females. This reading expands on the issues that women face and discusses how the war on drugs has had significant unintended consequences for women. Here the authors highlight six key principles for consideration in developing gender-responsive programming: gender, environment, relationships, services and supervision, socioeconomic status, and community.

### ***Women Offenders and the Gendered Effects of Public Policy***

Barbara Bloom, Barbara Owen, and Stephanie Covington

Women represent a significant proportion of all offenders under criminal justice supervision in the US. Numbering over one million in 2001, female offenders make up 17% of all offenders under some form of correctional sanction. Although their numbers have grown, we maintain that public policy has ignored the context of women's lives and that women offenders have disproportionately suffered from the impact of ill-informed public policy. These policies—both within the criminal justice system and other social arenas—ignore the realities of gender. One such detrimental policy—the so-called war on drugs—has had a critical impact on the lives of women in the criminal justice system. This policy has punished women disproportionately to the harm they cause society. As the US increased the criminal penalties through mandatory sentencing and longer sentence lengths, huge increases in the imprisonment of women have been a gendered consequence of these policies. Women are most likely to be incarcerated for a drug-related crime. Nationwide, about 35% of the

imprisoned women were serving a sentence for a drug related crime, with the remainder distributed somewhat equally among property and violent crime (Bureau of Justice Statistics [BJS], 1999b). This distribution differs by jurisdiction: for example, in the federal prison system, more than 80% of the female prison population in 2000 was serving a sentence for a drug-related crime. While there is some evidence that these population increases are leveling off, the US female prison population has increased from about 10,000 in 1980 to more than 96,000 in 2002 (BJS, 2003). As we discuss below, other policy changes, such as welfare reform, and public housing have combined to create a disparate impact on drug abusing women and women of color (Allard, 2002).

Attention to gender has long been absent from criminal justice policy. As Bloom and Covington (2000, p. 11) propose, an equitable system for women would be gender-responsive, defined as “creating an environment . . . that reflects an understanding of the realities of women's lives and addresses the issues of

the women.” If criminal justice policies continue to ignore these realities, the system will remain ineffective in targeting the pathways to offending that both propel women into and return them to the criminal justice system. Elsewhere, we (Bloom, Owen, & Covington, 2003) have argued that an investment in gender-responsive policy produces both short- and long-term dividends for the criminal justice system, the community, and women offenders and their families.

### Acknowledging Gender Differences

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Acknowledging gender requires understanding the distinction between the concepts of sex and gender. Research on the differences between women and men suggests that social and environmental factors, rather than biological determinants, account for the majority of behavioral differences between males and females. Although purely physiological differences influence some basic biological processes affecting health and medical care, and a range of reproductive issues, many of the observed behavioral differences are the result of differences in gender socialization, gender roles, gender stratification, and gender inequality. Belknap (2001) explains that sex differences are biological differences, such as those concerning reproductive organs, body size, muscle development and hormones. Gender differences are those that are ascribed by society and that relate to expected social roles (p. 11). They are neither innate nor unchangeable. These gender differences shape the reality of women’s lives and the contexts in which women live.

Understanding the distinction between sex and gender informs us that most differences between men and women are societally based (gender), not biologically determined (sex). It is important to comprehend and acknowledge some of the dynamics inherent in a gendered society. The influence of the dominant culture is so pervasive that it is often unseen. One of the gender dynamics found where sexism is prevalent is that programs or policies

declared “genderless” or “gender neutral” are in fact male-based (Kivel, 1992).

Race and class can also determine views of gender-appropriate roles and behavior. Differences exist among women based on race and socioeconomic status or class. Regardless of their differences, all women are expected to incorporate the gender-based norms, values, and behaviors of the dominant culture into their lives. As Kaschak (1992) said, “The most centrally meaningful principle on our culture’s mattering map is gender, which intersects with other culturally and personally meaningful categories such as race, class, ethnicity, and sexual orientation. Within all of these categories, people attribute different meanings to femaleness and maleness” (p. 5). This discussion of the implications of gender within the criminal justice system is based on a simple assumption: responding to the differences between women and men in criminal behavior and to their antecedents is consistent with the goals of all correctional agencies. These goals are the same for all offenders, whether they are male or female. Across the criminal justice continuum, the goals of the system typically involve sanctioning the initial offense, controlling behavior while the offender is under its jurisdiction, and, in many cases, providing interventions, programs, and services to decrease the likelihood of future offending. At each stage in the criminal justice process, the differences between female and male offenders affect behavioral outcomes and the ability of the system to address the pathways to offending and thus achieve its goals.

### Characteristics of Women in the Criminal Justice System

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Understanding gender-based characteristics is also critical to gender-responsive policy. The significant increase in the number of women under criminal justice supervision has called attention to the status of women in the criminal justice system and to the particular circumstances they encounter. Current research has established that women offenders differ from their male counterparts in personal histories and pathways to crime

(Belknap, 2001). Women offenders are low-income, undereducated, and unskilled with sporadic employment histories, and they are disproportionately women of color. They are less likely than men to have committed violent offenses and more likely to have been convicted

of crimes involving drugs or property. Often their property offenses are economically driven, motivated by poverty and by the abuse of alcohol and other drugs. Table 10.4 summarizes salient demographic characteristics of women in the criminal justice system.

**Table 10.4** Characteristics of Women in the Criminal Justice System

	Percentage Under Community Supervision	Percentage in Jail	Percentage in Prison
Race/ethnicity			
White	62	36	33
African American	27	44	48
Hispanic	10	15	15
Median age	32	31	33
High school/GED	60	55	56
Single	42	48	47
Unemployed	—	60	62
Mother of minor children	72	70	65

Women face life circumstances that tend to be specific to their gender such as sexual abuse, sexual assault, domestic violence, and the responsibility of being the primary caretaker for dependent children. Approximately 105,000 minor children have a mother in jail and approximately 65% of women in state prisons and 59% of women in federal prisons have an average of two minor children. Women offenders reflect a population that is marginalized by race, class, and gender (Bloom, 1996). For example, African American women are over-represented in correctional populations. While they comprise only 13% of women in the US, nearly 50% of women in prison are African American. Black women are nearly eight times more likely than white women to be incarcerated.

Eighty-five percent of women in the criminal justice system are under community supervision. In 2000, more than 900,000 women were on probation (844,697) or parole (87,063). Women represented an increasing percentage of the probation and parole populations in 2000, as compared to 1990. Women represented 22% of all probationers in 2000 (up from 18% in 1990) and 12% (up from 8% in 1990) of those on parole (BJS, 2001b).

While nearly two-thirds of women confined in jails and prisons are African American, Hispanic, or of other (non-white) ethnic origin, nearly two-thirds of those on probation are white. About 60% of women on probation have completed high school; 72% have children under 18 years of age (BJS, 2001b).

## Offense Profiles

Accompanying this increase in population are several questions about women offenders. Why has women's involvement with the criminal justice system increased so dramatically? Are women committing more crimes? Are these crimes becoming more violent? The data on arrests demonstrate that the number of women under criminal justice supervision has risen disproportionately to arrest rates. For example, the total number of arrests of adult women increased by 38.2% between 1989 and 1998, while the number of women under correctional supervision increased by 71.8%. Overall, women have not become more violent as a group. In 2000, women accounted for only 17% of all arrests for violent crime. About 71% of all arrests of women were for larceny/theft or drug-related offenses (BJS, 2001b and c).

Women on probation have offense profiles that are somewhat different from those of incarcerated women. Nationwide, the majority of women on probation have been convicted of property crimes (44%). Of female probationers, 27% have been convicted of public order offenses and 19% have been convicted of drug offenses. Only 9% committed violent crimes (BJS, 2001b and c).

Data collected by the Bureau of Justice Statistics (BJS, 1999b) indicate that violent offenses are the major factor in the growth of the male prison population; however, this is not the case for women. For women, drug offenses were the largest source of growth (38% compared to 17% for males) for the female prison population. In 1998, 22% of incarcerated women had been convicted for violent offenses (BJS, 1999b). The majority of offenses committed by women in prisons and jails are nonviolent drug and property crimes.

## Gender-Based Experiences

Women's most common pathways to crime are based on survival of abuse, poverty, and substance abuse. The pathway perspective (Belknap, 2001; Owen, 1998) confirms the importance of the following interconnected factors:

**Family Background.** Women in the criminal justice system are more likely than those in the general population to have grown up in a single-parent home. Within the incarcerated population, women are more likely than men to have had at least one incarcerated family member.

**Abuse History.** The prevalence of physical and sexual abuse in the childhoods and adult backgrounds of women under correctional supervision has been supported by the research literature; abuse within this segment of the population is more likely than in the general population (BJS, 1999c). In examining the abuse backgrounds of male and female probationers, the Bureau of Justice Statistics (BJS, 1999c) found a dramatic gender difference: more than 40% of the women reported having been abused at some time in their lives, compared to 9% of the men.

**Substance Abuse.** Women are more likely to be involved in crime if they are drug users (Merlo & Pollock, 1995). Approximately 80% of women in state prisons have substance abuse problems (Center for Substance Abuse Treatment [CSAT], 1997). About half of women offenders in state prisons had been using alcohol, drugs, or both at the time of their offense. On every measure of drug use, women offenders in state prisons reported higher usage than their male counterparts—40% of women offenders and 32% of male offenders had been under the influence of drugs when the crime occurred.

**Physical Health.** Women frequently enter jails and prisons in poor health, and they experience more serious health problems than do their male counterparts. This poor health is often due to poverty, poor nutrition, inadequate health care, and substance abuse (Acoca, 1998; Young, 1996). It is estimated that 20–35% of women go to prison sick call daily compared to 7–10% of men. The specific health consequences of long-term substance abuse are significant for all women, but they are particularly so for pregnant women.

**Mental Health.** Many women enter the criminal justice system having had prior contact with the mental health system. Women in prison have a higher incidence of

mental disorders than women in the community. One-quarter of women in state prisons have been identified as having a mental illness (BJS, 2001a); the major diagnoses of mental illness are depression, post-traumatic stress disorder (PTSD), and substance abuse. Women offenders have histories of abuse associated with psychological trauma. PTSD is a psychiatric condition often seen in women who have experienced sexual abuse and other trauma.

**Marital Status.** Compared to the general population, women under correctional supervision are more likely to have never been married. In 1998, nearly half of the women in jail and prison reported that they had never been married, compared to 46% in 1991 (BJS, 1994, 1999b). Forty-two percent of women on probation reported that they had never been married.

**Children.** Approximately 70% of all women under correctional supervision have at least one child who is under 18. Two-thirds of incarcerated women have children under the age of 18; about two-thirds of women in state prisons and half of women in federal prisons had lived with their young children prior to entering prison. It is estimated that 1.3 million minor children have a mother who is under correctional supervision and more than a quarter of a million minor children have mothers in jail or prison (BJS, 1999a).

