

GAO

Report to the Honorable
Eleanor Holmes Norton
House of Representatives

December 1999

WOMEN IN PRISON

Issues and Challenges Confronting U.S. Correctional Systems





GAO

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United States General Accounting Office
Washington, D.C. 20548

General Government Division

B-280204

December 28, 1999

The Honorable Eleanor Holmes Norton
House of Representatives

Dear Ms. Norton:

As you requested, this report discusses issues important or unique to managing female inmate populations.¹ More specifically, it provides information on the following questions about women in prison:

- What are the trends in the number of female inmates and the growth of this population?
- What do statistics or trends show about female inmate characteristics, including age, race/Hispanic origin, most serious offense, drug use, prior physical or sexual abuse, and number of minor children?
- What are the trends in the number of correctional facilities for female inmates? How near are female inmates housed to their families or community ties?
- To what extent do correctional policies, classification² systems, and education/job-training programs consider the needs of female inmates?
- What types of parenting programs are provided to female inmates (i.e., visitation, mother-infant/child residential programs, and parent education programs)?
- What types of reviews are performed to assess female-specific health care (e.g., gynecological care), particularly regarding access to care and quality of care?
- To what extent are substance abuse treatment services provided to female inmates? What are the rates of mental illness among female inmates? And, what are the rates of human immunodeficiency virus (HIV) infection among female inmates?

As agreed with your office, this report generally focuses on the nation's three largest correctional systems for female offenders—the federal Bureau of Prisons (BOP), the California Department of Corrections, and the Texas Department of Criminal Justice. However, for some issues or

¹Earlier this year, we reported on staff sexual misconduct in women's prisons—[Women In Prison: Sexual Misconduct by Correctional Staff](#) (GAO/GGD-99-104, June 22, 1999).

²In the context of correctional systems, the term “classification” refers to the systematic subdivision of inmates into groups based on their security and program needs.

questions, this report also presents information obtained from previously issued national studies on women in prison. At calendar year-end 1998, the three correctional systems collectively held over one-third of the nation's female inmates. We interviewed officials from the relevant federal and state agencies and nongovernmental organizations and reviewed documentation they provided us. In addition, we visited at least two women's prisons in each of the three jurisdictions we studied, wherein we toured the facilities and interviewed correctional officials. Our work did not include interviewing female inmates. In some instances, we compared trend or characteristics data on female inmates with data on male inmates. Because this report provides an overview of the major issues related to women in prison, it may not include all of the programs and initiatives under way to address such issues.

We performed our work from May 1998 to October 1999 in accordance with generally accepted government auditing standards. Appendix I contains additional information on our scope and methodology.

Results in Brief

In 1980, we reported to Congress that U.S. correctional systems had not been aggressive in providing programs and services to female inmates due to their relatively small numbers and because many officials felt that female inmates did not need the same type of training and vocational skills as male inmates.³ Since 1980, the number of women in prison has increased over 500 percent—to about 84,400 at calendar year-end 1998. With the general rise in the number of female inmates, there has been increasing awareness that female inmates have some needs that are different from those of male inmates, such as child-related responsibilities and gender-specific health care. While progress has been made, our work and other studies indicate that U.S. correctional systems still face challenges in addressing the unique needs of female inmates.

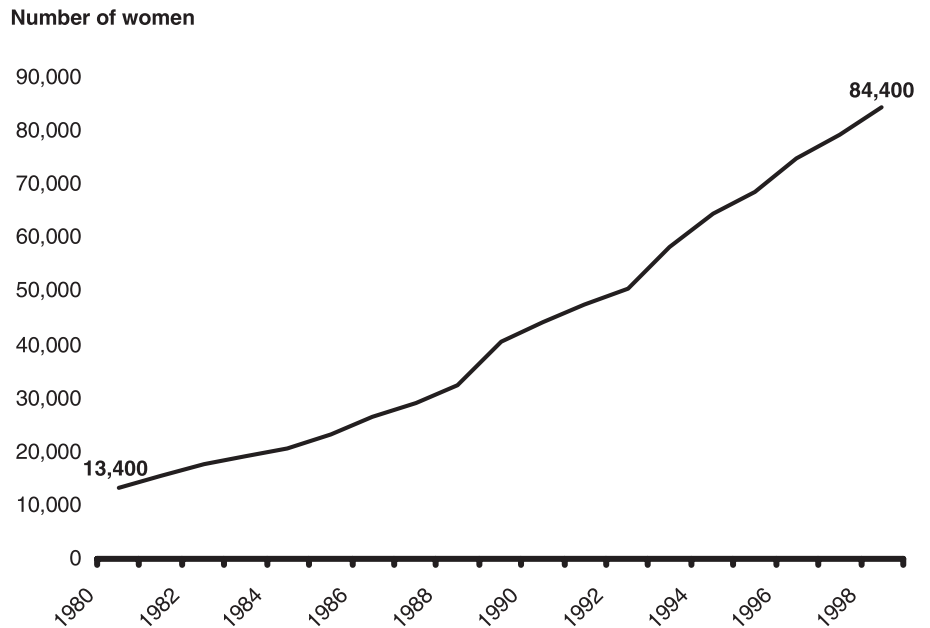
Detailed answers to the questions presented above are included in appendixes II through VIII and summary answers are as follows:

- **Growth in female inmate population:** Since 1980, the number of female inmates under the jurisdiction of federal and state correctional authorities increased more than 500 percent—from about 13,400 in 1980 to about 84,400 at calendar year-end 1998, with the preponderance in state facilities. As figure 1 shows, the increase has been steady during this period. In fact, the number of female inmates in federal and state prisons increased each year since 1980. The growth in both the female and male inmate prison

³Women In Prison: Inequitable Treatment Requires Action (GAO/GGD-81-6, Dec. 10, 1980).

populations since 1980 can be traced in part to changes in sentencing laws that are intended to get tough on crime, particularly on drug offenders (e.g., mandatory minimum sentences and repeat offender provisions).

Figure 1: Number of Female Inmates in Federal and State Prisons, 1980 to 1998.



Source: GAO analysis of Bureau of Justice Statistics data.

While far smaller in total than the total male inmate population, the female inmate population is growing at a faster rate. For example, from 1990 to calendar year-end 1998, the annual rate of growth for the female inmate population averaged 8.5 percent, versus an average annual increase of 6.6 percent for male inmates. Also, from 1990 to 1997 (the most recently available data), imprisonment rates for both female and male inmates showed similar but widespread disparities by race and Hispanic origin. For example, in 1997, black females were more than twice as likely as Hispanic females and eight times more likely than white females to be in prison. (See app. II.)

- **Female inmate characteristics:** According to Bureau of Justice Statistics (BJS) surveys of federal and state prison inmates,⁴ in 1997, the typical female inmate was over age 30 and a member of a racial or ethnic minority. Before entering prison, a large percentage of female inmates had abused

⁴Periodically, about every 5 years, BJS conducts nationally representative surveys of inmates in federal and state correctional facilities. The two most recent surveys were conducted in 1991 and 1997.

drugs and had experienced physical or sexual abuse. For example, in 1997, almost three-fourths of female inmates in state prisons said they used drugs regularly at some time in the past, and slightly over one-half reported a prior history of physical or sexual abuse. Also, in 1997, a large majority of female inmates in federal and state prisons were unmarried, and almost two-thirds had at least one minor child (under age 18). The total number of minor children whose mothers were in federal and state prisons increased from about 61,000 in 1991 to about 110,000 in 1997. After the mother entered prison, the vast majority of minor children lived with their grandparent, other relative/friend, or father. (See app. III.)

- Correctional facilities and proximity to community ties: To accommodate the rapid growth in the female inmate population, the three jurisdictions we studied have opened several new facilities for women. In 1980, BOP had five prisons for women, and California and Texas had two prisons for women. In 1998, BOP, California, and Texas had 15, 5, and 14 facilities for women, respectively, many of which were opened during the 1990s.⁵

At the time of our review, the female inmate populations in federal prisons generally exceeded their rated capacities (i.e., the number of inmates that planners or architects intended for the facility) by a higher percentage than that for male inmates in federal prisons. In California, the inmate populations in prisons for women generally exceeded their design capacities by a lower percentage than that for inmates in prisons for men. In Texas, the inmate populations in all women and men facilities were at or under design capacities.

Officials in all three jurisdictions told us that because of the location of facilities for women, it is not possible to house all female offenders close to their home of record. According to BOP, the placement of female offenders presents unique challenges since it would be prohibitively expensive to establish facilities for small numbers of women in every state (relatively close to their families or community ties). BOP data show that, in October 1999, about 30 percent of female inmates in federal prisons—excluding those with release residences in foreign countries, Alaska, Hawaii, and U.S. territories and possessions—were assigned to facilities more than 500 miles from their release residences, compared with about 24 percent of male inmates in federal prisons. (See app. IV.)

⁵In addition to BOP's 15 women-only prisons, BOP had 10 administrative facilities that housed both female and male inmates.

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- Correctional policies, classification systems, and education/job-training programs: Of the three jurisdictions, only BOP had a policy that required programs and services to address and consider the gender-specific needs of female offenders. California and Texas policies focused on standardization or equal treatment of female and male offenders. However, all three jurisdictions provided some level of female-specific programs and services, such as parenting programs.

BOP used distinct or separate classification systems for female and male offenders to place them into groups based on their security and program needs. As a result, a greater percentage of female than male offenders were assigned to lower security-level facilities. California used one classification system for both female and male offenders, although female inmates of all security levels were generally housed together. Texas also used one classification system for both female and male offenders, with a few minor housing differences for females (e.g., medium custody level female offenders may live in dormitories, but medium custody level male offenders must live in cells).

All three jurisdictions offered basic education programs (e.g., General Educational Development and English as a second language) and job training at each facility. However, the number and type of job-training programs varied significantly by jurisdiction and facility. For example, the number of job-training programs offered in California's prisons for women ranged from 3 to 16. (See app. V.)

- Parenting programs: As previously mentioned, in 1997, almost two-thirds of female inmates in federal and state prisons had at least one minor child, according to BJS surveys of prison inmates. However, BJS data show that over one-half of female inmates in state prisons were never visited by their minor children. Visitation log sheets at the facilities we visited also revealed that mother-child visits were infrequent. For example, log sheets at two federal prisons—each of which housed about 1,000 female inmates—showed that during an average week one facility received a total of 12 minor child visitors, and the other facility received a total of 44 minor child visitors. According to federal and state correctional officials in the three jurisdictions we studied, travel distances and related travel costs are the primary reasons for infrequent visitation. Visitation policies and schedules in the three jurisdictions were the same for female and male inmates. Of the three jurisdictions, California was unique in providing family or overnight visitation, but few children participated in the program.

Two of the three jurisdictions we studied (BOP and California) have residential programs for inmate mothers and their infants and/or children. BOP's program allows female inmates to remain with their infants up to 3 months after delivery, while California allows inmate mothers and their infants/children to remain together for up to 6 years. However, national survey information and our work indicate that such programs exist only at BOP and about 11 states. In other states, newborns are removed from the inmate-mother's care during or immediately following the hospital stay. The three jurisdictions we studied provided female inmates with parent education programs, although each had waiting lists for participation. In two of the three jurisdictions (California and Texas), female inmates were generally offered more parent education programs than male inmates. (See app VI.)

- Female-specific health care: Prior research indicated that the vast majority of U.S. correctional systems provided some level of health care related to female-specific issues. For example, of the 44 U.S. jurisdictions (BOP and 43 states) that responded to a 1999 national survey of female inmate health care, 43 jurisdictions (BOP and 42 states) said they provided gynecological and obstetrical services during 1998.⁶ Also, according to BJS' 1997 survey of state prison inmates, about 90 percent of female inmates reported having a gynecological examination after admission to prison. However, prior research and lawsuits in several states indicated that improvements in the delivery of services may be needed. For example, one of the three jurisdictions we studied (California) was involved in a class-action lawsuit related to health care at two women's prisons. An August 1997 settlement agreement provided for, among other things, that California's policies be reviewed and critiqued by certain specified experts in correctional health care.

The three jurisdictions we studied use national standards and have policies for providing health care related to female-specific issues (e.g., gynecological care). Two of the jurisdictions (BOP and Texas)—using small nongeneralizable samples—either assessed or recently began to assess female inmates' access to such care. None of the three jurisdictions routinely assessed the quality of health care related to female-specific issues. However, each of the three jurisdictions took actions in 1999 to improve their quality assurance programs, which could lead to increased monitoring and reviews of the quality of female-specific health care. (See app. VII.)

⁶Corrections Compendium, November 1999.

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- Substance abuse treatment, mental health, and HIV infection: As indicated above, many female inmates have histories of involvement with substance abuse. However, prior studies and our work in selected jurisdictions indicate that correctional systems may not be providing enough substance abuse treatment programs for female inmates. For example, according to BJS data, although the percentage of female inmates in federal and state prisons who acknowledged drug use before incarceration increased from 1991 to 1997, the percentage of female inmates who reported being treated for drug abuse since admission to prison declined during this period. Also, the three jurisdictions we studied had waiting lists for substance abuse treatment. For example, as of October 1999, about 600 female inmates in BOP facilities were on the waiting list for residential substance abuse treatment.

Female inmates have higher rates of mental illness and HIV infection than male inmates. For example, according to BJS' 1997 surveys of prison inmates, about 13 percent of female inmates in federal prisons and about 24 percent of female inmates in state prisons reported a mental condition or an overnight stay in a mental hospital or treatment program, compared with 7 percent of male inmates in federal prisons and about 16 percent of male inmates in state prisons. Also, at calendar year-end 1997, 3.5 percent of all female inmates in state prisons were known to be HIV infected, versus 2.2 percent of all male inmates in state prisons. Overall, the percentage of female and male inmates in state prisons who were known to be HIV positive remained relatively constant from 1992 to 1997. (See app. VIII.)

Agency Comments

We provided a draft of this report for review and comment to the Department of Justice and BOP, the California Department of Corrections, and the Texas Department of Criminal Justice.

On November 18, 1999, Justice's Audit Liaison Office (Justice Management Division) orally advised us that the draft had been reviewed by senior Department of Justice management and the Office of Justice Programs and these reviewers generally had no specific comments on the information presented in the draft. In its written comments dated November 15, 1999, BOP concurred with the draft report, with the following exceptions and comments. (See app. IX)

According to the Director of BOP, the draft report statement that BOP does not routinely evaluate the quality of care of female inmates is inaccurate. To support this view, the Director provided information on

various national and facility-specific programs and initiatives intended to improve the quality of health care at BOP facilities.

We agree that BOP has various programs and initiatives intended to improve the quality of health care at BOP facilities. In fact, each program and initiative noted in BOP's written comments was mentioned in the draft report. However, BOP did not routinely assess the quality of health care related to female-specific issues (e.g., gynecological care) under any of its quality assurance programs or initiatives. For example, in BOP's written comments, the Director noted that a facility housing female inmates could monitor, under its local quality assurance plan, the number of Pap smears and mammographies conducted, the methodology used in ordering and performing such tests, and the successful interpretation of test results. However, only one of the three facilities housing female inmates that we visited addressed female-specific issues in its local plan. Moreover, the monitoring of female-specific issues at the one facility involved a quantification of outputs or services provided and not an evaluation of the outcomes or quality of care.

Based on BOP's comments regarding quality assurance reviews, we have modified this report where appropriate to more clearly note that our work focused on the extent to which BOP conducted quality assurance reviews of health care related to female-specific issues. We have also provided additional information on BOP's various quality assurance programs and initiatives.

The Director of BOP also commented that BOP's National Institute of Corrections works with many state and local corrections agencies on problems and issues concerning the effective management and treatment of women offenders in community corrections centers, jails, and prisons. Where appropriate, we have recognized such assistance in this report.

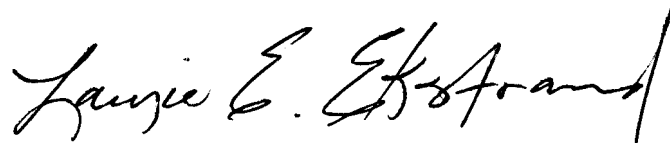
During the period November 15 to 19, 1999, the California Department of Corrections and the Texas Department of Criminal Justice provided oral technical comments and clarifications, which have been incorporated in this report where appropriate.

As arranged with your office, unless you publicly announce the contents of this report earlier, we plan no further distribution until 30 days after the date of this report. At that time, we will send copies of this report to Representative Henry Hyde, Chairman, and Representative John Conyers, Ranking Minority Member, House Judiciary Committee; and to Senator Orrin Hatch, Chairman, and Senator Patrick Leahy, Ranking Minority

Member, Senate Judiciary Committee. We also are sending copies of this report to The Honorable Janet Reno, Attorney General; The Honorable Kathleen Hawk Sawyer, Director, BOP; Mr. C.A. "Cal" Terhune, Director, California Department of Corrections; Mr. Wayne Scott, Executive Director, Texas Department of Criminal Justice; and other interested parties. Copies of this report also will be made available to others upon request.

Please contact me on (202) 512-8777, or Danny Burton or Eric Erdman on (214) 777-5600, if you or your staff have any questions about this report. Key contributors to this assignment are listed in appendix X.

Sincerely yours,

A handwritten signature in black ink that reads "Laurie E. Ekstrand". The signature is written in a cursive style with a large, prominent initial "L".

