The Psychosocial Issues of Women Serving Time in Jail

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Two hundred and one randomly selected female inmates incarcerated at a municipal jail were interviewed to establish the needs of this population and to formulate appropriate rehabilitative interventions. Measures of social support for this sample were uniformly low. Scores on the Global Severity Index of the Brief Symptom Inventory showed that 64 percent of the women were in the clinical range for mental health problems. Scores obtained from the Short Drug Abuse Screening Test indicated that 83 percent of the women were in the substance abuse range. When child and adult sexual abuse were combined, 81 percent of the women had been sexually victimized at some time in their lives. The data point to the need for improved programs and conditions within penal settings and for intermediate sanctions for nonviolent female offenders. Such sanctions could include both correctional day treatment and community-based correctional living sites.

Key words: *criminal justice; incarceration; prison; women*

The United States imprisons a larger proportion of its population than any other industrialized nation, including South Africa and the former Soviet Union ("U.S. Expands Its Lead," 1992). In the United States, the rate of growth for female inmates has exceeded that for male inmates each year since 1981. From 1980 to 1989, the male inmate population increased by 112 percent, and the female population increased by 202 percent. However, women still represent a relatively small segment of the prison and jail populations (5.7 percent and 9.0 percent, respectively) (Stephan & Jankowski, 1991; U.S. Department of Justice, 1991).

The majority of incarcerated women are sentenced for nonviolent offenses—crimes such as prostitution, fraud, or drug offenses (U.S. Department of Justice, 1991). Many of these female inmates come from impoverished backgrounds, are addicted to drugs or alcohol, and have emotional and mental health problems. In short, the crimes these women commit are often a reaction to negative life events, a response to a crisis or to prolonged disadvantage.

Unfortunately, our society has paid little attention to the female inmate population. They have been seen as "expendable," "evil," "women gone bad," "not really 'women'," and "incapable of change." Yet, in truth, we know too little about women serving time. There have been a paltry number of clinical and research investigations of this population, and the services rendered to them have been woefully deficient.

Literature Review

A review of the literature reveals that female criminality remained a much-neglected area of research until the 1970s. This paucity of research

stems from at least three factors. First, women tend to commit nonviolent crimes; therefore, they are not considered a significant threat to society. Second, women constitute only nine percent of the average daily adult population in local jails in the United States and thus represent only a small proportion of inmates (Stephan & Jankowski, 1991). Third, women have had unequal economic and political status and have therefore have had unequal access to both services and research (Rasche, 1974).

As previously stated, the adult female inmate population has increased at a faster rate than the male inmate population. Arrests for offenses such as petty theft, passing bad checks, welfare fraud, driving while intoxicated, and prostitution have accounted for the increased rate of incarceration (Immarigeon & Chesney-Lind, 1992).

Some information is available on the characteristics of this population of women. The American Correctional Association's 1987 National Survey of Women Offenders found that 57 percent are women of color, the majority are between 25 and 29 years of age, 62 percent are single parents of one to three minor children, and 60 percent have been welfare recipients (American Correctional Association, 1990).

Jails have become a receiving facility for a host of disguised health, welfare, and social problem cases (Mattick, 1974). As the literature reflects, the critical social problems emerging in the 1980s and continuing into the 1990s, such as substance abuse, mental illness, family fragmentation, economic instability, and social isolation, have particular impact on incarcerated women. These problems are difficult to address during jail stays of frequently less than two months (American Correctional Association, 1990).

Incarcerated women are reported to have extensive experience with both the criminal justice and the mental health services systems (Lamb & Grant, 1983). One-third to two-thirds of women newly admitted to jails suffer sufficient psychological distress to require mental health services (American Correctional Association, 1990; Guy, Platt, Zwerling, & Bullock, 1985; James, Gregory, Jones, & Rundell, 1985). Mood-altering drugs are prescribed two to three times more for women in jails than for men (National Coalition for Jail Reform, no date). In addition to the acute problems that may develop, pre-existing mental health problems are likely to be present. In a recent national sample of female inmates, 21.5 percent had taken medication prescribed for emotional or mental health problems prior to their incarceration (Beck, 1991). Mentally ill women who have co-occurring substance abuse disorders are particularly vulnerable to arrest and tend to serve longer jail sentences (Abram & Teplin, 1991; Jemelka, Trupin, & Chiles, 1989).

