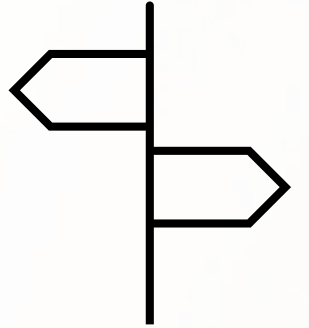
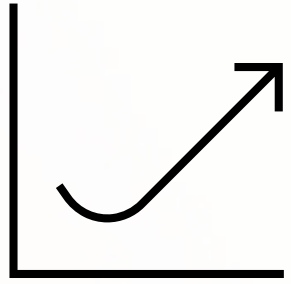


Women in Prison

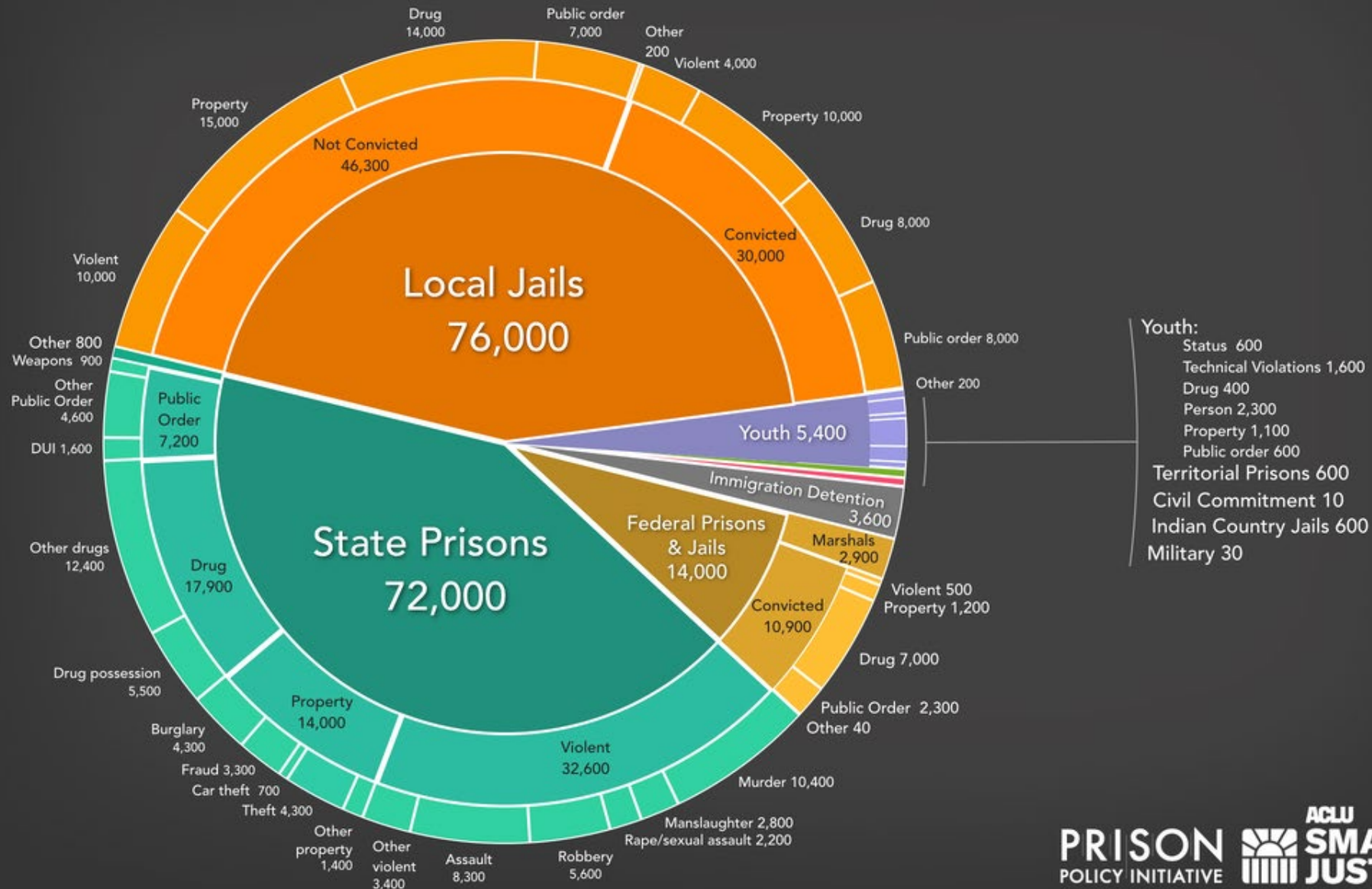
Rebecca Stone, PhD, MPH
Suffolk University, Boston
rstone@Suffolk.edu

Presentation to the Rhode Island
Legislative Study Commission,
September 26, 2023



How many women are locked up in the United States?

The United States is one of the top incarcerators of women in the world. Changing that will require knowing where the 173,000 incarcerated women fall within our decentralized and overlapping systems of mass incarceration.



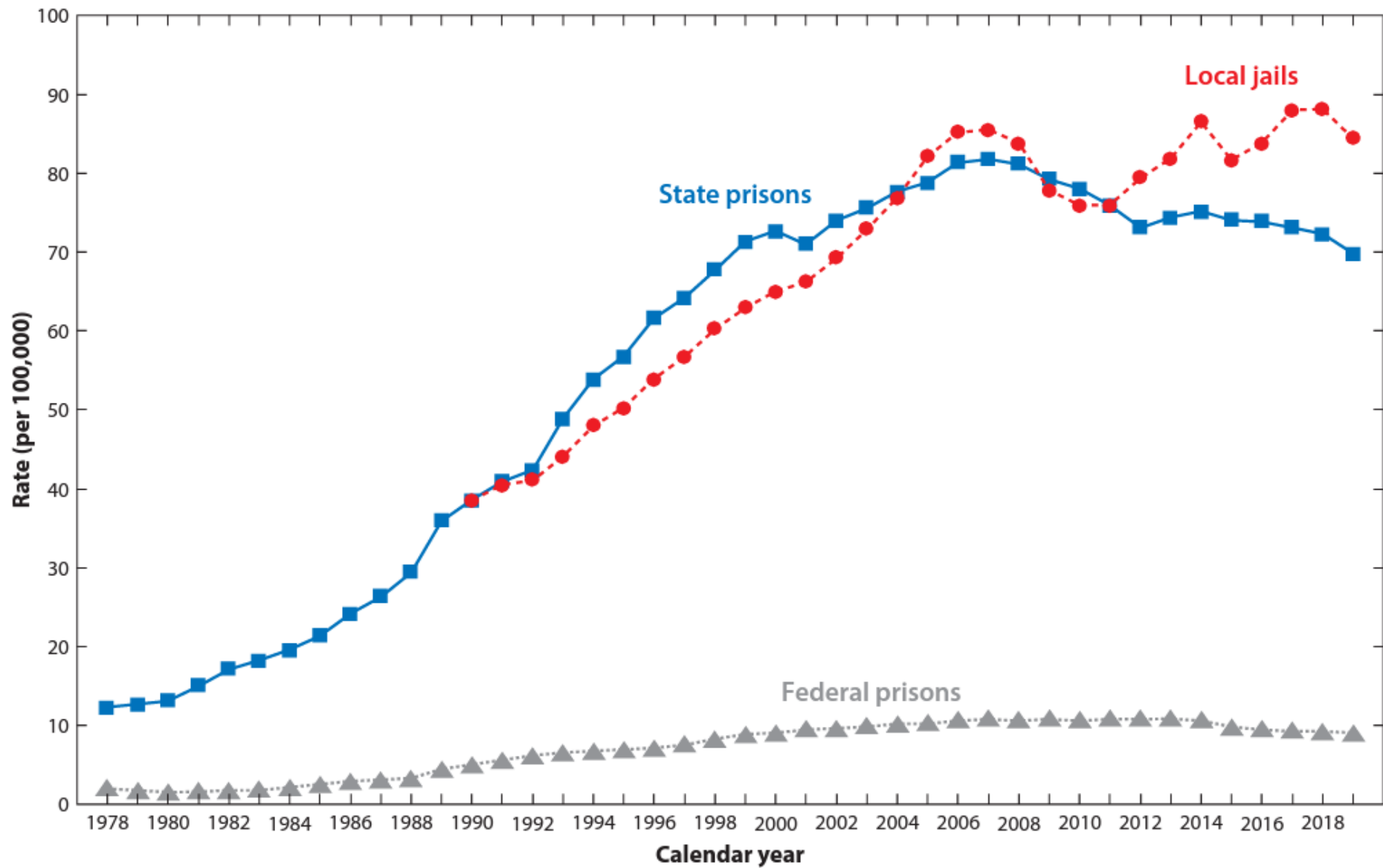


Figure 1

Female incarceration rates in prisons and jails, 1978–2019. Prisoner count data obtained from the Bureau of Justice Statistics, National Prisoner Statistics (various years), Annual Survey of Jails, and Census of Jails (various years). Prison rates created per 100,000 US women age 15+; jail rates created per 100,000 women age 18+ (Cent. Dis. Control 2020, Natl. Cent. Health Stat. 1997).

