

SLC Special Series Report

# Female Offenders: Special Needs and Southern State Challenges



Prepared by  
Todd Alan Edwards, Regional Representative  
Southern Legislative Conference  
of The Council of State Governments



# **Female Offenders: Special Needs and Southern State Challenges**

A Special Series Report  
of the  
Southern Legislative Conference

© Copyright August 2000  
Southern Office  
The Council of State Governments

3355 Lenox Road, N.E.  
Suite 1050  
Atlanta, Georgia 30326  
404/266-1271  
Colleen Cousineau, Executive Director

## **Acknowledgments**

The Human Services and Public Safety Committee of the Southern Legislative Conference, chaired by Senator Yvonne B. Miller, Virginia, has long focused on key correctional issues affecting Southern states. This Special Series Report examines the recent growth in the female inmate population, the unique characteristics and needs of women offenders, and the challenges states face in addressing those needs through their corrections systems.

A special thanks to all those whose research has been incorporated in this report, and to the corrections administrators and staff across the South who assisted in gathering and verifying the information contained here. Their prior research and vital assistance provides an invaluable foundation on which this report is based.

This report was prepared by Todd Edwards, Regional Representative for the Southern Legislative Conference of The Council of State Governments, under the Chairmanship of Speaker Jody Richards, Kentucky. Any concerns or comments may be addressed directly to Mr. Edwards via e-mail at [tedwards@slcatlanta.org](mailto:tedwards@slcatlanta.org).

# Table of Contents

Introduction .....	1
<b>SECTION 1: The Female Offender Population: Trends, Offenses and Correctional Facilities .....</b>	<b>3</b>
<b>The Numbers .....</b>	<b>3</b>
Women Under State and Federal Correctional Supervision, 1980-1998 .....	3
Gender Comparisons .....	5
Proportionately Speaking .....	5
Other Correctional Supervision .....	7
<b>Women's Offenses: The War on Drugs .....</b>	<b>8</b>
<b>Women's Correctional Facilities and Placement .....</b>	<b>10</b>
Brief History of Women's Prisons in America .....	10
SLC State-Operated Women's Prisons .....	10
Prison Populations and Design Capacity .....	11
Classification and Placement .....	13
<b>SECTION 2: Women's Needs, Corrections Policies and Programs .....</b>	<b>14</b>
<b>Health Care .....</b>	<b>14</b>
Access to Medical Care and Staff .....	14
Medical Co-Payments .....	15
Substance Abuse .....	15
Mental Health .....	17
HIV/AIDS .....	18
Summary of Health Care Issues .....	19
<b>Education, Vocational Training and Work Programs .....</b>	<b>20</b>
Education .....	20
Vocational Training .....	21
Prison Industry .....	21
Work .....	22
<b>Family Matters .....</b>	<b>23</b>
Visitation .....	23
Pregnancy .....	25
Childbirth .....	25
Child Custody .....	26
Bonding and On-Site Care .....	26
Placement of Newborns .....	27
Parenting .....	28
Abuse and Victimization .....	29
Addressing Abuse .....	29
<b>Staffing Issues and Privacy Concerns .....</b>	<b>31</b>
Gender-Specific Staff Training .....	31
Custodial Sexual Misconduct .....	31
Other Privacy Restrictions .....	32

<b>SECTION 3: Facilities, Policies, Programs and Procedures:</b>	
<b>Southern State Comparisons</b> .....	34
<b>The Survey</b> .....	34
Alabama .....	35
Arkansas .....	37
Florida .....	39
Georgia .....	42
Kentucky .....	44
Louisiana .....	46
Maryland .....	48
Mississippi .....	51
Missouri .....	53
North Carolina .....	56
Oklahoma .....	59
South Carolina .....	62
Tennessee .....	65
Texas .....	68
Virginia .....	72
West Virginia .....	75
<b>Report Summary: State Challenges, Planning and Future Research</b> .....	78
Suggested Research .....	80
<b>Appendix 1: SLC State Survey on Women in Prison</b> .....	81
<b>Appendix 2: Report Contributors</b> .....	83
<b>Endnotes and References</b> .....	85

### **List of tables and figures**

Figure 1: Female Prisoners Under State or Federal Correctional Authority (Calendar Year-end: 1980, 1985, 1990, 1995 and 1998) .....	3
Table 1: Female Prisoners Under State or Federal Correctional Authority (Calendar Year-end: 1980, 1985, 1990, 1995 and 1998) .....	4
Table 2: Male and Female Prisoners Under State or Federal Correctional Authority (Calendar Year-end: 1980, 1990 and 1998) .....	5
Figure 2: Percent Increase in Female and Male Prisoners Under State or Federal Correctional Authority in SLC States (Calendar Year-end: 1980, 1985, 1990, 1995 and 1998) .....	5
Table 3: Women as a Percentage of Entire Prison Populations, SLC States (Calendar Year-end: 1980, 1990 and 1998) .....	6
Figure 3: Most Serious Offense of Women in State Prisons 1979, 1986, 1991 and 1997 (Percentages) .....	8
Figure 4: Average Maximum Length of Sentence Given to Female Offenders 1986, 1991 and 1997 (In Months) .....	9
Table 4: Year First Opened of 38 SLC State-Operated Women’s Prisons .....	11
Table 5: Population as a Percent of Design Capacity of 38 SLC State-Operated Women’s Prisons (June 2000) .....	11
Table 6: 20 Largest Design Capacity SLC State-Operated Correctional Facilities for Adult Female Offenders .....	12
Table 7: Levels of Prior Drug Abuse by Gender of State Prisoners 1997 .....	16
Table 8: Levels of Prior Alcohol Abuse by Gender of State Prisoners 1997 .....	16
Table 9: Educational Attainment of Female Offenders (Calendar Year-end: 1979, 1986, 1991 and 1997) .....	20
Table 10: Number of Children of Women Inmates 1986, 1991 and 1997 .....	23
Table 11: Living Arrangements of Children of Female Inmates Entering State Prisons 1986, 1991 and 1997 .....	26
Table 12: Women’s Physical or Sexual Abuse Before Admission to Correctional Systems 1998 .....	29

## Introduction

*“How we address the unique problems posed by the growing female offender population will be one of the biggest challenges facing the [criminal justice] profession in the next millennium.”*

James A. Gondles, Jr., CAE, Executive Director, American Correctional Association, December 1998

According to one estimate, at some point in mid-February 2000, America locked up its 2 millionth prisoner. Among other distinctions, the United States now claims the world's largest prison population, highest incarceration rate and, despite having less than 5 percent of the world's population, more than one-fourth of the world's prisoners.<sup>1</sup> Not only has the recent prison population boom attracted the attention of media, the public and academia, but state and federal governments find themselves increasingly overwhelmed by the various issues pertaining to accommodating more inmates who are serving longer sentences.

Many maintain, however, that much of this attention focuses on male offenders, their facilities, programming needs, behavior patterns, management problems and other corrections policies geared toward them. While few downplay the significance of these issues, some suggest that the needs of women in prison largely have been correctional afterthoughts, easily overlooked because of female offenders' historically small numbers. This lack of attention, critics maintain, often has led to correctional planning overwhelmingly being driven by the profile of the predominant male prison population, with little concern for women's behavior patterns, management problems, and parity in ensuring a full range of facilities and programs for women under state and federal correctional authority.<sup>2</sup>

This SLC Special Series Report examines the characteristics of and growth in the women's inmate population both nationally and in Southern states. Included is a review of the needs (both common and gender-specific) of female offenders, and how Southern state corrections departments approach meeting those needs in the areas of housing, medical services, educational and vocational training, prison industry, motherhood and staffing concerns, among other issues.

*Section 1* addresses women's prison populations, their crimes, and Southern state facilities in which female offenders are incarcerated. While the number of adult men under state and federal correctional authority continues to dwarf that of women, both nationally and in the South, the number of female offenders has increased at a faster rate and as a proportion of overall prison populations in recent years. As examples, while America was home to only 13,420 women prisoners in 1980, that population had increased 529 percent, to 84,427, by 1998. In the South, the number of women under state or federal correctional authority increased 485 percent, from a population of 5,868 in 1980 to 34,307 in 1998. Over the same period, the number of men in prison increased 285 percent nationally, and 244 percent in the South. Proportionately, while women constituted 4.07 percent of national, and 3.98 percent of Southern inmate populations in 1980, by 1998, their proportion of the total prison population had grown to 6.48 percent and 6.58 percent, respectively. This growth primarily has been attributed to stiffer sentences and increased sentence length for women incarcerated for drug and other non-violent offenses.

As the female offender population grows, their supervision, needs and services within the criminal justice system are gaining increased attention. *Section 2* of the report addresses female offenders' unique needs, resulting primarily from such characteristics as past victimization from physical and sexual violence, prior drug and alcohol abuse, and their role as mothers. To meet these needs, many advocate the need for state and federal correctional systems to implement different management approaches and programming to ensure parity and to reduce women's criminal recidivism.

*Section 3* provides a breakdown of individual SLC state correctional facilities, programs and policies related to female offenders. The format for both *Section 2* and *Section 3* is identical in that each follows the same order relating to female offenders' health and other program and policy needs, and how Southern states address them. While *Section 2* gives an overview within each topic category, accompanied by citing various research in each area, *Section 3* lists state specifics in these areas as provided directly by SLC state contacts.

The majority of information contained throughout the report was obtained from the American Correctional Association; Bureau of Justice Statistics, United States Department of Justice; and from surveys completed by corrections officials and administrators in the 16 SLC member states: Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia and West Virginia. Because state responses to the standard survey instrument varied in their comprehensiveness, all state contacts were asked follow-up questions in an effort to ensure their respective pages and topic categories incorporated similar and accurate information. Additionally, all states were asked to review and verify their pages for accuracy of content, although not all states responded to this request.

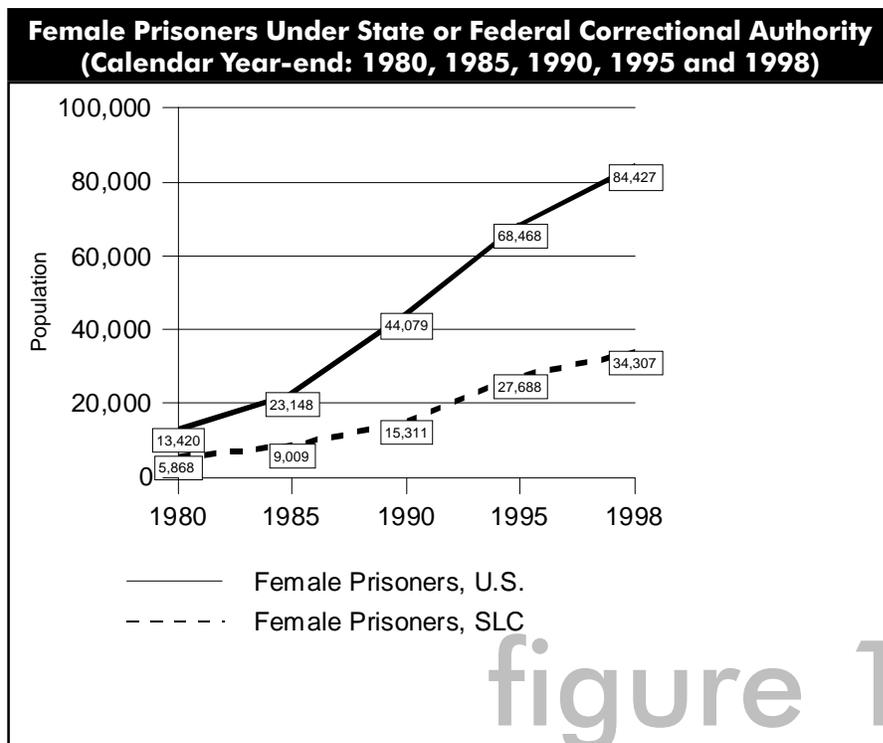
Please note that while an effort has been made to highlight the increasing number of women in prison, their needs, and how SLC states are addressing their correctional supervision, this report, limited in scope, is not intended to evaluate the effectiveness of corrections programming or policies nor provide fiscal analysis in this area. However, an attempt has been made to address and incorporate the research of those who have examined some of these and other relevant issues. In this endeavor, information was compiled through existing literature and research. It is hoped that this report, coupled with other recent research, will not only highlight the unique characteristics and needs of the rapidly growing female inmate population, but also will provide Southern states a regional perspective and a more comprehensive understanding of SLC member states' policies and programs as they relate to the female offender.

# SECTION 1: The Female Offender Population: Trends, Offenses and Correctional Facilities

## The Numbers

### Women Under State and Federal Correctional Supervision, 1980-1998

America's female inmate population has more than quadrupled over the past two decades, both nationally and in Southern states. In 1980, there were 13,420 women under state or federal correctional authority in the United States. By 1998, that population had increased by 529 percent, to 84,427. The South has witnessed a similar pattern. In 1980, SLC states incarcerated 5,868 females. By 1998, there were 34,307 women serving their sentences in Southern prisons, an increase of 485 percent in the past 18 years (See Figure 1 and Table 1.)



Of the Southern states, Mississippi experienced the largest rate of increase in its female inmate population — 937 percent (from 117 to 1,213) — between 1980 and 1998. Texas and Oklahoma ranked second, with their populations increasing 747 percent during the same period. Kentucky’s increase was the next highest at 737 percent. On average, SLC states witnessed their female offender populations soar 523 percent between 1980 and 1998. While all Southern states have experienced tremendous population growth over the period, some states witnessed smaller increases than others. Tennessee experienced the smallest rate of increase, 164 percent; followed by North Carolina, 214 percent; Florida, 320 percent; and South Carolina, 332 percent.

In the South, Texas incarcerated the most women in 1998: 10,343, or approximately one-third of all female prisoners in Southern states. Florida had the second largest population, 3,526; followed by Georgia, 2,474; Louisiana, 2,126; and Oklahoma, 2,091. With 211 inmates, West Virginia incarcerated the fewest women in 1998, followed by Arkansas, 696, and Tennessee, 886.

<b>Female Prisoners Under State or Federal Correctional Authority (Calendar Year-end: 1980, 1985, 1990, 1995 and 1998)</b>							
<b>State</b>	<b>1980</b>	<b>1985</b>	<b>1990</b>	<b>1995</b>	<b>1998</b>	<b>Percent Increase Women 1980-1998</b>	<b>Percent Increase Men 1980-1998</b>
Alabama	265	562	955	1,295	1,525	475%	247%
Arkansas	106	217	435	523	696	557%	254%
Florida	839	1,304	2,664	3,660	3,526	320%	220%
Georgia	568	835	1,243	2,036	2,474	336%	217%
Kentucky	125	213	479	734	1,046	737%	303%
Louisiana	303	610	775	1,424	2,126	602%	251%
Maryland	229	411	877	1,079	1,140	398%	186%
Mississippi	117	289	448	791	1,213	937%	309%
Missouri	236	381	777	1,174	1,880	697%	321%
North Carolina <sup>A</sup>	616	747	945	1,752	1,932	214%	101%
Oklahoma	247	507	1,071	1,815	2,091	747%	313%
South Carolina	327	501	1,053	1,045	1,412	332%	175%
Tennessee	336	302	390	637	886	164%	152%
Texas <sup>B</sup>	1,221	1,594	2,196	7,935	10,343	747%	368%
Virginia	303	469	927	1,659	1,806	496%	210%
West Virginia	30	67	76	129	211	603%	166%
SLC Total	5,868	9,009	15,311	27,688	34,307	485%	244%
U.S. Total	13,420	23,148	44,079	68,468	84,427	529%	285%

Notes: <sup>A</sup> Growth from 1980 to 1998 may be slightly overestimated due to a change in reporting methods.

<sup>B</sup> Excludes an unknown number of state inmates in 1990 who were in local jails.

Source: Bureau of Justice Statistics, United States Department of Justice.

## Gender Comparisons

By way of comparison, the number of adult males in America's state and federal prisons has grown substantially more than the number of females during the last two decades. Between 1980 and 1998, the U.S. male prison population increased from 316,401 to 1,217,592, or 285 percent. In the South, that population grew from 141,597 to 486,685, an increase of 244 percent.

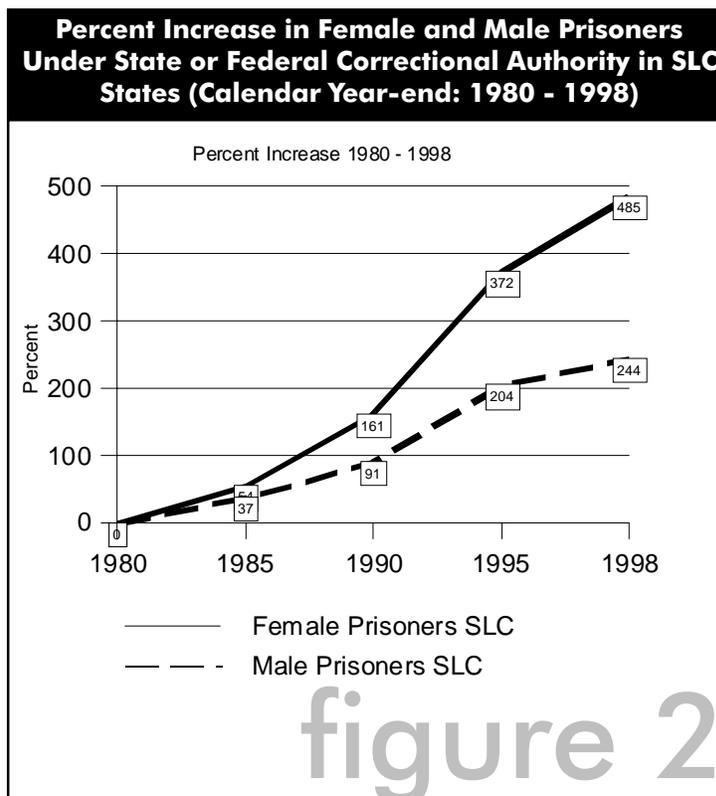
<b>Male and Female Prisoners Under State or Federal Correctional Authority (Calendar Year-end: 1980, 1990 and 1998)</b>				
<b>Adults Prisoners</b>	<b>1980</b>	<b>1990</b>	<b>1998</b>	<b>Percent Increase 1980-1998</b>
<b>U.S. Male Prisoners</b>	316,401	729,840	1,217,592	285%
<b>U.S. Female Prisoners</b>	13,420	44,079	84,427	529%
<b>SLC Male Prisoners</b>	141,597	270,865	486,685	244%
<b>SLC Female Prisoners</b>	5,868	15,311	34,307	485%

Source: Bureau of Justice Statistics, United States Department of Justice.

Accommodating the substantial increase in the male inmate population has placed great financial strain on states' correctional resources in recent years. While few downplay the significance of both factors, many assert that the parallel rise in the women's prison population has long been neglected.

## Proportionately Speaking

The growth in the number of incarcerated women in the United States has far outpaced that of men nationally, in the South, and in each SLC member state between 1980 and 1998. Nationally, at the time that the male prison population under state or federal correctional authority increased 285 percent, the female population increased at



nearly twice that rate, 529 percent. Southern states experienced a similar pattern. Between 1980 and 1998, while the number of male prisoners in SLC states increased 244 percent, the women's inmate population increased 485 percent, from 5,868 to 34,307.

With the female offender population growing at a faster rate than men's, their proportion of the overall prison population is growing nationally and in the South as well. Nationally, women made up 4.07 percent of all prisoners under state or federal correctional authority in 1980. By 1998, their proportion had grown to 6.48 percent of the total. Similar increases can be found in the South. In 1980, women constituted 3.98 percent of the overall prison population in the SLC; by 1998, they comprised 6.58 percent of the total (*See Table 3.*)

<b>Women as a Percentage of Entire Prison Populations, SLC States (Calendar Year-end: 1980, 1990 and 1998)</b>									
<b>Year</b>	<b>1980</b>			<b>1990</b>			<b>1998</b>		
<b>State</b>	<b>female prisoners</b>	<b>total prisoners</b>	<b>% female</b>	<b>female prisoners</b>	<b>total prisoners</b>	<b>% female</b>	<b>female prisoners</b>	<b>total prisoners</b>	<b>% female</b>
Alabama	265	6,543	4.05%	955	15,665	6.10%	1,525	23,326	6.54%
Arkansas	106	2,911	3.64%	435	7,322	5.94%	696	10,638	6.54%
Florida	839	20,735	4.05%	2,664	44,387	6.00%	3,526	67,224	5.25%
Georgia	568	12,178	4.66%	1,243	22,411	5.55%	2,474	39,262	6.30%
Kentucky	125	3,588	3.48%	479	9,023	5.31%	1,046	14,987	6.98%
Louisiana	303	8,889	3.41%	775	18,599	4.17%	2,126	32,227	6.60%
Maryland	229	7,731	2.96%	877	17,848	4.91%	1,140	22,572	5.05%
Mississippi	117	3,902	3.00%	448	8,375	5.35%	1,213	16,678	7.27%
Missouri	236	5,726	4.12%	777	14,943	5.20%	1,880	24,974	7.53%
North Carolina <sup>A</sup>	616	15,513	3.97%	945	18,411	5.13%	1,932	31,811	6.07%
Oklahoma	247	4,796	5.15%	1,071	12,285	8.72%	2,091	20,892	10.01%
South Carolina	327	7,862	4.16%	1,053	17,319	6.08%	1,412	22,115	6.38%
Tennessee	336	7,022	4.79%	390	10,388	3.75%	886	17,738	4.99%
Texas <sup>B</sup>	1,221	29,892	4.08%	2,196	50,042	4.39%	10,343	144,510	7.16%
Virginia	303	8,920	3.40%	927	17,593	5.27%	1,806	28,560	6.32%
West Virginia	30	1,257	2.39%	76	1,565	4.86%	211	3,478	6.07%
<b>SLC Total</b>	<b>5,868</b>	<b>147,465</b>	<b>3.98%</b>	<b>15,311</b>	<b>286,176</b>	<b>5.35%</b>	<b>34,307</b>	<b>520,992</b>	<b>6.58%</b>
<b>U.S. Total</b>	<b>13,420</b>	<b>329,821</b>	<b>4.07%</b>	<b>44,079</b>	<b>773,919</b>	<b>5.70%</b>	<b>84,427</b>	<b>1,302,019</b>	<b>6.48%</b>

Notes: <sup>A</sup> Growth from 1980 to 1998 may be slightly overestimated due to a change in reporting methods. <sup>B</sup> Excludes an unknown number of female state inmates in 1990 who were in local jails.

Source: Bureau of Justice Statistics, United States Department of Justice.

Proportionately, Oklahoma imprisoned the largest number of women in Southern states in 1998, 10 percent of the state's overall prison population. Missouri had the next highest proportion of female prisoners, 7.53 percent; followed by Mississippi, 7.27 percent; Texas, 7.16 percent; and Kentucky, 6.98 percent. Tennessee had the lowest proportion of women prisoners of SLC states in 1998, 4.99 percent; followed by Maryland, 5.05 percent; Florida, 5.25 percent; and North Carolina and West Virginia, both at 6.07 percent.

### **Other Correctional Supervision**

The above numbers and rate comparisons account for women in state or federal prisons. Together with jail populations, these figures represented only 15 percent of all women under some kind of correctional supervision in 1998. In addition to these, approximately 85 percent of female offenders were being supervised in the community. That year, according to the United States Department of Justice, there were an estimated 951,000 women under the care, custody, or control of adult correctional authority, or one out of every 109 adult women in the United States.<sup>3</sup>

Thus, nationally, while women made up only 6.48 percent of total prison populations in 1998, they accounted for about 16 percent of the total corrections population (5,890,300) in the United States. That year, women represented about 21 percent of all U.S. adults on probation, 12 percent of those on parole, and 11 percent of those in local jails. As is the case with the prison population growth, women's representation in all other components of the correctional system has increased substantially as well.

## Women's Offenses: The War on Drugs

*"Illegal drugs are penetrating our communities and threatening our children more and more, year after year... Illegal drugs today become Public Enemy Number 1."*<sup>4</sup>

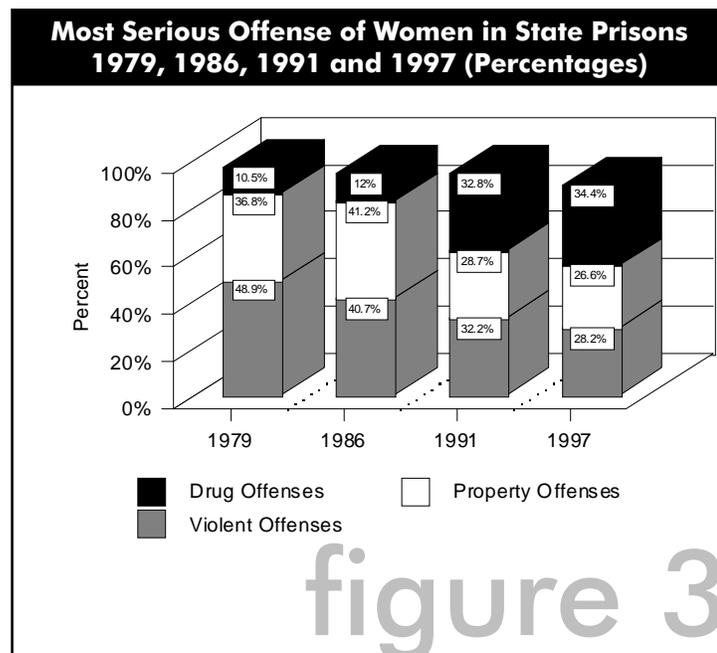
Virginia Governor Jim Gilmore, *The Virginia Pilot*, March 6, 2000

Research on women's incarceration indicates that the increase in the number of women imprisoned is not primarily due to a women's crime problem spiraling out of control or a change in the seriousness of women's crime, but to changes in criminal justice policy. Primary among these are the implementation of increased sentences for drug offenses and an increase in sentence length for most offenders through sentencing reform measures restricting parole eligibility. Figures from the United States Department of Justice illustrate a change in the types of offenses for which women have been sentenced over the past two decades. Whereas the largest portion of female inmates were violent offenders in 1979, the majority of women incarcerated in America's prisons today are serving time for convictions for drug-related and nonviolent offenses.