Laurie E. Ekstrand
Director
Administration of Justice Issues

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Abbreviations

BJA	Bureau of Justice Statistics
BOP	Bureau of Prisons

Objectives, Scope, and Methodology

Objectives

In response to a request by Congresswoman Eleanor Holmes Norton, this report presents information on the following issues or questions related to women in prison:

- What are the trends in the number of female inmates and the growth of this population?
- What do statistics or trends show about female inmate characteristics, including age, race/Hispanic origin, most serious offense, drug use, prior physical or sexual abuse, and number of minor children?
- What are the trends in the number of correctional facilities for female inmates? How near are female inmates housed to their families or community ties?
- To what extent do correctional policies, classification¹ systems, and education/job-training programs consider the needs of female inmates?
- What types of parenting programs are provided to female inmates (i.e., visitation, mother-infant/child residential programs, and parent education programs)?
- What types of reviews are performed to assess female-specific health care (e.g., gynecological care), particularly regarding access to care and quality of care?
- To what extent are substance abuse treatment services provided to female inmates? What are the rates of mental illness among female inmates? And, what are the rates of human immunodeficiency virus (HIV) infection among female inmates?

Overview of Our Scope and Methodology

Initially, in addressing these issues or questions, we conducted a literature search to identify relevant reports, studies, articles, and other documents. In so doing, among other resources, we contacted (1) the National Institute of Justice, which is a component of the Department of Justice’s Office of Justice Programs and serves as the department’s research and development agency and (2) the National Institute of Corrections, a federal Bureau of Prisons (BOP) component that operates an information clearinghouse.

Generally, as agreed with the requester, the scope of our work covered prisons in three jurisdictions, that is, the federal correctional system (BOP) and state systems in California and Texas—the two states with the largest number of female inmates. In each jurisdiction, we visited at least two women’s prisons:

¹In the context of correctional systems, the term “classification” refers to the systematic subdivision of inmates into groups based on their security and program needs.

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- BOP: We visited 3 of BOP's 15 women-only prisons—Federal Prison Camp Bryan (Texas), Federal Correctional Institution Dublin (California), and Federal Correctional Institution Danbury (Connecticut). These three facilities are among BOP's largest women's prisons. Two of the three prisons (Bryan and Dublin) are located in the states we studied. Further, we selected Danbury partly because most District of Columbia female felony offenders had been transferred to this Connecticut facility.²
 - California Department of Corrections: We visited the two largest of California's five prisons for women—the Central California Women's Facility and the Valley State Prison for Women—both located in Chowchilla. Also, these facilities reportedly are two of the largest women's prisons in the world. Collectively, these two prisons house about 7,000 women offenders, over one-half of the state's female inmates.
 - Texas Department of Criminal Justice: We met with the wardens of 6 of Texas' 14 facilities that house female inmates (Gatesville, Hilltop, Hobby, Mountain View, Murray, and Woodman). Five of the six facilities are centrally located in the state (in the Gatesville area) and house approximately one-half of the state's female inmates. We toured three of the six facilities (Gatesville, Murray, and Woodman).

For some topics, such as (1) inmate populations, (2) inmate characteristics, and (3) parenting programs, we were able to obtain national or multistate perspectives by drawing upon published data or conducting limited telephonic surveys. We also contacted various research, industry, advocacy, and other organizations to obtain information on issues related to women in prison. These instances are noted in applicable appendixes of this report and in the following sections, which give specific details about the scope and methodology for the respective issues or questions we addressed.

²The National Capital Revitalization and Self-Government Improvement Act of 1997 (P.L. 105-33) required the transition of female felony offenders from the District of Columbia Department of Corrections to BOP. In July 1999, we reported on the status of the transition—Women in Prison: Transition of District of Columbia Female Felons to the Federal Bureau of Prisons (GAO/GGD-99-144R, Jul. 21, 1999).

Scope and Methodology of
Our Work Regarding
Female Inmate Populations,
Characteristics, and
Facilities

To identify information on female inmate populations and characteristics, we relied primarily on national survey data from the Department of Justice's Bureau of Justice Statistics (BJS). BJS obtains year-end and midyear counts of prisoners from BOP, the departments of corrections in each of the 50 states, and the District of Columbia. Also, about every 5 years, BJS conducts nationally representative surveys of inmates in federal and state correctional facilities. BJS has conducted two surveys of federal prison inmates. These two surveys were based on projectable samples selected from federal inmate populations, as of calendar year-end 1991 and 1997, respectively. In contrast to its two surveys of federal prison inmates, BJS has conducted five surveys of state prison inmates. The five most recent BJS surveys were based on projectable samples selected from state inmate populations as of calendar year-ends 1974, 1979, 1986, 1991, and 1997, respectively. More details about the BJS surveys are presented in appendixes II and III.

To obtain information on facilities for female inmates, we focused on BOP and state correctional systems in California and Texas. In so doing, we contacted applicable federal and state officials to determine (1) the number, name, and location of female facilities; (2) female inmate populations compared with prison capacities; and (3) the distances between women's prisons and release residences and/or major metropolitan areas.

Scope and Methodology of
Our Work Regarding
Correctional Policies,
Classification Systems, and
Education/Job-Training
Programs

Regarding correctional policies, classification systems, and education/job-training programs, our work focused primarily on the extent to which BOP, California, and Texas policies and procedures are standardized for female and male inmates or recognize female-specific differences. Within these jurisdictions, at a policy level, we reviewed (1) laws and/or policies that recognize gender-specific differences, (2) classification policies used for purposes of security and custody designations,³ and (3) policies related to equal availability of education and job-training programs. We did not assess compliance with policies and procedures, evaluate outcomes, or determine if female-specific needs were actually being met.

Scope and Methodology of
Our Work Regarding
Parenting Issues

Regarding mother-child visitation at selected BOP, California, and Texas facilities housing female inmates, we (1) reviewed policies and procedures to identify the types of visitation programs offered, (2) obtained information and/or statistics on the number of children involved in

³Classification policies affect housing, access to programs, location, levels of privilege, and degree of deprivation of liberty.

visitation programs, and (3) interviewed correctional officials to identify barriers or obstacles to mother-child visitation.

Regarding residential programs for inmate mothers and their infants/children, we interviewed experts on women in prison issues and reviewed literature to identify correctional jurisdictions with programs that allow female inmates to bond or live with their infants or children for an extended duration. We interviewed cognizant officials and obtained documentation on various aspects of the federal and state programs, including program components, duration, and eligibility requirements.

Regarding parent education programs at selected BOP, California, and Texas facilities, we interviewed officials and reviewed documentation on the types of programs/classes offered, their duration, eligibility requirements, and waiting lists.

**Scope and Methodology of
Our Work Regarding Health
Care Issues**

To ascertain how selected gender-specific health care needs are being met (e.g., gynecological care), we interviewed cognizant BOP, California, and Texas officials and reviewed policies and procedures to identify standards for offering or providing female-specific health care. We then determined what systems or reviews the three jurisdictions have implemented to assess compliance with applicable standards (i.e., we ascertained how the jurisdictions review access to care and ensure quality of care).

**Scope and Methodology of
Our Work Regarding
Substance Abuse
Treatment, Mental Illness,
and HIV Infection**

Regarding substance abuse treatment, mental illness, and HIV infection, we reviewed previously issued national studies (i.e., studies conducted by BJS, the National Center on Addiction and Substance Abuse at Columbia University, the National Institute of Justice, and us). Also, for BOP, California, and Texas, we (1) identified policies and procedures for providing substance abuse treatment, (2) reviewed documents that describe treatment programs (e.g., program components and program durations), and (3) obtained information and/or statistics on program participation and waiting lists.

Growth in Female Inmate Population

BJS, with the U.S. Bureau of the Census as its collection agent, obtains year-end and midyear counts of prisoners from BOP, the departments of corrections in each of the 50 states, and the District of Columbia. This appendix presents information and statistics from various BJS prison population reports.

According to BJS, table II.1 shows the following statistics about the growth in the female inmate population (calendar year-end data):

- Since 1980, the number of female inmates under the jurisdiction of federal and state correctional authorities increased more than 500 percent—from about 13,400 in 1980 to about 84,400 in 1998, with the preponderance in state facilities.
- From 1990 to 1998, the female inmate population almost doubled—from about 44,100 in 1990 to about 84,400 in 1998.
- From 1990 to 1998, the annual rate of growth for the female inmate population averaged 8.5 percent (versus an average annual increase of 6.6 percent for male inmates).
- From 1990 to 1998, the female inmate population grew at an annual rate of at least 10 percent in 18 states. North Dakota reported the highest average annual increase in female inmates (16.7 percent), while only the District of Columbia reported fewer female inmates during this period.¹
- In 1998, there were 57 sentenced female inmates² per 100,000 women in the United States (compared with 885 sentenced male inmates per 100,000 men in the United States). In other words, relative to the number of U.S. residents, 1 in every 1,754 women and 1 in every 113 men were sentenced prisoners under the jurisdiction of federal or state authorities in 1998.
- In 1998, over a third of all female inmates were held in the three largest jurisdictions: California (11,694), Texas (10,343), and the federal system (9,186).
- In 1998, the federal system and 26 states had more than 1,000 female inmates (24 states and the District of Columbia had less than 1,000 female inmates).
- In 1998, Oklahoma (with 122 sentenced female inmates per 100,000 female state residents) and Texas (with 102) had the highest female incarceration rates. Maine and Vermont (both with 9 sentenced female inmates per 100,000 female state residents) had the lowest incarceration rates.

¹In January 1998, as part of the National Capital Revitalization and Self-Government Improvement Act of 1997 (P.L. 105-33), the District of Columbia Department of Corrections began transferring its female felony inmates to BOP.

²Sentenced inmates are those with sentences of more than 1 year.

**Appendix II
Growth in Female Inmate Population**

Table II.1: Number of Female Inmates Under the Jurisdiction of Federal and State Correctional Authorities (Calendar Year-ends 1980, 1990, and 1998)

Jurisdiction	Number of female inmates			Average annual percentage increase, 1990 to 1998	Incarceration rate, 1998 ^a
	1980	1990	1998		
Federal	1,399	5,011	9,186	7.9%	5
States	12,021	39,054	75,241	8.5	51
U.S. total	13,420	44,065	84,427	8.5	57
State					
Alabama	265	955	1,525	6.0	64
Alaska	21	128	302	11.3	54
Arizona	219	835	1,780	9.9	66
Arkansas	106	435	696	6.1	52
California ^b	1,316	6,502	11,694	7.6	67
Colorado	69	433	1,070	12.0	53
Connecticut	206	683	1,357	9.0	43
Delaware	57	226	440	8.7	51
District of Columbia ^b	70	606	478	-2.9	173
Florida	839	2,664	3,526	3.6	45
Georgia	568	1,243	2,474	9.0	61
Hawaii	31	171	430	12.2	60
Idaho	25	120	321	13.1	52
Illinois	346	1,183	2,646	10.6	43
Indiana ^b	241	681	1,198	7.3	39
Iowa	93	212	491	11.1	33
Kansas	113	284	523	7.9	39
Kentucky	125	479	1,046	10.3	51
Louisiana	303	775	2,126	13.4	94
Maine	21	44	63	4.6	9
Maryland	229	877	1,140	3.3	39
Massachusetts ^b	106	582	750	3.2	13
Michigan ^b	634	1,688	2,052	2.5	41
Minnesota	65	159	288	7.7	12
Mississippi	117	448	1,213	13.3	77
Missouri	236	777	1,880	11.7	67
Montana	25	76	248	15.9	56
Nebraska	56	145	254	7.3	28
Nevada	100	406	743	7.8	85
New Hampshire	5	44	116	12.9	19
New Jersey	198	1,041	1,653	6.0	39
New Mexico	57	193	315	6.3	32
New York	613	2,691	3,631	3.8	38
North Carolina ^b	616	945	1,932	9.4	35
North Dakota	2	20	69	16.7	19
Ohio	632	1,947	2,912	5.2	50
Oklahoma	247	1,071	2,091	8.7	122
Oregon	100	362	523	4.7	29
Pennsylvania	272	1,006	1,517	5.3	24
Rhode Island	26	166	235	4.4	18

**Appendix II
Growth in Female Inmate Population**

Jurisdiction	Number of female inmates			Average annual percentage increase, 1990 to 1998	Incarceration rate, 1998 ^a
	1980	1990	1998		
South Carolina	327	1,053	1,412	3.7	63
South Dakota	18	77	202	12.8	54
Tennessee	336	390	886	10.8	31
Texas ^c	1,221	2,196	10,343	NC	102
Utah	27	125	270	10.1	25
Vermont	16	36	45	2.8	9
Virginia	303	927	1,806	8.7	47
Washington	190	435	1,018	11.2	35
West Virginia	30	76	211	13.6	23
Wisconsin	154	348	1,169	NC	42
Wyoming ^b	29	88	131	5.1	55
States total	12,021	44,065	84,427		

Legend

NC = Not calculated because of changes in reporting procedures.

^aThe overall incarceration rates (i.e., U.S. total, federal, and state total) represent the number of female inmates with sentences of more than 1 year per 100,000 female U.S. residents. The individual state incarceration rates represent the number of female inmates with sentences of more than 1 year per 100,000 female state residents.

^bGrowth from 1990 to 1998 may be slightly overestimated due to a change in reporting methods.

^cExcludes an unknown number of female inmates in 1990 who were "paper ready" state inmates in local jails.

Source: GAO summary of BJS data.

While far smaller in total than the male inmate population, female inmates have become a larger part of the total prison population. For example, in 1998, women prisoners accounted for 6.5 percent of all prisoners nationwide, up from 5.7 percent in 1990 and 4.1 percent in 1980. Also, from 1990 to 1997 (the most recently available data), female and male incarceration rates showed similar but widespread racial and ethnic disparities. For example, in 1997, black non-Hispanic females (with an incarceration rate of 200 per 100,000) were more than twice as likely as Hispanic females (87 per 100,000) and eight times more likely than white non-Hispanic females (25 per 100,000) to be in prison. These differences among white, black, and Hispanic females were consistent across all age groups.

The growth in the female inmate prison population can be traced in part to changes in sentencing laws that are intended to get tough on crime, particularly on drug offenders (e.g., mandatory minimum sentences and repeat offender provisions). For example, during the 1990s, drug offenders accounted for the largest source of total growth among female inmates. More specifically, from 1990 to 1997 (the most recently available data), the number of female inmates serving time for drug offenses nearly doubled, while the number of male inmates serving time for drug offenses increased

Appendix II
Growth in Female Inmate Population

by 48 percent. The number of female and male inmates serving time for violent offenses, however, increased at about the same pace (up 68 percent for women and 64 percent for men).

Female Inmate Characteristics

BJS has conducted two nationally representative surveys of inmates in federal correctional facilities (1991 and 1997). Also, about every 5 years since the mid-1970s, BJS has conducted nationally representative surveys of inmates in state correctional facilities. Inmates were interviewed about their current offenses and sentences, criminal histories, family and personal backgrounds, and prior drug and alcohol use, among other things.¹ Using the survey results, BJS developed nationally representative estimates of the characteristics of federal and state prison inmates.

The following presents selected characteristics of federal and state female inmates during 1991 and 1997 and additional trend statistics for female inmates in state prisons. For a given survey year, the total number of inmates shown may vary from table to table. These variances occur because, in using the sample responses to develop estimates for the entire inmate universe, BJS made adjustments to compensate for response rates to particular questions.

Characteristics of Female Inmates in 1991 and 1997

For selected characteristics, the following sections and tables summarize the results of BJS surveys of federal and state female prison inmates in 1991 and 1997:

- Age, race/Hispanic origin, education, and prearrest employment (table III.1);
- Current/most serious offense (table III.2);
- Prior history of drug use and physical or sexual abuse (table III.3); and
- Marital status, minor children, and living arrangements of minor children (table III.4).

Age, Race/Hispanic Origin, Education, and Prearrest Employment

Table III.1 shows the following statistics about the age, race/Hispanic origin, education, and prearrest employment of female inmates:

- The percentage of female inmates in federal and state prisons age 35 and older increased from 1991 to 1997;
- In 1997, the race or origin of female inmates in federal prisons was fairly evenly distributed among whites, blacks, and Hispanics (about 29, 35, and 32 percent, respectively);
- In 1991 and 1997, the largest race or origin category in state prisons was blacks (about 46 to 48 percent);

¹The U.S. Bureau of the Census conducted the surveys of inmates in federal correctional institutions for BJS and BOP and the surveys of state inmates for BJS.

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Female Inmate Characteristics

- In 1997, about 73 percent of female inmates in federal prisons and about 36 percent of female inmates in state prisons were high school graduates or had some college or more; and
- In 1997, about 63 percent of female inmates in federal prisons and about 51 percent of female inmates in state prisons were employed prior to their arrest.

