Jails and the Inmate Experience

✉ Introduction: The Community Institution

The American jail is a derivative of various modes of holding people for trial that have existed in Western countries for centuries. Whether fashioned from caves or mines or old houses or as separate buildings, jails were developed originally as a primary means of holding the accused for trial, for execution, or in lieu of a fine. As was noted in Section II, jails were called gaols in the England of the Middle Ages and were operated by the *shire reeve,* or sheriff, and his minions.

Jails have been in existence much longer than prisons, and their mission is much more diverse, especially now: These days, jails are usually local and community institutions that hold people who are presumed innocent before trial; they hold convicted offenders before they are sentenced; they hold more minor offenders who are sentenced for terms that are usually less than a year; they hold juveniles (usually in their own jails or separated from adults or before transport to juvenile facilities); they hold women (usually separated from men and sometimes in their own jails); they hold people for the state or federal authorities; and, depending on the particular jail population being served and the capacity of any given facility, they serve to incapacitate, deter, rehabilitate, punish, and reintegrate.

Despite their multifaceted and critical role in communities, jails have often received short shrift in terms of monetary support and professional regard (Kerle, 1991, 2003; Thompson & Mays, 1991; Zupan, 1991). The vast majority of jails are operated by county sheriffs whose primary focus has been law enforcement rather than corrections. As a result, jail facilities have often been neglected, resulting in dilapidated structures, and jail staffs with less training and pay than probation and parole officers or correctional staffs working at the state or federal level in prisons. Jail staffs also often receive less pay and training than deputy sheriffs working in the same organization (sheriff's office) as the jail. The late comic Rodney Dangerfield's perennial lament, "I [they] don't get no respect" surely applies to jails more than perhaps any other social institution.
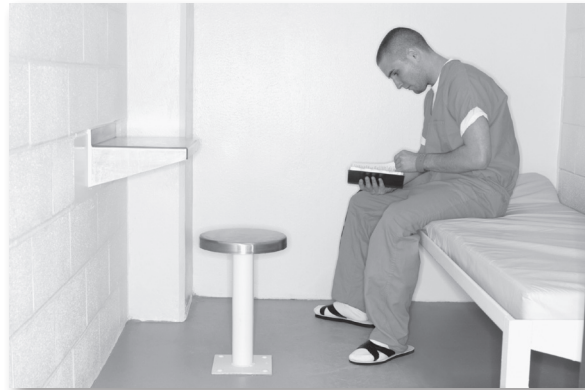
In this section, we discuss how this forgotten social institution fulfills a vital community role, one that includes all of the functions described in the preceding paragraph, as well as serving as a repository for people who are only nominally criminal and have nowhere else to go (e.g., homeless or mentally ill offenders). The role of jails also includes the holding of some state or federal inmates, as prisons are too full. In some larger counties, the holding of longer-term sentenced inmates or those who have numerous physical, mental, and substance abuse problems—not to mention educational deficits—has led to more programming and treatment in jails. Part and parcel of this interest in treatment is the emergence of community reentry programs, as will also be discussed in the section on parole (Section VII), as a means of preventing crime and addressing the multifaceted needs of jail ex-inmates. In this section, these emerging trends will be explored, as will the challenges jails face, but first we will discuss the types of institutions that constitute jails.

▧ Jail Types

As mentioned in the preceding, the typical jail is operated by the sheriff of a county. However, some cities, states, and the federal government operate jails, and sometimes multiple jurisdictions combine resources to administer a jail that serves a region. Some American Indian tribes have their own jails, and many police departments have short-term lockup facilities to hold suspects or those accused of crimes. Currently, there are about 2,900 jails in the United States, and 68 jails are operated by American Indian tribes (Minton, 2007; Sabol & Minton, 2008). When a state or the federal government, or another governmental entity, has inmates for a jail but no facility of its own in a given vicinity, they will typically ask the county to hold that inmate. Counties are usually more than willing to do this, as they are paid a fee that often exceeds the cost of holding inmates, which makes holding inmates for other jurisdictions a money-making enterprise.

Most jails are composed of one or two buildings in close proximity to each other. They are usually operated somewhat close to a city or town center, except when located on reservations or at military facilities.

Many jails have adopted technological changes that have greatly enhanced their ability to supervise and control inmates. The use of cameras, voice and visual check–operated doors by a control center, electronic fingerprint machines, and even video visiting are revo-

▲ **Photo 3.1**   Interior of a typical jail cell

lutionizing the jail experience. Certainly, these changes are making the facility more secure, but also, in the case of video visiting, they may make it easier for inmates to maintain contact with the outside.

▧ Jail Inmates and Their Processing

Jails operate 7 days a week, 24 hours a day, as crime does not take a holiday. They hold all kinds of inmates, from the serious convicted offender awaiting transport to a state or federal prison, down to the accused misdemeanant who cannot make bail. About 60% of jail inmates have not been convicted of the crime for which

they are being held, and these inmates are presumed to be innocent (Minton, 2010). As mentioned earlier, under the American legal system, jails receive inmates from local, state, federal, and tribal police officers. Jails process about 13 million inmates every year, with most inmates in and out within a few days or a week, some within hours, though others might be held for more than a year if they are sentenced state or federal inmates (Minton, 2010). Because of their complicated and diverse role, and as a means of keeping track of the inmates they are responsible for holding, jails will often follow a set procedure that is prescribed by both tradition and practice.

The first part of the typical processing of an inmate at a county or city jail is the delivery of the arrestee to the facility by a law enforcement officer. As is discussed in the following, many arrestees may be stressed, upset, mentally disturbed, or intoxicated. In the latter case, the officer may choose to administer a breathalyzer test at the jail. If the arrestee is injured, the jail booking staff may require that the arrestee be taken by law enforcement to the hospital to be checked out before he or she is admitted to the jail.

