

Chapitre 9/Chapter 9
Women in US Prisons:
Behind the Bars of the Patriarchy
Rebecca Reviere & Vernetta D. Young

Slavery and the cult of true womanhood established disparate punitive structures from the early colonial period. Sex and race, as well as status and class, determined both the types of behavior labeled criminal and the mode of punishment individuals received. Blacks, male and female, free and slave, were punished more harshly, while white women were sometimes protected by adhering or appeal to gender norms. The constructed notions of race, gender, and class created a multiple jeopardy that remains with us today.

(Young & Spencer, 2007:74)

Introduction

Patriarchy in the United States is based upon the idea of white male superiority. All others, those who are white and female, non-white and male, and nonwhite and female for example, are generally excluded from positions of privilege and power. The African American community itself has a race-specific application of patriarchy that operates to pit African American men against African American women (Jackson, 2003). In the end this inequitable distribution of resources has benefited the handful of elites to the detriment of the poor and of people of color. The US prison system is a reflection of the patriarchal society in which it is created and sustained.

The female disadvantage relative to men that exists in work and family roles is magnified when women are abused and victimized. For women of color, the multiplicative effects of a racist and sexist society further reduce opportunities and resources. Many women make their everyday choices constrained by this framework of disadvantage. Some of these choices lead to prison. We do not argue that these women are blameless; we suggest that to appreciate the plight of women in prison, it is useful to examine the social structures rather than simply the individual behavior for these women with little power and few resources.

The United States has more individuals behind bars than any other industrialized country, and an increasing number of these are women. The “corrections” policies and programs of the nation’s system of jails, state, federal, and private prisons are, in reality, “punishment” policies and programs that leave women more damaged when they return to their families and communities than when they left (Young & Reviere, 2006). Women,

particularly women of color, are crowded into facilities--designed for and by men--before they are returned, with old problems intact, and often new ones, to a community ill-equipped or predisposed to ease the transition. In this chapter we examine the population and the buildup of the female prison population, then focus briefly on several issues that are especially relevant to the lives of women. We highlight the interconnectedness of these issues and their impact on women's lives, and ultimately, on the lives of their families.

The Population

At midyear 2006, there were just over 111,000 women incarcerated in 108 State, Federal, and jails in the United States (Sabol, Minton, & Harrison, 2006). While this is only about seven percent of the over two million prisoners in the United States, the rate of increase for women has been much sharper than for men. White women make up 48% of all female inmates, African American women make up 35% of all female inmates, and Hispanic women make up 16%. In the case of women, the ratio of white women inmates to women inmates of color is .9:1. White women outnumber African American women as a percentage of total female inmates; African American women serve time behind bars at four times the rate of White women and two times the rate of Hispanic women (Sabol, Minton, & Harrison, 2006).

Relative to men in prison, women were much less likely to be employed before incarceration, and when they were employed, their wages were lower; they were more likely to be on public assistance. Women were less likely to be married, more likely to live with their children, and more likely to have been abused than men in prison. More than 70 percent were incarcerated on non-violent drug, property, or public order offenses (Sabol, Minton, & Harrison, 2006). The modal woman then is a dark-skinned, poor, unskilled mother incarcerated for a low level drug offense with a history of physical and/or sexual abuse. This intersection of gender, race, and poverty reveals a "matrix of oppression" (Collins, 1990) that starkly reminds us that the path to prison begins long before a woman actually breaks the law.

The Background

Several conditions converged in the latter half of the twentieth century in the United States to produce the explosion in the prison population. There were dramatic changes in the urban landscape following World War II. The more affluent moved to the suburbs to escape the cities and to find better schools for their children, and job opportunities in urban areas dwindled. This exodus stranded poorer individuals with fewer work skills and opportunities, leaving neighborhoods characterized by residential instability, poverty, and crime. It was into this brittle backdrop that the engine of increased incarceration emerged in the 1980's, crack cocaine. With the absence of decent jobs and skills, many in these "slums of despair" turned to drug manufacture and dealing as a viable route to earning money.