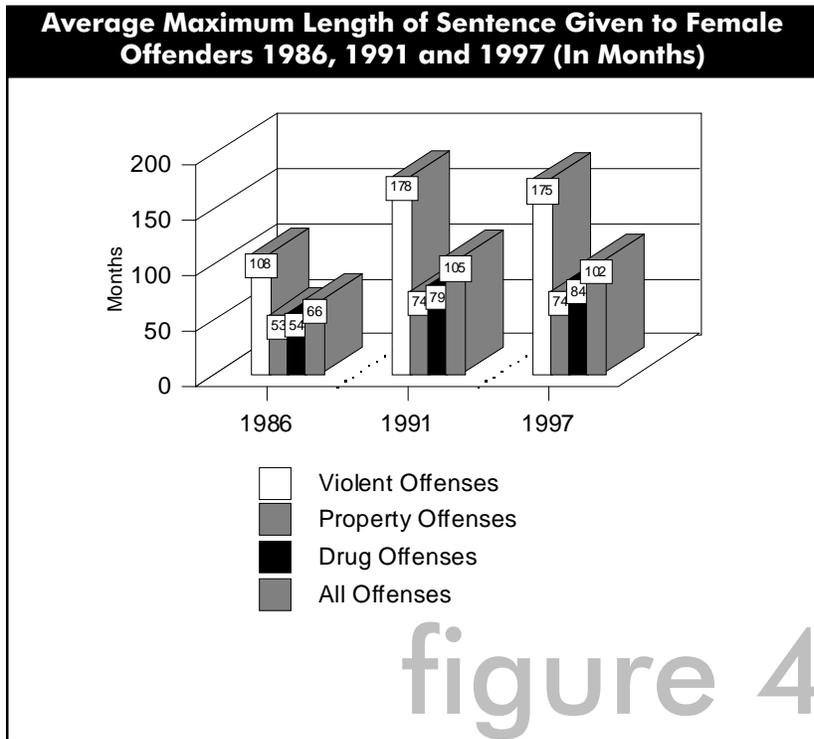
In 1979, 49 percent of women under state correctional authority were serving sentences for violent crime<sup>5</sup>; 37 percent for property offenses; and 11 percent on drug-related charges.<sup>6</sup> In the past two decades, however, the nature of women's offenses has changed significantly.

The number of women jailed for violent crimes in state prisons has decreased from 49 percent of the overall population in 1979 to 28 percent in 1997. Over this same period, females serving sentences for property offenses decreased from 37 percent to 27 percent. While these rates have dropped, the number of women serving time for drug offenses has more than tripled. In 1979, only 11 percent of women held in state prisons were serving time for drug offenses; by 1997, drug offenders accounted for 34 percent of the women's prison population.

There are various explanations for the decline in the percentage of sentences for violent or property crimes. Primarily, many assert, is that the length of sentence given to violent and/or property offenders has stayed constant since the 1980s, and sentence length of drug offenders has increased. This is at least partially the case. The average maximum length of sentence given to female drug offenders has indeed increased substantially between 1986 to 1997, from 54 months to 84 months, or 55 percent.



However, at both the federal and the state level, the average maximum length of sentence given for all offenses has increased 55 percent as well, from 66 months to 102 months. The average maximum length of sentence given to women convicted of violent offenses increased from 108 months to 175 months, or 62 percent; and the average sentence length given to property offenders increased from 53 to 74 months, or 39 percent.



Historically, women’s low violent crime rates have meant low incarceration rates. However, America’s war on drugs — with state and federal governments implementing mandatory minimum, repeat offender, and other sentencing reforms— has had a dramatic impact on the increase of women behind bars by substantially lengthening sentences given to drug offenders. To quote U.S. drug czar Barry McCaffrey, the mushrooming population of imprisoned drug offenders is “America’s internal gulag.”

## Women's Correctional Facilities and Placement

*"I would like to emphasize that this facility is being dedicated in part to all communities. We, as a community of corrections, coexist with every neighborhood in every county of the state of North Carolina. The inmates represent an element of our community as well. They're our neighbors, the people in our grocery stores and churches. We sincerely hope to put those inmates back into our communities better off than when they came."*

Mike Davis, assistant superintendent, North Carolina Department of Correction, in dedicating the North Piedmont Correctional Center for Women, November 1997

### Brief History of Women's Prisons in America

Most states established central prisons, resembling houses, for felons beginning in the early 19<sup>th</sup> century. By 1820, states began the construction of penitentiaries. During this time women were mostly held in separate rooms, cells, or wings within men's institutions. Then, as their population continued to increase, separate buildings were built for females near men's units. In 1835, America's first separate prison for women, Mount Pleasant, was opened in Auburn, New York. Within 30 years, Mount Pleasant's population had reached nearly twice its capacity. Unwilling to finance further expansion, the state instead closed the facility in 1865, dispersing women to local jails around the state.<sup>7</sup>

While the first entirely independent, female-staffed prison for female offenders opened in Indiana in 1873, for the most part, women continued to be incarcerated in men's prisons until the early 20<sup>th</sup> century. Between 1900 and 1935, 17 states opened women's prisons or reformatories. From 1935 to 1950, approximately two to three facilities for women were opened each decade. This trend slightly accelerated over the next two decades, and by the mid-1970s, about half of the states had separate prisons for women, with the others continuing to house women in or adjacent to male facilities or in other states' women's facilities.<sup>8</sup>

Appropriately, along with the growing female inmate population, facilities for incarcerating women offenders have increased significantly over the past two decades. While the United States had approximately 34 women's prisons in 1979, beginning in the 1980s and continuing into the 1990s, construction of women's institutions boomed to accommodate a rising prison population. By 1990, America had 71 female-only facilities; by 1995 — the last year for which national figures were available — that number had increased to 104.<sup>9</sup>

### SLC State-Operated Women's Prisons

By 2000, SLC states alone were home to 38 major state-operated women's correctional institutions or prisons, housing more than 23,000 female offenders. Tens of thousands of other women also are being supervised by numerous private, jail, transitional, pre-release, residential, work, diversion, medical, special needs and other facilities/sites across the South. While additional information regarding these other facilities is located in *Section 3* of the report, the primary focus here remains on SLC state-operated adult female correctional institutions.

Of Southern state-operated women's prisons, 11 opened prior to 1980. The oldest continually-operating facility is the Virginia Correctional Center for Women, dedicated in 1931. Initially housing female offenders in 1938, North Carolina's and Kentucky's Correctional Institutions for Women are the second oldest women's prisons in the South, followed by Maryland's Correctional Institution for Women (1940), and Florida's Lowell Correctional Institution (1956).

While approximately one-third of Southern prisons for women have existed for two decades or longer, the majority in operation today are relatively new. Specifically,

of the South's 38 institutions, 27 became operational after 1980, with 10 of those opening since 1995. Florida's Dade and Hernando Correctional Institutions are the newest, both beginning operations in 1999. Four states, Arkansas, Missouri, Virginia and West Virginia, dedicated women's facilities in 1998.

<b>Year First Opened of 38 SLC State-Operated Women's Prisons<sup>10</sup></b>					
	<b>Year First Operational for Female Offenders</b>				
Time Period	1930-1979	1980-1984	1985-1989	1990-1994	1995-2000
<b>Number of Prisons Opened</b>	11	6	6	3	10

### Prison Populations and Design Capacity

By way of background, correctional institutions generally have what is commonly referred to as a design capacity, meaning the number of inmates the facility was constructed to house. If a facility is expanded, remodeled, or otherwise reconfigured, its design capacity will adjust accordingly. In many states, design capacity means the same as standard operating capacity, although standard operating capacity may be higher than design capacity due to state laws. Most states have a maximum operating capacity in each facility based on statutory population caps or consent agreements resulting from lawsuits in federal court. When a facility reaches its maximum operating capacity, inmates must be transferred to other facilities. When an entire system reaches maximum operating capacity, the state may be required to contract with local governments, other states' correctional systems, or private contractors to house offenders. Because overcrowding is interpreted differently among states — falling somewhere between standard and maximum operating capacities — this report uses prisons' populations as a proportion of their design capacities.

In 2000, Texas' Gatesville Prison was the largest design capacity adult women's correctional institution in Southern states, built to house 2,115 female offenders. Missouri's Women's Eastern Reception, Diagnostic and Correctional Center had the second largest design capacity (1,460); followed by Texas' Hobby (1,342) and Murray (1,313) prisons; Georgia's Pulaski State Prison (1,048); and Virginia's Fluvanna Correctional Center for Women (1,027) (*See Table 6.*)

As of June 2000, eight Southern women's prisons had populations exceeding their design capacities. South Carolina's Women's Correctional Institution had the largest disparity in this area, housing 863 offenders, or operating at 166 percent of its design capacity (531 inmates). Maryland's Correctional Institution for Women and North Carolina's Correctional Institution for Women, operating at 155 percent and 142 percent, respectively, had the South's second and third largest disparities in this regard. Three Southern women's facilities were at 100 percent of their design capacity in 2000; 14 were operating between 95 percent and 99 percent; six between 90 percent and 94 percent; and seven were below 90 percent. Florida's Hernando Correctional Institution for women had the smallest population as per rate of capacity (47 percent); followed by Missouri's Chillicothe Correctional Center (75 percent); Central Mississippi Correctional Facility (77 percent); and Missouri's Women's Eastern Reception, Diagnostic and Correctional Center (81 percent).

<b>Population as a Percent of Design Capacity of 38 SLC State-Operated Women's Prisons<sup>11</sup> (June 2000)</b>					
	<b>Population as a Percent of Design Capacity</b>				
Range	Below 90%	90-94%	95-99%	100%	Over 100%
<b>Number of Facilities</b>	7	6	13	3	8

**20 Largest Design Capacity SLC State-Operated Correctional Facilities for Adult Female Offenders<sup>A</sup>**

Institution	Location	Year Opened for Females	Design Capacity	Population	Population Ranking <sup>B</sup>	Percent of Capacity
1. Gatesville Prison	Gatesville, TX	1980	2,115	2,026	1	96%
2. Women's Eastern Correctional Center <sup>C</sup>	Vandalia, MO	1998	1,460	1,177	4	81%
3. Hobby Prison	Marlin, TX	1989	1,342	1,294	2	96%
4. Murray Prison	Gatesville, TX	1995	1,313	1,287	3	98%
5. Pulaski State Prison	Hawkinsville, GA	†	1,048	1,010	6	96%
6. Fluvanna Correctional Center for Women	Fluvanna Co.,VA	1998	1,027	900	8	88%
7. Central Mississippi Correctional Facility	Pearl, MS	1987	1,154	891	9	77%
8. Louisiana Correctional Institution for Women	St. Gabriel, LA	1973	1,000	980	7	98%
9. Washington State Prison	Davisboro, GA	1992	856	795	12	93%
10. Lowell Correctional Institution	Lowell, FL	1956	765	789	13	103%
11. North Carolina Correctional Institution for Women	Raleigh, NC	1938	754	1,073	5	142%
12. Metro State Prison Center	Atlanta, GA	1980	705	666	15	94%
13. Chillicothe Correctional	Chillicothe, MO	1981	700	524	21	75%
14. Kentucky Correctional Institution for Women	Pewee Valley, KY	1938 <sup>D</sup>	680	663	16	98%
15. Hilltop Prison	Gatesville, TX	1981	677	661	17	98%
16. Mountain View Prison	Gatesville, TX	1975	645	608	20	94%
17. Eddie Warrior Correctional Center	Taft, OK	1988	635	630	19	99%
18. Ronald McPherson Correctional Facility	Newport, AR	1998	600	685	14	114%
19. Dade Correctional Institution	Florida City, FL	1999	553	482	22	87%
20. Maryland Correctional Institution for Women	Jessup, MD	1940 <sup>E</sup>	547	849	11	155%

Notes: <sup>A</sup> Texas' community-based state jails, created in 1993 to provide an alternative form of incarceration for nonviolent offenders and reduce prison overcrowding, are not listed here; if included, several of their capacities and/or populations would place in this table. <sup>B</sup> Most populated facility is ranked first, second largest second, etc. While among the 20 largest populated women's correctional facilities, please note that South Carolina's Women's Correctional Institution, population 863, and Florida's Broward Correctional Institution, population 658, are not among the 20 largest capacity facilities. <sup>C</sup> Full name is Women's Eastern Reception, Diagnostic and Correctional Center. <sup>D</sup> Although women had been transferred to this site as early as 1933, the women's prison did not become a wholly separate and individual institution until 1938. <sup>E</sup> What is now the Maryland Correctional Institution for Women (MCIW) received its first prisoners in on October 1, 1940, and formally was established in 1941 as the Women's Prison of the State of Maryland, renamed MCIW at a later date.  
 † information not provided.

## Classification and Placement

In addition to the difficulties faced in housing, states also face vexing challenges accommodating females' needs through correctional programming and facility placement. While some of these needs are similar to men's, many are gender-specific, and states in recent years have established facilities, programs and policies to specifically address them. Some, however, argue that the needs of these women have continued to be overlooked, contending that greater emphasis should be placed on specialized gender-specific programs for female offenders in the areas of medical and mental health care, substance abuse treatment, vocational and educational training, counseling for prior victimization, parenting and others.

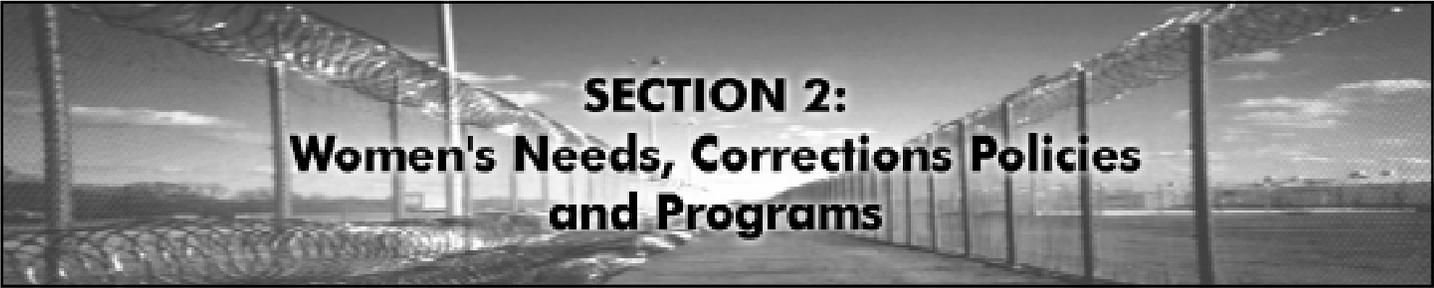
In a correctional system context, classification refers to the systematic scoring and subdivision of inmates into groups based on their security and program needs. Factors most often taken into consideration include an offender's medical condition and requirements; severity of offense; length of sentence; and prior criminal, educational, social, and employment history. Ideally, offenders with similar security risks and program needs are housed together.<sup>12</sup>

Screening and classification are important because this process provides necessary information in matching women's needs for programming and housing within institutions. After classification, women are transferred or assigned to the appropriate correctional institutions/programs. While recognizing an individual's needs are important, the National Institute of Justice (NIJ) recently reported that one of the most common challenges faced by state corrections officials was that the same classification instrument was used for both male and female offenders, failing to adequately address gender-specific concerns. Programs addressing parental responsibilities, prior physical and sexual abuse, and children's needs were absent in many circumstances.<sup>13</sup>

Currently, all SLC states' departments of corrections generally use the same classification system for both male and female offenders. There are, however, some minor differences or adaptations aimed at identifying female-specific needs. For example, although South Carolina utilizes the same classification system for both men and women, officials note that special needs identification is part of their classification process whereby gender-specific needs can be identified. Several Southern states responded [to the SLC survey] that while they employ the same instrument for all offenders, classification is only one factor used in determining inmate placement. One Southern state, Oklahoma, currently is considering amendments to its corrections policy that will recognize differences for women in the assessment process.

Even if gender-specific classification instruments were widespread—because many states have few women's facilities—it often is impossible to house them separately based on their assessment. For example, officials with the Arkansas Department of Correction responded that because they have only one prison for women, their classification process cannot determine a female offender's facility placement. Officials with the Louisiana Department of Public Safety and Corrections commented that their women's classification for placement is different from men's in that the Louisiana Correctional Institution for Women is the state's only female facility for felony offenders. "While men are classified to determine their service needs and appropriate placement, since there is only one female facility, placement as per service code is not necessary for women." Of the 16 SLC states, six operate only one major correctional institution for adult women.

While some states may have limited options for female placement, larger states have more flexibility with housing and programming due to an economy of scale. In either case, states are increasingly examining the gender-specific needs of female offenders, and some are contemplating adjusting their classification process accordingly. If the women's prison population continues to increase at its current rate, and various advocacy groups increasingly call attention to what some feel is gender-biased classification, states will find themselves addressing this issue more frequently.



## **SECTION 2: Women's Needs, Corrections Policies and Programs**

*“In placing women in carbon copies of male institutions, the U.S. and the states are not meeting some important gender-specific health and other services... as a result, prison systems have failed to respond effectively to many of their needs.”*

Delegate Eleanor Holmes Norton (D-D.C.), United States House of Representatives, February 2000<sup>14</sup>

Because women constitute such a small portion of overall state prison populations, there are concerns that their health care, substance abuse treatment, education, vocation, work and other programs are under represented in number and variety when compared to men’s. This sentiment has culminated in a host of parity lawsuits over the years in a number of states, and corrections departments often are challenged financially in providing women under their supervision equal access to health care and other programs. As the women’s prison population continues to increase, these challenges will be compounded. Some detail about specific challenges follows.

### **Health Care**

Research indicates that many of the women housed in America’s correctional institutions come from a background of low economic status, histories of drug and alcohol abuse, domestic violence and unhealthy lifestyles. Among the lifestyle concerns are a lack of regular exercise, proper nutrition, and routine physical examinations, as well as infrequent consultation with a physician. While such patterns may be common for both male and female offenders, women have specific health care needs which are exacerbated by their histories and backgrounds. This section addresses several of those needs, both general and specific, and female offenders’ access to correctional health care and various related programs (both gender-specific and co-gender) of Southern state correctional health systems.

### **Access to Medical Care and Staff**

Because they have historically been so few in number, it has been common to locate women’s correctional facilities in geographically-centered or isolated areas in states where there often were not sufficient qualified general practitioners, registered nurses, dentists, and other medical specialists to provide quality care. However, while several women’s institutions remain isolated, as they grow in both size and number, states’ ability to provide female offenders better access to health care services has improved markedly.

Today, most Southern prisons for women and other female correctional facilities now have some degree of trained, qualified medical staff on the premises, with experienced doctors, registered nurses, and technical assistants who have at least some medical training. If additional health services are necessary, these staff act as gatekeepers, evaluating and recommending the offender's appropriate outside care.

Thirty-two of 38 SLC state-operated adult female correctional institutions provide offenders 24-hour medical care seven days a week, with varying degrees of on-site staff and services available. Most often, this is skilled nursing care with physicians on-site several days a week, if not continually. The other six institutions schedule some on-site care in various intervals, with most of those having physicians on the premises eight hours daily, five days a week. All smaller facilities lacking continual or adequate medical services contract with outside providers, many of whom often remain on call for emergency situations. In addition, all Southern adult female facilities provide or contract for such services as gynecological examinations and mammograms and mental health services.

### **Medical Co-Payments**

While female offenders, on average, have poor health backgrounds, both inside and outside of prison, they utilize health care services more often than men.<sup>15</sup> Some argue that this higher utilization can be attributed to female offenders being more likely than males to make spurious sick call requests to manipulate the correctional health care system. Others maintain the high rate is attributable to women finding it more socially acceptable to discuss symptoms, illnesses and treatment and place a higher value on health and prevention.<sup>16</sup>

Most Southern states now require co-payments of female offenders using sick call, partly to cut health care costs and encourage the responsible use of health care services. The amount of this payment is usually deducted from an inmate's institutional account. It is important to note, however, that offenders unable to afford the co-payment will not be denied medical treatment, as states are obligated to provide all inmates adequate care. In many such cases, states will mark an indigent offender's account so that it indicates a negative balance. Then, when future funds are available to the inmate from any source, the account will be debited for past services rendered.

Thirteen of 16 SLC member states charge incarcerated females co-payments for utilizing sick call or basic medical services — Arkansas, Missouri and South Carolina do not. Of those requiring co-payments, Georgia and Virginia charge the highest, \$5. All others charge between \$2 and \$4 per visit. Additionally, several Southern states assess additional co-payments for prescription medication and physician referral.

While the majority of SLC states require co-payments, all allow certain services to be exempted. The most frequent listed exemptions include emergency services, when evaluation and treatment are immediately necessary for an offender's health; diagnosis, treatment and testing for communicable diseases; mental health services; requested follow-up health care services; initial or transfer health screenings or other required medical procedures; in-patient care services such as hospitalization, extended care, hospice care and skilled nursing services; and chronic care, addressing such needs as required for cardiac, hypertension, diabetic or lung ailments.

### **Substance Abuse**

Regardless of the offense for which they are serving their sentence, the majority of incarcerated women have histories of illegal drug use. According to the Bureau of Justice Statistics, in 1997, female offenders in state prisons (84 percent) were just as likely as male offenders (83 percent) to have used illegal drugs in the past. However, women who used drugs were more likely than men to have used them regularly (74 percent to 69 percent); in the month prior to the offense for which they were serving time (62 percent to 56 percent); and under the influence of drugs at the time of that offense (40 percent to 32 percent).<sup>17</sup>

<b>Levels of Prior Drug Abuse by Gender of State Prisoners 1997</b>					
	<b>Estimated Number of Prisoners<sup>A</sup></b>	<b>Percent of Prisoners Reporting Drug Use</b>			
		<b>Ever in the Past</b>	<b>Used Regularly<sup>B</sup></b>	<b>In the Month Prior to Offense</b>	<b>At the Time of Offense</b>
<b>All State Prisoners</b>	1,059,607	83.0%	69.6%	56.5%	32.6%
<b>Male</b>	993,365	82.9%	69.3%	56.1%	32.1%
<b>Female</b>	66,242	84.0%	73.6%	62.4%	40.4%

Notes: <sup>A</sup> Based on probability of selection in the sample and adjusted to June 30, 1997 custody counts. <sup>B</sup> Regular use is defined as once a week or more for at least one month.

Source: Bureau of Justice Statistics, United States Department of Justice, January 1999.

In addition to past drug use, many incarcerated women also have histories of alcohol abuse. While their abuse was less prevalent than their male counterparts, 30 percent of females under state correctional authority had a past “binge drinking” experience; 29 percent were under the influence at the time of their offense; and 23 percent met the CAGE (a questionnaire used to evaluate and identify excessive alcohol consumption) criteria for alcohol dependence.

<b>Levels of Prior Alcohol Abuse by Gender of State Prisoners 1997</b>				
	<b>Estimated Number of Prisoners<sup>A</sup></b>	<b>Percent of Prisoners Reporting Prior Alcohol Abuse</b>		
		<b>Ever had a “Binge Drinking” Experience</b>	<b>Under the Influence of Alcohol at the Time of Offense</b>	<b>3 or More Positive CAGE Responses</b>
<b>All State Prisoners</b>	1,059,607	41.0%	37.2%	24.4%
<b>Male</b>	993,365	41.8%	37.7%	24.5%
<b>Female</b>	66,242	29.9%	29.1%	23.4%

Note:<sup>A</sup> Based on probability of selection in the sample and adjusted to June 30, 1997 custody counts.

Source: Bureau of Justice Statistics, United States Department of Justice, January 1999.

Women’s growing prison population, coupled with their high rate of substance abuse, has increased calls for correctional programing to address abuse and dependency through education, prevention and treatment opportunities. To proponents of these measures, substance abuse programs should provide treatment options to women seeking rehabilitation so they can assume normal, drug-free lives upon their release. Others suggest an additional step, advocating post-release assistance for a seamless transition back into society.

Interestingly, among those state prisoners described as alcohol or drug-involved offenders in 1997, women (56 percent) were more likely than men (41 percent) to have ever been treated for substance abuse prior to their incarceration. Similarly, women also were more likely to have received treatment once they had been incarcerated. Whereas 20 percent of female alcohol or drug-involved offenders reported being treated since their admission to prison in 1997, only 14 percent of male offenders received such treatment. Equal percentages of men and women reported participation in other substance abuse programs, however, both in the past (49 percent) and since their admission.<sup>18</sup>

All major SLC state women's correctional institutions offer varying degrees of short- and/or long-term substance abuse education or treatment opportunities. Generally, as part of the classification process, offenders are screened for their prior substance abuse or dependency and are placed in the appropriate program based on their needs, security level, and each program's availability.

Several Southern states offer extended (several month) therapeutic, inpatient and/or residential programs requiring intensive treatment for more than 20 hours per week, or on a continuous basis. Often, these programs will address gender-specific counseling in the areas of health, domestic and sexual abuse, relationships, depression, and parenting, among others. Examples include:

- ▶ Florida's Hernando Correctional Institution for women, devoted entirely to substance abuse treatment, offers a nine-month intensive residential modified therapeutic community program (210 openings) and a four-month substance abuse program designed to provide inmates counseling services (60 openings).
- ▶ Oklahoma's *New Beginnings*, a comprehensive 13-week alcohol and substance abuse program uses a personal responsibility model, addressing such areas as substance abuse education, interpersonal communication, parenting skills, rational thinking, assertiveness, and relapse prevention; and
- ▶ Texas' *In-Prison Therapeutic Community* provides eligible female offenders nine to 12 months of residential, therapeutic treatment. Upon completion of this program, women are released on parole to a community-based residential facility for three months, followed by outpatient treatment for 12 months;

Though they have grown in size and scope recently, most of the more intensive substance abuse programs often are full or near their capacity, with many offenders being placed on a waiting list for admittance. In determining eligibility, Southern state correctional facilities most frequently give priority to inmates who are court or probation/parole-ordered, counselor-recommended, are near their date of release or parole eligibility, have at least a specified sentence length and, of course, have volunteered to participate.

While not as comprehensive as those found in larger institutions, substance abuse programs are offered in most smaller women's prisons and transitional, community, work-release or other centers across the South. Often this treatment is available through Alcoholics Anonymous, Narcotics Anonymous or similar relapse prevention groups, or other educational programs. Two states, Georgia and Texas, noted that they require all inmates, female and male, to complete substance abuse education awareness programs.

## **Mental Health**

Research has indicated that female offenders, on average, suffer from a variety of emotional and mental health difficulties that tend to elevate their levels of stress and contribute to their difficulty coping with incarceration, leading to depression, low self-esteem, posttraumatic stress symptoms, high anxiety, and difficulty in basic life skills (communication, problem solving, decision making, and goal setting and achievement).<sup>19</sup>

According to various estimates, the prevalence of mental health disorders among women offenders ranges from 25 percent to 66 percent, with a broader consensus of about 45 percent. Leslie Acoca, director of the Women and Girls Institute at the National Institute on Crime and Delinquency, maintains that mental diagnostic and treatment services are generally inadequate, and in some cases nonexistent, for this population. Gaps noted by Acoca and other researchers include a frequent mismatch of housing and programs to women's mental health needs, failure to translate service models designed for men into treatment programs appropriate for women, lack of standardized procedures for identifying and screening women's mental health disorders, and deficiency of staff qualified to provide accurate mental health diagnosis and treatment.<sup>20</sup>

According to California's 1993 Female Health Issues Task Force, an important consequence of inadequate screening, treatment and staff training in this area is that "correctional officers sometimes fail to distinguish the difference between behavior changes linked to mental disorders from those signifying disciplinary problems."<sup>21</sup> As the women's prison population continues to increase and place demands on mental health services in the future, both prison and jail administrators will need to consider a closer examination of the needs of women in this area.