**Education and Employment.** In 1998, an estimated 55% of women in local jails, 56% of women in state prisons, and 73% of women in Federal prisons had completed high school (BJS, 1999b). Approximately 40% of the women in state prisons reported that they were employed full-time at the time of their arrest. Most of the jobs held by women were low-skill and entry-level, with low pay. Women are less likely than men to have engaged in vocational training before incarceration.

In summary, a national profile of women offenders describes the following characteristics:

- disproportionately women of color
- in their early- to mid-thirties
- most likely to have been convicted of a drug or drug-related offense
- fragmented family histories, with other family members involved with the criminal justice system
- survivors of physical or sexual abuse as children and adults
- significant substance abuse problems
- multiple physical and mental health problems
- unmarried mothers of minor children
- high school degree/GED, but limited vocational training and sporadic work histories

Improving policy for women offenders begins by targeting these characteristics and their antecedents through comprehensive treatment for drug abuse and trauma recovery, education and training in job and parenting skills, and affordable and safe housing.



## Theoretical Perspectives

Women in the criminal justice system come into the system in ways different from those of men. This is due partly to differences in pathways into criminality and offense patterns, and partly to the gendered effect of the war on drugs. Contemporary theorists note that most theories of crime were developed by male criminologists to explain male crime (Belknap, 2001; Chesney-Lind, 1997; Pollock, 1999). Historically, theories about women's criminality have ranged from biological to psychological and from economic to social. Social and cultural theories have been applied to men, while individual and pathological explanations have been applied to women.

Pollock (1999) found that, until recently, most criminology theory ignored the dynamics of race and class and how these factors intermix with gender to influence criminal behavior patterns (p. 8). She argues that it has been commonly believed that adding gender to these analytic variables “tended to complicate the theory and were better left out” (Pollock, 1999, p. 123). Due to this lack of attention, Belknap (2001) has called the female offender “the invisible woman.”

Differences among women are also critical in providing women-sensitive policy and programs (McGee & Baker, 2003). Differences in women's pathways to the criminal justice system, women's behavior while under supervision or in custody, and the realities of women's lives in the community have significant bearing on the practices of the criminal justice system. There is significant evidence that the responses of women to community supervision, incarceration, treatment, and rehabilitation are different from those of men. Differences between men and women under community supervision and in custody have been documented in terms of the following:

- levels of violence and threats to community safety in their offense patterns
- responsibilities for children and other family members
- relationships with staff and other offenders
- vulnerability to staff misconduct and revictimization
- differences in programming and service needs while under supervision and in custody, especially in terms of physical and mental health, substance abuse, recovery from trauma, and economic/vocational skills
- differences in reentry and community integration

### The Pathways Perspective

Research on women's pathways into crime indicates that gender matters significantly in shaping criminality. Stefensmeier and Allan (1998) note that the "profound differences" between the lives of women and men shape their patterns of criminal offending. Among women, the most common pathways to crime are based on survival (of abuse and poverty) and substance abuse. Belknap (2001, p. 402) has found that the pathway perspective incorporates a "whole life" perspective in the study of crime causation. Recent research establishes that because of their gender, women are at greater risk of experiencing sexual abuse, sexual assault domestic violence, and single-parent status. Pathway research has identified such key issues in producing and sustaining

female criminality as histories of personal abuse, mental illness tied to early life experiences, substance abuse and addiction economic and social marginality, homelessness, and destructive relationships.

### The Gendered Effects of Current Policy

While most of the policy attention has been on the impact of the war on drugs and the criminal justice system, policy changes in welfare reform, and public housing have combined to create a disparate impact on drug abusing women and women of color (Allard, 2002). Key policy areas affecting the lives of women offenders and their children include welfare benefits, drug treatment, housing, education, employment, and reunification with children.

### The War on Drugs

Given the dramatic influx of women offenders into the criminal justice system, gender becomes quite important in examining the differential effect of drug policy.

As a result of the misguided drug war and its punitive consequences, women have become increasingly punished as the US continues to stiffen criminal penalties through mandatory sentencing and longer sentences. While men too have suffered as the US continues its imprisonment binge (Austin & Irwin, 2000), it is clear that women have suffered disproportionately to the harm their drug behavior represents. Inadvertently, the war on drugs became a war on women, particularly poor women and women of color. Almost a decade ago, Bloom, Chesney-Lind, and Owen (1994) suggested that women's incarceration rates were driven by more than just crime rates:

The increasing incarceration rate for women in the State of California, then, is a direct result of short-sighted legislative responses to the problems of drugs and crime-responses shaped by the assumption that the criminals they were sending to prison were brutal males.

Instead of a policy of last resort, imprisonment has become the first order response for a wide range of women offenders that have been disproportionately swept up in this trend. This politically motivated legislative response often ignores the fiscal or social costs of imprisonment. Thus, the legislature has missed opportunities to prevent women's crime by cutting vitally needed social service and educational programs to fund ever-increasing correctional budgets. (p. 2)

Bush-Baskette (1999) made similar observations:

Drug use by any woman, whether she lives in suburban or urban areas, brings with it the psychological, social, and cultural experience of stigmatization that can perpetuate the continued problem of drug use. This usage and its inherent problems violate gender expectations for women in our society. Poor women who use street-level drugs experience additional societal stigma because they do not have the protective societal buffer enjoyed by women who are insulated by their families, friends, and economic status. Those who use street-level drugs are also less protected from becoming prisoners of the "war on drugs" because of their high visibility. (pp. 216–217)

The emphasis on punishment rather than treatment has brought many low-income women and women of color into the criminal justice system. Women offenders who in past decades would have been given community sanctions are now being sentenced to prison. Mandatory minimum sentencing for drug offenses has significantly increased the numbers of women in state and federal prisons. Between 1995 and 1996, female drug arrests increased by 95%, while male drug arrests increased by 55%. In 1979, approximately one in ten women in US prisons was serving a sentence for a drug conviction; in 1999, this figure was approximately one in three (BJS, 1999a).

Mauer, Potler, and Wolf (1999) measured the gender-based difference in the rates of this increase. They argued that drug policy affects women differently because women are more likely than men to commit drug offenses. In examining the overall rise in prison population between 1986 and 1995, they found that drug offenses account for about one-third of the rise in male prison population, but fully half of the increase in the female prison population. During this period, the number of women incarcerated for drug offenses rose an amazing 888%; the number of women incarcerated for other crimes rose 129%. This difference is particularly marked in states with serious penalties for drug offenses. In New York, they argue, the notorious Rockefeller drug laws account for 91% of the women's prison population increase, in California, drug offenses account for 55%, and in Minnesota, a state committed to limiting incarceration to very serious offenses, only 26%. This difference is most apparent among women of color. Compared to white women, women of color are also more likely to be arrested, convicted, and incarcerated at rates higher than their representation in the free world population (Mauer, Potler & Wolf, 1999).

## Sentencing Policies

These increases have also been aggravated by mandatory minimum sentencing statutes for drug offenses that have significantly increased the numbers of women in state and federal prisons. Women offenders who would have been given community sanctions in past decades are now being sentenced to prison. Between 1995 and 1996, female drug arrests increased by 95%, while male drug arrests increased by 55%. In 1979, approximately one in ten women in US prisons was serving a sentence for a drug conviction; in 1999, this figure was approximately one in three women (BJS, 1999a).

Mandatory minimums for federal crimes, coupled with new sentencing guidelines intended to reduce racial, economic, and other disparities in sentencing males, have distinctly disadvantaged women. Twenty years ago, nearly two-thirds of the women convicted of federal felonies were granted probation; in 1991, only 28% of women

were given straight probation (Raeder, 1993). Female drug couriers can receive federal mandatory sentences ranging from fifteen years to life following their first felony arrest. These gender-neutral sentencing laws fail to recognize the distinction between major players in drug organizations and minor ancillary players. According to Judge Patricia Wald (2001), “The circumstances surrounding the commission of a crime vary significantly between men and women. Yet penalties are most often based on the circumstances of crimes committed by men, creating a male norm in sentencing which makes the much-touted gender neutrality of guideline sentencing very problematical” (p. 12).

### **The Gendered Implications of “Three Strikes and You Are Out”**

Current US prison policy is grounded in law-and-order legislative efforts to control crime, such as mandatory minimum prison sentences and increased sentence lengths. Mona Danner (1998) describes the ways in which the philosophy behind these trends in criminal justice policy has affected the lives of women, particularly the increasing penalties for drug offenses. She suggests that the consequences for women in this era of expanded punishments have been largely unexplored. In her view, public debate over “Three Strikes” and law-and-order policy ignores the reality of women’s lives and that often women are forced to bear the emotional and physical brunt of these misguided policies. Danner argues that women bear these costs in three ways. First, the enormous cost of the correctional institutions needed to accommodate an increasing number of prisoners has direct implications for other social services. She cites a study by the RAND Corporation that predicts that California’s Three Strikes Law will require cuts in other government services totaling 40% over eight years. She predicts that social services for the poor, especially for women and children, will be hardest hit.

Second, Danner believes that the Three Strikes laws disproportionately affect women as caregivers, through both the imprisonment of men and their own

imprisonment. With nearly 1.5 million children of prisoners in the US, there are a significant number of children growing up with at least one parent incarcerated. Third, the financial and social implications for the community, as well as the individual life chances of these children, are yet another cost of Three Strikes crime control efforts.

### **Welfare Benefits**

Section 115 of the 1996 Welfare Reform Act, “Temporary Assistance for Needy Families” (TANF), stipulates that persons convicted of a state or federal felony offense involving the use or sale of drugs are subject to a lifetime ban on receiving cash assistance and food stamps. This provision applies only to those who are convicted of a drug offense (Allard, 2002, p. 1). The lifetime welfare ban has had a disproportionate impact on African American women and Latinas with children, for several reasons. First, due to disparities in drug policies and in the enforcement of drug laws, women of color have experienced greater levels of criminal justice supervision. Second, as a result of race- and gender-based socioeconomic inequities, women of color are more susceptible to poverty and are therefore disproportionately represented in the welfare system (Allard, 2002).

### **Housing**

Obtaining public housing may not be a viable option for women with a drug conviction. In 1996, the Federal government implemented the “One Strike Initiative” authorizing local Public Housing Authorities (PHA) to obtain from law-enforcement agencies the criminal conviction records of all adult applicants or tenants. (This policy was recently upheld by the US Supreme Court in *Department of Housing and Urban Development v. Rucker et al.*, March 26, 2002.) Federal housing policies permit (and in some cases require) public housing authorities, Section 8 providers, and other federally assisted housing programs to deny housing to individuals who have a drug conviction or are suspected of drug involvement (Allard, 2002).