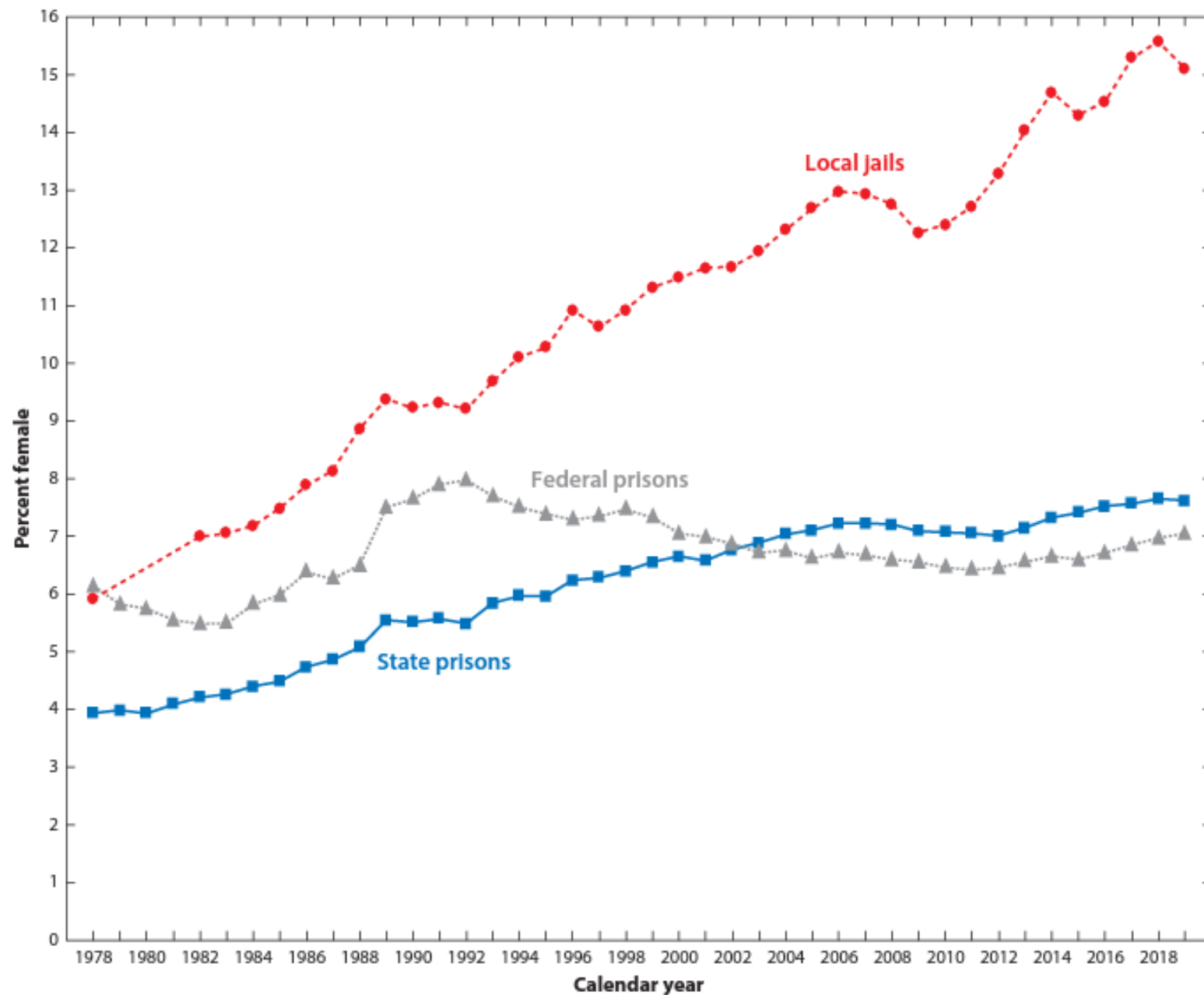
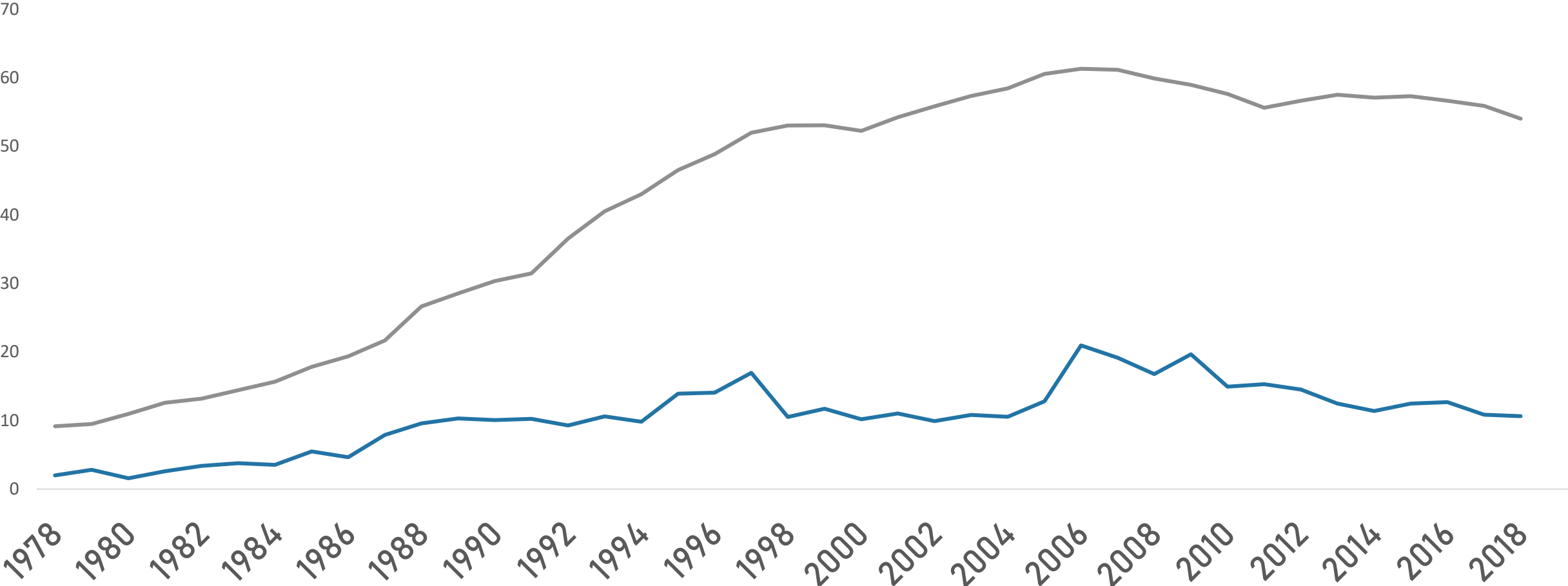


