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Crime Delinquency 1994; 40; 197
DOI: 10.1177/0011128794040002004

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This article examines programming for women in U.S. prisons in the 1980s, a decade marked by an increased number of incarcerated women and by court pressure to correct biases in programming. Data from a census of facilities and a sample of inmates reveal that regardless of gender, the prison experience does little to overcome marginalization from the workforce and leaves many who have a history of drug abuse, or who are parents, untouched by relevant programming. Moreover, gender stereotypes shape the nature of the work and vocational training, and women disproportionately receive psychotropic drugs for mental health treatment.

Rapid growth in the number of incarcerated women, recognition of their unique needs, and long-standing awareness of gender differences in prison programming have resulted in considerable concern about gender equality in U.S. prisons. Historically, correctional systems have provided fewer and less varied programs for women than for men (Shover 1991), and the current inadequacy of programs for incarcerated women has been noted in several works (Bershad 1985; CONtact 1981; Pollock-Byrne 1990; Ryan 1984; Weisheit and Mahan 1988). One facet of this inadequacy is that women's access to programs in correctional settings is less than that of men. Also, programming can be qualitatively different, shaped by stereotypical

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The data used in this article were made available by the Inter-university Consortium for Political and Social Research. The data for the Census of State Adult Correctional Facilities, 1984 and the Survey of Inmates, 1986 were collected by the U.S. Department of Commerce, Bureau of the Census, under the direction of the Bureau of Justice Statistics. Neither the collector of the original data nor the consortium bear any responsibility for the analyses or interpretations presented here.

CRIME & DELINQUENCY, Vol. 40 No. 2, April 1994 197-221

notions about the nature, lives, and needs of women. A third dimension of inadequate programming is the failure to address the unique needs of women.

In past research, stereotypical programming was found in the area of work and vocational training. Studies have shown a tendency to restrict women's training opportunities to "female" occupations (e.g., cosmetology, sewing, food preparation) and to disproportionately involve women in "women's work" in the prison itself, although in recent years this tendency is reportedly decreasing (for a review, see Weisheit 1985). The emphasis on women's work is rooted in the early women's reformatories, which "were designed to rehabilitate by inculcating domesticity. In the early programs, inmates were mainly trained to sew, cook, and wait on tables. After parole, they were sent to positions as domestic servants where they could be supervised by . . . middle-class women" (Rafter 1993, pp. 8-9). Whatever the merits of these programs in the past, currently these experiences and training in these types of work traditionally done by women lead to those very occupations that pay poorly, have few if any medical or other benefits, and are subject to layoffs. After release from prison, such jobs offer minimal opportunity for self-support.

There has been much documentation of women inmates' unique needs. Between 1980 and 1990, the number of women arrested for drug crimes tripled, and this increase was much greater than for men (Bureau of Justice Statistics 1991). Consistent with this trend, one third of incarcerated women report being under the influence of a drug at the time of the offense, over half used drugs daily during the month before arrest, and nearly one fourth reported daily use of an addictive drug in that month. The increased number of incarcerated women reporting drug involvement may have been the result, in part, of greater severity in sentencing, rather than reflecting an actual shift in the number of women using drugs (e.g., see Rhode Island Justice Alliance 1990; LeClair 1990; Huling 1991; Daly 1987). Regardless of the reason for the shift, a growing proportion of women in prison need drug treatment, and this proportion is more than for men.

In addition to drug use, the Bureau of Justice Statistics (1991) has reported several other indicators of the special needs of incarcerated women:

— A high proportion of them (41%) report prior sexual or physical abuse.
— Two thirds of women in prison had children under 18 years old, and four out of five women had children living with them before incarceration.
— Less than one half of the women had been working during the month before arrest, and this rate is substantially lower than the three quarters figure for men.

Results from a recent American Correctional Association (1993) survey of imprisoned women reinforce the conclusion that many women in prison

have emotional and drug-related problems, with high proportions having a history of suicide attempts, very serious drug problems, sexual and physical abuse, and of being a juvenile runaway (also see Gilfus 1988). Information on imprisoned women's backgrounds suggests that equitable treatment is not simply equivalent treatment, rather programming is needed to address the special difficulties of women (Rafter 1993, p. 7).

One explanation of inadequate correctional programming for women is that their small proportion in the total prison population has limited the resources available to them. Despite the rapid increase in the number of incarcerated women, they still represent under 6% of all inmates. The result is fewer facilities, and thus less variety in the programs offered, and also less pressure to meet unique needs of women. Their relatively small numbers can render women marginal in the eyes of correctional policymakers and also create an economy of scale problem for women's institutions; that is, it costs more per person to deliver programming to a small group of women than to a large group of men (Rafter 1990). Additionally, because there are fewer facilities for women, it is common for all security levels in women's institutions to be mixed together (Crawford 1988). Without a range of security classifications, it may be difficult to operate programs requiring less restrictive environments.