## Education and Employment

As mentioned previously, a significant number of women under criminal justice system supervision have a history of low educational attainment. As of 1996, only 52% of correctional facilities for women offered postsecondary education. Access to college education was further limited when prisoners were declared ineligible for Pell Grants (Allard, 2002). Educational opportunities may also be limited by the Higher Education Act of 1998, which denies eligibility for students convicted of drug offenses. Lack of education is a key factor contributing to the underemployment and unemployment of many women in the criminal justice system.

A significant number of women under criminal justice supervision have limited employment skills and sporadic work histories, and many correctional facilities offer little in terms of gender-specific vocational training. Additionally, having a criminal record poses an additional barrier to securing employment. The transitional assistance provided through TANF and food stamps offers the financial support women need as they develop marketable employment skills and search for work that provides a living wage. Women who are denied this transitional assistance may not be able to provide shelter and food for themselves and their children while engaging in job training and placement.

## Reunification With Children

The Adoption and Safe Families Act of 1997 (ASFA) mandates termination of parental rights once a child has been in foster care for fifteen or more of the past twenty-two months. While it is difficult enough for single mothers with substance abuse problems to meet ASFA requirements when they live in the community, the short deadline has particularly severe consequences for incarcerated mothers, who serve an average of eighteen months (Jacobs, 2001).

Placement of children with relatives, which would avoid the harsh ASFA mandate, is hampered

by state policies that provide less financial aid to relatives who are caregivers than to non-relatives foster caregivers.

## Criminal Justice System Policies

Most criminal justice policy—with few exceptions—was developed to manage the behavior of male offenders. As a result, many systems lack a written policy on the management and supervision of female offenders. In focus group interviews conducted by Bloom, Owen and Covington (2002), many managers and line staff reported that they often have to manage women offenders based on policies and procedures developed for the male offender. They also reported difficulties in modifying these policies to develop a more appropriate and effective response to women's behaviors within the correctional environment.

Gender has an undeniable effect on criminal justice processing; consider this: if gender played no role in criminal behavior and criminal justice processing, then 51.1% of those arrested, convicted, and incarcerated could be expected to be women, as that figure represents the proportion of women in the general population. Instead, men are overrepresented in most classes of criminal behavior and under all forms of correctional supervision in relation to their proportion of the general population. Gender differences have been found in all stages of criminal justice processing, including crime definition, reporting, and counting; types of crime committed; levels of harm; arrest; bail; sentencing; community supervision; incarceration; and reentry into the community (Harris, 2001). One of the most pressing policy issues affecting women involves staff sexual misconduct. In the past ten years, the problems of staff sexual misconduct have been given significant attention by the media, the public, and many correctional systems (US General Accounting Office, 1999). Yet at all levels, most criminal justice agencies have not addressed the problem through policy, training, legal penalties, or reporting/grievance procedures.

Misconduct can take many forms, including inappropriate language, verbal degradation, intrusive searches, sexual assault, unwarranted visual supervision, denying of goods and privileges, and the use or threat of force (Human Rights Watch Women's Rights Project 1996). Misconduct includes disrespectful, unduly familiar or threatening sexual comments made to inmates or parolees. Gender-neutral policies often ignore the problem of staff sexual misconduct with poor grievance procedures, inadequate investigations, and staff retaliation against inmates or parolees who "blow the whistle." Standard policies and procedures in correctional settings (e.g., searches, restraints, and isolation) can have profound effects on women with histories of trauma and abuse, and often trigger retraumatization in women who have post-traumatic stress disorder (PTSD).

## Gendered Justice

A gendered policy approach calls for a new vision for the criminal justice system, one that recognizes the behavioral and social differences between female and male offenders that have specific implications for gender-responsive policy and practice. Developing gender-responsive policies, practices, programs, and services requires the incorporation of the following key findings:

- An effective system for female offenders is structured differently than a system for male offenders.
- Gender-responsive policy and practice target women's pathways to criminality by providing effective interventions that address the intersecting issues of substance abuse, trauma, mental health, and economic marginality.
- Criminal justice sanctions and interventions recognize the low risk to public safety created by the typical offenses committed by female offenders.
- Gender-responsive policy considers women's relationships, especially those with their children, and their roles in the community when delivering both sanctions and interventions.

Being gender responsive in the criminal justice system requires an acknowledgment of the realities of women's lives, including the pathways they travel to criminal offending and the relationships that shape their lives. To assist those working with women to effectively and appropriately respond to this information, Bloom and Covington (2000) developed the following definition:

Gender-responsive means creating an environment through site selection, staff selection, program development content, and material that reflects an understanding of the realities of women's lives and addresses the issues of the participants. Gender-responsive approaches are multidimensional and are based on theoretical perspectives that acknowledge women's pathways into the criminal justice system. These approaches address social (e.g., poverty, race, class and gender inequality) and cultural factors, as well as therapeutic interventions. These interventions address issues such as abuse, violence, family relationships, substance abuse and co-occurring disorders. They provide a strength-based approach to treatment and skill building. The emphasis is on self-efficacy. (p. 11)

## Guiding Principles and Strategies

Evidence drawn from a variety of disciplines and effective practice suggests that addressing the realities of women's lives through gender-responsive policy and programs is fundamental to improved outcomes at all criminal justice phases. The six guiding principles that follow are designed to address system concerns about the management operations, and treatment of women offenders in the criminal justice system.

1. *Gender*: Acknowledge that gender makes a difference
2. *Environment*: Create an environment based on safety, respect, and dignity

3. *Relationships*: Develop policies, practices, and programs that are relational and promote healthy connections to children, family, significant others, and the community
4. *Services and Supervision*: Address the issues of substance abuse, trauma, and mental health through comprehensive, integrated, culturally relevant services and appropriate supervision.
5. *Socio-economic Status*: Provide women with opportunities to improve their socioeconomic conditions.
6. *Community*: Establish a system of community supervision and reentry with comprehensive, collaborative services.

Together with the general strategies for their implementation, the guiding principles provide a blueprint for a gender-responsive approach to the development of criminal justice policy.

## Developing Gender-Responsive Policy and Practice

The proposed guiding principles are intended to serve as a blueprint for the development of gender-responsive policy and practice. These principles can also provide a basis for systemwide policy and program development. Following are scenarios based on a gender-responsive model for women offenders:

- The correctional environment or setting is modified to enhance supervision and treatment.
- Classification and assessment instruments are validated on samples of women offenders.
- Policies, practices, and programs take into consideration the significance of women's relationships with their children, families, and significant others.
- Policies, practices, and programs promote services and supervision that address substance

abuse, trauma, and mental health and provide culturally relevant treatment to women.

- The socioeconomic status of women offenders is addressed by services that focus on their economic and social needs.
- Partnerships are promoted among a range of organizations located within the community.

A first step in developing gender-appropriate policy and practice is to address the following questions:

- How can correctional policy address the differences in the behavior and needs of female and male offenders?
- What challenges do these gender differences create in community and institutional corrections?
- How do these differences affect correctional practice, operations, and supervision in terms of system outcomes and offender-level measures of success?
- How can policy and practice be optimized to best meet criminal justice system goals for women offenders?

## Policy Considerations

As agencies and systems examine the impact of gender on their operations, policy-level changes are a primary consideration. A variety of existing policies developed by the National Institute of Corrections Intermediate Sanctions for Women Offenders Projects, the Federal Bureau of Prisons, the American Correctional Association (ACA), the Minnesota Task Force on the Female Offender, and the Florida Department of Corrections contain crucial elements of a gender-appropriate approach. Gender-responsive elements derived from this analysis are considered below.

### Create Parity

As expressed in the ACA Policy Statement, "Correctional systems should be guided by the principle of parity. Female offenders must receive the

equivalent range of services available to male offenders, including opportunities for individual programming and services that recognize the unique needs of this population” (American Correctional Association [ACA], 1995, p. 2). Parity differs conceptually from “equality” and stresses the importance of equivalence rather than sameness: women offenders should receive opportunities, programs, and services that are equivalent, but not identical, to those available to male offenders.

### Commit to Women’s Services

Executive decision-makers, administrators, and line staff must be educated about the realities of working with female offenders. Establishing mission and vision statements regarding women’s issues and creating an executive-level position charged with this mission are two ways to ensure that women’s issues become a priority. A focus on women is also tied to the provision of appropriate levels of resources, staffing, and training.

The National Institute of Corrections has recognized the need for gender-specific training and has sponsored a variety of initiatives designed to assist jurisdictions in addressing issues relevant to women offenders. In Florida, a staff training and development program was mandated and will be implemented for correctional officers and professionals working with female offenders in institutions and community corrections. In the Bureau of Prisons, training occurs at the local institution level. The Texas Division of Community Corrections has also created specific training for those working with female offenders in the community.

### Review Standard Procedures for Their Applicability to Women Offenders

Another key element of policy for women offenders concerns a review of policies and procedures. While staff working directly with female offenders on a day-to-day basis are aware of the procedural misalignment of some procedures with the realities of women’s

lives, written policy often does not reflect the same understanding of these issues. As stated in the ACA policy, “Sound operating procedures that address the (female) population’s needs in such areas as clothing, personal property, hygiene, exercise, recreation, and visitations with children and family” should be developed (ACA, 1995, p. 1).

### Respond to Women’s Pathways

Policies, programs, and services need to respond specifically to women’s pathways in and out of crime and to the contexts of their lives that support criminal behavior. Procedures, programs, and services for women should be designed and implemented with these facts in mind. Both material and treatment realities of women’s lives should be considered. For example, Florida’s policy states that

emphasis is placed on programs that foster personal growth, accountability, self-reliance, education, life skills, workplace skills, and the maintenance of family and community relationships to lead to successful reintegration into society and reduce recidivism. (Florida Department of Corrections, 1999, p.1)

ACA standards call for

access to a full range of work and programs designed to expand economic and social roles for women, with an emphasis on education, career counseling and exploration of non-traditional training; relevant life skills, including parenting and social and economic assertiveness; and pre-release and work/education release programs. (ACA, 1995, p. 2)

Florida’s policy states that the system must “ensure opportunities for female offenders to develop vocational and job-related skills that support their capacity for economic freedom” (Florida Department of Corrections, 1999, p. 1).

## Consider Community

Given the lower risk of violence and community harm found in female criminal behavior, it is important that written policy acknowledge the actual level of risk represented by women offenders' behavior in the community and in custody. The recognition and articulation of this policy will enable the development of strong community partnerships, creating a receptive community for model reentry and transitional programs that include housing, training, education, employment, and family support services.

The ACA advocates for a range of alternatives to incarceration including pretrial and post-trial diversion, probation, restitution, treatment for substance abuse, halfway houses, and parole services. Community supervision programs need to partner with community agencies in making a wide range of services and programs available to women offenders. Community programs are better equipped than correctional agencies to respond to women's realities. After a review of its Security Designation and Custody Classification procedures, the Federal Bureau of Prisons developed additional low- and minimum-security bed space to house female offenders more appropriately and closer to their homes.

