



December 1996

Women Behind Bars: Trends and Policy Issues

Mark S. Kaplan

University of Illinois, Urbana-Champaign

Jennifer E. Sasser

University of Illinois, Urbana-Champaign

Follow this and additional works at: <https://scholarworks.wmich.edu/jssw>



Part of the Criminology Commons, and the Social Work Commons

Recommended Citation

Kaplan, Mark S. and Sasser, Jennifer E. (1996) "Women Behind Bars: Trends and Policy Issues," *The Journal of Sociology & Social Welfare*: Vol. 23 : Iss. 4 , Article 4.

Available at: <https://scholarworks.wmich.edu/jssw/vol23/iss4/4>

This Article is brought to you for free and open access by the Social Work at ScholarWorks at WMU. For more information, please contact wmu-scholarworks@wmich.edu.



Women Behind Bars: Trends and Policy Issues

MARK S. KAPLAN AND JENNIFER E. SASSER

University of Illinois at Urbana-Champaign
School of Social Work

In the crusade to get tough on crime, policy makers have also gotten tough on women, drawing them into prisons in rapidly growing numbers. Today, incarcerated women are predominately poor, uneducated, and unskilled; are disproportionately African American and Latina young women with children; and have severe health and mental health problems. This article examines the characteristics and needs of these women and presents recommendations for their more humane and pragmatic treatment and for social policy that is relevant for the decarceration of this country's soaring female prison population.

With a rate of 573 inmates per 100,000 citizens, the United States has imprisoned more people than any other nation in the industrialized world (Beck & Gilliard, 1995; Perkins, Stephan, & Beck, 1995), even more than South Africa did under apartheid in 1990, when the rate was 311 per 100,000 population (Gordon, 1994). As of 1994, more than 1.3 million people were in jails and prisons at a cost of \$30 billion (Forer, 1994; Pringle, 1995). From 1985 to 1994, the number of people in some form of correctional custody—prison, jail, probation, or parole—rose 76 percent, from 2.9 million to 5.1 million, so that by 1994, 2.7 percent of the adult population was under correctional supervision (Bureau of Justice Statistics, 1995; Gordon, 1994).

Women account for an increasing proportion of the rising prison population and are the fastest-growing segment of those involved in the criminal justice system (Wellisch, Anglin, & Pendergast, 1993). This article discusses the general reasons for the rise in the prison population in this country and the huge increase in women prisoners; describes the characteristics of and

difficulties faced by incarcerated women in numerous areas; and recommends, on the basis of the experiences of European countries, changes in social policy that could lead to the decarceration of this country's soaring female prison population.

Background

The huge rise in the prison population and the overcrowding of jails and prisons is a direct result of the change in this country's correctional policy that began in the late 1970s and was strengthened in the 1980s with the start of the War on Drugs. This get-tough policy, which emphasizes interdiction and incarceration, rather than prevention and treatment, was a response to the fear of crime and the perception that the criminal justice system was too lenient, compounded by the hysteria fanned by the conservative movement of the 1980s, which viewed people who committed crimes as evil or sinners, who deserved to be punished, not to be rehabilitated. Thus, the fault was placed on the offenders, not on social, economic, and demographic inequalities in society that may lead people to commit crimes (Forer, 1994).

The goal of the conservative movement was to transform the criminal justice system into a system of crime control through severe punishments, including executions and mandated long periods of incarceration. In essence, judges had to adhere to strict mandated sentencing guidelines for specific crimes, and individuals were sentenced to prison regardless of mitigating personal or family circumstances or their risk to the public (Forer, 1994).

The result has been higher incarceration rates and severely overcrowded prisons that provide inadequate medical, educational, and job training services that could lead to the successful transition to society, especially for socially and economically disadvantaged inmates. For example, in 1992, Louisiana had the highest incarceration rate, with 478 prisoners per 100,000, and such a shortage of prison space that one-quarter of the inmates were housed in local jails (Gilliard, 1993). Similarly, Illinois houses 37,427 inmates in prisons that can accommodate 22,715 (Fischer, 1995). And faced with 1,900 inmates more than the 3,900 who could be housed in its jails, Maricopa County, Arizona, erected a "tent-city" in 1993 for 1,000 inmates (Castaneda, 1995). Moreover,

by 1990, more persons were incarcerated for drug offenses than for property offenses, violent offenses, or public-order offenses (Gilliard, 1993). In California, for example, more persons were in prison for drug offenses in 1991 than were in prison for all offenses at the end of 1979 (Zimring & Hawkins, 1994).

