



Federal Prisons

JOURNAL

VOL. 3, NO. 1

Spring 1992



Special Issue: Focus on the
Female Offender

Federal Bureau of Prisons Mission Statement

The Federal Bureau of Prisons protects society by confining offenders in the controlled environments of prisons and community-based facilities that are safe, humane, and appropriately secure, and which provide work and other self-improvement opportunities to assist offenders in becoming law-abiding citizens.

Cultural Anchors/Core Values

■ ***Bureau family***

The Bureau of Prisons recognizes that staff are the most valuable resource in accomplishing its mission, and is committed to the personal welfare and professional development of each employee. A concept of "Family" is encouraged through healthy, supportive relationships among staff and organization responsiveness to staff needs. The active participation of staff at all levels is essential to the development and accomplishment of organizational objectives.

■ ***Sound correctional management***

The Bureau of Prisons maintains effective security and control of its institutions utilizing the least restrictive means necessary, thus providing the essential foundation for sound correctional management programs.

■ ***Correctional workers first***

All Bureau of Prisons staff share a common role as correctional worker, which requires a mutual responsibility for maintaining safe and secure institutions and for modeling society's mainstream values and norms.

■ ***Promotes integrity***

The Bureau of Prisons firmly adheres to a set of values that promotes honesty and integrity in the professional efforts of its staff to ensure public confidence in the Bureau's prudent use of its allocated resources.

■ ***Recognizes the dignity of all***

Recognizing the inherent dignity of all human beings and their potential for change, the Bureau of Prisons treats inmates fairly and responsively and affords them opportunities for self-improvement to facilitate their successful re-entry into the community. The Bureau further recognizes that offenders are incarcerated as punishment, not for punishment.

■ ***Career service orientation***

The Bureau of Prisons is a career-oriented service, which has enjoyed a consistent management philosophy and a continuity of leadership, enabling it to evolve as a stable, professional leader in the field of corrections.

■ ***Community relations***

The Bureau of Prisons recognizes and facilitates the integral role of the community in effectuating the Bureau's mission, and works cooperatively with other law enforcement agencies, the courts, and other components of government.

■ ***High standards***

The Bureau of Prisons requires high standards of safety, security, sanitation, and discipline, which promote a physically and emotionally sound environment for both staff and inmates.

Contents

VOL. 3, NO. 1 ■ Spring 1992

3 The Female Offender: A Prologue

J. Michael Quinlan

4 The Log

Correctional notes and comments

The 5-South Unit at MCC New York

Community Corrections and Female Offenders

Turning Up the Lights

The Older Female Offender

11 A Journey to Understanding and Change

Ann D. Bartolo

16 Equality or Difference?

Nicole Hahn Rafter

This question has remained a constant in the history of incarcerated women in America.

20 The Alderson Years

Esther Heffernan



The first Federal institution for women was for many years run as a "grand experiment."

27 HIV, AIDS, and the Female Offender

*W. Travis Lawson, Jr.,
and Lena Sue Fawkes*

A look at a growing problem for prison administrators.

3 A Profile of Female Offenders

Sue Kline

A statistical overview charts the growth and changes in the Federal female offender population.

37 Linking Inmate Families Together

Bobbie Gwinn

Alderson's L.I.F.T. program helps solve one of the major problems for incarcerated mothers—separation from their children.

41 Women's Spirituality in Prison

Gyulan Gail Paul

Though incarcerated, women can learn to feel a sense of freedom that changes the way they see themselves.

44 Women's Prisons: Their Social and Cultural Environment

Anne Sims

Similarities and differences between female inmates in minimum- and high-security facilities.



49 Care of the Pregnant Offender

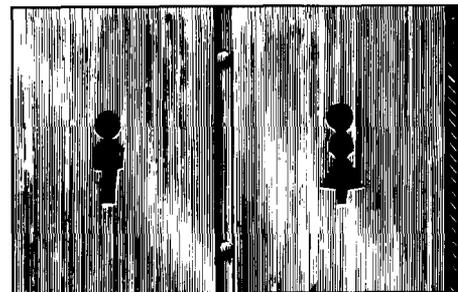
*Anita G. Huft, Lena Sue Fawkes,
and W. Travis Lawson, Jr.*

All aspects of pregnancy are affected by incarceration, which creates dilemmas for medical staff.

54 "Constants" and "Contrasts"

David W. Helman

Managers must be aware of the ways in which such factors as the "dependency response" affect their female populations.



59 The Cycle: From Victim to Victimizer

Crista Brett

Many women inmates come from backgrounds of abuse, and need to be given the tools to form less violent relationships in the future.

63 Canada's Female Offenders

Jane Miller-Ashton

The Canadian Federal system has developed innovative options for imprisoned women.

Federal Prisons

JOURNAL

J. Michael Quinlan
Director

Thomas R. Kane
Assistant Director, Information, Policy,
and Public Affairs Division

Dan Dove
Chief, Office of Public Affairs

Peter Jones
Chief of Communications

Doug Green
Editor

Ann D. Bartolo
Guest Editor

Kristen Mosbæk Design Studio
Design and Art Direction

Editor's Advisory Group:

Joe Holt Anderson
Senior Editor, National Criminal Justice
Reference Service

John J. DiIulio, Jr.
Professor of Politics and Public Affairs
and Director, Center of Domestic
and Comparative Policy Studies,
Princeton University

Dennis Luther
Warden, Federal Correctional Institution,
McKean, Pennsylvania

Patricia L. Poupore
Director of Communications and
Publications, American Correctional
Association

Dr. Vicki Verdeyen
Chief, Psychology Services, Mid-
Atlantic Regional Office, Federal Bureau
of Prisons

Published quarterly by the
Federal Bureau of Prisons

The Attorney General has determined that the publication of this periodical is necessary in the transaction of the public business required by law of the Department of Justice.

Opinions expressed in this periodical are not necessarily those of the Federal Bureau of Prisons or of the U.S. Department of Justice.



Contributing artists: Bob Dahm, Fred DeVita, Michael Hill, Sherrell Medbery, Tim Teebken.

Cover photo: Foreman Denise Thomas (left) instructs an inmate worker, UNICOR cable factory, Federal Medical Center, Lexington, Kentucky. The factory manufactures cable for the Department of Defense. Photo by Craig Crawford/U.S. Department of Justice Photo Section.