## Include Children and Families

Children and family play an important role in the management of women offenders in community and custodial settings. More female than male offenders have primary responsibility for their children. However, female offenders' ties to their children are often compromised by criminal justice policy. The ACA policy states that the system should "facilitate the maintenance and strengthening of family ties, particularly between parents and children" (ACA, 1995, p. 1). In Florida, an emphasis on the relationships of women offenders with their children and other family members has potential rehabilitative effects in terms of motivation for treatment and economic responsibility (Florida Department of Corrections, 1999, p. 7).

## Conclusion

This article documents the importance of understanding and acknowledging differences between female and male offenders and the impact of those differences on the development of gender-responsive policies, practices, and programs in the criminal justice system. Our analysis has found that addressing the realities of women's lives through gender-responsive policy and practice is fundamental to improved outcomes at all phases of the criminal justice system. This review maintains that consideration of women's and men's different pathways into criminality, their differential responses to custody and supervision, and their differing program requirements can result in a criminal justice system that is better equipped to respond to both male and female offenders.

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## DISCUSSION QUESTIONS

1. How have tough-on-crime policies such as the war on drugs become a war on women offenders?
2. What are the six guiding principles for gender-responsive programming?
3. What recommendations would you make to state legislatures and prison wardens about developing criminal justice policy that is gender responsive?



## READING

In the section introduction, you learned about how the majority of incarcerated women are also mothers who are forced to leave their children either with other family members or in foster care while they serve out their sentence. Many of the women interviewed in this reading were disappointed with the lack of care they received from the courts and child protective services. In addition, their words indicate a concern for the future lives of their children and guilt that they were unable to successfully parent their kids.

### *Throwaway Moms*

## Maternal Incarceration and the Criminalization of Female Poverty

Suzanne Allen, Chris Flaherty, and Gretchen Ely

**B**ecause of the radical changes in sentencing and drug policies, the U.S. prison population has increased 500% over the past 30 years. As a result, the United States now leads the world in its rates of incarceration, with 2.1 million people currently in the nation's jails and prisons (The Sentencing Project, 2008). Female incarceration rates, in particular, are increasing at an unprecedented rate. Over the past three decades, the increase in the female prison population has continuously surpassed that of the male prison population in all 50 states, making women the fastest growing segment of the U.S. prison population (Women's Prison Association, 2006). As of June 2006, there were 203,100 women incarcerated in jails and prisons—nearly 10% of the total U.S. prison and jail population. More than 65% of these women were mothers of minor children, and 64% of them had lived

with their children prior to incarceration (Women's Prison Association, 2006).

The goal of the study presented here was to gather information directly from the local (Kentucky) female prison population by means of face-to-face interviews to develop an understanding of the impact of maternal incarceration on the experience of motherhood through the eyes of the mothers themselves. To do so effectively, we first needed to understand the complex issues, programs, and policies surrounding maternal incarceration, including poverty; addiction; federal legislation, such as the Adoption and Safe Families Act (ASFA) and the War on Drugs; prison programs; child welfare practices; and systemic barriers, all of which are discussed here. Specifically, child welfare and criminal justice policies have failed to serve the needs of incarcerated women, and thus Halperin and Harris (2004) termed

this situation “the policy vacuum.” All these elements are germane to the larger issue of maternal incarceration because of the varied and complex ways in which they intersect to affect these women’s situations and outcomes, as described in the narratives presented here.

This article is based on information gathered directly from the women who were interviewed as a means of creating a knowledge base of the experiences of this particular population. Therefore, it is informed through a feminist standpoint theoretical lens, which proposes that we “understand the world through the eyes and experiences of oppressed women and apply the vision and knowledge of oppressed women to social activism and social change” (Hesse-Biber & Leavy, 2007, p. 55). It is used here as a way to connect information to practice. In speaking directly to the women we interviewed, we heard their stories and learned of their experiences. From these women, we captured a snapshot of their subjective experiences as incarcerated mothers. By listening to these experiences, we can begin to understand and give voice to this long-ignored population. As Comack (1999, p. 296) stated, “the voices of women behind bars have for too long been silenced; it is time we begin to listen to what they have to say.”

This project was inspired by our strong desire to hear directly from incarcerated, substance-abusing mothers. It stemmed from our concern with the implications of what was clearly a policy vacuum and the stigma attached to incarcerated women and mothers. As we explored the topic of maternal incarceration, it quickly became clear that these women, as vulnerable as they are, are often poorly served by the very system that should be helping them. “Women in prison are among the most vulnerable and marginalized members of society—women who, in other contexts, society would profess an obligation to support” (Women in Prison Project, 2006, p. 4). Hence, it became our mission to learn more, and the best way to do so, we thought, would be to hear from the women themselves.

The information gathered from speaking to these women adds to the literature in that their stories, as told by them, offer personal insights that have not otherwise been captured. Giving the women a voice makes the political personal. It is a way to identify potential

areas of disconnect in policy and programming that so profoundly affect these women and their relationships with their children. It is a way to address the gender-specific programming needs of women in correctional settings and to develop appropriate programs to address the ineffectuality of “existing rehabilitative practices, which were developed for and by males [and] made available in a blanket approach to all females” (Moe & Ferraro, 2006, p. 139). Hearing directly from the women about their concrete experiences provides a foundation from which to build knowledge that accurately represents the needs of this population.

## Review of the Literature

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The vast majority of women who are involved in the criminal justice system are poor single mothers, most of whom are serving sentences for nonviolent drug-related offenses (Moe & Ferraro, 2006). Analyses of state and federal criminal justice statistics point to the war on drugs as the key factor not only in the increased rates of maternal incarceration but in more stringent—and longer—sentences for nonviolent drug-related crimes (Women in Prison Project, 2006). As a report of the American Civil Liberties Union (2005, p. 2) stated, “The war on drugs is having a specific, dramatic, and devastating impact on women that requires further study and attention when evaluating the success of drug policies that do far more harm than good in women’s lives.” Women’s rates of incarceration have increased at more than double the rate of those of men over the past two decades, and women are 10% more likely than are men to be serving sentences for drug-related offenses. Much of this increase is due to the advent of crack cocaine, which has had a huge impact on low-income women and the resulting increase in nonviolent crimes that are typically associated with its use (Alleyne, 2006).

The literature has consistently documented extremely troubled and often tragic histories in the lives of these incarcerated, substance-abusing women. Some running themes that have continuously emerged on a variety of issues in these women’s lives include poverty, abuse, mental health problems, and victimization or, as



Chesney-Lind and Pasko (2004) called it, their “multiple marginality.” These women are more likely to live in poverty, are less likely to have been employed, and are more likely to have lower educational levels and lower household incomes than their incarcerated male counterparts (Moe & Ferraro, 2006). They also have high rates of recidivism (Alleyne, 2006; Richie, 2001). That most of these women live in high-crime neighborhoods with increased levels of homelessness to which they must return on their release from jail poses serious problems for successful reentry into the community and is a contributing factor in the women’s high rates of recidivism (Alleyne, 2006). Furthermore, female drug offenders have high rates of mental health disorders and often use drugs as a means to self-medication for problems that are endemic to poverty, such as depression, anxiety, stress, trauma, and abuse (Alleyne, 2006). Most have chronic physical, emotional, and social problems as a result of their long-term drug use (Richie, 2001). Perhaps, the most widely documented characteristic is the extremely high rate of historical physical and sexual abuse—as much as 80%—among incarcerated substance-abusing women (Bush-Baskette, 2000; Inciardi, Lockwood, & Pottieger, 1993; Langan & Pelissier, 2001).

The majority of incarcerated mothers are poor (Alleyne, 2006), and many are involved with child protective services (Women in Prison Project, 2006), as were the majority of the mothers whom we interviewed. Neglect constitutes the majority of child welfare cases. According to Swift (1995), research has demonstrated that child neglect is more common among the poor than it is among the nonpoor, and poverty is often the main factor in cases of neglect. In addition, those who are accused of neglect are almost exclusively mothers, as opposed to both parents or solely fathers. “The study of child neglect is in effect the study of mothers who fail” (Swift, p. 101) and child welfare processes—indeed, society in general—reinforce this widely held assumption. Deeply embedded in our cultural psyche is the notion of the idealized mother; typically middle class, married, educated, and with access to resources. As Ferraro and Moe (2003, p. 14) stated, “The ability to mother one’s children

according to social expectations and personal desires depends ultimately on one’s access to the resources of time, money, health, and social support.”

Poor and marginalized women, such as the participants in our study, do not fit the idealized portrayal of motherhood. Consequently, they may be perceived as not only inadequate mothers but as inadequate women. They are also, by virtue of their poverty status and marginalization, the most likely to become involved in the criminal justice system and, therefore, more susceptible to having their maternal rights impinged upon. Within this long-established and widely accepted paradigm, motherhood becomes a privilege for certain women as opposed to a right for all women (Ferraro & Moe, 2003).

These women are already marginalized by their gender, class, and victimization status and the systemic barriers they consistently face. Although each has her own unique story, the one thing that incarcerated women share is their invisibility. The women have been locked away with little or no contact with the outside world. They are convicted criminals, viewed by society as social outcasts. Their multiple marginality, combined with the stigma and shame of incarceration, renders this powerless population essentially disposable in the eyes of society. They are dismissed as “throwaway moms.”

Because of the rapid and unprecedented growth of this population, few procedures have been developed to address the unique issue of maternal incarceration on either the national or local level (Vera Institute of Justice, 2004). A report by the Women in Prison Project (2006) emphasized the lack of supports available to incarcerated women and their children, including visitation, parenting, substance abuse, and mental health programming; adequate legal representation; and proximity of a mother’s location to that of her child. The programs that do exist, developed in response to the lack of gender-specific programs for incarcerated women, take a universal, cookie-cutter approach to programming for women in general, rather than address individual needs. No research has identified the actual needs of women who are involved in the criminal justice system, particularly mothers (Moe & Ferraro, 2006).

The implications of tougher drug-sentencing policies are further complicated by imposed time frames for reunification under ASFA. ASFA, which was passed in response to the growing number of children lingering in the foster care system, mandates that parental rights be terminated if a child has been in out-of-home care for 15 of the prior 22 months (Green, Rockhill, & Furrer, 2006). In Kentucky, the location of our study, state law (KRS 610.127) does not consider incarceration to be an exception to ASFA's federally mandated time frames. The average prison sentence for a woman is 18 months (Women's Prison Association, 2006), and the time frame for a woman to complete treatment varies from woman to woman, but is often lengthy. Thus, these ASFA time frames pose many difficult challenges for incarcerated parents, the courts, and the child welfare system (American Bar Association, 2005). Although termination of parental rights (TPR) proceedings have increased more than 100% since the enactment of ASFA, the precise number of TPR proceedings that have been filed against incarcerated women is not known (Women in Prison Project, 2006). Halperin and Harris (2004) reported that child welfare policies on children of incarcerated women have not been modified to adapt to the rapidly increasing rates of female incarceration. Furthermore, the majority of child welfare caseworkers, typically already overworked, lack the training and resources to serve incarcerated mothers adequately. This absence of a working relationship between caseworkers and imprisoned mothers puts the mothers at an obvious disadvantage with regard to the possibility of completing a case plan and, ultimately, reunifying with their children (Women in Prison Project, 2006).

