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.

Local Jails
- Not Convicted 46,500
- Convicted 30,000
- Drug 8,000
- Violent 10,000
- Other 200

State Prisons
- Federal Prisons & Jails
- 14,000
- Marshall 2,800
- Public Order 2,300
- Violent 5,500
- Property 1,200
- Drug 7,000
- Other 40

Sources & data notes: www.prisonpolicy.org/reports/pie2023women.html
Figure 1
Figure 2
Rhode Island has a lower women’s incarceration rate than the national average.
Black, AI/AN and multiracial women experience higher incarceration rates.

Figure 4
2 in 3 incarcerated women are aged 25–44.

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

https://sites.suffolk.edu/wiproject/2022/06/06/substance-use-mental-health-and-therapeutic-interventions/
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.

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.

69% At least 1 PADL impairment

Releasing older people is not a public safety risk

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.

Source: https://www.aclu.org/files/assets/elderlyprisonreport_20120613_1.pdf
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**Three-Year Reimprisonment Rates for Felony Convictions in Arizona by Age at Release (1990-1999)**

- 28.5% in 20-24
- 26.4% in 25-29
- 24.0% in 30-34
- 20.8% in 35-39
- 17.2% in 40-44
- 12.8% in 45-49
- 9.2% in 50-54
- 8.5% in 55-59
- 7.9% in 60-64
- 3.0% in 65+

Source: Arizona Dep’t of Corrections, *Arizona Inmate Recidivism Study* (2005).[^1]
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
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See website for information sheets,  
full reports, conference videos and  
more.

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