One particular area in which women's programming has been found to be inadequate is access to legal resources; for example, to assist in parental rights cases or the appeals process. Incarcerated offenders are legally entitled to access to law materials and lawyers necessary for protection of their rights. There have been class action suits claiming less adequate legal assistance in women's than men's prisons (Leonard 1982, p. 48) and, perhaps as a result of this inadequacy, women have been less likely than men to take their complaints about prison conditions to the courts (Alpert 1982).

The problems of stereotypical programming, programming that ignores women's special needs, and low levels of some types of programming, have all been manifested in the areas of medical and mental health treatment (including alcohol and drug treatment). Some researchers have offered evidence that women's correctional institutions are less likely than men's to have full-time medical staff or hospital facilities (Bershad 1985, p. 421). The lack of medical care is particularly problematic because women have a higher incidence of "asthma, drug abuse problems, seizure disorders, hypertension, diabetes, hepatitis, heart disorders, gastrointestinal problems, and genitourinary disorders than men" and many also have gynecological problems (Bershad 1985, p. 421; also see Yang 1990). Some of the difficulties that have been found involve limited access to prescribed medicines, delays in seeing a medical specialist, and lack of supervision for sick inmates.

Questions about the adequacy of mental health care for women center on both availability and appropriateness of the care received. In some contemporary prison settings, compared to men, women in prison have been more likely to receive mental health placement and related services (Steadman, Holohean, and Dvoskin 1991). This may be due, in part, to a historical tendency for woman's criminality to be attributed to mental illness and abnormality (Zedner 1991; Edwards 1986). The higher level of mental health services is also probably related to their greater need, which might be expected, given the high proportion of incarcerated women with a history of victimization (Brett 1993; Baskin, Sommers, Tessler, and Steadman 1989; Yang 1990, p. 1022). Additionally, gender stereotypes have an influence, as demonstrated by research showing that mental health diagnoses and services are more often used in response to violent or aggressive behavior on the part of women than equivalent behavior of men (Baskin et al. 1989).

Concerned with the appropriateness of mental health services, some writers have criticized the use of drugs as part of women's mental health treatment, claiming that they are used to control women rather than to alleviate symptoms of illness (Feinman 1986). Partially contradicting this view, a study of New York inmates showed that gender was not significantly related to drug therapy if the symptomatology of mental illness was moderate to high (Sommers and Baskin 1991). However, consistent with the criticism, when there were minimal symptoms of mental illness, women were more likely than men to be treated with drugs.

Other criticisms center on the failure to adapt substance abuse programs to women's special difficulties, which include low self-esteem, depression, loss of children, lack of family support, and involvement in destructive relationships with men (Passages Program n.d.).

LACK OF PARITY FOR INCARCERATED WOMEN

In response to contemporary gaps and inequities in programming for women, there have been several legal challenges centered on the equal protection clause of the 14th Amendment to the U.S. Constitution, "[n]o State shall . . . deny to any person within its jurisdiction the equal protection of the laws" (§ 2). As a result, several state correctional agencies have been under court supervision because of violation of the constitutional law (Bershad 1985; Leonard 1982; Van Ochten 1993). Legal challenges have concentrated on basic education, vocational training and work, medical care (including mental health and drug treatment), and access to legal assistance.

Advocates for women's rights continue to contend that despite court rulings, few programs have successfully departed from tradition to effectively address the needs of women in prison (Dobash, Dobash, and Gutteridge 1986). The unprecedented growth in the number of imprisoned women during the 1980s has brought increased attention to this problem.

The purpose of this article is to draw on indicators of prison programming derived from national data collection efforts to compare the programming in men's and women's prisons in the mid-1980s, a period which saw a rapid increase in numbers of incarcerated women and increased criticisms of programming for women. This comparison can reveal persisting inequities and allow us to determine whether they are related to security level and size of the facility—two factors that have been identified as contributing to inadequate programming. The analysis also can provide baseline data for future comparisons with the same indicators in the 1990s, when the effects of even more growth in inmate populations may be coupled with the constraints imposed by an economic recession and accompanying reductions in correctional services, under conditions of continuing court challenge. Finally, the research can shed some light on both the utility and the limitations of national data sets in providing indicators of the adequacy of programming for women.