Frightened by images of dark, hooded drug dealers on the prowl, the US population was eager to fight back. The "get tough on crime" battle that began in the 1960s (Mauer, 2001) escalated into the war on drugs in the 1970s. President Richard M. Nixon declared that drugs were "public enemy number one" and set in motion a major shift in dealing with illegal drugs. It was in the 1980's, however, that congressional

action actually enacted the sentencing reforms that eventually swelled the prison rosters (see Box 1). These reforms were designed to be gender-blind but were to have serious implications for women.

Box 1.

Sentencing Reforms

Mandatory sentencing requires the judge to impose a prison sentence, often of a specified length, for certain crimes or for particular categories of offenders.

Sentencing guidelines indicate to judges the expected sanctions for certain offenses.

Determinate (or flat or fixed) sentencing fixes the term of imprisonment at a specific period.

Truth in sentencing requires offenders to serve a substantial proportion (usually 85 percent for violent crimes) of their prison sentence before being released on parole.

About the same time, clear changes in women's roles and expectations were emerging, but the women's movement impacted black and white women differently. While many American women were experiencing the euphoria of a new era, many others were finding that these freedoms had unintended consequences. Two changes here are particularly salient, the increase in female headed households and in opportunities to experiment with drugs. Women began living on their own in larger numbers; the divorce rate and the out-of-wedlock birth rates soared, but new responsibilities put new pressures on women. These demographic changes in the family affected all women but fell hardest on poor women, in particular African American women with fewer resources and skills. Although there were an increased number of new employment opportunities available for women, white women were more likely to be in a position to take advantage of these improved opportunities. Women of color and poor who were not in a position to benefit were faced with low wages and continued poverty. To make up the difference, some turned to illegal drugs as an available financial alternative. Women's drug use was historically low, largely because of reduced opportunities, but opportunities became more plentiful when women were less constrained. And women's high rates of physical and sexual abuse and depression have always made them vulnerable to the escape of drugs. For some black women, neighborhood conditions and their greater freedom from traditional gender roles made drugs readily available. Barriers due to gender were diminishing, but the specters of race and class tempered the advancement of black women.

This "liberation" also carried a price in the criminal justice system. Punishment originally assigned to men was increasingly assigned to women (although African American women have always received harsher punishment than White women) as gender-blindness filtered through the courts. The call for equal treatment was based upon the unfounded belief that law enforcement and other criminal justice professionals had shielded law-breaking women from harsh punishment because of chivalry. But the women moving into the criminal justice system, namely black and poor white women, were unlikely candidates for chivalrous treatment. While minor theft offenses and low level drug dealing dominated the criminal records of most women, the response on the part of the criminal justice system was simple: If you want to act like a man, we will treat you like a man; if you want to be equal to a man, we will mete out the same

punishment that we would give to a man. This tendency to ignore gender culminated in what Chesney-Lind called “vengeful equity.”

The intersection of concentrated poverty, harsh drug penalties, and new roles and responsibilities for women meant that women were suddenly engaged in punishable crimes on a wider scale. But changes in economic and criminal justice policies, rather than criminal behavior, account for the increasing number of women behind bars. As sentencing went from offender-based to offense-based (Mauer, 2001), women suffered. Their lower level of criminal involvement and their central roles in families were no longer considered relevant, and their punishments became increasingly harsh. Policies introduced in the 1960s, 70s, 80s, 90s, were designed to punish serious offenders, such as those who committed violent crimes, who were repeat and habitual offenders, who were major drug distributors, and whose offenses involved the use of guns. And offenders are now sentenced more frequently and more severely for all types of offenses, especially for drug offenses. But many of these punishments go to low level offenders who, like many women, are unable or unwilling to give substantial information about others in the drug trade. This gender neutrality turned into “vengeful equity” (Chesney-Lind, 1998).

Some of these women are serving long prison terms because of the type of drug they were convicted of selling or using. For example, the differences in sentencing for crack versus powder cocaine offenses and the differential involvement of women by race have been well documented. Despite the general knowledge of these facts, there is little support for making penalties for crack cocaine and powder cocaine equivalent. This bias remains because of a reluctance to acknowledge the institutional racism behind these policies and a lack of political will for change. With the present policies in place, crime has become a code word for race (Chesney-Lind, 1998), and women of color have served as sacrificial lambs.

The Backlash

Women’s struggle for equal rights with men resulted in unintended consequences in the criminal justice system. Gender-blind laws emerged, but women’s lives were still bound by the old realities of poor wages, single motherhood, and interpersonal violence. A prime example is the treatment of domestic violence cases.