Table III.1: Age, Race/Hispanic Origin, Education, and Prearrest Employment of Female Inmates in Federal and State Prisons, 1991 and 1997

Characteristic	Percent of federal female inmates		Percent of state female inmates	
	1991	1997	1991	1997
Age:				
24 or younger	11.3 %	8.6%	16.4%	11.5%
25-34	40.2	35.3	50.4	43.4
35-44	31.3	32.0	25.5	34.1
45-54	12.2	18.2	6.1	9.0
55 or older	5.0	5.8	1.7	1.9
Race/Hispanic origin:				
White non-Hispanic	29.0 %	29.1%	36.2%	33.2%
Black non-Hispanic	38.6	34.5	46.0	47.7
Hispanic	29.5	32.2	14.2	15.4
Other ^a	2.9	4.2	3.6	3.7
Education:^b				
8 th grade or less	12.0 %	8.4%	16.0%	8.4%
Some high school	15.3	18.7	45.8	55.5
High school graduate	47.0	44.1	22.7	21.7
Some college or more	25.8	28.8	15.5	14.4
Prearrest employment				
Employed	63.3 %	63.4%	46.7%	50.7%
Unemployed	36.7	36.6	53.3	49.3
Number of female inmates	4,222	6,422	38,796	66,242

^aIncludes Asians, Pacific Islanders, American Indians, Alaska Natives, and other racial groups.

^bBased on highest grade completed.

Source: GAO summary of BJS data.

Current/Most Serious Offenses

Table III.2 shows that, in 1997, about 72 percent of female inmates in federal prisons and about 34 percent of female inmates in state prisons were serving sentences for drug offenses.

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Female Inmate Characteristics

Table III.2: Most Serious Offenses of Female Inmates in Federal and State Prisons, 1991 and 1997

Characteristic	Percent of federal female inmates		Percent of state female inmates	
	1991	1997	1991	1997
Most serious offenses:				
Violent offenses	7.7 %	6.7%	32.2%	28.2%
Property offenses	16.5	12.2	28.7	26.6
Drug offenses	65.5	71.7	32.8	34.4
Public order offenses	8.6	7.7	5.7	10.5
Other offenses ^a	1.8	1.7	0.6	0.3
Number of female inmates	4,217	6,392	38,462	65,735

Note: Detail may not add to 100 percent because of rounding.

^aIncludes blackmail, extortion, hit-and-run driving with bodily injury, child abuse, criminal endangerment.

Source: GAO summary of BJS data.

Prior History of Drug Use and Physical or Sexual Abuse

Table III.3 shows the following statistics about female inmates' prior history of drug use and prior history of physical or sexual abuse:

- From 1991 to 1997, an increasing percentage of female inmates in federal and state prisons acknowledged (1) regular drug use before incarceration and (2) a prior history of physical or sexual abuse before incarceration;
- In 1997, about 37 percent of female inmates in federal prisons and about 62 percent of female inmates in state prisons acknowledged they had used drugs in the month before their current offense; and
- In 1997, about 40 percent of female inmates in federal prisons and about 57 percent of female inmates in state prisons acknowledged they were physically or sexually abused before incarceration.

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Female Inmate Characteristics

Table III.3: Prior History of Drug Use and Physical or Sexual Abuse of Female Inmates in Federal and State Prisons, 1991 and 1997

Characteristic	Percent of federal female inmates		Percent of state female inmates	
	1991	1997	1991	1997
Drug use:				
Ever used drugs regularly before incarceration ^a	34.7 %	47.2%	65.3%	73.6%
Used drugs in month before current offense	27.6	36.7	53.9	62.4
Under drug influence at the time of current offense	16.3	19.3	36.3	40.2
Committed offense to get money to buy drugs	10.3	12.3	23.9	29.0
Number of female inmates	4,208	6,368	38,743	65,338
Physical or sexual abuse:				
Ever physically or sexually abused before incarceration?				
Yes	22.2 %	39.9%	43.2%	57.2%
No	77.8	60.1	56.8	42.8
Number of female inmates	4,083	6,347	38,109	65,425

^aRegular use is defined as once a week or more for at least 1 month.

Source: GAO summary of BJS data.

Marital Status, Minor Children, and Living Arrangements of Minor Children

Table III.4 shows the following statistics about female inmates' marital status, minor children, and living arrangements of minor children:

- A large majority of female inmates were unmarried (i.e., widowed, divorced, separated, or never married) in 1991 and 1997;
- About 60 percent of female inmates in federal prisons and about two-thirds of female inmates in state prisons had at least one child under age 18 in 1991 and 1997;
- The total number of children under age 18 whose mothers were in federal or state prisons increased from about 61,000 in 1991 to about 110,000 in 1997.²
- The vast majority of minor children whose mothers were in prison lived with their grandparent, other relative/friend, or father in 1991 and 1997, with about one-half living with their grandparent.

²Although the differences between these estimates appear to be large, we were unable to determine, using data provided by BJS, whether they were statistically different from each other.

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Table III.4: Marital Status, Minor Children, and Living Arrangements of Minor Children of Female Inmates in Federal and State Prisons (1991 and 1997)

Characteristic	Percent of federal female inmates		Percent of state female inmates	
	1991	1997	1991	1997
Marital status:				
Married	28.8 %	29.4%	17.3%	17.3%
Widowed	5.7	6.0	5.9	5.8
Divorced	22.5	21.1	19.1	19.9
Separated	10.6	10.0	12.5	9.8
Never married	32.3	33.6	45.1	47.1
Have children under age 18:				
Yes	61.4 %	59.1%	66.6%	65.8%
No	38.6	40.9	33.4	34.2
Total number of children under age 18	5,252	7,792	56,123	102,448
Living arrangements of children under age 18				
Did child(ren) under 18 live with mother before she entered prison? ^a				
Yes	87.4 %	84.0%	71.7%	64.3%
No	12.6	16.0	28.3	35.7
After the mother entered prison, with whom did minor children live? ^b				
Father	25.8 %	31.6%	25.4%	27.7%
Grandparent	48.0	45.5	50.6	52.7
Other relative/friend	32.4	37.6	24.4	28.5
Agency/foster home	4.5	3.2	10.7	9.7
Other/alone	NR	NR	6.0	8.7

Legend

NR = Not reported in the BJS source document.

^aPercents are based on inmates with children under age 18.

^bPercents add to more than 100 percent because inmates with more than one child may have provided multiple responses.

Source: GAO summary of BJS data.

Trends in Characteristics of Female Inmates in State Prisons

As mentioned previously, while BJS has conducted only two surveys of federal prison inmates (1991 and 1997), it has conducted five surveys of state prison inmates (1974, 1979, 1986, 1991, and 1997). To the extent comparable data were reported by BJS, we used the results of the 1979, 1986, 1991, and 1997 surveys to develop tables showing trends in the characteristics of female inmates in state prisons.³ Specifically, the tables summarize the following characteristics:

³We did not use the results of the 1974 survey since comparable data were not available in many cases.

Appendix III
Female Inmate Characteristics

-
- Age, race/Hispanic origin, education, and prearrest employment (table III.5);
 - Most serious offense (table III.6);
 - Maximum length of sentences by most serious offense (table III.7);
 - Marital status and number of children (table III.8);
 - Living arrangements of minor children (table III.9);
 - Drug use history (table III.10);
 - Alcohol use history (table III.11); and
 - Prior physical or sexual abuse (table III.12).

As indicated in some of the tables, BJS' 1979 and 1986 surveys did not report on as many characteristics as did the 1991 and 1997 surveys.

**Age, Race/Hispanic Origin,
Education, and Prearrest
Employment**

Table III.5 shows the following statistics about the age, race/Hispanic origin, education, and prearrest employment of female inmates in state prisons:

- The percentage of female inmates in state prisons who were age 35 or older increased from about 23 percent in 1979 to about 45 percent in 1997;
- The percentage of female inmates in state prisons of Hispanic origin doubled from about 8 percent in 1979 to about 15 percent in 1997;
- From 1979 to 1997, the education levels of female inmates in state prisons either remained fairly constant or reflected no clear trends. However, the percentage of female inmates with little education (8th grade or less) decreased from 16 percent in 1991 to about 8 percent in 1997.
- The prearrest employment levels of female inmates in state prisons were similar in 1979 (about 52 percent) and 1997 (about 51 percent).

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Female Inmate Characteristics

Table III.5: Characteristics of Female Inmates in State Prisons (1979, 1986, 1991, and 1997)

Characteristic	Percent of female inmates at year end			
	1979	1986	1991	1997
Age:				
17 or younger	0.4%	0.2%	0.1%	0.6%
18-24	31.2	22.3	16.3	10.9
25-34	45.8	50.5	50.4	43.4
35-44	15.1	19.6	25.5	34.1
45-54	5.5	5.5	6.1	9.0
55 or older	2.0	1.8	1.7	1.9
Median age	NR	29 years	31 years	33 years
Race/Hispanic origin:				
White non-Hispanic	36.6%	39.7%	36.2%	33.2%
Black non-Hispanic	53.2	46.0	46.0	47.7
Hispanic	7.6	11.7	14.2	15.4
Other ^a	2.6	2.5	3.6	3.7
Education:^b				
8th grade or less	14.8%	16.5%	16.0%	8.4%
Some high school	46.3	49.7	45.8	55.5
High school graduate	26.5	19.1	22.7	21.7
Some college or more	12.4	14.8	15.5	14.4
Prearrest employment:				
Employed	51.7%	47.1%	46.7%	50.7%
Unemployed	48.3	52.9	53.3	49.3
Number of female inmates	11,080	19,812	38,796	66,242

Legend

NR = Not reported in the BJS source document.

^aIncludes Asians, Pacific Islanders, American Indians, Alaska Natives, and other racial groups.

^bBased on highest grade completed.

Source: GAO summary of BJS data.

Most Serious Offenses

Table III.6 shows the following statistics about the most serious offenses of female inmates in state prisons:

- The percentage of female inmates in state prisons whose most serious offense was a drug offense increased from about 11 percent in 1979 to about 34 percent in 1997, with most of the increase occurring from 1986 to 1991;
- The percentage of female inmates in state prisons whose most serious offense was a violent offense decreased from about 49 percent in 1979 to about 28 percent in 1997; and
- The percentage of female inmates in state prisons whose most serious offense was a property offense decreased from about 37 percent in 1979 to about 27 percent in 1997.

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Table III.6: Most Serious Offense of State Prison Female Inmates (1979, 1991, and 1997)

Most serious offenses	Percent of female inmates at year end			
	1979	1986	1991	1997
Violent offenses:	48.9 %	40.7%	32.2 %	28.2%
Murder ^a	15.5	13.0	11.7	8.5
Negligent manslaughter	9.8	6.8	3.4	2.6
Kidnaping	1.4	0.9	0.4	0.6
Rape	0.4	0.2	0.4	0.4
Other sexual assault	0.3	0.9	1.3	0.9
Robbery	13.6	10.6	7.8	7.2
Assault	7.6	7.1	6.2	6.8
Other violent ^b	0.4	1.2	1.1	1.3
Property offenses	36.8 %	41.2%	28.7 %	26.6%
Drug offenses:	10.5 %	12.0%	32.8 %	34.4%
Possession	2.7	4.0	11.8	14.6
Trafficking	7.1	7.3	19.8	18.5
Other/unspecified	0.7	0.7	1.3	1.3
Public-order offenses	2.9 %	5.1%	5.7 %	10.5%
Other offenses	0.9 %	0.9%	0.6 %	0.3%
Number of female inmates	11,080	19,761	38,462	65,735

^aIncludes nonnegligent manslaughter.

^bIncludes blackmail, extortion, hit-and-run driving with bodily injury, child abuse, criminal endangerment, and other unspecified offenses.

Source: GAO summary of BJS data.

Maximum Length of Sentence

Table III.7 shows that the maximum length of sentence (the mean for all offenses) for female inmates in state prisons was 66 months in 1986 and 102 months in 1997.⁴

⁴Although the differences between these estimates appear to be large, we were unable to determine, using data provided by BJS, whether they were statistically different from each other.

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Female Inmate Characteristics

Table III.7: Maximum Length of Sentences (Median and Mean) of Female Inmates in State Prisons (1979, 1986, 1991, and 1997)

Most serious offense	Maximum length of sentence (in months) for female inmates		
	1986	1991	1997
Violent offenses:			
Median	NR	180	144
Mean	108	178	175
Property offenses:			
Median	NR	44	48
Mean	53	74	74
Drug offenses:			
Median	NR	54	54
Mean	54	79	84
Public-order offenses:			
Median	NR	36	26
Mean	47	60	46
All offenses:			
Median	NR	60	60
Mean	66	105	102

Legend

NR = Not reported in the BJS source documents.

Source: GAO summary of BJS data.

Marital Status and Number of Minor Children

Table III.8 shows the following statistics about state female inmates' marital status and number of minor children:

- The percentage of female inmates in state prisons who were never married increased from about 36 percent in 1979 to about 47 percent in 1997 and
- The total number of minor children whose mothers were in state prison increased from 37,600 in 1986 to over 102,000 in 1997.⁵

⁵Although the differences between these estimates appear to be large, we were unable to determine, using data provided by BJS, whether they were statistically different from each other.

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Female Inmate Characteristics

Table III.8: Marital Status and Number of Children of Female Inmates in State Prisons (1979, 1986, and 1991)

Marital status and number of children	Percent of female inmates			
	1979	1986	1991	1997
Marital status:				
Married	21.4 %	20.1 %	17.3 %	17.3 %
Widowed	8.2	6.7	5.9	5.8
Divorced	18.9	20.5	19.1	19.9
Separated	15.0	11.0	12.5	9.8
Never married	36.4	41.7	45.1	47.1
Have children under age 18:				
Yes	NR	67.5 %	66.6 %	65.8 %
No	NR	32.5	33.4	34.2
Number of children under age 18:^a				
1	NR	31.7 %	37.3 %	31.4 %
2	NR	28.7	29.9	28.6
3-4	NR	29.1	26.6	32.0
5 or more	NR	10.4	6.1	8.0
Total number of children under age 18	NR	37,600	56,123	102,448

Legend

NR = Not reported in the BJS source document.

^aPercents are based on those inmates with children under age 18.

Source: GAO summary of BJS data.

Living Arrangements of Minor Children

Table III.9 shows the following statistics about living arrangements of minor children whose mothers were in state prisons:

- From 1986 to 1997, although still a large majority, a decreasing percentage of female inmates in state prisons who had at least one minor child were living with their minor child(ren) before entering prison; and
- In 1986, 1991, and 1997, about 50 percent of female inmates in state prisons who had minor children said that at least one of their minor children lived with their child's grandparent after their mothers entered prison.

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Table III.9: Living Arrangements of Minor Children of Female Inmates in State Prisons (1986, 1991, and 1997)

Living arrangements	Percent of female inmates		
	1986	1991	1997
Did child(ren) under 18 live with mother before she entered prison?^a			
Yes	78.0 %	71.7 %	64.3 %
No	22.0	28.3	35.7
After the mother entered prison, with whom did minor children live?^{a, b}			
Father	22.3 %	25.4 %	27.7 %
Grandparent	52.2	50.6	52.7
Other relative	22.3	20.3	25.6
Friend	3.5	4.1	2.9
Foster home	9.0	8.6	7.1
Agency/institution	1.7	2.1	2.6
Other/alone	3.4	6.0	8.7

Note: BJS did not report these data for the 1979 survey.

^aPercents are based on inmates with children under age 18.

^bPercents add to more than 100 because inmates with more than one child may have provided multiple responses.

Source: GAO summary of BJS data.

Drug Use

Table III.10 shows that, from 1986 to 1997, an increasing percentage of female inmates in state prisons had used drugs before incarceration.

Table III.10: Drug Use History of State Prison Female Inmates (1986, 1991, and 1997)

Drug use before incarceration	Percent of female inmates		
	1986	1991	1997
Ever used	71.8%	79.5%	84.0%
Ever used regularly ^a	56.5	65.3	73.6
Used in the month before current offense	49.6	53.9	62.4
Use daily in the month before current offense	39.2	41.4	50.7
Under the influence at the time of the current offense	33.7	36.3	40.2
Committed offense to get money to buy drugs	NR	23.9	29.0
Number of female inmates	19,812	38,743	65,338

Legend

NR = Not reported in the BJS source document.

^aRegular use is defined as once a week or more for at least 1 month.

Source: GAO summary of BJS data.

Alcohol or Drug Use

Table III.11 shows the following statistics about state prison female inmates' use of alcohol or drugs before incarceration:

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- The percentages of female inmates in state prisons who used alcohol in the year before their current offense were similar in 1991 (about 58 percent) and 1997 (about 56 percent);
- The percentage of female inmates in state prisons who acknowledged daily use of alcohol before incarceration increased from 19 percent in 1991 to about 25 percent in 1997.
- From 1991 to 1997, an increasing percentage of female inmates in state prisons were under the influence of alcohol and drugs at the time they committed their current offense; and
- In 1997, drugs—and drugs in combination with alcohol—were bigger problems than alcohol alone.

Table III.11: Alcohol or Drug Use by State Prison Female Inmates (1986, 1991, and 1997)

Alcohol use before incarceration	Percent of female inmates		
	1986	1991	1997
Used alcohol in the year before the current offense?	NR	57.7%	55.7%
Frequency of use:			
Daily	NR	19.0%	24.6%
At least once a week	NR	16.8	15.4
Less than once a week	NR	6.3	4.4
At least once a month	NR	7.1	6.0
Less than once a month	NR	8.2	5.4
Under influence of alcohol or drugs at time of offense?			
Yes	46.2%	47.4%	53.1%
No	53.9	52.6	46.9
If yes:			
Alcohol only	12.4	11.6	12.9
Drugs only	25.5	25.5	24.1
Both	8.3	10.3	16.1

Legend

NR = Not reported in the BJS source document.

Source: GAO summary of BJS data.

Prior Physical or Sexual Abuse

Table III.12 shows that, from 1986 to 1997, an increasing percentage of female inmates in state prisons indicated they had been physically or sexually abused at some time during their lives before their current incarceration.