Getting Tough on Women

In the crusade to get tough on crime, criminal justice policy makers have also gotten tough on women, incarcerating them in rapidly increasing numbers (Bloom & Steinhart, 1993). By the end of 1994, 59,878 women were in federal and state prisons—roughly 386 percent more than the 12,331 women who were incarcerated in 1980 (compared to 214 percent for men, from 303,643 to 952,585) (Beck & Gilliard, 1995; Flanders, 1993; National Women's Law Center, 1994). Women generally constitute 5.7 percent of the national prison population, but they are a considerably larger proportion in some states (for example, 9.5% in Oklahoma) (Fletcher & Moon, 1993; Gilliard, 1993). The increase in incarceration has led to acute overcrowding in many women's prisons and jails. For example, by April 1994, three women's prisons in California—California Institution for Women in Corona, Central California Women's Facility in Chowchilla, and Northern California Women's Facility in Stockton—were operating, respectively, at 69, 85, and 93 percent over capacity (Bloom, Chesney-Lind, & Owen 1994, p. 7).

The most common reason for women being in prisons is drug convictions (32.8% of the female convicts versus 20.7% of the male convicts) (Krauss, 1994). From 1982 to 1991, the number of women arrested for drug offenses, including possession, manufacturing, and sale, increased 89 percent, almost twice the rate of increase for men during that period (Wellisch et al., 1993). Women are also receiving longer sentences; between 1985 and 1990, mandatory minimum sentences for drug offenses drove up the actual time women served by 40 percent (Gordon, 1994).

Profile of Women Behind Bars

Women in prison are overwhelmingly poor, uneducated and unskilled; have sporadic employment histories; are disproportionately African American and Latina, of childbearing age, and

mothers of children (Immarigeon & Chesney-Lind, 1992; Owen & Bloom, 1994). They are also less likely than are men to have committed a prior offense (28.9 vs. 19.6 percent) (Snell, 1994). In a nationwide survey of female offenders, Wellisch et al. (1993) found that only 15.9 percent of the women had completed four years of high school. Furthermore, 20 percent had been unemployed in the three years before they entered prison. The women who had been employed had worked primarily in sales, clerical, and service jobs (Wellisch et al., 1993); two-thirds of them never earned more than \$6.50 an hour (Immarigeon & Chesney-Lind, 1992).

With regard to the ethnic composition of the women inmates, African American women make up 46 percent of the women in prison and 43 percent of the women in jail; white women, 40 percent and 38 percent, respectively; and Latinas, 12 percent and 16 percent, respectively (National Women's Law Center, 1994; Owen & Bloom, 1994). In 1991, 92.2 percent of the women who were in prison were aged 18–44, and 50.4 percent were aged 24–34; the vast majority were single parents; 67 percent of the women in state prisons were mothers of children under age 18 (52,000 children in 1989; Bloom & Steinhart, 1993). Seventy percent of these women, compared to 50 percent of the incarcerated fathers, had custody of their dependent children before they entered prison (National Women's Law Center, 1994).

Once a mother is behind bars, who cares for her children? Only 1 in 4 incarcerated women reported that their children were living with the fathers (Snell, 1994). The already overburdened foster care system took an additional 10 percent of the children, but the main responsibility for child care seemed to have fallen to the grandparents, with whom nearly half the children were living (Snell, 1992). The loss of the mother as the primary caretaker can be emotionally devastating for the children. Although some programs allow children to visit their incarcerated mothers, geographic constraints often prohibit them from doing so (for example, 61% of incarcerated mothers were over 100 miles from their children; Bloom & Steinhart, 1993). Since only 71 of the 1,037 state and federal prisons are exclusively for women (the rest are for men) (Greenfeld, 1992), families with limited financial resources often must travel great distances to visit their imprisoned female relatives (Koban, 1983).