If not injured, the law enforcement officer will fill out the paperwork for admittance of the arrestee to the facility. Usually, the arrestee is still with the officer when this is occurring and often still in handcuffs. Once the required paperwork and processing are completed, the jail will accept the arrestee, search him or her, and begin its own paperwork for admitting the arrestee. At this juncture, and depending on the alleged offense, the arrestee may be allowed to contact family and friends and/or a bail bondsman. The arrestee might be released directly into the community if the alleged offense is minor. However, if the alleged offense is serious enough, the arrestee will need to await arraignment by a judge to determine bail and in the interim is booked into the jail.

During the booking process, jails will search arrestees (now inmates), take their property, and issue clothing and other essentials. If the new inmate is intoxicated or belligerent, booking staff may place him or her in a special holding cell. In the latter case, this might involve a padded room or a restraint chair. Once the inmate is sober and calm, he or she is then classified and moved to a more permanent housing area in the jail. Larger jails often keep new inmates in a separate area or cell before they place them in a general housing unit, so that they can be observed and classified (based on the inmate's alleged offense, alleged criminal coconspirators, criminal history, gang involvements, health and other needs, etc.).

⊠ Overcrowding

As indicated in other sections of this book, jails have to deal with the same kinds of overcrowding issues that have afflicted prisons. **Overcrowding** occurs when the number of inmates exceeds the physical capacity (i.e., the beds and space) available. Each year, and over the last several decades, the number of jail beds needed by jurisdictions has increased, and they have been filled almost as soon as they are built (Minton, 2010). Between 2008 and 2009, there was an unprecedented decrease in jail inmates of 1.1%. As of midyear 2009 (the latest data available), on average, jails were operating at 90% of their capacity, and the highest capacity for the decade (2000–2009) was achieved in 2006 and 2007 at 96% (Minton, 2010, p. 5). This percentage use of capacity is actually better than in past years when jails of the 1980s and 1990s were operating at well over their rated capacity (Cox & Osterhoff, 1991; Gilliard & Beck, 1997; Klofas, 1991). Also, and notably, even an average of 90% for 2009 means that many of the jails in the United States are operating at over that average.

The percentages of capacity can be misleading when looking at overcrowding. Certain sections of jails are designated for specific types of offenders that cannot or do not mix well (e.g., males and females, but also juveniles, trustees, inmates with medical problems). The percentage capacity may indicate that the jail is not completely full, but any given section might be overwhelmed with inmates.

Such overcrowding limits the ability of the jail to fulfill its multifaceted mission: Less programming can be provided, health and maintenance systems are overtaxed, and staff are stressed by the increased demands on their time and the inability to meet all inmate needs. From the inmates' perspective, their health, security, and privacy are more likely to be threatened when the numbers of inmates in their living units increase and the amount of space, and possibly the number of staff, does not. The jail staff also lose their ability to effectively classify and sometimes control inmates; they may be unable to keep the serious convicted offenders away from the presumed innocent unconvicted, or more minor-offending inmates. Judges and jail managers will struggle over how to keep the jail population down to acceptable limits and as a result, even serious offenders may be let loose into communities as a means of reduc-

▲ **Photo 3.2**   Inmates in the Reception Housing Area of a California State Prison. California, like many states, has suffered from severe prison overcrowding in recent decades.

ing the crowding. Therefore, though the "get tough" laws in many states were passed with the explicit intent of incarcerating more people for longer, their actual unintended effect in some jails may be to incarcerate serious offenders for less time (as there is no room) and all offenders in less safe and secure facilities.

Though suits brought by jail inmates are usually not successful, some of them are. Welsh (1995) found in his study of lawsuits involving California jails that the issue that courts gave greatest credence to was overcrowding. Perhaps this is because overcrowding is clearly quantifiable (the rated capacity is clear, as is the inmate count), but it is likely that it was regarded as so important by courts because it can lead to a number of other seemingly intractable problems, such as those just mentioned.

✉ Gender, Juveniles, Race, and Ethnicity

As indicated from the data supplied in Table 3.1, most jail inmates are adult minority males, though the number of whites represents the largest racial grouping of the men, and the number of whites as a proportion of the total men increased slightly from 2000 to 2009. Women comprised over 12.2% of jail inmates in 2009, which is more than in 2000 (11.4%), but less than in 2006 and 2007 (12.9%). The reason often cited for the overall increases in incarceration in jails and prisons and the increases for women and minorities in jails and prisons, in particular, has been the prosecution of the drug war since the 1980s and 1990s. The "get tough" policies, which have led to longer periods of incarceration in prisons, have also led to a greater propensity to catch and keep low-level drug offenders in jails (Irwin, 2005; Owen, 2005; Welch, 2005; Whitman, 2003). The focus of arrests in the drug war has often been on the low-level sellers, rather than the buyers or the drug kingpins, and that has netted more minorities and women into the system. Mandatory sentences, juvenile waivers, and sentence enhancements for certain offenses have collectively led to longer sentences for most offenders and backed up numbers of offenders in some jails either awaiting transfer to state or federal prisons or doing their time in the jails rather than in the overcrowded prisons.

It is not clear why there have been recent declines in the numbers of women and minorities, vis-à-vis men and whites, incarcerated in jails, a particularly notable phenomenon in large city jails (Minton, 2010). It could just be a minor shift, which will not become a trend, or it could signal a longer-term change in the

use of jails due to the recession of 2007–2010, a rethinking in the prosecution of the drug war, or some other variable not yet identified by researchers. Longer-term trends do indicate that the number of adult males in jail from 1990 to 2006 almost doubled, while the numbers of adult females and juveniles almost tripled. Percentage increases for women and juveniles are also large: In 1990, women represented only about 9.0% of jail populations and juveniles about 0.6%, whereas by 2000, women comprised 12.2% and juveniles 1.0% of jail populations (Bureau of Justice Statistics, 1998, 2007; see also Table 3.1).