## HIV/AIDS

In addition to a high rate of intravenous drug use, many female offenders are the domestic partners of alcoholics or drug addicts or have had unprotected sex with multiple partners.<sup>22</sup> Accordingly, their medical status often reflects these conditions and behaviors. These conditions include the risk of such ailments as asthma, diabetes, tuberculosis, hypertension, herpes, as well as a host of mental and other disorders, and HIV/AIDS.

At year-end 1997, 23,548 (or 2.1 percent) of state and federal prison populations (men and women) were known to be positive for the human immunodeficiency virus (HIV) that causes AIDS. In the SLC states, 8,443 prisoners, or 1.6 percent of the total inmate population, were known to have HIV that year. While it is true that, overall, the number of women in Southern state prisons known to be HIV-positive is relatively small compared to men's, 846 to 7,597, respectively, the percentage of female inmates with the virus is much higher. In 1997, 3.1 percent of women in Southern state prisons were HIV-positive, compared to 1.9 percent of men.<sup>23</sup> Overall, the rate of confirmed AIDS cases among the women prison population nationally (.55 percent) is more than five times the rate in the general population (.10 percent). According to one report, over the past decade, AIDS has become the leading cause of death among female inmates.<sup>24</sup>

Some believe the confined residence of women's prisons enables prison-based HIV prevention programs better access to population groups who are otherwise hard to reach in their communities, and most state and federal correctional systems offer these services to some extent.<sup>25</sup> According to a 1994 survey of state and federal correctional facilities by the National Institute of Justice and the Centers for Disease Control and Prevention in Atlanta, while an overwhelming majority of state and federal correctional facilities offer HIV education services to prison inmates, many of these services may not be effective in reducing risky behaviors. In many cases, HIV education programs are limited to pre- and post-test counseling rather than ongoing multiple sessions; less than half are led by peers; and just slightly more than half address skill-building techniques such as teaching safer sex practices, reducing drug-related risks, etc.

As was stressed in a 1997 article in the *Journal of Criminal Justice and Behavior*, "behavioral skills education programs targeting high-risk women as they pass through the criminal justice system should be recognized as a critically important aspect of wider HIV/AIDS prevention efforts."<sup>26</sup> Others agree, stressing the need for correctional policy to better address health education.

In summarizing the literature in this area, there is a consensus among researchers that, in order to be most effective, prison-based HIV prevention programs should target both reducing sex and drug behaviors which place women at risk of contracting the disease, and provide women inmates with linkage services to community-based HIV prevention programs once they are released. Additionally, such programs should increase offenders' understanding of preventing other sexually transmitted diseases such as syphilis or genital herpes.

## Summary of Health Care Issues

With corrections budgets stretched in recent decades to accommodate dramatically increasing overall prison populations, states often find it challenging to fund extensive physical and mental health care services beyond the routine or requisite. Critics maintain that addressing the gender-specific needs of inmates and providing females programs and services equal to those afforded men in prisons are rarely a high priority for policymakers, and warn that legal and fiscal considerations may soon bring female offenders' needs to the forefront. A lack of preventative medicine and care, it is argued, also will inflate the overall cost of care, which will likely be delivered later at much higher costs.

Incarcerated women receiving inadequate medical services, or having not been provided care of equivalent quality and availability as is afforded men in prison, account for one of the largest sources of litigants in filing suits against state corrections systems. For state and local governments looking to improve health care for incarcerated women, thus avoiding future court orders and settlements, researchers suggest focusing on education and training; installing modern, preventative care models; developing health care finance strategies; and emphasizing diversion and aftercare.

## Education, Vocational Training and Work Programs

*“We get people that are adults and come into prison. Society has an idea that we should fix them, we should educate them and teach them skills to survive in the general population. And society didn’t fix them. The school system didn’t fix them. Then we provide them what we can in the way of education and training, and we don’t fix them. But nobody has a formula about how we can do that.”*

Captain Bill Limbaugh, California’s Valley State Prison for Women, *Nightline*, November 1999<sup>27</sup>

*“Having able-bodied inmates work is a win-win situation because working inmates help themselves as well as taxpayers.”*

Franklin Freeman, former secretary, North Carolina Department of Correction <sup>28</sup>

### Education

The majority of incarcerated women will one day be released. As the age-old debate continues whether corrections’ primary purpose should be to punish or rehabilitate offenders, the former objective has appeared to have taken precedence among both the public and their elected officials in recent years. Despite the seemingly mounting opposition, proponents of rehabilitative services assert that academic and vocational programming benefit society and better ensure future public safety if female offenders have learned marketable skills during their incarceration. This, they believe, aids women’s transition to a normal, productive and crime-free lifestyle in the general population.

<b>Educational Attainment of Female Offenders (Calendar Year-end: 1979, 1986, 1991 and 1997)</b>				
<b>Education Level of Female Inmates in State Facilities at Year-end<sup>A</sup></b>				
	<b>1979</b>	<b>1986</b>	<b>1991</b>	<b>1997</b>
<b>8<sup>th</sup> grade or less</b>	14.8%	16.5%	16.0%	8.4%
<b>Some high school</b>	46.3%	49.7%	45.8%	55.5%
<b>High school graduate</b>	26.5%	19.1%	22.7%	21.7%
<b>Some college or more</b>	12.4%	14.8%	15.5%	14.4%

Note: <sup>A</sup> Education level is based on the highest grade completed.

Source: “Women in Prison: Issues and Challenges Confronting U.S. Correctional Systems,” The United States General Accounting Office, December 1999. Summarization of Bureau of Justice Statistics, United States Department of Justice.

Many female offenders, when arrested, are uneducated, unskilled, have young children, are on public assistance, and/or are single heads of households. Additionally, most incarcerated mothers expect to return to their children after release and do not expect to receive any financial support from the fathers.<sup>29</sup> Many argue that the returns from academic and vocational programming outweigh the costs, as women are better prepared to support themselves and their families with the knowledge they have acquired while incarcerated. They cite encouraging research from the Department of Justice indicating that, on average, a higher percentage of females than males participate in correctional education programs when they are available. For example, in 1996, 47 percent of women, compared with 29 percent of men, participated in one or more educational program while in prison. While some states responded that they would like to expand educational opportunities for women, regrettably, one corrections

administrator noted the high cost of such programming becomes staggering when coupled with financially accommodating women's housing, health care and other programming needs.

All SLC states surveyed for this report provide basic education and/or basic knowledge or skills classes to female offenders. In addition, every larger institution and the majority of smaller women's correctional facilities across the South offer Adult Basic Education (ABE), General Equivalency Diploma (GED) preparation, and/or basic literacy courses. Eight Southern states — Kentucky, Louisiana, Missouri, North Carolina, Oklahoma, South Carolina, Texas, and West Virginia — responded that they offer women general college or technical courses in at least one of their facilities. While most education programs are voluntary, some are not:

- ▶ Arkansas requires all offenders without a high school diploma or GED to attend school;
- ▶ Florida mandates 150 hours of instruction for all inmates scoring below the ninth grade reading level;
- ▶ Oklahoma requires those with less than a sixth grade reading level to complete academic courses; and
- ▶ Maryland and Missouri require education courses for those who have not graduated high school or received their GED.

At the federal level, offenders who enter the prison system without a high school diploma or GED are required to attend literacy classes for 120 days, or until they achieve a general equivalency diploma.

### **Vocational Training**

Offered at all SLC states' larger female institutions, vocational, apprenticeship and other technical training courses vary tremendously across the region. The most common programs listed by states include vocational opportunities in the areas of business/office administration, culinary arts, cosmetology, computer technology, and horticulture, with at least eight Southern states having programs in these areas. Included among other vocational programs are positions in building maintenance, welding, industrial sewing, vehicle maintenance, graphic arts, drafting, marketing and retailing, carpentry, and hotel/motel management.

While there are too many vocational opportunities to list here in detail (*Please see Section 3*), some of the more interesting programs include:

- ▶ Louisiana's pre-vocational *Job Skills Education Program* which provides skills and training toward an inmate's desired vocational interest, offering job placement assistance to those enrolled;
- ▶ Maryland's *Model Pilot Dog* program, where Labrador puppies (future guide dogs) live in an institution and are assigned to a primary inmate handler who teaches them basic commands for 15 months;
- ▶ North Carolina's dental lab, teaching inmates how to make dentures; and
- ▶ Missouri's Vocational Enterprises (MVE), having both clothing factory and MVE data entry programs, with all sales used to create and expand vocational training opportunities for offenders.

### **Prison Industry**

Closely tied to, and sometimes indistinguishable from, vocational training are prison industry programs. Among advocates' arguments in favor are that such enterprises reduce female offenders' idleness, teach valuable job skills and a good work ethic and instill a sense of worth and accomplishment. Opponents of prison industry often maintain that these women are nothing more than a captive, cheap labor force being exploited by public or private industries; taught relatively few marketable skills because

most industry jobs are in blue-collar, manufacturing positions (a declining sector in America's job market); and are not paid comparable wages to their male counterparts in this area.

All but three SLC member states indicated having prison industry programs available to female offenders. Because some of these programs are very similar in nature and scope to correctional vocation and/or work programs, some overlap in attempting to differentiate between these categories is possible. The most common prison industries listed are in the areas of garment factory or sewing (eight states), upholstery (five), and data processing or imaging (four). Among other states' programs are operations in customer service, telemarketing, furniture and mattress making, microfilming, printing, and bulk mailing. Noteworthy industry programs include:

- ▶ Florida's *Prison Rehabilitative and Diversified Enterprises (PRIDE)*, a non-profit corporation, with both a garment factory and an optical operation at two of the state's women's facilities. Prior to release, female offenders receive job training, and upon release, job referrals and interviews are arranged for ex-offenders with an emphasis on matching potential employment with the job training they received;
- ▶ the *Touch of Love Sack* program, where women housed at Maryland's Correctional Institution for Women may volunteer to sew flame retardant sleeping bags for distribution to children in the state's homeless shelters;
- ▶ programs at the North Carolina Correctional Institution for Women, where offenders operate the toll-free phone system and perform bulk mailing for the state's travel and tourism bureau, and operate an Amtrak and ferry reservation system;
- ▶ Oklahoma's *Saddle Shop*, which employs women to manufacture and repair saddles and tack for the state's department of corrections and other state agencies; and
- ▶ opportunities for select Tennessean offenders to staff the TennCare (the state's Medicaid managed care system) information line.

## Work

While vocational and industry programs often are voluntary for adult female offenders in Southern states, routine work assignments most frequently are not, provided an inmate's health and custody status allow and work opportunities are available. West Virginia is the only state that responded that work is not mandatory, and work is optional at three of Virginia's four women's correctional facilities. Tennessee's work policy is typical of those found in the region: "work assignments often are based on the assessment of inmate employability in conjunction with the security and support needs of each institution, as well as individual inmate job performance and treatment needs."

While most states require a full work week, some noted exceptions for women participating in other programs. For example, in Arkansas, those completing academic programs must still work half of the day and spend the other half at school; women in North Carolina's facilities are required to work unless they are engaged in full-time academic or vocational programs; and Texas' female offenders are required to either work or participate full-time in school programs, or a combination of the two. Most states with prison industries allow these positions to count toward an inmate's work requirements.

The most common work positions available to women in Southern correctional institutions are in the areas of grounds/facility maintenance and cleaning, food preparation, laundry and recycling. Less frequently cited work opportunities include assignments in agriculture, state agencies and community work squads, and as tutors in education/vocation courses and site dorm orderlies. In addition, several Southern states offer work-release programs or facilities whereby women can hold outside jobs within their communities, returning to the facility at the end of the work day.

## Family Matters

*“At a time when public fear of juvenile crime is reaching a crescendo and when violence has been identified as a major threat to the health of the nation, the choice is clear: either serve the children of incarcerated parents today or suffer the consequences into the 21<sup>st</sup> century.”*

Leslie Acoca, Director, Women and Girls Institute, National Council on Crime and Delinquency, January 1998

Perhaps one of the biggest issues related to the dramatic increase in the number of women in prison is their role as mothers. According to the Bureau of Justice Statistics, two-thirds (66 percent) of all females under state and federal correctional authority had children under the age of 18 as of January 1, 1997. Of incarcerated mothers, 31 percent had one child under the age of 18 that year. Twenty-nine percent of those mothers had two children under the age of 18; 32 percent had three or four; and 8 percent had five or more children.

<b>Number of Children of Women Inmates 1986, 1991 and 1997</b>			
	<b>1986</b>	<b>1991</b>	<b>1997</b>
<b>Have Children Under Age 18:</b>			
Yes	67.5%	66.6%	65.8%
No	32.5%	33.4%	34.2%
<b>Number of Children Under Age 18:<sup>A</sup></b>			
1	31.7%	37.3%	31.4%
2	28.7%	29.9%	28.6%
3-4	29.1%	26.6%	32.0%
5 or more	10.4%	6.1%	8.0%
Total Number of Children Under 18	37,600	56,123	102,448

Note: <sup>A</sup>Percentages are based on those inmates with children under age 18.

Source: “Women in Prison: Issues and Challenges Confronting U.S. Correctional Systems,” The United States General Accounting Office, December 1999.

With the majority of female offenders being mothers, and the number of those giving birth while incarcerated increasing, state and the federal correctional systems have begun implementing policies and programming to address their maternal needs. Program areas most affected are in the areas of visitation, pregnancy, childbirth, bonding, placement and parenting courses.

### Visitation

Many assert that contact between incarcerated mothers and their children should be encouraged and facilitated, believing that when there is little or no contact, it will be difficult to integrate children back into the care and supervision of their mothers once the women are released from prison. One frequent concern, however, is that with female facilities being comparatively few in number, imprisoned mothers often are held at greater distances from their families than males. This lack of accessibility creates challenges for visitors, including the cost of travel to the facility, the availability of transportation, and the availability of someone to bring the children to visit.

The National Advisory Commission on Criminal Justice stresses that visitation is a very important component of most parenting programs and recommends that correctional facilities encourage and facilitate children's visitation.<sup>30</sup> This group urges correctional authorities to "promote visitation by providing transportation for visitors from terminal points of public transportation, providing rooms that allow informal communication in a comfortable environment, and making provisions for family visits in private surroundings conducive to strengthening family ties." The American Correctional Association's public correctional policy on female offender services states, "it takes both time and support to improve family relationships. To adequately address this need, female offenders and their children should have the opportunity to spend extended periods of time together, in both structured and unstructured settings."

Others are less enthusiastic about encouraging mother and child visitation. According to Judge Kathleen Richie of the Juvenile Court in Baton Rouge, Louisiana, "the more these kids are exposed to prison by visiting, the more they get used to it, and prison loses its stigma." Adds Judge Richie, "sadly, these kids have fond memories, and their only memories, of their mom behind bars. If you have parents in jail, then it is part of your life and there is nothing offensive about it."<sup>31</sup>

In general, Southern states' visitation policies are the same for both male and female offenders in the same custody/classification levels, with only Georgia, Louisiana, and Maryland reporting gender-specific differences. Additionally, North Carolina notes that its visitation policy is slightly more liberal for women in that the number of children simultaneously visiting their mother is not limited, as it is for a father. Though both male and female offenders have the same visitation policies, some states have implemented unique programs or policies aimed specifically at providing more frequent and substantive visits between mother and child:

- ▶ The Florida Department of Corrections, taking into consideration that approximately 80 percent of all female commitments to Florida's correctional facilities are from central or southern portions of the state, recently relocated several female offenders from northern to southern state facilities in order to facilitate increased family visitation;
- ▶ Louisiana's *Program for Caring Parents* is aimed at creating opportunities for mothers and grandmothers to spend quality time with children or grandchildren younger than 13 years of age, "the years when the child is most impressionable." This program provides organized games and events for women and children to play together both in individualized and group settings; and
- ▶ Maryland's *Girl Scouts Beyond Bars Program*, whereby through the support of the local Girl Scout Council, a Girl Scout Troop was formed for the daughters of female inmates in the Maryland Correctional Institution for Women. In addition to holding regular meetings within the community, twice a month girls hold some Scout gatherings at the women's facility during which the mothers and daughters participate in several activities including puppet shows; structured play; and discussions on self esteem, parenting, drug abuse, relationships, pregnancy prevention, and coping with family crisis.<sup>32</sup>

According to three states, under certain circumstances, an inmate's family is allowed overnight visitation:

- ▶ Central Mississippi Correctional Facility's *Family House* visitation program allows in-state families, spouse and child(ren), of eligible minimum custody female offenders to stay over three nights, and family members who reside elsewhere five nights, on the compound;
- ▶ Oklahoma's *Children and Mother's Program (CAMP)* allows participating mothers and grandmothers overnight visitation with their children/grandchildren in a child-centered setting; and

- ▶ Tennessee has a program that allows eligible mothers and grandmothers to have their children under age eight (one at a time) visit the Tennessee Prison for Women for weekends, staying overnight together in double bunked cells.

While North Carolina does not allow for overnight visitation, their *Family Visit Program* does allow eligible inmates near their release date to spend time with family members in an off-site location.

Despite many states' efforts to increase visitation between mother and child, the discouraging reality is that most incarcerated women are rarely, if ever, visited by their minor children. A 1997 study by the Bureau of Justice Statistics found that about 56 percent of female inmates in state prisons who had children under 18 said that they had never been visited by those children since entering prison. While some maintain the biggest contributing factor to this is a lack of appropriate or adequate visiting areas in women's facilities, a 1999 report by the United States General Accounting Office concluded "this does not appear to be a barrier to mother-child visitations."<sup>33</sup>

## **Pregnancy**

Two of the fastest growing and most challenging health care issues relating to women in prison are pregnancy and childbirth. Various studies over the past five years have estimated that somewhere between 7 percent and 10 percent of women in custody are pregnant. According to the American Correctional Association, more than 1,400 babies were born to female prisoners in 1998 (about one every six hours).<sup>34</sup> While this number is relatively small, it is increasing.

Currently, few states' correctional programs for women offer comprehensive family planning services and few, if any, consistently applied policies regarding contraception, abortion, and general reproductive education and counseling.<sup>35</sup> While several Southern states responded that women are allowed to receive abortions, none of their women's correctional facilities offer this procedure, and all require offenders to pay for it.

According to a 1996 study by the National Council on Crime and Delinquency, among the deficiencies in correctional responses to the health care needs of pregnant women are inadequacies in prenatal and postnatal medical care, prenatal nutrition, education regarding childbirth and parenting, and preparation for the mother's separation from the infant soon after delivery.<sup>36</sup>

Most Southern states transfer and/or house their pregnant offenders in one particular correctional facility where their work assignments, diet, exercise, and other activities are commensurate with their overall health and accessibility requirements. While the majority of these facilities offer on-site obstetric and other prenatal care, both in-house and contractual, a few states transfer mothers to outside clinics to receive these services. For the most part, offenders remain in general prison housing (once again, commensurate with their health status) while pregnant, but there are some exceptions. Unique among responses, expecting inmates at the North Carolina Correctional Institute for Women stay in an infirmary for the last month of their pregnancy.

## **Childbirth**

No Southern state adult women's correctional facility currently provides for on-site parturition, with all transferring pregnant offenders to local hospitals (public or private) to deliver. Following birth, and unless there are medical complications, most states allow women to stay at the hospital for up to 24 hours before they are returned to their facility for postpartum recuperation. Kentucky allows a 48-hour hospital stay. South Carolina responded that stable mothers are transferred to Just Care, a private correctional hospital, where they stay until they can be discharged back into the general inmate population.

## Child Custody

Finding support or placement for the children of female offenders entering prison is particularly challenging. Whereas the children of the majority of men entering prison remain with their mothers, the children of women are more likely to be placed in foster or other institutional care if placement among relatives and friends cannot be secured. According to the American Correctional Association, when mothers go to prison, the children of half of these women are taken in by a grandparent; one-fourth have a father with whom they remain; 15 percent stay with other relatives or friends; and 10 percent are placed in foster care. Due to the adoption of the Safe Families Act of 1997, which limits the amount of time a child can spend in foster care before filing a petition to terminate parental custody, the opportunity for incarcerated mothers to maintain custody of their children is more limited.

<b>Living Arrangements of Children of Female Inmates Entering State Prisons 1986, 1991 and 1997</b>			
<b>Living Arrangements</b>	<b>Percent of Female Inmates</b>		
	<b>1986</b>	<b>1991</b>	<b>1997</b>
<b>Did Child(ren) Under 18 Live with Mother Before She Entered Prison?<sup>A</sup></b>			
<b>Yes</b>	78.0%	71.7%	64.3%
<b>No</b>	22.0%	28.3%	35.7%
<b>After the Mother Entered Prison, With Whom did the Minor Child(ren) Live?<sup>A,B</sup></b>			
<b>Father</b>	22.3%	25.4%	27.7%
<b>Grandparent</b>	52.2%	50.6%	52.7%
<b>Other Relative</b>	22.3%	20.3%	25.6%
<b>Friend</b>	3.5%	4.1%	2.9%
<b>Foster Home</b>	9.0%	8.6%	7.1%
<b>Agency/Institution</b>	1.7%	2.1%	2.6%
<b>Other/Alone</b>	3.4%	6.0%	8.7%

Notes: <sup>A</sup> Percentage based on inmates with children under age 18. <sup>B</sup> Percentages add to more than 100 because inmates with more than one child may have provided multiple responses.

Source: "Women in Prison: Issues and Challenges Confronting U.S. Correctional Systems," United States General Accounting Office, December 1999. Summarization of Bureau of Justice Statistics, United States Department of Justice.

## Bonding and On-Site Care

For women giving birth while incarcerated, states must give consideration to the importance of bonding opportunities between an offender and her newborn. Most accept that a child's first years of life are pivotal in early development, often determining it's future health and learning potential. Additionally, studies have suggested the negative side effects of parent/child separation include developmental retardation and general impairment of developmental progress. Others add that the quality of the mother/child relationship sets the stage for all other relationships that the child will have, and that positive interaction in the child's early years is critical to building and maintaining healthy social relationships and personality growth.<sup>37</sup> There are, however, other variables which must be considered.

North Carolina corrections administrators stress that consideration should be given to a number of legal and logistical issues prior to implementing bonding programs. They recommend that programs involving overnight stays are best located in a halfway house environment, or in facilities designed specifically for this purpose. Furthermore, they caution, large, state-operated correctional institutions “typically do not have the necessary resources to provide a healthy environment [free from communicable diseases] for infants in a cost-effective manner.” More importantly, they add, many women in prison have critical needs which must be addressed prior to focusing on parenting, particularly in the areas of mental health and chemical dependency, concluding that “these critical areas should be dealt with prior to involving the inmate in active, routine bonding with her baby.” Others object to bonding programs outright, criticizing these programs as doing nothing more than coddling criminals.

While there may be a consensus on how to best foster a child’s healthy development, there is general disagreement of the appropriateness of mother and child bonding in a correctional setting. Following an offender’s giving birth, and once returned to her correctional institution/site, no SLC state allows women to provide on-site care for their newborn, with many stating they do not have the facilities to accommodate this. There is, however, one exception cited:

- ▶ West Virginia’s Pruntytown Correctional Center has recently implemented a program whereby an eligible mother who intends to assume custody of her child upon her release is transferred to a federal birthing center to deliver. Following birth, parent and child remain at the center together for 90 days to foster bonding between them.

According to a 1999 *USA Today* article, two states outside of the SLC, New York and Nebraska, allow eligible inmates (those serving short sentences for relatively minor crimes) giving birth to live with their infants at the prison for up to 18 months, (the mothers are expected to be paroled within that period). Officials with the Nebraska Correctional Center for Women (NCCW) note that their nursery program “improves mother-child bonding and helps prison mothers acquire job and parenting skills they can use when they get out.” Adds NCCW warden Larry Wayne, “we view a woman’s pregnancy as perhaps the best opportunity to intervene in her life at a time when she’s most aware of life’s great possibilities. Plus, the babies really do brighten up a prison.”<sup>38</sup>

While Kentucky does not allow for continued on-site care, all mothers not assigned to segregation are eligible for bonding visits from the time the child is born through the age of three. Each bonding visit, scheduled on days without regular visitation, is limited to two hours (up to a total of eight hours each week), and must be scheduled at least three days in advance. These periods are held in a special “bonding room,” equipped with a changing table, crib, rocking chair and various other items for children.

### **Placement of Newborns**

SLC states have only slightly different policies on the placement of children born to incarcerated women, with the majority responding that mothers are responsible for designating a predetermined caregiver for their newborn. In many cases, offenders are assisted in this process by respective state agencies. As examples, in Florida’s *Pregnant Offender Program*, a partnership between the state’s departments of corrections and children and families provides family services specialists to assist in placement, and in North Carolina expectant offenders are assigned a department of social services clinical social worker who works with them in developing a placement plan.

Once a mother has designated an individual (usually a friend or family member) as a care provider, several Southern states responded that this person must be approved prior to assuming custody. Arkansas requires that potential caregivers receive a criminal background check, with those convicted of a felony or serious misdemeanor charge possibly deemed ineligible, and the North Carolina Department of Social Services and

the West Virginia Department of Health and Human Services must approve an offender's choice for placement. While many states may have policies requiring such background checks, only those providing information in this area have been listed here.

If no other arrangements can be made, states' departments of children, family, social services, or a similar agency assume custody of the child, providing foster care. In most such cases, those departments have been contacted in advance, and newborns are turned over to them within 24 hours of delivery. If mothers have a considerable amount of time left to serve, they are likely to have their parental rights terminated.

## Parenting

Though states provide female offenders a variety of prenatal and postpartum care for their pregnancies, many experts advocate the additional step of making available classes on parenting and sustained maternal and infant health (these are closely tied to, and sometimes inseparable from, the aforementioned mother-child bonding and visitation periods). As Jan Epp, Regional Health Administrator for the Michigan Department of Corrections notes, "without adequate parenting, the children of these women are more likely to suffer childhood sexual and physical abuse and low self-esteem, which bring them into the criminal justice system, repeating the cycle."<sup>39</sup>

Various studies have concluded that having a parent behind bars is the single largest factor in the making of juvenile delinquents and adult criminals. According to Allen J. Beck of the Bureau of Justice Statistics, "the link between the generations is so strong that half of all juveniles in custody have a father, mother or other close relative who has been in jail or prison."<sup>40</sup> Supporting Beck's estimate, the National Council on Crime and Delinquency also estimates that half of all minors in juvenile facilities had a parent in jail at some point in their lives.<sup>41</sup> Other research suggests that the risk of children of offenders becoming involved in the criminal justice system is eight times greater than for children of non-offenders, suggesting that states develop interventions and programming for both children and parents that "give the best hope of restoring normality to their lives."<sup>42</sup>

Women in prison are far more likely than incarcerated men to be the emotional and financial providers of support to children and to have custody of their children both before and after imprisonment.<sup>43</sup> Proponents of parenting programs, especially for women, emphasize that correctional settings provide states with a unique opportunity to instill family counseling and parenting information, stressing the importance of coordinating such programs with those relating to substance abuse treatment and educational and medical services to ingrain in them their family responsibilities. To them, an investment in these mothers and children (above and beyond traditional visiting programs) is an investment in the family's future.