A survey by the American Correctional Association (cited in Immerigeon & Chesney-Lind, 1992) found that about half the incarcerated women had run away from home as youths, about a quarter had attempted suicide, and a sizable proportion had serious drug problems. The survey also found that over half these women were victims of physical abuse and 36 percent had been sexually abused. However, in a 1993 study of women in California's prisons, Bloom et al. (1994, p. 3) found that "nearly all (80%) of the women . . . experienced some form of abuse either as girls or as women"—physical, emotional, or sexual.

An increasing number of women are entering prisons with severe medical problems, such as tuberculosis, hepatitis, and HIV infection—the rate is higher among female (4.2%) than among male (2.5%) prisoners (Brien & Harlow, 1995)—and other sexually transmitted diseases (gonorrhea being the most common disorder). Among the other medical problems that these women are experiencing include high-risk pregnancies; gynecological disorders (such as menstrual difficulties); cervical and breast cancers (McGaha, 1987); conditions associated with poor nutrition and poverty, such as obesity (Ingram-Fogel, 1991); and diabetes mellitus, hypertension, and other chronic conditions, including asthma and seizures.

Psychiatric problems are common as well, with depression the most prevalent disorder (Smith, 1993). Female inmates are more likely than male inmates to have a history of drug use (Snell, 1994). Twice as many women (32%) as men (16%) used a major drug (heroin, cocaine or crack, LSD, PCP, or methadone) daily in the month before their arrest (Ferguson & Kaplan, 1994; Snell, 1994). Over 60 percent of the women also report alcohol-related problems at the time of their arrest, and more than 44 percent indicate a history of drug addiction, including nicotine addiction (Ingram-Fogel, 1991).

Meeting the Needs of Incarcerated Women

Drug Treatment

Despite the high number of incarcerated women with drug convictions and histories of drug and alcohol abuse, state correctional facilities have the capacity to provide alcohol and other

drug treatment to fewer than 20 percent of the estimated 500,000 inmates who need it (Ferguson & Kaplan, 1994), including 70 percent of the women in prison (National Women's Law Center, 1994). In addition, the quality of the treatment that prisons provide is generally deficient. Treating female inmates' drug problems exclusively as an addiction problem will not ensure women's successful reintegration into society after their release (Moon, Thompson, & Bennett, 1993). Because many factors other than dependence are at the root of alcohol and drug abuse, it is necessary to provide comprehensive treatment that addresses women's social, economic, family, psychological, and addiction problems in combination.

Health Services

As was mentioned earlier, women enter prison with a variety of severe health problems that are often poverty related. However, health care services are often inadequate in women's prisons. According to the National Women's Law Center (1994), health care is frequently available only on an emergency basis. For example, in federal prisons, no special arrangements are made for women who are experiencing normal pregnancies; if complications arise, the female inmates are usually transferred to other prisons with appropriate medical facilities (Human Rights Watch, 1991). Because the prison health care systems were originally designed for men, routine gynecological health care, including pap smears, breast examinations, and mammograms, are rarely provided. In a longitudinal study of the physical and psychological problems that women have at the time of incarceration, Ingram-Fogel (1991) found that the prison experience had an adverse effect on the health of incarcerated women (such as obesity, elevated blood pressure, fatigue, headache, and backache). Ironically, the deficient health care services in correctional facilities represent the primary source of health care for those poor and minority Americans who pass through the system each year (Sills, 1994).

Educational and Vocational Services

According to Smith and Dailard (1994, p. 83), "for many former prisoners, obtaining safe housing and employment are two of

the most important steps to staying sober and remaining outside of the criminal justice system. Consequently, female prisoners must receive the educational and vocational training they need to obtain meaningful employment after their release." Unfortunately, educational and vocational services in prison are generally poor and underfunded. Traditionally, women inmates have not had the facilities, the educational and vocational programs, and industrial training opportunities that male inmates have had (Human Rights Watch, 1991; Smith, 1993).