Abuse of alcohol and drugs has been found to be a major contributor to women's criminality (Anglin & Hser, 1987; Martin, Clonninger, & Guze, 1982; Simon & Landis, 1991; Task Force on Women, 1989; Wexler, Falkin, & Lipton, 1990). Substance abuse, like crime, has historically been viewed as more characteristic of men than women. Both crime and substance abuse have increased since the early 1970s, with the greatest percentage of increase occurring among women (Cusky & Wathey, 1982; Immarigeon & Chesney-Lind, 1992; Sanchez & Johnson, 1987). Crimes that undisputedly involved substance abuse accounted for 23 percent of arrests of women in 1987 (Simon & Landis, 1991). The National Institute of Justice's Drug Use Forecasting Program reported that during the first quarter of 1991, 47 percent to 86 percent of female arrestees tested positive for drug use across 21 test sites (National Institute of Justice, 1991).

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Victimization is another key factor in the study of incarcerated women. Many female inmates are trying to cope with histories of childhood physical and sexual abuse (Task Force on Women, 1989). As adults, they are often robbed, beaten, raped, and murdered because they are among the most vulnerable women in our society (Perkins, 1991; Sterk & Elifson, 1990). Often young women turn to drugs or alcohol as a means of coping with histories of victimization (Hussey & Singer, 1993; Singer, Petchers & Hussey, 1989). Ironically, the rate of violent acts committed by women increases with their involvement in substance abuse and drug dealing (Sterk & Elifson, 1990).

Methods

To establish the needs of women serving time in jail, a study was undertaken to provide information to help shape policies affecting incarcerated women and to develop appropriate services.

Setting

The study was conducted at the Cleveland House of Corrections, a short-term, municipal adult detention facility that primarily serves individuals sentenced or awaiting adjudication for misdemeanors. This facility was designed to house 132 men and 24 women but has been operating over capacity with an average population of 235 men and 44 women.

Sample and Design

The sample was randomly drawn from all new female admissions to the Cleveland House of Corrections from May through September 1992. Randomly selected female inmates were informed of the purpose of the study and asked about their willingness to participate. Inmates who were actively violent or thought to be at high risk for violent behaviors and inmates who were floridly psychotic were excluded from the sampling pool. Participation involved completing an interview lasting 45 to 60 minutes. Women participating in the study were given $10, which was deposited in their commissary accounts and could be used to purchase items such as toiletries and snacks.

Of the 208 women asked to participate in the study, all but one agreed. A total of 207 interviews were conducted; however, six women were excluded from the final sample. Reasons for exclusion included inability to concentrate during the interview (one subject), interview terminated due to risk of violent behavior (one subject), and unwillingness to disclose requested information (four subjects). Thus, a final sample of 201 women was obtained.

Interview Protocol

Each study participant was interviewed at the Cleveland House of Corrections by one of three interviewers. All interviewers were female. Two interviewers had extensive experience in the criminal justice system; one as a former inmate, the other as a professional working in probation (this individual was also a doctoral candidate). The third interviewer was a doctoral student. Interviewers prepared for administering the interview protocol through role play followed by pilot interviews with inmates.

The interview protocol involved the use of orally administered, normed instruments as well as open-ended questions. Demographic data were also collected. It was not uncommon for inmates to become emotionally overwhelmed during the interviews, especially when talking about their children or recalling negative events.

Instruments

Multidimensional Scale of Perceived Social Support. This self-report measure of social support is composed of three factor-analytically confirmed subscales: Family, Friends, and Significant Other. These three sources of social support combine to yield a total scale score. Each item is rated on a 7-point Likert-type scale ranging from 1 = very strongly disagree to 7 = very strongly agree. The scale has demonstrated strong factorial validity and adequate internal and test–retest reliability (Zimet, Dahlem, Zimet, & Farley, 1988).