Figure 2

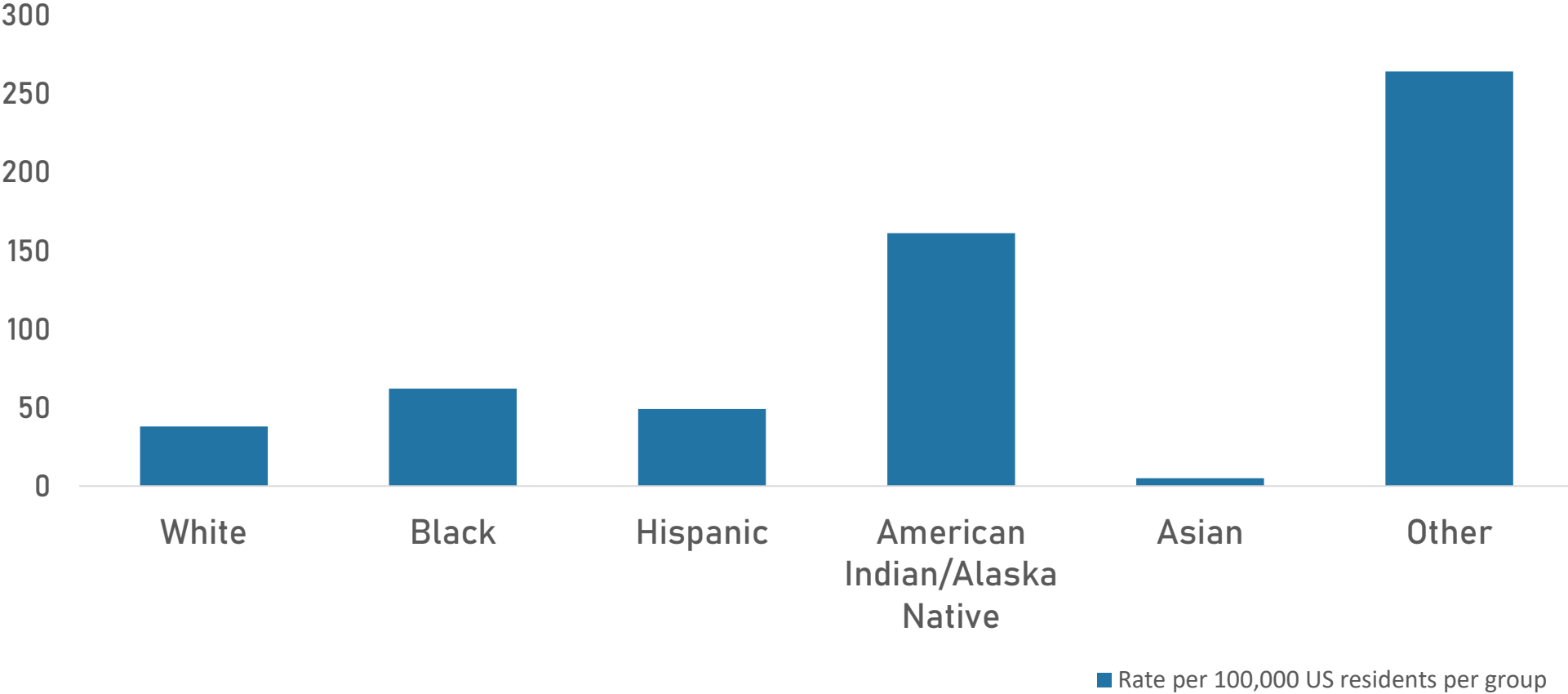
Percent of incarcerated adults who are female, 1978–2019. Percentages based on data taken from the Bureau of Justice Statistics, National Prisoner Statistics (various years), Annual Survey of Jails, and Census of Jails (various years).

Rhode Island has a lower women's incarceration rate than the national average.



Source: <https://csat.bjs.ojp.gov/quick-tables>

Black, AI/AN and multiracial women experience higher incarceration rates.



Source: Carson, E.A. (2022). Prisoners in 2021 – Statistical Tables. Washington, DC: Bureau of Justice Statistics, Table 13: Imprisonment rates of US residents based on sentenced prisoners under the jurisdiction of state or federal correctional authorities...

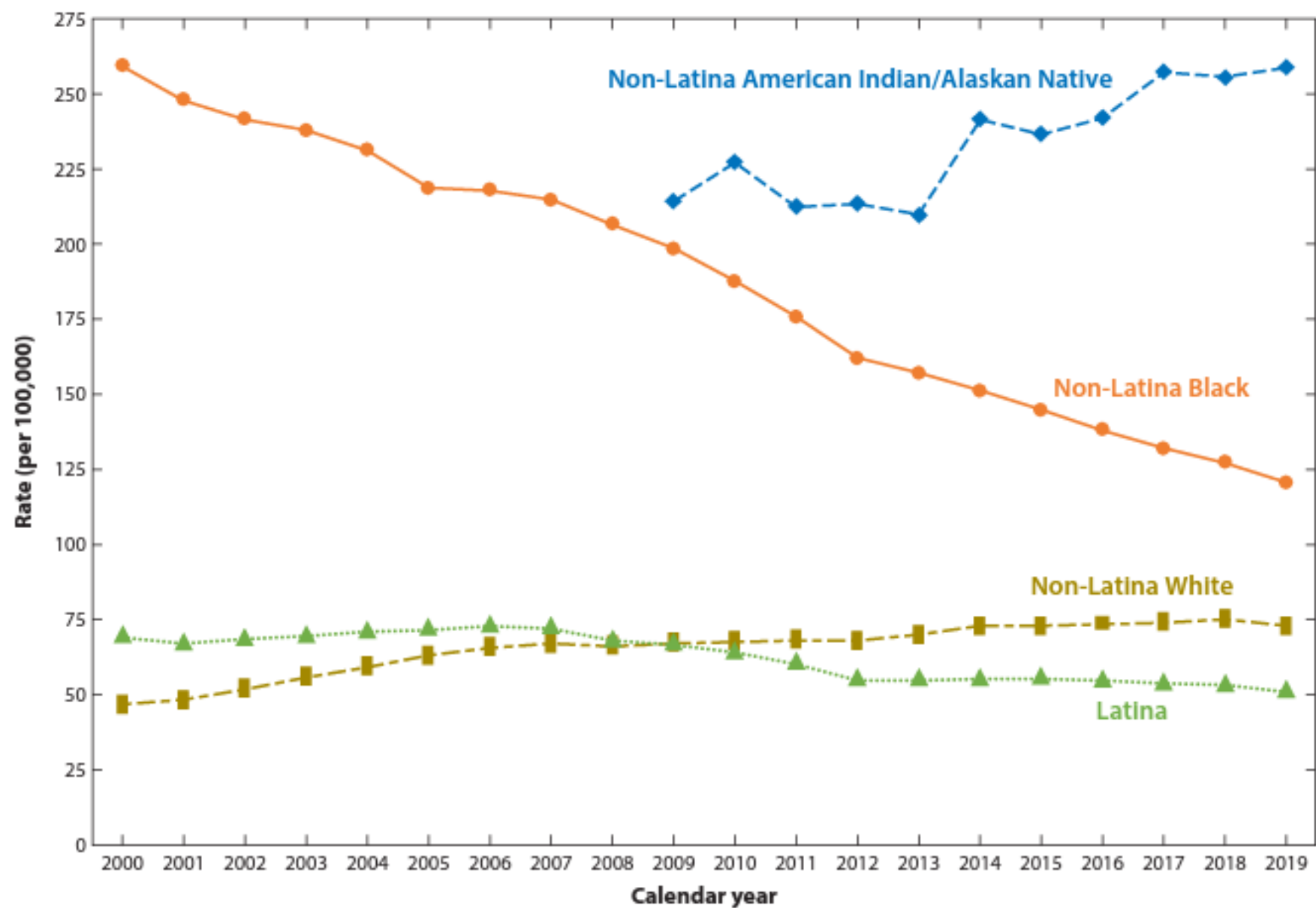
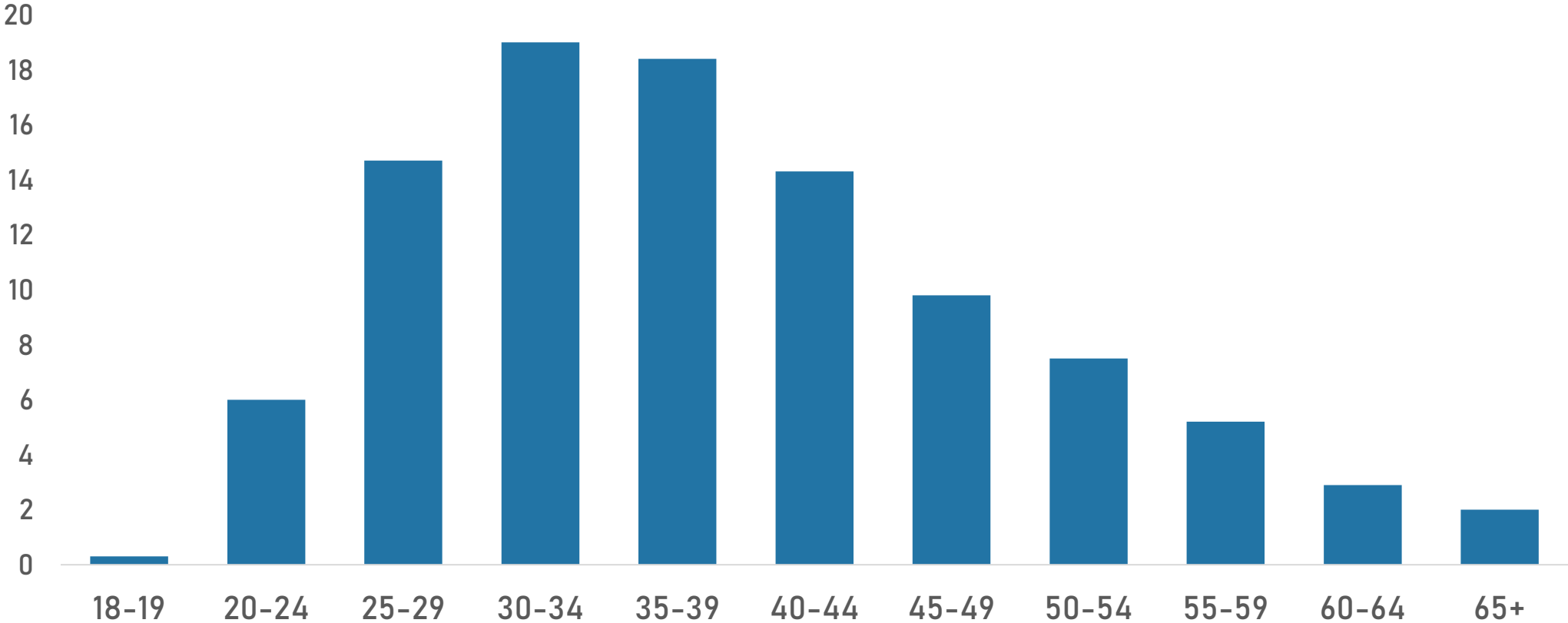