It can be argued, then, that many of these women are suffering not only from radical criminal justice policies, but from inflexible child welfare policies. The experiences reported by the women in our study certainly corroborate the notion that the needs of children and mothers are often at odds with one another as a result of the intersection of policy mandates. Indeed, as is evidenced by the following interviews, the mothers' experiences indicate that child welfare protocols operate, often incorrectly, under the assumption that the welfare of the child is

separate from the welfare of the mother. Although this may sometimes be the case, these women's stories indicate that more typically it is not as the women recount their experiences of feeling powerless and ensnared in and betrayed by the child welfare and criminal justice systems. Child welfare researchers have begun to argue the necessity to value mothers' subjective experiences of mothering as essential to providing good child protection practice (Davies, Krane, Collings, & Wexler, 2007).

These factors raise the issue of how child welfare policy mandates and incarceration rates interact to affect substance-addicted women and their children. Thus, the primary objective of our study was to gather data directly from incarcerated mothers to gain an understanding of the implications of incarceration, particularly on a mother's custody of and relationship to her children. In so doing, we anticipated that the information that we obtained would lead to a greater understanding of the various areas of potential disconnect between the child welfare and criminal justice systems with regard to incarcerated mothers of minor children and, in so doing, would inform policy and programming, identify systemic barriers, aid in identifying possible appropriate points of early intervention, and explore ways to extend family preservation efforts and promote reunification. Through the telling of these stories, we hope to bring attention to the plight of these and other incarcerated mothers, raise awareness of the obstacles that the women face because of their incarceration and troubled life histories, and bring to the forefront the virtually impossible odds the women face in terms of mothering their children by conveying their subjective experiences to a larger audience.

## Method

### Sample

Mothers of minor children, who were detained in a county jail in a midsized city in Kentucky at the time of the study and had histories of substance abuse were recruited by way of two information sessions. Only those who were serving sentences for nonviolent crimes that were related to their substance abuse were

recruited to participate. The ethnicity of the sample was dependent on the ethnic makeup of the inmate population at the time of the study and did not serve as a selection or exclusion criterion. Staff of the detention center was not involved in the recruitment phase of the research to prevent any perceived coercion to participate. We fully and clearly explained to prospective participants that they would not face any negative consequences if they refused to participate for any reason or receive any special rewards or privileges. Written informed consent was obtained prior to each interview. The participants were paid \$5 for participation, which was credited to their jail accounts following their interviews, typically within 2 days.

Twenty-six women who met the eligibility criteria were interviewed. The women ranged in age from 24 to 46 (mean age: 24.5,  $SD = 6.4$ ). Of the 26, 15 were Caucasian, 9 were African American, and 2 were of other races. With regard to the educational achievement of 16 women (10 women did not answer the question), 6 had some college, 4 were high school graduates, and 6 had less than a high school education. Each woman had one to six children (mean: 2.9,  $SD = 1.3$ ).

## Procedure

Qualitative interviews were conducted between May and September 2007. The face-to-face semi-structured interviews lasted from 20 min to 2 hr. The questions were designed to obtain specific information about the women's parenting, criminal, and drug-abuse histories while allowing for digressions into topic areas of unique importance to each woman. This method has become the preferred means of collecting data from marginalized and oppressed populations whose responses are not easily predicted or enumerated (Ferraro & Moe, 2003). This standpoint approach was used to capture fully the depth and uniqueness of the women's stories and to relay the women's firsthand experiences so as to bring attention to this oppressed and otherwise invisible group (Hesse-Biber & Leavy, 2007).

In the interviews, the women were encouraged to deviate from the questions to capture the full breadth of their experiences and to attempt to identify issues

and experiences that would not otherwise have been explored, the majority of which were their experiences of motherhood as incarcerated and, otherwise marginalized, women. All the interviews were conducted by the first author and were audiotaped. Research procedures were approved by a local university's institutional review board.

## Data Analysis

The audiotapes were transcribed and entered into ATLAS-TI qualitative data analysis software (2005). A coauthor who did not participate in the interviews open coded the qualitative responses and used a constant comparison approach (Creswell, 1998; LeCompte & Schensul, 1999) to aggregate and refine the themes. The grounded theory method (Glaser & Strauss, 1967; Strauss & Corbin, 1998) was used to generate descriptive categories. A data check was conducted by the interviewer to assess the accuracy of themes that were identified by the independent coder.

## Findings

Several running themes emerged in speaking with the women. These themes were tabulated to identify the most frequently occurring ones across the set of interviews. The topics that occurred with the most frequency are explored here. It was decided that qualifying themes would be those that were present in at least 20% (5) of the interviews. These themes were parenting; drug use; involvement in the child welfare system; the revolving door of incarceration, homelessness, and recidivism; and mental health issues.

Crack cocaine was the drug of choice for 18 of the 26 women, and many of these women used alcohol and other drugs in addition to crack. Thirteen women reported a previously diagnosed mental health condition: multiple diagnoses (most often depression and anxiety, eight women; bipolar disorder, three women; and depression and anxiety without co-occurring disorders, one woman each). All 12 participants who reported a mental health diagnosis also reported having received previous mental health treatment.

Eight participants reported having their parental rights terminated for at least one child, and two had children in foster care. The majority (15) of the participants' children were currently in kinship placement, either permanently or until they could be reunified with their mothers. Seven participants reported having experienced prior homelessness and 21 had recidivated.

Nearly all the women expressed gratitude for the chance to talk about their stories so freely. They talked at great length about their children, and the majority expressed deep feelings of remorse, guilt, sadness, and love when talking about their children. Most of these dialogues were extremely emotional, and most of the women told their stories through tears and even sobs. As Joy said, "Kids are a touchy subject for all of us in here."

### Parenting: The Shame of Maternal Failure

I felt so bad about myself. I didn't feel like a good mom. . . . We let go of our kids because we feel it is best. (Linda, aged 47)

Perhaps, the most outstanding quality of these interviews was how deeply reflective—often philosophical—these women were about all the subjects they covered but particularly with regard to the topic of motherhood. Many of the women also struggled fiercely with their negative self-perceptions as parents. However, all the women were enthusiastic and grateful to have the opportunity to speak about their children in such an open and nonjudgmental venue. In many ways, the women expressed the same themes one would expect from any mother, including the aforementioned idealized mother. These themes included love for their children, pride in their children's accomplishments, and worry about their children's circumstances and future challenges. However, unlike idealized mothers, these poor and incarcerated mothers also expressed feelings of profound powerlessness: powerless at being separated from their children, powerless to protect their children from sharing their same fate, powerless against the child welfare system, powerless against their addictions, and powerless against the society from which they have

become so disenfranchised. They were terrified that their children, too, would get caught in the devastating cycle of poverty, addiction, the criminal justice system.

Angelina, a 32-year-old White woman, was raised by her father until she was 10, at which time her father was convicted of a drug-related triple murder and put on death row, where he remains today. Her mother, a heroin addict, was incarcerated when Angelina was a child. At age 18, Angelina was arrested for the first time and ended up in the same women's prison as her mother. It was in prison that she became addicted to heroin. When her mother was released on parole, Angelina escaped to be with her and lived "on the run" with her mother for 5 years before she was caught. She said:

It's never just about Angelina; it's about my whole damn family. I felt like I was white trash from the very beginning. My dad did a bad thing, but he's a good dad. I love my dad, and I love my mom. I understand mom more than anyone. She has drug problems, too.

Angelina is now serving a 30-year sentence as punishment for her escape. Her two children are in the permanent custody of her aunt. Angelina is in treatment for the first time through her involvement in a jail-based substance-abuse recovery program.

Virtually all the women expressed deep shame, remorse, and sadness for the mistakes they have made. Most of the women whose children were older and in kinship care, rather than foster care, had regular contact with them via telephone, letters, and visits. Some women spoke with their children every day. Several women with preschool-age and younger children described how painful it was for their children to visit because they had to visit through a glass partition; it was too difficult for them not to have physical contact, to be unable to hug and kiss their children. Some of these women made a conscious decision to forgo visits by their children, deciding that they would rather not see them at all if they were unable to express their love physically. In addition, some of them simply did not want their children to see them in jail because they were ashamed to be there.

Of the 26 women, 8 had their parental rights permanently terminated; 2 had children in foster care; and the majority, 14, had their children placed in kinship care. Most of those with children in kinship care expected to regain full or partial custody. The other two mothers' children were older than age 18.

Many of the women were imprisoned by their own guilt and remorse. As 33-year-old Lucinda put it, "Sometimes I feel like I don't deserve to be called mother. I feel like a failure, like I've failed them." Yet, despite all the challenges these mothers and their children had faced, a great number of them had extremely strong bonds, and their mutual love was evident. As 44-year-old Maggie stated, "I'm worried about my son because he laughs instead of cries. He says, 'Mama, when I play professional baseball, I'm going to buy you a house on the side of a hill, and then nobody can take you away from me again.'"

### Crack Cocaine: Snared in Addiction

Crack . . . is taking a lot of women down. It's a high that you chase and never catch. (Leslie, aged 34)

The majority (75%) of the women who were interviewed were addicted to crack cocaine, and nearly half of them had been charged with possession of crack cocaine and/or crack paraphernalia. Crack has been termed the "fast-food" version of cocaine because it is inexpensive and brings with it a powerful and compelling high (Mahan, 1996). Although crack has been less popular in mainstream culture, a crack subculture is found in America's poor, struggling communities. Mahan called this subculture the "culture of powerlessness" and described it as "the epitome of poverty, ethnic segregation, and polarized gender relations" (p. 3). Those who are addicted to crack are often the poorest of the poor and subsequently the most frequently arrested, victimized, disabled, and marginalized by its use. The stigma of women who use crack and other drugs is further deepened by cultural expectations of women as nurturers and caretakers. As Campbell (2000, p. 3) stated, "When women violate gender norms by

using illicit drugs, they are represented as spectacular failures—callously abandoning babies or becoming bad mothers, worse wives, or delinquent daughters."

Kearney, Murphy, Irwin, and Rosenbaum (1995) developed a grounded theory of pregnancy on crack cocaine. They found that pregnant crack-addicted mothers experienced "threatened selfhood," with selfhood consisting of self-concept and social identity. Consequently, these women sought to "evade harm," sometimes by avoiding contact with health care settings, in which their drug use might be discovered. Kearney et al. explicated a theoretical framework that describes a complex interplay of the desire both to evade harm (to self and fetus) and to face the situation. Ultimately, these two processes converge to an overarching theme of "salvaging self," in which these women sought to salvage their own lives for the sake of their children.