Brief Symptom Inventory (BSI). The BSI is a 53-item questionnaire designed to reflect an individual's psychological symptom status. It was derived as a brief form of the Symptom Checklist-90-Revised. Items are rated on a 5-point Likert-type scale, with symptom distress ranging from 0 = not at all to 4 = extremely. The questionnaire yields nine primary symptom dimensions as well as a general measure of psychological functioning, the Global Severity Index. The primary symptom dimensions for the BSI include Somatization, Obsessive–Compulsive, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation, and Psychoticism. Internal consistency of the BSI has been established, with Cronbach's alpha coefficients ranging from .71 to .85. The BSI has demonstrated convergent validity with the Minnesota Multiphasic Personality Inventory (Derogatis, 1992).

Short Drug Abuse Screening Test (S-DAST). The S-DAST is a shortened version of the 28-item Drug Abuse Screening Test (DAST). This short, 20-item self-report instrument was designed to yield a quantitative index of problems related to drug misuse. The S-DAST closely parallels items on the Michigan Alcohol Screening Test (Selzer, 1971) and uses a yes–no format. The S-DAST total score is computed by summing all items that are endorsed in the direction of increased drug use problems; the total score can range from

0 to 20. A score of 4 or higher is suggestive of significant consequences from drug misuse. The S-DAST correlates highly with the DAST ($r = .99$) and has demonstrated good internal consistency (Skinner, 1982).

Results

Demographic Information

The mean age of women in the study was 29.5 years. Most of the women were African American (72.6 percent); 21.0 percent were white, 5.0 percent Hispanic, and 1.5 percent other. Eighty-five percent of the women were not married.

The majority of women (64.7 percent) did not complete high school. About one in four (25.9 percent) reported receiving a high school diploma, with 5.4 percent having gone beyond high school. Almost one in six inmates (15.9 percent) reported not having a place to live on release.

Most women (73.1 percent) had children under the age of 18 years. Of the 147 women with children, the average number of children per woman was 2.6. The total number of children was 378. Slightly more than one in three women (38.8 percent) reported having legal custody of all their children. About half the women (51.7 percent) reported having legal custody of none of their children, with 9.5 percent having reported legal custody of some of their children.

Table 1 lists where the children were living while their mothers were in jail. The majority of children were cared for by grandparents (this was true whether or not the mother had custody of the child). Fathers and aunts and uncles were the next most common caretakers of children. In only one case was a child cared for by an agency or institution. In contrast, 38 children for whom mothers did not have custody were under the care of an agency or institution.

Twenty-eight women (13.9 percent) reported that they were currently pregnant. Of these 28, 71.4 percent had received no prenatal care before being incarcerated.

About one in four (23.5 percent) women reported having taken prescribed psychotropic medication at some time in their lives. More than half of the women (50.7 percent) had received treatment for a drug or alcohol problem at some time in their lives.

Half the women in this sample ($n = 101$) were incarcerated for prostitution. The second most frequent offense was drug-related loitering or soliciting (13 percent). The average number of previous incarcerations for this sample was 3.9, representing a total of 787 previous admissions. About 21 percent of women reported having been previously incarcerated at a state or federal prison.

Social Support

Measures of social support based on the Multidimensional Scale of Perceived Social Support were quite low. Although national norms have not as yet been established for this scale, in comparison to scores reported in published samples, women in this study scored low on both the total and subscale scores, with the exception of the Significant Other subscale (personal communication with G. Zimet, professor, Case Western Reserve University School of Medicine, September 15, 1992).

The mean for the total score, which is derived from averaging the subscale means, was 4.56. The lowest scores were evidenced on the Friends subscale, which had a mean of 3.53. Clearly,

Table 1

Where Children Are Living While Mother Is in Jail

Where Child Is Living	Mother Has Custody (n)	Mother Does Not Have Custody (n)
Grandparent(s)	69	124
Father	25	25
Aunt/uncle	19	34
Other relative	10	2
Nonrelative	6	6
Agency/institution	1	38
Other	0	2

NOTE: 17 subjects did not respond.

women did not see their friendships as providing support to them. For example, only 28 percent of women affirmatively endorsed the statement, "I can count on my friends when things go wrong."