Figure 4

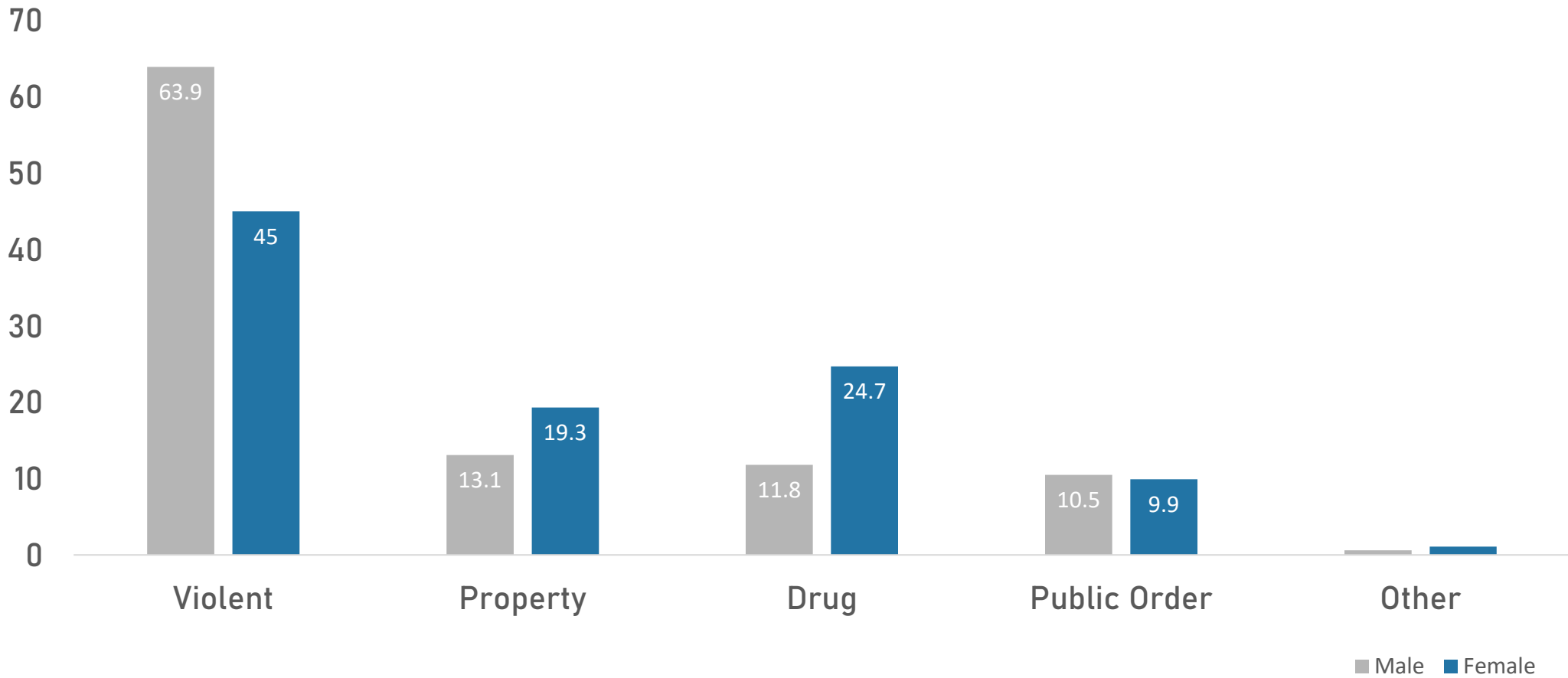
Female state imprisonment rates by race and ethnicity, 2000–2019. Prisoner count data obtained from the Bureau of Justice Statistics and National Prisoner Statistics (various years). Rates created per 100,000 US women age 15+ in each race/ethnic group (Cent. Dis. Control 2020, Natl. Cent. Health Stat. 1997).

2 in 3 incarcerated women are aged 25-44.

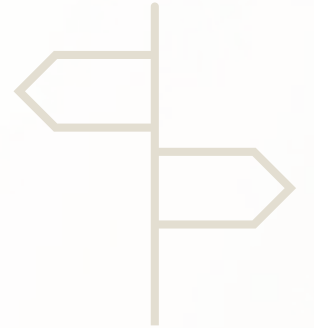
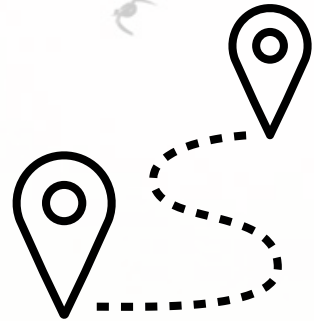


Source: Carson, E.A. (2022). Prisoners in 2021 – Statistical Tables. Washington, DC: Bureau of Justice Statistics, Table 10: *Percent of sentenced prisoners under the jurisdiction of state or federal correctional authorities.*

Compared to men, a greater proportion of women are incarcerated for **property** and **drug offenses**.



Source: Carson, E.A. (2022). Prisoners in 2021 – Statistical Tables. Washington, DC: Bureau of Justice Statistics, Table 16: Percent of sentenced prisoners under the jurisdiction of state correctional authorities...