Family Support Programs

As was noted earlier, because there are fewer prisons for women, an incarcerated woman is often placed much farther away from her home and family than the average male inmate. Thus, women are often unable to maintain contact with their children. With the exception of Mississippi and California, state and federal prisons do not allow extended family visits. Prisons in Mississippi and California allow inmates 48-hour visits with their families every two to three months in "special" trailers or apartment settings (Human Rights Watch, 1991).

Other than New York's Bedford Hills, Washington's Purdy Treatment Center, and California's Federal Correction Institution, where mothers may keep their children for one year after birth, female inmates are not allowed to keep the children they give birth to while in prison and jails (Clement, 1993). Children who are born to women in federal prisons and in such states as California, Tennessee, and Florida are immediately placed in foster care or with relatives (Human Rights Watch, 1991). The separation of mothers from their young children at these facilities often leads to serious developmental problems for the children as well as psychological distress for the mothers (Wooldredge & Masters, 1993).

In addressing the separation issue, the National Council on Crime and Delinquency (Bloom & Steinhart, 1993) and the National Women's Law Center (1994) recommended that sentencing guidelines and mandatory imprisonment statutes should be adjusted as necessary to allow qualified female offenders to be placed in noninstitutional programs, where they can live with their children while serving their sentences. In addition, we

recommend that women who give birth in state or federal correctional facilities should be allowed to retain custody of their children.

Discharge Planning

Far too many prisoners receive deficient pre-discharge planning. According to Smith (1993, p. 11), "one of the most critical gaps in services for all prisoners is the absence of discharge planning. . . . As a result, upon release, women may find themselves homeless or in an environment that is not optimal to maintaining their sobriety and refraining from further criminal activity." Post-release programs must give women with a criminal history continued access to alcohol and drug treatment and educational and vocational training, as well as emotional support. According to the National Council on Crime and Delinquency (Immarigeon & Chesney-Lind, 1992), a well-planned and coordinated assessment of needs, monitoring of progress, and aftercare support services are critical to the successful decarceration of women. In summary, the successful community reintegration of female inmates will depend on the provision of the following services:

1. adequate preventive and emergency medical services
2. on entry, tests of educational and vocational interests and aptitudes to receive appropriate training
3. placement and facilities close to their homes (out-of-state incarceration should be prohibited)
4. more hospitable treatment for inmates' families (including overnight or extended visits)
5. custody of their children for the first few years after birth
6. well-designed and comprehensively implemented supportive services after release, including drug and alcohol treatment, vocational training, and social and emotional support.

In spite of the widespread deficiencies in the correctional system, three exemplary programs have been designed to accommodate the needs of mothers and their children. Both the federal and many state correctional systems could benefit (e.g., in terms of a low rate of return to prison) from following the models of Bedford Hills prison in Bedford Hills, New York; Mothers and

Their Children (MATCH) in San Antonio, Texas; and Mother Offspring Life Development (MOLD) in York, Nebraska where exceptional measures have been adopted to promote meaningful contact between inmates and their children. At Bedford Hills, mothers can play with their children and families can celebrate special occasions in the Children's Center, a homelike environment. Children are allowed to visit their mothers both during the week and on weekends, as well as participate in week-long programs during which they spend the night with nearby host families and visit their mothers by day. The Parenting Center offers new mothers training programs on such issues as nutrition and infant health. The center is a nursery program where inmates may keep their infants for at least a year after birth. A class called "Choices and Changes" helps inmates improve their decision-making skills and learn how to manage the child welfare system and how to reunify the family after incarceration. Bedford Hills also provides advocacy services to its inmates (Bloom & Steinhart, 1993; Human Rights Watch, 1991).

The MATCH program offers a wide array of support services for its inmates, including advocacy for inmates and their children; counseling; information and referral services; support groups; and educational workshops, in which experts in the community teach parenting skills, self-esteem building, child development, drug abuse and domestic violence prevention, health care, and general equivalency diploma programs. In addition to promoting frequent contact between inmates and their children, MATCH provides ongoing community support for women upon their release through advocacy, networking, referrals, and support groups for children (Bloom & Steinhart, 1993).