The mean score on the Family subscale was 4.59. Although this subscale was somewhat higher than the mean of the Friends subscale, it does not indicate families as being a major source of support for the women in this sample. Less than half the women (48.3 percent) believed that they got the emotional support and help they needed from their families.

The highest levels of support were reported on the Significant Other subscale ($M = 5.56$). More than three-fourths (77.0 percent) of the women endorsed the statement, "There is a special person with whom I can share my joys and sorrows." A similar percentage (74.6 percent) reported having a special person who was a source of comfort to them.

Mental Health

Current psychological distress was assessed through use of the BSI. The percentage of women who fell within the distress range on each of the BSI subscales is displayed in Table 2. The Global Severity Index (GSI) provides the most sensitive single indicator of distress level. In this sample, 64.2 percent of women were categorized as clinically distressed by the GSI.

Scores from two primary symptom dimensions, Psychoticism and Paranoid Ideation, were excluded from the study because of the relationship between items on these dimensions and the experience of being incarcerated. For example, one item for the Psychoticism dimension was "feeling lonely even when you are with people" and another was "the idea you should be punished for your sins." Many women endorsed these items as a reflection of their being inmates rather than as an indication of psychoticism.

Drug Use

A substantial percentage of women in this study indicated regular use of drugs. Sixty-one percent of women reported having used cocaine at least once a week prior to admission. Of the 187 women who reported using drugs or alcohol, most stated that their drug of choice was cocaine or cocaine in combination with another drug (62 percent). The second most frequently cited drug of choice was alcohol (26.2 percent). Scores on the S-DAST indicated that 82.6 percent of women had significant problems related to their drug use. When asked directly, 69.4 percent of women stated that their use of drugs or alcohol was currently a problem for them.

One hundred and twelve women had both significant drug problems, as indicated by their S-DAST scores, and coexisting mental health problems, as indicated by their GSI scores. Thus, a substantial proportion of women—55.7 percent of the sample—had comorbid substance abuse and mental health problems.

Physical and Sexual Victimization

Women were asked about their exposure to physical violence within the past year in the form of threats (for example, "Over the past year, how often were you threatened with physical violence [that is, told you might get slapped, punched, stabbed, shot, and so forth]?") and actual physical violence (for example, "Over the past year, how often have you been the victim of physical harm

Table 2

Brief Symptom Inventory Distress Scores ($N = 201$)

Subscale	Scores within Distress Range	
	n	%
Somatization	54	26.9
Obsessive–compulsive	75	37.3
Interpersonal sensitivity	98	48.8
Depression	119	59.2
Anxiety	82	40.8
Hostility	73	36.3
Phobic anxiety	99	49.3
General psychological functioning (Global Severity Index)	129	64.2

[that is, been slapped, punched, stabbed, shot, and so forth]?"). Three-fourths of the women (75.1 percent) reported having been threatened with physical violence over the past year. Actual violence during this period was reported by 69 percent of the sample. The women interviewed reported violent incidents related to street life, sexual encounters, solicitation (for drugs or prostitution), and home life. Attackers were described as drug dealers, johns, pimps, neighborhood locals, family members, and strangers.

One woman described some of the "dates" she had with johns: "A guy offered me some money for a job where he strangled me and left me for dead. I had to walk back. But the worst was when I got shot or when I was stabbed in the head." Another described the following incident: "I got into a car with this guy. I was seven months' pregnant at the time. He told me to do some stuff I didn't want to so I jumped out of the car when it was moving. I lost my baby because of it."

Several women who worked as prostitutes reported physical abuse by their pimps: "I was living with this pimp and he sent me out to work. I got locked in a car and [was] forced to perform for free. When I went home he tried to drown me in the tub. I played dead and he stopped." Another woman tried to leave her pimp: "He hit me upside the head and then shot me in the leg."

Although this study did not specifically ask about violence related to intimate relationships, many women made at least passing reference to domestic violence. One woman recalled how the boyfriend with whom she was living broke several of her fingers to prevent her from attending stenography classes.