All but three Southern states (Tennessee, Texas and Virginia) provided information on specific parenting skills programming or instruction available to female offenders in their larger institutions. Officials with the Tennessee Department of Correction responded that, though they offer no specific parenting skills course, the Tennessee Prison for Women's *Decisions* course and various group sessions at the prison occasionally provide some guidance in this area. Although the Texas Department of Criminal Justice does not provide funding for parent education courses, a non-profit organization has offered female offenders a parenting program aimed at improving parent-child interactions since 1996. Female offenders in Virginia are not offered any specific parenting skills courses.

Of state's offering services in this area, some of the more extensive parenting programs address a host of related topics, including child development, communication skills, appropriate disciplinary methods, substance and physical abuse, and/or life and social skills. Among the more comprehensive parenting programs is Missouri's *Parents and Their Children (PATCH)*, the mission of which is to "provide children and their incarcerated mothers the services necessary to maintain and strengthen family relationships during the period of forced separation." Along with other objectives,

*PATCH* seeks to assist children with transportation to visits; provides educational programming to enhance parenting skills of inmate mothers; strives toward increased public awareness of the issues surrounding the children of incarcerated parents; and advocates the continuance of services for those children. In terms of follow-up, Mississippi and Louisiana note that they provide female offenders with information on, or refer them to, outside parenting resources that are available upon release as well.

### Abuse and Victimization

Research indicates that prior to their incarceration, most women have been subjected to both childhood and adult victimization through physical, psychological and/or sexual abuse. That abuse, many argue, serves as a precursor to female criminality.

According to an April 1999 report by the Bureau of Justice Statistics (BJS), just under half of the female correctional populations (in federal or state prison, jail, or on probation) were physically or sexually abused before they began their current sentence.<sup>44</sup> Among women in state prison systems, 57 percent reported prior physical or sexual abuse, compared to 40 percent in federal prisons. Additionally, 37 percent of women in state prisons, and 23 percent of women in federal prisons, reported being physically or sexually abused before the age of 18. Most of these women (61 percent of state inmates and 66 of federal inmates reporting abuse) stated their abusers to have been intimates, either current or prior husbands or boyfriends.

<b>Women's Physical or Sexual Abuse Before Admission to Correctional Systems 1998</b>				
	<b>State Inmates</b>	<b>Federal Inmates</b>	<b>Jail Inmates</b>	<b>Probationers</b>
<b>Ever Abused</b>	57.2%	39.9%	47.6%	40.4%
<b>Physically<sup>A</sup></b>	46.5%	32.3%	37.3%	33.5%
<b>Sexually<sup>B</sup></b>	39.0%	22.8%	37.2%	25.2%
<b>Both</b>	28.0%	15.1%	26.9%	18.3%
<b>Raped before Admission</b>	37.3%	21.4%	33.1%	NA

Notes: <sup>A</sup> Includes both physical and sexual abuse. <sup>B</sup> Includes those abused in both age categories.

Source: Bureau of Justice Statistics, United States Department of Justice.

Also according to the BJS report, among state prison inmates, one in four women had said they had been sexually abused before age 18; one-fourth had been physically abused; approximately 57 percent of women in correctional populations reported their abusers to have been current or prior husbands or boyfriends; 43 percent reported abuse by a parent, guardian, or other relative; and 87 percent of female prisoners who had spent their childhood in foster care or institutions reported abuse.

### Addressing Abuse

Various studies have explored the impact of abuse on female offenders and suggest a close relationship between this victimization and criminal behavior. To overcome both, many academics and others recommend that prisons provide female offenders rehabilitative services and programs addressing domestic violence, and help women become successful once they are released from prison. According to Louise Bill, chair of the Department of Public Administration and Human Services at Kennesaw State University, Kennesaw, Georgia, "it is imperative that we carefully investigate and specifically address the ongoing presence of family violence in this country and the toll it is taking on our way of life." Continues Bill, "prison is one place where family violence should be addressed. It serves as one of the few places where many of these women haven't been afraid, haven't been brutalized, remain drug-free, and have an opportunity to understand and heal the scars of a lifetime."<sup>45</sup>

In this area, other studies have examined the long-term effects of this abuse and have found that violently victimized women were twice as likely to seek future medical attention, often requiring surgical, gynecological and gastrointestinal procedures, as well as treatment for suicide attempts. Additionally, research conducted by the California Female Health Issues Task Force (1996) indicates that the untreated effects of abuse could be linked to the increased need for health and psychological services by women prisoners as compared with men in prison.<sup>46</sup>

Specific programs addressing domestic, physical, and sexual abuse, and identifying their history and treatment, are not common in Southern correctional institutions for women. However, 11 SLC member states acknowledged that they address the subject of domestic violence through other educational, counseling, life-skills, parenting, or other programming.

Noteworthy in this area, Georgia, Missouri and Oklahoma responded that all of their female facilities address domestic violence and anger management through support groups, counseling, and/or other various treatment programs. Additionally, counseling in survival of sexual abuse; dysfunctional families and female perpetrators of family violence; and battered women and survivors of sexual abuse are offered at various other Georgia facilities. The South Carolina Department of Corrections contracts with *Sistercare* (a private, non-profit organization) to provide abused and battered women counseling services.

## Staffing Issues and Privacy Concerns

*“Prisons are built for men, the vast majority of prisoners. Officially, male and female inmates are treated equally. But women are not men. They are less likely to have been incarcerated for violent crimes; their physical and emotional needs are different; and they bear children.”*

Cynthia Downing, *Life* magazine, October 1997

### Gender-Specific Staff Training

There has been much social science research on the differences between the behavior of men and women entering the criminal justice system. Thus, many scholars and practitioners in the field believe that corrections staff working in women’s facilities need training specific to working with women and relating to such issues as communication, supervision, discipline, personal property, hygiene, exercise, recreation, visitation with children and family, parenting, and how to avoid inappropriate relationships with female offenders. Understanding the unique characteristics of female offenders, proponents assert, also enables staff to recognize and better address women’s needs.

Four Southern states require correctional officers supervising women to complete some training on issues specific to women. Interestingly, these same states require gender-specific training of other correctional staff as well (i.e., culinary, program, or maintenance employees).

- ▶ Officers at Arkansas’ Ronald McPherson Correctional Facility are required to complete a 4-hour training class on working with female offenders during training, and all the state’s women’s prison “civilian” employees are required to complete a female offenders course during new employee orientation.
- ▶ Georgia requires a related course for all women’s correctional officers during their basic training, with all employees working at its prisons for women required to complete sexual misconduct training.
- ▶ Missouri requires all new staff at two of its women’s facilities to complete specific classes in working with female offenders.
- ▶ Training required of all staff working in Oklahoma’s female facilities addresses female-specific issues.

While not required in remaining SLC states’ female correctional facilities, several states do offer some female-related instruction to their correctional employees, both guards and staff. For example, in Kentucky, any corrections staff may volunteer for a one-day course on working with female offenders, and the Tennessee Department of Correction offers a *Managing Female Offenders* course which can be requested by a warden of any of the state’s women institutions. In several other states, officials responded that basic training of all their correctional officers (male and female) includes courses which address female offenders and/or gender-specific issues such as inmate clothing, personal property, hygiene, exercise, etc. Though not yet implemented, the Florida Department of Corrections has recently developed a new curriculum, *Working With Female Offenders*, and has proposed requiring the course for all corrections staff working with women.

### Custodial Sexual Misconduct

Though it has been documented that custodial sexual misconduct does occur in women’s correctional institutions, its frequency is not well known. In addressing this abuse, states have increasingly enacted measures to train correctional staff in appropriate and inappropriate (whether or not it is consensual) conduct with inmates; prosecuted and punished those guilty of sexually abusing female offenders; and provided inmates with an effective process to file confidential complaints about and prosecute such conduct without fearing retaliation from implicated corrections personnel.

All Southern states' corrections policies explicitly forbid sexual relations between corrections staff and offenders, though their punishments for, and definitions of, custodial sexual misconduct do vary slightly. In all corrections departments, any sort of sexual relations will result in termination of the offending staff. Additionally, 11 states responded that correctional staff found guilty of such conduct will be charged with a felony offense, with possible punishments ranging up to five years in prison (Florida, Kentucky, and West Virginia) and up to a \$10,000 fine (Texas).<sup>47</sup> Of note, two states listed specific staff training addressing such conduct: Georgia requires all employees at its prisons for women to complete sexual misconduct training, and Oklahoma offers two courses entitled *Staff/Offender Relationships* and *Inappropriate Staff Relationships* during its staff training.

Though states have passed significant reforms in this area over the past several years, there also has been a recent push to limit the ability of prisoners to seek reparations for civil rights violations.<sup>48</sup> While supporters of this movement argue that such legislation will save taxpayers money by preventing frivolous litigation, and that prisoners can seek relief in federal court under federal civil rights law, others claim such restrictions will block legitimate civil rights claims and will make it very difficult for prisoners to bring sexual abuse suits to federal court. Depending on the specifics of future laws in this area, as well as courts' interpretations of their constitutionality, the impact this will have on women inmates' ability to seek relief from the courts for sexual abuse remains to be seen.

### **Other Privacy Restrictions**

Outside sexual relationships, the sexual harassment and abuse of female offenders recently have received national attention, and many states have taken preventative measures to avoid them. While procedures such as subjecting females to body-searches and pat-frisks by male officers may once have been commonplace, they now are being understood as problematic in women's prisons, particularly with women who have experienced past sexual abuse. It is also seen as inappropriate to allow male staff to view female offenders in a state of undress in housing and/or bathing and bathroom areas. According to Susan Cranford, division director of the Community Justice Assistance Division of the Texas Department of Justice, "policies concerning privacy issues relating to facility design, dress codes, personal property, searches and other appropriate and inappropriate touching should be written and in place, and a part of the training curriculum."<sup>49</sup>

While many advocate that women should staff positions having direct contact with female offenders, there is ongoing debate as to whether a female inmate's right to privacy is more important than an opposite-sex employee's right to equal employment opportunities. The Civil Rights Act of 1964 prohibits U.S. employers from denying a person a job solely on the basis of gender unless the person's gender was reasonably necessary to the performance of a specific job. While some believe otherwise, U.S. federal courts have not recognized that a person's gender as meeting the "reasonably necessary standard" with respect to correctional employment in the absence of unusual circumstances.<sup>50</sup>

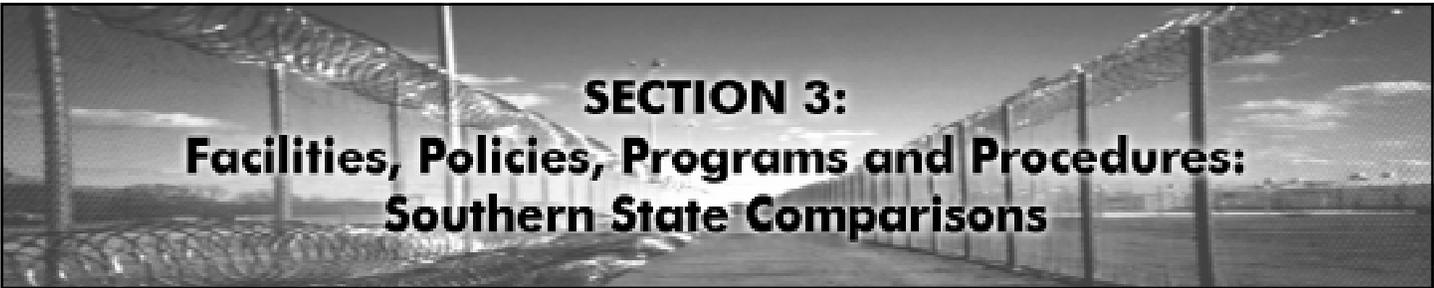
To balance this, many states employ policies which stipulate that no "assignment," as opposed to position, is to be made requiring an officer to conduct strip- or pat-frisks, or inappropriate contact or surveillance, of inmates of the opposite sex. Other states have taken measures to ensure privacy by installing doors in restroom and shower areas and/or remodeling prison facilities to otherwise protect inmate privacy when cross-gender supervision is utilized.<sup>51</sup>

Currently, 14 SLC states' departments of corrections require that corrections staff of the same gender perform both pat- and frisk-searches, as well as the visual surveillance of female offenders in a state of undress. However, all of these states make exceptions in emergency or life threatening situations and, in many, these policies do not apply to medical staff. Arkansas strongly recommends same-sex pat-frisks and searches,

and while pat-frisks may be performed by either gender in Missouri, it is recommended that a female officer do so if one is present. Missouri does require strip-searches to be conducted by staff of the same gender, unless in emergency situations.

Despite states' best intentions in this area, it is difficult and often impractical for them to afford, create and maintain a search policy that satisfies security, privacy, employment, and employee union concerns, and which protects both inmates and staff from duress during the process. Additionally, implementing policies restricting males from certain positions/tasks within women's correctional institutions and/or remodeling facilities to address females' privacy concerns may prove too constraining to corrections administrators, adding too substantial a cost to already fiscally-burdened systems.

Bona Miller, warden of Pocatello Women's Correctional Center in Pocatello, Idaho, notes that "it is important to remember that corrections' staff training budgets are limited, and adding meaningful, women-specific training to already costly academic and other programs is cost- and time-prohibitive because the majority of staff hired will still be working in men's prisons." In many small- to medium-size systems, "the number of people hired for women's prisons at any one time does not justify interactive training modalities for the number of people trained," adds Miller.<sup>52</sup>



## **SECTION 3: Facilities, Policies, Programs and Procedures: Southern State Comparisons**

### **The Survey**

In addition to exploring the issues surrounding America's growing female offender population, the primary purpose of this report is to focus on Southern states' facilities, programs and policies in supervising women in prison, and the challenges states face in accommodating this increase. To gather the information contained throughout this report, surveys were sent to corrections departments in all 16 SLC member states. *Section 3* summarizes state responses to the SLC survey, which varied in terms of comprehensiveness.

The survey consisted of 27 detailed questions covering a host of issues pertaining to women in prison. In particular, questions addressed states' female inmate populations, facilities, and programs and policies in the areas of classification, health care, substance abuse, education, vocation, work, visitation, childbirth and placement, bonding, parenting, domestic abuse, staff training, custodial sexual misconduct and inmate searches. Additionally, state corrections officials were asked to share their greatest challenges or concerns in meeting the needs of an increasing number of female offenders, any plans for new or expanded facilities and programs to accommodate this increase, and to suggest future research topics in this area (*See Appendix 1 for complete survey instrument.*)

Once states completed surveys, a draft of each state's pages was compiled, then returned to them for verification and comment. At that point, respondents also were asked follow-up questions in order to incorporate similar information under states' respective topic categories. In most cases, survey responses were supplemented with material from a state's corrections website, existing publications or phone interviews prior to the review process (*See Appendix 2 for report contributors.*)

While all SLC states listed their correctional institutions and prisons for women, many disclosed their contractual, juvenile, community release, residential, or other centers, sites, and facilities. Additionally, a few Southern states are home to federal Bureau of Prisons (BOP) sites, thus affecting their overall prison population in tables listing inmates "under state or federal correctional authority." Though many of these other facilities, populations, programs and policies are explored in some detail, the primary focus of this report remains on Southern state-operated adult female correctional institutions.

# Alabama

Women's Correctional Institutions/Sites					
Institution	Location	Design Capacity	Population	Percent of Capacity	Year Opened for Females
Julia Tutwiler State Prison for Women	Wetumpka	†	†	†	†
EMC Work Release	Wetumpka	†	†	†	†
Birmingham Community Based Facility	Birmingham	†	†	†	†

† information not provided

The Alabama Department of Corrections (ADOC) operates the Julia Tutwiler State Prison (Tutwiler) and two work release facilities — EMC Work Release (EMC), and Birmingham Community Based Facility (BCBF) — for female offenders.

*Classification-* In determining facility and program placement, ADOC uses the same classification system for both men and women inmates.

## Health Care and Substance Abuse

*Health-* Tutwiler provides on-site routine ob-gyn examinations and mental health services; the prison contracts with local hospital sites for mammograms. Work release centers do not have on-site health care.

*Co-Payments-* ADOC requires a \$3 co-payment of inmates seeking medical care in non-emergency situations.

*Substance Abuse-* Tutwiler provides female offenders both a six-month (52 inmates per group), and an eight-week (25 inmates) substance abuse treatment program. Both EMC and BCBF provide 8-week programs. Factors determining admittance to these programs include an inmate's length of sentence, court order, drug history, recidivism rate, mental health and desire for treatment.

## Education, Vocational and Work Programs

*Education-* GED and college preparation courses are available to female offenders.

*Vocation/Prison Industry-* Apprenticeship and vocational training opportunities are available in the areas of floral design, cosmetology, secretarial science, sewing, and food services.

*Work-* Work opportunities are available in housekeeping, trash detail, and food service preparation, among others.

## Family Matters

*Visitation-* The Aid to Inmate Mothers (AIM) program, available at Tutwiler and EMC, provides transportation for children to visit their mothers once per month. The department does not allow overnight visitation for family members.

*Pregnancy-* Pregnant offenders are given light duty status, seen regularly by an obstetrician, and usually assigned to Tutwiler's dorm 7 near the prison's health care unit. There, they are evaluated for the WIC program, where they receive extra food items, milk, cheese, cereal and juice.

*Childbirth and Placement-* Childbirth takes place at the Baptist East Medical Hospital. Women are allowed to care for their infant during their hospital stay. The Alabama Department of Human Resources determines newborn placement.

*Parenting and Domestic Violence-* ADOC provides a parenting class sponsored by AIM. The department addresses domestic violence through *Making Peace with the Past*, domestic violence and criminal thinking classes.



### **Staff Issues and Privacy Concerns**

*Staff Training-* ADOC provides training for all employees regardless of gender for both male and female facilities. All staff are required to attend training annually.

*Searches-* Tutwiler's standard operating procedures and ADOC regulations state that a male employee will only pat-search a female inmate in an emergency situation when there is no female employee available.

### **State Feedback**

*Challenges and Concerns-* An official with the Alabama Department of Corrections responded that the department's biggest concern is the increasing female offender population.

*Planning-* ADOC is currently adding a new 200-bed dormitory at Tutwiler. Also, the department has been approved to have a new facility built.

## Arkansas

Women's Correctional Institutions/Sites					
Institution	Location	Design Capacity	Population 5/18/00	Percent of Capacity	Year Opened for Females
Ronald McPherson Correctional Facility	Newport	600	685	114%	1998

The Arkansas Department of Correction (ADC) houses all of its adult women inmates—minimum, medium, and maximum security levels—at the Ronald McPherson Correctional Facility (McPherson) in Newport, Arkansas. As of May 2000, McPherson's population was 685, 114 percent of its design capacity.

*Classification-* The state uses the same classification for both male and female offenders. However, officials note that because Arkansas has only one prison for women, this classification does not determine a female offender's facility placement.

### Health Care and Substance Abuse

*Health-* McPherson provides women full time, 24-hour a day medical care. The facility contracts with a local hospital for prenatal care, mammograms and other female-specific health services.

*Co-Payments-* The ADC does not require co-payments of women seeking medical care.

*Substance Abuse-* State law requires ADC to offer all female offenders a 28-day substance abuse treatment program, as well as the 4-hour per day intensive drug program, which can last up to one year. All participants are screened monthly for drug use, and all inmates convicted of drug offenses are required to participate. Because the latter is a live-in program, availability is limited to 95 beds (ADC's short-term treatment program has 52 beds; another long-term program has available 43 beds). Inmates whose participation is stipulated by the Post Prison Transfer Board are given priority assignment. Voluntary participation is possible, but names are placed on a waiting list. Of note, the same program is available to male offenders.

### Education, Vocational and Work Programs

*Education-* McPherson's Academic Education offers female offenders ABE, pre-GED programming and GED preparation courses. The state requires all inmates, male and female, without a high school diploma or GED to attend school during their incarceration.

*Vocation/Prison Industry-* Vocational training classes are available to women in cosmetology, secretarial science, drafting, computerized accounting and computer science. A data imaging prison industry program is available at McPherson.

*Work-* All healthy women inmates are required to work. Those completing academic programs must also complete one-half day work assignments in addition to spending one-half day at school. Work opportunities available to women at McPherson include positions as clerks, library assistants, barrack porters, hall porters and horse barn assistants or in grounds maintenance, hoe squads, utility squads and food services.

### Family Matters

*Visitation-* ADC's visitation policies are generally the same for both male and female offenders. While no overnight or separate visitation areas are provided for inmates' families, McPherson does have a "Children's Corner" located in its visiting



Arkansas

area. This area has a collection of children's games, equipment and related bonding activities located within a portion of the visiting center. All inmates eligible for general visitation are allowed to utilize this play area.

*Pregnancy-* Pregnant inmates are offered intake screening; physical assessment; prescriptive medications; dietary accommodations; regular visits with off-site obstetricians; ultrasounds; prenatal and postpartum education; counseling; and chronic care, special housing and restrictive activity and work assignments if necessary. Officials note that all work assignments are commensurate with an inmate's health status.

*Childbirth and Placement-* Childbirth takes place at Harris Hospital, a local, public facility. While no on-site care for a newborn child is permitted at McPherson, the offender is permitted at least 24 hours of interaction with her newborn child(ren) at Harris. The ADC is not responsible for placement of an offender's children prior to their incarceration. For the newborn child, the inmate identifies the person who assumes custody. That person is then required by the ADC to undergo a criminal background check. If the selected person has been convicted of a felony or serious misdemeanor charge, the Arkansas Department of Human Services is contacted and that agency has the discretion to approve or reject a custodial candidate.

*Parenting-* Assisted by community volunteers, ADC offers a six-week, 20-bed parenting program to mothers. To be eligible, an inmate must have children under the age of 18, be court ordered, and/or have had the Arkansas Department of Human Services involved with their child's placement. Additionally, officials note, family reunification is encouraged through routine and special visits for family members residing 300 or more miles from McPherson.

### **Staff Issues and Privacy Concerns**

*Staff Training-* All corrections officers supervising women are required to complete a 4-hour class on working with female offenders during their academy training. All "civilian" employees of McPherson are required to take this class during new employee orientation. Also, during this and a contraband course, personal property for women inmates is discussed.

*Custodial Sexual Misconduct-* Under Arkansas Code, sexual harassment and relations between the state's corrections staff and inmates is forbidden, and may be prosecuted as a second-degree misdemeanor offense. This law was later amended to apply to all city or county jail staff in the state as well.

*Searches-* ADC guidelines stress that, if possible, corrections staff of the same sex should perform both pat- and frisk-searches. If this is not possible, the proper procedure for such searches is taught in academy training.

### **State Feedback**

*Challenges and Concerns-* Officials with the Arkansas Department of Correction stressed the importance of training and ensuring that staff supervising female offenders follow proper policies and procedures.

*Planning-* ADC is currently planning to increase the capacity of McPherson by 200 beds, though no specific date has been given. The facility, completed in 1998, was designed to allow for an increase of 400 beds.

# Florida

Women's Correctional Institutions/Sites					
Institution	Location	Design Capacity	Population 11/15/99	Percent of Capacity	Year Opened for Females
Dade CI Women	Florida City	553	482	87%	1999
Hernando CI	Brooksville	459	218	47%	1999
Gadsden CI	Quincy	800	786	98%	1995
Lowell CI, Main	Lowell	765	789	103%	1956
Jones Boot Camp	Lowell	28	8	29%	1997
Levy Forestry	Bronson	292	285	98%	1988
Broward CI	Pembroke Pines	532	658	124%	1977
Pine Hills CCC	Orlando	40	41	102%	†
Atlantic CCC	West Palm Beach	40	38	95%	†
Miami CCC	Pembroke Pines	33	30	91%	†
Hillsborough CCC	Tampa	52	44	85%	†
Pinellas CCC	Clearwater	40	44	110%	†

† information not provided

Florida is home to five major correctional institutions (CI) for adult female offenders (Dade, Hernando, Gadsden, Lowell, and Broward) and one institution for young females (Hernando). Of these, Gadsden is the only private facility, owned by the United States Corrections Corporation. The Florida Department of Corrections (FDC) also operates five community correctional centers (CCC) which are responsible for overseeing women under community supervision: Pine Hills, Atlantic, Miami, Hillsborough, and Pinellas. Two other centers are private. Additionally, the state has one work camp, Levy Forestry; one boot camp, Jones; and six co-ed probation and restitution centers, (not listed here) for female offenders. The operations of Levy Forestry and Jones Boot Camp are supervised by Lowell Correctional Institution.

As of November 1999, two of the state's institutions for women were operating above their design capacity: Lowell and Broward, operating at 103 percent and 124 percent, respectively. None of Florida's women's institutions is co-gender.

*Classification-* The state uses the same classification system for both males and females.

*Federal Women's Facilities-* Tallahassee, Florida, is home to one of three Federal Bureau of Prisons' (BOP) Correctional Institutions for women, housing 1,028 inmates (rated design capacity is 692). BOP satellite camps in Marianna and Coleman Florida house an additional 747 federal female offenders.

## Health Care and Substance Abuse

*Health-* All major women's institutions provide 24-hour medical care. Additionally, all facilities provide females ob-gyn examinations, mammograms and mental health services. The state's community centers utilize the services of local emergency rooms and walk-in services.

Broward has implemented two programs to assist physically and mentally impaired offenders in the activities of daily living. They utilize dance and movement techniques to enhance their self-esteem, development, and communication skills.



These programs were initiated in 1992 and 1994, respectively. The latter program is also available at Dade.

*Co-Payments-* FDC requires a \$4 co-payment of women seeking health care services with exceptions for emergency situations.

*Substance Abuse-* The Florida Department of Corrections provides a range of comprehensive substance abuse services at all major correctional institutions, community correctional centers, work camps, and community facilities, serving approximately 15,000 female offenders annually. All incoming inmates are screened during the classification process for substance abuse service needs. At that point, those in need are either sent directly to the appropriate program or placed on a waiting list, pending availability. A more complete listing of Florida's 10-tier substance abuse program, as well as which facilities offer which tiers, can be found on FDC's website at: <http://www.dc.state.fl.us/pub/annual/9798/substance.html>.

### **Education, Vocation and Work Programs**

*Education-* Four of Florida's five correctional institutions for women, as well as Jones Boot Camp, offer ABE, GED preparation, and mandatory literacy courses. Florida statute mandates 150 hours of instruction for offenders scoring below the ninth-grade level on its standardized academic test. Hernando offers GED and literacy classes, and Levy Forestry provides both ABE and GED preparation courses. While both Dade and Gadsden offer GED preparation and literacy courses, Dade is the only state facility teaching *English for Speakers of Other Languages*. Broward, Lowell and Hernando offer special education.

*Vocation/Prison Industry-* Florida affords its female inmates a variety of vocational opportunities, including 120 positions in cosmetology, business administration, apparel production, drafting and power sewing at Lowell, and 28 slots in retailing at Jones Boot Camp. FDC also offers positions in personal computer support services, apparel design and commercial art at Broward; culinary arts, computer electronic technology, and autotronics at Dade; carpentry, horticulture, nail technology, bookkeeping, and data entry at Gadsden; and digital publishing at Hernando. Dade is also home to Florida's Job Skills Employment and Diversified Cooperative Training programs.