According to Mahan (1996), many crack addicts pay for their drugs by selling stolen goods. Indeed, 10 of the 26 women who were interviewed were serving sentences for shoplifting and/or forgery. Furthermore, the crack culture is extremely sexist, and many crack-addicted women resort to prostitution as a means of supporting their addictions (Mahan, 1996). Several of the women who were interviewed reported having prostituted themselves in the past to pay for their drugs, and three were currently serving sentences resulting from prostitution or loitering. Some women prostitute for money, others for drugs. According to Campbell (2000), women who trade sex for drugs are at the lowest end of the crack world spectrum. This fact became evident during the interviews with those women who bravely confided their experiences—women whose shame and regret were often palpable. One woman, Jane, explained that the other inmates teased her because she brushed her teeth so often. She said that she brushed her teeth incessantly—no fewer than 80 times a day—because she felt so dirty, having frequently performed oral sex while she was high for strangers in exchange for drugs and/or money.

The repeated lament of all these women was that they were painfully snared in a tangled web of addictions without the resources to help them find a way out. Over half the women who were interviewed had received

treatment for their drug use in the past. Clearly, their prior treatment did not work. When asked why, many of them explained that they were unable to complete treatment for a number of reasons. This experience is not unique to this population; rather, it is typical in that the main obstacle to successful treatment for the general population is noncompletion (DeLeon, 1993). Because of the obstacles they face, though, it is particularly difficult for this population. Others stated that it was hard to maintain sobriety after being exposed again to the same environment; following treatment, their social networks—family members and friends—remained the same. Because these women have limited resources owing to their poverty status, poor employability, and lack of social networks, they end up in the same neighborhoods where drugs abound, making this a difficult cycle to break. Many of the women stated that they would want to receive treatment on release, but that money and time were against them; they could not afford the \$300–\$500 that the local facilities charge, and the waiting lists for a bed were often as long as 3–6 months. Those who had custody of their children also expressed frustration that there was nowhere to bring the children while participating in treatment. Many of the women expressed fear that their children would follow in their footsteps and were trying hard to prevent them from doing so. As Lisa, aged 46, stated:

I'm just hoping he [doesn't] go down the road I went down. I'm just hoping to learn as much as I can about my addiction [through participation in the jail-based treatment program] . . . and about as much as I can about not using ever again so that I can go home and sit him down and teach him not to make the same mistakes that I made.

### **Child Welfare Involvement: Betrayed by the System**

I'm sitting here in jail now with my son gone. . . . I'm like, OK, I did what everybody said I should do. I think if I had more help, . . . I could have done better. He was the only thing

that kept me alive. The reality of it is that my little boy is gone, and if I'm lucky I might get to see him one more time to say good-bye. (Margie, aged 24)

Margie, a 24-year-old White woman, has a 14-month-old son who is in state custody. When she was sentenced, she said she called child protective services from jail to find out if she had a caseworker and to inquire what she needed to do to get her son back. She was told that a caseworker would come to see her—that was in March. As of July, when this interview took place, she had still not heard from anyone and did not know if she had a case plan. She expressed frustration and anger with the system and was planning to go directly to child protection services on her release in 6 months to find out how to proceed. However, she did not know if by that time it would be too late, whether the ASFA clock would have already been ticking.

All the women were angry and resentful with the way they had been treated by child protection workers. The interview notes were infused with expressions of these feelings:

There is no one out there to help you with your kids. I don't know what to do, really. There were days I wanted to get high just because I missed my kids so bad. [When they take your child away], it completely destroys everything inside of you . . . takes away your reason for trying.

Thirty-two-year-old Linda's children were taken from her 6 months before her incarceration. When her children were taken, she “fell apart” and ended up on the streets. Therefore, she did not know their status, whether there was a hearing (although she assumed there was) or if there was a case plan. She was in tears throughout the interview and angry with the system for betraying her and lying to her, as she put it.

This lack of communication between child protection services and incarcerated women is not uncommon. When a child is removed by the state, a case plan is developed that includes the parental

requirements that must be fulfilled for reunification to occur. However, it is difficult, if not impossible, for incarcerated mothers to be involved in case planning because caseworkers typically fail to have contact with them (Halperin & Harris, 2004). This noncommunication between child protective services and incarcerated mothers was echoed by many of the women who were interviewed.

Several of the women reported that child protective services told them that if they did not agree to a voluntary TPR, they would never see their children again. If they were subject to an involuntary TPR, there would be no visitation, and they would never see their children again, but if they did a voluntary TPR, they could see their children a few times a year. The women reportedly felt blackmailed. They were also confused about what their rights were, and it was clear that they did not know how the system worked. The majority expressed feelings of profound powerlessness with regard to their status and their rights within the system.

### The Revolving Door of Incarceration, Recidivism, and Homelessness

The judge asked me why I broke probation, well, I can't afford \$300 per month and \$12 each time I have to drop [off the urine sample]. How am I supposed to come do a drug test? . . . It's like a big cycle. . . . In here at least, you know what to expect . . . you get to eat . . . got clothes to wear. . . . When you get out of here, you don't know what to expect. (Arlene, aged 42)

A remarkably high number of the women reported being homeless prior to incarceration, at a rate that is 25 times greater than that of other local citizens (Central Kentucky Housing and Homeless Initiative, 2009). According to Zlotnick, Tam, and Bradley (2007), the majority of homeless women are mothers, although many do not live with their children. Many women voluntarily opt to place their children in the custody of others to protect them from the multiple dangers and

potential traumas associated with homelessness, as well as to avoid exposing them to the shelter environment, which is also often dangerous. Homeless mothers have higher rates of both substance use and mental health disorders—particularly major depression—than either the general female population or the general homeless population (Bassuk, Buckner, Perloff, & Bassuk, 1998).

The high rates of mental health disorders among homeless women contribute to a number of negative consequences, including increased recidivism and longer periods of homelessness. According to Alleyne (2006, p. 182), “Most women in prison are untreated substance abusers with high recidivism rates that correlate with greater addiction severity. Typically, each return to incarceration signifies a deeper level of addiction, with associated declines in health, employment opportunity, and social functioning.”

The correlation between homelessness and reincarceration has been widely documented, and several characteristics are known to be endemic to both populations, including high rates of poverty, unemployment, substance abuse, and mental illness. These problems, combined with the continual crossover between homelessness and incarceration, result in enduring patterns of social exclusion and isolation. Given that these individuals have such high rates of substance abuse and mental illness, homeless shelters and jails have come to serve an institutional function that “effectively substitutes for more stable and appropriate housing” (Hopper, Jost, Hay, Welber, & Haugland, 1997, p. 659).

The cycle of homelessness and recidivism was glaringly evident among the women who were interviewed as well. In addition to the high rates of homelessness the women reported, 81% of these women had also recidivated. Some have had a few prior incarcerations, while others had been incarcerated 20, 30, or even 40 times in the past. Veronica, aged 36, described the cycle:

That's the serious thing I am dealing with right now—the stress of the unknown or what will happen to me when I get out. . . . I don't have [an] address to go to. I got no family right now.

It's just me, myself, and I. I'll walk out of here hurting with nowhere to go, . . . and that's scary. I'm hurtin' bad, and I am crying out for help, and I don't know which way to turn. I am so discombobulated, it's crazy. [Crying], I needed to know how to live without the drink and drugs [and] how to manage my money. It's just like walking all over again, feeding yourself all over again. As an adult, you have to learn everything just like a newborn baby. . . . I got caught with a five-cent piece of crack cocaine—you get clean and, at the same time, you get clean in jail, [but] you don't know what to do when you get out there. . . . You're dirty, and the only thing they do is take your kids away from you. They say they're here to help you, [but] they're not. I need help to overcome my drug addiction so I can be with my kids.

### **Mental Health Issues: Untreated Depression, Self-Medication**

Depression is a major problem. It is the reason why so many women are in jail. It leads to drugs and then to crime. (Carolyn, aged 40)

Of the women who were interviewed, half had an existing mental health diagnosis, and many of them had dual diagnoses in addition to their substance abuse or dependence. This situation is consistent with the findings of studies that have demonstrated the prevalence of mental health disorders among women who are involved in the criminal justice system, who are more likely to struggle with mental illness than their male counterparts (Sacks, 2004). As we stated earlier, the majority of incarcerated women have experienced past trauma and abuse, an amount reported by Green, Miranda, Daroowalla, and Siddique (2005) to be as high as 77%–90%. Psychiatric disorders, in general, are more prevalent among poor women because of the multiple stressors connected to poverty (Bassuk et al., 1998). Experiences of trauma and abuse, as well as preexisting mental health disorders,

often lead to increases in substance abuse as a means of self-medication. Substance abuse, in turn, often leads to criminal behavior. The prevalence of mental health disorders among the women who were interviewed echoes that of the larger female prison population. It is endemic and, therefore, a vital area of concern because it leads to subsequent substance abuse and involvement in the criminal justice system.

### **Conclusion**

The information garnered through these interviews revealed numerous issues that are widespread among incarcerated mothers, most of which are consistent with existing research and are documented in the literature. The women's stories were not easily quantifiable nor did this process reveal any particular construal but, rather, something much more powerful, significant, and complex. By giving voice to this invisible population through a standpoint perspective, we revealed complex stories of unfinished lives, of victimization and abuse, of poverty and exploitation, of cyclical and generational obscurity, of classism and sexism, and of stigma and shame. Perhaps, the most powerful and heartbreaking themes were those of the maternal love that these women consistently expressed for their children and the profound sense of guilt and staggering remorse they were all struggling with when they discussed the impact of their actions on their children. It became abundantly clear that their substance abuse problems and criminal justice involvement were symptomatic of extremely troubled life histories.

The extent to which these factors interfere with and disturb these women's lives was understated in prior qualitative research. For example, the degree to which incarcerated women have been involved with the child welfare system and the number of those who have had TPR proceedings filed against them have been largely undocumented. This project begins to shed light on those crucial areas. The interviews also revealed firsthand accounts of the deep layers of abuse and social problems that the women endured. Thus, our study contributes to the literature in that it explored the



ways in which these issues interact to affect these women on a number of levels and how some of these issues affect each other. The following are the resulting suggested points of intervention and programmatic and policy recommendations.

All the women had negative self-perceptions as mothers, because many expressed feelings of inadequacy related to their motherhood. At the programmatic level, this finding indicates that these women could perhaps benefit from parenting classes and even mentoring programs both in jail and after their release. Mentors and advocates could also help the mothers negotiate other systems in which they and their children are involved. Another thing to be addressed is the consistent lack of successful treatment services, as reported by the women, that are geared specifically to crack cocaine addiction in the jail setting and in the larger community that address the financial barriers and obstacles related to social support, extensive waiting lists, and child care. As the literature has demonstrated and indeed as these women verified, all programming must be developed to be gender specific.