Sexual violence was an experience frequently reported by the women in this study. Slightly more than two-thirds of those interviewed (68 percent) reported experiencing forced sexual activity as adults. Almost half (48 percent) of the women disclosed they had been sexually victimized as children (under the age of 18 years). When childhood and adult sexual abuse were combined, 81 percent of women disclosed having been sexually victimized at some time in their lives.

Many of the women were sexually victimized in their neighborhoods. Women reported being abducted from bus stops, forced into cars, and attacked on the streets: "I was walking down my street. A man who had pulled a knife on me once before stopped me and pulled a gun on me. I was nine months' pregnant. He forced me to have anal and oral sex." "I got raped by a guy who had just got done murdering a girl and cutting her up. He put a machete to my neck and told me he was going to anal rape me. Another guy saved me from him but took me to a field and raped me again."

Open-Ended Questions

In addition to closed-ended questions, women were asked open-ended questions. Responses to these questions were written down by the interviewers and later qualitatively analyzed.

Sources of Help. Women were asked to identify "the last time something really bad happened to you." This was followed by open-ended questions concerning the type of event, the people who helped in coping with the event, and the types of support received. The subjects' responses to the item "Describe the people who helped you cope" were analyzed to discover trends in social support for this sample.

The item asking for a description of those people who helped the subjects cope was open-ended and, therefore, allowed identification of more than one source of support. Although some respondents did identify a number of supporters, 82 (40.8 percent) reported that "no one" or "nobody" helped them cope with the traumatic life event. The types of traumatic events reported included being thrown from a moving car; being shot, stabbed, or beaten with instruments; and being raped by multiple offenders. One woman's response was indicative of the ongoing pain and isolation so many women suffered: "No one [helped me cope]—it just goes on and on."

Of the 58.4 percent of women who did identify people who provided support, 78 respondents reported one source of coping, 28 reported two sources, six reported three sources, one reported four sources, and two respondents reported five sources of support. Four subjects did not respond to this question.

Of those who were cited as being helpful in coping, 87 were family members, 38 were friends, 17 were acquaintances, 13 were strangers, and 11 were professionals. In addition, five respondents listed God as a significant source of support. (Four subjects did not respond, and it was possible for subjects to respond to more than one category.) These data show that women who did seek help in coping found support primarily in their family networks by a margin of almost three to

one over the next most often used category of supporters. Respondents' mothers were almost a third of the family members cited as a source of support. Although the majority of respondents were imprisoned for prostitution and drug-related offenses, it is surprising to note that despite these alienating lifestyles, family members were most often cited as those who helped these women cope with traumatic life events.

Whereas 41 incarcerated women who could not or chose not to turn to their families or friends for support were resourceful enough to find someone to help them following a traumatic event, twice that number (82) were unable to find or chose not to use such supports. Whether the high number of women without supports is a function of the availability of help in the community or reflects an individual's choice not to seek help in coping with a traumatic event cannot be gleaned from these data.

Type of Help or Services Needed. Inmates were asked, "What type of help/services will you need most when you leave here?" The responses of the inmates were written verbatim by the interviewers. Of the 201 women interviewed, only 18 stated that no services were needed after their release. The remaining 183 inmates cited 316 types of help or services needed, with many subjects listing multiple services. There were several notable patterns. The distribution of the response categories is listed in Table 3.

Sixty-six respondents reported that drug treatment or rehabilitation was the service needed most. Twenty-four stated that alcoholism treatment was needed. There were three overlapping cases in which the inmates stated they needed both; therefore, a total of 87 subjects requested substance abuse treatment. This represents 43.3 percent of the respondents in the sample. In addition, 39 women requested mental health counseling (19.4 percent of the sample). A total of 109 nonoverlapping respondents (54.2 percent) requested mental health services, substance abuse services, or both.

Another area of concern for these women was achieving stability and making a fresh start after their release, particularly with regard to living arrangements. In this sample, 71 women indicated that they needed help in finding suitable housing. The fact that more than half of these women were incarcerated for prostitution, drug-related offenses, or both suggests that if they are to have a reasonable chance of escaping the pressures of pimps and drug dealers, a change of location may be necessary. As one woman stated, "[I need] help finding new friends [and] a new area to live because I stay in a bad drug area."