Across the two largest racial groupings (whites and African Americans) and the largest ethnic grouping (Hispanics), there have been significant increases in jail incarceration. The raw number of whites has increased from 1990 (when there were fewer whites incarcerated in jails than African Americans). Proportionate to their representation in the population, however, African Americans are much more likely to be incarcerated in American jails than are whites or Hispanics. As reported by the Bureau of Justice Statistics (BJS) for 2006 (2008), "Blacks were almost three times more likely than Hispanics and five times more likely than whites to be in jail" (p. 2). This higher proportional rate of incarceration for African Americans in particular can likely be attributed to their greater concentration in impoverished neighborhoods and the focus of the drug war that has tended to target such living areas and the selling and use of crack cocaine (see the discussion of enhanced sentences for crack cocaine in Sections IV and XII).

⊠ The Poor and the Mentally Ill

The late corrections scholar John Irwin (1985) once referred to the types of people who are managed in jails as the "rabble," by which he meant "disorganized and disorderly, the lowest class of people" (p. 2). These were not just the undereducated, the under- or unemployed, or even the poor and mentally ill. He meant to include all those descriptors as they related to the state of being disorganized and disorderly and as those designations might lead to permanent residence in a lower class, but he also meant that jail inmates tend to be "detached" and of "disrepute" in the sense that they offend others by committing mostly minor crimes in public places.

Certainly, the fact that one is homeless puts that person at a greater risk for negative contact with the police. Those who are mentally ill are more likely to be homeless, as they are unable to manage the daily challenges that employment and keeping a roof over one's head and food in one's mouth require (McNiel, Binder, & Robinson, 2005; Severson, 2004).

Jails in the United States are full of the mentally ill, the homeless, and the poor. The latest data from the BJS (based on interviews of local jail inmates in 2002) indicate that about 64% of jail inmates (75% of females and 63% of males) have a mental health problem (as compared to 56% of state prisoners and 45% of federal prisoners) (James & Glaze, 2006, p. 1). In contrast, about 10.6% of the U.S. population has symptoms of mental illness. Moreover, for virtually every manifestation of mental illness, more jail inmates than state or federal prisoners were likely to exhibit symptoms, including 50% more delusions and twice as many hallucinations (James & Glaze, 2006, p. 2).

A whole host of problems have been found to be associated with mental illness, including homelessness, greater criminal engagement, prior abuse, and substance use (McNiel et al., 2005). Among the findings from the above BJS study of jails was that those with a mental illness were almost twice as likely to be homeless as those jail inmates without a mental illness designation (17% as opposed to 9%) (James & Glaze, 2006, pp. 1–2). More inmates with a mental health problem also had prior incarcerations than those without such a problem (one quarter as opposed to one fifth). About 3 times as many jail inmates with a mental health

Table 3.1 Percentage of inmates in local jails, by characteristics, midyear 2000 and 2005–2009

Characteristic	2000	2005	2006	2007	2008	2009
Sex						
Male	88.6%	87.3%	87.1%	87.1%	87.3%	87.8%
Female	11.4	12.7	12.9	12.9	12.7	12.2
Adults	98.8%	99.1%	99.2%	99.1%	99%	99.1%
Male	87.4	86.5	86.3	86.3	86.4	86.9
Female	11.3	12.6	12.9	12.8	12.6	12.1
Juveniles[a]	1.2%	0.9%	0.8%	0.9%	1%	0.9%
Held as adults[b]	1.0	0.8	0.6	0.7	0.8	0.8
Held as juveniles	0.2	0.1	0.2	0.2	0.2	0.2
Race/Hispanic origin[c]						
White[d]	41.9%	44.3%	43.9%	43.3%	42.5%	42.5%
Black/African American[d]	41.3	38.9	38.6	38.7	39.2	39.2
Hispanic/Latino	15.2	15	15.6	16.1	16.4	16.2
Other[d,e]	1.6	1.7	1.8	1.8	1.8	1.9
Two or more races[d]	—	0.1	0.1	0.1	0.2	0.2
Conviction status[b]						
Convicted	44%	38%	37.9%	38%	37.1%	37.8%
Male	39	33.2	32.8	32.9	32.3	33
Female	5	4.9	5	5.2	4.8	4.8
Unconvicted	56	62	62.1	62	62.9	62.2
Male	50	54.2	54.3	54.3	55.2	54.8
Female	6	7.7	7.8	7.7	7.8	7.4

Source: Minton (2010).

Note: Details may not sum to total due to rounding.

[a]Persons under age 18 at midyear. [b]Includes juveniles who were tried or awaiting trial as adults. [c]Estimates based on reported data and adjusted for nonresponse. [d]Excludes persons of Hispanic or Latino origin. [e]Includes American Indians, Alaska Natives, Asians, Native Hawaiians, and other Pacific Islanders. — = Data not collected.

problem had a history of physical or sexual abuse as those without such a problem (24% as opposed to 8%). Almost three quarters of the inmates with a mental health problem were dependent on, or abused, alcohol or illegal substances (74% as opposed to 53% of those without a mental health problem). In short, mental illness, along with poverty, was entangled in a whole array of societal issues for jail inmates.

Further evidence for this supposition was found by McNiel et al. (2005) in their study in San Francisco County. They found that mental illness, substance abuse, and jail incarcerations were inextricably connected as life events. Those who were mentally ill and homeless were also more likely to have a substance abuse problem, and it was also likely for this population that jail incarcerations were part of their existence as well.