This publication was printed at the UNICOR Print Plant, Federal Correctional Institution, Sandstone, Minnesota.

The *Federal Prisons Journal* welcomes your contributions and letters. Letters may be edited for reasons of space. Please contact:

Federal Bureau of Prisons
Office of Public Affairs
320 First Street, NW
Washington, DC 20534
202-307-3163

From the editor

This issue of the *Federal Prisons Journal* was a long time in planning and production. As we have discovered, there is little available on the subject of female offenders in prison; we hope this issue will not only fill a gap, but stimulate further research and reporting.

Our thanks to the wardens and staff members (and inmates) at four institutions the *Federal Prisons Journal* visited in fall 1991: the Federal Prison Camp, Alderson, West Virginia; the Federal Medical Center, Lexington, West Virginia; the Federal Correctional Institution, Marianna, Florida; and the Metropolitan Detention Center, Los Angeles, California. Our photographers received complete cooperation, and we were able to cover the full range of activities in institutions from minimum to maximum security. Thanks as well to all the contributors from both inside and outside the Federal Bureau of Prisons.

Our next issue will be non-thematic; the issue after that will focus on "management and leadership." We invite short (two-page) contributions from any of our readers, whether or not they work for the Bureau. Please send your submissions to the address listed at the left.

The Female Offender

A prologue

J. Michael Quinlan

Our society, which has periodically wrestled with women's issues, is only beginning to accept as fact that many women function differently, manage work and personal life differently, and communicate differently than men. It is all too likely that the perceived importance of the issues surrounding women in prison will lag behind those affecting women in other sectors of society, but I am hopeful that this special issue of the *Federal Prisons Journal* will help enhance synergy among corrections professionals, who can sharpen the focus on issues relating to women prisoners.

Historically, women offenders have been compared not just to male offenders, but to society's expectations for all women. Whether the woman offender was considered to be "fallen" or overly "liberated," she stood outside the traditional roles of mother and housewife. The criminal justice system was often given the task of bringing her back to "higher standards."

The war on drugs, increasing prison populations, and crowded prisons have again heightened the public interest in corrections. The increasing number of women sentenced to prison, the addicted pregnant offender, and the sad phenomenon of drug-addicted infants have raised public awareness of the female offender.

With the rapidly increasing numbers of female offenders—in June 1992, 7.4 percent of the Federal Bureau of Prisons' total offender population—we have also seen an increase in litigation aimed at forcing "equal treatment" for women. But does equal treatment



DOJ Photo Section

really mean treating all inmates the same? Or, rather, does it mean that their needs should be met at the same level as those of the male offender—even if through "different" programs and services?

Our staff, who want to do the right thing and at the same time follow good correctional practices, try to treat women prisoners "the same" as they do incarcerated men. But all too often, despite the great dedication of our staff, even employees with years of experience have trouble working effectively with a female population. Well-meaning staff who have been successful in all-male facilities have used their proven skills in facilities for women and have come away bewildered, wondering: Why is this so difficult?

Perhaps this suggests that a change in our approach to the differences between men and women inmates is needed. Gender-specific treatment may suggest "special" treatment to some—and so we fear we may create a monster by attempting to create "special" treatment. Experience tells us that perhaps we need to make

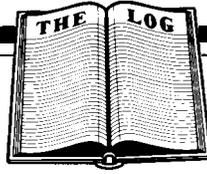
changes, but will that force us to make similar changes with male inmates? Will the men ask for the *same* treatment? Will we lose control if what we give the women, we then have to give the men? There are no easy answers to these questions.

In the Bureau of Prisons, we are continuing to examine our programs and services for women. Last year, we sponsored a successful "Issues Forum" on the female offender for correctional policymakers. This special issue of the *Federal Prisons Journal* represents another attempt to examine the spectrum of issues involving women inmates. We hope to raise the awareness of those—both administrators and line staff—in a position to make a difference. I would like to acknowledge the hard work of Ann D. Bartolo, Chief of the Female Offender Section, Correctional Programs Division, and guest editor of this issue, in assembling such a comprehensive and thought-provoking collection of articles.

We are moving toward an enhanced level of focus upon women inmates. Years from now, a new generation of criminal justice administrators will look back on our efforts. If they find a solid foundation to build upon, and a serious attempt to address the issues of the time—our time—we will not only have been leaders for today but will have established a model for the future.

I hope the articles in this issue will increase your awareness and stretch your understanding of the complex issues surrounding female offenders. ■

J. Michael Quinlan is Director of the Federal Bureau of Prisons.



The 5-South Unit at MCC New York

Marcia Baruch

Surrounded by Chinatown, Little Italy, taxicabs, and people traveling back and forth to work is the Metropolitan Correctional Center (MCC) New York—a building comfortably tucked away in the heart of downtown Manhattan. Those who walk past hurriedly see just another co-op—pleasant in appearance with good security. Few are aware that the officers patrolling the building are not protecting the tenants of another apartment building but guarding one of the Federal Bureau of Prisons' "high-rise" detention/correction centers.

About 900 inmates, most of them awaiting trial, live in this building in nine separate housing units—each with its own personality and problems. One of these units is more likely to produce shivers in officers when they are given it as a new assignment. It is not the segregation unit or a unit housing the most dangerous criminals. It is 5-South, a unit with about 120 females—the only female housing unit at MCC New York. During a recent roll call I observed an officer as he was informed that he would be working on 5-South. He handled the news eloquently; he rolled his eyes, put his head down on the table, and groaned to no one in particular, "Oh no!"

Why is 5-South considered to be one of the most difficult units to work on, or just to walk on? We might be able to



Illustrations by Michael Hill

answer that question by answering this one: What is it like to be a female incarcerated at MCC New York?

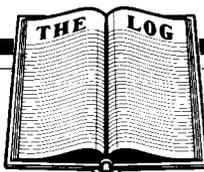
A typical day for a female on the unit is to wake up, dress, eat, and remain on the unit. Since there is an understandable concern regarding male and female inmates mingling in the prison, the majority rules—males have the privilege of leaving their unit with a pass or reporting to a daily work detail, while females must be escorted, and their movement is limited. While the male inmates can be transferred to another facility at Otisville, New York, that has more activities, females must remain at MCC New York until they are sentenced. This leads to greater restlessness, agitation, and depression. Some say women have a natural capacity to show their emotions more than do men—just as it is okay for them to cry in daily life, it is okay for them to cry in prison. Perhaps a combination of being more confined

and more willing to express emotions leads to a unit in which there are more complaints, louder voices, and greater demands on staff.