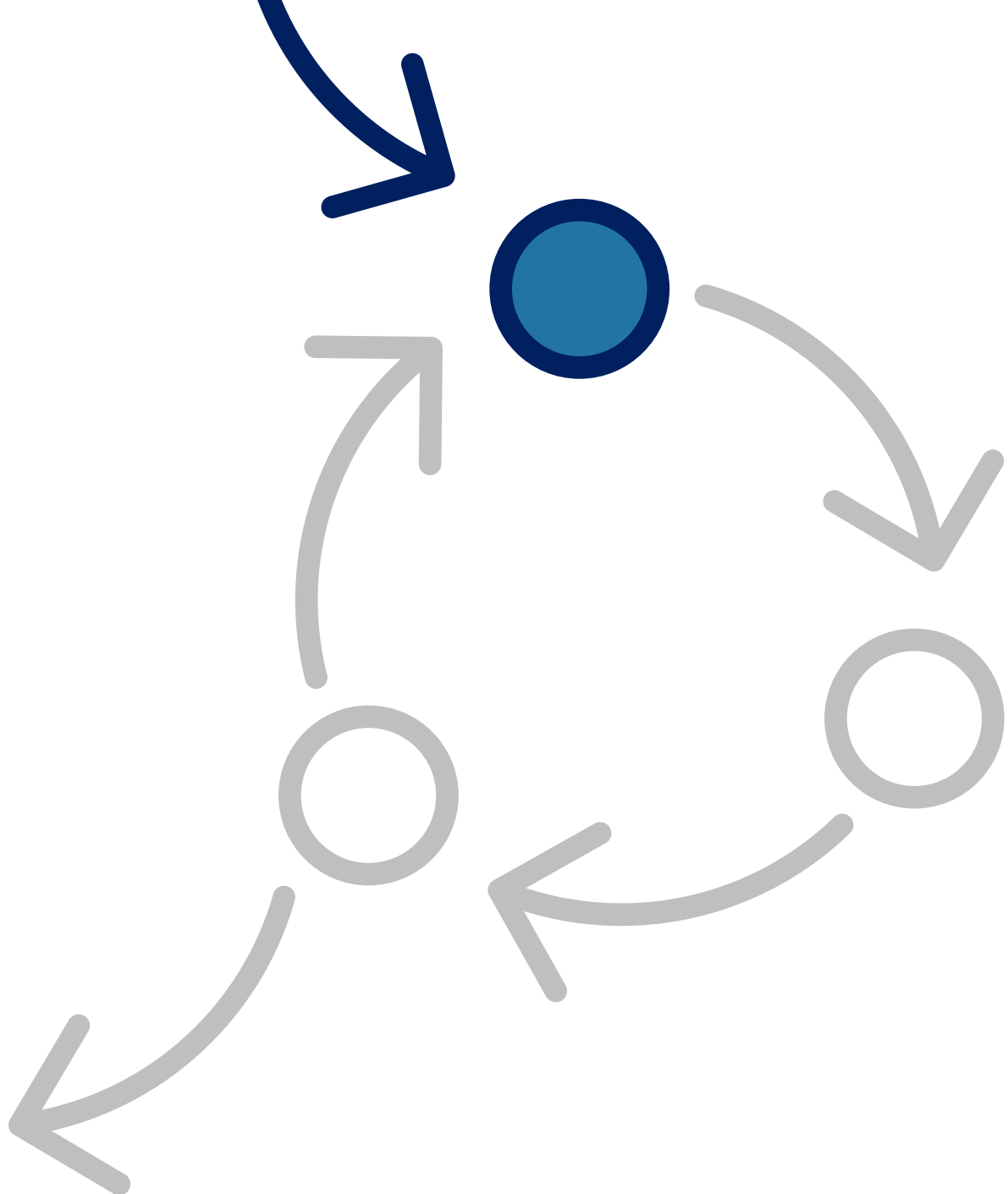
Gendered Pathways to Prison

Childhood victimization → mental illness and substance use

Abusive intimate relationships → reduced self-efficacy, mental illness and substance use

Low social and human capital (cumulative disadvantage) → financially motivated offenses



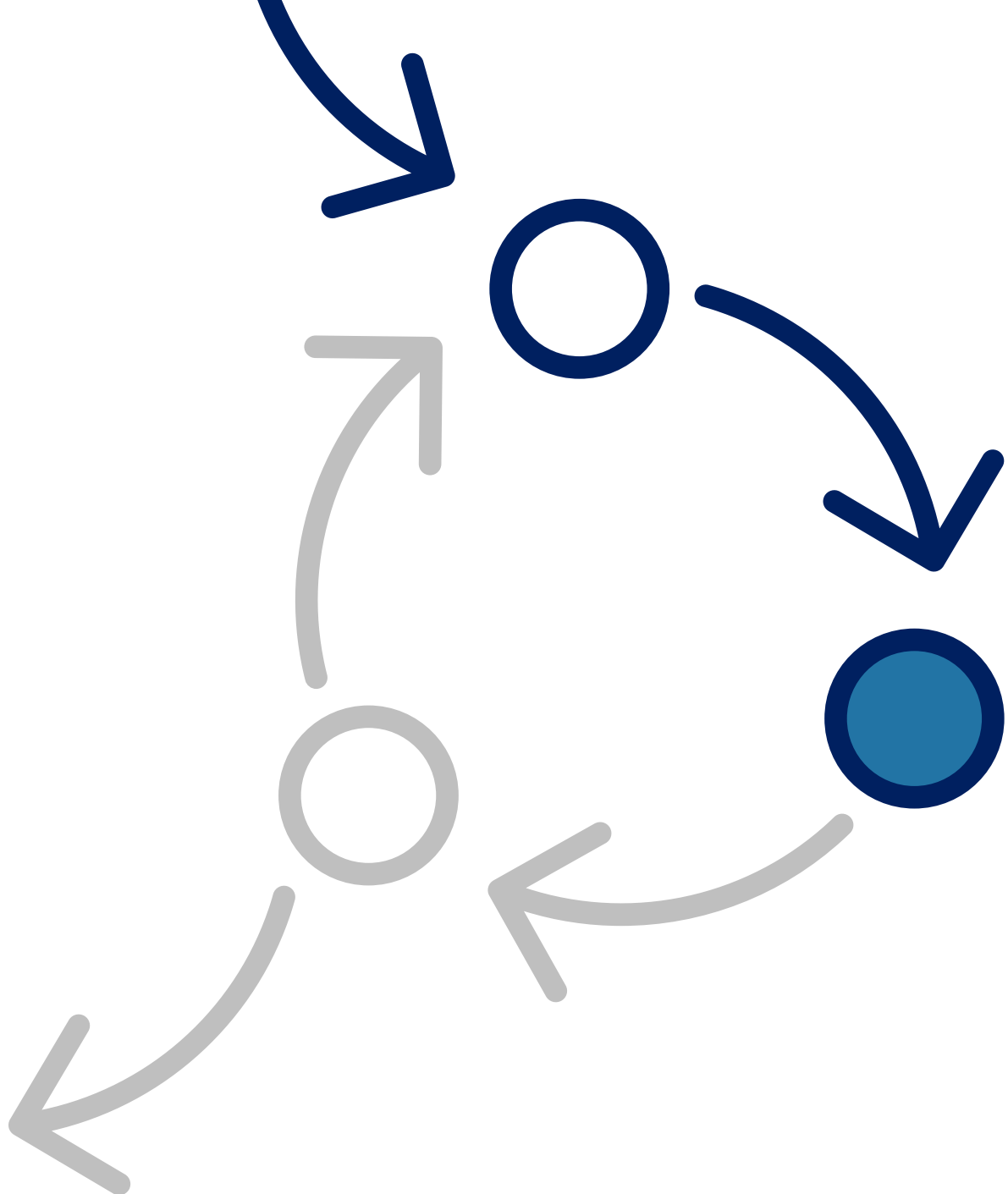


Poverty

Trauma and disadvantage
For youth, Adverse
Childhood Experiences
(ACEs) and school
pushout