Mandatory arrest policies in cases of domestic violence were introduced to force a more proactive approach to arresting abusers. Arrests were believed to be deterrents to offenders and to reduce future re-arrests for continued and repeated acts of violence. However, more recent research indicates that these policies have not accomplished the anticipated goals (Rajah, Frye, & Haviland, 2006; Frye, Haviland, & Rajah, 2007). In a number of situations, law enforcement officers neglected to follow the mandatory arrest policy. For example, in New York City officers were more likely to avoid arrests in cases involving Latinos and in cases in which victims were receiving public assistance.

On the other hand, there has been an increase in the number of arrests in domestic violence cases. Surprisingly, this is due, in part, to an increase in the number of women who have been arrested. Researchers in New York City (Rajah, Frye, & Haviland, 2006; Frye, Haviland, & Rajah, 2007) report that victims account for over one-third of all arrests for domestic violence. Arrest of both the victim and the offender is more likely in cases when the victim earned over \$30,000 or when an unmarried woman lived with her

partner or when the victim was young, black, or hostile. Clearly victim characteristics and behaviors are major factors in determining whether or not the victim is arrested. A closer look at these factors suggests that victims who violate 'middle class standards of traditional female characteristics and behavior' are more likely to be arrested. The responses to mandatory arrests policies have been characterized by some researchers as a 'backlash' in which both victims and their offenders are arrested. Again, victims were more likely to have higher SES. However, these arrests have been more likely to occur when the offender was white, when the offender had alcohol problems, and if there was a prior history of domestic violence. We see again differential treatment with differences in income and race.

The Problems for Women

Families

No where is the gendered nature of society more apparent than in parenting arrangements: women are overwhelming responsible for children. According to Warden Roberta Richmond, "When you lock a man up, the family unit usually stays intact. When you lock a woman up, you're destroying families" (Gaouette, 1997, 5). Estimates suggest that from two-thirds to four-fifths of women behind bars are mothers with an average of two to three children with an average age of eight (Beck, 2000; Green, Haney, & Hurtado, 2000; Kauffman, 2001). There are approximately 250,000 children left behind when women are incarcerated, and Black children are nine times more likely to have an incarcerated parent than White children (Krisberg & Temin, 2001). These numbers reveal a painful reality for both the mothers who go to prison and the families they leave behind. Because of policy changes in the 1990s, women are more likely to permanently lose their children than ever before.

Child care for these children varies by race and ethnicity. Children of women of color are more likely than those of white women to be placed with maternal grandparents or other relatives ((Phillips & Harm, 1997; Young & Smith, 2000). These relatives may be economically marginalized prior to the addition of child care responsibilities. The added strains of overseeing educational and health issues of extra children can put a strain on any family, but if the caregiver is an elderly grandparent, their own health problems may make this a frustrating and unrewarded burden. As sentences lengthen, this burden stretches. Unfortunately, in many jurisdictions if these relatives are not licensed foster parents, they are ineligible for foster care payments; others are ineligible for welfare payments. This financial insecurity places these children and their caregivers in considerable jeopardy. However, the disparate treatment of family caregivers has received some attention in both state legislatures and the courts. As a result there is a movement to provide equal financial allotments and resources for kin and non-kinship caregivers. Regrettably, these efforts are jurisdiction specific. Hopefully, with time they will become the norm.

Children of white women are more likely to be placed in foster care or with their fathers (Enos, 1998). In foster care, caregivers are provided with financial and other resources; however, because the foster care system is overburdened and under funded, many children move from one placement to another leading to changes in schools, friendship networks and a lost of connection with family members. This lack of stability

often leads to adjustment and behavioral problems. Children placed with their fathers are often separated from their siblings if they do not share a common father. This may also result in negative consequences.

The permanent removal of a woman's children creates problems for both the mother and the children. We do not deny that many of these women were less than ideal mothers before their incarceration, but most women do spend considerable time in prison reflecting on the state of their children and their worth as mothers. These worries about their children, the uncertainties and lack of information on childcare arrangements, can aggravate or precipitate mental and physical health problems for women. Mothers can only maintain good relationships with their children with the cooperation of the caregiver. If the caregiver has no money for prison visits or is burdened with other responsibilities, the mother-child bond is bound to weaken.