*Prison Rehabilitative Industries and Diversified Enterprises (PRIDE)*, a non-profit corporation authorized in 1981 to operate state prison industries, has a garment factory at Lowell and an optical operation at Broward. Officials note that prior to release, female offenders receive job readiness training and are advised to contact *PRIDE* developers. Upon release, ex-offenders are scheduled job referrals and interviews with an emphasis on matching potential employment with job training received at *PRIDE*.

*Work-* Medically-able female offenders are required to work either in any of the aforementioned vocational or *PRIDE* programs, or other positions in facility construction and maintenance, meal preparation and service, grounds maintenance, horticulture, sanitation and recycling, or community work squads.

### **Family Matters**

*Visitation-* FDC's visitation policies do not generally differ between male and female offenders, however, the department has recently created an Internet, long-distance visiting program for women. Additionally, Broward implemented a *Girl Scouts Beyond Bars* program in 1995. This program, originally developed in Maryland, allows eligible daughters, ages five to 17, to gather for troop meetings with their incarcerated mothers every second and fourth Saturday of the month. One activity during these meetings provides offenders training opportunities to assist their daughters with basic skill instruction.

No overnight visitation is allowed at any of Florida's women's facilities, and only Gadsden provides a separate visitation area for inmates' children.

*Pregnancy-* Pregnant offenders are assigned to either Broward or Lowell correctional institutions and, officials note, receive the quality of care commensurate to that in the community. At Broward, the medical department coordinates weekly "in-house" appointments with an obstetrician; at Lowell, an ob-gyn specialist provides services. Currently, FDC is developing procedures to address prenatal care. All inmates' work assignments are tailored to fit their medical conditions. Abortions are permitted, but only at an inmate's expense.

*Childbirth and Placement-* Broward's offenders are transferred to one of two local hospitals, South Miami or Memorial, to deliver; those housed at Lowell are transferred to Ocala Regional Medical Center. Unless an offender has medical complications, they are transferred back to their correctional institution within 24 hours of giving birth.

Decisions on newborn placement are made by the expectant mother prior to delivery. The *Pregnant Offender Program*, a partnership between FDC and the Florida Department of Children and Families, provides a family services specialist at both institutions to assist in the placement of the newborn. Additionally, counseling services are available to mothers from FDC's psychology department.

*Parenting-* At Lowell, a 16-week parenting class sponsored and supported by the Florida Department of Children and Families, *Family Safety and Prevention Program*, is conducted by the University of Florida's Department of Pediatrics. With a class size of 16 offenders, this course is offered three times per year, meeting for one-and-a-half hours each week. A similar six-week parenting class, meeting for two-and-a-half hours weekly, is offered at Dade.

Initiated at Broward and Lowell in 1996, and since expanded to two community centers, FDC's *Even Start* program utilizes educators in an attempt to break the cycle of crime by enhancing the development experiences of offenders' children up to seven years of age. The program, which meets weekly for three hours for a required duration of 36 hours, provides family literacy, early childhood education, adult literacy, and basic education classes. Incarcerated mothers also receive parenting instructions in child development, effective communications skills, age-appropriate discipline methods, life skills and career guides and information.

### **Staff Issues and Privacy Concerns**

*Staff Training-* While currently no gender-specific training is required of corrections staff supervising women, FDC officials stated that a new curriculum has been written (*Working With the Female Offenders*), and is proposed to be required of all staff working in women's facilities.

*Custodial Sexual Misconduct-* Any corrections staff having sexual relations, whether consensual or not, with an inmate in the state of Florida could be prosecuted as a felon and/or terminated from employment with FDC. If convicted, this third-degree felony is punishable by a sentence of up to five years in prison.

*Searches-* FDC rules and regulations specify that only female staff members are permitted to pat-frisk or strip-search female offenders.

### **State Feedback**

*Challenges and Concerns-* Officials with the Florida Department of Corrections responded that among their most pressing concerns, they would like to see visitation opportunities expanded for female offenders and their families. Additionally, they would like to see increased opportunities for these women to attain marketable vocational training and job skills prior to their release.



## Georgia

Women's Correctional Institutions/Sites					
Institution	Location	Design Capacity	Population 6/20/00	Percent of Capacity	Year Opened for Females
Metro State Prison	Atlanta	705	666	94%	1980
Pulaski State Prison	Hawkinsville	1,048	1,010	96%	†
Washington State Prison	Davisboro	856	795	93%	1992
Metro Transitional Center	Atlanta	124	124	100%	1999
Savannah Transitional Center	Savannah	70	69	99%	†

† information not provided

The Georgia Department of Corrections (GDC) operates three prisons for women: Metro State Prison (Metro), Pulaski State Prison (Pulaski) and Washington State Prison (Washington). GDC also operates two transitional centers, Metro and Savannah; four diversion centers, Albany, Gainesville, Gateway and Macon; and the Women's Probation Detention Center for female offenders. Please note that only information regarding Georgia's female prisons and transitional centers is listed here. As of June 2000, none of these prisons or centers was operating above its design capacity.

*Classification-* GDC uses the same classification system for male and female offenders when determining facility and program placement.

### Health Care and Substance Abuse

*Health-* All Georgia women's prisons provide medical care 24 hours a day, seven days a week. Transitional and diversion centers provide day-shift care, and probation detention centers provide health services for 16 hours daily, five days a week. Metro provides diagnostic services and chronic/acute medical services, including a 13-bed female infirmary. Officials note that ob-gyn examinations, mammograms and mental health services are available to all female offenders under GDC supervision. On occasion, Georgia transfers female offenders to Augusta State Medical Prison, a co-gender facility, providing inmates centralized acute and specialized medical care and mental health services, primarily as transients or out-patients.<sup>53</sup>

*Co-Payments-* Women inmates/probationers are charged a co-payment of \$5 for requested medical treatment, with the exception of emergency services deemed necessary by the facility/center health care providers or other responsible staff.

*Substance Abuse-* All inmates (female and male) are required to complete *Substance Abuse 101*, an education awareness program available at all state prisons. Metro, Pulaski, and Washington all have Alcoholics and Narcotics Anonymous and relapse prevention programs, with Pulaski maintaining a residential therapeutic substance abuse program. Because these programs are limited, there is often a wait for admittance. Final entry into a program is determined by GDC, taking into consideration such factors as an offender's needs or request, or counselor recommendations.

### Education, Vocation and Work Programs

*Education-* All women's facilities offer ABE, GED preparation, and literacy classes. Special education classes are offered as well to all offenders, but not by all prisons.

*Vocation/Prison Industry-* Available vocational opportunities include cosmetology, building maintenance, laundry, food preparation, warehouse services, teacher aide, computer technology and customer services at Metro; cosmetology, culinary arts, office technology, graphic arts, hotel/motel management, food service, horticulture and vehicle maintenance at Pulaski; and cosmetology, food preparation, vehicle maintenance, warehouse services and manufacturing at Washington. Pulaski supports a correctional industries garment plant, while Metro's prison industry has positions available in upholstery.

*Work-* If work opportunities are available, all of Georgia's female inmates are required to work, provided they are medically and physically fit. Such opportunities include positions in the areas of food service, horticulture, laundry, masonry, plumbing, groundskeeping and custodial maintenance, and as dorm orderlies. Georgia is one of only three states nationally that does not pay its inmates to work.

### **Family Matters**

*Visitation-* Officials noted that visitation policies for female offenders differ from those for males in Georgia, though no specifics were given. GDC does not allow inmates overnight visitation with family members; however, separate visitation areas are available for children in women's facilities.

*Pregnancy-* All pregnant offenders are housed at Metro. There, they are placed under the care of an obstetrician and receive routine prenatal care, including medical examinations, advice on appropriate levels of activity and safety precautions, nutritional guidance and counseling. Abortion and contraception are available to female offenders, but only in preparation for release from GDC's supervision, and at an inmate's own expense.

*Childbirth and Placement-* Pregnant offenders are transferred to Georgia Baptist Hospital, a private facility in Atlanta, to give birth. Once back at Metro, mothers are not allowed to provide on-site care for their newborns.

*Parenting and Domestic Abuse-* GDC offers parenting skills programs at Metro, Pulaski, and Washington prisons. No reunification or related services are available for women after their release. Domestic and family violence issues are addressed through counseling available at all women's prisons. In addition, counseling in survival of sexual abuse is offered at Metro; dysfunctional families and female perpetrators of family violence at Pulaski; and battered women and survivors of sexual abuse at Washington.

### **Staff Issues and Privacy Concerns**

*Staff Training-* All employees working at Georgia's prisons for women are required to complete sexual misconduct training.

*Custodial Sexual Misconduct-* Sexual relations between corrections staff and inmates is illegal in the state.

*Searches-* Strip-searches, pat-frisks and visual surveillance of female offenders always are done by female officers, unless an emergency situation exists.

### **State Feedback**

*Challenges and Concerns-* Officials with the Georgia Department of Corrections note that their most pressing challenge in responding to the needs of female offenders is providing adequate and meaningful vocational opportunities for this population.

*Planning-* At this time, GDC has no plans to build new or remodel present correctional facilities/sites for women.



# Kentucky

Women's Correctional Institutions/Sites					
Institution	Location	Design Capacity	Population 6/16/00	Percent of Capacity	Year Opened for Females
Kentucky Correctional Institution for Women	Pewee Valley	680	663	98%	1938

The Kentucky Correctional Institution for Women (KCIW) is the only women's prison operated by the Kentucky Department of Corrections, Divisions of Institutions (KDOC). However, as in most SLC states, there are a variety of county jails, community centers, and half-way houses in the state for the supervision of female offenders. As of May 2000, KCIW was at 98 percent of its design capacity housing 663 inmates.

*Classification-* KDOC uses the same classification system for both male and female inmates.

*Federal Women's Facilities-* Lexington, Kentucky, is home to a Federal Bureau of Prisons' satellite camp, housing 221 women (rated design capacity is 193); however, the following information only addresses KCIW, the state-operated women's institution.

## Health Care and Substance Abuse

*Health-* KCIW provides on-site 24-hour medical care, and a physician is at the facility four days each week. Ob-gyn examinations, mammograms, and mental health services are available.

*Co-Payments-* A \$2 co-payment is required of women seeking doctor appointments.

*Substance Abuse-* KCIW offers an in-house substance abuse program; however, it is limited to 23 beds. There is a waiting list to enter this program, and women are given priority for admittance based on their application, date of parole eligibility and need.

## Education, Vocation and Work Programs

*Education-* ABE, GED, literacy and general college and technical classes are available to incarcerated women. Technical education includes computer technology, horticulture and building and apartment maintenance.

*Vocation/Prison Industry-* While no formal apprenticeship programs are available, correctional industries provide jobs in printing, screen printing, a mattress factory and bulk mailing services.

*Work-* All inmates at KCIW are required to work or go to school. Work programs are available in food preparation, landscaping, and janitorial services.

## Family Matters

*Visitation-* While KDOC does not provide for overnight visitation at its women's institution, all mothers not assigned to segregation are eligible for bonding visits from the time the child is born through the age of three. Each visit, scheduled for days without regular visiting, is limited to two hours (up to a total of eight hours each week), and must be scheduled at least three days in advance. These periods are held in a special "bonding room," equipped with a changing table, crib and rocking chair, and various other items for children.

The department also provides Kids' Day (for children ages 3-12), which offers an opportunity for a mother and child to spend a day together. Activities include games and reading, arts and crafts, and having lunch together. Additionally, KDOC's Teen

Day (for children up to age 18) provides similar activities, and has guest speakers who cover various motivational and self-help topics. Offenders must complete parenting classes to participate in either.

*Pregnancy-* Prenatal care is provided at KCIW, including the services of doctors' visits, ultrasounds, etc. Postpartum care includes follow-up services by the institutions' medical staff and an obstetrician. Expectant mothers live in general housing unless they experience complications with the pregnancy. Other than light duty during their third trimester, expectant mothers are not offered special work assignments. Administrators responded that abortions and/or contraception are not available.

*Childbirth and Placement-* Mothers are transported to the Norton Suburban Medical Center, a private hospital in Louisville, to give birth. For a normal delivery, female offenders are required to return to the institution within 48 hours. If a Caesarian section is performed, the mother is allowed to remain in the hospital for several days. Mothers cannot return to the institution with their newborns; they must make arrangements for the child's placement with family or friends prior to giving birth. If no such arrangements have been made, the child is turned over to the Kentucky Department for Social Services for placement in foster care.

*Parenting and Domestic Abuse-* The Kentucky Correctional Institution for Women provides mothers Parenting I and Parenting II classes, covering the topics of family and childhood development, disciplinary techniques, family reunification, personal growth, child abuse and pregnancy, among others. Additional support groups are available for victims of domestic violence.

### **Staff Issues and Privacy Concerns**

*Staff Training-* While not mandatory, corrections staff may voluntarily attend a one-day (8-hour) training course addressing working with female offenders. Additionally, KCIW provides labor and delivery classes for its female correctional officers.

*Custodial Sexual Misconduct-* Sexual relations between corrections staff and inmates are against state law, and staff engaging in such conduct may be charged with a Class D felony, punishable by probation or one to five years in prison.

*Searches-* Female staff are required to administer pat-downs and strip-searches of women inmates unless an emergency situation exists. Female officers also must monitor women in bathroom and shower areas. Surveillance in all other areas may be done by either male or female staff, since inmates are required to dress appropriately in those areas.

### **State Feedback**

*Challenges and Concerns-* Officials with the Kentucky Department of Corrections, Division of Institutions note that their biggest challenge is accommodating the growing female offender population. Administrators also are concerned with addressing the needs of women with low self-esteem developed through years of various types of abuse, stating "teaching these women to prepare to succeed when released is both a goal and a challenge."

*Planning-* KCIW is in its first phase of a 10-year, three-phase expansion. It is anticipated that this expansion will provide housing and programs for up to 1,000 women within the next eight to 10 years.



## Louisiana

### Women's Correctional Institutions/Sites

Institution	Location	Design Capacity	Population 6/16/00	Percent of Capacity	Year Opened for Females
Louisiana Correctional Institution for Women	St. Gabriel	1,000	980	98%	1973

The Louisiana Department of Public Safety and Corrections (LDPSC) operates two correctional institutions for female offenders: the Louisiana Correctional Institution for Women (LCIW) in St. Gabriel and the Jetson Correctional Center for Youth in Baton Rouge. This section of the report focuses on LCIW. While the institution is not co-gender, it is located adjacent to the Hunt Correctional Center for Men. In May 2000, with 980 inmates, LCIW was at 98 percent of its design capacity.

*Classification-* Females' classification for placement is different from males in that LCIW is the only female facility for felony offenders. While men are classified to determine their service needs and appropriate placement, officials note that placement as per service code is not necessary for women.

### Health Care and Substance Abuse

*Health-* Twenty-four hour medical care is provided at LCIW, and the institution offers ob-gyn examinations, mammograms, and mental health services.

*Co-Payments-* Offenders are required to make a co-payment of \$3 for sick call and emergency treatment and \$2 for each prescription medication. An inmate's account is debited for these services; however, none are denied treatment because they are unable to pay.

*Substance Abuse-* LCIW offers a six-week substance abuse program. Court-ordered substance abuse inmates are given priority; others having a history of drug abuse are accepted based on earliest release date as space is available in the program.

### Education, Vocation and Work Programs

*Education-* The Institution offers voluntary academic programs from Basic Literacy to ABE and GED preparation. Both academic and literacy programs are voluntary.

*Vocation/Prison Industry-* The LCIW's pre-vocational *Job Skills Education Program* teaches math and language skills that are directed toward an inmate's desired vocational interest. The institution also serves as a branch campus of the Louisiana Technical College System and offers vocational courses in culinary arts, custom sewing, horticulture, office system technology, and upholstery. LCIW also participates in a federal grant program that offers life skills training and job placement assistance to inmates enrolled in academic and vocational classes.

*Work-* All women inmates are required to work, with opportunities available in horticulture/ landscaping, gardening and maintenance. Work opportunities which also are considered vocational are available in upholstery, sewing, culinary arts, and the chair factory.

### Family Matters

*Visitation-* LCIW has a special visiting program for children and grandchildren up to the age of 11. Women participating may have their children and grandchildren on the general compound and in their living areas for up to eight hours one day each weekend. The institution does not allow overnight visitation by family members nor provide separate visitation areas for children.

*Pregnancy-* Pregnant offenders are given a "no climbing" restriction upon admission and are therefore housed on the ground floors and in bottom bunks in their living

areas. Other restrictions and special diets are ordered as medically necessary. All expectant mothers are classified to work indoors, are prohibited from handling chemicals, and receive prenatal and postpartum care.

*Childbirth and Placement-* Childbirth takes place in a local hospital with follow-up care provided by an ob-gyn at LCIW. Inmates are not allowed to provide care for their newborns at the institution. If a mother cannot find placement with family or friends for her newborn, the child is placed in Louisiana's foster care system.

*Parenting-* Parenting programs are available to all women inmates on a voluntary basis. Offenders also are provided with information on outside parenting resources that are available upon their release. While family reunification services are not provided, the facility will, as much as possible, cooperate with the Louisiana Office of Community Services to provide mental health counseling or parenting groups to facilitate reunification.

### **Staff Issues and Privacy Concerns**

*Staff Training-* LDPSC requires the same basic correctional officer training for both male and female correctional officers, with no gender-specific distinction mandated for officers supervising female offenders.

*Custodial Sexual Misconduct-* Sexual relationships and custodial sexual misconduct are prohibited by the department and will result in prompt disciplinary action and/or removal from service. In addition, officials note, charges may be filed with the district attorney.

*Searches-* Only same-sex staff may perform strip-searches, pat-frisks and visual surveillance unless an emergency exists.

### **State Feedback**

*Challenges-* Officials with the Louisiana Department of Public Safety and Corrections listed their most pressing concerns as having adequate space and both security and support staff to run programs for female offenders.

*Planning-* Currently, the department is planning to build an additional cellblock at the LCIW compound to house an additional 192 offenders.



## Maryland

Women's Correctional Institutions/Sites					
Institution	Location	Design Capacity	Population 3/22/00	Percent of Capacity	Year Opened for Females
Maryland Correctional Institution for Women	Jessup	547	849	155%	1940 <sup>54</sup>
Baltimore Pre-Release Unit for Women	Baltimore	72	144	200%	1975
Baltimore Pre-Release Unit for Women Annex	Baltimore	18	36	200%	1993 <sup>55</sup>

The Maryland Department of Public Safety and Correctional Services (MDPSCS) operates three institutions/sites for female offenders: the Maryland Correctional Institution for Women (MCIW), the Baltimore Pre-Release Unit for Women (BPRUW), and the Baltimore Pre-Release Unit for Women Annex (Annex). None of these facilities is co-gender. With an offender population of 849 in March 2000, MCIW was operating at 155 percent of its design capacity. In that month, both BPRUW and its Annex were at 200 percent of their design capacities.

*Classification-* MDPSCS uses the same classification system for both male and female inmates. MCIW's Reception-Diagnostic Classification Center receives all adult women who have been convicted and sentenced to the jurisdiction of the state for terms of six months to life. After classification at the Center, women are transferred to the appropriate institution to complete their sentence.

### Health Care and Substance Abuse

*Health-* Twenty-four hour medical care is provided at MCIW, seven days a week year-round. At BPRUW, care is accessible nine hours daily Monday through Friday, and for eight hours on Saturday and Sunday. While the Annex does not provide medical care, inmates are taken a short distance to BPRUW for health services. Among care available to women at MCIW are ob-gyn examinations, mammograms, and mental health services.

*Co-Payments-* Inmates are assessed a \$2 co-payment per sick call visit; follow-up care is provided free of charge. This amount is deducted from an inmate's account; indigent inmates are not charged.

*Substance Abuse-* Alcoholics Anonymous and Narcotics Anonymous classes are available at both MCIW and BPRUW. Additionally, MCIW offers programs in addiction education, residential substance abuse treatment, and women's intensive treatment (WIT). The latter two programs are mandatory for women having records of substance abuse. The WIT program is currently undergoing redesign, and additional funding has been secured for fiscal year 2001 for its expansion to include parenting as well as a wide range of other sessions to enhance the scope of substance abuse treatment. According to corrections officials, there is currently no wait for admission into any of these programs.

### Education, Vocation and Work Programs

*Education-* Education courses are required for at least 120 days if an inmate has not received a GED or high school diploma. MCIW offers ABE, intermediate education, pre-GED, GED, college and literacy lab education courses. BPRUW offers ABE and GED classes.

*Vocation/Prison Industry-* MCIW offers vocational courses in office management, employment readiness, vocational trades, computer repair, personal and family development, and preparation and career exploration. BPRUW offers vocational classes in parenting and employment readiness. Occupational skills training is offered at an off-site location.

Female offenders socialize future guide dogs in MCIW's *Model Pilot Dog* program, where Labrador puppies live in the institution, learning basic commands from a primary inmate handler to whom they are assigned for 15 months. Additionally, the *Touch of Love Sack* program allows women housed at MCIW, through an arrangement with State Use Industries, to sew flame-retardant sleeping bags for distribution to children at local homeless shelters. This program is funded with contributions from area churches.

*Work-* Women housed in Maryland's correctional institutions are required to work. At MCIW, work opportunities include supporting functions for kitchens and dining areas, sew shop, data processing, bulk mailing, sanitation and janitorial services, and grounds maintenance. At BPRUW, work includes positions in food services, sanitation, and work release. BPRUW Annex offers several work release opportunities.

### **Family Matters**

*Visitation-* MDPSCS offers several unique visitation programs for mothers. With the support of the local Girl Scout Council, MCIW's *Girl Scout Beyond Bars* program was formed for the daughters of women inmates. In addition to holding regular Scout meetings within the community, twice a month girls hold meetings at the institution, during which time the mothers and daughters participate in several activities including puppet shows; structured play; and discussions on self esteem, parenting, drug abuse, relationships, pregnancy prevention, and coping with family crisis. This program, deemed successful by several corrections administrators, has been replicated in a number of jurisdictions across the country.

Additionally, MCIW parenting programs provide participating offenders with extra visitation privileges, and *Children's Days* allow biannual special visitation between incarcerated mothers and their child(ren). MDPSCS does not allow overnight visitation for family members or, other than the aforementioned programs, separate visitation for children in women's facilities.

*Pregnancy-* All expectant mothers are held at MCIW, which offers a full range of ob-gyn services and special diets if prescribed by a physician.

*Childbirth and Placement-* Childbirth takes place at the University of Maryland Hospital. Postpartum recuperation takes place at MCIW, unless complications require an extended hospital stay. Following birth, no on-site care is allowed at the MCIW. A newborn's custody and placement are the responsibility of the Maryland Department of Social Services.

*Parenting and Domestic Abuse-* Parenting skills programs are available at MCIW through the education and social work departments; programs available at BPRUW are through the education department. MCIW offers domestic violence classes in coordination with the department of social work.

### **Staff Issues and Privacy Concerns**

*Training-* MDPSCS does not differentiate between the training required of correctional staff working at men's or women's facilities.

*Custodial Sexual Misconduct-* Correctional authorities responded that sexual relations or custodial sexual misconduct between staff and inmates are criminal offenses.

*Searches-* MDPSCS regulations require inmate strip-searches, pat-frisks, and visual surveillance to be done by a staff member of the same sex, except in emergency situations.

### **State Feedback**

*Challenges and Concerns-* Officials with the Maryland Department of Public Safety and Correctional Services noted that their most pressing challenges are meeting the needs of female offenders in such areas as gender-specific staff training; better assessment instruments to identify their needs; specialized classification; programming which addresses abuse histories; and more transition-to-release-services.

*Planning-* To replace current antiquated ones, two housing units currently are under construction at MCIW. Their completion is expected by summer 2000. Additionally, the institution is about to begin remodeling and expanding its dining facilities. There also are plans to construct a support building to assist with inmate intake, the infirmary, shops, and the mental health unit.

# Mississippi

Women's Correctional Institutions/Sites					
Institution	Location	Design Capacity	Population 6/20/00	Percent of Capacity	Year Opened for Females
Central Mississippi Correctional Facility	Pearl	1,154	891	77%	1987

The Mississippi Department of Corrections (MDOC) operates one major correctional institution for women, the Central Mississippi Correctional Facility (CMCF). With a population of 891 in June 2000, CMCF was operating at 77 percent of its design capacity.

*Classification-* Overall, MDOC uses the same classification system for males and females in determining placement.

## Health Care and Substance Abuse

*Health-* CMCF furnishes 24-hour medical care and provides female offenders with ob-gyn examinations, mammograms, and mental health services.

*Co-Payments-* If able to pay their medical bills, inmates are charged a \$3 co-payment per medical visit.

*Substance Abuse-* Women inmates are offered two drug and alcohol treatment programs. These programs can serve only 32 females every eight weeks, however, and there is currently a waiting list to be enrolled. Offenders are placed in the programs in order of priority, with those ordered by the court or required by parole for release given first consideration.

Upon an inmate's completion of a drug or alcohol program, counselors with Mississippi's *New Hope Foundation* alcohol and drug program provide services in parenting, interpersonal skills, co-dependency, building self esteem, community transition, and referrals to after care/secondary treatment and basic living skills.

## Education, Vocation and Work Programs

*Education-* CMCF offers an ABE program to offenders lacking a high school diploma in order to prepare for a GED. A voluntary academic literacy program is available to female offenders, but officials note that enrollment is very limited.

*Vocation/Prison Industry-* Women are offered a number of vocational programs, including courses in business technology, life skills, family dynamics, industrial sewing, cosmetology, upholstery and a related studies course. Mississippi Prison Industries employs an average of 40 female offenders in tack/furniture operations.

*Work-* Women inmates are required to work, with opportunities including positions as janitors, unit kitchen workers, and vocational school and ABE tutors.

## Family Matters

*Visitation-* MDOC's general visitation policies are the same for both males and females. However, the *Family House* visitation program, open only to women, allows families of eligible minimum custody offenders visiting from in-state to stay three nights, and families visiting from outside of the state five nights, in one of four efficiency apartments at the CMCF compound. A \$5 per night fee is charged, and all apartments are furnished, including games and toys for children. Offenders are allowed this opportunity once every three months.

*Pregnancy-* While all pregnant offenders receive prenatal care, most are provided special diets, light exercise programs and light duty work assignments dependent upon a physician's recommendation. Expectant mothers or women who have children up to the age of 12 months receive information on prenatal care and child



development through a four-week course. Taught by nursing students from the University of Mississippi Medical Center, *Building Bonds for Life* is geared toward empowering new parents with the skills and knowledge to meet the emotional, social and intellectual needs of their infants. Neither abortion nor contraception are available.

*Childbirth and Placement-* Childbirth takes place at the University Medical Center, a public facility in Jackson. Because CMCF does not provide on-site care for newborns, a state social worker is assigned to each inmate to arrange placement for the child. If the mother cannot arrange placement with friends or relatives, the infant is placed in foster care with the Mississippi Department of Human Services. A mother may lose all parental rights to the child if she has a considerable sentence yet to be served.