Mental and physical health
problems

Medicalization

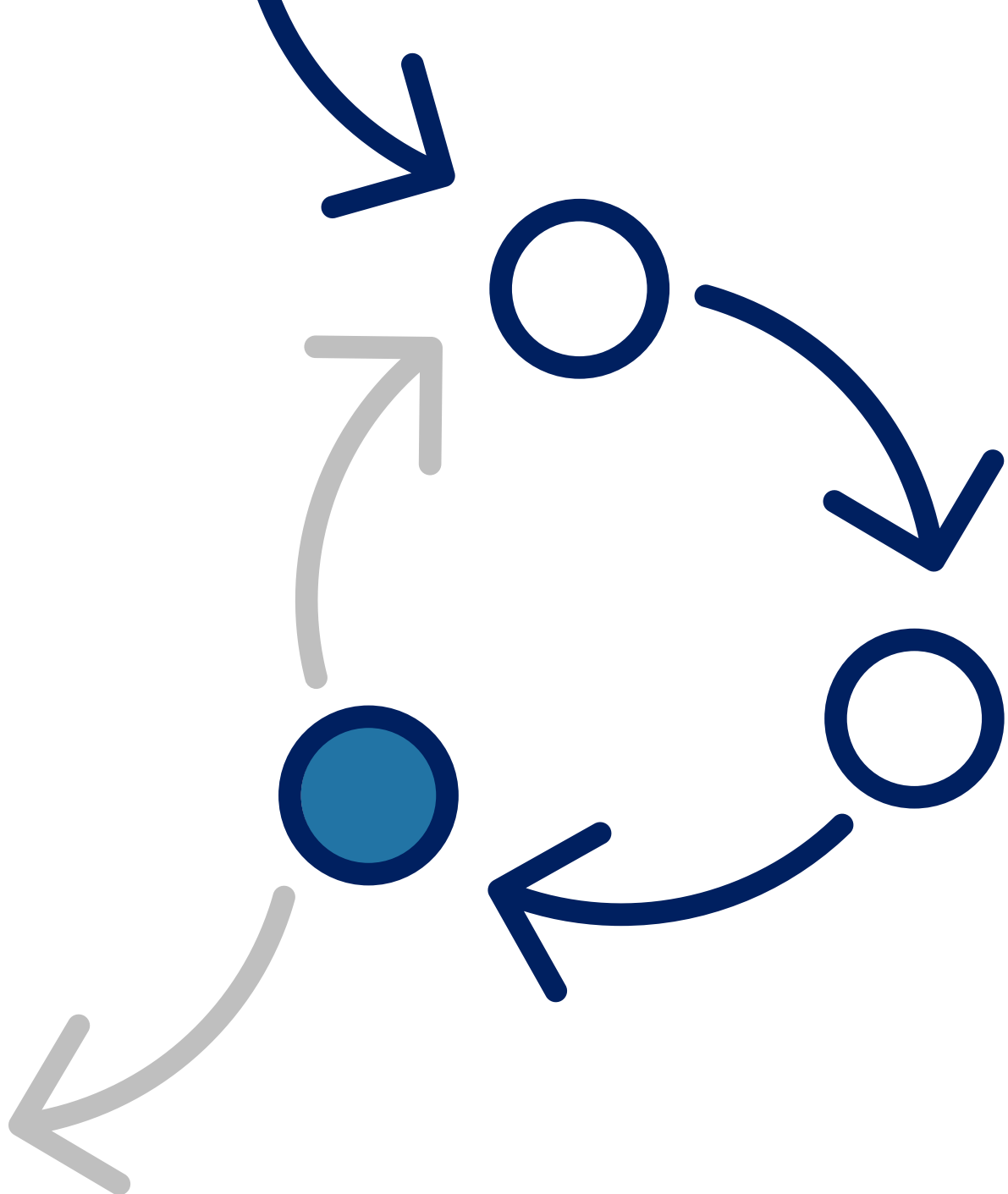


Lack of employment,
underemployment,
employment instability

Gender-based violence

Chronic health conditions

Medication, self-medication

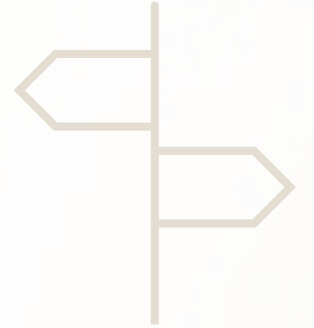


Unemployment,
homelessness

Loss of custody of
children

Dependence on abusive
others

Vulnerability to further
violence





Women are more likely than men to have been **primary caregivers** prior to incarceration.

Women are incarcerated **longer distances** from their families and communities.

Women are more likely to be **overclassified** due to gender-insensitive assessment tools.

Women are generally offered **fewer educational and vocational programs**.

Consequences of Women's Incarceration

Family disruption, residential instability and school displacement.

Devastating impact on family **economic well-being** and relationships with fathers.

Lost connections between families and communities, disruption of **informal economic and social supports**.

Un- and underemployment, difficulty securing **stable housing**

Incarceration and Women's Health

Incarcerated women have some different health needs than incarcerated men and their care **costs more**.

More likely than men to have **tuberculosis, hepatitis, high blood pressure**, histories of **physical and sexual abuse**.

Women with a history of incarceration are **more likely to die prematurely** than women who were never incarcerated, *even controlling for health status and other relevant factors*.

Incarceration and Women's Health

Women in prison experience poor sleep quality, poor nutrition, inadequate healthcare, and **retraumatization**.

Incarcerated women **harm themselves** at substantially higher rates than women outside of prison.

Transitioning in and out of prison causes **disruptions in doctor-patient relationships, medication, and insurance coverage, including Medicaid**

What about prison-based treatment?

A review of over 200 studies found **little evidence** that prison-based treatment programs have significant post-release benefits.

Intensive prison drug treatment is **less effective** than community-based programs.

Incarceration and involuntary treatment are associated with **high rates of fatal overdose** after release.

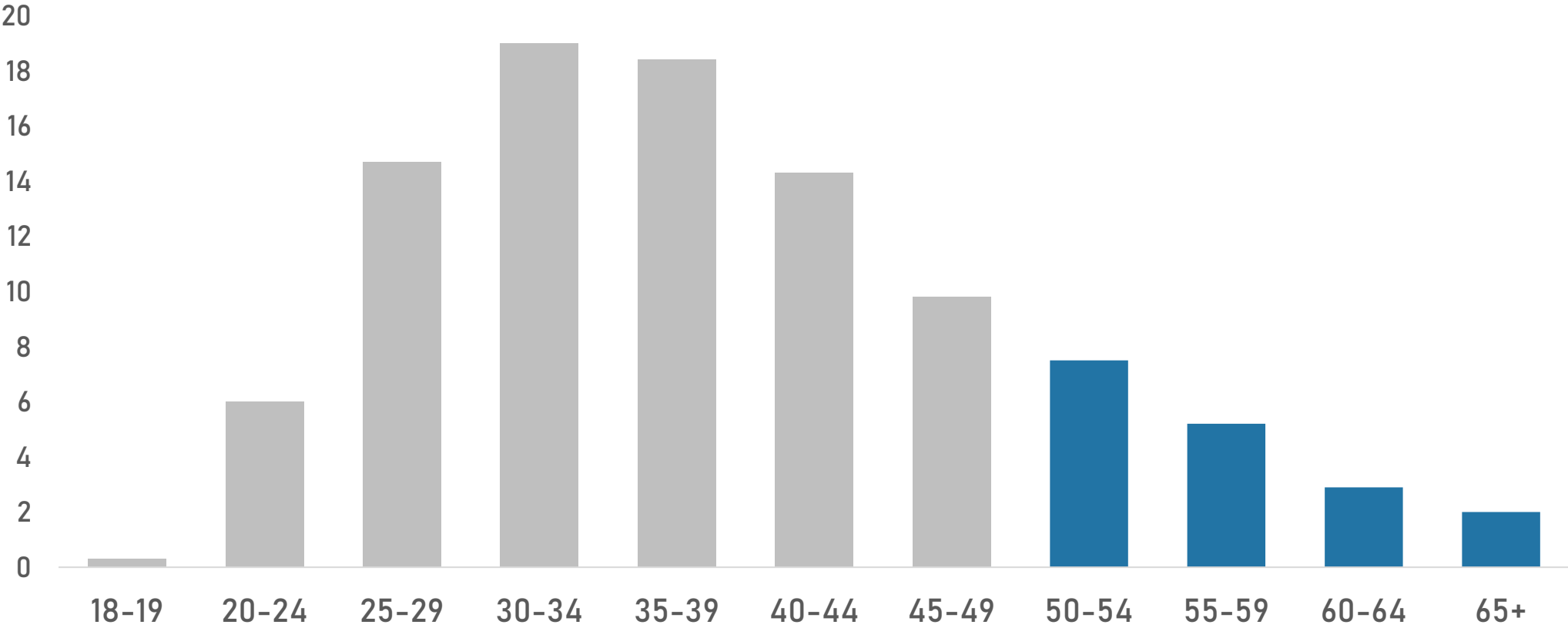


Incarcerated women lack consistent access to **abortion and contraception, menstrual hygiene products, and preventive care.**

~5% of women in jails and prisons are pregnant. Many experience inadequate prenatal care and social support in pregnancy.

Mothers separated from newborns experience higher rates of **postpartum depression and emotional trauma.**

17.6% of incarcerated women are aged 50 or older.