When a staff member walks into the unit, he or she is hit with a rush of activity and a barrage of languages. 5-South is a microcosm of New York. Not only are there blacks, Hispanics, whites, and Asians, but there are subgroups of each. Hispanics are represented by Colombians, Puerto Ricans, Dominicans, and Cubans. Black groups include Afro-Americans, Nigerians, and a variety of other African groups. There is no culturally mixed unit like this one anywhere else in the Bureau.

This accounts for the immediate cultural and communication barriers—frustrating for the inmates who must live together as well as for staff members who must ensure that the inmates receive proper care. A visitor may be approached by several inmates complaining (in their own languages) of aches, pains, or weight gain due to lack of exercise, and demanding "When can I see my kids?" "When can I get what I need in the commissary?" "Can you get in touch with my lawyer?" "Can you help me?" It is a unit in which the inmates are forceful in their requests, which require extreme patience to understand and respond to.

What are most of their requests and complaints about? Where the male inmates seek out counselors on issues regarding phone calls and visiting, according to 5-South's Unit Manager, Katherine Cant, female complaints center around issues such as a lack of



supplies. "They never have enough underwear or uniforms, and the commissary doesn't sell specific feminine items." Ms. Gant also believes that additional staffing is needed on the female unit because more time is necessary to handle the females' problems.

Since MCC New York is a holding facility where the women are taken immediately after arrest, they have not yet made provisions for child care. As many of them are sole caretakers, a typical problem entails attempting to contact child welfare or other appropriate agencies to ensure proper guardianship of a child. Furthermore, a woman who is pregnant needs additional care, attention, and assistance. Whereas a complaint from the male unit generally takes 5 to 10 minutes to handle, a counselor on the female unit may require 30 to 40 minutes to work out just one problem.

The psychology staff also deal with inmates' complaints and concerns and note the differences between those presented by males and females during therapeutic sessions.

Generally, males discuss their fears and problems over being incarcerated, perhaps indicating a loss of power and independence. Female inmates talk more about



their family, specifically their children and the guilt they feel over leaving them with others. According to Dr. Leslie Knutson, a staff psychologist at MCC New York, "Many of the women discuss the way they were abused in relationships and blame the men in their lives for manipulating them to get involved in illegal situations. They feel they are pawns in their relationships and are compelled to do what their boyfriend or husband tells them to. Their depression becomes more apparent as they verbalize their perceived victimization."

At times their depression is so deep that they have to be placed on a suicide watch (generally, they can be removed from a watch rather quickly since they are verbal about their feelings; the fact that they can vent their emotions leads to a quick resolution of their crisis). This, however, is not the main reason for suicide watches among women at MCC New York. While many suicide watches among men occur almost immediately upon incarceration as a result of their reaction to their arrest,

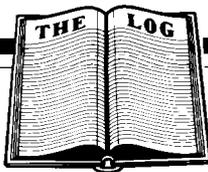
most suicide watches among the women occur after they have been incarcerated for a time. Most of these women have deep psychological problems that are exacerbated by the stress of prison life. In 1990, out of 10 females placed on a suicide watch at MCC New York, 7 had serious psychological problems, such as psychosis, 2 were suffering from severe



depression that required antidepressant medication, and I suffered from a severe anxiety

disorder that produced self-destructive behavior and pseudoseizures. Because of the seriousness of their illnesses, four of these inmates were put on a watch more than once.

The hospital staff are also very familiar with the complaints of the female inmates. According to Douglas Reed, Hospital Administrator, "There is a large number of female medical complaints, most of which center around minor aches and pains, gynecological problems, and sleep disturbance. In fact," states Mr. Reed, "one-quarter of sick call, on a routine basis," is made up of women. Mr. Reed believes that this results from two factors: the women are seeking medical assistance that is not readily available to them outside prison, and are seeking a little extra attention. Unfortunately, this extra attention takes up much of the physician assistants' time—more of their time is spent on 5-South than on any other unit. Furthermore, health care for women is more expensive than that provided for males. The Bureau's hospital facility at Springfield, Missouri, can evaluate the general laboratory work for all inmates but cannot do so for some female tests, which must be sent to more costly local laboratories.



Despite the stress of living on 5-South, many of the women are friendly and talkative. They are helpful to other inmates who are experiencing problems. The women who make up the suicide watch team will express much concern over a troubled inmate and at times continue to watch over her even when the official watch has been terminated. In an attempt to adjust to their isolation and emotional deprivation, some females form symbolic "families" in which they nurture other "family members." Other inmates actually take on the role of mother, father, sister, brother, or child, as well as extended "family" members. This type of role-playing—an unhealthy form of dependency—is unique to female institutions.

Many women take advantage of the programs designed by staff at MCC New York to help them to adjust to their initial time in prison. Women can work in the kitchen during the midnight shift when there is little or no movement in the institution. The education and recreation departments also provide special programs: drama, arts and crafts, English as a Second Language, and exercise. The psychology department has created several women's groups—drug abuse groups, groups for mothers, and a general therapy group. The hospital staff, in an attempt to respond to the increasing needs of the female population, has begun to provide monthly educational sessions on medical issues such as AIDS, breast exams, and a variety of others.

If Shakespeare had seen 5-South he would never have suggested "Frailty, thy name is woman." He would have emphasized the toughness and strength that make these women survivors. Despite their surroundings—Wall Street, the South Street Seaport, and the Brooklyn Bridge—they are living in a confined space and adjusting to a variety of culturally diverse individuals as roommates, possibly for months. Their toughness mirrors that of the officers who must face the daily challenges of this unit. Working on 5-South requires perseverance, patience, creativity, and diligence to maintain order in a potentially turbulent environment.

Marcia Baruch is Chief Psychologist at the Metropolitan Correctional Center, New York.

Community Corrections and Female Offenders

Rita D. Hardy-Thompson

Community Correction Centers (CCC's) are more commonly referred to as "halfway houses." However, these facilities have expanded beyond the traditional halfway house to become a viable sentencing option in their own right. CCC's are used by the Federal Bureau of Prisons in three ways: to provide transitional services for inmates nearing their release date from Federal correctional institutions back into the community (usually the last 30 to 90 days of the incarceration period); as an option for direct commitment of inmates serving relatively short sentences who pose no public risk; and as an additional supervision resource

for the courts in some probation and parole cases.