*Parenting-* CMCF offers a course in family dynamics and an *Active Parenting Today* class to incarcerated mothers. These classes meet twice a week for six weeks and encourage offenders to be active in their children's lives after their release. Taught by volunteers from the National Council on Alcohol and Drug Dependency, mothers role play real life situations they may face as parents. Approximately 30 offenders are selected to participate every six weeks.

*Domestic Abuse-* A new course taught by volunteers from the local Exchange Club Parent-Child Center is aimed at improving the quality of life for families at risk of abuse, and teaching mothers to nurture their children. Approximately 15 mothers, who must have a least six months remaining on their sentence, are assigned to each group at their or that of a unit case manager's request. Additionally, offenders also are referred to related parenting services within the community after their release from prison.

### **Staff Issues and Privacy Concerns**

*Staff Training-* MDOC does not differentiate between the training required for correctional staff supervising female or male offenders.

*Custodial Sexual Misconduct-* If found guilty of sexual misconduct with an inmate, corrections staff will have their employment terminated. State law provides that corrections staff engaging in such conduct could be charged with a felony and prosecuted. Penalties include being fined, imprisoned, or both.

*Searches-* MDOC prohibits male staff from any form of searches conducted on a female offender unless in the event of an extreme emergency (life threatening) situation.

### **State Feedback**

*Challenges-* The most pressing concern expressed by state corrections administrators was in accommodating the increasing population of female offenders, and simplifying MDOC's classification system for this growing population.

# Missouri

Women's Correctional Institutions/Sites					
Institution	Location	Design Capacity	Population 5/1/00	Percent of Capacity	Year Opened for Females
Chillicothe Correctional Center	Chillicothe	700	524	75%	1981
Women's Eastern and Reception, Diagnostic Correctional Center	Vandalia	1,460	1,177	81%	1998
St. Louis Community Release Center <sup>56</sup>	St. Louis	100	72	72%	1978
Kansas City Community Release Center	Kansas City	50	37	74%	1978

The Missouri Department of Corrections (MDOC) operates four institutions/sites for adult female offenders: the Chillicothe Correctional Center (CCC); Women's Eastern Reception, Diagnostic and Correctional Center (WERDCC); St. Louis Community Release Center (SLCRC); and the Kansas City Community Release Center (KCCRC). These centers serve to "assist offenders in a safe and successful transition" back into Missouri's communities. While CCC and WERDCC are separate, free standing institutions, both SLCRC and KCCRC are co-gender. As of May 2000, none of Missouri's correctional sites for women had a population exceeding its design capacity.

*Classification-* In determining placement, MDOC uses the same classification system for both male and female offenders.

## Health Care and Substance Abuse

*Health-* CCC and WERDCC provide on-site, 24-hour medical services seven days a week; SLCRC and KCCRC provide only emergency care. While mammograms are available to inmates at both CCC and WERDCC, ob-gyn examinations are provided only at the latter. All MDOC facilities, including community release centers, provide mental health services.

*Co-Payments-* Inmates are not charged co-payments for seeking or receiving health services, including prescription drugs.

*Substance Abuse-* MDOC offers substance abuse education and treatment programs as well as after care and support groups at both CCC and WERDCC. The Women's Eastern Treatment Center (WETC), located at WERDCC, has available 240 beds in several programs providing both short- (150 beds) and long-term (90 beds) substance abuse treatment, as well as treatment for women with both substance abuse problems and mental health disorders. The *Long-Term Therapeutic Community* program is a 12-month, intensive program offering a minimum of 30 hours of treatment per week to women for whom shorter treatment proved unsuccessful. All of the offenders in WETC have been court-ordered or stipulated for treatment by the Missouri Board of Probation and Parole.

Additionally, SLCRC and KCCRC provide some treatment programs. Most of MDOC's female substance abuse treatment programs currently have waiting lists for enrollment. At WERDCC, inmates must meet three of the following criteria for placement: be court-ordered; parole board-ordered; a first-time offender; or have a sentence of at least four years. At SLCRC, offenders must be within a year of their release to be eligible for treatment placement.



Missouri

## **Education, Vocation and Work Programs**

*Education-* To improve their basic educational skills and acquire a GED, all offenders lacking a GED or highschool diploma are required to participate in ABE and GED classes, which are offered at all four women's facilities. WERDCC also offers a number of general education requirement college level courses in conjunction with the Moberly Area Community College. Inmates successfully completing course work in such subjects as math, English, science, and psychology are given college credit. Officials note that all MDOC teachers, specialists, and administrators are certified by the Missouri Department of Elementary and Secondary Education.

*Vocation/Prison Industry-* Both CCC and WERDCC offer vocational programs in commercial sewing, upholstery, industrial technology, computer servicing and business technology, among others. Missouri Vocational Enterprises (MVE), which handles prison industry for all of the state's correctional institutions, has both clothing factory and data entry operations at CCC, and a clothing factory at WERDCC. Employing approximately 1,300 inmates statewide, MVE uses its proceeds to develop new products and create expanded vocational training opportunities directed at teaching offenders applicable work skills and habits prior to their release from prison.

*Work-* All inmates, male and female, are required to work, attend school, or be fully engaged in a formal treatment program. Exceptions are made only for inmates' medical or mental health limitations, or for disciplinary/security reasons. CCC and WERDCC offer work positions in the areas of grounds maintenance, gardening, food services, laundry, clerk, factory sewing, tutoring, and prison industry, among others.

## **Family Matters**

*Visitation-* MDOC's visitation policies are the same for male and female offenders. While the department does not allow overnight visitation privileges for inmates' family members, CCC and WERDCC both offer separate visiting areas specifically for children.

*Pregnancy-* All expectant offenders are housed at WERDCC. With the exception of those experiencing medical complications, pregnant inmates have the same diet, exercise, placement, and work assignments as the general (female) inmate population. Neither contraception nor abortions are offered by any MDOC facility.

*Childbirth and Placement-* Childbirth takes place in public hospitals, where offenders are allowed to stay no longer than 24 hours following delivery, unless there are complications. Mothers are allowed to provide care for their child during their hospital stay, however, no on-site care for newborns is allowed at any MDOC facility. Pregnant offenders are responsible for making custody arrangements for their children. If placement cannot be secured by the mother, the Missouri Division of Family Services assumes custody of the child.

*Parenting and Domestic Abuse-* WERDCC and CCC both offer the *Parents and Their Children (PATCH)* program, the mission of which is to provide children and their incarcerated mothers the services necessary to maintain and strengthen family relationships during the period of forced separation. To fulfill this mission, *PATCH* assists children with transportation to visits; provides educational programming to enhance positive parenting skills of inmate mothers; strives to increase public awareness of the issues surrounding the children of incarcerated parents; and advocates the continuance of services for those children. WERDCC's *Parents as Teachers* program includes various projects for women with children, including parenting skills programs.

Additionally, other counseling and parenting skills programs are available to females at both CCC and WERDCC. While SLCRC does not offer parenting programs, KCCRC has counseling services available in this area. All facilities address domestic violence through support groups and various treatment programs.

### **Staff Issues and Privacy Concerns**

*Staff Training-* All new CCC and WERDCC staff are required to complete specific classes in working with female offenders. Training for existing staff is reviewed and offered on an annual basis as necessary. In the class *Working With the Female Offender*, employees are given instruction in areas such as cross-gender supervision, and staff/offender relations and involvement.

*Custodial Sexual Misconduct-* Officials note that all MDOC employees are forbidden from being overly familiar with any offender in custody, male or female. Employees violating this policy can face disciplinary action which could result in demotion, suspension and/or dismissal.

*Searches-* Pat-frisk searches of women inmates may be performed by staff of either gender, however, if a female officer is present, she should perform the search. While strip-searches are performed by staff of the same gender, a staff member of the opposite sex may conduct such searches in emergency situations.

### **State Feedback**

*Challenges and Concerns-* Missouri officials included program issues regarding drugs and alcohol abuse, child care, dysfunctional relationships and dependency, legal complications concerning inmates' children, and medical care as their most pressing concerns in meeting the needs of female offenders.

*Planning-* The Missouri Department of Corrections is currently looking into the need to expand female bed space in the future, though no specifics were disclosed.



# North Carolina

## North Carolina

Women's Correctional Institutions/Sites					
Institution	Location	Design Capacity	Population 2/29/00	Percent of Capacity	Year Opened for Females
N.C. Correctional Institution for Women	Raleigh	754	1,073	142%	1938 <sup>57</sup>
Fountain Correctional Center for Women	Rocky Mount	393	355	90%	1984
Raleigh Correctional Facility for Women	Raleigh	140	137	98%	1988
North Piedmont Correctional Center for Women	Lexington	104	106	102%	1997
Black Mountain Correctional Center for Women	Black Mountain	80	70	88%	1986
Wilmington Residential Facility for Women	Wilmington	26	35	135%	1976
Mary Frances Center	Tarboro	100	100	100%	†
Energy Committed to Offenders	Charlotte	20	20	100%	†

† information not provided

The North Carolina Department of Correction (NCDOC) operates six correctional institutions/centers for female offenders: the North Carolina Correctional Institution for Women (NCCIW); Fountain Correctional Center for Women (FCCW); Raleigh Correctional Center for Women (RCCW); North Piedmont Correctional Center for Women (North Piedmont); Black Mountain Correctional Center for Women (Black Mountain); and the Wilmington Residential Facility for Women (Wilmington). Additionally, the department oversees a private substance abuse treatment facility for minimum custody women (the Mary Frances Center), and a contractual facility for work-release female offenders, Energy Committed to Offenders (ECO). None of these facilities is co-gender.

In February 2000, NCCIW had a population of 1,073, 142 percent of the institution's design capacity. Of the five other state-operated correctional facilities in North Carolina, two had populations exceeding their capacities at that time: North Piedmont and Wilmington, operating at 102 percent and 135 percent, respectively.

*Classification-* NCDOC uses the same case factor analysis instrument for classifying both male and female offenders.

### Health Care and Substance Abuse

*Health-* NCCIW has a skilled nursing care facility which provides inmates with 24-hour medical care. All other facilities, except Wilmington and ECO, have two nursing shifts and contract with local physicians and physician extenders who visit the facilities twice a week. For serious medical emergencies and illnesses, NCDOC has agreements with several public hospitals to provide needed care. Ob-gyn and mental health services are provided as medically indicated and required by law.

*Co-Payments-* A \$3 co-payment is required from inmates seeking routine medical services, with several exceptions, including chronic diseases, mental health services, pregnancy and job-related accidents, for which the co-payment is waived.

*Substance Abuse-* NCCIW provides an inpatient substance abuse treatment program. Additionally, follow-up support services such as Alcoholics Anonymous and Narcotics Anonymous are available to, but not required of, all inmates at NCCIW, FCCW, RCCW, NPCCW and Black Mountain. The Mary Frances Center is a treatment center by definition, with program components emphasizing abuse history in relationships, depression, parenthood and various other factors specific to women.

Although there is a backlog for residential services at both NCCIW and Mary Frances, there is typically no waiting list for most other substance abuse services. If there is a wait for admission, court referrals receive top priority for program placement, followed by inmates screened by an assessment tool.

### **Education, Vocation and Work Programs**

*Education-* All women's facilities offer ABE and GED programs. In addition, a four-year degree program through Raleigh's Shaw University is offered at NCCIW. Minimum custody inmates who begin the four-year degree program at NCCIW and are transferred to RCCW are allowed to continue. Study release in the community also is available for minimum custody inmates.

*Vocation/Prison Industry-* In partnership with the North Carolina Community College System, NCDOC offers a broad range of vocational training programs to female offenders, including office technology, food service and horticulture. Additionally, NCCIW has apprenticeship programs available in the areas of cosmetology, culinary arts and upholstery.

*Work-* All female inmates are required to work unless they are engaged in full-time academic or vocational programs, are medically unable, or are on disciplinary control status. In most facilities, work release jobs are available for female inmates as well. In addition, women may be assigned to unit duty such as janitorial, clerical, or kitchen duty; those at RCCW may be assigned to food service or janitorial duty off-site in state government office buildings; and inmates at NCCIW operate the toll-free phone system and perform bulk mailings for North Carolina's Travel and Tourism Bureau, operate the *Amtrak* and ferry reservation system, and some work in a dental lab learning to make dentures.

### **Family Matters**

*Visitation-* While NCDOC's visitation policies are generally the same for both male and female inmates, incarcerated mothers are allowed more liberal visitation opportunities. In women's facilities, the department does not limit the number of children per visit, which is not the case in men's. While NCDOC does not provide overnight visitation for family members, at NCCIW, the *MATCH* center (*see Parenting*) is separate from other visitation units. In some other units, outdoor playgrounds exist for child visitation.

North Carolina's *Family Visit Program* allows eligible inmates (both male and female) in the final stage of imprisonment an opportunity to spend time with their families and adjust back into society upon release from prison. These visits, up to 48 hours per calendar month, take place in a home of the family sponsor. In determining eligibility for the program, administrators take into consideration an inmate's behavior record; performance in her work activities; reports from prison counselors, work supervisors and community volunteers; and comments from the community.

*Pregnancy-* Pregnant inmates, all housed in a single dorm at NCCIW, are offered community-standard prenatal and postpartum care as well as weekly visits with a nurse/midwife. Special diets, exercise programs and work assignments are made available when medically indicated, and all expectant mothers stay in infirmary for the last month of their pregnancy. Abortions and contraception are not available.

*Childbirth and Placement-* Women are transferred from NCCIW to Wake Medical Center, a regional public hospital, to deliver. They remain at the hospital for 24 to 72 hours, depending upon the difficulty of birth, then return to NCCIW. Mothers are not allowed to provide on-site care for their children at NCCIW, except for routine visitation.

When a pregnant inmate is transferred to NCCIW, a clinical social worker, in conjunction with the North Carolina Department of Social Services (DSS) in the county where the woman lives, begins immediately to develop placement for the child. Corrections officials note that infants are typically placed with family members approved by DSS, sometimes with foster care, and, rarely, adopted.

*Parenting and Domestic Abuse-* A parenting skills program, *Mothers and Their Children (MATCH)*, is available, but with limited enrollment, at NCCIW. *MATCH* consists of parenting skills education and structured, regular visitation between the inmates and their children. Additionally, several women's facilities offer *Motheread*, a visitation program encouraging mothers to enhance their own and their children's literacy by reading aloud to them. NCCIW also has an extensive group-based program for female offenders who have been the victims of abuse. Other facilities offer this type of intervention on occasion, as indicated by the needs of their respective populations.

### **Staff Issues and Privacy Concerns**

*Staff Training-* No gender-specific or specialized training is required for staff working at women's correctional facilities.

*Custodial Sexual Misconduct-* NCDOC has a zero-tolerance policy on sexual relations and custodial sexual misconduct between corrections staff and inmates. Staff members engaging in such conduct are summarily dismissed and can be prosecuted as felons. Typically, officials note, no action will be taken against the inmate.

*Searches-* Male correctional officers are not allowed to perform strip-searches on female inmates, nor, officials note, are female officers allowed to search males. Additionally, staff are not assigned to posts where they would be routinely viewing showers, changing areas, etc., of inmates of the opposite sex.

### **State Feedback**

*Challenges-* Officials with the North Carolina Department of Correction stated that their overriding concern is accommodating the dramatic increase in female inmates over the past 10 years. Specifically, they note, the population has begun to shift to a higher custody level due to a 1994 state law which reserved prison space for more serious and violent offenders, and keeps them imprisoned longer. Because several custody levels are represented at NCCIW, maintaining that separation has become challenging, they added.

*Planning-* Construction is currently underway for a 208-bed dorm and a new kitchen/dining room at NCCIW. Corrections officials indicated that in 2001 they will propose the construction of a 500-bed medium-custody unit for female offenders.

# Oklahoma

Women's Correctional Institutions/Sites					
Institution	Location	Design Capacity	Population 5/22/00	Percent of Capacity	Year Opened for Females
Mabel Bassett Correctional Center	Oklahoma City	332	321	97%	1974 <sup>58</sup>
Mabel Bassett Minimum Unit	Oklahoma City	160	160	100%	1999 <sup>59</sup>
Dr. Eddie Warrior Correctional Center	Taft	635	630	99%	1988
Central Oklahoma Correctional Facility	McCloud	644	896	139%	1998

The Oklahoma Department of Corrections (ODC) operates three institutions for adult female offenders: the Mabel Bassett Correctional Center (MBCC); the Mabel Bassett Minimum Unit (MBMU); and the Dr. Eddie Warrior Correctional Center (EWCC). While MBCC houses minimum, medium, and maximum custody level female offenders, MBMU and EWCC house only minimum custody. EWCC also is home to a therapeutic discipline program, *Female Offender Regimented Treatment*. Of these facilities, none have populations exceeding their design capacities as of May 2000, though MBMU was operating at 100 percent.

Although the state contracts with Correctional Services Corporation to operate the Central Oklahoma Correctional Facility for women, the remainder of this state page provides information only on state-operated adult female correctional facilities, none of which is co-gender.

*Classification-* Presently, the same classification system is used for both male and female offenders. However, an ongoing task force, aided by an outside consultant, currently is considering amendments to ODC policy that would possibly recognize differences for women in the assessment process.

## Health Care and Substance Abuse

*Health-* ODC provides daily 24-hour medical services at MBCC, with doctors on-site five days a week. MBMU has nurses on-site until 7:00 p.m. daily. EWCC has nurses on-site daily, with doctors present five days weekly. All facilities have a duty officer on call after hours. While ob-gyn examinations, mammograms, and mental health services are available to women in all facilities, MBCC is the primary provider for both extensive health and mental health care services. Additionally, ODC recently has constructed two additional safe cells at MBCC to meet the needs of mentally ill patients.

*Co-Payments-* A \$2 co-payment is deducted from an inmate's account, per visit and per prescription, if they initiate medical and dental services.

*Substance Abuse-* MBCC offers *New Beginnings*, a 13-week alcohol and substance abuse program which uses a personal responsibility model to assist participants in becoming both law-abiding and drug-free productive members of society. This comprehensive program addresses such areas as substance abuse education, interpersonal communication, parenting skills, rational thinking, assertiveness, and relapse prevention. Placement in *New Beginnings* requires offenders to submit an application and be interviewed, with priority placed on those eligible with a significant substance abuse history. Additionally, 12-step programs and other support groups are available to MBCC residents to help them overcome their alcohol/substance abuse.



MBMU offers substance abuse education, Alcoholics Anonymous, and has recently implemented a 20-inmate residential substance abuse treatment program. EWCC has an 82-slot regimented therapeutic community program, Narcotics and Alcoholics Anonymous, substance abuse education, and alcohol/narcotics victorious programs available to offenders. EWCC's therapeutic community and MBCC and MBMU's residential substance abuse programs require interviews and screening to participate.

### **Education, Vocation and Work Programs**

*Education-* Academic programs are mandatory for inmates who cannot read above the sixth grade level. All institutions offer academic classes in ABE and GED preparation, as well as some post-secondary courses. Additionally, MBCC offers courses in advanced learning, literacy training, and a computer lab.

*Vocation/Prison Industry-* MBMU's Vo-Tech Skills Center offers training in the areas of business education and computer technology. EWCC's Vo-Tech Skills Center offers classes in building maintenance, construction, and electronics. Both facilities' centers are operated by the Oklahoma Department of Career and Technology Education.

Oklahoma Correctional Industries (OCI) employs approximately 90 MBCC inmates in the areas of micro-filming, data entry, and OCI customer service. Approximately 15 inmates in EWCC's Saddle Shop manufacture and repair saddles and tack for ODC and other state agencies. Renovations currently are underway at EWCC to add several additional small industry programs.

*Work-* Female inmates are required to work 40 hours a week. All women's facilities have work opportunities including positions in grounds and facility cleaning, tutoring, general labor (yard work), laundry, maintenance, food services, clerk and prisoner public works programs. Regarding the latter, inmates are available to assist with projects for municipalities, counties, other state agencies, local government and public non-profit organizations in nearby communities.

### **Family Matters**

*Visitation-* For the most part, visitation policies do not differ between male and female offenders. While generally there is no overnight visitation allowed for inmates' families, MBCC's *Children and Mothers' Program (CAMP)* is an exception. *CAMP*, implemented in 1987, allows mothers and grandmothers the opportunity to spend quality time in a child-centered setting in which overnight visits, picnics, and holiday celebrations are shared. Parenting classes are mandatory for offenders participating in the program. While separate visitation areas are not available for children, playground equipment is.

*Pregnancy-* All pregnant inmates are housed at MBCC for medical care and hospital access. Special diets, exercise and work assignments are given according to a doctor's orders. The ODC does not perform or pay for abortions, and contraception is available only for medical reasons outside of birth control.

*Childbirth and Placement-* Offenders are transferred from MBCC to a local public hospital located approximately two miles away in anticipation of delivery. ODC does not allow on-site care for infants. Newborn placement is the responsibility of the offender, who usually will secure care from a family member. If placement cannot be found, foster care can be coordinated.

*Parenting-* Parenting classes are conducted at MBCC with the assistance of a local non-profit organization. This curriculum offers a variety of information utilizing video, written communication, and group interaction. Officials note that MBCC's parenting program includes nutrition courses.

Assisted by community volunteers, EWCC's five-month *New Directions* parenting program addresses child development, both physical and psychological; school problems; communication; and resources for incarcerated mothers. Included among

program participants are optometrists, nutritionists, psychologists, counselors, medical doctors, nurses, teachers, principals, social and welfare workers, credit counselors, and political activists.

*Domestic Abuse-* Domestic violence and anger management are addressed in programs available at all female facilities through psychological services staff and college interns.

### **Staff Issues and Privacy Concerns**

*Staff Training-* Training required of all staff at female facilities addresses specific female issues and concerns as listed in the National Institute of Corrections' lesson plan, *Working with Female Offenders*.

*Custodial Sexual Misconduct-* Two courses, *Staff/Offender Relationships* and *Inappropriate Staff and Offender Relationships*, have been incorporated into ODC's staff training. In addition, specialized training entitled *Power, Control, and Sexual Misconduct*, has been provided to upper management and supervisors.

A policy entitled Sexual Misconduct with Offenders became effective in April 1998, specifying prohibited conduct. While sexual intercourse with inmates has been a felony for several years in Oklahoma, a law taking effect in 2000 added sodomy and sexual battery of an inmate by an employee as felony offenses for staff as well.

*Searches-* Strip-searches of women inmates must be conducted by two ODC female staff members, and cavity searches must be conducted by medical staff. Pat-searches are conducted by same-gender employees.

### **State Feedback**

*Challenges and Concerns-* Oklahoma's Female Offender Task Force is presently addressing training issues, parity in programs, and best practices in order to better accommodate the state's female offender population. This task force was created by ODC in April 1998 to ensure policies and procedures that affect or impact female offenders provide or ensure a level of parity that avoids any discriminatory implication.

*Planning-* Plans have been made to expand and remodel women's dorms and bathroom facilities at EWCC. In addition, new industry and expanded vocational-technical courses will be added, and the facility's medical unit will soon be expanded to accommodate the state's growing female inmate population.



## South Carolina

Women's Correctional Institutions/Sites					
Institution	Location	Design Capacity	Population 11/15/99	Percent of Capacity	Year Opened for Females
Leath Correctional Institution	Greenwood	384	445	116%	1991
State Park Correctional Institution	Columbia	442	416	94%	1983
Women's Correctional Institution	Columbia	521	863	166%	1973

The South Carolina Department of Corrections (SCDC) operates three correctional institutions for female offenders: the Leath Correctional Institution (Leath), State Park Correctional Institution (State Park) and Women's Correctional Institution (WoCI). While both Leath and State Park are separate, free-standing institutions, WoCI is located in the same complex as male facilities. As of April 2000, both WoCI and Leath's populations exceeded their design capacities, at 166 percent and 116 percent, respectively.

Of note, WoCI houses special needs women, providing housing for inmates who are pregnant, physically and mentally challenged, and those with debilitating conditions and disabilities which require constant medical supervision. That institution also is home to the Women's Reception and Evaluation Center, opened in 1993 to process all female offenders entering the corrections system and the *Young Offender Intensification Program*, implemented in 1998 to house all general population inmates with Youthful Offender Act sentences.<sup>60</sup> Additionally, with provisions under the Interstate Corrections Compact, some SCDC female offenders are housed in the states of Maryland and Florida.

*Classification-* While South Carolina utilizes the same classification system for both men and women, special needs identification is part of the classification process by which gender-specific needs can be identified and women can be placed in facilities and programs accordingly.

### Health Care and Substance Abuse

*Health-* Both Leath and WoCI have on-site medical care available 24 hours a day, seven days a week. State Park provides on-site care eight hours a day, five days a week. For ob-gyn examinations, all inmates are transferred to WoCI, and mammograms are available through a community hospital. While both State Park and Leath offer out-patient mental health services for those taking psychiatric medication, WoCI offers the most intensive services on-site, serving as SCDC's regional women's mental health center.

*Co-Payments-* Co-payments are not required of women seeking health services.

*Substance Abuse-* SCDC currently offers a modified therapeutic community alcohol and/or drug treatment program to female offenders in two of its three women's facilities. State Park's program has 36-beds, with six of those designated exclusively for young offenders, age 17 through 25. Leath has a 108-bed treatment program for straight time offenders, and is federally funded under the Residential Substance Abuse Treatment for State Offenders grant.<sup>61</sup> Officials note that both of these programs are vastly different from those available to male offenders in that they are designed to address gender-specific issues, focusing on women's health, wellness, parenting and sexual abuse.

These two programs' availability is limited by such factors as an inmate's sentence length, addiction severity, and custody level. Currently, there is a wait to be admitted due to limited bed space. All offenders entering the state's correctional system are screened by the Texas Christian University Drug Dependency Screen. Once a female offender has been indicated as chemically dependent, she is then further screened for program eligibility criteria, then transferred upon availability.

### **Education, Vocation and Work Programs**

*Education-* Educational opportunities available in all three SCDC female institutions include: ABE, GED preparation, literacy, high school diploma, and life/social skills classes. WoCI also offers college correspondence courses. Of interest, officials note that educational program availability for incarcerated women is equal to, or greater than, availability for men in South Carolina.

*Vocation/Prison Industry-* All three of the state's women's facilities offer vocational training through building services, welding, horticulture, business occupations, electrical, industrial sewing and marketing instruction. In addition, WoCI provides dental assistant training. Leath's prison industry provides positions with a private sector company which books travel and hotel reservations. WoCI's apparel plant produces various articles of apparel used for SCDC and other county-designated facilities.

*Work-* All women inmates are required to work. Work opportunities available include positions in large-scale food preparation at State Park; electrical, office skills, welding, industrial sewing, and large-scale food preparation at WoCI; and intensified business occupations, marketing education, industrial sewing, horticulture and large-scale food preparation at Leath. Leath also provides an inmate labor crew to a local recycling center and a correctional officer-supervised litter crew to remove refuse along area interstates and highways.

### **Family Matters**

*Visitation-* SCDC's visitation policies are the same for both male and female offenders, and no overnight visits are allowed by family members. Separate visitation areas are not available for children at any women's facility.