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Table III.12: Prior Physical or Sexual Abuse of State Prison Female Inmates (1986, 1991, and 1997)

Physical or sexual abuse^a	Percent of females inmate		
	1986	1991	1997
Ever physically or sexually abused before current incarceration?			
Yes	41.0 %	43.2%	57.2%
No	59.0	56.8	42.8
If yes: ^b			
Before age 18	25.0 % ^c	31.7%	36.7%
After age 18	25.0 ^c	24.5	45.1
Physically abused	23.0 ^d	33.5	46.3
Sexually abused	22.0 ^e	33.9	38.8
Number of female inmates	19,812	38,109	65,425

Note: BJS did not report these data for the 1979 survey.

^aSexual abuse includes fondling, incest, molestation, sodomy, rape, and other types of sexual assault.

^bDetails add to more than total because some inmates were abused both before and after age 18, or were both sexually and physically abused.

^cThese figures are estimates.

^dThe percent represents abuse since the age of 18.

^eThe percent represents abuse before the age of 18.

Source: GAO summary of BJS data.

Correctional Facilities

In response to the rapid growth in the female inmate population, all three jurisdictions we studied—BOP, California, and Texas—have increased their capacities for housing female inmates. For each of the three jurisdictions, this appendix presents information on the number and location of women’s prisons, female inmate populations compared with prison capacities, and the distance between women’s prisons and inmate release residences and/or major metropolitan areas. Where data were readily available, this appendix also compares correctional facilities for female inmates to facilities that house male inmates.

Federal Prisons for Women

The number of female inmates under the jurisdiction of federal correctional authorities increased from about 1,400 in 1980 to about 9,200 at calendar year-end 1998.¹ In response to this growth, the number of federal prisons for women increased from 5 to 15 during this period, exclusive of 10 administrative facilities that house both female and male inmates.² The names and activation dates of the 15 women-only prisons are as follows:

- 3 federal correctional institutions—Danbury, CT (1994); Dublin, CA (became women-only prison in 1990); and Tallahassee, FL (1996);
- 2 federal prison camps³—Alderson, WV (1927, mission changed from federal correctional institution to federal prison camp in 1989) and Bryan, TX (1989);
- 8 satellite camps—Carswell, TX (1994); Coleman, FL (1997); Danbury, CT (1988); Dublin, CA (1995); Lexington, KY (1994); Marianna, FL (1988); Pekin, IL (1994); and Phoenix, AZ (1989);
- 1 medical referral center—Carswell, TX (1994); and
- 1 intensive confinement center—Bryan, TX (1992).

As figure IV.1 shows, BOP’s 15 women-only prisons are located in 8 states—Arizona, California, Connecticut, Florida, Illinois, Kentucky, Texas, and West Virginia.

¹According to BOP, as of September 30, 1999, the number of BOP female inmates had increased to 10,053 (8,663 in BOP facilities and 1,390 in contract facilities). However, to provide comparable data for multiple jurisdictions, this report contains calendar year-end population data.

²The 10 administrative facilities consist of 3 metropolitan detention centers (Brooklyn, NY; Guaynabo, PR; and Los Angeles, CA), 3 metropolitan correctional centers (Chicago, IL; New York, NY; and San Diego, CA), 2 federal detention centers (Miami, FL and Seattle/Tacoma, WA), 1 federal transfer center (Oklahoma City, OK), and 1 detention center (Tucson, AZ).

³BOP camps house the lowest security level offenders.

Figure IV.1: U.S. Map Showing Location of BOP's Women-Only Prisons



Note: The locations shown do not include BOP's 10 administrative facilities, which house both female and male inmates.

^aDublin (CA) and Danbury (CT) are locations for both a federal correctional institution and a satellite camp.

^bCarswell (TX) is the location of the federal medical center for female inmates and also a satellite camp.

^cBryan (TX) is the location of a federal prison camp and also an intensive confinement center.

Source: BOP.

BOP Populations Compared With Rated Capacities

Our analysis of BOP data shows that inmate populations in prisons for women generally exceeded rated capacities (i.e., the number of inmates that planners or architects intended for the facility) by a higher percentage than in prisons for men.⁴ For example, as of August 6, 1999,

⁴Our analysis included all of BOP's federal correctional institutions, federal prison camps, and satellite camps. Our analysis did not include other types of facilities, such as U.S. penitentiaries, medical centers, detention centers, and transfer centers.

**Appendix IV
Correctional Facilities**

- inmate populations in the 3 federal correctional institutions for women were about 57 percent above rated capacity, on average, compared with about 40 percent above rated capacity for the 53 federal correctional institutions for men; and
- inmate populations in the 10 camps for women were about 5 percent above rated capacity, on average, whereas inmate populations in the 47 camps for men were about 6 percent below rated capacity.

As shown in table IV.1, the female inmate population at the Danbury Federal Correctional Institution was the highest percent (about 95 percent) above rated capacity of all BOP facilities for women.

Table IV.1: Populations and Rated Capacities for BOP Female Facilities (as of August 6, 1999)

Facility/state	Type of facility ^a	Population	Rated capacity	Percent above or below rated capacity
Danbury, CT	Federal Correctional Institution	992	508	95.3 %
Dublin, CA	Federal Correctional Institution	1,131	810	39.6
Tallahassee, FL	Federal Correctional Institution	1,028	692	48.6
Alderson, WV	Federal Prison Camp	890	838	6.2
Bryan, TX	Federal Prison Camp	725	720	0.7
Carswell, TX	Satellite Camp	214	148	44.6
Coleman, FL	Satellite Camp	425	512	-17.0
Danbury, CT	Satellite Camp	194	178	9.0
Dublin, CA	Satellite Camp	326	299	9.0
Lexington, KY	Satellite Camp	221	193	14.5
Marianna, FL	Satellite Camp	322	296	8.8
Pekin, IL	Satellite Camp	301	256	17.6
Phoenix, AZ	Satellite Camp	273	272	0.4

^aThe Intensive Confinement Center in Bryan, TX, and the Federal Medical Center in Carswell, TX, were not included in this analysis.

Source: GAO analysis of BOP data.

According to BOP, the acceptance of District of Columbia female felony inmates—under requirements of the National Capital Revitalization and Self-Government Improvement Act of 1997 (P.L. 105-33)—was a contributing factor to the high female inmate population at Danbury. BOP plans to activate a contract facility for District of Columbia female felony inmates during calendar year 2000.

Table IV.1 also shows that with the exception of one camp (Carswell), the federal correctional institutions were far higher over rated capacity than

the camps. Further, the Coleman camp was the only BOP facility for women whose population was below (-17 percent) its rated capacity.

To increase BOP's capacity to house female inmates, BOP plans to activate a 256-bed prison for women in Victorville, California during fiscal year 2000 (in addition to the contract facility for District of Columbia female felony inmates mentioned previously).

Distance From Home for Federal Inmates

BOP's policy for both female and male inmates is to attempt to place them within 500 miles of their release residences in the least restrictive environment their security level requires, while maintaining population balance throughout the correctional system. According to BOP, the placement of female inmates presents unique challenges since it would be prohibitively expensive to establish facilities for small numbers of women in every state (relatively close to their release destinations and presumably their families). BOP noted that the economies of scale by having a smaller number of facilities with comprehensive programs and services for a larger number of female inmates has limited BOP's ability to assign female inmates to appropriately secure facilities near their release residences.

According to BOP, during the 1990s, the mission of several BOP facilities was changed to provide more low- and minimum-security bed space so female inmates could be housed closer to home. BOP also noted that due partly to the activation of women's facilities in California, Florida, and Texas, BOP has achieved greater parity with the male inmate population regarding proximity-of-release placements. Our analysis of BOP data shows that, in October 1999, about 30 percent of BOP's female inmates were assigned to facilities more than 500 miles from their release residences, compared with about 24 percent of BOP's male inmates. As table IV.2 shows, 19 percent of BOP's female inmates were 501 to 999 miles from their release residences, and about 11 percent were 1,000 miles or more from their release residences.

Table IV.2: Distance Between Prison and Release Residences for Federal Prison Inmates (as of October 1999)

Distance to release residences	Percent of female inmates	Percent of male inmates
250 miles or less	41.5%	53.2%
251 to 500 miles	28.8	22.4
501 to 999 miles	19.0	13.9
1,000 miles or more	10.6	10.5
Number of inmates	6,840	86,561

Note: The data exclude (1) inmates with release residences in foreign countries, Alaska, Hawaii, and U.S. territories and possessions and (2) inmates without an assigned security level.

Source: BOP.

As noted in table IV.2, the BOP data likely underestimate the percentage of all federal inmates who were assigned to facilities more than 500 miles from their release residences since the data exclude inmates with release residences in foreign countries, Alaska, Hawaii, and U.S. territories and possessions.

According to BOP, inmates being placed in locations further than 500 miles from their release residences may be a result of several factors, including security needs, population pressures, and certain medical needs that can be handled only at a particular location.

California Prisons for Women

The number of female inmates under the jurisdiction of the California Department of Corrections increased from about 1,300 in 1980 to about 11,700 at calendar year-end 1998. California's female inmates are primarily housed in five prisons, of which four are women-only facilities. The names and activation dates of these prisons are as follows:

- The California Institution for Women (Corona) was opened in 1952.
- The cogender California Rehabilitation Center (Norco) was opened in 1962. It is the only California prison that houses both female and male inmates within a shared exterior perimeter.
- The Northern California Women's Facility (Stockton) was opened in 1987.
- The Central California Women's Facility (Chowchilla) was opened in 1990.
- The Valley State Prison for Women (Chowchilla) was opened in 1995.

According to California Department of Corrections officials, the Central California Women's Facility and the Valley State Prison for Women are among the largest women's prisons in the world, housing about 3,500 and 3,600 female inmates, respectively. Figure IV.2 shows the location of California's five prisons for women in relation to the state's major metropolitan areas.

Figure IV.2: California State Map
Showing Location of California Prisons
for Women



^aChowchilla is the location of two prisons for women—Central California Women’s Facility and Valley State Prison for Women.

Source: California Department of Corrections.

California Populations Compared With Design Capacities

At the time of our review, all of California’s prisons (housing female and/or male inmates) had inmate populations that exceeded design capacities. California Department of Corrections data show that the inmate populations in prisons that house female inmates generally exceeded design capacities by a lower percentage than in prisons that house male inmates. For example, as of October 1999,

- the inmate populations in California’s 5 prisons that house female inmates were about 78 percent above design capacity, on average, compared with 95 percent above design capacity for the 29 prisons that house male inmates; and
- the inmate populations in the 5 prisons that house female inmates exceeded design capacities by a range of 65 to about 87 percent, compared with a range of 59 to 170 percent for the 29 prisons that house male inmates.

For California’s five prisons that house female inmates, table IV.3 shows the female inmate population, the design capacity, and the percentage by which the population exceeded the design capacity.

Table Populations and Design Capacities of California Female Facilities (as of October 3, 1999)

Facility	Population	Design capacity	Percent above design capacity
California Institute for Women	1,831	1,026	78.5 %
California Rehabilitation Center ^a	825	500	65.0
Central California Women’s Facility	3,499	2,004	74.6
Northern California Women’s Facility	747	400	86.8
Valley State Prison for Women	3,600	1,980	81.8

^aThe California Rehabilitation Center houses both female and male inmates. The data in the table are for female inmates only.

Source: GAO analysis of California Department of Corrections’ data.

California Department of Corrections officials projected that by June 2000, the state will run out of beds for both female and male inmates. The officials noted that part of the problem is the increasing number of violent inmates and inmates with psychiatric needs who require single cell housing. To address crowding conditions, the officials told us the department is considering options such as changing the classification levels (so that more inmates can be housed in dormitories), asking the state legislature to construct more prisons, and expanding the capacity of existing facilities.

Distance From Home for California Prison Inmates

The California Department of Corrections did not have readily available data on the distance female inmates are housed from their residences. Department officials noted, however, that it is not possible to house all female offenders close to their home of record because about 60 percent of the female inmate population is from Southern California, and the two women’s prisons located in that area cannot accommodate this population. The officials noted that most female inmates are housed in Chowchilla, which is about 260 miles from Los Angeles and 390 miles from San Diego.

Department officials added that the same distance-from-home concerns apply for the male inmate population.

Texas Prisons for Women

The number of female inmates under the jurisdiction of the Texas Department of Criminal Justice increased from about 1,200 in 1980 to about 10,300 at calendar year-end 1998. Texas' female inmates are housed in 14 facilities, of which 10 are women-only facilities, and 4 are cogender facilities. The names and activation dates of these facilities are as follows:

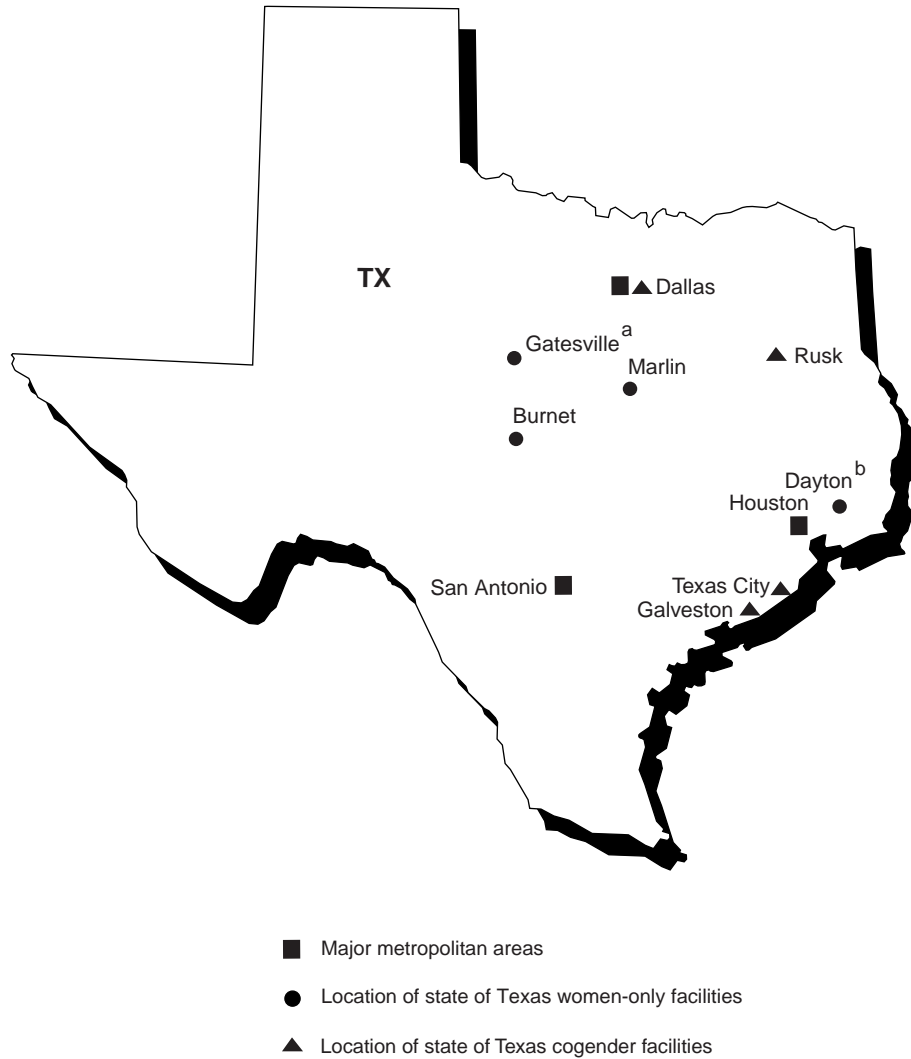
- five women-only prisons—Gatesville (1980), Hilltop (1981), Hobby (1989), Mountain View (1975), and Murray (1995);
- two women-only state jails⁵—Plane (1995) and Woodman (1997);
- three women-only substance abuse facilities⁶—Hackberry (1992), Halbert (1995), and Henley (1995);
- one cogender private state jail—Dawson (1997);
- one cogender psychiatric facility—Skyview (1988); and
- two cogender medical facilities—Hospital Galveston (1983) and Texas City (1996).

Figure IV.3 shows the location of Texas' 14 facilities for women in relation to the state's major metropolitan areas.

⁵According to Texas officials, in 1993, to reduce prison system overcrowding, the Texas legislature created a state jail system to provide an alternative form of incarceration for nonviolent offenders (mainly drug and property offenders) for sentences up to 2 years. Under the state jail system, nonviolent felons are diverted from prison beds and provided with community-based punishment and rehabilitation. State jail inmates must serve their entire sentences. That is, parole is not available, and sentences are not reduced for good behavior.

⁶In Texas, judges may sentence a probationer with a crime-related substance abuse problem to serve a term of 3 to 12 months in an intensive, residential treatment program.

Figure IV.3: Texas State Map Showing Location of Texas Facilities for Women



^aGatesville is the location of six facilities for women—Gatesville, Hackberry, Hilltop, Mountain View, Murray, and Woodman.

^bDayton is the location of two facilities for women—Henley and Plane.

Source: Texas Department of Criminal Justice.

Texas Populations Compared With Design Capacities

As of August 1998, the inmate populations in all Texas facilities (housing female and/or male inmates) were at or under design capacity.