The MOLD program at the Nebraska Center for Women allows the children of inmates to stay in prison with their mothers for five days a month. The mothers plan the activities for their children in addition to attending child development classes. This program was recently expanded to include incarcerated grandparents and their grandchildren (Bloom & Steinhart, 1993).

As the number of jailed and imprisoned women with children under the age of 18 increases, visitation and support programs should be designed to facilitate the mother-child bonding process (Bloom & Steinhart, 1993). Equally important, the increased

contact with family and the use of parenting programs might reduce the risk of female inmates' children continuing the cycle of addiction, crime, and incarceration. "By learning to be more effective parents," Clement noted (1993, p. 99), "the inmates also learn to be more effective citizens."

Decarceration and Prevention

The huge growth of the female prison population is a result primarily of increased rates of incarceration for drug offenses, not violent crimes. As Bloom et al. (1994, p. 8) noted, "the majority of women . . . are sentenced for non-violent crimes which are a direct product of economic marginality of the women who find their way through the revolving prison doors." Without meaningful career opportunities, a single mother is practically forced to resort to illegal activity if she is to feed and clothe two children on the roughly \$300 to \$400 cash grant she gets per month from Aid to Families with Dependent Children (Flanders, 1994). As state and federal income supports begin to disappear for poor families with children, it is likely that the prison figures for women will show a marked increase (Dressel, 1994). Thus, under the current punitive drug policy, it is indeed wasteful to expend millions of dollars to prosecute and incarcerate many first-time female offenders who get involved at a low level in the illicit drug trade out of economic necessity (Ferguson & Kaplan, 1994). Consider this: "It costs \$35,000 to lock up one offender for a year [in New York], compared with an average \$18,000 for a year of residential [drug treatment] care" (Falco, 1995, p. B5).

The incarceration of women who have to resort to illegal means to cope with poverty and limited life chances does not speak well to the ideals of a civic society (Putnam, 1993). Intervening at the earliest stage possible by creating meaningful and lasting employment and educational opportunities is a far more humane and pragmatic approach to the ill-conceived War on Drugs. In their report for the Center for Juvenile and Criminal Justice, Bloom et al. (1994) argued that the War on Drugs has become a war on women. Thus, in the interest of women's health and welfare, policy makers should consider an alternative drug policy, such as *normalization*.

Following the lead of the Dutch, this country must alleviate the conditions that increase people's vulnerability to drug use, namely, underdevelopment, deprivation, and low socioeconomic status. Under normalization, the Dutch address drug abuse primarily as a problem of social well-being, rather than as a criminal matter. According to Dutch philosophy (mutual responsibility), humans are basically good and their wrongdoing is to a great extent a problem of society (Dodge, 1979). Not only do most European countries have a much lower drug-arrest rate than does the United States, but they aggressively seek to bring drug addicts into contact with treatment services (Reuter, Falco, & MacCoun, 1993, pp. 16–17). This alternative drug policy provides a blueprint that is more tolerant and humane and, because it is linked to better health and social services, is more effective in reducing the harmful use of drugs (Ferguson & Kaplan, 1994).

This country's reliance on imprisonment and severe prison sentences has had little impact on crime rates. The penal policies of other industrialized countries (such as Finland) with substantially lower prison populations (and less crime) could serve as viable alternatives to this nation's inflexible get-tough crime-control model (Christie, 1993; Irwin, 1988). Why are there so few prisoners in Finland? Finland once had the highest rate of incarceration in Europe (250 per 100,000 inhabitants in 1918) and now its rate is close to the bottom (49 per 100,000 inhabitants in 1991) among industrialized countries (Christie, 1993). According to Christie (1993, p. 50), the decisive factor in reducing the rate was an "attitudinal readiness of civil servants, the judiciary and the prison authorities to use all available means in order to bring down the number of prisoners"—a goal that was achieved by abandoning any attempt to see a high number of prisoners as indicators of determination and toughness ("something to be proud of") (Christie, 1993, p. 49). Over time, Finland, like other European nations, "managed to educate the public to accept anything less than a prison sentence" (Zimring & Hawkins, 1991, p. 187). Unlike the United States, crime control in Finland is no longer a central political issue in election campaigns (Christie, 1993). In addition, throughout Europe, the shift toward a declining scale of incarceration has been achieved by adopting more pragmatic, less punitive, noncustodial alternatives—including suspended

sentences (Belgium and France), community service orders (England and Wales), periodic amnesties or general pardons (Poland), and expanded rehabilitation programs and conditional sentence (Netherlands) (Christie, 1993; Dodge, 1973; Zimring & Hawkins, 1991).