Table 3

Types of Help Women Need after Release from Jail

Category	*n*
Housing	71
Drug counseling	66
Mental health counseling	39
Financial aid	26
Alcohol counseling	24
Education and training	20
Medical care	13
Family support	12
Specific items (food, clothes, and so forth)	12
Help getting children back	8
Child care	6
Parenting classes	6
Religious/church support	4
Legal help	3
Other	6

NOTE: It was possible for subjects to respond to more than one category.

In addition to the necessity of shelter, 85 women cited needs related to economic self-sufficiency. Thirty-nine women identified employment needs as among their primary concerns after release, 26 requested financial assistance, and 20 requested education or vocational training to prepare for employment. An additional 12 women requested specific material assistance, such as clothing, transportation, and food, and 13 requested medical care, including three requests for prenatal care.

Conclusions and Implications

From a policy standpoint, the data suggest that the present methods of incarceration are neither effective nor cost efficient. The average number of previous incarcerations in this study was 3.9, and the average age of offenders was only 29.5 years. This high rate of recidivism among young women, many of whom are the sole supporters of children, is an important indicator of problems with current methods of incarceration. Female offenders are returned to the streets facing the same issues they faced when they were sentenced

and with little choice but to use the same survival tactics that precipitated their incarceration. It is not surprising that many women return to jail, often for offenses similar to those for which they were initially incarcerated. Thus, women appear neither to be "learning their lesson," as it seems current policy intends, nor to be helped out of the conditions that precipitated their initial sentencing. From a humanitarian perspective, social workers must be concerned about the "revolving door" that the justice system seems to have created for these women.

From a purely economic standpoint, one must be concerned about the utility of repeated incarcerations. The cost of building one prison cell averages between $50,000 and $75,000 in 1987 dollars (Byrne, Lurigio, & Petersilia, 1992). Costs for jailing or imprisoning one offender for a year have reached $58,000 in New York City (Rothman, 1994). These costs do not include expenses related to police, parole, probation, and courts.

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Examination of the issues facing incarcerated women suggests that little is being done to address their needs. Perhaps one of the biggest problems facing female inmates is drug abuse. Results of the S-DAST drug and alcohol screening instrument showed that 82.6 percent of the women surveyed had scores suggesting significant drug and alcohol problems. Half of the sample had participated in treatment for drug or alcohol problems, and many had participated in more than one program. For a variety of reasons, these programs were ineffective.

Female inmates' health problems were not limited to drug abuse. The fact that half of the women surveyed were incarcerated for prostitution suggests that education regarding sexually transmitted diseases (especially acquired immune deficiency syndrome) and confidential testing are essential components of services for this population. Without insurance for or access to medical services, many women do not seek routine obstetrical and gynecological care. Of the 28 women who were pregnant while in jail, 20 had received no prenatal care before incarceration. Other health problems, including sexually transmitted diseases, may remain undiagnosed and untreated, thus increasing the likelihood that these women will suffer serious, chronic, and costly health problems. Because jails and prisons have primarily housed men, historically there has been little emphasis on obstetrical and gynecological care. However, as the female inmate population grows, it will be necessary to expand services to include these health areas.

Dental care is an additional health service to which incarcerated women have little or no access. Many women surveyed discussed chronic toothaches and difficulties chewing. The type of candy given to women participating in this study illustrated the magnitude of dental problems. At one point during the study, it was necessary to change the type of chocolate bar given to women because many were unable to chew it because of missing teeth.

Women surveyed faced serious mental as well as physical health issues. Scores on the Global Severity Index of the BSI revealed that 64.0 percent of women were in the clinical range for mental health problems. This finding indicates that women serving time are in serious need of mental health screening and counseling. More than half the women surveyed (56.0 percent) had coexisting mental health and substance abuse problems. Such dual diagnoses typically require specialized services that address both problem areas simultaneously.

Conversations with women as well as scores on the Multidimensional Scale of Perceived Social Support revealed perceptions of minimal social support. Women described themselves as feeling lonely and isolated. Despite the dehumanizing experiences of addiction, prostitution, street life, and incarceration, these women were seeking support, understanding, and nurturance. Provision of supportive counseling throughout women's involvement in the criminal justice system, as well as transitional support after their release from custody, are essential service components for women in jail.