Nationally, the Federal Bureau of Prisons solicits through the competitive bid process (in accordance with the Federal Acquisition Regulations [FAR] and the Competition In Contracting Act [CICA] of 1984) for publicly and privately run CCC's to provide supervision and residential services. These contracting procedures have enabled the Bureau to contract with 198 privately operated facilities and 62 public facilities (operated by State, county, or local governments under Intergovernmental Agreements) by the end of 1991. Of the private facilities, 139 are nonprofit and 59 are for profit. In addition, 350 local and county jails have Intergovernmental Agreements with either the Bureau of Prisons or the U.S. Marshals Service to house Federal offenders.

With the implementation of sentencing guidelines and a trend toward a more conservative approach in the use of community corrections programs for prerelease preparation, the percentage of prerelease inmates in our centers has decreased; however, the number of direct short-term, low-risk commitment and supervision cases has increased.

Women tend to commit less serious crimes and have less serious offense histories than men—and therefore receive shorter sentences; often, direct placement in a CCC is recommended by the court. As of December 1991, there were 4,096 offenders in CCC's nationwide. Of these, 595 were female offenders: 17 percent direct court



commitments, 30 percent supervision cases, and 53 percent institution transfers.

Because there are fewer prison facilities for women, an incarcerated woman is ordinarily placed farther from her home and family—about 160 miles farther than a male inmate, on average. This distance between a female offender and her family often causes transportation problems and deprives the resident and her children of regular visits. The Bureau of Prisons, seeking to increase female offenders' preparedness for release, has begun to develop specialized services and programs for women in CCC's. Research has found that placing increased emphasis, through group and individual counseling, on such areas as self-esteem, parenting skills, substance abuse prevention, and money management, as well as on education and vocational training, will help female inmates return to society as productive citizens.

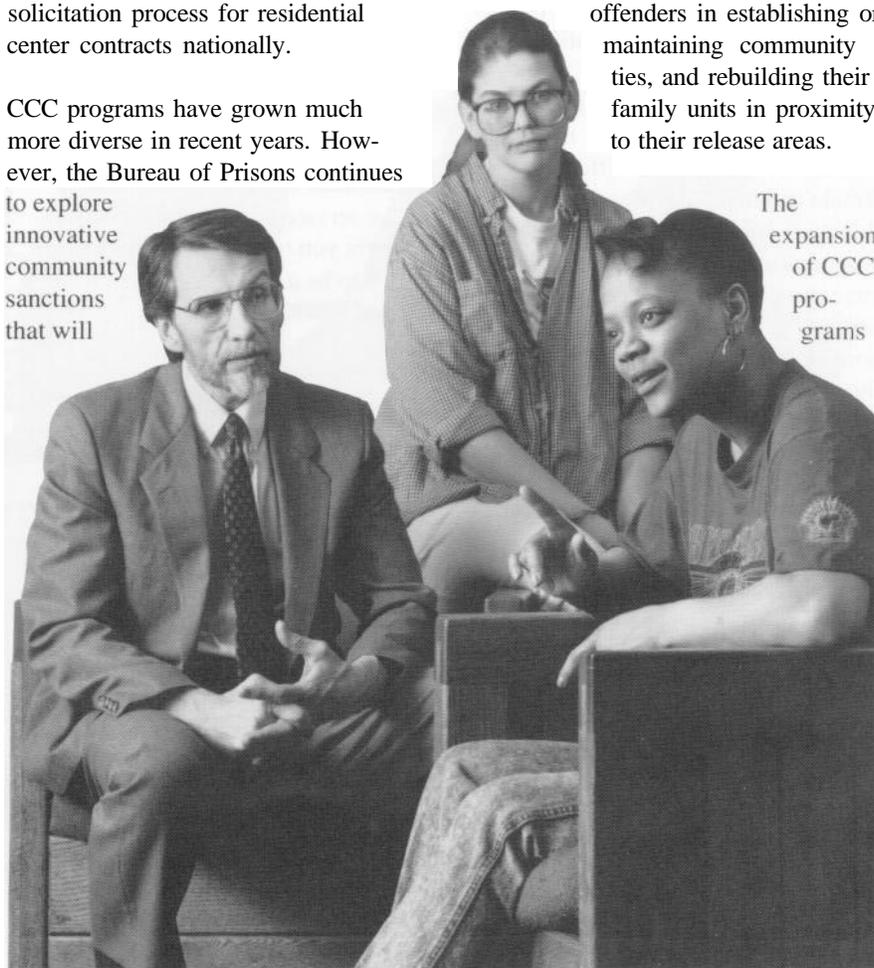
The Bureau has also begun to address the needs of pregnant inmates through CCC placements. In February 1990, the Community Corrections Branch initiated a pilot CCC with the Mothers and Infant Together (MINT) program in Texas to provide pre- and postnatal services and programs for pregnant inmates. The success of this program was a major factor in the decision to establish alternative residential programs for pregnant inmates nationally.

Volunteers of America Regional Correctional Center, Minneapolis, Minnesota, operates under contract with the Bureau of Prisons.

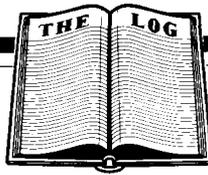
In early 1990, the Bureau's Executive Staff approved the establishment of a residential program for pregnant inmates within a 50-mile radius of each correctional institution housing females. A policy statement has since been developed to outline the criteria and procedures for placing inmates in this program. The inmate must be pregnant upon commitment with an expected delivery date prior to release, must have community custody status prior to transfer to a CCC, and must agree to placement and full participation in the program. The Community Corrections Branch has begun the solicitation process for residential center contracts nationally.

CCC programs have grown much more diverse in recent years. However, the Bureau of Prisons continues to explore innovative community sanctions that will

enhance release preparation for females. The Community Corrections Branch of the Bureau of Prisons has compiled special guidelines for developing contract facilities that specifically address female offender issues: parenting, substance abuse, career counseling, money management, and so on. The first such contract of this kind is being solicited in the Milwaukee area and is projected to be awarded in 1992. Once this pilot program is operational and its level of success can be determined, the Bureau of Prisons intends to establish this kind of CCC nationwide to assist female offenders in establishing or maintaining community ties, and rebuilding their family units in proximity to their release areas.