Distance From Home for
Texas Inmates

The Texas Department of Criminal Justice did not have readily available data on the distance female inmates are housed from their residences. According to the women-only facility wardens we interviewed in Texas, the majority of the state's female inmates are from three major metropolitan areas—Dallas, Houston, and San Antonio. Texas Department of Criminal Justice data show that most female inmates are housed in facilities clustered near Gatesville, Texas, which is located about 135, 255, and 180 miles, respectively, from these cities. Department officials told us that the department generally tries to house female inmates close to their home of record. The officials told us, however, that this is difficult because of the small number of facilities for women.

Correctional Policies, Classification Systems, and Education/Job-Training Programs

According to a 1998 National Institute of Justice report,¹ many needs of incarcerated women are different from those of men and require management approaches and programming tailored to their special characteristics and situations. The report noted that many correctional jurisdictions, particularly those with small female inmate populations, have little special provision, either in management approaches or programming, for meeting the needs of female inmates. The report concluded, however, that progress is being made. For example, according to the report, in 30 states, there was a clear indication of systematic planning to respond to increased numbers of female inmates.

The following provides information on correctional policies, classification systems, and education and job-training programs as they relate to female inmates in the three jurisdictions we studied.

Correctional Policies Addressing Female-Specific Needs

Of the three jurisdictions we studied, only BOP had a policy that requires programs and services to address and consider the gender-specific needs of female inmates. California and Texas policies focus on standardized or equal treatment of female and male inmates, although both jurisdictions provided some level of female-specific programs and services.

BOP Policy

According to BOP, historically, most of BOP's policies, programs, services, and facility designs did not account for the different needs of female inmates. BOP noted that in the early 1990s, BOP made policy strides, particularly in the areas of inmate classification and institutional assignments for female offenders (see below). BOP also noted that programs and services (e.g., work, education, recreation, rehabilitative, and psychological) for female and male inmates are based on the different characteristics and needs of the two populations.

In response to the increase in BOP's female inmate population, the Director of BOP issued a memorandum to all executive staff in May 1997 describing expectations concerning BOP policy as it relates to gender sensitivity. The memorandum requires all BOP policymakers to ensure that gender differences are taken into account in the development of, or revisions to any BOP policy. The memorandum also requires that all policy clearance letters include the following statement: "In the development of this policy, gender differences were taken into account."

¹National Institute of Justice, *Research in Brief—Women Offenders, Programming Needs and Promising Approaches* (Aug. 1998). The report is based on a 1993-1994 national study of state-level correctional administrators, prison and jail administrators, and program administrators. All state correctional departments and at least one prison in each state were surveyed.

In August 1997, BOP issued a formal policy on the management of female offenders. The policy specifies that all BOP policies, programs, and services must consider and address the different needs of female offenders. According to the 1997 policy, an expected result or objective is that BOP will allocate sufficient resources to deliver appropriate programs and services to the female offender population. To help implement this objective, the policy requires that each applicable BOP facility develop a document (an “Institution Supplement”) describing local programs and services that address the different needs of female offenders. During our review, we noted that all of BOP’s women-only prisons had developed the required document.

BOP’s policy on the management of female offenders also requires that each BOP division develop measurable objectives to ensure that female offenders have access to programs and services that meet their different needs, prepare them to function in an institutional environment, and return them to the community. The policy also outlines specific responsibilities for staff at all levels of BOP to ensure consistent establishment of programs, services, and resource allocations necessary for female offenders.

In 1998, the Director of BOP issued a strategic plan on the management of female offenders. The strategic plan outlines BOP’s philosophy for managing female offenders, provides a historical overview, and discusses future plans.

BOP’s National Institute of Corrections also works with many state and local correctional agencies on problems and issues concerning the effective management and treatment of women offenders in community corrections centers, jails, and prisons. According to BOP, such efforts that directly impact the management of women in prison include:

- A project to help state departments of corrections develop classification instruments and procedures that are valid and appropriate for female inmates.
- A multiyear development effort to collect and synthesize empirical findings and best practices on gender-responsive strategies for effectively managing and intervening with female offenders.
- Three 36-hour training programs for corrections officials (Critical Issues in Managing Women Offenders, Women Offenders—Developing an Agency Plan, and Operational Practice in Women’s Prisons).

-
- Major initiatives over the past 3 years involving staff sexual misconduct with inmates.²

California Policy

California had no specific policy guidance addressing the unique needs of female offenders. Rather, according to California Department of Corrections officials, title 15 of the California Code of Regulations, which governs the actions of the California Department of Corrections, specifies that conditions of confinement are to be standardized for male and female inmates.

In 1994, a California state commission report on female inmate and parolee issues³ noted, in part, that

“In developing institution policies and procedures, [the California Department of Corrections] often fails to recognize the unique characteristics of women. As a result, the Department’s policies and procedures are frequently developed without considering the effect they might have on female inmates and parolees. . . This lack of recognition of the unique characteristics of women places the expectation on staff that the management and treatment of female inmates and parolees must be the same as that for males and leaves no room for addressing the differences in the management of male and female populations.”

Among other matters, the commission recommended that the California Department of Corrections issue a policy recognizing the unique characteristics of female inmates and parolees, with the expectation that policies and procedures appropriately address these differences. In response to our inquiry, a department official told us that this recommendation has not been implemented. The official noted that, based on state legislative hearings in 1998, there is an outstanding proposal to reorganize the state’s prisons. The official added that under the proposal, all women’s prisons would be placed under one regional administrator, an alignment that would foster recognition of the unique characteristics of female inmates. Department officials noted that, since 1998, the department’s Health Care Services Division has had one regional administrator responsible for the five prisons that house female inmates.

²Earlier this year, we reported on staff sexual misconduct in women’s prisons, including the National Institution of Corrections efforts in this area—[Women in Prison: Sexual Misconduct by Correctional Staff](#) (GAO/GGD-99-104, June 22, 1999).

³Senate Concurrent Resolution 33 Commission Report on Female Inmate and Parolee Issues, June 1994.

According to the California Department of Corrections, female-specific needs are addressed in the following areas:

- mother-infant/child residential programs (see app. VI);
- gender-specific programs at all California facilities housing female inmates (e.g., anger management, battered women, domestic violence, adults molested as children, parenting, personal hygiene, self-development, self-help groups, and substance abuse programs); and
- inmate grooming standards, allowable personal property, and use of personal clothing.

Texas Policy

According to Texas Department of Criminal Justice officials, there are no state legislative mandates or any written departmental policies regarding the unique needs of female inmates. The officials noted that the department generally tries to treat male and female inmates equally. Also, the officials noted that it is very difficult to provide programs and services that address gender-specific differences because the female inmate population is small compared with the number of male inmates. Nonetheless, Texas Department of Criminal Justice officials noted that female-specific needs are addressed in the following areas:

- a parenting program that addresses prenatal education and child rearing (see app. VI);
- a 30-day seminar in women’s issues that addresses healthy nutrition for females, positive relationships with others, providing appropriate child care, appropriate interactions with men, women’s health issues, and parenting; and
- inmate grooming standards, allowable personal property, and use of personal clothing.

Classification Systems for Female Offenders

In the context of correctional systems, the term “classification” refers to the systematic scoring and subdivision of inmates into groups based on their security and program needs.⁴ The goal of a classification system is to house inmates at the lowest and least restrictive security level consistent with the safety of the institution, its staff, and the community.

According to a 1991 report on classification of female offenders in state correctional facilities,⁵ correctional officials voiced concern that

⁴Classification is based on information such as the severity of the offense, the length of sentence, and an offender’s prior criminal, educational, social, and employment history. Generally, an offender’s medical needs override all other housing considerations.

⁵Classification of Women Offenders in State Correctional Facilities: A Handbook for Practitioners, COSMOS Corporation, March 1991. The project was supported by an NIC grant.

classification systems do not work well for female offenders. The report noted that such concerns included too few services for women, women being housed unnecessarily long distances from their families, and inappropriately high security custody designations for women.

Of the three jurisdictions we studied, BOP had two distinct systems for classification—one for female offenders and one for male offenders—while California and Texas used the same classification system for both female and male offenders. However, all three jurisdictions recognized that females are lower risk offenders than males; and, as a result, female offenders were generally placed in lower security level facilities or less restrictive housing (i.e., dormitories versus cells).

BOP Classification System

BOP implemented a female offender classification system in 1994 to reflect the fact that female offenders are less likely than male offenders to be violent or attempt escape. As a result, BOP's classification scoring is less restrictive for female than male offenders, and results in a greater percentage of female offenders being assigned to lower security level facilities.⁶ In 1998, 62 percent of BOP's female offenders were housed in minimum-security facilities, compared with 23 percent of federal male offenders.

California Classification System

According to California Department of Corrections officials, one classification system is used for both female and male offenders and has been in place since 1980. Under this system, California's female and male offenders are to receive a security classification—ranging from level I (low security) to level IV (high security). Although female offenders receive a security classification, female inmates of all security levels are generally housed together in dormitory rooms in the general prison population.

As previously mentioned, in 1994, a specially appointed commission reported on issues involving female inmates and parolees in California. The commission noted that California used a "universal classification system" that had "little relevance to female inmates" because female offenders of all security levels were housed together in the general prison population. The commission recommended that the California Department of Corrections develop and implement a classification system specifically designed for female inmates.

⁶BOP's female offenders are assigned among three security levels (minimum, low, and high), whereas male offenders' security levels include these three plus medium.

However, in May 1997, a contract analyst working for the California Department of Corrections reported that California's current classification system (1) is an effective indicator of misbehavior for the female inmate population and (2) has worked well over the years.⁷ Nonetheless, California Department of Corrections' officials told us that because of the increase in the female inmate population, classification and housing policies regarding female offenders will be revisited within the next 2 years.

Texas Classification System

According to Texas Department of Criminal Justice officials, the classification process is almost identical for female and male offenders, with a few minor housing differences for females (e.g., medium custody level females may live in dormitories, but medium custody level male offenders must live in cells).

Education and Job-Training Programs

All three jurisdictions we studied offered some level of education and job-training programs.⁸ Officials in each jurisdiction told us that basic education programs (e.g., General Educational Development and English as a second language) are offered at all facilities. However, the number and type of job-training programs varied by facility.

BOP Education and Job-Training Programs

In May 1991, BOP raised its mandatory literacy standard for inmates to a high school diploma or a General Educational Development credential. According to BOP, with limited exceptions, an inmate who does not have a diploma or credential must participate in a literacy program for a minimum of 240 instructional hours or until a General Educational Development credential is earned. BOP noted that two laws—the Violent Crime Control and Law Enforcement Act of 1994 (P.L. 103-322) and the Prison Litigation Reform Act of 1995 (P.L. 104-134)—tie good conduct time awards to inmates' participation in and completion of the high school credential program. According to BOP, many female and male inmates who are sentenced under these two laws participate in the General Educational Development credential program to avoid negative impact on their good conduct time awards. Federal law also mandates that non-English proficient inmates participate in an English-as-a-second-language program until they are able to function at the equivalent of the eighth-grade level in competency skills.

⁷California Department of Corrections, *A Report on The Inmate Classification System*, prepared by Evaluation, Compliance and Information Systems Division, Three Strikes Planning Office, Sacramento, CA, May 1, 1997. The study was undertaken at the request of the state legislature.

⁸Job-training programs include occupational or vocational programs (e.g., business management and culinary arts) and apprenticeship programs (e.g., carpentry and dental assistant).

According to BOP, as of August 1999, about 35 percent of both female and male inmates were without a verified high school diploma or its General Educational Development equivalency. BOP noted, however, that more than 70 percent of female inmates with literacy needs were enrolled in a General Educational Development program, compared with about 45 percent of male inmates with literacy needs.

BOP also offers female inmates a variety of job-training programs. For example, the three BOP women's facilities we visited—Bryan, Danbury, and Dublin—each offered female inmates at least six occupational and/or apprenticeship programs. More specifically,

- Bryan offered five occupational training programs (business technology, computer-aided drafting, computer refurbishing, cosmetology, and master gardener) and one apprenticeship program (dental hygiene);
- Danbury offered five occupational training programs (business management, business vocational training, building trades, culinary arts, and horticulture) and seven apprenticeship programs (carpentry, cook, dental assistant, electrician, painter, stationary engineer, and tool machine set-up operator); and
- Dublin offered five occupational training programs (business, business accounting, computer repair, bus driving operation, and forklift operation) and one apprenticeship program (dental assistant).

BOP noted that with the exception of Dublin's business training program, all of the occupational and apprenticeship programs offered at the three BOP women's prisons we visited can lead to outside certification or accreditation.

According to BOP, 3,708 (about 48 percent) of the 7,774 female inmates who had a designated assignment to a BOP women's prison as of August 1999 were participating in educational programs, including 879 (about 11 percent) who were participating in some type of occupational training program. In comparison, about 36 percent of male inmates were participating in educational programs at that time. BOP also noted that, on a typical day, about 10 percent of female inmates are enrolled in adult continuing education classes, compared with about 7 percent of male inmates.

California Education and Job-Training Programs

According to a California Department of Corrections official, all inmates (female and male) who academically test below the ninth grade level must attend academic classes. The official noted that department policy requires every able-bodied inmate to work as assigned by department staff. This

may be a full day of work, education, or other program activity, or a combination of activities. The department also provides an English-as-a-second-language program.

According to department data, female inmates are offered a variety of job-training programs, although the number and type of programs offered varied by facility. For example,

- California's two largest women's prisons—the Central California Women's Facility and the Valley State Prison for Women—offered 16 and 14 job-training programs, respectively, including auto mechanics, cosmetology, janitorial service, landscape gardening, masonry, mill and cabinet work, office services and related technologies, printing graphic arts, small engine repair, upholstery, and welding;
- the California Institute for Women offered seven programs (i.e., computer and related technologies, electronics, janitorial service, office services and related technologies, plumbing, printing graphic arts, and upholstery); and
- the Northern California Women's Facility offered three programs (i.e., janitorial service, landscape gardening, and office services and related technologies).

Texas Education and Job-Training Programs

According to Texas Department of Criminal Justice officials, female and male inmates have equal opportunities to participate in education and job-training programs. The officials noted that eligible inmates without high school diplomas may enroll in academic programs (e.g., adult literacy and General Educational Development) where they can learn to read, write, and do math. An English-as-a-second-language program is offered for inmates with little or no English-speaking, reading, and writing abilities.

Department officials also noted that most Texas facilities offer several job-training programs (e.g., trade and apprenticeship programs). However, facility profiles show that one of the three women's facilities we visited offered two job-training programs and another facility we visited offered one job-training program. More specifically, as of May 1999,

- Gatesville offered three trade programs (janitorial services, office administration, and graphic arts) and four apprenticeship programs (welding, construction carpentry, construction electrician, and pressman);
- Murray offered one trade program (custodial technician⁹); and

⁹Custodial technician includes knowledge of the technologies and materials required to clean, service, and maintain building components, systems, and environments.

-
- Woodman offered two trade programs (custodial technician and painting and decorating).

According to Texas Department of Criminal Justice officials, all of the job-training programs offered at the three Texas women's facilities we visited can lead to outside certification or accreditation.

Lawsuit on Conditions of Confinement for BOP Female Inmates

According to a BOP Office of General Counsel official, over about the past 15 years, there has been one class-action lawsuit filed by BOP's female inmates. The lawsuit (Butler, et al. v. Reno, et al.)¹⁰ was filed in 1984 by certain BOP female inmates who alleged that BOP discriminated against them by denying them access to facilities, programs, and services available to similarly situated male inmates.

In 1994, to facilitate resolution of the case, the federal district court appointed an independent fact finder who (1) visited all of BOP's minimum security women's facilities and a selected group of men's facilities and (2) interviewed samples of approximately 8 percent of the inmates at each facility. In a September 1994 report, the fact finder noted that, since the lawsuit was filed, BOP has implemented many positive changes regarding female inmates; and, indeed, the present conditions and BOP's future plans appear to reflect a commitment to equality for female and male inmates. As a cautionary note, the report said that on-going monitoring and review will be necessary to ensure continued progress toward parity.

In June 1995, the parties signed a settlement agreement, which acknowledged that the fact finder's report indicated that BOP "has taken substantial actions" to ensure that female and male inmates are offered comparable facilities, programs, and services. The settlement agreement called for dismissal of the lawsuit and that BOP would provide reports to the plaintiffs' counsel for the next 3 years presenting comparative information about facilities and other conditions of confinement. In February 1998, BOP provided the plaintiffs' counsel with the third and final report. In January 1999, the plaintiffs' attorneys told us they are not actively pursuing any issues related to the lawsuit.

As previously mentioned, in August 1997, BOP issued a formal policy on the management of female offenders that (1) requires ongoing monitoring and review by responsible BOP headquarters' divisions and (2) outlines specific responsibilities for staff at all levels of BOP to ensure consistent

¹⁰Civil Action No. 84-2604-TPJ, U.S. District Court for the District of Columbia.

establishment of programs, services, and resource allocations necessary for female offenders.

Parenting Issues

As mentioned previously, according to BJS' national surveys of federal and state prison inmates, in 1997,

- about 60 percent of female inmates in federal prisons and about two-thirds of female inmates in state prisons had at least one minor child (under age 18);
- female inmates in federal and state prisons were mothers to about 110,000 minor children, with the preponderance at the state level; and
- 84 percent of minor children whose mothers were in federal prisons and about 64 percent of minor children whose mothers were in state prisons lived with their mother before their mothers entered prison.