⊠ Medical Problems

One of the social issues that is particularly problematic for jail inmates, and the people who manage them, is the relatively poor health of people incarcerated in jails (Williams, 2007). According to the same 2002 study of jail inmates by the Bureau of Justice Statistics, more than a third of jail inmates, or 229,000 people, reported a medical problem more serious than a cold or the flu (cited in Maruschak, 2006, p. 1). Most of these medical maladies preceded placement in jail and included (in order of prevalence) arthritis, hypertension, asthma, heart problems, cancer, paralysis, stroke, diabetes, kidney problems, liver problems, hepatitis, sexually transmitted diseases, tuberculosis, and HIV. A small percentage of inmates (2%) were so medically impaired that they needed to use a cane, a walker, or a wheelchair.

As one might expect, the elderly are much more prone to some of these medical maladies than are younger inmates. In the BJS study, 61% of those over 45 reported a medical problem (cited in Maruschak, 2006, p. 1). With the exception of asthma and HIV, which tended to be more prevalent among younger inmates, the older inmates were much more likely to have the other medical problems tallied in this report, which means that older inmates are more costly to manage in jails because of their greater need for medical care.

Like the older inmates, women were much more likely to report medical problems to the BJS researchers (53% for women as opposed to 35% for men). They reported a rate of cancer that was almost 8 times that of men (831 women per 10,000 inmates, compared to 108 men per 10,000 inmates), with the most common type of cancer being cervical for women and skin for men. In fact, of every medical problem documented in the study, the women reported more prevalence than the men, with the exception of paralysis (where they were even with men) and tuberculosis, where a slightly greater percentage of men reported problems (4.3% for men as opposed to 4.0% for women) (cited in Maruschak, 2006, p. 2).

Incarcerated youth have their own set of potentially debilitating health problems that also present an immediate health risk to communities. In a study of adolescents in a juvenile detention center in Chicago, about 5% of the teens had contracted gonorrhea and almost 15% had chlamydia (Broussard et al., 2002, p. 8). Girls were over 3 times more likely to have one of these diseases than were boys in this study.

According to the 1976 Supreme Court *Estelle v. Gamble* case, inmates have a constitutional right to reasonable medical care. The court held that to be deliberately indifferent to the medical needs of inmates would violate the Eighth Amendment prohibition against cruel and unusual punishment. Needless to say, treating such problems requires that a jail of any size have budgetary coverage for the salaries of nurses; a contract with a local doctor, mental health provider, and dentist; and an arrangement with local hospitals. Moreover, regular staff need basic training in CPR and other medical knowledge (e.g., to know when someone is exhibiting the symptoms of a heart attack or stroke or the symptoms of mental illness), so that when problems arise, they recognize how serious it might be and know how to address it or whom to call (Kerle, 2003; Rigby, 2007).

Some jails are addressing these issues by contracting with private companies to provide medical services or using "telemedicine" (use of telecommunication and information technology to provide care) as a means of delivering some services. The National Commission on Correctional Health Care recommends that should jails go the route of private provision of services, they make sure that such programs are properly accredited so that the services provided meet national standards (cited in Kerle, 2003). When such matters as obtaining/maintaining quality care are not attended to, as is sometimes the case in jails and prisons (M. S. Vaughn & Carroll, 1998; M. S. Vaughn & Smith, 1999), jail inmates are likely to suffer the consequences in terms of continued poor health (Sturgess & Macher, 2005). In addition, jails may be sued for failure to provide care, and communities could be exposed to contagious diseases, along with the legal bills (Clark, 1991; Macher, 2007; Rigby, 2007). Clearly, the provision of decent health care to incarcerated persons is important not just because the Supreme Court mandates it, or because it is the moral thing to do for people who are not free to access health care on their own, but because the vast majority of jail inmates return to the community, most within a week or two (Kerle, 2003).

✉ Substance Abuse and Jails

It is one of those oft-cited assumptions that people in prisons and jails have substance abuse problems, but this is one area of social commentary that actually fits social reality. According to a 2002 BJS study of jail inmates (the latest available data), fully 68% of jail inmates reported substance abuse or dependence problems (Karberg & James, 2005, p. 1). In fact, half of convicted inmates reported being under the influence at the time they committed their offense, and 16% said they committed the crime to get money for drugs. Female and white inmates were both more likely to report usage at the time of the offense (Karberg & James, 2005, p. 5). For convicted offenders who used at the time of offense, alcohol was more likely to be in their system than drugs (33.3% for alcohol as opposed to 28.8% for drugs). The drugs of choice for abusers and users varied and included by prevalence of use marijuana, cocaine or crack, hallucinogens, stimulants (including methamphetamines), and inhalants (Karberg & James, 2005, p. 6). Not surprisingly, those who reported a substance abuse problem were also more likely to have a criminal record and to have been homeless before incarceration. M. D. White, Goldkamp, and Campbell (2006) found in their study conducted in New Mexico that many people who are arrested and subsequently come into contact with the local jail have "co-occurring disorders" such as mental illness and substance abuse problems (p. 303).

Treatment for convicted offenders in jails, as of 2002, was at 6%. Notably, provision of treatment in jails is difficult because most inmates are out of the facility within a week and about 60% are unconvicted, so as people who are "presumed innocent," they cannot be coerced into getting treatment. Therefore, treatment programs are usually focused on those who meet all of the following criteria: They have a substance abuse problem, they are convicted, and they are longer-term inmates. Even having said this, the amount of treatment programming in jails does not fit the obvious need (Kerle, 2003).