The expansion of CCC programs



for both males and females has also meant an increase in the resources devoted to program evaluation. During fiscal year 1991, more than 1,200 onsite inspections were performed at CCC's by Bureau contract oversight specialists. The inclusion of their oversight has enhanced the overall performance of all CCC contract facilities; the information gathered during these evaluations (measuring the degree of compliance with contract requirements—inhouse programming, counseling, staffing, food service, safety, and so on), when analyzed by Bureau researchers, supports the conclusion that there is a need for specialized female CCC's nationwide.

The rate of female offender incarceration is increasing faster than that of males. Recognizing the difference in female and male offenders' needs, the Bureau is continuing to develop special programs and services for females. The increasing acceptance of community corrections as an alternative to traditional imprisonment—as well as the short sentences given most female offenders—warrant the increased attention that the Bureau is giving to community corrections programs for women.

Rita D. Hardy-Thompson is a community corrections specialist with the Federal Bureau of Prisons.

Turning Up the Lights

Angela Church

"Turn up the lights...I don't want to go home in the dark."

—Last words of O. Henry, American short story writer

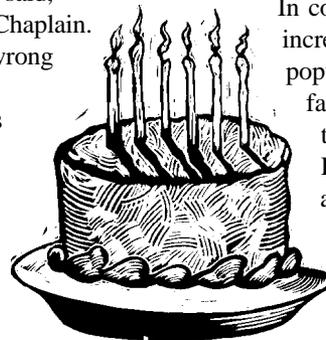
On a Sunday morning it was announced in chapel services at the Federal Correctional Institution in Lexington, Kentucky, that a Hospice group would be started. The Hispanic inmates, who sat off to the side with an interpreter, giggled nervously and looked at the chaplain as if she had said something a little off center. Later that day, the interpreter stopped the chaplain in Food Service and said, "I want to apologize to you, Chaplain. I translated something very wrong in the service this morning. I thought you told us there was going to be a Hostage group started here."

Thus began the experiences of the Hospice volunteer companions to the terminally ill women incarcerated at Lexington. In a way the translation was not all wrong; the volunteers have "become captive" to the belief that no one should go home in the dark without the light of compassion. Five inmates and four community volunteers have committed their time and talents to meeting the needs of women who are dying in prison.

"We are not different," said Terry Green, Hospice volunteer trainer, "from the group that met in living rooms 15 years ago, when a small group of people gathered to talk about

a special kind of caring for the dying. We are alike in many ways—mostly women, probably sitting in a circle, sharing a belief that people should be allowed to die with dignity...."

The Hospice movement was started in 1967 by Dame Cicely Saunders, when she opened the Saint Christopher's Hospice in London. The first Hospice in the United States began in 1974 in New Haven, Connecticut. The movement has committed itself to providing support and care for people in the final stage of terminal disease—believing that, through personalized service and a caring community, patients and families can attain the necessary state of preparation for death.

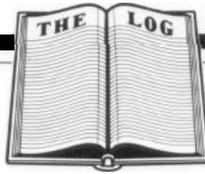


In corrections, beyond the increases in the overall population, a number of factors have encouraged the development of Hospice programs: the aging of the population, increased

sentence lengths, and the growing number of inmates

who are medically "at risk," due to serious substance abuse, HIV infection, and other problems.

Recently, one of the Hospice patients, a young woman, celebrated a birthday. Her disease had left her with a childlike nature. She repeatedly told everyone her birthday was coming. The Hospice volunteers planned a surprise party to which the hospital unit would be



invited. Other inmates would play guitar and sing. The nursing staff kept the secret as the young woman went from one to the other saying, "Does anyone know about a party? Did you know my birthday is coming?" Finally the hour arrived. She was invited to visit another patient's room; while they talked, a room was decorated with banners and party favors made by the volunteers. When she was led into the room, her face reflected her joy as her lips moved to the words of "Happy Birthday" being sung by all.

When the volunteers met later to reflect on the celebration, they were moved by the knowledge that this might be this woman's last birthday celebration. "There was a feeling of happiness," said one volunteer, "and there was this insurmountable sadness too. She had a wonderful birthday and I'm glad we had a part in making it special."

Another patient had turned her back to her door and faced the wall. She seemed to have given up. The community volunteer noticed a sack of yarn by her bed; she had ordered it to make a sweater for her husband. "It's no use now," she said, "I know I'm going to die and it'll never be knitted." The volunteer asked if she could do it for her. The woman rolled over to face her—"You would do that for me?" Patterns appeared and the two women put their heads together to choose the

right kind of sweater. Much of the work was done by the volunteer in her home, but she often brought the pieces and sat in the woman's room knitting.

When the woman was taken to the local hospital outside the prison, she was close to death. The volunteer came to her one day and roused her. She pulled from a shopping bag a sweater of earth tones. "Finished!" she exclaimed as she touched the woman's arm. With labored breath

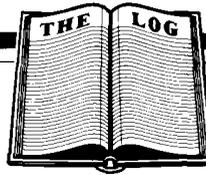
the patient smiled and said, "Beautiful! Please send it to him and tell him I love him." After she died the sweater was sent from the prison chapel with a note explaining how it was made. By return mail came thanks and a box full of yarn that might be used for others.

It's necessary for Hospice volunteers and staff alike to come to grips with their own mortality and feelings about death. They must learn to understand the stages of death and dying and develop their communication skills, both verbal and nonverbal—especially their listening skills.

A special concern is that professionalism in the



The author (left), with Hospice volunteers—both inmates and community members. Games are important for the Hospice workers as well as the patients.