Also, according to another national survey, over 1,400 pregnant female inmates gave birth in 1998 after being incarcerated. The number of female inmates with family responsibilities has focused increased attention on parenting issues, such as mother-child visitations, mother-infant/child residential programs, and parent education programs.

Mother-Child Visitations

According to a 1995 report on children of incarcerated parents,¹ inmate parent-child visitations are beneficial because such visits allow

- children to express emotional reactions to separation, which they may not be permitted to do elsewhere;
- parents to work out their feelings about separation and loss, which better enables them to help their children with the same issues;
- children to see their parents realistically, calming irrational feelings and unrealistic fantasies;
- parents to model appropriate interactions for children who are misbehaving, to provide support to the caregivers; and
- parents and children to maintain their existing relationships and, thereby, increase the chances of successful family reunification after prison.

Although research indicates that inmate mother-child visits can be valuable, BJS' 1997 national survey of state prison inmates indicates that most female inmates are not visited by their minor children. For example, about 56 percent of female inmates in state prisons who had minor children (i.e., children under age 18) said they were never visited by their minor children since entering prison, as shown in table VI.1.

¹Katherine Gabel and Denise Johnston, M.D., *Children of Incarcerated Parents*, Lexington Books, 1995.

Table VI.1: Female Inmates in State Prisons Visited by Minor Children, 1997

Frequency of visits by minor children	Percent of female inmates
Daily	1.1 %
Once per week	8.2
Once per month	15.1
Less than once per month	19.4
Never	56.2

Source: Preliminary BJS data.

The BJS survey results also showed that an estimated 38 percent of female state prison inmates with minor children talked with those children by telephone at least once a week, and about 46 percent had contact by mail at least once a week.

Mother-Child Visitations in Jurisdictions Studied

Most of the facilities we visited did not have statistics on the number of female inmates with minor children. However, if the national estimates mentioned above on the percentage of female inmates with minor children are true, it appears that most inmate mothers at the facilities we visited did not receive visits from their minor children. For example, during the 6-month period October 1997 through March 1998, log sheets at two federal prisons—each of which housed approximately 1,000 female inmates—showed that one facility received a weekly average of 12 minor child visitors and the other facility received a weekly average of 44 minor child visitors.² Also, from May 1998 to October 1998, visitation logs at one California prison—which housed approximately 3,250 female inmates—showed that on an average week a total of 78 minor children visited. Texas prisons did not track or record the number of minor children visitors.

Of the three jurisdictions we studied, California was unique in providing for family or overnight visitation at each of its facilities. However, visitation logs and interviews with prison officials indicated that few female inmates used this program for mother-child visits. For example, from January 1, 1998, to June 27, 1998, visitation logs at one California prison—which housed approximately 3,100 female inmates—showed a total of only 57 child overnight visitors. Prison officials told us that because overnight visitation was infrequent at both of the California institutions we visited, some of the apartment-like facilities that were specifically designed for family visitations have been converted into offices for prison staff.

²To calculate the average number of minor child visitors each week, we divided the total number of minor child visitors during the 6-month period by the total number of weeks in the 6-month period (i.e., 26 weeks).

Reasons for Infrequent Mother-Child Visitations

According to the federal and state correctional system officials we contacted, travel distances and economic costs associated with such travel are the primary reasons why child visitations were relatively infrequent in reference to a facility's total mother-inmate population. For example, as mentioned previously, California officials told us that while approximately 60 percent of all female offenders are from southern California, the majority of female inmates are housed in Chowchilla, California—about 260 miles from Los Angeles and about 390 miles from San Diego. The officials explained that because there are only two prisons located in southern California, it is difficult to house women in prisons that are in close proximity to their children.

The lack of appropriate or adequate visitation areas did not appear to be a barrier to mother-child visitations. In fact, prisons in two of the three jurisdictions we studied (BOP and California) had separate visitation areas for children.

Visitation Schedules in the Three Jurisdictions Studied

In the three jurisdictions we studied, visitation policies are gender neutral (i.e., the policies are the same for female and male inmates). However, visitation schedules in the three jurisdictions we studied varied in both the number of days and number of hours available for visits, including mother-child visits.

BOP policy requires that each federal facility provide each inmate a minimum of 4 hours of visiting time per month on weekends and holidays. In practice, the visiting schedules at the three women's facilities we contacted exceeded the minimum. For example, at Danbury, visiting hours were Thursday and Friday from 12:30 p.m. to 8:00 p.m. and Saturday³ through Monday from 8:00 a.m. to 3:00 p.m.

California Department of Corrections policy requires that each institution provide a minimum of 12 hours of visiting time per week. The visiting schedules at the two facilities we contacted exceeded this minimum requirement. For example, visiting hours for both the Central California Women's Facility and the Valley State Prison for Women were Thursday and Friday from 2:00 p.m. to 8:00 p.m.; and Saturday, Sunday, and selected holidays from 9:00 a.m. to 3:00 p.m.

Texas Department of Criminal Justice policy provides for one 2-hour visit each weekend, on Saturday or Sunday, between 8:00 a.m. and 5:00 p.m. If

³Because Saturdays are generally the busiest visitation day at Danbury, inmates cannot receive visitors on consecutive Saturdays (i.e., visits on Saturdays must be on alternate weekends).

family members reside 300 miles or more (one way) from the prison, the inmate may request a special visit of 4 hours per day on both Saturday and Sunday, once a month. Visits are not allowed on holidays that fall during the week. Department policy provides for both general (i.e., noncontact) and contact visits.⁴

Officials in all three jurisdictions told us that wardens may approve exceptions to standardized visiting schedules in unusual circumstances, such as a medical emergency or a death in the family.

Mother-Infant/Child Residential Programs

According to a national survey of U.S. correctional systems, in 1998, there were about 1,900 pregnant females entering prison and more than 1,400 gave birth.⁵ Survey results showed that, in most correctional systems, newborns were removed from the inmate mother's care during or immediately following the hospital stay. The relatively few residential programs for inmate mothers and their infants/children—in BOP and about 11 states—represent exceptions to general practices across the nation.

Mother-Infant/Child Residential Programs in the Three Jurisdictions Studied

Two of the three jurisdictions we studied (BOP and California) have mother-infant/child residential programs.

BOP's Mother-Infant Residential Program

BOP's program—known as Mothers and Infants Together—was first piloted in 1988 in Fort Worth, TX, and has since expanded to seven other locations.⁶ Generally, low security-risk female inmates who qualify and agree to participate are placed in one of the eight community-based facilities 2 months before expected delivery and remain there for 3 months after delivery where they receive prenatal and postnatal instruction (e.g., childbirth, parenting, and coping skills classes). According to BOP, participants are also provided services related to chemical dependency, physical and sexual abuse, self-esteem, budgeting, and preemployment

⁴General visits are usually held in a designated area where the offenders and visitors are physically separated by a glass wall or partition. During contact visits, embracing and kissing is permitted once at the beginning and once at the end of each visit. During contact visits, the offender and visitors are to be seated at the opposite sides of the table, with the exception of the offender's small children who may be held by the offender.

⁵American Correctional Association, *Corrections Compendium*, November 1999. Survey responses covered the most recently reportable 1-year period (calendar year 1998 or fiscal year through June 30, 1999). Alaska, Hawaii, Maine, Massachusetts, Tennessee, Utah, and West Virginia did not respond to the survey.

⁶These program locations are in California (Ventura), Connecticut (Hartford), Florida (Tallahassee), Illinois (Springfield), North Carolina (Raleigh), South Dakota (Sioux Falls), and West Virginia (Hillsboro).

training. After delivery and the 3-month bonding period, the mother is returned to an institution to complete her sentence, and the infant is placed with a predetermined caregiver. According to BOP data, of the 75 federal inmates who gave birth in fiscal year 1997, 64 (or about 85 percent) participated in the Mother and Infants Together program. A BOP official noted that there was no waiting list to enter the program.

California's Mother-Infant/Child Residential Programs

A California statute passed in 1919, which has since been repealed, allowed an incarcerated mother to keep her child(ren) with her in the institution for up to 2 years of age. On the premise that "the prison was a poor place to keep infants," a more recent California statute, effective January 1980, established a community-based treatment program for incarcerated mothers and their children.⁷ Under this program—known as the Community Prison Mother Program—the California Department of Corrections has contracts with 6 private vendors to provide community-based housing and services to a combined total of 94 female inmates and their infants/children.⁸ The infants/children may remain with inmate mothers for up to 6 years.

Generally, eligible female inmates must (1) have less than 6 years remaining on their sentences and (2) be pregnant or have been the primary caregiver of their eligible children (under 6 years of age) before incarceration. Community Prison Mother Program components include parenting/child development education, substance abuse treatment, preemployment training, aftercare planning, and counseling. Inmates are initially restricted to the community-based facility; but as they progress through the program, they can be granted permission to participate in off-site work furlough programs and to attend school functions with their children.

In response to the "dramatic increase in the number of incarcerated women who are single mothers or primary caretakers of children" and who have a history of substance abuse problems, the California governor signed the Pregnant and Parenting Woman's Alternative Sentencing Program Act effective on May 9, 1994. The act authorized the development of residential programs for female offenders, with a history of substance abuse, and their children. In the first program developed under the act—known as the Family Foundations Program—pregnant or parenting offenders who meet

⁷James Boudouris, Ph.D., *Parents in Prison: Addressing the Needs of Families* (American Correctional Association: Lanham, MD, 1996).

⁸The six facilities are located in Bakersfield, Oakland (two facilities), Pomona, Salinas, and Santa Fe Springs.

eligibility requirements are directly sentenced to a residential facility in lieu of a state prison for periods ranging from 1 to 3 years.⁹

The first Family Foundations Program facility opened in April 1999 in Santa Fe Springs (Los Angeles County). Two additional facilities, located in Fresno and San Diego, are scheduled to open in 2000. Each facility is to house approximately 35 female offenders and 35 children. According to the California Department of Corrections, program components are similar to those offered in the Community Prison Mother Program. Female offenders who do not successfully complete the Family Foundations Program are to be sent to a state prison where they must complete their original sentences.

According to the California Department of Corrections, 429 California inmates gave birth from July 1998 to October 1999. During this period, department data show that 145 female inmates were placed in the Community Prison Mother Program. Department data also show that the courts sentenced 10 women to the Family Foundations Program from April 1999 (the month the program was activated) to October 1999. According to a department official, 5 to 10 female inmates are generally on the waiting list for the Community Prison Mother Program. The official added that there was no waiting list for the Family Foundations Program.

Texas Procedures for Pregnant Female Offenders

The Texas Department of Criminal Justice does not have a mother-infant/child residential program. Rather, pregnant female inmates are transferred to a facility near the delivery hospital (located in Galveston, Texas)—at 26 weeks for inmates with a minimum-security custody level and at 36 weeks for inmates with a custody level above minimum security—where they can participate in prenatal and parenting classes.¹⁰ Once the inmate delivers, she is allowed to keep her baby for the first few hours or days, after which time the baby is placed with a family member or a predetermined caregiver.

Mother-Infant/Child Residential Programs in Other States

In addition to BOP and California, by interviewing experts on women in prison issues and conducting literature searches, we identified 10 other states that have residential programs for inmate mothers and their infants/children—Connecticut, Illinois, Iowa, Massachusetts, Minnesota,

⁹The probation department, the district attorney, the sentencing judge, and the department of corrections jointly determine eligibility.

¹⁰Pregnant female inmates at Texas' one private facility for women (located in Dallas, TX) deliver at a hospital near the private facility. According to Texas Department of Criminal Justice officials, these inmates are also offered prenatal and parenting classes.

Nebraska, New York, North Carolina, South Dakota, and Wisconsin. In these programs, infants/children may remain with inmate mothers for periods ranging from 30 days (South Dakota) to 2 years (Illinois).

Three of the 10 states (Nebraska, New York, and South Dakota) allow infants to stay with their inmate mothers in nursery-like facilities within the prison. The other seven states' residential programs operate out of separate community-based contract facilities that are funded by public, private, and/or nonprofit entities. Also, 3 of the 10 states (Iowa, North Carolina, and Wisconsin) have alternative sentencing programs, whereby eligible female offenders can be directly sentenced to a residential facility and bypass a prison altogether.

In general, to qualify for inmate mother-infant/child residential programs, applicants must be classified as nonviolent offenders and have no history of abusing or neglecting their children. In addition to parenting classes, general program components offered include substance abuse treatment, mother and child counseling, life skills training (e.g., budgeting), and general education courses.

Parent Education Programs

All three jurisdictions we studied provide female inmates with some level of parent education programs to help strengthen relationships with their children, to teach them responsibility, and to prepare them to rejoin their families after release. However, the size and scope of these programs varied, and waiting lists for participation existed in all three jurisdictions.

BOP Parent Education Programs

BOP first piloted a parenting program for incarcerated parents in 1977. According to BOP, by 1990, BOP had established parenting programs at all but one women's institution and at one men's institution. And, in 1993, the BOP Director issued a policy specifying that parenting programs shall be established in all institutions housing federal prisoners. BOP officials told us that all women's and men's institutions have established a parenting program.

Each of the three BOP women's facilities we visited had a parenting program that included parent/child visitation activities and parenting skills classes. Visitation activities at each facility took place in a children's visitation center. For example, the children's visitation center at BOP's Danbury facility—located adjacent to the general visitation area—had child-size furniture, toys, games, and books. According to Danbury officials, children's center activities include reading, storytelling, board games, puppetry, arts and crafts, and birthday and holiday celebrations.

Danbury officials also told us that parenting skills classes are offered in both English and Spanish and include anger management, how to interpret children's behavior, how to administer positive discipline, and how to "parent from a distance." Danbury officials noted that inmates are able to demonstrate what they have learned when visiting with their children in the children's visitation center. Other classes are intended to teach inmates how to communicate with their children through letters, pictures, and telephone calls. According to Danbury officials, at the time of our review, there was a 3-month waiting list to get into the parenting program.

California Parent Education Programs

The California Department of Corrections offers two separate parent education programs for female inmates. Since 1993, the department has offered one program at two of the five California prisons housing female inmates. This program runs for 17 days, during which up to 29 inmates meet for 6.5 hours a day. According to department officials, this program focuses on child rearing and providing inmate mothers with the knowledge needed to become responsible and competent parents. The officials noted that approximately 1,000 inmates were on the waiting list as of June 1998.

The California Department of Corrections offers a second program—known as the Friends Outside parenting program—at all five of California's women prisons through a private contractor.¹¹ According to program documentation, the 30-hour program is designed to

- reduce incidence of child abuse and neglect in high-risk parents,
- set the stage for a successful reunification of the family after release, and
- assist participants to achieve closure where they have lost custody and/or contact with their children.

Department officials told us that due to the waiting lists for both parenting programs, priority is given to (1) inmates with court orders for parenting training, (2) inmates who are within 1 year of their release date, and (3) inmates who will be the primary custodian of their child(ren) after they are released from prison.

Texas Parent Education Program

According to Texas Department of Criminal Justice officials, the state does not provide funding for parent education programs. However, since February 1996, a not-for-profit organization has offered female inmates a parenting program designed to improve parent-child interactions. This program—known as Enhancing Quality and Understanding of Incarcerated

¹¹ According to California Department of Corrections officials, the Friends Outside program is also offered at all of California's men prisons.

Parents—is not supported by any state funds, except for use of classroom space at one prison unit.¹² Rather, churches and other private donors provide funds, and all instructors are volunteers.

During the 15-week program, participants meet once a week for 2 hours. Among other requirements, female inmates must have children under age 18 and must be eligible for parole within 18 months. According to the program coordinator, as of January 1999, there were over 6,000 female inmates in the Texas correctional system with children under age 18. The official noted that over 500 female inmates were on a waiting list for the parenting program.

¹² Eligible inmates accepted into the program are transferred from other female prisons to the one applicable unit.

Female-Specific Health Care

While female inmates require the same types of basic and specialty care as male inmates, they also need access to gynecological and obstetrical services. All three jurisdictions we studied have policies and procedures for providing health care related to female-specific issues (e.g., gynecological care). Two of the three jurisdictions (BOP and Texas) either assessed or recently began to assess female inmates' access to such care using small nongeneralizable samples. However, none of the three jurisdictions has routinely evaluated the quality of health care related to female-specific issues.

Female-Specific Health Care in U.S. Correctional Systems

Recent surveys indicated that the vast majority of U.S. correctional systems provided at least some health care related to female-specific issues. For example, of the 44 U.S. jurisdictions (BOP and 43 states) that responded to a 1999 national survey of female inmate health care,

- 43 jurisdictions (BOP and 42 states) said they provided gynecological and obstetrical services during 1998,
- 42 jurisdictions (BOP and 41 states) said they provided prenatal/postpartum services during 1998 (another state said it offered prenatal but not postpartum services, and
- all 44 jurisdictions said they provided mammography during 1998.¹

Also, in response to BJS' 1997 survey of state prison inmates, about 90 percent of female inmates reported having received a gynecological examination after admission to prison.

Although BJS survey results indicated that most female inmates received at least some female-specific health care, the results also indicated that a small but significant percentage may not have received such care. For example, as indicated above, about 10 percent of female inmates may not have received a gynecological examination after admission to prison. Further, during the 1990s, several states have been involved in lawsuits related to health care provided to female inmates. As discussed below, one of the three jurisdictions we studied (California) was involved in a class-action lawsuit related to medical care provided at two women's prisons.