✉ Suicides and Sexual Violence in Jails

Suicides

As indicated from the data presented above, those incarcerated in jails often enter them at some level of intoxication. Moreover, many have a mental disability, and if this is their first experience with jail, it might be exacerbated by the shock of incarceration. Most who are booked into jails are impoverished. Also, being

booked itself may represent both the mental and physical lowest point of their lives. Such a combination of conditions may predispose some jail inmates to not just contemplate suicide, but attempt it (Winfree & Wooldredge, 1991; Winter, 2003).

In 1986, the National Center on Institutions and Alternatives (NCIA) did a study of suicides in jails. Twenty years later, in 2006, the National Institute of Corrections funded another NCIA study of the status of jail suicides. Based on 464 suicides that occurred in 2005 and 2006, the NCIA published the following findings regarding suicide victims in jails and characteristics of the suicides (Hayes, 2010, p. xi):

- Sixty-seven percent were white.

- Ninety-three percent were male.

- The average age was 35.

- Forty-two percent were single.

- Forty-three percent were held on a personal and/or violent charge.

- Forty-seven percent had a history of substance abuse.

- Twenty-eight percent had a history of medical problems.

- Thirty-eight percent had a history of mental illness.

- Twenty percent had a history of taking psychotropic medication.

- Thirty-four percent had a history of suicidal behavior.

- Deaths were evenly distributed throughout the year; certain seasons and/or holidays did not account for more suicides.

- Thirty-two percent occurred between 3:01 PM and 9 PM.

- Twenty-three percent occurred within the first 24 hours, 27% between 2 and 14 days, and 20% between 1 and 4 months after incarceration.

These data indicate that the profile of the suicide-prone inmate in jail is that of someone who is male, white, younger (though the BJS data indicate both younger and older inmates are prone to committing suicide), in jail on a violent offense charge, with a history of substance abuse, and at the beginning of his jail incarceration. Other data, from the BJS and other sources, flesh out and contextualize these findings.

Data obtained by the Bureau of Justice Statistics in a 2-year study (2000–2002) of deaths while in custody also suggest that age, gender, and race are important variables in predicting suicide, along with jail size (Mumola, 2005). White males under 18 and over 35 and those inmates with a more violent commitment history were more likely to commit suicide than African American males or those in other age groups and who were not incarcerated for a violent offense (Mumola, 2005; Winter, 2003). Winter (2003) found in her study of 10 years of suicide data from jails in one midwestern state that those who committed suicide tended to be younger, were arrested for a violent offense, had no history of mental or physical illness, did not necessarily "exhibit suicidal tendencies," and were more likely to be intoxicated with alcohol when admitted (p. 138).

Moreover, according to the authors of the BJS study, the suicide rate at large, primarily urban jails, which tend to hold fewer whites, was about half that of the smaller jails (Mumola, 2005). Similarly, in a study by Tartaro and Ruddell (2006), the researchers also found that smaller jails (with less than a 100-bed capacity)

had a 2 to 5 times greater prevalence of attempted and completed suicides than larger jails did (p. 81). In this study, crowded jails and those with "special-needs and long-term inmates" were also more likely to have a higher suicide completion. The shock of incarceration may be one explanation for jail suicide rates, although why this shock might be greater for those in smaller jails is not entirely clear. The BJS and NCIA data do indicate that about half of the suicides occur within the first 9 days—for women it was 4 days—and in the cell of the person committing the suicide (Mumola, 2005). Larger jails, with their greater resources and higher level of training for staff, may be better equipped than their smaller counterparts to monitor and prevent suicides in their facilities (Applegate & Sitren, 2008; Winter, 2003).

We do know that the rate of suicide among inmates in jails, despite its marked decrease over the last 9 years, is still twice as high as would be true for a comparable group of free citizens. Jails also have 3 times the rate of suicides that prisons do, though their homicide rates are comparable (Mumola, 2005). The good news, however, is that jail and prison deaths due to suicide (and homicide) have declined precipitously from 1983 to 2002, with the rate of prison suicides declining by half during this time period and jail suicides by almost two thirds (Mumola, 2005, p. 2). According to Mumola, in 1983, jail suicides were the major cause of death for inmates, but by 2002, illness had replaced suicide as the primary reason for death.

Sexual Violence

The **Prison Rape Elimination Act of 2003** mandated that the BJS collect data on sexual assaults in adult and juvenile jails and prisons and that it identify facilities with high levels of victimization. According to the National Inmate Survey for 2008 and 2009 (which included 286 local jails and was conducted by BJS researchers), 3.1% of jail inmates (as opposed to 4.4% of prison inmates) reported having experienced sexual victimization perpetrated by other jail inmates or staff in the previous 12 months (Beck & Harrison, 2010, p. 1). Extrapolating these sample findings to the national population of jail and prison inmates, the BJS researchers estimate that fully 88,500 inmates in prisons and jails experienced sexual victimization during this time period (p. 2). For jails, it was estimated that there were 24,000 victims in 11,600 inmate-on-inmate (6,000 nonconsensual) and 15,800 staff-on-inmate assaults (11,400 "unwilling," as sexual contact between staff and inmates is legally nonconsensual) (Beck & Harrison, 2010, p. 2).

Female inmates in jails (as well as in prisons) were more than twice as likely as male inmates to experience sexual victimization perpetrated by another inmate (3.1% for females vs. 1.3% for males) (Beck & Harrison, 2010, p. 1). Male inmates in jails and prisons were the more likely victims of staff perpetrators, and most of those staff were females. There was higher victimization of whites by other inmates and blacks by staff, and generally younger inmates were targeted by both inmates and staff for sexual victimization, though this was not necessarily true for inmate-on-inmate victimization in prisons. Lesbian, gay, and bisexual inmates were much more likely to be victimized by both staff and inmates in both prisons and jails. Among those victimized in the jails, 19% of the men, but only 4% of the women, were victimized in the first 24 hours (Beck & Harrison, 2010, p. 1). Most of the victimization occurred after 6 PM.