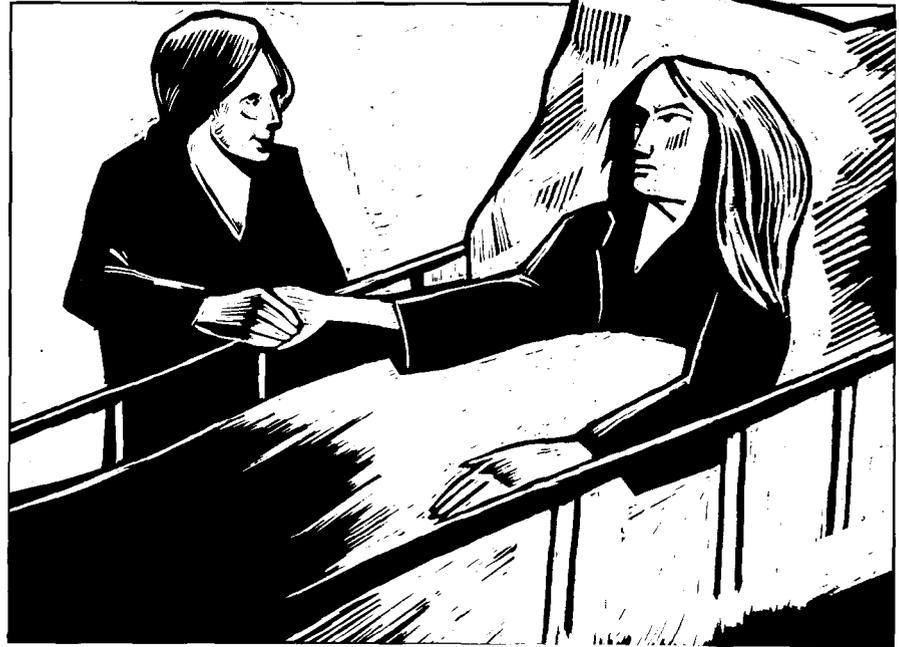


correctional setting, and the “distancing” between staff and inmates that it implies, at times makes it difficult for staff to show the compassion they feel. Without a way to express these feelings, staff who have close, prolonged contact with dying inmates risk burnout.

The duties of the Hospice volunteers are varied. They commit to visiting the patient at least twice a week—more if needed. They are on call for emergency situations. They help by writing letters, reading, playing games, and listening. One volunteer gives manicures to help the patients feel better about their appearance. One volunteer arranged to have a photograph taken so a patient could send it to her children. The volunteer was there before the photographer arrived to help the woman fix her appearance for her first picture to be sent home in years.

When a patient would not leave her room her Hospice worker was called by the nursing staff. She lay depressed and saddened that her children were far away—voicing the guilt so many mothers in prison feel: Why should she leave her room when she had been such a failure as a mother? Her Hospice companion was able to listen and respond; before the end of the visit they were walking hand in hand up and down the hospital corridor.

Sometimes, an inmate will be granted a compassionate release to spend her last days at home with her family. Maria was such a woman. The request for her



release had been submitted and she awaited a decision. As she waited, the Hospice workers stood with her; her life sustained by oxygen tubes and the will to see her sister in another country one last time. Volunteers were called repeatedly to sit by her side during the long nights; she would hallucinate and imagine herself home. The volunteers soothed her with the hope that soon she would be with her family.

The compassionate release was granted. A surge of hope caused Maria to draw inner strength. Her hair, makeup, nails, must be done; her sweatsuit must be pressed. The Hospice workers leapt into action. There was joy in the preparation, but the workers also knew they were preparing her for her final journey. When the morning arrived, Maria, a wheelchair, portable oxygen, an entourage of Hospice volunteers, and staff made their way to the sallyport door.

She made the flight to her homeland without incident. When the plane touched down she checked her appearance, then asked the nurse to remove the oxygen tubing; she walked unassisted into the arms of her family. Two months later she died peacefully at home. “When I watched her go through that sallyport door it was as if part of me went with her,” said one of the inmate volunteers. “I had been given the great privilege of knowing a woman of strength and faith. Her life touched mine. The facts of compassion I shared with her are small compared to the lessons she taught me.”

Death is never easy to deal with. For those in prison it is even more difficult due to their isolation. The Hospice group gives the women in prison an



opportunity to say “goodbye” by means of a memorial service. On one occasion 20 white helium-filled balloons representing those who had died were suspended over the altar in the Chapel. At the end of the service 150 women filed into a courtyard in the pouring rain and watched as the balloons were released. The wind and rain threatened to whip them to the ground, but they began to rise, higher and higher, until one woman cried, “Look, they’re over the wall! They’re free.”

The seed of Hospice is taking root at the Federal Correctional Institution in Lexington. As it flourishes it will ensure compassionate concern for women who may die in prison. It will call forth the best from those— inmates and noninmates—who volunteer. It will celebrate the life of these women and give them dignity as human beings.

They will not die alone, but will be embraced by a group of caring individuals who bring a commitment to meeting the needs of others.

“I was scared at first,” says one of the volunteers, “scared that I would say the wrong thing, do the wrong thing, act the wrong way. But now I look forward to being with these women. They teach me more about life than about death.”

Angela Church is a chaplain at the Federal Correctional Institution, Lexington.