Despite the importance of mothers to their children, children to their mothers, and the pro-family public opinion of the early 21st century, policies at the state and federal levels have made it difficult for inmates to return to the community and reunite with intact families. Children may be in foster care, family members may be unwilling to allow the renewal of relationships with the returnees, or reunification may lead to the loss of needed housing and maintenance benefits for the family of the returning inmate if she had a drug charge. The fear of losing one's child, either literally or emotionally, is an additional burden that men do not usually share further illustrating the disadvantages that incarcerated women face.

Health

Healthy, well-adjusted women rarely enter prison; most have spent lifetimes with poor health habits, unstable living conditions, minimal health care, drug and alcohol use, and exposure to violence. In addition, the unique and cumulative effects of gender, race, and poverty predispose these women to poor health. Here we briefly discuss substance abuse, HIV/ AIDS, and mental health.

Substance abuse.

Drug abuse is now the primary reason women enter prison and the primary health problem of women in prison (Henderson, 1998); estimates vary but all suggest that from 40 to 80 of incarcerated women have problems with drugs. Nearly two-thirds of adult females arrested in 2000 tested positive for at least one illegal drug. For those women who went on to state prison, about half were using alcohol, drugs, or both at the time of their offense, and nearly 33 percent of those committed their crime to obtain money to buy drugs (BJS, 2000). The most serious offense for 71.7 percent of women in federal prison and 32.3 percent of women in state prisons was violation of drug laws (Harrison & Beck, 2002). Drug use and progression varies by race and ethnicity; White women are more likely than Black women who are more likely than Hispanic women to have tried illegal drugs (Young & Harrison, 2001). Younger women used more drugs illegally than older women. As a result, the physical and psychological impact of these drugs also differs by group, but treatment programs tend to treat all abusers the same way.

Women also have different experiences with drugs than men: their bodies react differently, they use drugs for different reasons, and the context of their drug problems is different. These differences further support the notion that approaches to treatment should be individualized. But, in reality, few women receive any treatment, but less

treatment tailored to their specific needs and circumstances. Increasingly prisons strapped for cash have turned to self help groups, peer counseling, and drug education rather than to trained professionals. Fewer than half of all prisoners receive treatment; fewer than 20 percent of women receive any treatment at all (Mumola & Karberg, 2006) or the follow-up services they need when they return to the community. These low numbers persist despite the impressive benefits of successful treatment.

Treatment for substance abuse is complicated by two other problems that women face, interpersonal violence and HIV/ AIDS. The majority of women who are substance abusers have been victimized. While we do not argue that substance abuse is an acceptable alternative, it is not unreasonable to expect women to find an available escape from an untenable position or memories of the past. Treatment that does not address the horrors of violence ignores an important aspect of women's history. Women's drug use puts them at higher risk for HIV/ AIDS than it does for men. Drug abuse is nearly twice as likely to be directly or indirectly associated with AIDS in women (estimates vary) than in men (NIDA Notes, 2000). Risky sexual behaviors are common among women addicted to drugs; the most obvious is unprotected sex, but having multiple partners, exchanging sex for money or drugs, repeatedly contracting sexually transmitted diseases, and having sex with an injection drug user are also routes to infection.

Physical health problems.

Physical health problems plague these inmates and are integrally related to mental health and substance abuse problems. The same pattern of increased morbidity and disability among women relative to men found in the community is also found in prison. For these women, the combined effects of gender, race, and poverty result in health profiles that are more typical of older women. In addition, disorders of the reproductive system, sexually transmitted diseases, HIV/ AIDS (Maruschak, 2002, 2004), tuberculosis, and dental health problems are a sample of problems that these women experience at a higher than expected rate.

The United States has addressed the health problems of incarcerated women, not by providing better health or preventive services, before and during prison, but through litigation. Because there is little public sympathy for the powerless, especially those who are seen as criminal, prisoners have sued for better health care. Lawsuits have resulted in recognition of basic rights for care: the right to access to care, the right to the care that is ordered, and the right to a professional medical judgment. But these rights are typically predicated by a "serious medical need", a concept that is open to interpretation. As a result, prison health care is largely uncoordinated and under funded, with relatively little accountability. This is remarkable considering the fact that most women will return to their families and communities, often in worse health than when they left.