¹Corrections Compendium, November 1999. Survey responses covered the most recently reportable 1-year period (calendar year 1998 or fiscal year through June 30, 1999). Alaska, Hawaii, Maine, Massachusetts, Tennessee, Utah, and West Virginia did not respond to the survey.

Policies and Procedures in Jurisdictions Studied

According to a nationally recognized correctional health care expert, female-specific health care services should include, but are not limited to, the following:

- The intake history should include questions regarding the patient's menstrual cycle, pregnancies, and gynecological problems.
- The intake examination should include a pelvic exam; a breast exam; a Pap smear; and, depending on the patient's age, a baseline mammogram.
- Laboratory tests to detect sexually transmitted diseases should be provided for all females. Also, where medically appropriate, a pregnancy test should be provided upon admission.
- The frequency of repeating certain tests, exams, and procedures (e.g., Pap smears and mammograms) should be based on guidelines established by professional groups, such as the American Cancer Society and the American College of Obstetricians and Gynecologists, and should consider age and risk factors of the female prison population.
- All female inmates should be provided with health education information on breast self-examinations and pregnancy.
- Pregnant inmates should have access to regular prenatal care.

All three correctional systems we studied have policies and procedures for providing female-specific health care, including the services recommended above.

BOP Policies and Procedures

BOP's Health Services Manual has a separate chapter that addresses the special medical needs of female inmates. Chapter sections include initial health status screening, elective health examinations, Pap smears, breast examinations, chest x-rays, feminine hygiene, pregnancy, childbirth, prescription birth control, hysterectomies, immunizations, births and abortion, and breast cancer surgery. According to the manual, Pap smears and pelvic and breast examinations shall be offered and conducted consistent with American College of Obstetricians and Gynecologists standards.

California Policies and Procedures

The California Code of Regulations describes the standards of health care and scope of practice (including female-specific issues) applicable to the state's inmates. According to a senior Health Care Services Division official, female-specific examinations and tests are offered in accordance with recommended schedules developed by the U.S. Preventive Services Task Force and American Cancer Society, based on age and risk factors.

In 1995, female inmates in two California prisons filed a class-action lawsuit challenging policies and procedures related to the medical care

provided. Under an August 1997 settlement agreement, (1) the two California prisons were to implement various health care policies and (2) certain specified health care experts were to assess compliance with provisions of the agreement.² In concurring with the provisions of the settlement agreement, the department did not admit that current policy and practice differ from policy and practice contemplated pursuant to the settlement agreement. In late 1997, the California Department of Corrections' Health Care Services Division issued additional policies and procedures for the two prisons that specifically addressed (1) health care evaluations, examinations, and laboratory tests for newly arriving female inmates and (2) recommended schedules for periodic examinations for female inmates. These policies and procedures cover, among other things, breast examinations, mammograms, pelvic examinations, Pap smears, and tests for sexually transmitted diseases.

Texas Policies and Procedures

According to the Texas Department of Criminal Justice, gender-specific health care needs of female offenders are governed by the department's Health Services Division policy manual and the National Commission on Correctional Health Care's standards for health services in prisons. The department's policy manual covers mammograms, Pap tests, pelvic exams, and pregnancies. According to department officials, American College of Obstetricians and Gynecologists standards are to be followed regarding examinations, testing, and services available at women's correctional facilities.

Reviews of Female-Specific Health Care

According to the American Correctional Association's public policy on correctional health care, since incarcerated patients do not have the ability to "shop around" for providers, reviews of programs and services should be conducted to evaluate the actual care being provided. A leading expert in correctional health care told us that such reviews should cover both access to care and the quality of care provided. The expert noted that quality of care reviews should assess areas such as (1) the amount of time a physician takes to review the results of a test and (2) whether appropriate follow-up care was provided. The official also told us that such reviews should be designed to evaluate health care outcomes and to revisit policies if outcomes are not good. The expert added that most U.S. correctional systems lack sophisticated quality improvement programs.

Two of the three jurisdictions we studied (BOP and Texas) either assessed or recently began to assess female inmates' access to health care related to

²According to a California Department of Corrections' official, as of October 1999, the health care experts had completed their review but had not provided the results to the department.

female-specific issues. None of the three jurisdictions routinely evaluated the quality of such care. However, each jurisdiction took actions in 1999 that could lead to increased monitoring of the quality of female-specific health care.

BOP Reviews

According to BOP, the health care systems at all BOP institutions (female and male) are accredited by the Joint Commission on Accreditation of Healthcare Organizations.³ BOP also assesses female inmates' access to female-specific health care during program reviews. During these reviews, a small nongeneralizable sample (about 15) of female inmate health files at each facility are selected and reviewed to determine if required procedures were performed and if health services standards and guidelines were followed. Regarding female-specific health care, program review questions include the following:

- Were gynecological and obstetrical histories taken at initial physical examinations?
- Were pelvic examinations and Pap smears done at initial physical examinations?
- Were instructions of self-breast examinations documented (i.e., were inmates instructed on how to conduct such examinations)?
- Were initial baseline mammograms and other mammograms offered according to standards (initial between ages 35 to 40, every 3 to 5 years for inmates in ages 40 to 50, and annually over age 50)?
- Were appropriate gynecological examinations being done (every 1 to 2 years under age 50 and annually age 50 and older)?
- Did inmates receive routine pregnancy screening during initial physical examinations?

During the most recent health services review at the three BOP facilities we visited, program review staff identified a total of five deficiencies related to the areas listed above. More specifically, Bryan had three deficiencies (Pap smears, mammograms, and pregnancy screening),⁴ Danbury had two deficiencies (self-breast examinations and mammograms), and Dublin had no deficiencies. According to BOP, health services examiners, for consistency purposes, agreed that a 25 percent discrepancy or higher in the sample reviewed will result in a deficiency. Our analysis of program review documentation revealed that 13 to 17

³To achieve and maintain accreditation, all BOP institutions are surveyed by Joint Commission officials at least once every 3 years.

⁴At the time the health services program review was conducted at Bryan, the suggested standard for performing mammograms on inmates in ages 40 to 50 was every 1 to 2 years.

inmate files were reviewed for each area, and that the program review team usually identified an area as deficient if 3 or more records did not comply with the standard. While these findings may be accurate for the samples selected for review, the sample sizes were too small to make generalizations about access to female-specific health care at each institution.

According to BOP, over the past 10 years, the health care professionals conducting program reviews have found that the sample sizes used during program reviews are sufficient. BOP also noted the following:

- The sample sizes specified in the program review guidelines are considered to be minimum standards.
- When a trend occurs, the sample size can be expanded at the discretion of the reviewer-in-charge.
- Experience has shown that where a sample size has been increased, the results indicated the same percentage of discrepancies, thus validating the original sample size.

Our analysis of program review documentation for the three BOP women's prisons we visited revealed that, although deficiencies were identified in several areas, the sample sizes used were not expanded for any area of review.

According to a senior BOP quality management official, BOP headquarters has no information on the extent to which quality assurance reviews of health care related to female-specific issues (e.g., gynecological care) have been conducted. Rather, individual facilities are responsible for developing local plans for assessing and improving the quality of their health care programs.⁵ For example, a BOP women's prison could elect to monitor Pap smears or mammography, but this is not mandated by national BOP policy. According to BOP, a thorough review of a facility's quality assurance plan and areas of performance measured is conducted during the Joint Commission on Accreditation of Healthcare Organizations survey process. BOP also noted that the effectiveness of a facility's quality assurance program is evaluated during BOP's program review process. BOP further noted that both Joint Commission and BOP program review results are aggregated and reported to BOP's Medical Director and all BOP regional directors.

⁵BOP's Health Services Manual has a separate chapter on improving organizational performance. This chapter provides the framework for all BOP facilities to assess and improve the quality of their health care programs. According to BOP, this chapter is based on Joint Commission on Accreditation of Healthcare Organizations standards.

Of the three BOP women's prisons we visited, only Danbury had female-specific performance measures in its local plan. More specifically, Danbury's three female-specific measures and the results of the most recent reviews are as follows:

- From August 15, 1999, to September 14, 1999, 98 percent of female inmates who had a gynecological examination were given instructions on self-breast examinations.
- From July 16, 1999, to August 15, 1999, 74 percent of female inmates were offered the measles, mumps, and rubella vaccination.
- From August 16, 1999, to September 15, 1999, 100 percent of scheduled gynecological examinations and Pap smears were conducted.

These three performance measures are similar to the BOP program review tasks mentioned previously, in that they are designed to assess the percentage of eligible female inmates who receive female-specific care. In this sense, the female-specific measures involve a quantification of outputs or services provided and not an evaluation of the outcomes or quality of care.

Since January 1998, BOP has used six national performance measures at BOP's medical referral centers, none of which addressed health care related to female-specific issues. At the time of our review, BOP headquarters was considering additional national performance measures and expansion of the program to other BOP institutions for late fiscal year 2000 or in fiscal year 2001. Of the 35 proposed performance measures, 3 involve female-specific tests (i.e., baseline Pap smears, mammography screening, and HIV screening for pregnant inmates). Like the BOP program reviews and the performance measures used at Danbury, the national female-specific measures involve a quantification of outputs or services provided and not an evaluation of the outcomes or quality of care. According to the senior quality management official mentioned above, the national plan, when expanded, will allow BOP headquarters to identify certain measures for institutions to select and monitor. The official noted that, as the national system evolves, additional performance measures may be designed to address the outcomes or quality of health care related to female-specific issues.

California Reviews

In April 1999, the California Department of Corrections declined to comment on whether reviews of female-specific health care had been conducted at one of the two women's prisons we visited because of ongoing litigation related to such care. Regarding the other women's prison we visited, in April 1999, a department official told us that no access

to care or quality of care reviews had been performed. Regarding such reviews, the official commented substantially as follows:

- The California Department of Corrections believes that access to care and quality of care reviews are important and are useful tools to evaluating health care services for women under the department's care. Beginning in June 1999, as part of the department's quality assurance program, all institutions are being directed to establish a mechanism for systematically and objectively monitoring and evaluating the access to and the quality of health care services. The individual correctional facilities for women have the flexibility to design and implement access to care reviews to determine if female-specific examinations and tests are being offered or performed according to recommended schedules. Under the same quality assurance program, institutions are directed to implement quality of care reviews to assess the quality of the female-specific health care being provided. The quality assurance program is a systemwide policy and, thus, is applicable to all institutions.

In October 1999, a department official told us that health care quality assurance programs have been implemented at the five California prisons that house female inmates. The official noted that reviews have been conducted but that the results of the reviews had not yet been provided to California Department of Corrections' headquarters officials.

Texas Reviews

According to the Texas Department of Criminal Justice Division Director for Health Services, all Texas facilities are accredited by the National Commission on Correctional Health Care. In March 1999, the Texas Department of Criminal Justice revised its operational review audit questions to cover access to three areas of female-specific health care (i.e., annual physical exams, mammograms, and Pap smears).⁶ In April 1999, the department used these revised audit questions during operational reviews at the three women's facilities we visited and identified a total of six areas of concern. More specifically:

- Gatesville had two areas of concern: (1) Baseline mammograms were not performed on female inmates between the ages of 35 to 40 in 3 of the 13 cases reviewed and (2) Pap tests were not performed as required by policy in 3 of the 4 cases reviewed.
- Murray had three areas of concern: (1) Baseline mammograms were not performed on female inmates between the ages of 35 to 40 in 4 of the 16

⁶Operational review audits are intended to objectively measure operational adherence to rules, regulations, policies, and practices, as well as applicable court orders.

cases reviewed, (2) Mammograms were not performed every 2 years on female inmates between the ages of 40 to 49 in all 4 cases reviewed, and (3) Mammograms were not performed annually on female inmates age 50 or over in 3 of the 10 cases reviewed.

- Woodman had one area of concern: Baseline mammograms were not performed on female inmates between the ages of 35 to 40 in 10 of the 13 cases reviewed.

At the time of our review, the Texas Department of Criminal Justice had not assessed the quality of female-specific health care at its facilities housing female inmates. According to the Director of Health Services, the Texas Department of Criminal Justice plans to implement a new health care quality improvement program in January 2000, which will require Texas facilities to assess compliance with a set of about 10 practice guidelines (e.g., infectious diseases) that have been certified by the American Medical Association. The official noted that the department plans to use the results as statewide indicators of the quality of care in those areas. The official added that while female-specific health care is not one of the practice guidelines, it is expected that women's facilities will cover this area as an additional review using national treatment standards (e.g., American Medical Association standards).

Substance Abuse Treatment, Mental Illness, and HIV Infection

Many female inmates have histories of involvement with substance abuse and related crimes. Also, national surveys indicate that female inmates have higher rates of mental illness and HIV infection than male inmates. This appendix presents information on (1) the availability of substance abuse treatment for female inmates, (2) the rate of mental illness among female inmates, and (3) the rate of HIV infection among female inmates.

Substance Abuse Treatment

According to BJS' 1997 surveys of federal and state prison inmates,

- about 47 percent of female inmates in federal prisons and about 74 percent of female inmates in state prisons indicated they had used drugs regularly prior to incarceration (once a week or more for at least 1 month);
- about 37 percent of female inmates in federal prisons and about 62 percent of female inmates in state prisons reported having used drugs in the month before their current offense; and
- about 19 percent of female inmates in federal prisons and about 40 percent of female inmates in state prisons reported using drugs at the time of their offense.

In 1991, we reported that BOP and the states could provide treatment to only a small percentage of inmates that may have substance abuse problems.¹ Since 1991, additional research and our work in selected jurisdictions indicate that U.S. correctional systems still face challenges in providing substance abuse treatment.

National Studies on Substance Abuse Treatment

During the 1990s, several organizations have conducted studies on substance abuse problems and treatment in federal and state prisons. The following sections summarize the results of national surveys conducted by BJS, the National Center on Addiction and Substance Abuse at Columbia University, and the National Institute of Justice.

Bureau of Justice Statistics

According to BJS, the percentage of female inmates in federal and state prisons who acknowledged drug use before incarceration increased from 1991 to 1997 (see app. III). However, BJS data show that the percentage of female inmates who reported being treated for drug abuse since admission to prison—e.g., treatment involving residential facilities, professional counseling, detoxification units, and/or maintenance drug programs—declined during this period. For example, as shown in table VIII.1, the percentage of female inmates in federal prisons who said they participated

¹Drug Treatment: Despite New Strategy, Few Federal Inmates Receive Treatment (GAO/HRD-91-116, Sept. 16, 1991) and Drug Treatment: State Prisons Face Challenges in Providing Services (GAO/HRD-91-128, Sept. 20, 1991).

Appendix VIII
Substance Abuse Treatment, Mental Illness, and HIV Infection

in drug treatment since admission to prison declined from about 19 percent in 1991 to about 10 percent in 1997, and the percentage of female inmates in state prisons who reported such treatment declined from about 29 percent in 1991 to about 15 percent in 1997.

Table VIII.1: Drug Treatment of Federal and State Female Inmates Since Admission to Prison, by Levels of Drug Use, 1991 and 1997

	Drug treatment since admission ^a				Participation in other drug abuse program(s) since admission ^b			
	Federal		State		Federal		State	
	1991	1997	1991	1997	1991	1997	1991	1997
All female inmates	18.6%	10.4%	29.2%	14.7%	15.1%	17.9%	18.9%	24.4%
Female inmates who used drugs before prison:								
Ever	36.3%	16.2%	36.9%	17.4%	29.6%	27.2%	23.8%	28.5%
Regularly^c	43.1	19.9	40.4	19.3	34.2	31.4	26.4	31.3
In the month before current offense	44.3	20.8	41.6	20.9	36.3	32.9	27.3	32.2
At the time of current offense	49.5	24.3	46.0	25.3	39.5	33.1	31.2	34.7

Note: According to BJS, these data underestimate the total number of prisoners who will ultimately receive substance abuse treatment during their current prison term. BJS noted that the likelihood of receiving substance abuse treatment increases as a prisoner's expected release date approaches. Therefore, some of the inmates who did not report substance abuse treatment since admission should receive treatment before the completion of their term.

^aIncludes residential facilities, professional counseling, detoxification units, and maintenance drug programs.

^bIncludes self-help/peer counseling groups, as well as educational or awareness programs.

^cRegular use is defined as once a week for at least a month.

Source: Unpublished BJS data.

Table VIII.1 also shows that the percentage of female inmates with a drug abuse history who reported drug treatment since admission to prison declined from 1991 to 1997. For example, the percentage of female inmates in federal prisons who had been using drugs in the month before their current offense and who reported participation in drug treatment since admission to prison declined from about 44 percent in 1991 to about 21 percent in 1997, and the percentage of such female inmates in state prisons who reported drug treatment declined from about 42 percent in 1991 to about 21 percent in 1997.

Table VIII.1 shows that participation in other drug abuse programs, such as self-help or peer groups and drug education classes, remained relatively constant from 1991 to 1997.

Regarding female and male inmates characterized as drug- or alcohol-involved, a 1999 BJS report² showed the following about inmates' participation in treatment or other substance abuse programs since admission to prison (see table VIII.2):

- In federal prisons, similar percentages of female inmates (about 13 percent) and male inmates (about 12 percent) reported being treated for substance abuse.
- Also, in federal prisons, similar percentages of female inmates (about 25 percent) and male inmates (about 26 percent) reported participation in other substance abuse programs.
- In state prisons, about 20 percent of female inmates reported being treated for substance abuse, compared with about 14 percent of male inmates.
- Also, in state prisons, about 32 percent of both female and male inmates reported participation in other substance abuse programs.