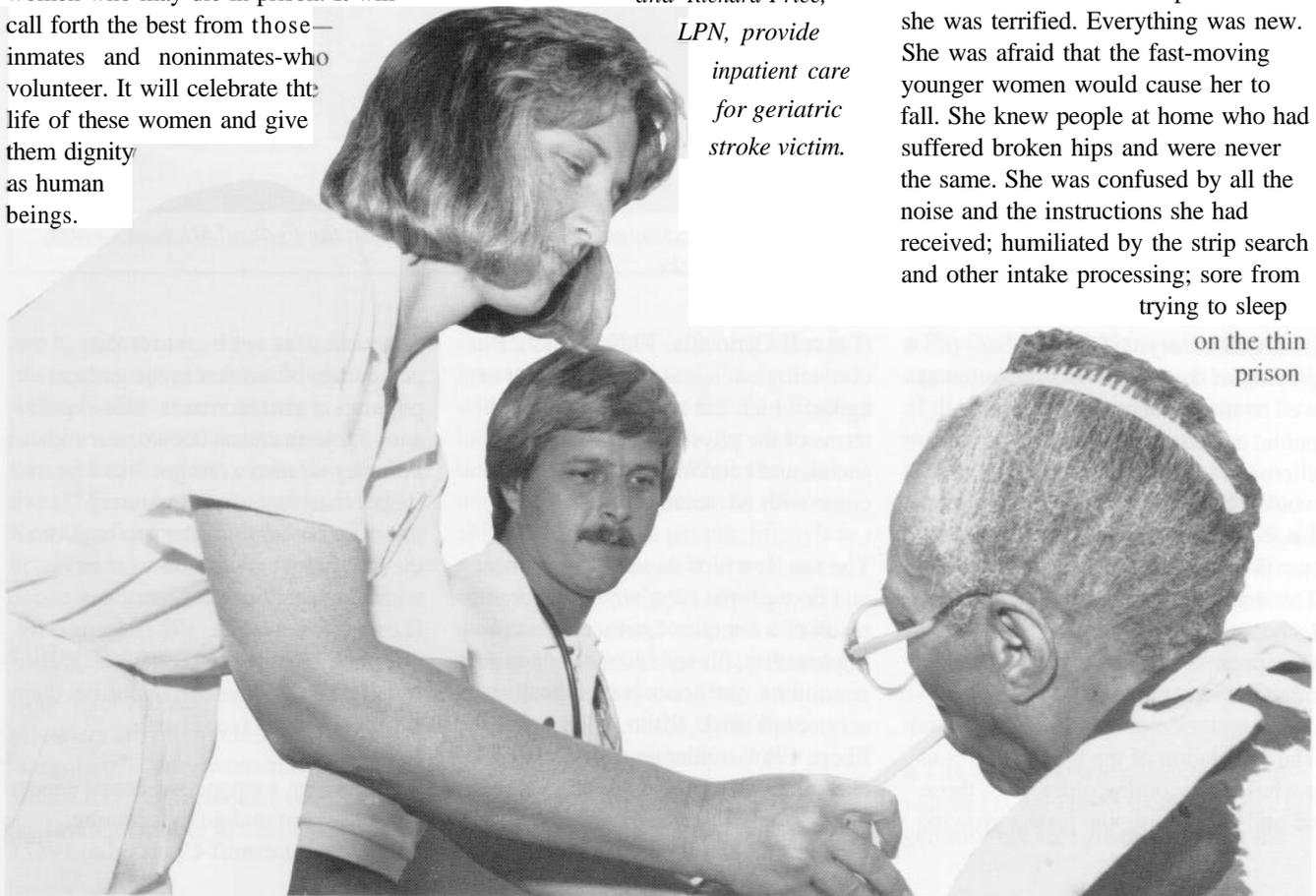
Mary Joe Powers, Registered Nurse, and Richard Price, LPN, provide inpatient care for geriatric stroke victim.

The Older Female Offender: Suggestions for Correctional Policymakers

Joann B. Morton

Being old, being female, or being an offender can all have negative implications in our society. Combined, they provide challenges for corrections now and in the future. Consider the following:

■ “Annie,” 72, a small, frail woman with scraggly white hair, crouched against the wall as a group of boisterous young women came down the hall. This was her first week in prison and she was terrified. Everything was new. She was afraid that the fast-moving younger women would cause her to fall. She knew people at home who had suffered broken hips and were never the same. She was confused by all the noise and the instructions she had received; humiliated by the strip search and other intake processing; sore from trying to sleep on the thin prison





mattress; upset because she had trouble finding her room and had been reprimanded by an officer. Above all, she had an overwhelming dread of dying in this stark, friendless place.

■The warden read the incident report and put it down with a sigh. What were they going to do with "Mary"? Mary had been in and out of mental hospitals and prisons most of her adult life. She had a long history of assaultive behavior and at 60 showed no signs of mellowing. According to the report, this time she had hit her roommate with her cane and threatened to kill the officer who intervened.

These two cases illustrate the extremes correctional personnel face in dealing with older female offenders. They do not represent isolated instances. According to a recent study, women 50 years of age and older make up some 4 percent of the female inmates in this country (American Correctional Association [ACA], 1990). In 1990, the number of women 55 and older in State and Federal prisons was less than 1,000 (ACA *Directory*, 1991), but the graying of the American population as well as mandatory sentencing, harsh public attitudes, lack of community alternatives, increasing numbers of women being incarcerated, and the longer lifespan of women will ensure that this number continues to grow. This article will review some relevant facts about aging and women as well as factors to be considered in programming for incarcerated older women.

The population of the United States as a whole is becoming older, with those 65 and older being the fastest growing

age group (Feldman and Humphrey, 1989). By the year 2030 forecasters expect 65 million people aged 65 and older.

One way to define aging is chronological. Using years, aging persons can be defined as: "older," 55 and older; "elderly," 65 and older; "aged," 75 and older; and "very old," 85 and over



Native Americans conduct a "sweat ceremony" at the Federal Medical Center, Lexington, Kentucky.

(Lesnoff-Caravalia, 1987, p. 379). But chronological age is only one facet of aging, which can also be defined in terms of the physical, emotional, social, and economic changes that come with advancing years.

The rate at which these changes occur and how people cope with them are the result of a complex interaction involving heredity, lifestyle, socioeconomic conditions, and access to medical services (Yurick, Robb, Spier, and Ebert, 1984). Older people are an extremely diverse group with widely varying needs. Compare the level of functioning of your elderly relatives with other older people you know and

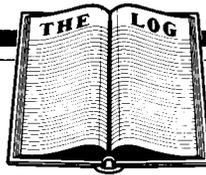
you will have some idea of the diversity among older people.

Older women

Within the 65 and older age group the number of women is growing faster than the number of men (Kart, Metress, and Metress, 1988). Older women make up some 60 percent of older

Americans; as age increases the percentage of women in the general population also increases. Life expectancy for both Caucasian women and minority women averages 7 to 8 years longer than that of men. Among minority populations the gap between the longevity of men and women is widest among Native Americans (Lesnoff-Caravaglia, 1987). Longevity does not, however, increase the *quality* of life; older women often outlive their support systems (see chart).

Additionally, menopause, breast cancer (the prevalent malignancy among women; see Lesnoff-Caravaglia, 1987),



Older women compared with older men

- Older women are more likely to live alone and have limited family support.
- More older women—particularly minority women—live below the poverty level.
- Older women often “fall through the cracks” of medical and financial support programs, as well as private insurance programs.
- Older minority women are more likely to be ill and need medical care.
- Older women make up three-fourths of all nursing home residents.
- Older women have a higher incidence of certain debilitating diseases, including strokes, visual impairments, hypertension, and diabetes.
- Osteoporosis, a degenerative bone condition, causes women to be three to five times more likely to suffer from hip, back, and spine impairments.
- Older women are portrayed more negatively than older men, categorized by stereotypes such as unattractive, ineffectual, unhealthy, asexual, and sedentary.
- Middle-aged women find it more difficult to enter or reenter the workplace; they are viewed as “over the hill” at an earlier age than are men.
- Although older women outnumber older men, most research on older people has focused on the impact of aging on men and ignored older women.