Mental health problems.

Since the move to deinstitutionalization in the 1960s, corrections facilities have housed an increasingly large proportion of the mentally ill population (Sentencing Project, 2002). One study estimated that over 70 percent of women in state prisons either had symptoms or a clinical diagnosis of a mental illness (James & Glaze, 2006). Relative to men with mental health problems in prison, these women have more prior sentences, more physical and verbal assault charges since admission, and more substance

dependence problems. They are more likely to have parents who abused drugs or alcohol, be homeless before arrest, and have experienced past physical or sexual abuse (James & Glaze, 2006). These findings highlight the complexities of these women's lives; drug and alcohol abuse, poverty, and abuse may be both the cause and the effect of these mental health problems. In addition the oppressive mantle of racism and sexism further debilitates women with few educational, family, or employment resources. It is no surprise then to find that depression and post-traumatic stress disorder top the list of women's mental health problems, although many suffer from more than one problem, making treatment even more difficult.

The most common treatment for this troubled population of women is psychotropic medication; many women in prison are simply drugged until they can take their problems home. Women who have been convicted of a violent crime (controlling for institutional infractions and prior psychiatric history) are twice as likely to receive drug therapy as men. Some theorize that women's higher medication rates can be explained by the tendency to "psychiatrize" women's role-incongruent behaviors (Auerhahn & Leonard, 2000). We begin to see a parallel with mandatory arrests—women who step outside of normative roles, defined by race, are penalized. Once women are released from prison there is little coordination of the services that they may have received in the institution with those services that may be available in the community.

Many never manage to navigate the public health system—because they do not know how to fill in application forms for Medicaid, because they lack the necessary identification to apply, because they have no permanent address. And even those who do successfully complete the process generally have to wait several months before their benefits kick in.”
Sarah Abramsky, 2002, p. 29.

The public pays the bill for prisoners' health, either directly while a woman is incarcerated or indirectly when she returns home unable to work or care for her children. Prevention, coordination of services, and health insurance can lessen the financial load and make the transition to the community easier. Coordination between prisons, public health agencies, and mental health agencies reduces the number of those who fall between the bureaucratic cracks. When women have to make choices about allocation of their time and money, they will usually not choose health care for themselves; they will make spending choices that favor their children.

Gender and guards

One area in which there is a particular dearth of information is the impact of males attending to women in prison. The United States is fairly unusual among developed countries in allowing men to work as prison guards (Amnesty International, 1999). Many of these women have been physically, sexually, and verbally abused, and as a result, do not trust men. Guards in the U.S. prisons sometimes touch women's bodies, perform cavity searches, and watch them shower, dress, and use the toilet. In addition, other “sexual misconduct” such as using language that is inappropriate,

degrading, disrespectful, unduly familiar, or threatening (Bloom, Owen & Covington, 2003) is inappropriate anywhere, but especially in this setting with women struggling for self-respect and self-esteem.

There is a great deal of variability in staffing. Thigpen and Hunter's (1998) survey of Department of Corrections found that male staff held from 3 to 82 percent of custody positions, while female staff predominated in program and administrative positions. In New York state 70 percent of prison staff is male. Hiring practices and policies differ according to institutional circumstances that determine the assignment of custody officers. For example, in Vermont a labor union contract forbids assignments on the basis of gender (Thigpen & Hunter, 1998). In this case again, gender neutrality works against women.

Reader (2003) suggests that same-sex supervision could lessen the likelihood of sexual misconduct and violations of privacy. She contends that such supervision could be legally justified in certain settings. In the best of circumstances men are probably not appropriate to oversee women who are vulnerable. But in this case, when most women have been victims of abuse by men, the hiring of male guards, counselors, and health care workers seems particularly inappropriate, however small the numbers may be. On the other hand, some argue that having ethical and professional relationships with male staff might help women in their transition to the community. There is a need for cross-country comparisons to determine the effects of the gender of guards on the status of women in prison.

Policies might be informed by those from shelters for battered women. Most shelters train their counselors in aspects of abuse as well as basic principles of working with vulnerable women. Importantly, some shelters give abuse victims an opportunity to select the gender of their initial counselors, and, as they gain trust and confidence, to phase in contact with male counselors. Such an approach would be difficult to implement in a correctional facility, but if the long term goal is the increased well-being of these prisoners, then the coordination required might be worth it.