Source: Carson, E.A. (2022). Prisoners in 2021 – Statistical Tables. Washington, DC: Bureau of Justice Statistics, p. 22 *Percent of sentenced prisoners under the jurisdiction of state or federal correctional authorities.*

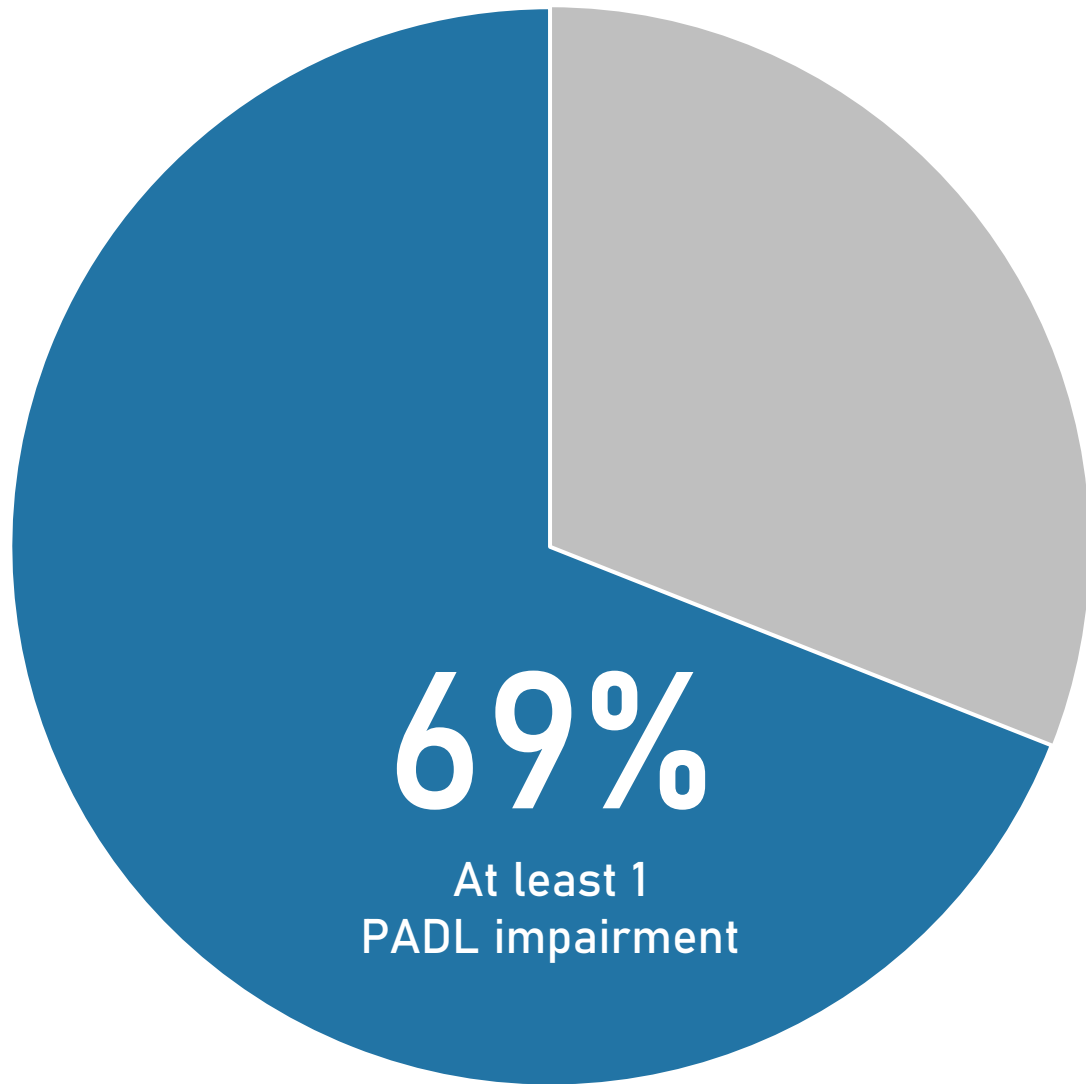


Incarcerated women experience **accelerated aging**.

They report an average of **4 illnesses** and take **3 medications daily**.

High rates of hypertension, asthma, diabetes, cancer, impaired vision and hearing, memory loss, and cognitive decline.

Health care for older people costs **4 to 8 times** more than health care for younger people.

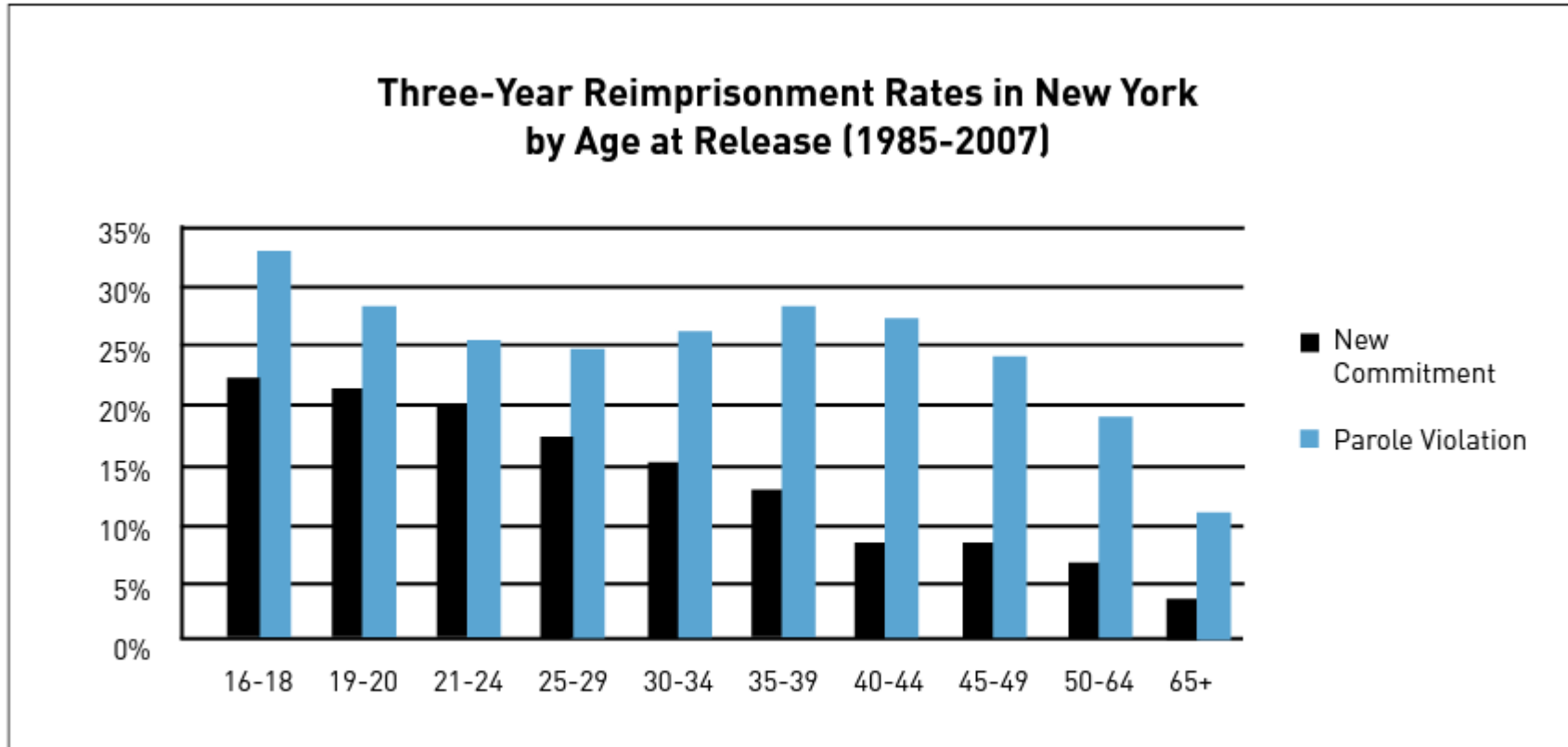


Impairment of **Prison Activities of Daily Living (PADLs)**, e.g., dropping to the ground, climbing into bunk beds, standing in lines.

50% of older incarcerated women reported a **fall in the previous year**.

Impairment can interfere with the ability to **understand and comply with prison rules**, leading to disciplinary infractions.