In an earlier study by BJS researchers of sexual victimization in correctional institutions, the data, summarized here, were collected in different, but in many instances comparable, ways for 2004, 2005, and 2006 (Beck, Harrison, & Adams, 2007). Data were obtained from administrative records, surveys, and interviews with current and former inmates and from all state departments of corrections, the Federal Bureau of Prisons, and a sample of jails.

Based on just these 3 years of data, which is really not enough to establish a trend, the amount of allegations of sexual violence in all adult correctional institutions increased to almost 3 (2.91) per 1,000 inmates in 2006 from 2.46 per 1,000 inmates in 2004 (Beck et al., 2007, p. 3). Most of these alleged incidents occurred at night in

the victim's cell and involved the use or threat of force. But notably, most of these allegations were not substantiated, nor were they investigated or found to be supported by evidence, by prison or jail officials. Having said this, however, we should recognize that in most such instances of sexual violence, it would be very difficult to find evidence, as it is in the free world, particularly if the one perpetrating the victimization was a staff member, which of course is why the inmate survey data presented first in this section becomes so important.

In the above study, prison inmates were more likely to report sexual violence allegations than were jail inmates (Beck et al., 2007). Moreover, about 49% of the time, inmates alleged that staff perpetrated the sexual violence against inmates (36%) or sexually harassed the inmate (13%) (p. 4). Conversely, it was alleged that inmates were involved in the sexual victimization of other inmates roughly 51% of the time.

A total of 967 incidents of sexual violence in all correctional institutions were substantiated in 2006, whereas 885 were in 2005 (Beck et al., 2007, p. 4). Rates of substantiated incidents were lowest in federal and privately operated prisons. This finding might mean that there was less victimization in the federal and private prisons, or it might mean that they were less vigorous in investigating and thus substantiating it. The Inmate Survey (Beck & Harrison, 2010), however, validated this finding of less victimization in federal prisons. Female staff were more likely perpetrators in prisons, though we know from research on Texas prisons that when the offense was actual sexual battery, the staff offender was more likely to be male (Marquart, Barnhill, & Balshaw-Biddle, 2001). Male staff were more likely the perpetrators of sexual violence in jails. The BJS researchers report the following findings regarding victims and perpetrators of sexual violence in correctional institutions (Beck et al., 2007, pp. 7–8):

- In State and Federal prisons, 65% of inmate victims of staff sexual misconduct and harassment were male, while 58% of staff perpetrators were female.

- In local jails, 80% of victims were female, while 79% of perpetrators were male.

- 49% of staff perpetrators in prisons were age 40 or older, while 65% of victims were under age 35.

- 56% of staff perpetrators in jails were age 40 or older, while 86% of victims were under age 35.

- Among staff perpetrators in prisons and jails, 71% were white; 20%, black; and 7%, Hispanic. Among inmate victims, 66% were white; 23%, black; and 8%, Hispanic.

- A correctional officer was identified as the perpetrator in 54% of incidents in prisons, and in 98% of incidents in jails.

- Three-quarters of staff perpetrators in 2006 lost their jobs; 56% were arrested or referred for prosecution.

- Half of inmates involved in staff sexual misconduct were transferred or placed in segregation.

- In most incidents of staff sexual misconduct or harassment (76%), victims received no medical follow-up, counseling or mental health treatment.

Innovations in Jails

New Generation/Podular Direct Supervision Jails

In the 1980s, a new kind of jail was under construction in the United States, then called a **new generation jail** and now known as a **podular direct supervision jail.** Its two key components included a rounded, or "podular," architecture for living units and the "direct," as opposed to indirect or intermittent, supervision of

inmates by staff; in other words, staff were to be in the living units full-time (Applegate & Paoline, 2007; Farbstein & Associates, 1989; Gettinger, 1984; Zupan, 1991). It was believed that the architecture would complement the ability to supervise, and the presence of staff in the living unit would negate the ability of inmates to control those units. Other important facets of these jails are the provision of more goods and services in the living unit (e.g., access to telephones, visiting booths, recreation, library books) and the more enriched leadership and communication roles for staff.

Not surprisingly, several scholars recognized that the role for the correctional officer in a podular direct supervision jail would have to change. Zupan (1991), building on the work of Gettinger (1984), identified seven critical dimensions of new generation jail officer behavior: (1) proactive leadership and conflict resolution skills; (2) building a respectful relationship with inmates; (3) uniform, and predictable, enforcement of all rules (4); active observation of all inmate doings and occurrences in the living unit; (5) attending to inmate requests with respect and dignity; (6) disciplining inmates in a fair and consistent manner; and (7) being organized and in the open with the supervisory style. Whether officers in podular direct supervision jails are always adequately selected and trained to fit these dimensions of their role is as yet an open research question (Applegate & Paoline, 2007; Nelson & Davis, 1995; Wener, 2006).

New generation jails, though hardly "new" anymore, became wildly popular in the United States by the late 1980s and through the 1990s (Kerle, 2003; Wener, 2005). Reportedly, in the 21st century, about one fifth of medium and larger jails are said to be new generation facilities (Tartaro, 2002). Their architecture, though not all features of such jails, can be seen in most new jails and prisons built these days, whether or not they include direct supervision.