In addition, because the women expressed so much frustration and powerlessness in dealing with the systems, case advocates are needed, who can help these women navigate both the child welfare and the legal systems. Ideally, reentry programs that would implement all these elements in the form of wrap-around services would be developed. These services could include treatment for substance abuse and parenting and life-skills training to prepare the women for life on the outside in an attempt to combat the high rates of recidivism reported herein. To combat some of the issues surrounding reentry and recidivism, community-based programs that help neighborhoods work with these women and connect them with needed services could be most beneficial. Community preprobation programming should include ways in which these women can explore what led them to incarceration by examining their multiple marginality, family histories, and experiences of abuse as a means of gaining a better understanding of the cycles and patterns that led them to criminality.

On the policy level, because of the growing social problem of maternal incarceration, it is essential for child welfare agencies to hire workers who work specifically with incarcerated women. In fact, the results of this and other studies suggest that specialized child welfare workers need to be trained to carry caseloads that consist only of incarcerated women, so that these women's unique needs may be addressed. Further research on the implications of the ASFA time frames, in relation to sentencing policies and family preservation and reunification, is needed. Although many may assume that these children would be better off without their mothers, this may not be the case. With proper treatment and ample opportunity to complete a case plan, these women may be able to achieve a life in which they can nurture their children—the children they so desperately love.

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## DISCUSSION QUESTIONS

1. How does motherhood impact the struggles that incarcerated women experience?
2. How do issues such as mental illness, addiction, and homelessness impact recidivism rates of women?



## READING

While most research focuses on the pains of imprisonment for women, few consider the challenges that women will face following their incarceration. This reading gives voice to women who have experienced prison and are faced with rebuilding their lives as they return to the community. These challenges are multifaceted and involve struggles with family reunification, relationships with family and friends, and reintegration as they struggle to find a place to live and employment to provide for their basic needs. For many women, they continue to struggle with issues of addiction and judgment in their communities, adding an additional layer for the challenges of integration.

### ***Collateral Costs of Imprisonment for Women***

#### Complications of Reintegration

Mary Dodge and Mark R. Pogrebin

Women in prison, once considered the forgotten population, have become the focus of considerable research. Incarceration rates for women have increased threefold over the past decade and created a wide range of individual and social concerns (Bloom & Chesney-Lind, 2000). This study gives voice to former women inmates who explore their experiences, feelings, and thoughts on the obstacles that they endured in prison and now face in the community. Their retrospective reflections and current accounts portray conflicted emotions about children and relationships both in and out of prison and the difficulties of community reintegration. Their narratives identify and expand on the often overlooked consequences of being an incarcerated female offender.

The stigmatization that imprisoned and paroled women experience carries great costs. The stigma

(Goffman, 1963) associated with criminality becomes what Becker (1963) referred to as one's master status. Women who are labeled as criminals find confirmation of their deviant master status as they undergo the process of community reintegration with few social bonds (Braithwaite, 1989). The difficulty, if not impossibility, of attempting to disavow one's deviant label is a formidable task for many women offenders.

Once released into the community, women on parole may be treated as outcasts, excluded from the job market, and judged for their past criminal behavior. According to Braithwaite (1989), stigmatizing shaming inhibits reintegration and furthers criminal behavior. As a consequence of society's labeling and the mechanisms of self-shaming, it appears that women offenders often experience a degradation process (Garfinkel, 1956). Female inmates and parolees who have low self-esteem (Fox, 1982) and suffer from feelings of powerlessness

and vulnerability (Bill, 1998) are likely to experience increased levels of shame in their relationships.

Punishment is compounded for many women inmates when they are separated from their children. The majority of incarcerated women are mothers—estimates range from 60% to 80% (Bloom & Steinhart, 1993; Henriques, 1996). Most women inmates were living with their children and providing the sole means of family support prior to incarceration (Baunach, 1985; Chesney-Lind, 1997; Datesman & Cales, 1983; Greenfeld & Minor-Harper, 1991; Henriques, 1982, 1996). Imprisoned mothers rank estrangement from children as their primary concern (Baunach & Murton, 1973; Glick & Neto, 1977; Henriques, 1996; Stanton, 1980; Ward & Kassebaum, 1965). Rasche (2000) noted that the harshest single aspect of being imprisoned may be the separation of mother and child. The secondary costs of imprisonment to children have been acknowledged but are largely incalculable (Henriques, 1996; McGowan & Blumenthal, 1978).

Women in prison experience an unparalleled sense of isolation. Added to the pains of women's imprisonment (Sykes, 1958) are the frustration, conflict, and guilt of being both separated from and unable to care for their children (Barry, 1987). According to Crawford (1990), as a result of imprisonment, female parents often experience feelings of despair and depression. Crawford further stated that these emotions appear to be widespread, even on the part of women inmates who believe that they were inadequate as parents when they were living with their children at home. Furthermore, anxiety arises over fear of losing custody (Bloom, 1995; Fletcher, Shaver, & Moon, 1993; Knight, 1992; Pollock-Byrne, 1990).

Divorce, another contributing factor to the loneliness of separation, is a common occurrence for imprisoned women. Rafter (1985) noted that, unlike men in prison, women are unable to count on a spouse or significant other to provide a home for their children. Because of this, female parents in prison suffer more anxiety about the type of care their children are receiving. Stanton (1980) found that a great many women prisoners report being divorced by their husbands or deserted by men with whom they lived before coming to

prison. Three out of four women in prison leave children, and only 22% say that they can depend on the fathers of their children to care for them while they are incarcerated (Bloom & Steinhart, 1993). Overall, women inmates, because of their primary parental role, are not, to any great degree, receiving child care help from spouses or fathers of their children.

The obstacles imprisoned women must overcome in order to maintain a relationship with their children can be extremely frustrating (Bloom & Steinhart, 1993). Loss of contact, coupled with an inability to meet social service contract requirements resulting from a lack of visitations by the children via foster parents, places inmates at considerable risk of losing parental custody (Gabel & Johnston, 1995). Bloom and Steinhart (1993) reported results from a national study that more than 54% of the children with mothers in prison never visited them during their incarceration, despite research findings that frequent contact promotes ongoing custody and family reunification (Martin, 1997).

Reestablishing relationships and social ties often represents a barrier to successful reintegration. A majority of incarcerated female mothers expect to take responsibility for their children once they are released and rarely receive any financial or emotional support from the fathers (Prendergast, Wellisen, & Falkin, 1995). Reunification is an important although somewhat unrealistic goal for released mothers (Browne, 1998; Hairston, 1991; Harris, 1993; Henriques, 1982; Jones, 1993). If the child has been placed in foster care or state custody, it is even more difficult for a released female prisoner to show that she is able to take care of and provide for her child adequately (Pollock-Byrne, 1992). Women on parole often have to overcome many barriers in order to maintain their parental rights (Barry, 1995).

Prison is a difficult experience for most women, and the subsequent hardships that they endure upon release are no less significant. Internalized self-shame, whether derived from embarrassment or guilt, along with stigmatizing social shame from the community often constitute punishment well beyond the actual time women offenders serve and may contribute to further deviance.

## Method

Qualitative data were collected from female parolees who were incarcerated at the same correctional facility located in a western U.S. state. The prison was constructed in 1968 and has a mixed classification of inmates. The prison population at the time of this study was approximately 300 women, with 61 correctional officers (37 female and 24 male). The ethnic and racial composition of the prison population was 45.6% Anglo-American, 31.5% Black, 18.4% Hispanic, 1.7% Native American, 0.4% Asian, and 2.4% unknown.

Women on parole were contacted at the time they had appointments to see their parole officers. The participants in this study were not chosen at random, but, according to a representative case sampling method, their experiences provide examples that are indicative of the issues women on parole confront (Shontz, 1965). Each person volunteered to participate and gave informed consent. A total of 54 women agreed to interviews over a 3-month period. Their ages ranged from 23 to 55 (median = 36), and their length of incarceration ranged from 1 to 12 years (median = 4.8) for all classes of offense. Seventy percent of the women interviewed were mothers.

Interviews were conducted at the parole offices in private conference rooms. Each interview lasted approximately 60 minutes and was tape recorded with the participant's consent. All women parolees were guaranteed confidentiality and told that they could choose not to tape the interview. Three women requested not to be taped, and notes were taken during those sessions. The former inmates were cooperative and seemed willing to discuss their prior prison life. We found those interviewed to be open and quite frank in relating their personal experiences, although at times the process was emotionally painful. We used a semistructured interview format, which relied on sequential probes to pursue leads provided by participants. This approach allowed the women parolees to identify and elaborate on important domains that they perceived to characterize their prison experiences retrospectively (rather than the researchers' eliciting responses to structured questions).

The interview tapes were transcribed for qualitative data analysis, which involved a search for general relationships between categories of observations using grounded theory techniques similar to those suggested by Glaser and Strauss (1967). The data were categorized into conceptual domains as portrayed by our participants. The experiences of these women may not be reflective of all women who have served time, but the narratives add depth to our understanding of the issues (Ragin, 1994; Seidman, 1991).

## Findings

### Separation Concerns

For female inmates in this study, being separated from their children provoked considerable stress and threatened their self-esteem. Women who violate the law are not only viewed as social outcasts but are often perceived by the community as inadequate parents. The most difficult aspect of being in prison was voiced by one respondent who seemed to portray a representative opinion for most of the women who left their children behind:

It was so long. I missed my kids. I missed my freedom. I went to bed every night and woke up in a tiny cell. I just wish it was all a bad dream and I would wake up and I would still be there.

Often, inmates with children begin to perceive themselves as bad people, as expressed by one parent whose child has grown up not knowing her:

Being away from my daughter affected me a lot. She is only 6, so that means that I have been in the system almost her entire life. I haven't been there for her. I feel like a horrible person because of this.

Another great concern for women in this study was the degree to which the fathers of their children took responsibility for them during the mother's incarceration. There are cases in which the husband does take responsibility for the children but leaves his

imprisoned spouse for another woman. Obviously, this circumstance causes great distress for incarcerated women. There is little they can do about the situation from behind bars, and feelings of abandonment become intense. One woman stated:

My husband chose to go to another woman. He cheated on me. It's so much to go through. You lose your husband, you lose your kids, your kid's gonna always love you, but someone else takes care of your kids, another woman, it's so much to go through. It's tragic. It's a terrible thing that you wake up and say I want to go home.