Many of the women surveyed reported exposure to physical and sexual abuse. It is likely that these experiences have had a profound effect on women serving time. Any intervention, including drug treatment, must take these issues

and their effects into account. Also, for women who are abused at home, sanctions that require that they remain in their homes are unlikely to be effective.

Responses to open-ended questions suggest that serving time in jail is but one small component of experience in these women's lives. In the context of the poverty, violence, and victimization incarcerated women have experienced, serving time in jail may be relatively less traumatic than many of their day-to-day experiences. Indeed, for some, jail is seen as an occupational hazard or a place to be abstinent from drugs, even if it is only to bring drug tolerance down to a more affordable level.

Many female inmates are acutely aware of their involvement in a cycle from which escape is very difficult. Some have resigned themselves to viewing jail as simply a way station in this cycle of drug use, prostitution, and street crime. Survival, as one woman explained, becomes one's paramount concern: "Sometimes the things you do people have no choice but to do, and they get locked up for doing it. Sometimes there is no one to take care of you but yourself and you have no choice but to do what you can to survive."

The current policy of locking up nonviolent female offenders is based on a conceptualization of these women as petty criminals who are paying their debt to society, will learn their lesson from their experiences in the correctional system, and will return to productive lives as useful members of society once that debt is paid. It is readily apparent, however, that simply locking up these women is an insufficient means of breaking the cycle of drugs, street crime, and prostitution that will bring current inmates back to jail many times throughout their lives. What purpose does repeated incarceration serve? As one inmate shared, "This ain't teaching nobody nothing. It doesn't help you kick drugs, it's not even real punishment—incarceration does nothing." Until female offenders have access to viable options other than continuing their current cycle, there will be no lasting change in these women's lives, and the correctional system door will continue to revolve.

To end the recycling of women through the justice system, their needs must be addressed. This study has attempted to identify some of those needs and to illuminate the struggles many women face simply to stay alive. On the basis of our data, it is apparent that additional services essential to the health and well-being of female inmates are needed during incarceration. Furthermore, alternative sentencing programs that address women's problems are both necessary and long overdue. Programs such as correctional day treatment and community-based living sites must be developed. Development of such alternatives is an essential step toward reducing recidivism, increasing the efficient use of scarce resources, and restoring dignity and self-sufficiency to female offenders. Unless meaningful programs for female offenders are implemented, we will continue to ensure that our present cadre of offenders remain victims and will find many of their children in the next generation of inmates.

Recommendations

In conclusion, we make the following recommendations to improve conditions for incarcerated women:

- Drug and alcohol screening and treatment services should be readily available during incarceration.
- Mental health diagnostic and treatment services sensitive to issues such as victimization should be readily available to women during incarceration.
- Women should be provided with education regarding sexually transmitted diseases, including AIDS, and offered confidential testing.
- Medical services appropriate for women should be readily available, including a board-certified obstetrician/gynecologist. Such availability is especially important for pregnant incarcerated women.
- Dental services should be available, emphasizing restoration rather than extraction.
- Parenting education should be available, and supervised mother–child visitation should be encouraged.
- Educational experiences and groups designed to help women cope with victimization issues should be available.
- Appropriate treatment and service referrals should be made when women are discharged from incarceration.
- A system of follow-up should be implemented to ensure that discharged women are receiving the services for which they were referred.

■ Intermediate sanctions should be imposed for women whenever appropriate. ■

References

Abram, K. M., & Teplin, L. A. (1991). Co-occurring disorders among mentally ill jail detainees: Implications for public policy. *American Psychologist, 46,* 1036–1045.

American Correctional Association. (1990). *The female offender.* Washington, DC: St. Mary's Press.

Anglin, M., & Hser, V. (1987). Addicted women and crime. *Criminology, 25,* 359–397.

Beck, A. (1991, April). *Profile of jail inmates, 1989.* Washington, DC: U.S. Department of Justice.

Byrne, J., Lurigio, A., & Petersilia, J. (1992). *Smart sentencing: The emergence of intermediate sanctions.* Newbury Park, CA: Sage Publications.