*Pregnancy-* In addition to having 24-hour nursing coverage available, sleeping in bottom bunks, and appropriate diets supplemented by prenatal vitamins and iron, expectant offenders are seen on a monthly basis either at the community hospital clinic or by the SCDC physician. In the last month of pregnancy, women are seen weekly at the community hospital obstetrics clinic. While there is no specific exercise program designated, work assignments are based on what the inmate is able or willing to do. Pregnant offenders are not housed in any particular unit. Abortions may only be obtained as elective outside care at the inmate's own expense; contraception is only available if it is medically indicated.

*Childbirth and Placement-* Childbirth takes place at Palmetto Richland Memorial Hospital (PRMH), a county facility. The mother stays at PRMH until she is stable enough to transfer to Just Care, a private correctional hospital, where she stays until she can be discharged back into the general inmate population. The mother's six-week postpartum check is performed by an SCDC physician.

The newborn can remain with the mother at the discretion of the hospital staff until she is transferred to Just Care. Clinical correctional counselors (SCDC's social workers) work with pregnant offenders in arranging placement for their babies. This may be with an inmate's family, the South Carolina Department of Social Services, or an adoption agency, among others.

*Parenting and Domestic Abuse-* While SCDC offers parenting classes, there are no family reunification services available. The department contracts with a private, non-profit agency, *Sistercare*, to provide abused and battered women counseling services.

## **Staff Issues and Privacy Concerns**

*Staff Training-* Staff orientation at Leath includes instruction on supervising women inmates. WoCI offers specific training in dealing with female offenders, along with supervising females in the Young Offenders Intensive Probation (YOIP) program. Additionally, basic training for all correctional officers includes a section on inmate cultures, which addresses female offenders.

*Custodial Sexual Misconduct-* South Carolina statute prohibits sexual relations between corrections staff and inmates, whether such relations are consensual or not. If found guilty, this conduct will result in the loss of employment with SCDC. If found guilty of sexual intercourse, an employee faces additional punishment under state statute and may be imprisoned for up to 10 years.

*Searches-* SCDC prohibits routine strip-searches or pat-frisks by staff of the opposite sex.

## **State Feedback**

*Challenges and Concerns-* Officials with the South Carolina Department of Corrections note that their most pressing concern in responding to the special needs of female offenders is accommodating this increasing population, particularly in the areas of providing adequate health and mental health services. Additionally, the department would like to see more gender-specific training required for staff working with female offenders, and additional space and staff to separate the YOIP program from other inmates in order to better accomplish the program's goals.

*Planning-* To accommodate its increasing female inmate population, the SCDC currently is adding housing units at Leath to add an additional 256 beds, and remodeling and adding bed-space at WoCI.

# Tennessee

Women's Correctional Institutions/Sites					
Institution	Location	Design Capacity	Population 3/31/00	Percent of Capacity	Year Opened for Females
Tennessee Prison for Women	Nashville	519	498	96%	1966
Mark Luttrell Correctional Center	Memphis	440	436	99%	1997 <sup>62</sup>
DeBerry Special Needs Facility	Nashville	32 (women)	29 (women)	91%	1992

The Tennessee Department of Correction (TDOC) operates three institutions for female offenders: the Tennessee Prison for Women (TPW), Mark Luttrell Correctional Center (Mark Luttrell), and DeBerry Special Needs Facility (DeBerry). DeBerry, a co-gender facility, provides a number of special needs services, including acute and convalescent health care, intensive mental health intervention and departmental pharmaceutical services. As of March 2000, none of these facilities was operating above its design capacity.

*Classification-* In determining placement, TDOC employs the same classification system for both males and females.

## Health Care and Substance Abuse

*Health-* Twenty-four hour medical care is available at all three women's facilities, and all offer female offenders ob-gyn examinations, mammograms, and mental health services — though more intense mental health treatment is offered at DeBerry.

*Co-Payments-* TDOC requires a co-payment of women inmates requesting health care services. However, if the visit is initiated by medical staff, or in emergency situations, no charges are assessed.

*Substance Abuse-* While not required of female offenders, substance abuse treatment programs are available at TPW and Mark Luttrell. According to TDOC officials, both of these programs are therapeutic communities that offer intense programming related to substance abuse. There are 175 total spaces available for participants: 143 at TPW and 32 at Mark Luttrell. At various times, waiting lists form. Admission is determined by an offender's documented history of substance abuse, voluntary admission, and recommendation by the Tennessee Board of Probation and Paroles. All three women's sites provide short-term education courses related to substance abuse.

## Education, Vocation and Work Programs

*Education-* TPW and Mark Luttrell both offer ABE and GED preparation courses, and GED tests are administered at both facilities.

*Vocation/Prison Industry-* Women must request participation in TDOC industry and vocational programs, however, upon an inmate's classification, the classification committee can highly recommend placement. Vocational programs offered at TPW are in building trades, cosmetology, food service and horticultural/landscaping. Additionally, TPW offers industry and apprenticeship programs in data entry, sewing, telemarketing, and the TennCare (Tennessee's Medicaid managed care system) information line. Mark Luttrell offers vocational programs in cosmetology, ornamental horticulture, commercial cleaning and residential construction technology. There are no prison industry programs at Mark Luttrell.



*Work-* All female offenders in Tennessee's institutions for women are required to work. Both TPW and Mark Luttrell provide work in community service crews; supporting functions for prison kitchens and dining areas; supporting the institutions' program areas, i.e., school, chapel; providing janitorial services; and various positions in state agencies.

### **Family Matters**

*Visitation-* TDOC's general visitation policies are the same for both men and women. However, TPW has a nationally-recognized program that allows children under the age of eight to visit their incarcerated mothers for weekends. A mother may have only one child per visit, but a total of 10 children may stay with mothers in double bunked cells on the main compound. Before approval for weekend visitation is granted, the mother must be classified to a medium or lower custody level and must be free of all disciplinary actions for at least 12 months. Inmates charged with child abuse or neglect will not be permitted to participate unless it is recommended by the Tennessee Department of Human Services. The program has recently been opened to grandmothers and grandchildren, when space is available, provided written consent is provided by the child's parents.

Outside of the above program, separate visitation areas are not currently available for children; however, renovations currently underway at TPW will soon provide such accommodations (*Please see Planning.*)

*Pregnancy-* All pregnant offenders are held at TPW, where their prenatal care is closely followed by the institutional medical staff to ensure a comprehensive program including laboratory tests, diet, dietary supplements, prenatal checkups and exercise. Work assignments are dependent upon the health of the inmate. Elective abortions are available to women at all facilities in accordance with state law, and at the expense of the inmate. While contraceptives are not available to inmates for birth control, offenders are referred to community family planning agencies upon release for counseling concerning contraceptive matters.

*Childbirth and Placement-* Childbirth takes place at the Nashville Memorial Hospital, a public facility. None of Tennessee's three correctional institutions for women allow on-site care for an offender's child. Postpartum care also is provided by the medical staff, following the orders of a physician. Placement of a newborn is determined by the mother. In most cases, placement is with a relative or family friend; however, if this cannot be accomplished, the child is placed in foster care with the Tennessee Department of Human Services or other foster care agencies.

*Parenting and Domestic Abuse-* The TDOC does not offer any specific parenting skills course to female inmates, although their *Decisions* course offered at TPW does provide some guidance in this area. Additionally at TPW, a group lead by a mental health professional focuses on parenting skills. There are no family reunification programs available. The *Decisions* curriculum does address the issue of domestic violence.

### **Staff Issues and Privacy Concerns**

*Staff Training-* Training requirements for all institutional personnel are the same, with no required gender-specific training for staff working with the female population. However, the department's training academy does provide staff a four-hour course entitled *Managing Female Offenders* when such training is requested by a warden of any of the three women's facilities. This course primarily addresses supervision issues, including cross-gender supervision.

*Custodial Sexual Misconduct-* Employees of Tennessee's correctional sites for women are to have only professional relationships with offenders under their supervision. Those who engage in improper relationships, including emotional or romantic attachments with offenders, are subject to termination, as departmental policy forbids such conduct.

*Searches-* In all three TDOC women's sites, female offenders only can be searched by female corrections officers.

### **State Feedback**

*Challenges and Concerns-* Officials with the Tennessee Department of Correction note that their most pressing concern in this area is meeting the needs of an increasing female offender population given a lack of available resources. Although corrections administrators recognize there are many gender-specific needs that must be met, the influx of female offenders, accompanied by limited budgetary resources, results in many of these needs going unaddressed. This is exacerbated, note officials, by the many female offenders currently awaiting trial or placement in one of Tennessee's female sites.

*Planning-* Tennessee currently is implementing a long-range female felon plan which extends to year 2006. Already initiated under this plan is the conversion of an existing male classification facility to an all female facility, and renovation and expansion of TPW to accommodate a capacity of 775 inmates. This expansion is scheduled to be completed by late 2001.

The long-range plan provides future recommendations for capacity expansion to include further expansion at the Tennessee Prison for Women as well as the potential for establishing a location for females in East Tennessee. According to TPW's deputy warden, Charles Simmons, "we'd like it [the proposed east Tennessee facility] so the inmates could stay in a place closer to home and easier for family to visit. We feel like that interaction from family encourages a person to want to get out and do better."<sup>63</sup>



## Texas<sup>64</sup>

Women's Correctional Institutions/Sites					
Institution	Location	Design Capacity	Population 5/23/00	Percent of Capacity	Year Opened for Females
Gatesville Prison	Gatesville	2,115	2,026	96%	1980
Hilltop Prison	Gatesville	677	661	98%	1981
Hobby Prison	Marlin	1,342	1,294	96%	1989
Mountain View Prison	Gatesville	645	608	94%	1975
Murray Prison	Gatesville	1,313	1,287	98%	1995
Plane State Jail	Dayton	2,144	2,071	97%	1995
Woodman State Jail	Gatesville	900	871	97%	1997
Dawson State Jail	Dallas	2,000	1,960	98%	1997
Lopez State Jail	Edinburgh	1,100	1,023	93%	1997
Bridgeport Pre-Parole Facility	Bridgeport	200	199	100%	1987
Halbert Substance Abuse Facility	Burnet	504	422	84%	1995
Henley Substance Abuse Facility	Dayton	504	485	96%	1995
Skyview Psychiatric Facility	Rusk	528	482	91%	1988
Hospital Galveston Medical Facility	Galveston	255	117	46%	1983
Texas City Medical Facility	Dickenson	459	361	79%	1996

The Texas Department of Criminal Justice (TDCJ) operates five women-only prisons: Gatesville, Hilltop, Hobby, Mountain View, and Murray; as well as two women's state jails (Plane and Woodman) and one co-gender (Lopez) state jail. Texas also contracts the operation of another co-gender state jail (Dawson).<sup>65</sup> Furthermore, the department contracts out Bridgeport, a pre-parole facility; operates two female substance abuse facilities (Halbert and Henly); and manages one co-gender psychiatric facility (Skyview).

In addition, Hospital Galveston is a co-gender skilled medical facility with medical/surgical and holding beds, offering Texas' entire incarcerated population hospital and acute care. Texas City Medical Facility is a co-gender medical facility offering services in basic medical, dental and psychiatric care; chronic disease clinics; substance abuse services; and preventive medicine services. As of May 2000, no TDCJ women's prisons, jails or other correctional facilities were operating above their design capacities.

*Classification-* Texas' classification process is principally identical for female and male offenders, with a few minor housing differences for women.

*Federal Women's Facilities-* Texas is also home to two Federal Bureau of Prisons (BOP) sites for female offenders. The women's federal prison camp in Bryan,

Texas, houses 725 low security offenders (rated capacity 720), and the BOP satellite camp in Carswell, Texas, houses 214 females (rated capacity 148).

### **Health Care and Substance Abuse**

*Health-* Four of Texas' five women's prisons provide a wide array of basic medical, dental, and psychiatric services, and make available basic nursing care 24 hours a day; the other, Mountain View Prison, provides primary level medical care and basic nursing care 24 hours a day. Of the state's four jails, all provide basic medical services; Plane and Dawson have basic nursing care available 24 hours a day, and Woodman and Lopez have basic nursing care available 16 hours a day. Among other services, the department provides all female offenders mammograms, complete ob-gyn examinations and mental health services.

*Co-Payments-* TDCJ charges offenders who initiate visits to a health care provider a \$3 per visit co-payment. This amount is deducted from the inmate's trust fund account. Co-payments are not assessed for emergency, follow-up, chronic care, prenatal, physical or mental health screening and department-initiated visits. Under no circumstances are offenders denied access to health care as a result of a failure or inability to make these co-payments. No co-payments are assessed for prescriptions and medications.

*Substance Abuse-* Drug education courses and nonresidential drug counseling are available at all women's facilities. All female offenders are required to attend a 24-hour substance abuse program, and may request a longer term program. The state jail *Substance Abuse Treatment Program* includes substance abuse education, pre-treatment and self-help groups for short-term offenders assessed with substance abuse problems. The state jail *Modified Therapeutic Community* program is a four-to six-month intensive treatment opportunity, with a recommended six months of aftercare.

In women's prisons, the department provides two types of residential substance abuse treatment programs for female offenders. Substance abuse felony punishment facilities provide an intensive nine to 12 months of residential treatment for inmates with crime-related substance abuse problems who have been sentenced to the facility as a condition of probation or as a modification of parole or probation. The *In-Prison Therapeutic Community* program, offered at Gatesville and Dayton, provides female offenders nine to 12 months of residential treatment for women identified as needing substance abuse treatment. Inmates completing either program are released on parole to a community-based residential facility for three months, followed by outpatient treatment for 12 months.

### **Education, Vocation and Work Programs**

*Education-* According to TDCJ officials, female and male inmates have equal opportunities to participate in education and job training programs. Eligible females without high school diplomas may enroll in both adult literacy and GED programs, in which they can learn to read, write, and perform mathematical calculations. Additionally, an English-as-a-second-language program is offered to female inmates with little or no English-speaking, reading and/or writing ability. Other educational opportunities available to female offenders at various facilities include ABE, special education, cognitive intervention, and life skills courses. Additionally, Murray, Mountain View, and Gatesville prisons offer women inmates academic courses through Central Texas College.

*Vocation-* Women inmates also are offered several job training, trade, and apprenticeship programs. Gatesville offers three trade programs (janitorial services, office administration, and graphic arts), and four apprenticeship programs (welding, construction carpentry, construction electrician, and pressman). Hilltop has a trade program in data processing, and apprenticeship programs in combination welding and construction electrician. Hobby offers apprenticeship programs in bindery

worker, cameraman-plate-maker-stripper, graphic designer-illustrator, photo-typesetter, and pressman. Mountain View's apprenticeships include programs in cooking, building maintenance repair, computer operation, and computer programming, and Murray offers one trade program (custodial technician).

Texas' four women's jails offer a wide array of trade/technology programs, including opportunities in computer applications, culinary arts, employability skills, industrial electronics, industrial maintenance, custodial technician, painting and decorating, and horticulture.

*Prison Industry-* Three of the state's women prisons participate in the Texas Correctional Industries program: Hilltop's industrial operation is a garment factory; Hobby has a print-shop; and Mountain View inmates can work in the bindery and braille facility.

*Work-* Women incarcerated in the state are required to participate in full-time work or school programs, or a full-time combination of the two. In addition to industry positions, work opportunities are available in janitorial, food, grounds maintenance, agricultural, facility maintenance, clerical, cosmetology and laundry services.

### **Family Matters**

*Visitation-* Generally, TDCJ visitation policies are the same for both male and female inmates. The department provides females one two-hour visit each weekend, on Saturday or Sunday, between 8:00 a.m. and 5:00 p.m. If family members reside 300 miles or more (one way) from the prison, the inmate may request a special four-hour visit per day on both Saturday and Sunday, once a month. TDCJ policy provides for both general and contact visits. No overnight visitation is available for inmates' family members.

*Pregnancy-* According to TDCJ officials, expectant mothers are offered both prenatal and parenting classes.

*Childbirth and Placement-* Pregnant inmates are transferred to a facility near the delivery hospital (located in Galveston) at 26 weeks for inmates with a minimum-security custody level, and at 36 weeks for inmates with higher custody levels. Once an inmate gives birth, she is allowed to keep her baby for up to a few days, after which time the infant is placed with a family member or a predetermined caregiver.

*Parenting-* TDCJ does not provide funding for parent education programs. However, since 1996, a non-profit organization has offered female offenders a parenting program aimed at improving parent-child interactions. This 15-week program, *Enhancing Quality and Understanding of Incarcerated Parents*, allows participants to meet once a week for two hours. To be eligible, among other requirements, female inmates must have children under age 18 and be eligible for parole within 18 months. The program is conducted by volunteers.

### **Staff Issues and Privacy Concerns**

*Staff Training-* Officials note that employees of TDCJ's female facilities are provided on-the-job training that prepares them to manage and interact with female offenders.

*Searches-* TDCJ policy forbids correctional officers from conducting pat-searches or having improper contact with female offenders.

*Custodial Sexual Misconduct-* In 1999, the state expanded a law prohibiting sexual relationships between all correctional employees and offenders by making any sexual contact between the two felony offenses for the former. Staff found guilty will not only be terminated, but will face between 180 days and two years in jail, and be fined up to \$10,000.

## **State Feedback**

*Challenges and Concerns-* Officials with the Texas Department of Criminal Justice cite gender-specific programming; how to maintain and strengthen ties between incarcerated mothers and their children; how to develop appropriate discharge planning and aftercare services with an emphasis on housing, job and childcare assistance; and managing the youthful and aging female offender populations as their most pressing concerns.

*Planning-* TDCJ has no immediate or future plans to build new or remodel present facilities to accommodate its female offender population.

## Virginia

Women's Correctional Institutions/Sites					
Institution	Location	Design Capacity	Population 5/30/00	Percent of Capacity	Year Opened for Females
Fluvanna Correctional Center for Women	Fluvanna County	1,027	900	88%	1998
Virginia Correctional Center for Women	Goochland County	450	446	99%	1931
Brunswick Work Center	Brunswick County	200	170	85%	1995
Pocahontas Correctional Unit	Chesterfield County	260	230	88%	1994
Richmond Women's Diversion Center	Richmond	36	27	75%	1996
Tidewater Detention Center	Chesapeake	100	89	89%	1998
Southampton Diversion Center	Southampton	46	46	100%	1998

The Virginia Department of Corrections (VDOC) operates four facilities for female offenders: the Fluvanna Correctional Center (Fluvanna); Virginia Correctional Center for Women (VCCW); Brunswick Work Center (Brunswick); and Pocahontas Correctional Unit (Pocahontas). Additionally, VDOC operates three residential/community programs in which women are supervised while holding jobs within their respective communities: the Richmond Women's Diversion Center (Richmond); Tidewater Detention Center (Tidewater); and Southampton Diversion Center (Southampton).

While Brunswick, Pocahontas and Southampton are located on the same grounds as, or in close proximity to, men's facilities, women are housed in separate facilities with one or more external security perimeters separating them from male offenders. In May 2000, none of Virginia's correctional facilities for women had a population exceeding its design capacity, though VCCW was operating at 99 percent, and one diversion center was at 100 percent.

*Classification-* Virginia uses the same classification system in determining placement and programming for both women and men.

### Health Care and Substance Abuse

*Health-* Twenty-four hour medical care is available at both Fluvanna and VCCW, the state's two largest female institutions. Medical care is offered from eight to 12 hours daily at Pocahontas and for eight hours daily at Brunswick. All three of VDOC's community programs — Southampton, Richmond, and Tidewater — have care available for eight hours a day.

*Co-Payments-* VDOC deducts a \$2 per prescription and \$5 per medical evaluation co-payment from a female offender's account for medical services.

*Substance Abuse-* VDOC's substance abuse programs have available a total of 492 beds at Fluvanna, VCCW, Pocahontas and Brunswick for female offenders. All four institutions offer Alcoholics and Narcotics Anonymous, psychoeducational, and in-house residential/therapeutic substance abuse programs. Drug offenders are involuntarily placed in the latter. Additionally, the department offers intensive

substance abuse treatment in a therapeutic community at both Fluvanna and VCCW. Because there is a wait to be admitted, factors such as an inmate's security level, time of sentence remaining and history of drug use related to criminality determine admittance.

### **Education, Vocation and Work Programs**

*Education-* All seven of Virginia's correctional facilities for women offer ABE and GED courses. In addition, Fluvanna offers education courses in special education, transition education, cognitive skills and the Literacy Incentive Program (LIP); Brunswick offers courses in LIP, transition education, cognitive skills and post secondary education; Pocahontas and VCCW offer LIP, transition education, and cognitive skills; and Richmond and Southampton have educational classes in transition education and cognitive skills. School is voluntary for all adult inmates in Virginia.

*Vocation-* Female offenders are offered a variety of vocational opportunities. At Fluvanna, inmates may enroll in building maintenance and repair, business software applications, cosmetology, drafting/CAD, electrical, HVAC/refrigeration, and optical technician programs, with office technology and printing soon to be available. VCCW has vocational programs available in business software applications, commercial foods, cosmetology, and horticulture. Pocohontas provides courses in office technology and plumbing.

*Prison Industry-* Virginia Correctional Industries has positions available in the laundry and micro-film services programs at VCCW. Fluvanna's correctional industry (flat goods) is in the planning stage.

*Work-* Working is optional at VCCW, Fluvanna and Pocahontas; at Brunswick, all offenders are required to work. Officials note that a range of jobs are offered by individual prisons to support daily operations. Examples include food service, maintenance, laundry and janitorial work. In addition, women housed at Brunswick serve local governments and other state agencies with low-cost labor crews, providing services such as maintaining government grounds, painting schools and public buildings, cleaning landfills and helping other facilities in emergencies such as floods and heavy snow. Offenders at Virginia's three female diversion centers hold jobs within their respective communities.

### **Family Matters**

*Visitation-* In Virginia, visitation policies are the same for both male and female inmates within the same custody/classification level. There are no overnight visitation programs for an inmate's family members. Although separate visitation areas for children are not available, play areas are provided in some women's visiting rooms.

*Pregnancy-* All pregnant offenders are housed at Fluvanna, where they all are afforded standard prenatal and postpartum care by certified obstetricians.

*Childbirth and Placement-* Expectant mothers are transferred to one of two public facilities, the University of Virginia or Medical College of Virginia Hospital, to give birth. When the mother is unable to secure placement of the newborn with a family member, the Virginia Department of Social Services assumes custody of the child.

*Parenting-* The state does not offer female offenders any specific parenting skills courses or family reunification services.

### **Staff Issues and Privacy Concerns**

*Staff Training-* Gender differences of inmate behavior and management are discussed in VDOC's Basic Correctional Officer's training, which all corrections staff are required to complete. No additional gender-specific training is required for staff working with female offenders. Additionally, officials note, requirements and discussions regarding inmate clothing, personal property, hygiene, exercise,

recreation and cross-supervision are contained in department and institutional operating procedures.

*Custodial Sexual Misconduct-* Under Virginia law, a correctional officer or other staff member who has carnal knowledge of an inmate, whether consensual or not, can be charged with a Class 6 felony and/or terminated.

*Searches-* Unless in a declared state of emergency, searches, pat-frisks and visual surveillance of female inmates in shower and bathroom areas must be performed by female correctional staff. Medical staff are the only exception to same-gender searches.

### **State Feedback**

*Challenges and Concerns-* When asked what their most pressing concerns or challenges were in responding to the special needs of female offenders, VCCW officials noted they would like to be able to expand programs for short-term inmates with sentences of 12 months or less. Additionally, they would like to be able to provide more sheltered care for “low-functioning inmates without multiple diagnosis,” noting that VCCW is presently initiating a preliminary inquiry to identify the number of inmates in this category.

## West Virginia

Women's Correctional Institutions/Sites					
Institution	Location	Design Capacity	Population 6/6/00	Percent of Capacity	Year Opened for Females
Pruntytown Correctional Center	Grafton	79	79	100%	1988
Ohio County Correctional Center	Wheeling	48	48	100%	1998
Charleston Work Release Center	Charleston	14	14	100%	1977
Huntington Work Release Center	Huntington	14	14	100%	1988
WV Industrial Home for Youth	Salem	16	16	100%	1899

The West Virginia Division of Corrections (WVDC) operates two correctional centers, Pruntytown and Ohio County; the Charleston and Huntington Work Release Centers; and the West Virginia Industrial Home for Youth (Industrial Home) for female offenders. All facilities and sites, except Ohio County, are co-gender; as of June 2000, all were operating at 100 percent of their design capacity.

*Classification-* West Virginia employs the same classification system for both male and female inmates. However, officials note, classification is only one factor used in determining inmate placement.

*Federal Women's Facilities-* Alderson, West Virginia, also is home to a federal Bureau of Prisons camp for women, supervising 890 female offenders (rated capacity is 838).

### Health Care and Substance Abuse

*Health-* Twenty-four hour medical care is provided for females incarcerated at Pruntytown and Ohio County; the Industrial Home provides medical coverage 14 hours daily; and women supervised by both Charleston and Huntington are responsible for their own medical care. All facilities offer females off-site ob-gyn examinations and mammograms. Mental health services are provided by part-time psychiatrists and psychologists at Pruntytown, Ohio County and the Industrial Home, and off-site at both work release centers.

*Co-Payments-* All inmates incarcerated in WVDC institutions/sites are charged a \$3 co-payment for utilizing nurse "sick call," or non-emergency services. An additional \$2 co-payment is required when the inmate is referred to a doctor, and per inmate prescription, excluding chronic care prescriptions. According to WVDC policy, however, co-payments are not be used to deny inmates access to such services, and no inmate will be denied medical care due to their inability to pay.

*Substance Abuse-* All of West Virginia's female facilities provide voluntary substance abuse treatment programs. These programs, funded through federal grants, do not differ from those offered to male offenders in the state, with the exception of a co-dependency program available only to females. Alcoholics Anonymous and Narcotics Anonymous groups are available at all of the state's women facilities. Officials note that while the wait to enter substance abuse programs is minimal, an inmate's assessment determines placement priority in some programs.



# West Virginia

## **Education, Vocation and Work Programs**

*Education-* All of the state's women's facilities offer ABE and GED preparation courses, and GED tests are given on-site. In addition, Pruntytown offers several college level courses and educational/vocational classes in first responder (a safety course, including CPR instruction); transitions (designed to assist inmates in making the adjustment from prison to home); and life skills. Ohio County offers classes in social thinking and work skills, with the former addressing problem solving, cognitive restructuring and life skills. Anger control sessions are held at both institutions.

*Vocation/Prison Industry-* Several vocational opportunities are available to offenders at West Virginia's two correctional centers for women, including programs in horticulture/flower arranging, and carpentry. Additional courses in computer literacy are offered at Pruntytown, and in carpentry, pre-vocational training, graphic arts, and crime victim empathy at Ohio County. Industry positions in clerical services, sewing and furniture upholstery are available at Pruntytown.

*Work-* Women inmates are not required to work, though participation in work programs is strongly recommended by the WVDC. Work opportunities are available in food service and janitorial services at all women's facilities. Females housed at either of the state's work release centers, Charleston and Huntington, are required to hold jobs within their respective communities.