Table VIII.2: Drug- or Alcohol-Involved Federal and State Prison Inmates Participating in Treatment or Other Substance Abuse Programs, 1997

Jurisdiction	Percent of drug or alcohol-involved inmates reporting			
	Treatment for substance abuse ^a		Participation in other substance abuse programs ^b	
	Ever	Since admission	Ever	Since admission
Federal				
Female	28.8 %	13.3 %	34.2 %	25.2 %
Male	27.6	11.6	39.6	26.1
State				
Female	55.6 %	19.6 %	49.3 %	31.9 %
Male	40.5	14.2	49.4	31.9

Note: According to BJS, these data underestimate the total number of prisoners who will ultimately receive substance abuse treatment during their current prison term. BJS noted that the likelihood of receiving substance abuse treatment increases as a prisoner's expected release date approaches. Therefore, some of the inmates who did not report substance abuse treatment since admission should receive treatment before the completion of their term.

^aIncludes residential facilities, professional counseling, detoxification units, and maintenance drug programs.

^bIncludes self-help/peer counseling groups, as well as educational or awareness programs.

Source: BJS.

National Center on Addiction and Substance Abuse

In 1996, the National Center on Addiction and Substance Abuse at Columbia University conducted a national survey to assess substance abuse problems among inmates and the availability of treatment.

²BJS, *Substance Abuse and Treatment, State and Federal Prisoners, 1997* (January 1999). The BJS report characterized inmates as drug- or alcohol-involved if they had a current drug offense or a driving while intoxicated offense, were under the influence of drugs/alcohol at the time of their most current offense, had used drugs in the month prior to their most current offense, and/or had a history of alcohol abuse or dependence.

According to the Center’s January 1998 report,³ federal prison officials responding to the survey estimated that 31 percent of federal inmates had a substance abuse problem. Also, officials in the 47 states and the District of Columbia who responded to the survey estimated, on average, that 74 percent of their inmates had a substance abuse problem.⁴ However, the survey results revealed that only one in four state inmates identified with a drug or alcohol problem received any substance abuse treatment over the course of a year. This treatment could be short-term drug education or self-help groups, or it could be longer-term help.

Each of the correctional departments that responded to the survey cited limitations in their ability to expand treatment services for substance-abusing inmates. As table VIII.3 shows, 71 percent of correctional departments cited budgetary constraints as a limitation to providing treatment.

Table VIII.3: Limitations to Providing Substance Abuse Treatment to Federal and State Prison Inmates, 1996

Limitations to providing treatment	Percentage of correctional systems responding ^a
Budgetary constraints	71 %
Space limitations	51
Limited amount of counselors	39
Too few volunteer participants	18
Frequent movement of inmates	12
General correctional problems	8
Problems with aftercare provision	4
Legislative barriers	2

^aPercentage of correctional systems does not equal 100 percent because correctional systems could provide more than one response.

Source: The National Center on Addiction and Substance Abuse at Columbia University.

National Institute of Justice

From 1993 to 1994, the National Institute of Justice conducted a national survey of state-level correctional administrators, prison and jail administrators, and program administrators to explore the special needs of and issues related to women offenders. In 1998, the Institute reported,⁵ among other things, that substance abuse treatment was widely identified by correctional officials as not being sufficiently provided, and was linked

³Behind Bars: Substance Abuse and America’s Prison Population, January 1998. BOP, 47 states, and the District of Columbia responded to the survey.

⁴According to the center, survey results generally cannot be broken down to compare female and male inmates.

⁵National Institute of Justice, “Research in Brief—Women Offenders: Programming Needs and Promising Approaches” (Aug. 1998). All state correctional departments and at least one prison for each state were surveyed.

to a set of other problems as well (e.g., violence and abuse, lack of job skills or training, and the inability to form constructive relationships). The survey also revealed that the larger the state's female population, the larger the state-level proportion of administrators who wanted substance abuse treatment expanded.

Substance Abuse Treatment in Jurisdictions Studied

Each of the three jurisdictions we studied offered female inmates a variety of substance abuse treatment programs (e.g., residential treatment, professional counseling, education programs, and self-help/peer counseling). However, in each jurisdiction, female inmates were on waiting lists for participation in treatment programs.

BOP's Substance Abuse Treatment Programs

According to BOP, drug education programs and nonresidential drug counseling are offered at every BOP facility. BOP also provides a 6-month residential drug abuse treatment program at 5 of its women's prisons (a total of 523 beds). According to BOP, 1,409 female inmates participated in residential drug abuse treatment programs during fiscal year 1999. BOP noted that, as of October 1999, about 600 female inmates were on the waiting list for residential drug abuse treatment. All female and male inmates who had participated in a residential drug abuse treatment program and were otherwise eligible for community corrections center or home confinement placement could receive community-based substance abuse treatment services upon their release from prison.

According to BOP, in September 1999, each BOP residential treatment program for women received a specialized substance abuse treatment curriculum for female inmates.⁶ BOP also noted that, in June 1999, BOP's psychology services division began modifying the current residential drug abuse treatment curriculum to include "best practices" based on current literature and research. According to BOP, the revised curriculum will include sections that focus on issues specific to the treatment of female inmates, including domestic violence, trauma, medical issues, and interpersonal relationships.

In 1998, the American Correctional Association recognized BOP's drug abuse treatment programs as outstanding or "best practices" in corrections.

California's Substance Abuse Treatment Programs

California Department of Corrections' officials told us that drug education programs and nonresidential drug counseling are offered at every

⁶BOP's specialized substance abuse treatment curriculum for female inmates was based on a curriculum used within the Texas Department of Criminal Justice.

California prison. According to a 1997 California Department of Corrections' report,⁷ although substance abuse treatment programs in the department have grown rapidly in recent years, and continue to do so, at projected levels there will remain a large number of individuals with histories of substance abuse who will not receive treatment. The 1997 report shows that residential substance abuse treatment programs were provided at 2 of California's 5 prisons that house female inmates, with a total of 200 beds.

Since 1997, the California Department of Corrections has significantly increased its capacity to provide residential substance abuse treatment services to female inmates. As shown in table VIII.4, as of October 1999, residential treatment programs had been expanded to all 5 California prisons that house female inmates, with a total of about 1,500 beds.

Table VIII.4: Residential Substance Abuse Treatment for Female Inmates in California Prisons (as of October 1999)

Facility	Number of substance abuse treatment beds
California Institute for Women	240
California Rehabilitation Center	600
Central California Women's Facility	200
Northern California Women's Facility	200
Valley State Prison for Women	256
Total number of female beds	1496

Source: California Department of Corrections.

Department data show that from July 1997 to June 1998, 713 female inmates participated in in-prison residential substance abuse treatment programs. Department officials projected that another 1,879 female inmates will have participated in residential treatment programs by calendar year-end 1999. As of October 1999, a total of approximately 275 female inmates were on waiting lists for residential treatment programs at the two California women's prisons we visited. One of the 2 prisons was scheduled to activate another 306 beds in November 1999, and the other prison was in the planning stages for another 256 beds. Upon parole, inmates who graduate from California's residential substance abuse treatment programs can participate in community-based treatment and recovery programs.

Texas' Substance Abuse Treatment Programs

According to Texas Department of Criminal Justice officials, drug education programs and nonresidential drug counseling are offered at every Texas facility. All female and male inmates are required to attend a

⁷California Department of Corrections, Overview of Substance Abuse Programs, September 1997.

24-hour substance abuse program and also have the option of requesting a longer-term program. The department provides two types of residential substance abuse treatment programs for female and male inmates:

- Substance Abuse Felony Punishment Facility programs provide 9 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.
- In-Prison Therapeutic Community programs provide 9 to 12 months of residential treatment for inmates identified as needing substance abuse treatment.

From September 1998 to August 1999, according to Texas Department of Criminal Justice officials, 1,243 female inmates completed a Substance Abuse Felony Punishment Facility program, and 428 female inmates completed an In-Prison Therapeutic Community program. As of September 1999, four female inmates were on waiting lists (an approximate 5- to 7-day wait) for residential substance abuse treatment programs. Inmates who complete either residential program are released on parole to a community-based residential facility for 3 months, followed by outpatient treatment for 12 months.

The Texas Department of Criminal Justice also offers a 4-month prerelease substance abuse treatment program for male inmates who demonstrate serious substance abuse dependence and antisocial characteristics. Department officials told us they would consider offering this program to female inmates if the number of female inmates who need this type of program increases.

Mental Illness

According to a 1999 BJS report,⁸ female inmates have higher rates of mental illness⁹ than male inmates. The report showed that about 13 percent of female inmates in federal prisons and about 24 percent of female inmates in state prisons were identified as mentally ill, compared with 7 percent of male inmates in federal prisons and about 16 percent of male inmates in state prisons. The report also noted that

⁸BJS Special Report, Mental Health and Treatment of Inmates and Probationers, July 1999. The report was based in part on the BJS 1997 survey of inmates in federal and state correctional facilities.

⁹Offenders were identified as mentally ill if they reported a current mental condition or if they reported an overnight stay in a mental hospital or treatment program.

- In state prisons, an estimated 29 percent of white female inmates, 20 percent of black female inmates, and 22 percent of Hispanic female inmates were mentally ill;
- approximately 64 percent of mentally ill female inmates in federal prisons and about 78 percent of mentally ill female inmates in state prisons reported prior physical or sexual abuse; and
- approximately 77 percent of mentally ill female inmates in federal prisons and about 67 percent of mentally ill female inmates in state prisons reported receiving mental health services while incarcerated.

HIV Infection

According to data BJS obtained from state departments of corrections, female inmates in state prisons have higher rates of HIV infection than male inmates in state prisons.¹⁰ For example, as table VIII.5 shows, 3.5 percent of all female inmates in state prisons were known to be HIV-positive in 1997, versus 2.2 percent of all male inmates in state prisons. Table VIII.5 also shows that the percentage of female and male state inmates who were known to be HIV-positive remained relatively constant from 1992 to 1997.

Table VIII.5: Female and Male Inmates in State Prisons Infected with HIV (at calendar year-end, 1991 to 1996)

Yearend	Number of HIV-positive state prison inmates ^a		Percent HIV-positive in custody population of reporting states	
	Females	Males	Females	Males
1991	1,159	16,150	3.0%	2.2%
1992	1,598	18,266	4.0	2.6
1993	1,796	18,218	4.2	2.5
1994	1,953	19,762	3.9	2.4
1995	2,182	20,690	4.0	2.3
1996	2,135	21,799	3.5	2.3
1997 ^b	2,185	20,153	3.5	2.2

^aIncludes the District of Columbia. In 1991, North Carolina, South Dakota, and the District did not report by gender. In 1995, Delaware, Indiana, South Carolina, and the District did not report data by gender.

^bPreliminary data provided by BJS.

Source: BJS.

According to BOP, from 1991 to 1998, a total of 4,142 HIV patients were in BOP prisons, of which 370 were female inmates and 3,772 were male inmates. BOP could not provide a breakout of HIV patients by calendar or fiscal year. California Department of Corrections data show that 132 female inmates and 1,504 male inmates were known to be HIV-positive as

¹⁰BJS data on HIV infection are contained in a 1999 National Institute of Justice report entitled, *Issues and Practices, 1996 to 1997 Update: HIV/AIDS, STDs and TB in Correctional Facilities*, July 1999. The National Institute of Justice, the Centers for Disease Control and Prevention, and BJS sponsored and conducted the research presented in the report.

of June 1999. Texas Department of Criminal Justice data show that 267 female inmates and 2,089 male inmates had been diagnosed as HIV-positive as of October 1998.

According to BJS, in 1997, BOP and 17 state correctional systems had policies requiring HIV-antibody testing of all inmates at intake and/or release. BJS noted that most correctional systems also test at the inmate's request or upon clinical indication.

Comments From the Bureau of Prisons



U.S. Department of Justice
Federal Bureau of Prisons

Office of the Director

Washington, DC 20534

November 15, 1999

Laurie E. Ekstrand, Director
Administration of Justice Issues
General Accounting Office
Washington, DC 20548

Dear Ms. Ekstrand:

The Bureau of Prisons has completed its review of the draft report entitled GAO Study of Women in Prison. The report did not contain any recommendations, and the Bureau concurs with the report with the following exceptions and comments.

The draft report states the Bureau does not routinely evaluate the quality of care of female inmates. This statement is inaccurate. In the past few years, "Quality Assurance Reviews" have evolved into a program called "Improving Organizational Performance" (IOP). This is the health care industry standard, as established by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and other health care accrediting entities.

The Bureau's Health Services Manual, Program Statement 6000.05, Chapter XII, is exclusively dedicated to IOP. This chapter contains policy, based on JCAHO standards, which provides the framework for all institutions to review, assess, and improve the quality of their health care programs. These IOP programs, exclusive to each institution, contain IOP measurements, risk assessments, and the methodology for the evaluation of problem areas. For example, a female institution would monitor the number, methodology in ordering and obtaining PAP smears and mammographies, and the successful interpretation of these test results.

It should also be noted that all Bureau institutions are accredited by JCAHO. To achieve and maintain this accreditation, all institutions are surveyed by JCAHO surveyors at least once every three years. A thorough review of the institution's IOP plan and areas of performance measured is conducted during this survey process. Likewise, the Bureau's program review process

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Comments From the Bureau of Prisons

evaluates the effectiveness of the institutions' IOP process during routine program reviews. Both JCAHO accreditation surveys and program review results are aggregated and reported to the Medical Director and all Bureau Regional Directors.

Six national performance measures have been initiated and are currently in use at the Bureau's medical referral centers. These measures have been in use since January 1998. These national performance measures, are linked to the JCAHO Oryx system, an electronic performance measurement system created by JCAHO. Participation in this Oryx system is currently required for continued accreditation at hospitals, long-term care facilities, and behavioral health hospitals. Bureau facilities currently enrolled in this program are: FCI Butner; FMC Carswell (female medical referral center); FMC Fort Worth; FMC Lexington (with female camp); FMC Rochester; and USMCFP Springfield.

The six performance measures utilized by these institutions are:

- (1) Screening for TB infection;
- (2) Liver Function testing (for patients taking prophylactic therapy for TB infection);
- (3) Retinal examinations for diabetic patients;
- (4) Therapeutic level testing for patients receiving lithium medication;
- (5) Completion of physical examinations within 24 hours, for patients admitted into a behavioral health setting; and
- (6) Thirty-day clinic review of patients receiving involuntary psychiatric medication.

Additional performance measures and expansion of this program to other institutions is under consideration for the latter part of FY 2000 or in FY 2001. This will coincide with the JCAHO expansion of this requirement. To ensure that institutions have instituted and monitor an IOP program, the Bureau's program review process and JCAHO audit each institution for compliance. If a deficiency is noted during the review process, the institution must correct the deficiency. The institution must then conduct a follow-up review 90 to 120 days after the program review to verify proper corrective actions were implemented. Based on the follow-up review, the institution provides reasonable assurance to the Bureau's Program Review Division that controls are adequate to prevent recurrence. Upon receipt of the follow-up review report and reasonable assurance, the review is evaluated for closure by the Bureau's Review Authority.

I would also like to point out that the Bureau's National Institute of Corrections (NIC) currently works with many state and local corrections agencies on problems and issues concerning the effective management and treatment of women offenders in community corrections centers, jails, and prisons.

NIC assistance efforts which directly impact the management of women in prison include:

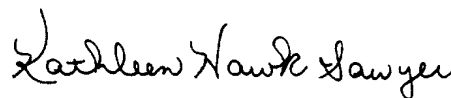
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- ▶ Classification of Women Offenders: A project to assist state departments of corrections develop classification instruments and procedures that are valid and appropriate for women inmates.
- ▶ Gender-Responsive Strategies: Research, Practice, and Guiding Principles for Women Offenders Program, which is a multi-year development effort to collect and synthesize empirical findings and best practices on gender-responsive strategies for effectively managing and intervening with women offenders. Research will be drawn from many different disciplines (not only corrections research and practice) such as the fields of substance abuse treatment, mental health, health, legal studies, and the psycho-social development of women.
- ▶ Training for Corrections:
 1. Critical Issues in Managing Women Offenders: which is a 36-hour program.
 2. Women Offenders - Developing an Agency Plan: which is a 36-hour program.
 3. Operational Practice in Women's Prisons: which is a 36-hour program.

In addition, NIC has had a major initiative for the last three years involving staff sexual misconduct with inmates. Although sexual misconduct can involve either male or female offenders, the major lawsuits have largely focused on women's prisons, consequently shaping policy development in this area. The approach used by NIC involves a systems effort to diagnose the environment and identify the causes of sexual misconduct in order to develop a strategy to address the problem. Strategies have included training for staff and inmates, development of policies and procedures, training for investigators so they will be able to identify legitimate cases, and the promulgation of laws making sexual misconduct in prison a felony.

If you have any questions regarding this response, please contact Michael W. Garrett, Senior Deputy Assistant Director, Program Review Division, at (202) 616-2099.

Sincerely,



Kathleen Hawk Sawyer
Director

GAO Contacts and Staff Acknowledgments

GAO Contacts

Laurie Ekstrand, (202) 512-8777
Danny Burton, (214) 777-5600
Eric Erdman, (214) 777-5600

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