Cusky, W., & Wathey, R. (1982). *Female addiction: A longitudinal study.* Lexington, MA: Lexington Books.

Derogatis, L. (1992). *BSI administration, scoring and procedures manual—II.* Baltimore: Clinical Psychometric Research.

Guy, E., Platt, J., Zwerling, I., & Bullock, S. (1985). Mental health status of prisoners in an urban jail. *Criminal Justice and Behavior, 12,* 29–53.

Hussey, D., & Singer, M. (1993). Behavioral problems and family functioning in sexually abused adolescent inpatients. *Journal of the Academy of Child and Adolescent Psychiatry, 32,* 954–961.

Immarigeon, R., & Chesney-Lind, M. (1992). *Women's prisons: Overcrowded and overused.* Madison, WI: National Council on Crime and Delinquency.

James, J. F., Gregory, D., Jones, R., & Rundell, O. (1985). Mental health status of prisoners in an urban jail. *Criminal Justice and Behavior, 12,* 29–53.

Jemelka, R., Trupin, E., & Chiles, J. (1989). The mentally ill in prisons: A review. *Hospital & Community Psychiatry, 40,* 481–491.

Lamb, H., & Grant, R. (1983). Mentally ill women in a county jail. *Archives of General Psychiatry, 40,* 361–368.

Martin, R., Clonninger, C., & Guze, S. (1982). Alcoholism and female criminality. *Journal of Clinical Psychiatry, 43,* 400–404.

Mattick, H. (1974). The contemporary jails of the U.S.: An unknown and neglected area of justice. In D. Glaser (Ed.), *Handbook of criminology* (pp. 779–793). Chicago: Rand McNally.

National Coalition for Jail Reform. (no date). *Women in jail: Special problems, different needs.* Washington, DC: Author.

National Institute of Justice. (1991). *Drug use forecasting.* Washington, DC: U.S. Department of Justice.

Perkins, R. (1991). *Working girls: Prostitutes, their life and social control.* Australia: Institute of Criminology.

Rasche, C. (1974). The female offender as an object of criminological research. *Criminal Justice and Behavior, 1,* 301–320.

Rothman, D. (1994, February 17). The crime of punishment. *New York Review,* pp. 34–38.

Sanchez, J., & Johnson, B. (1987). Women and the drugs–crime connection: Crime rates among drug abusing women at Rikers Island. *Journal of Psychoactive Drugs, 19,* 205–216.

Selzer, M. (1971). The Michigan Alcohol Screening Test: The quest for a new diagnostic instrument. *American Journal of Psychiatry, 127,* 1653–1658.

Simon, R., & Landis, J. (1991). *The crimes women commit, the punishments they receive.* Lexington, MA: Lexington Books.

Singer, M., Petchers, M., & Hussey, D. (1989). The relationship between sexual abuse and substance abuse among psychiatrically hospitalized adolescents. *Child Abuse and Neglect, 13,* 319–325.

Skinner, H. (1982). The Drug Abuse Screening Test. *Addictive Behaviors, 7,* 363–371.

Stephan, J., & Jankowski, L. (1991, June). *Jail inmates, 1990.* Washington, DC: U.S. Department of Justice.

Sterk, C., & Elifson, K. (1990). Drug-related violence and street prostitution. In M. DeLaRosa, E. Lambert, & B. Gropper (Eds.), *Drugs and violence: Causes, correlates and consequences* (pp. 208–222). Rockville, MD: National Institute on Drug Abuse.

Task Force on Women, Children, and the Criminal Justice System. (1989). *Final report and recommendations.* Hartford, CT: Author.

U.S. Department of Justice. (1991, March). *Women in prison.* Washington, DC: U.S. Government Printing Office.

U.S. expands its lead in the rate of imprisonment. (1992, February 11). *New York Times,* p. C18.

Wexler, H., Falkin, G., & Lipton, D. (1990). Outcome evaluation of a prison therapeutic community for substance abuse treatment. *Criminal Justice and Behavior, 17,* 71–92.

Zimet, G., Dahlem, N., Zimet, S., & Farley, G. (1988). The Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment, 52,* 30–41.

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