Women inmates have consistently higher rates of drug use and HIV infection than do male inmates. The needs and circumstances of women in prison and jail require increased emphasis and tailored interventions.

Women Inmates Need Special Attention and Programs Designed Just for Them

In 1980, 13,420 women were in prison or jail. In the 20 years since then, this number has soared more than 500 percent. Women are now the fastest growing group of inmates. At the end of 1999, 90,688 women were in prison or jail. There are compelling reasons why women inmates need more attention and tailored interventions.

Women inmates’ behaviors and past lives place them at high risk.

Drug use is common: About 80 percent of women inmates have used drugs and/or alcohol. Around 54 percent used drugs in the month before their current offense, 25 percent were under the influence of drugs when they committed the crime for which they were convicted, and 24 percent committed their crime to get money for drugs.

Many also have high-risk sexual behaviors, including trading sex for drugs, sex with multiple partners, sex with partners who are injection drug users, and prostitution. A significant number of women inmates – 43 to 65 percent – have experienced physical, sexual, or psychological abuse before their admission to prison or jail.

As a result, their rates of infectious disease and other health problems are high.

At the end of 1999, 3.4 percent of women in state prisons were HIV positive. In addition, various studies show hepatitis C infection prevalence ranging between 22 percent and 55 percent of women inmates.

Sexually transmitted diseases are another major problem for women inmates: 3-28 percent have syphilis, 1.4-6 percent have chlamydia, and 0.7-7.4 percent have gonorrhea.

Many have mental health problems, including anti-social personality disorder, depression, and post-traumatic stress disorders, possibly due to histories of abuse.

Most women inmates are mothers who are separated from their children.

About three-quarters of women inmates are mothers. Of these, 62 percent are single mothers and 66 percent have children under age 18. At the time of their arrest, 6-10 percent of women inmates are pregnant.

In 1998, more than 1,400 women delivered a baby in prison. In most correctional systems, babies are taken away shortly after delivery and placed with family members or in foster care. The Federal Bureau of Prisons and 11 states have residential programs for inmate mothers and their infants.

Correctional Infrastructure and Programming Should Meet the Needs of Women Inmates

The Federal Bureau of Prisons and most states have separate facilities for women. Some women prisoners serve their terms in alternative settings, such as halfway houses, pre-release centers, work release centers, or day supervision programs. Many women inmates, however, are housed in prisons and jails that also house male inmates. Because of their much smaller numbers compared to male inmates, the needs of women inmates are often overlooked. Their particular characteristics and situations should be taken into consideration when interventions are designed and resources allocated:

- Many facilities use the same type of screening instrument to assess male and
female inmates when they first come into
the system. As a result, information about
women’s risk profiles or health status —
especially previous physical or sexual abuse,
mental health issues, and HIV infection
status — may not be gathered or appropriate
interventions provided. This gap is especially
common in states or facilities with small
numbers of female inmates.

• Few state and local jurisdictions provide
sufficient substance abuse treatment, particu-
larly treatment tailored to women’s higher
rates of victimization and mental illness.

• Few provide gender-specific HIV program-
ing, such as AZT or other anti-HIV
medications for pregnant inmates to reduce
perinatal transmission.

Innovative Programs and
Strategies are Addressing the
Problem

Agencies, organizations, and providers are
working to meet these challenges by estab-
ishing and maintaining innovative programs for
drug-using women who are involved with
criminal justice. Here are a few examples:

Health Link. This New York City-based
program is designed to help drug-using
women return to their communities, reduce
HIV risk behaviors and drug use, and avoid
rearrest. It works toward this goal by providing
case management and other services to women
while they are in jail and for 1 year following
release. The program also furnishes technical
support, training, and financial assistance to
community providers who serve former
inmates and offers staff support for a network
of local service providers. In addition, Health
Link develops policy analysis and advocacy
to identify and reduce barriers that prevent
women released from jail from successfully
returning to their communities. For more
information, see Boudin et al., 1999.

ACE Peer Education Program. ACE
(AIDS Counseling and Education) is an
inmate organization of the Bedford Hills
Correctional Facility, New York State’s
largest women’s prison. ACE promotes safe
behaviors and works to eliminate fear and
stigma associated with AIDS and HIV.
ACE conducts education workshops, runs
programs for those living with the virus, and
encourages expression through art, poetry,
and song. It also works with outside groups
to provide support to women coming out of
prison. For more information, see Boudin
et al., 1999.

To Learn More About This Topic

Read the overview fact sheet in this series
on drug users and the criminal justice system
— Drug Users, HIV, and the Criminal Justice
System. It provides basic background infor-
mation, links to the other fact sheets in this
series, and links to other useful information
(both print and internet).

Check out these sources of information:

Alemagno SA. Women in jail: is substance
abuse treatment enough? American Journal of
Public Health 2001; 91(5):798-800.

(DC): U.S. Department of Justice, National
Institute of Justice; August 1998. NCJ

Office of Justice Programs. U.S.
Department of Justice. Proceedings from the
National Symposium on Women Offenders.
www.ojp.usdoj.gov/cpo/womenoffenders/women.pdf

Richie B, Freudenberg N, Page J.
Reintegrating women leaving jail into urban
communities: a description of a model
program. Journal of Urban Health

U.S. General Accounting Office (GAO).
Women in prison: issues and challenges
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GJD-00-22. www.gao.gov

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Lockwood D, McCorkel J, Inciardi JA.
Developing comprehensive prison-based
therapeutic community treatment for women.

Morash M, Bynum TS, Koons BA. Women
offenders: programming needs and promising
approaches. Research in Brief. Washington
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Institute of Justice; August 1998. NCJ

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See also

de Ravello L, Brantley D, LaMarre M,
Qayad M, Blake P, Paris J, Morgan M.
High-risk women in a high-risk world:
having babies behind bars. 2001 National

Department of Health and Human Services

http://www.cdc.gov/ldu

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