Releasing older people is **not** a public safety risk

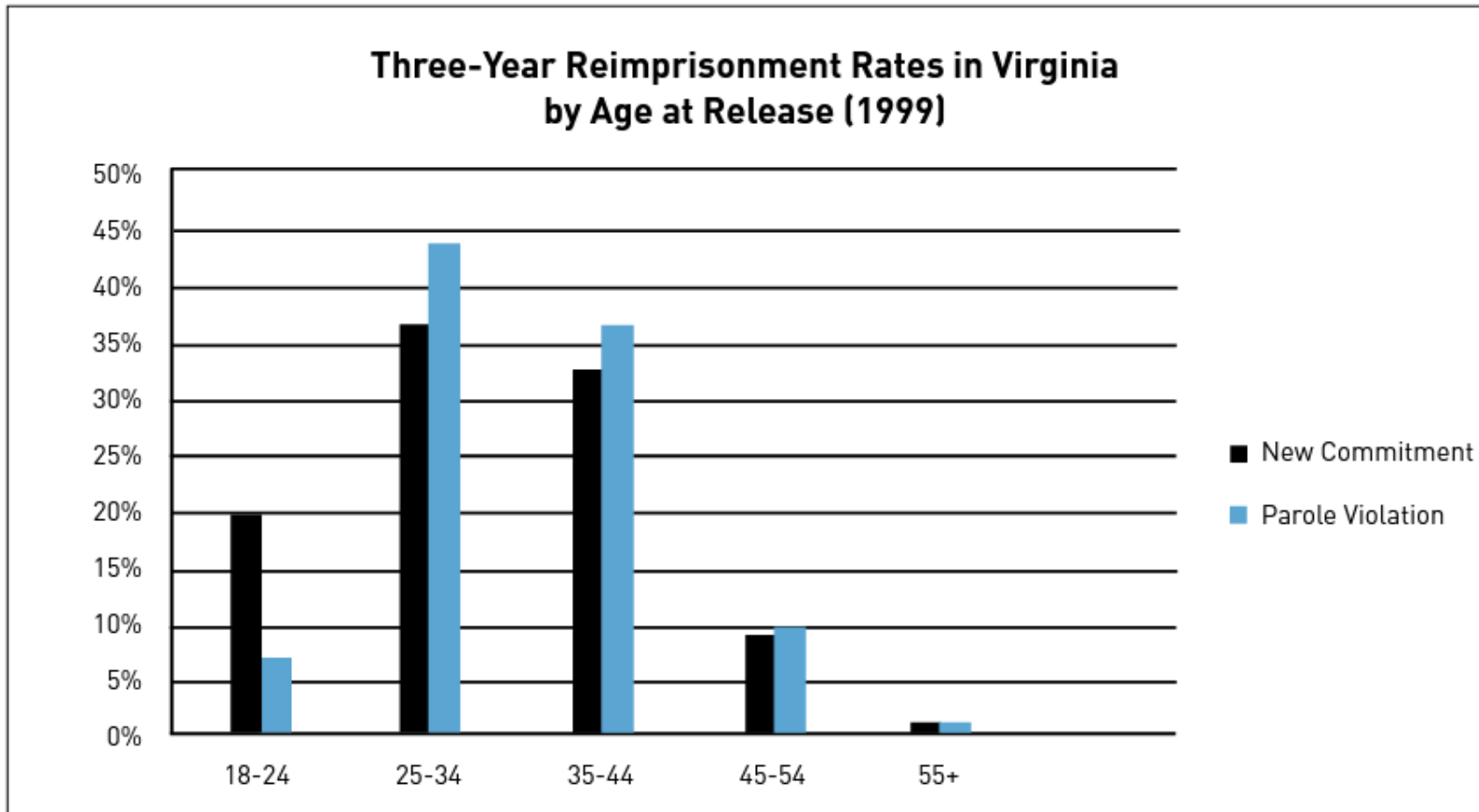


Source: New York Dep't of Corrections, *2007 Releases Three Year Post Release Follow Up* (2012).³⁵

The driver of reimprisonment for older age groups, especially older women, is **parole violations**, not new criminal offenses.

Meaningful decarceration policies must also address **probation and parole**.

Releasing older people is **not** a public safety risk

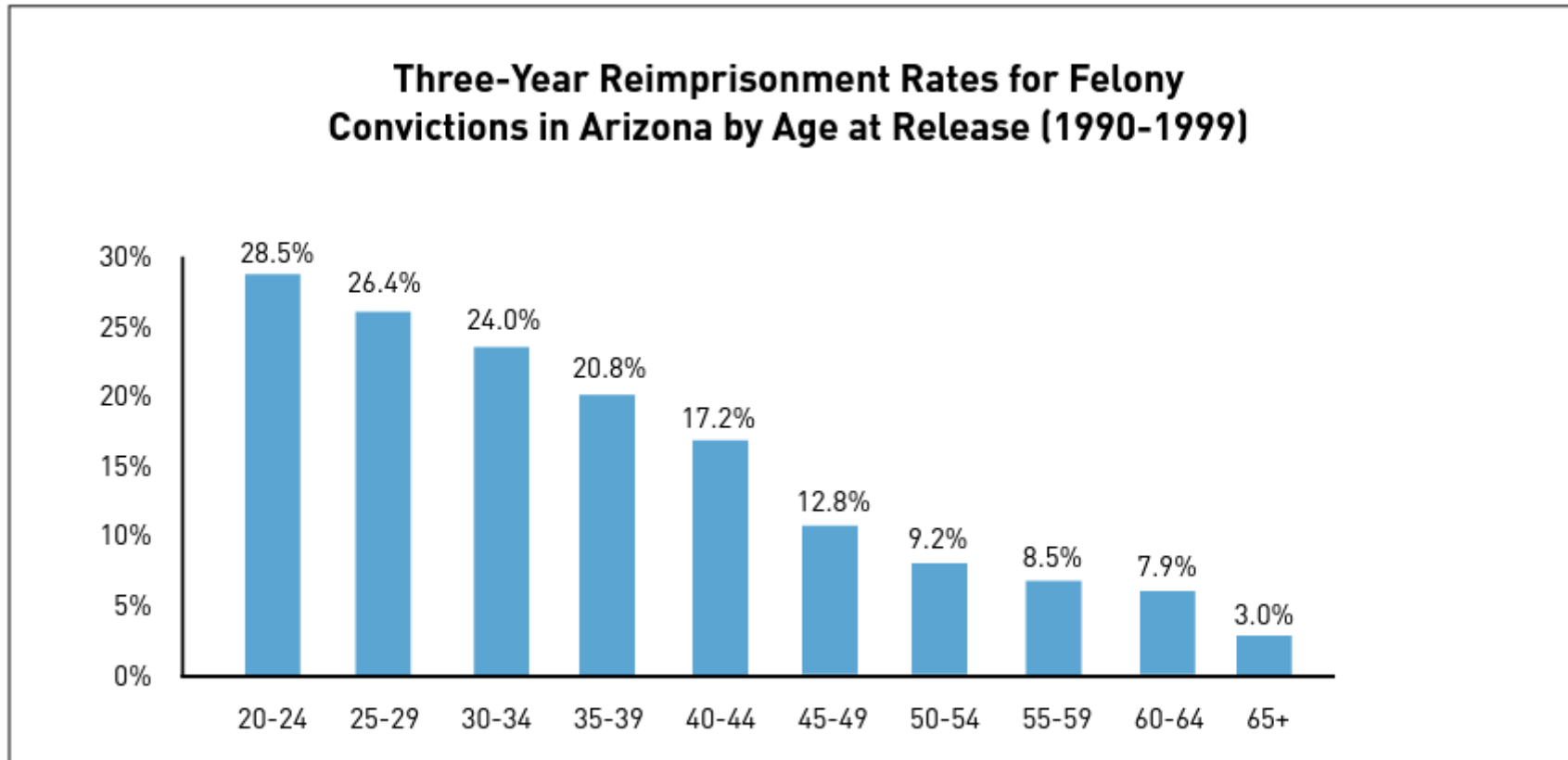


Source: Cross, *Recidivism in Virginia* (2005).³⁶

The driver of reimprisonment for older age groups, especially older women, is **parole violations**, not new criminal offenses.

Meaningful decarceration policies must also address **probation and parole**.

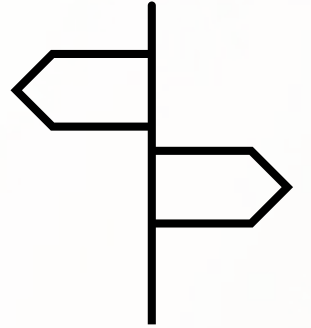
Releasing older people is **not** a public safety risk



Source: Arizona Dep't of Corrections, *Arizona Inmate Recidivism Study* (2005).³⁷

The driver of reimprisonment for older age groups, especially older women, is **parole violations**, not new criminal offenses.

Meaningful decarceration policies must also address **probation and parole**.



What are the alternatives?

Resist the allure of adding “trauma informed” to the same old carceral strategies.

Resentencing and post-conviction relief, expanded medical parole, clemency, and reducing revocations

Meaningful action on reducing women’s incarceration must address “upstream” and “downstream”

Downstream Intervention

Aims to reduce the impact that has already occurred.

Resentencing, medical parole, clemency, reducing revocations



Upstream Intervention

Aims to prevent harm before it ever occurs.

“Intercept Zero”

Reducing childhood and adult trauma

Reducing poverty and inequality

Reducing school pushout

Housing and healthcare

Pre-arrest diversion

Behavioral health crisis teams

Broader community impact





bit.ly/wiproject

Rebecca Stone, PhD, MPH
rjgstone@gmail.com

The Women and Incarceration
Project
Center for Women's Health and
Human Rights
Suffolk University, Boston MA

*See website for information sheets,
full reports, conference videos and
more.*