Although these programs and policies may seem unrealistic, given the current political climate in this country, the fact that they have been instituted in other parts of world and that more and more countries are adopting such alternative-to-incarceration measures point to their viability. In addition, some of these measures may prove to be more economical in the long run, if they succeed in reducing the recidivism rate. However, even the best alternatives to imprisonment will inevitably be compromised if this country does not address the social and economic forces that are destroying the communities to which many women offenders return (Currie, 1993, p. 279). To reduce crime and prevent imprisonment, in our view, will require bold, decisive, and sustained public investment in education, training, employment, and social reforms.

References

- Beck, A. J., & Gilliard, D. K. (1995). *Prisoners in 1994* (Report No. NCJ-151654). Washington, DC: U.S. Government Printing Office.
- Bloom, B., Chesney-Lind, M., & Owen, B. (1994, May). *Women in California prison: Hidden victims of the war on drugs*. San Francisco: Center on Juvenile and Criminal Justice.
- Bloom, B., & Steinhart, D. (1993). *Why punish the children? A reappraisal of the children of incarcerated mothers in America*. San Francisco: National Council on Crime and Delinquency.
- Brien, P. M., & Harlow, C. W. (1995). *HIV in U.S. prisons and jails, 1993* (Report No. NCJ-152765). Washington, DC: Government Printing Office.
- Bureau of Justice Statistics. (1995, August 27). The nation's correctional population tops 5 million [Press release]. Washington, DC: U.S. Department of Justice.
- Castaneda, C. J. (1995, May 26). Arizona sheriff walking tall, but some don't like his style. *USA Today*, p. 7A.
- Christie, N. (1993). *Crime control as industry*. London: Routledge.
- Clement, M. J. (1993). Parenting in prison: A national survey of programs for incarcerated women. *Journal of Offender Rehabilitation*, 19, 89-100.
- Currie, E. (1993). *Reckoning: Drugs, the cities, and the American future*. New York: Hill and Wang.

- Dodge, C. R. (1979). *A world without prisons: Alternatives to incarceration throughout the world*. Lexington, MA: D.C. Heath.
- Dressel, P. L. (1994). . . . and we keep on building prisons: Racism, poverty, and challenges to the welfare state. *Journal of Sociology & Social Welfare*, 21, 7–32.
- Falco, M. (1995, March 6). Treatment breaks the crime cycle; jail doesn't. *Los Angeles Times*, p. B5.
- Ferguson, S. K., & Kaplan, M. S. (1994). Women and drug policy: Implications of normalization. *Affilia*, 9, 129–144.
- Fisher, F. (1995, June 18). Prisons strained to limit. *News-Gazette*, p. A-1, A-10.
- Flanders, L. (1994, May/June). Locked-up women, locked out of coverage. *EXTRA!*, p.7.
- Fletcher, B. R. & Moon, D. G. (1993). Introduction. In B. R. Fletcher, L. D. Shaver, & D.G. Moon (Eds.) *Women prisoners: A forgotten population* (pp. 5–14). Westport, CT: Praeger.
- Forer, L. G. (1994). *A rage to punish*. New York: W. W. Norton.
- Friedman, L. M. (1993). *Crime and punishment in American history*. New York: Basic Books.
- Gilliard, D. K. (1993). *Prisoners in 1992* (Report No. NCJ-141874). Washington, DC: U.S. Government Printing Office.
- Gordon, D. R. (1994). *The return of the dangerous classes: Drug prohibition and policy politics*. New York: W.W. Norton.
- Greenfeld, L. A. (1992). *Prisons and prisoners in the United States* (Report No. NCJ-137002). Washington, DC: U.S. Government Printing Office.
- Henderson, G. (1993). Forward. In B. R. Fletcher, L. D. Shaver, & D. G. Moon (Eds.) *Women prisoners: A forgotten population* (pp. xi-xiii). Westport, CT: Praeger.
- Human Rights Watch. (1991). *Prison conditions in the United States*. New York: Author.
- Immarigeon, R. & Chesney-Lind, M. (1992). *Women's prison: Overcrowded and overused*. San Francisco: National Council on Crime and Delinquency.
- Ingram-Fogel, C. (1991). Health problems and needs of incarcerated women. *Journal of Health & Jail Issues*, 10, 43–57.
- Irwin, J. (1988). Donald Cressey and the sociology of the prison. *Crime and Delinquency*, 34, 328–337.
- Koban, L. A. (1983). Parents in prison: A comparative analysis of the effects of incarceration on the families of men and women. *Research in Law, Deviance and Social Control*, 5, 171–183.
- Krauss, C. (1994, July 3). Women doing crime, women doing time. *New York Times*, p. E3.
- McGaha, G. S. (1987). Health care issues of incarcerated women. *Journal of Offender Counseling, Services & Rehabilitation*, 12, 53–59.
- Moon, D. G., Thompson, R. J., & Bennett, R. (1993). Patterns of substance use among women in prison. In B. R. Fletcher, L. D. Shaver, & D. G. Moon (Eds.), *Women prisoners: A forgotten population* (pp. 45–54). Westport, CT: Praeger.
- National Women's Law Center. (1994). *Women in prison*. Washington, DC: Author.