Abandonment by a husband or partner is one matter, but the additional problem of displaced children seemed insurmountable to many of these women. In the following case, one woman expressed her feelings about her husband remarrying and taking custody of her daughter. Her feeling of helplessness is apparent:

My daughter ended up with her dad. He got married, and they took her in. He is a pretty good guy. I was upset at first when I knew he was involved with someone cause I always thought when I got out we would be together. I guess I was just young and dumb. When I first found out, I spent many nights crying over him. At first, he wrote and visited me once, but then it just stopped. Then he wrote and told me he met someone and they were getting married and were going to raise Meg. It was hard. I was so hurt. I mean I'm glad Meg is with her dad and has a family, but she is my daughter and I just wish she was with me.

As painful as having others taking one's place as the child's primary parent, nothing, it seems, can be as emotionally difficult as giving up a newborn infant while incarcerated. A respondent explained:

The hardest part about being in prison was being away from my kids. I was pregnant when I just got in. It hurts so bad; I mean I

had my daughter here. I didn't even get to hold her. I mean she was my baby. I didn't even know how she is doing or if she is alive or anything. For all I know, she could be living right by me, but I'll never know because they won't tell me, and I'll never forgive myself for getting into trouble and losing her.

In this instance, the state took custody of the newborn child and placed her in a foster home. The child was later put up for adoption. This is not an uncommon occurrence for incarcerated women.

Mothers who are in prison often find their children transferred to foster homes when there are no relatives who will be responsible for them. If multiple children are involved, they frequently are placed in different homes and separated, making it difficult for incarcerated mothers to locate them. Not being able to see one's children for a long period of time is a reality for many inmate parents. One respondent explained:

I talked to my daughter when she was with my family and I wrote her but I never got to see her and I wasn't able to talk to her after she moved in with her dad.

Information about where their children are, who they are with, and their general welfare is not always forthcoming from state departments of social services. One parent related the difficulty she experienced:

I wrote and stuff but they won't tell me where they are. My social worker said once I get on my feet and keep a job for 6 months we can see about visitation. What she doesn't understand is for the past year I have been trying to find a job, but no one wants to have someone who was in prison for 6 years. They [my children] are the only good thing that has ever happened to me, and I want them back. I didn't even know where they are.

In some cases, women in prison lose custody of their children. A woman related her story:

My children, there isn't much to say. I had three boys and I lost them when I went in. I haven't seen them since I violated my probation, it's been about 5 years. I get letters from a social worker telling me how they are doing, but I can't see them or talk to them or anything. I talked to someone from social services about it, but I will never get them back. I really miss them.

Having one's children placed in foster care while incarcerated frequently is related to the financial circumstance of the female prisoner's relatives who are taking responsibility for the children. In many cases, children are being cared for by grandparents or other relatives who often cannot afford the financial burden. In these instances, family members would like to seek financial aid from the state but often are reluctant to do so. Many female prisoners do not seek government funds for relatives who are responsible for their children for fear of losing custody. This is what occurred in the following case when the inmate's mother applied for agency funding from the state to help her care for the children:

I wanted my kids to be with my mom, but she didn't have much money, so she tried to get help and the state came in and took my kids. They helped all right. I haven't seen them since.

### Problems of Reunification

The paroled women in this study had been out of prison for a period of 14 to 24 months, and many were involved in drug and alcohol rehabilitation programs. Some resided in halfway houses, whereas others were living on their own or with relatives. Most told of extreme difficulties in their attempts to regain custody of their children. A woman on parole who wishes to regain custody must meet the criteria of state social services agencies. For example, if she had an alcohol or drug abuse problem prior to her incarceration, she must show that she has actively participated in a rehabilitation program and has been off drugs and/or alcohol for a period of

time. A woman on parole must show that she has sustained employment, can financially support her children, has a permanent and appropriate residence, and is no longer involved in any criminal activity. Obviously, these criteria, along with additional discretionary demands that the paroling authorities impose, present difficult obstacles to women who wish to regain custodial rights of their children.

Part of the dilemma paroled parents face is convincing child service workers that they have become responsible adults who are capable of providing adequate care for their children who remain in foster homes. Once paroled to the community, this particular parent summarized the problems she faced in proving she was a mature, responsible adult. She talked about her daughter:

I get visits. I am trying to get her back. It is hard. The social worker had a hearing set, but I had to take a bus cause I'm not allowed to drive, but the bus never showed up, so I was late. I know that didn't look good, but I guess I'll keep trying. It's hard. I didn't even know where she is at. When I see her, we go to social services. I don't even know how she is treated or anything.

Another case clearly illustrates the conflict women on parole face between wanting their children back and not having the financial resources to adequately provide for them. One woman commented:

I visit and we can spend the day together. It is hard cause part of me feels I should just leave her alone. She is 7 and she is doing good in school and has a lot of friends, but I just can't do it, she's my little angel and I know it might not be the best thing, but I need her.

When asked whether it was possible in the future to get custody of her daughter, the woman commented:

No, I've tried. It's hard enough to get visits. I know I fucked up big time, but I paid the

price and I screwed up, but now I am ready to move on.

### Impediments to Reintegration

Once out of prison and on parole, women in this study reported the many difficulties they experienced in adjusting to living in the community. The one factor common to the experience of all the interviewees was the distrust community members communicated. The women constantly felt they had to prove themselves as worthy citizens to others who had knowledge of their criminal backgrounds. One respondent explained:

I am doing very well. I have a place to live, but it's hard getting your kids back because nobody will believe that I have changed and I'm a different person now. No matter how much time we do, everyone always thinks it's like once a criminal always a criminal and that is how people see me and it's very hard to deal with.

When interacting with others in the community who have no knowledge of their past criminal background and imprisonment, the respondents reported being treated in a “normal” manner. One study participant, however, explained the change in attitudes when parents of her child's friends learned of her background:

I became friends with some other mothers at my kid's school. They were really nice. I joined the PTA and it was going good. Then I told someone, I don't know how it came up, that I was in prison. Now, some of them won't talk to me, and they won't let their kids play with mine. So I learned my lesson. I don't really care what people think of me. Well, I kind of do, but I just don't want my kids to suffer.

The consequences of the criminal label and the stigma attached to it were experienced by another woman in a religious environment:

It's been tough, my sister is great letting me live with her, and all at once when people find out I was in prison they look down on me. I was going to church cause I really found God and everyone was so nice. Then, someone found out I was in prison and everything changed, no one would talk to me anymore. Now I don't go, I just pray at home.

One of the biggest problems faced by the parolees was finding well-paying employment. Often, women on parole have few job skills. This, coupled with their past criminal history, leads to low-paying, dead-end employment. The negative reactions of potential employers toward their past criminal lifestyle make attaining meaningful employment with future growth potential nearly impossible for these women. A respondent said:

I was lucky cause I had a place to live. I know a lot of people end up not having anywhere to go. When you're getting out, you are just so excited to have your freedom again. Once I got out, I couldn't find a job. It is hard. Nobody will give you a break. I could be such a good worker, but they can't see it cause I was in prison. I mean it is a lot worse in prison, and I'm glad I'm not still there, but it's been very hard for me out here.

### Importance of Family Support

Close ties to families during incarceration are crucial in maintaining connections in the community. Visits from relatives, sustained correspondence, phone calls, or any type of communication serves to maintain a support system for inmates. Family contacts let the woman know that she is not forgotten and that there are people who care about her. For women returning to the community, the assistance of family is crucial to success. Family support for women on parole may mean a place to live, money for necessities, transportation, food, and a host of short-term needs until they become financially independent.



Support from relatives also enhances emotional survival. Families often provide love and a sense of caring that lifts a newly released woman's self-esteem. One example of how meaningful family support is was related by the following respondent:

My family was great. I know that I was lucky. A lot of people in prison do not have any support, and that is what helps you get through the rough times. I don't know why my family stuck by me. My husband could have given up on me. He could have got custody of the kids and left. He must really love me, and I thank God every day that he stayed in the relationship. My family offered me the support I needed. I never would have got through it without them.

In contrast, we also found that almost half of the women had lost touch with their families. They tried several times to contact family members but never received any type of communication in return. After a while, the women stopped attempting to contact relatives: such a void of a family support system means female prisoners released to the community must function pretty much on their own. This makes for greater adjustment problems in reintegrating into the community. To illustrate the rejection by family members, one woman explained the type of response she received when she attempted to make contact while imprisoned:

My sisters live out east and have their own lives with nice houses and kids. I am just an embarrassment to them. They won't have anything to do with me. I wrote them each a couple of times, cause when you're in a place like this, you realize how important your family really is, but they sent the letters back, and I've never heard from them.

For women without family support, being released from prison appears to be even more frightening. In these circumstances, women on parole have to become

their own support system. Yet, success in the community is very much dependent on the belief that they will be accepted in society.

## Discussion

Women on parole experience the pain of social and self-imposed punishment that manifests from feelings of shame or guilt connected to external and internalized norms (Cochran, Chamlin, Wood, & Sellers, 1999; Grasmick & Bursik, 1990). Although the distinction between guilt and shame is equivocal, shame is an internalized emotion that arises from public disapproval, whereas guilt is related to a specific behavior (Gehm & Scherer, 1988; Tangney, 1995). Shame for paroled women develops from being unable to live up to societal definitions of what it means to be a woman, a good parent, and a responsible citizen. Ex-offenders rarely view themselves as blameless, but continued societal alienation accentuates feelings of guilt and hinders successful reunification and reintegration. Women on parole are likely to experience "guilt with an overlay of shame" that leads to rumination and self-castigation (Tangney, 1995, p. 1142). The "bad mother" label, identified by Burkart (1973), is a painful and enduring stigma. Women in this study appear to engage in continued self-deprecation over the loss of their children, families, and relationships.

Community members often are reluctant to accept female ex-offenders and seem to engage in harsh moral judgments. Consequently, few efforts are made to reconcile the offender's presence in the community, and the person, not the deed, is labeled as bad (Braithwaite, 1989). The narratives in this research show that many of the women believe that once they are identified as a criminal, they remain a criminal in the eyes of others. Women on parole also experience disapproval from a variety of social organizations, which promotes further alienation.

Negative labels may lead to limited employment opportunities. Many parolees also lack relevant job training. Vocational education and training programs for women in most corrections facilities are limited

(Moyer, 1992). Training programs for clerical jobs, food services, and cosmetology, although cost-effective for the prison, fail to prepare women to be self-supporting upon release (Durham, 1994). The lack of job training, coupled with the label of being a female criminal, results in fewer employment opportunities.

This research represents a starting point for identifying the additional costs of imprisonment associated with displacement and the loss of significant others. The narratives, although based on women from one prison, emphasize the need for alternative sanctions, parenting programs, and community education. The collateral costs of prison and parole can be reduced by increasing opportunities that emphasize reentry into the job market, reintegration into the community, and reunification with children and families.



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## DISCUSSION QUESTIONS

1. What concerns do incarcerated mothers have about their children and their lives while they are away?
2. What challenges do women face in their attempts to reunite with their children and families upon their release from prison?