Another overlooked and under-researched issue is the race and ethnicity of inmates and staff. At this point most correctional officers are white and rural, while most prisoners are dark and urban; before their contact in the institution, they may have had little contact with each other. The very personal nature of custody and programming requires sensitivity to race/ethnicity and cultural differences among inmates and between inmates and service providers. In addition to training on issues specific to women, staff should receive basic education on racial and cultural issues, including basic language skills. Failure to acknowledge the existence of these differences, to address ways of overcoming biases, and to develop mutual respect can contribute to institutional discord and impact the quality and safety of prison life.

Re-entry

Most incarcerated women return to the community. But the road back is complicated for women who have been "sheltered" from society and who suddenly face a number of survival issues simultaneously. Women may leave prison with a bus ticket, a cheap dress, and two hundred dollars. For women who have an education and a family waiting, reintegration may be embarrassing and slow, but it is easier, and recidivism lower. But for many, this is not the case and becoming a functioning member of society

is not simple. Difficult decisions regarding work, housing, and family face a women who has not made an independent decision in some time. The combination of acquired dependence and structural barriers makes re-entry an obstacle course for many women. Few prisons provide inmates with marketable skills, and most employers are reluctant to hire anyone with a prison record. In addition, recent federal policies have created further barriers to finding jobs and housing. For example, “welfare to work” opportunities disappear for those convicted of drug offenses, and ex-inmates are permanently locked out of certain jobs, such as those in education, child-care, transportation, and nursing homes. In many states they cannot earn licenses for even basic jobs such as in beauty or barber shops. Moreover, many who do find employment are limited to minimum wage and part-time work which is unlikely to lift anyone out of poverty and the temptations of the street.

Housing is also problematic. Programs that provide federally subsidized housing are off limits to many returnees because of their drug convictions and the ease with which potential landlords can access their criminal records. Further, many of the communities where these inmates lived prior to their incarceration have been gentrified, leading to two major obstacles for returnees. First, there are fewer available rental properties because of the increased number of condominiums and similar housing units that have sprouted up in these communities. Second, rents on the remaining properties have increased because of the change in the property values. These changes make it difficult for returnees to find housing in their communities of origin. Consequently, many must search for affordable housing in unfamiliar areas. Racial differences in access to housing and benefits are only complicated by the addition of a criminal record.

Most women in prison dream of a second chance at a happy home life. Family reunification requires a renegotiation of their roles in the household and as mothers to their children. This may be problematic as their children may have formed alliances with other caregivers, lost respect for their mothers, and developed behavioral, emotional, or physical health problems. The return of the mother does not automatically lead to a peaceful and problem-free household despite her best intentions. Combining work responsibilities with child care is an additional burden.

These hardships complicate relocation and community reintegration. Work, housing, and family are big hurdles, but there are also stresses related to safety, health, and drug temptations that female returnees face. The United States fails to provide re-entry women with the resources to begin their lives fresh and, at the same time, blames them when they do not succeed.

Violence against Women

Male violence toward women is perhaps the most striking and devastating example of the different lives of women and men. Women in prison generally do not come from stable, healthy families; both their families of origin and the families they create are characterized by violence, particularly from the men in their lives. Many of their crimes stem directly from this abuse. For example, women often use illegal drugs or legal drugs illegally as a form of self-medication, to deal with the depression, fear, and anger resulting from a lifetime of victimization. Some women tend to use drugs with and because of the men in their lives, but when they need help with drug abuse or addiction,

those same men largely ignore their efforts to change. Further, many of their health, psychological, and family problems result from exposure to violence.

In addition, those few women who have been incarcerated for violent crimes are more likely than men to have assaulted or killed someone they know, generally someone who abused them or their children. Although both the battered woman syndrome and the battered child syndrome are considered in court, many of these women have never considered themselves victims of violence. As one woman put it, "I just thought I lost every fight." Many have never looked for help or told anyone about the violence. Recent pardons in Illinois and Maryland for women whose crimes stemmed from domestic abuse have highlighted the need to consider the impact of these factors earlier in the system.