Sources: Lesnoff-Caravaglia, 1987; Kane, Evans, and Macfadyen, 1990; Yuric, et al., 1984; Mummah and Smith, 1981;

and hysterectomies can cause dramatic physical and psychological upheavals with which women must cope. Finally, many women need encouragement to take an active role in controlling their lives (“*Fighting for the rights*,” 1991). Keeping older women active and involved is critical in preventing dependency and helplessness.

Older women in prison

Both older offenders and women offenders are often referred to as “forgotten.” Older women in prison are almost totally overlooked, even among the limited number of studies on

female offenders. Combining what is known about aging and older women with issues relevant to female offenders has serious implications for correctional programming. While the vast majority of older women are reasonably healthy, active people, lifestyle is a significant factor in how well one ages. Unfortunately the lifestyle of many female offenders is not conducive to a viable old age. Incarceration also encourages dependency and passivity. Some of the immediate programmatic implications are:

- Staff selection and training are critical. Awareness of medical and other factors involving older women,

as well as sensitivity in dealing with them, will help overcome some of the debilitating aspects of prison for older women. All staff—particularly medical staff—who work with this population should have training in gerontological health issues. Staffing patterns should also reflect that supervising older women is often more time-consuming for a variety of reasons, including visual and muscular impairments that slow them down. Staff must also confront their own fears of aging and prejudices about older women. Not everyone can work effectively with this group.

- Programming and supervision will have to be individualized to meet the broad range of needs of this diverse group. Individual program planning is particularly critical in prerelease preparation—women’s needs vary, as do community resources. Additional lead time will be necessary in prerelease planning for older women, to help with placement in residential facilities for the elderly or in nursing homes, if needed.

- Physical plant designs will need to accommodate persons with a range of disabilities (this applies to male institutions as well). Wheelchair access, color distinctions between floors, walls, and doorframes, comfortable places to sit, and handrails will aid those who have limited mobility. Older women need privacy and quiet space as much as or more than do younger women. Vulnerable older women, such as “Annie,” may need protection from more aggressive younger women.

- The use of outside consultants and volunteers who have specialties in gerontology will greatly enhance the

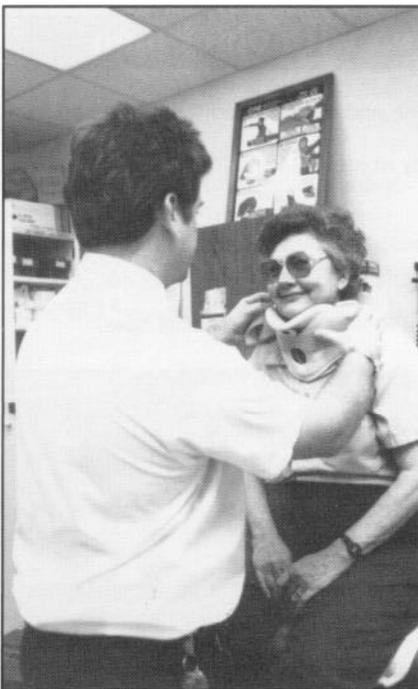


ability of correctional personnel to deal constructively with older women in prison, as well as assist their transition to the community. The network of service providers for the elderly, such as local Councils on Aging, can be invaluable in improving services for older women.

- Creativity in modifying work and other activities to accommodate the interests, needs, and capabilities of older women will also be necessary. Work and other programs—which are not only critical to feelings of self-worth but also, in many systems, mean time off of one's sentence for participation—must be accessible to the elderly.

- Internal systems of rewards and punishments must be reevaluated in light of what is effective for older female offenders and their long-term well-being. The use of traditional lockups and loss of privileges may be counterproductive. Yet the “Marys” in this group must be handled as effectively as possible under the circumstances. Flexibility and creativity are essential.

- Medical services should not only be gender-sensitive but be planned to meet the needs of older women. This includes special diets, as well as physical therapy to counter osteoporosis and other potentially debilitating conditions. Regular mammograms, pap smears, and other diagnostic work should be conducted in accordance with prevailing community standards. An “ounce of prevention” will have long-term benefits. Many older women are reluctant to assert themselves with medical staff, or will simply agree with instructions received without clearly understanding what is happening. Staff



Physician Assistant Charles Glass (left), Federal Correctional Institution, Marianna, Florida.

must be aware that it is all too easy to attribute symptoms of illness to old age and ignore serious medical problems. Continuity of medical care upon release will require additional effort. Liaison with community health providers will ensure accessibility to medications and other services that some older women will need.

- Issues of loss, including death, also must be considered when working with this age group. Women will need legal assistance with matters such as wills and living wills, as well as spiritual guidance and solace. When a death does occur, it can be traumatic for both staff and other inmates who may have worked closely with the older woman. Counseling, crisis intervention, and closure in the form of a funeral or memorial service can be helpful.

The list above is only a beginning. Older female offenders, even in small numbers, pose many challenges for correctional personnel. Now is the time to start addressing them, as well as considering alternative sanctions or timely release of those who pose no threat to themselves or the community. Acting now may avoid a costly correctional crisis in the future.

Joann B. Morton, D.P.A., is an associate professor in the College of Criminal Justice, University of South Carolina.

References

1991 ACA directory of juvenile and adult correctional departments, institutions, agencies, and paroling authorities. 1991. Laurel, Md.: American Correctional Association.

Feldman, R.H.L., and Humphrey, J.H., ed., 1989. *Advances in health education: Current research, volume 2*. New York: AMS Press, Inc.

“Fighting for the rights of older women inmates.” *AARP Highlights*, July/August 1991, p. 1, 8.

Kane, R.L., Evans, J.G., and Macfadyen, D., ed., 1990. *Improving the health of older people: A world view*. New York: Oxford University Press.

Kart, C.S., Metress, E.K., and Metress, S.P., 1988. *Aging, health, and society*. Boston: Jones and Bartlett Publishers.

Lesnoff-Caravaglia, G., ed., 1987. *Handbook of applied gerontology*. New York: Human Services Press, Inc.

Mummah, H.R., and Smith, E.M., 1981. *The geriatric assistant*. New York: McGraw-Hill Book Company.

The female offender: What does the future hold? 1990. Laurel, Md.: American Correctional Association.

Yurick, A.G., Spier, B.E., Robb, S.S., and Ebert, N.J., 1984. *The aged person and the nursing process (2nd ed.)*. Norwalk, Conn.: Appleton-Century-Crofts.