It is widely acknowledged by correctional scholars and practitioners that though podular direct supervision jails or prisons are not necessarily a panacea for all that ails corrections today (i.e., crowding, few resources, etc.), they often do represent a significant

▲ **Photo 3.3**   A female correctional officer operates a new generation jail control pod.

improvement over more traditional jails (Kerle, 2003; Perroncello, 2002; Zupan, 1991). If operated correctly, and if they include all of the most important elements, they are believed to be less costly in the long run (due to fewer lawsuits), be safer for both staff and inmates, provide a more developed and enriched role for staff, and include more amenities for inmates. This is a big *if,* however, and some research has called these claims of a better environment for inmates and staff and a more enriched role for staff into question, as the implementation of the new generation model has sometimes faltered or been incomplete in many facilities (Applegate & Paoline, 2007; Stohr, Lovrich, & Wilson, 1994; Tartaro, 2002, 2006). Clearly, more research on new generation jails is called for to determine their success (or failure) in revolutionizing the jail environment for staff and inmates.

Community Jails

Another promising innovation has been the development of community jails (Barlow, Hight, & Hight, 2006; Kerle, 2003; Lightfoot, Zupan, & Stohr, 1991). **Community jails** are devised so that programming provided

on the outside does not end at the jailhouse door, as the needs such programming was addressing have not gone away and will still be there when the inmate transitions back into the community. Therefore, in a community jail, those engaged in educational, drug or alcohol counseling, or mental health programming will seamlessly receive such services while incarcerated and again as they transition out of the facility (Barlow et al., 2006; Bookman, Lightfoot, & Scott, 2005; National Institute of Corrections, 2008). So whether one is in and out of the facility within a few days or a few months, needs are met and services provided so that the reintegration into the community is smoother for the inmate and the community in question.

Managers of community jails also recognize that they cannot staff or resource the jail sufficiently to address every need of their inmates. Rather, community experts who are regularly engaged in the provision of such services are the appropriate persons to provide them, whether the inmate is in a jail or free in the community; in both instances, it is argued, he or she is a community member and entitled to such services (Barlow et al., 2006; Lightfoot et al., 1991).

Coequal Staffing

Yet another positive innovation in jails that has occurred in the last couple of decades, in some sheriff's departments, has been the development of **coequal staffing** programs that provide comparable pay and benefits to those who work in the jail with those who work on the streets as law enforcement (Kerle, 2003). Historically, jails have not been a dumping ground (to use Irwin's [1985] terminology) just for inmates, but for staff as well. If a sheriff deemed that a staff person could not "make it" on the streets as law enforcement, he or she was given a job in the jail where apparently the individual's lack of skills and ability was not seen as a problem. Moreover, jail staff were (and often still are) paid less and received less training than their counterparts working on the streets (Stohr & Collins, 2009). As a result, jails do find it difficult to attract and keep the best personnel, or even if they can attract the more talented applicants, jail jobs were and are used as "stepping stones" to better-paying, and higher-status, jobs on the law enforcement side of sheriffs' agencies (Kerle, 2003).

Since the 1980s, however, many sheriff's departments, though far from a majority, have recognized the problems created by according this second-tier status to those who work in jails (Kerle, 2003). Consequently, they have instituted programs whereby staff who work in the jails, who often are given deputy status, are trained and paid similarly to those who work in the free communities. Some anecdotal evidence from sheriff's departments indicates that this change has had a phenomenal effect on the professional operation of jails (as they are better staffed) and on the morale of those who labor in them (Kerle, 2003).

Reentry Programs for Jails

Perhaps the newest "thing" in jails these days (and in prisons, too) is a rethinking about how to keep people out of them! (Reentry will be discussed in greater detail in Section VII.) Rather than focusing on deterrence or incapacitation so much (that is *so* 1980s and 1990s), jail practitioners are studying how to make the transition from jails to the community smoother and more successful so that people do not commit more crime and return (Bookman et al., 2005; Freudenberg, 2006; McLean, Robarge, & Sherman, 2006; Osher, 2007). As is indicated by the discussion in the foregoing material of all of the medical, psychological, social, and not to mention criminal deficits that many inmates of jails have, this transition back into the community is likely to be fraught with difficulties. That is why any successful **reentry** program must include a recognition of the problems individual inmates may have (e.g., mental illness, physical illness, joblessness, homelessness) and address them systematically in collaboration with the client and the community

(Freudenberg, 2006; McLean et al., 2006). In a study by Freudenberg, Mosely, Labriola, and Murrill (as cited in Freudenberg, 2006) conducted in New York City jails, the researchers asked hundreds of inmates what their top three reentry needs were. For adult women, it was housing, substance abuse, and financial; for adult men, it was unemployment, educational, and housing; for adolescent males, it was unemployment, educational, and financial (p. 15).

✉ Jail Research

The research articles featured in this section of the book cover the gamut of jail topics, from gang interventions in jails to transitioning from homeless shelters to jails (and back), to assaults in Texas jails. The authors of the article on gang interventions (Ruddell, Decker, & Egley) surveyed jail administrators about their sense of the prevalence and problems that gang members bring to the jail setting. Interestingly, they thought that inmates with a severe mental illness were more disruptive than gang members in the jail environment, but that the latter inmates were more violent.

In the article by Metraux and Culhane, the authors explore the incarceration and shelter histories of over 7,000 persons in New York City. Not surprisingly, given the information in the foregoing, the authors found that almost one fourth of the shelter population had been incarcerated within the last 2 years.

In a study of inmate assaults in Texas county jails, Kellar and Wang analyze the nexus between importation and managerial models as it might explain inmate violence. Their findings would indicate that there was some support for the explanatory power of the importation model, though not much for the managerial.