Women must be free from gender based violence all their lives; abused children grow up to be prison inmates. Legislation that purports to address the serious nature of violence against women and children but does not address the root social causes of this violence serve more as symbolic politics than as programmatic solutions. In US society that glorifies violence and objectifies women, policies alone are not enough; systemic changes in the acceptance, approval, and adulation of aggression toward women are requisite before women and children are safe.

Conclusion

Incarcerating large numbers of women in the US has not worked to improve their lives, cut costs of corrections, or reduce the crime rate. Programming and policies based on gender neutral ideas of the incarcerated population have failed by ignoring both gender differences and differences within the population of incarcerated women. Because of these failures, many of the current programs are not relevant to the increasing number of women behind bars. Although we talk about the intersection of gender, race, ethnicity, and class, as a society, we have been unable or unwilling to translate the ramifications of these factors into policies sensitive to the demands of women who make must make the choices that are available in their environment.

There are excellent research projects investigating and documenting the need for gender specific programming: the Quaker Council for European Affairs (2006), Women in Prison Project: The European Prison Rules: A Gender Critique and the Correctional Association of New York (2006), Coalition for Women Prisoners: Proposals for Reform. Cross-national research gives us opportunities to determine what does work when race, class, and migration differences are considered. We must look across societies to determine those policies that work best with different groups of women.

When criminal justice focuses on punishment and on profit, the benefit goes to those in power, for this discussion, the patriarchy. US prisons are increasingly designed to generate income; the benefits accrue to stock holders with little regard to the individuals that they house. Further, this patriarchal model is exaggerated as prisons become increasingly militarized. The United States prison system does not exist in isolation; it exists in a country where sexism, racism, poverty, and violence are woven into everyday life. Although the focus is on prisons and prisoners, they are simply products of our larger society. It is only by addressing the most basic social problems that we can address the problems of our institutions of social control.

References

- Abramsky, Sarah. 2002. "The Shame of Prison Health Care", *Nation*, July 1, 28-34.
- American Correctional Association. 2001. *Public Correctional Policy on Health Care*. Philadelphia: Congress of Corrections.
- Amnesty International. 1999. *Not Part of My Sentence: Violations of the human rights of women in custody*. Washington, DC: Author.
- Auerhahn, Kathleen and, Elizabeth Dermody Leonard. 2000. "Docile bodies? Chemical Restraints and the Female Inmate." *Journal of Criminal Law & Criminology*, 90 (2).
- Beck, Allen J. 2000. "State and Federal Prisoners Returning to the Community: Findings from the Bureau of Justice Statistics." Paper Presented at the First Reentry Courts Initiative Cluster Meeting, Washington, DC.
- BJS (Bureau of Justice Statistics). 2000. *Correctional Populations in the United States, 1997*. Washington, DC: Bureau of Justice Statistics (NCJ 177613).
- Bloom, Barbara, Barbara Owen and Stephanie Covington. 2003. *Gender-Responsive Strategies: Research, Practice, and Guiding Principals for Women Offenders*. Washington, DC: National Institute of Corrections, US Department of Justice.
- Chesney-Lind, Meda. 1998. "Women in Prison: From Partial Justice to Vengeful Equity", *Corrections Today*, 60 (7).
- Collins, Patricia Hill. 1990. *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*. Boston, MA: Unwin Hyman.
- Enos, S. 1998. "Managing Motherhood in Prison: The Impact of Race and Ethnicity on Child Placements." *Women and Therapy* 20 (4):57-73.
- Frye, Victoria, Mary Haviland, and Rajah Valli. 2007. Dual Arrest and other unintended consequences of mandatory arrest in New York City: A Brief Report . *Journal of Family Violence* 22:397-405.
- Fulcher, Juley. (summer, 2002). Domestic violence and the rights of women in Japan and the United States. *Human Rights*, 16-17.
- Gaouette, Nicole. 1997. "Prisons Grapple with Rapid Influx of Women and Mothers." *Christian Science Monitor*, 89(121).
- Greene, Susan, Craig Haney, and Aida Hurtado. 2000. "Cycles of Pain: Risk factors in the Lives of Incarcerated Mothers and Their Children." *Prison Journal*, 80 (1), 3-23.
- Greenfeld, Lawrence A. and Tracy L Snell. 1999. *Women offenders*. Washington, DC: Bureau of Justice Statistics. (NCJ 175688).
- Harrison, Paige M. and Allen J. Beck. 2002. *Prisoners in 2001*. Washington, DC: Bureau of Justice Statistics (NCJ 195189).
- Henderson, D. 1998. "Drug Abuse and Incarcerated Women: A Research Review." *Journal of Substance Abuse and Treatment*, 15 (6), 579-587.
- Hurt, H.E., Malmud, E., Betancourt, L., Braitman, L.E., Brodsky, N.L. & Giannetta, J. 1997. "Children with in Utero Cocaine Exposure Do Not Differ from Control Subjects on Intelligence Testing." *Archives of Pediatrics and Adolescent Medicine*, 151(12), 1237-1241.
- James, Doris L. & Glaze, Lauren E. 2006. *Mental Health Problems of Prison and Jail Inmates*. Washington, DC: Bureau of Justice Statistics (NCJ 213600).
- Kauffman, Kelsey. 2001. "Mothers in Prison." *Corrections Today*, 63 (1), 62-65.
- Krisberg, Barry and Carolyn Temin. 2001. "The Plight of Children Whose Parents Are in Prison." NCCD Focus, www.nccdcrc.org/nccd/pubs/2001_focus_plightofchildren.pdf.