## **Family Matters**

*Visitation-* WVDC's visitation policies do not differ between male or female offenders. No overnight visitation is allowed for any inmate's family members, nor are separate visiting areas available for children at any facilities.

*Pregnancy-* Pregnant inmates are scheduled routine visits by an off-site ob-gyn specialist. A pregnant offender's diet, exercise and work assignments are commensurate with recommendations of the division's medical staff. Abortions are available, but only at the inmate's expense.

*Childbirth and Placement-* For the most part, all pregnant inmates are housed at Pruntytown.

If the inmate is to retain custody of the child upon release, Pruntytown has just begun a program through which the mother is transferred to a federal birthing center in Greenbrier County, West Virginia, to deliver. Here, parent and child remain together for 90 days to foster bonding between them. If an inmate is to relinquish custody of the child, they are transferred to the Fairmont General Hospital (approximately 12 miles from Pruntytown) to give birth.

Newborns are placed with an offender's family as often as possible, given designated family members are approved by the West Virginia Department of Health and Human Services. If family placement is unavailable, or deemed not appropriate, the department assumes custody of the child, providing foster care.

*Parenting and Domestic Abuse-* While no family reunification services are offered, parenting courses are available to females at both Pruntytown (*Parenting From a Distance*) and Ohio County (*Positive Parenting*). Domestic violence is addressed in both life skills and co-dependency classes offered at both institutions.

## **Staff Issues and Privacy Concerns**

*Staff Training-* WVDC does not differentiate between the training offered or required of corrections staff supervising female or male offenders.

*Custodial Sexual Misconduct-* Under West Virginia law, it is a felony for any corrections, jail, probation or parole staff to engage in sexual intercourse or intrusion with incarcerated or supervised persons, whether such acts are consensual or not. If convicted, offending staff will be terminated and receive a sentence of not less than one nor more than five years, and/or be fined up to \$5,000.

*Searches-* Division policy requires that all female offenders in state custody be searched, frisked and/or monitored in showers and restrooms by female staff, except in emergency situations.

### **State Feedback**

*Challenges and Concerns-* According to WVDC officials, the most pressing challenge they face is overcrowding, with a waiting list existing for females committed to the state system. Currently, convicted females awaiting placement at Pruntytown or Ohio County are housed in regional or county jails, with the state paying a per diem fee to the respective facilities. A court ruling on this issue is expected soon. Additionally, officials would like to better address gender-specific staff training.

*Planning-* Currently, WVDC is constructing a 250-bed female correctional institution in Mason County, expected to open in 2002. This will be West Virginia's first constructed, entirely free-standing female facility. In the past, the state has taken over an existing facility and remodeled it for women.



## **REPORT SUMMARY: State Challenges, Planning and Future Research**

### **Summary**

Crime and corrections no longer are male-only issues. While corrections has focused primarily on male inmates, the growth of the women's inmate population has fueled awareness that female offenders have myriad needs that differ from those of their male counterparts. According to James A. Gondles, executive director, the American Correctional Association, "how we address the unique problems posed by the growing female offender population will be one of the biggest challenges facing the profession [this millennium]... as corrections professionals, we must be prepared to meet these challenges in a way that addresses the special needs of female offenders while safeguarding public safety."<sup>66</sup>

In addition to listing their facilities, programs, policies and procedures relating to women in prison, Southern states' departments of corrections were asked to provide feedback on the most pressing concerns or challenges they face in responding to the growing female offender population. Several key issues emerged quickly: accommodation of this population through some combination of adequate facilities, corrections staff and women's programming.

Relating to facilities and their operation, several corrections administrators responded that having adequate bed space, security and support staff have been and will likely continue to be their greatest challenge, with many acknowledging that overcrowding is an ongoing issue. While several states were concerned with employing, funding and retaining enough qualified staff to oversee corrections operations, four responded that they could better meet the needs of female offenders through implementing and requiring gender-specific staff training. Officials from one state noted that enforcing existing department staff rules and policies relating to female offenders remains their biggest challenge.

After facility and staffing concerns, most officials expressed the difficulties their departments encounter in providing adequate programming options (both in general and gender-specific) to female offenders. Four Southern states acknowledged that utilizing a single classification instrument for both men and women fails to recognize female-specific needs, thus hindering their appropriate assessment and program placement. In this regard, several states commented that women's program options are somewhat limited (due to females' comparatively small inmate population) and need expanding. Furthermore, two SLC states conveyed their concerns over a lack of program parity, or a discrepancy between opportunities available to female as opposed to male offenders.

Program deficiencies listed by several states related to children and family issues. Two states commented that they would like to expand visitation opportunities for women and their families; one was concerned with child placement and its surrounding legal issues; another would like to expand bonding opportunities for families; and two stressed the need for assisting released women in finding and affording childcare in their communities. Also on the subject of family, two state officials noted that they would like to place more emphasis in addressing domestic violence, women's abuse histories, or instilling women with the self-esteem necessary to leave abusive relationships, and one state expressed its desire to implement a course focusing on abusive relationships.

Outside of these areas, corrections officials suggested expanding several other programming opportunities for their respective female offender populations. Two states acknowledged being challenged in providing adequate health and mental health care, and one state noted that its substance abuse treatment opportunities are deficient. Additionally, two state corrections administrators were concerned that their vocational and job skills opportunities for women are too limited, and three lamented that transition-to-release programs are non-existent.

In order to accommodate women's increasing prison population and program demands, several Southern states have immediate or future plans to either build new or remodel present facilities, or expand program options available to female offenders. To serve their respective populations, nine Southern states (Arkansas, Kentucky, Louisiana, Maryland, North Carolina, Oklahoma, South Carolina, Tennessee and West Virginia) currently are either actively planning or constructing new prisons, housing units, dorms, cellblocks, or other facilities to be operational within the next eight years. In addition, many states currently are planning the expansion of programs available to incarcerated women. For each state's plans, please see their respective pages in *Section 3*.

While some question the importance, effectiveness and costs of program implementation and expansion addressing women's unique health care, education, vocation, visitation, parenting, and other needs, the underlying fact that the majority of female offenders eventually will be released from prison is evident. Such programs, many argue, provide these women the skills and values necessary to maintain a productive, crime-free lifestyle, thus reducing recidivism rates. Given female offenders' high rate of past drug and alcohol dependency, physical and sexual abuse, and the fact that many of these women return to their communities to be the sole providers for their children, the importance of an inmate's lifestyle adjustment is greatly underscored.

Another issue states will find themselves addressing is that the female prison population, like the male, is aging. With longer and mandatory-minimum sentences, truth in sentencing and other restrictions on parole, not only are female offenders spending more time in prisons, many are growing old there. Primarily, this will significantly effect inmates' health needs; however, issues such as their victimization by younger, potentially more aggressive offenders, facility accessibility and diets, among others, will be a consideration. Adding pressures to many already fiscally-strapped corrections systems, the creation of specialized services such as assisted living-type prison settings will be costly. Having significantly fewer and smaller women's correctional facilities than men's, states will experience even more challenges in providing the required care for aging female offenders.

According to the American Correctional Association's Public Correctional Policy on Female Offender Services, "correctional systems must develop service delivery systems for accused and adjudicated female offenders that are comparable to those provided to males." While many suggest that a treatment gap remains between the programs and services available to men and women behind bars, research in this report indicates that Southern states have indeed made significant efforts to accommodate female offenders' needs in several program areas. Additionally, many corrections departments are aware of related deficiencies, and currently are working to rectify.

However, while Southern states have expanded or modified facilities, programming and policies to meet female-specific needs, their efforts often are hampered because of women inmates' previously small numbers, department budget limitations, inadequate facility space, difficulty in accommodating this rapidly increasing population and, at times, a lack of public, correctional and/or inmate interest. With more women being incarcerated, the increased availability of research focusing in this area, and the redressing of related issues in the courts, states are gaining a better understanding of female offenders' needs. As they do so, prison programming likely will continue to adjust accordingly, and the principle of parity increasingly will guide corrections' planning, better ensuring a full range of services for all offenders, both men and women.

### **Suggested Research**

An attempt has been made for this report to incorporate various gender-specific data in an effort to convey a profile of the female offender, and state challenges in accommodating the growing number of women in prison. Because the scope of this report is limited, and different states face their own unique challenges in this area, all SLC states' corrections departments were asked to identify any research topics that might prove useful in better responding to the needs of women in prison.

Primary among responses, Southern state officials suggested further research in the areas of women's correctional health care. Among recommendations, states would like to learn more about providing effective, yet cost-efficient medical care; alternatives to co-payments in reducing costs; and gender-specific mental health and substance abuse needs. Regarding the latter, several officials wanted to know more about the effectiveness of both short- and long-term substance abuse treatment programs and their success, if any, in reducing relapses.

The second most common response from officials was the need for an exploration of alternatives to incarceration for non-violent female offenders through day-reporting, work-release or other community-based centers. The next area in which respondents wished to see more research involved children, with officials suggesting studies on reducing the negative impact a mother's incarceration poses; how to assist children in avoiding future criminal behavior; successful child abuse treatment programs for offenders; and the role bonding opportunities play in an infant's life.

Among other suggested research topics raised by report contributors were exploring effective vocational training utilized by states; the impact of incarcerating young female offenders in adult institutions; the physical and psychological needs of women serving long sentences; staff training issues dealing with women; the impact sentencing guidelines and longer sentences have on correctional resources for women; whether classification guidelines should differ for men and women, and the legal issues surrounding gender-specific classification; effective aftercare/reunification to women, especially mothers; and programming which has the greatest impact on reducing recidivism rates.

# Appendix 1:

## SLC State Survey on Women in Prison

### Women's Correctional Institutions/Sites

1. *Please list the prisons, jails, detention centers or other facilities in your state for incarcerating or supervising female offenders, as well as their design capacity and population. In what city/county are these facilities located?*
2. *Are any located adjacent to men's facilities? Which, if any, of the aforementioned facilities are co-gender?*
3. *When determining placement, does your state use the same classification system for both men and women? Please elaborate on any differences.*

### Health Care and Substance Abuse

4. *Do the facilities mentioned above provide on-site, 24-hour medical care? If not, what hours is care available and where?*
5. *Of the following, what health services are available to female offenders: ob-gyn examinations, mammograms, mental health services, abortion, contraception. In what facility(ies) are these services available?*
6. *Does your state require co-payments from women receiving medical services? If so, please briefly explain the amount for which services and the method of payment.*
7. *Does your state offer/require alcohol and/or drug-treatment programs for female offenders? Which facility(ies) provide(s) such programs? Are any of these programs different from those available to males? If so, how?*
8. *Are these programs' availability limited? Is there a wait to be admitted? What process determines admittance?*

### Education, Vocation and Work Programs

9. *Please briefly summarize the academic and apprenticeship programs available to women offenders in your state, and in what facility(ies) they are located. Do these differ from men's?*
10. *Are female inmates required to work or complete academic/literacy programs?*
11. *In short, what type of work opportunities are available to women and in which facility(ies)?*

### Family Matters

12. *Do visitation policies for female offenders, particularly mothers, differ from those for males in your state?*
13. *Does your state provide overnight visitation for family members?*
14. *Are separate visitation areas available for children in any facility(ies)?*
15. *What specific health services are available for pregnant inmates, particularly in terms of prenatal and postpartum care? Are expectant mothers offered special placement, diets, exercise programs or work assignments.*
16. *Does childbirth take place in a correctional facility or a hospital? Please list which facility(ies) and whether they are public or private. What type of services are available for postnatal recuperation?*
17. *Following birth, are mothers allowed to provide on-site care for their child? If so, for how long, and in what facility(ies) is such care available?*
18. *What are your state's provisions for determining the custody or placement of the children of incarcerated women? Do these provisions extend to the newborn of an incarcerated woman or just the children born prior to incarceration?*

19. *Are parenting skills programs available to expectant or current mothers? Are there family-reunification or related services available for women near or after their release?*
20. *Does your state address domestic violence related to this population?*

### **Staff Issues and Privacy Concerns**

21. *Is any specific training requested of, or required for, staff (either men or women) working at women's correctional facilities as opposed to men's? Please briefly elaborate on this training.*
22. *Which staff members are required to complete this training, e.g., correctional officers, culinary or maintenance workers?*
23. *What are your state's policies and penalties regarding sexual relations or custodial sexual misconduct between staff and women inmates?*
24. *Are there any privacy protections limiting strip-searches, pat-frisks, visual surveillance, etc., by staff members of the same or opposite sex?*

### **State Feedback**

25. *What are the most pressing concerns or challenges your correctional system faces in responding to the special needs of female offenders?*
26. *Does your state have immediate or future plans to build new or remodel present facilities to accommodate an increasing number of incarcerated women?*
27. *Please identify any needed research that might prove useful for elected officials or correctional staff to better respond to the needs of women offenders.*

## Appendix 2: Report Contributors

A special thanks is owed to everyone who contributed to the Special Series Report and to those who assisted in collecting and verifying the information for each respective SLC state:

### **Alabama**

*John Hamm*  
Director  
Research, Monitoring and Evaluation  
Alabama Department of Corrections  
Montgomery, Alabama

### **Arkansas**

*Carl Dyer*  
Policy Coordinator  
Arkansas Department of Correction  
Pine Bluff, Arkansas

*Marcia White*  
Public Information Specialist  
Arkansas Department of Correction  
Pine Bluff, Arkansas

### **Florida**

*Rini Bartlett*  
Administrator, Female Offender Programs  
Florida Department of Corrections  
Tallahassee, Florida

*Bernard Cohen*  
Deputy Director of Program Services  
Florida Department of Corrections  
Tallahassee, Florida

### **Georgia**

*Nancy Phillips*  
Public Information Office  
Georgia Department of Corrections  
Atlanta, Georgia

### **Kentucky**

*Doris W. Deuth*  
Warden  
Kentucky Correctional Institution for Women  
Kentucky Department of Corrections  
Pewee Valley, Kentucky

*Carol Williams*  
Eastern Regional Director  
Kentucky Department of Corrections  
Frankfort, Kentucky

### **Louisiana**

*Trey Boudreaux*  
Undersecretary  
Louisiana Department of Public Safety and  
Corrections  
Baton Rouge, Louisiana

*Helen Travis*  
Assistant Warden  
Louisiana Correctional Institute for Women  
Louisiana Department of Public Safety and  
Corrections  
St. Gabriel, Louisiana

### **Maryland**

*Marsha Maloof*  
Acting Warden  
Maryland Correctional Institution for Women  
Maryland Department of Public Safety and  
Correctional Services  
Jessup, Maryland

### **Mississippi**

*Ken Jones*  
Division Director, Public Relations  
Mississippi Department of Corrections  
Jackson, Mississippi

*Gwendolyn S. McClinton*  
Associate Warden  
Central Mississippi Correctional Facility  
Mississippi Department of Corrections  
Pearl, Mississippi

### **Missouri**

*Kenneth L. Hartke*  
Director  
Planning, Research and Evaluation  
Missouri Department of Corrections  
Jefferson City, Missouri

*Nancy Roberts*  
Research Analyst  
Missouri Department of Corrections  
Jefferson City, Missouri

**North Carolina**

*Doug Holbrook*  
Research Analyst  
Office of Research and Planning  
North Carolina Department of Correction  
Raleigh, North Carolina

**Oklahoma**

*Rita Cooksey*  
Administrative Assistant  
Oklahoma Department of Corrections  
Oklahoma City, Oklahoma

**Pennsylvania**

*Mary Leftridge Byrd*  
Superintendent, Chester State Correctional  
Institution  
President, National Association on Programs  
for Female Offenders  
Chester, Pennsylvania

**South Carolina**

*Meesim Lee*  
Branch Chief, Offender Information  
Management  
Division of Resource and Information  
Management  
South Carolina Department of Corrections  
Columbia, South Carolina

*Sherry Rhodes*  
Statistical and Research Analyst  
South Carolina Department of Corrections  
Columbia, South Carolina

**Tennessee**

*Susan McMillan*  
Correctional Program Support Coordinator  
Tennessee Department of Correction  
Nashville, Tennessee

**Texas**

*Mary Anne Weaver*  
Technical Writer II  
Texas Department of Criminal Justice  
Huntsville, Texas

**Virginia**

*Shirley Hughes*  
Senior Agency Management Analyst  
Virginia Department of Corrections  
Richmond, Virginia

**West Virginia**

*Brenda Thompson*  
Unit Manager  
West Virginia Division of Corrections  
Grafton, West Virginia

# Endnotes and References

- <sup>1</sup> Schiraldi, Vincent. "Two Million Americans Behind Bars," *News Release*, Justice Policy Institute, Washington, D.C., December 1999.
- <sup>2</sup> DeCostanzo, Elaine. "Why Women Offenders?," *Corrections Today*, American Correctional Association, page 8, December 1998.
- <sup>3</sup> Greenfeld, Lawrence; and Tracy L. Snell. "Women Offenders," Bureau of Justice Statistics Special Report, United States Department of Justice, December, 1999.
- <sup>4</sup> Sizemore, Bill. "Drugs, Not Violence, Are the Fuel for Prison Growth," *The Virginia Pilot*, Norfolk, Virginia, March 6, 2000.
- <sup>5</sup> Violent offenses were the most serious offense for which they were convicted. These include murder, negligent and non-negligent manslaughter, kidnapping, rape, other sexual assault, robbery, assault, and other violent crimes.
- <sup>6</sup> Offenses include possession, trafficking and other/unspecified drug crimes.
- <sup>7</sup> Harris, M. Kay. "Women's Imprisonment in the United States: A Historical Analysis of Female Offenders Through the Early 20<sup>th</sup> Century," *Corrections Today*, American Correctional Association, 74-80, December 1998.
- <sup>8</sup> Meda, Chesney-Lind. "The Forgotten Offender: From Partial Justice to Vengeful Equity," *Corrections Today*, American Correctional Association, 66-73, December 1998.
- <sup>9</sup> Harris.
- <sup>10</sup> Total prisons equal 36: Georgia and Alabama did not provide "years opened" for all of their female facilities.
- <sup>11</sup> Total prisons equal 37: Alabama did not provide population or design capacity figures for its women's prison.
- <sup>12</sup> United States General Accounting Office. "Women in Prison: Issues and Challenges Confronting U.S. Correctional Systems," December 1999.
- <sup>13</sup> Morash, Merry; Timothy S. Bynum; and Barbara A. Koons. "Women Offenders: Programming Needs and Promising Approaches," *Research in Brief*, National Institute of Justice, United States Department of Justice, August 1998.
- <sup>14</sup> Santana, Arthur. "Female Prison Ranks Double: Citing Study, Norton Plans Bills to Improve Conditions," *The Washington Post*, February 1, 2000.
- <sup>15</sup> National Commission on Correctional Health Care. "Women's Health Care in Correctional Settings," 1994.
- <sup>16</sup> Horner, Margaret; and Robert E. Myers. "Study Questions Stereotypes in Delivery of Health Care," *Corrections Today*, American Correctional Association, 96-97, October 1995.
- <sup>17</sup> Mumola, Christopher J. "Substance Abuse and Treatment, State and Federal Prisoners, 1997," Bureau of Justice Statistics *Special Report*, United States Department of Justice, January 1999.
- <sup>18</sup> *Ibid.*
- <sup>19</sup> Pomeroy, Elizabeth C.; Risa Kiam; and Eileen Abel. "Meeting the Mental Health Needs of Incarcerated Women," *Health and Social Work*, 71-75, February 1998.
- <sup>20</sup> Acoca, Leslie. "Defusing the Time Bomb: Understanding and Meeting the Growing Health Care Needs of Incarcerated Women in America," *Crime and Delinquency*, 49-69, January 1998.
- <sup>21</sup> *Ibid.*
- <sup>22</sup> Hammett, T.M.; R. Windom; J. Epstein; M. Gross; S. Sifre; and T. Enos. "HIV/AIDS and STDs in Correctional Facilities," National Institute of Justice, United States Department of Justice, 1995.
- <sup>23</sup> Maruschak, Laura M. "HIV in Prisons 1997," Bureau of Justice Statistics, United States Department of Justice, November 1999.

- <sup>24</sup> El-Bassel, Nabila; Andre Ivanoff; Robert F. Schilling; Debra Borne; and Louisa Gilbert. "Skills Building and Social Support Enhancement to Reduce HIV Risk Among Women in Jail," *Criminal Justice and Behavior*, American Association of Correctional Psychology, June 1997.
- <sup>25</sup> Cotten-Oldenburg, Niki; Sandra Martin; Kathleen B. Jordan; Laura Sadowski; and Lawrence Kupper. "Preincarceration Risky Behaviors Among Women Inmates: Opportunities for Prevention," *The Prison Journal*, 281-294, September 1997.
- <sup>26</sup> El-Bassel, et al.
- <sup>27</sup> ABC News Nightline Transcript. "Women in Prison," November 2, 1999.
- <sup>28</sup> "Community Work Program Opens at Fountain Correctional Center for Women," *News Release*, North Carolina Department of Correction, August 3, 1995.
- <sup>29</sup> Prendergast, M.L.; J. Wellisch; and G. P. Falkin. "Assessment of and Services for Substance Abusing Women Offenders in Community and Correctional Settings," *The Prison Journal*, 240-256, August 1995.
- <sup>30</sup> Schaefer, N.E. "Prison Visiting Policies and Practices," *International Journal of Offender Therapy and Comparative Criminology*, 35(3: 263-275), 1991.
- <sup>31</sup> Butterfield, Fox. "As Inmate Population Grows, So Does a Focus on Children," *The New York Times*, April 7, 1999.
- <sup>32</sup> Morton, Joann B.; and Deborah M. Williams. "Mother/Child Bonding: Incarcerated Women Struggle to Maintain Meaningful Relationships With Their Children," *Corrections Today*, American Correctional Association, 98-104, December 1998.
- <sup>33</sup> United States General Accounting Office.
- <sup>34</sup> Willing, Richard. "Babies Behind Bars: Coddling Cons or Aiding Them?," *USA Today*, April 21, 1999.
- <sup>35</sup> Acoca.
- <sup>36</sup> Acoca, L.; and J. Austin. "The Hidden Crisis: Women in Prison," National Council on Crime and Delinquency, 1996.
- <sup>37</sup> Morton, et al.
- <sup>38</sup> Willing.
- <sup>39</sup> Epp, Jan. "Exploring Health Care Needs of Adult Female Offenders," *Corrections Today*, American Correctional Association, 96-98, October 1996.
- <sup>40</sup> Butterfield.
- <sup>41</sup> Huie, Virginia A. "Mom's in Prison — Where are the Kids?," *USA Today Magazine*, 30-32, November 1993.
- <sup>42</sup> Cranford, Susan; and Rose Williams. "Women Offenders Have Unique Needs Which Impact the Ways in Which Staff Manage Them," *Corrections Today*, American Correctional Association, 130-134, December 1998.
- <sup>43</sup> Belknap, Joanne. "Access to Programs and Health Care for Incarcerated Women," *Federal Probation*, 34-39, December 1996.
- <sup>44</sup> Wolf Harlow, Caroline. "Prior Abuse Reported by Inmates and Probationers," Bureau of Justice Statistics, United States Department of Justice, April 1999.
- <sup>45</sup> Bill, Louise. "The Victimization and Revictimization of Female Offenders," *Corrections Today*, American Correctional Association, 106-112, December 1998.
- <sup>46</sup> Acoca, 1998.
- <sup>47</sup> Though other sexual relations may be covered here, South Carolina listed only sexual intercourse between correctional staff and inmates as constituting a felony under state statute, punishable by up to 10 years in prison.
- <sup>48</sup> Editorial. "Attacking Prisoners' Rights," *The New York Times*, December 21, 1999.

- <sup>49</sup> Cranford, et al.
- <sup>50</sup> Human Rights Watch. "All Too Familiar: Sexual Abuse of Women in U.S. State Prisons," December 1996.
- <sup>51</sup> Zupan, Linda L. "Men Guarding Women: An Analysis of the Employment of Correction Officers in Prisons for Women." *Journal of Criminal Justice*, Vol 20, 207-309, 1992.
- <sup>52</sup> Miller, Bona. "Different Not More Difficult: Gender-Specific Training Helps Bridge the Gap," *Corrections Today*, American Correctional Association, 142-144, December, 1998.
- <sup>53</sup> As of June 20, 2000, Augusta State Medical Prison housed only one female offender.
- <sup>54</sup> What is now MCIW received its first prisoners on October 1, 1940, and was formally established in 1941 as the Women's Prison of the State of Maryland.
- <sup>55</sup> Maryland's Community Corrections Center for Women opened in 1975. This unit has since moved, and was subsequently renamed the Baltimore Pre-Release Unit for Women.
- <sup>56</sup> Design capacity and population figures represent only women offenders in respective SLCRC and KCCRC co-gender facilities.
- <sup>57</sup> Although women had been transferred to this site as early as 1933, the women's prison did not become a wholly separate and individual institution until 1938.
- <sup>58</sup> This site was originally opened as the Women's Treatment Facility in 1974. On November 10, 1977, the facility was renamed the Mabel Bassett Correctional Center. In 1979, the Center was upgraded to medium security, and then to maximum security in 1982.
- <sup>59</sup> The Mabel Bassett Minimum Unit was established by Oklahoma in 1970 as a community corrections center, and was limited at that time to a capacity of 16 inmates. It became a minimum security facility for female inmates on June 7, 1999.
- <sup>60</sup> South Carolina's Youthful Offender Act states that a non-violent offender, who is between the ages of 17 and 25 years of age, may be sentenced to a one- to six-year indeterminate sentence.
- <sup>61</sup> Created by the Violent Crime Control and Law Enforcement Act of 1994, the Residential Substance Abuse Treatment for State Prisoners Formula Grant Program assists states and local governments in developing and implementing residential individual and group substance abuse programs for inmates who are incarcerated for a period of time sufficient (from six to 12 months) to permit substance abuse treatment. Of note, residential treatment facilities must be set apart from the general correctional population, either in a separate facility or a dedicated housing unit within a facility.
- <sup>62</sup> In 1997, Tennessee's Mark Luttrell Correctional Center, then a male facility, opened a 120-bed annex for female offenders. In 1999, the entire facility was converted from a male to a female center.
- <sup>63</sup> Stafford, Gina. "Inmate Population Highly Diverse at State's Only Prison for Women," *The Knoxville News-Sentinel*, Knoxville, Tennessee, March 14, 1999.
- <sup>64</sup> Various information contained in Texas' section came from a report from the United States General Accounting Office: "Women in Prison: Issues and Challenges Confronting U.S. Correctional Systems," December 1999. This information was supplemented with material supplied by the Texas Department of Criminal Justice.
- <sup>65</sup> In 1993, to reduce prison system overcrowding, Texas created a community-based state jail system to provide an alternative form of incarceration for nonviolent (mainly drug and property) offenders for sentences up to two years. State jail inmates must serve their entire sentence; parole is not available; and sentences are not reduced for good behavior.
- <sup>66</sup> Gondles, James A. Jr. "Addressing the Needs of Female Offenders," *Corrections Today*, American Correctional Association, page 6, December 1998.

## Notes

---