- Owen, B., & Bloom, B. (1994, February). *Profiling the needs of California's female prisoners: A study in progress*. Paper presented at the meeting of the Western Society of Criminology.
- Perkins, C. A., Stephan, J. J., & Beck, A. J. (1995). *Jails and jail inmates 1993-94* (Report No. NCJ-151651). Washington, DC: U.S. Government Printing Office.
- Pringle, P. (1995, February). The incarceration craze. *World Press Review*, p.38.
- Putnam, R. D. (1993). *Making democracy work, civic traditions in modern Italy*. Princeton: Princeton University Press.
- Reuter, P., Falco, M., & MacCoun, R. (1993). *Comparing Western European and North American drug policies*. Santa Monica, CA: RAND.
- Sills, Y. G. (1994). *The AIDS pandemic: Social perspectives*. Westport, CT: Greenwood Press.
- Smith, B. V. (1993, June 29) Prepared statement before the Committee on the Judiciary, U. S. Senate. *Women in prison: Programs and alternatives*. Washington, DC: U.S. Government Printing Office.
- Smith, B. V., & Dailard, C. (1994). Female prisoners and AIDS: On the margins of public health and social justice. *AIDS & Public Policy Journal*, 9, 78-85.
- Snell, T. L. (1994). *Women in Prison* (Report No. NCJ-145321). Washington, DC: U.S. Government Printing Office.
- Sniffen, M. J. (1994, June 2). U.S. prison population up 200 pct. since 1980. *Chicago Sun-Times*, p. 26.
- Wellisch, J., Anglin, M. D., & Prendergast, M. L. (1993). Numbers and characteristics of drug-using women in the criminal justice system: Implications for treatment. *Journal of Drug Issues*, 23, 7-30.
- Wooldredge, J. D., & Masters, K. (1993). Confronting problems faced by pregnant inmates in state prisons. *Crime & Delinquency*, 39, 195-203.
- Zimring, F. E., & Hawkins, G. (1991). *The scale of imprisonment*. Chicago: University of Chicago Press.
- Zimring, F. E., & Hawkins, G. (1994). The growth of imprisonment in California. In R. D. King & M. Maguire (Eds.), *Prison in context* (pp. 83-96). Oxford, England: Oxford University Press.

An earlier version of this article was presented at the 41st Annual Program Meeting, Council on Social Work Education, San Diego, CA, March 1995. We express our gratitude to Barbara Bloom and Brenda V. Smith whose comments helped shape this paper, to Allen Beck and Marc Mauer who were helpful in providing data, and to the anonymous reviewers for their feedback.