SUMMARY

- Jails in the United States are faced with any number of seemingly intractable problems. They are often overcrowded, or close to it, and house some of the most debilitated and vulnerable persons in our communities. They house the accused, the guilty, and the sentenced, as well as low-level offenders and the serious and violent ones. As with prisons, their mission is to incapacitate (even the untried), to deter, to punish, and even to rehabilitate. The degree to which they accomplish any of these goals is in large part determined by the political and social climate in which the jail is nested. Since the 1980s, in the United States, the political climate has favored "harsh justice" meted out by policy makers and the actors in the criminal justice system and has led to the unrelenting business of filling and building prisons and jails across the country (Cullen, 2006; Irwin, 1985, 2005; Whitman, 2003).

- Jails have also served as a dumping ground for those who are marginally criminal and are unable, or unwilling, to access social services. Too often, the needs of such persons go unaddressed in communities, and as a result these unresolved needs either contribute to their incarceration (in the case of substance abuse and mental illness) or make it likely (such as in the case of homelessness) that they will enter and reenter the revolving jailhouse door.

- Sexual violence in jails remains problematic. It is likely true that the rate of violence between inmates or between staff and inmates has gone down in recent years. However, increased monitoring of this phenomenon is certainly called for and may serve to further reduce violence through the implementation of violence reduction techniques and training for staff. To that end, the implementation of the Prison Rape Elimination Act of 2003, with its reporting requirement for correctional institutions, represents a positive move in that direction.

- Thankfully, there have been some other hopeful developments on the correctional horizon. Jails in a position to do so have expanded their medical and treatment options to address the needs of inmates. Architectural and managerial solutions have been applied to jails in the form of new generation jails and coequal pay for staff in sheriff's departments, and some few jails have even experimented with community engagement to ensure that the needs of people in communities are not neglected when such folks enter jails or reenter communities.

KEY TERMS

coequal staffing

community jails

new generation/podular direct supervision jails

overcrowding

Prison Rape Elimination Act of 2003

reentry

DISCUSSION QUESTIONS

1. Why are jails the "dumping ground" for so many people in our communities? What are the consequences of this social policy?

2. What is the best use for a jail? What factors might make it difficult to operate jails so that they are able to focus on this best use?

3. What do you think are the best practices (most effective) in managing medically challenged or potentially suicidal inmates?

4. How can jail managers best reduce or eliminate sexual violence against inmates in jails? What do you think keeps managers from being successful at eliminating such violence?

5. What factors are likely to compromise the ability of podular direct supervision jails to achieve their promise?

6. Why are jail staff in most facilities and sheriff's departments still paid less than those on patrol? What argument can be made for the same, or even higher, pay for jail staff?

7. What are the relative advantages and disadvantages of community jails?

8. How might reentry programs prevent recidivism?

USEFUL INTERNET SITES

American Jail Association: www.aja.org

Bureau of Justice Statistics (information available on all manner of criminal justice topics): www.bjs.ojp.usdoj.gov

National Criminal Justice Reference Service: www.ncjrs.gov

National Institute of Corrections: www.nicic.org

Vera Institute (information available on a number of corrections and other justice-related topics): www.vera.org

How to Read a Research Article

As you travel through your criminal justice/criminology studies, you will soon learn that some of the best-known or emerging explanations of crime and criminal behavior come from research articles in academic journals. This book has research articles throughout, but you may be asking yourself, "How do I read a research article?" It is my hope to answer this question with a quick summary of the key elements of any research article, followed by the questions you should be answering as you read through the assigned sections.

Every research article published in a social science journal will have the following elements: (1) introduction, (2) literature review, (3) methodology, (4) results, and (5) discussion/conclusion.

In the introduction, you will find an overview of the purpose of the research. Within the introduction, you will also find the hypothesis or hypotheses. A *hypothesis* is most easily defined as an educated statement or guess. In most hypotheses, you will find that the format usually followed is this: If X, then Y will occur. For example, a simple hypothesis may be, "If the price of gas increases, then more people will ride bikes." This is a testable statement that the researcher wants to address in his or her study. Usually, authors will state the hypothesis directly, but not always. Therefore, you must be aware of what the author is actually testing in the research project. If you are unable to find the hypothesis, ask yourself what is being tested or manipulated, and what are the expected results.

The next section of the research article is the literature review. In some articles, the literature review will be separated from the text in its own section, and at other times it will be found within the introduction. In any case, the literature review is an examination of what other researchers have already produced in terms of the research question or hypothesis. For example, returning to my hypothesis on the relationship between gas prices and bike riding, we may find that five researchers have previously conducted studies on the increase of gas prices. In the literature review, I will discuss their findings, and then discuss what my study will add to the existing research. The literature review may also be used as a platform of support for my hypothesis. For example, one researcher may have already determined that an increase in the cost of gas causes more people to Rollerblade to work. I can use this study as evidence to support my hypothesis that increased gas prices will lead to more bike riding.

The methods used in the research design are found in the next section of the research article. In the methodology section, you will find the following: who/what was studied, how many subjects were studied, the research tool (e.g., interview, survey, observation), how long the subjects were studied, and how the collected data were processed. The methods section is usually very concise, with every step of the research project succinctly recorded. This is important because a major goal of the researcher is "reliability," that is, if the research is done again the same way, the results should be the same.

The results section is an analysis of the researcher's findings. If the researcher conducted a *quantitative* study (using numbers or statistics to explain the research), you will find statistical tables and analyses that explain whether or not the researcher's hypothesis is supported. If the researcher conducted a *qualitative* study (non-numerical research for the purpose of theory construction), the results will usually be displayed as a theoretical analysis or interpretation of the research question.

Finally, the research article will conclude with a discussion and summary of the study. In the discussion, you will find that the hypothesis is usually restated, and perhaps there will be a short discussion of why this