- Maruschak, Laura M. 2002. *HIV in prisons, 2000*. Washington, DC: Bureau of Justice Statistics. (NCJ 196023).
- Maruschak, Laura M. 2004. *HIV in prisons and jails, 2002*. Washington, DC; Bureau of Justice Statistics (NCJ 205333).
- Mauer, Marc. 2001. "The Causes and Consequences of Prison Growth in the United States." *Punishment and Society: The International Journal of Penology*, 3 (1), 9-20.
- Mumola, Christopher J. and Jennifer C. Karberg. 2006. *Drug Use and Dependence, State and Federal Prisoners, 2004*. Washington, DC: Bureau of Justice Statistics. (NCJ 213530).
- Phillips, Susan and Nancy Harm. 1997. "Women Prisoners: A Contextual Framework." *Women and Therapy*. 20 (4):1-9.
- Rajah Valli, Victoria Frye, and Mary Haviland. 2006. "Aren't I a Victim? Notes on Identity Challenges Relating to Police Action in a Mandatory Arrest Jurisdiction." *Violence Against Women* 12 (100): 897-916.
- Raeder, Myrna. 2003. "Gendered Implications of Sentencing and Correctional Practices: A Legal Perspective." Pp. 173-208 in Barbara Bloom, ed., *Gendered Justice: Addressing Female Offenders*. Durham, NC: Carolina Academic Press.
- Sabol, William J., Minton, Todd D., & Harrison, Paige M. *Prison and Jail Inmates at Midyear, 2006*. Washington, DC; Bureau of Justice Statistics (NCJ 217675), 2007.
- Sentencing Project. 2002. *Mentally Ill Offenders in the Criminal Justice System: An Analysis and Prescription*. Washington, DC: Sentencing Project.
- Thigpen, Morris and Susan Hunter. 1998. *Special Issues in Corrections: Current Issues in the Operation of Women's Prisons*. Longmont, CO: US Department of Justice, National Institute of Corrections Information Center (NICIC).
- Young, Diane, and Carrie J. Smith. 2000. "When Moms are Incarcerated: The Needs of Children, Mothers, and Caregivers." *Families in Society: The Journal of Contemporary Human Services* 81 (2): 130-141.
- Young, Vernetta D. and R. Harrison. 2001. "Race/Ethnic Differences in the Sequences of Drugs Used By Women." *Journal of Drug Issues* 31 (2):293-325.
- Young, Vernetta D. and Rebecca Reviere. 2006. *Women Behind Bars: Gender and Race in US Prisons*. Boulder, CO: Lynne Rienner Publishers, Inc.
- Young, Vernetta D. & Spencer, Zoe. (2007). Multiple Jeopardy: The Impact of Race, Gender, and Slavery on the Punishment of Women in Antebellum American. In *Race, Gender, & Punishment: From Colonialism to the War on Terror* edited by Bosworth, Mary and Flavin, Jeanne. Rutgers University Press. Pp. 65-76.