METHODOLOGY

Data for the mid-1980s were collected as part of *The Survey of Inmates in State and Federal Prisons* (referred to below as the Survey) and the *Census of State Adult Correctional Facilities* (referred to below as the Census). Both the Survey and the Census provide the only national data of this type, and thus can be used to derive important social indicators of the level and type of programming. The Census is a mailed instrument filled out by correctional administrators. The Survey is a face-to-face interview conducted in prisons by U.S. Census Bureau employees. Both the Survey and the Census are repeated at 5- or 6-year intervals, and the Census includes all prisons, whereas the Survey uses a representative sample of prisoners, including an oversampling of female inmates that is designed to produce adequate numbers for analysis. The Survey and Census data correct the inadequacies of dated information or information on a very small number of facilities and programs that plagued much prior research on women in prison (for a summary, see Weisheit and Mahan 1988).

For the 1986 Survey, the population was all adult inmates who were housed in state-government operated correctional facilities. Data are avail-

able on 14,592 inmates, but because women were oversampled, this group includes 3,091 women. The data include information on program participation, as well as demographic characteristics, inmate background, drug use, and facility characteristics.

For the 1984 Census of State Adult Correctional Facilities, data were collected on all state-operated correctional facilities that were housing inmates on June 30, 1984. Coeducational institutions were omitted from the present data analysis. Data are available on programs, inmate activities, and institutional characteristics, such as size and custody levels.

Because of large populations, high incarceration rates, and a relatively large number of facilities for women, some states, such as California, New York, and Texas, are better represented by both data sets than are small states or states with limited use of incarceration. Thus, although the data do tell us about the typical situation of women imprisoned in the United States, they do not necessarily reflect accurately on each state's prisons. The results help us understand the situation of many women in prison and alert us to the need to look for specific problems and inequities at the state level or within particular institutions within a state.

The Survey relies on self-reports by inmates, supplemented with official record information for a limited number of variables and the Census relies on official reports supplied by prison administrators. To provide a check on the validity of information, the results of the Survey and the Census were compared whenever possible.

In addition to statistical techniques appropriate for comparing women and men and for comparing the facilities dedicated to each group, for the Survey data, multivariate analysis was used to control for offender background characteristics that might explain gender differences in programming. Facility size and security level were also considered in the analyses to determine the degree to which they explain gender differences. The multivariate analysis additionally allowed for comparison of the magnitude of the influence of gender on programming relative to the influence of other variables.

Dummy variable coding was used for several variables. For region, the omitted comparison category was West, and variables were created for Northeast, Midwest, and South. For the dummy variable coding of facility security level, the omitted value was "other," and variables were created for maximum, medium, and minimum security levels. The omitted value for race was other, and variables were created for White, Black, Asian or Pacific Islander, and Native American.[1]

There are missing data for some variables, and thus the totals do not sum to the full sample size for either the Survey or the Census. The degree of

missing data is not extremely high, and the exact number of responses considered in each analysis are reported along with the findings.

FINDINGS

Size of Facility and Security Level

The expectation that women would be concentrated in medium and minimum security facilities that are relatively small compared to those for men was confirmed by the 1986 Survey data. Most women (55.5%) were in facilities housing 150 to 499 inmates, and just 15.4% were in the largest facilities, housing 1,000 or more persons. In contrast, 44.3% of the men surveyed were in facilities housing 1,000 or more inmates (Table 1). Men also tended to be concentrated in maximum security facilities and women in medium security facilities (Table 2).

Educational Programs

A slightly greater proportion of women compared to men had taken part in an academic educational program since admission. For women, the proportion was 48.6, and for men it was 45.0 (1,412 of 2,907 women vs. 4,841 of 10,757 men; $\chi^2 = 11.7$, $df = 1$, $p \leq .01$).

A logistic regression analysis indicated that, with other variables controlled, the probability of participation was increased slightly for women, by 20% after controls were introduced for racial and ethnic differences, prior work and educational experience, region of the country, and size and security level of the facility (Table 3). As might be expected, participation was somewhat (10%) more likely for persons with less prior education and no job just before incarceration. Hispanics also participated at a 20% higher rate than non-Hispanics, perhaps reflecting language-related programming. The chances of an inmate being in an academic program were 30% greater if that inmate lived in the Northeastern part of the United States, and 20% less if the inmate lived in the South. Those in large institutions were more likely to have participated; and those in the maximum security facilities had a 40% higher participation rate.

The Census provides information on participation in specific types of academic programs. Parallel to findings from the Survey, the Census shows that a higher proportion of women than men were involved in adult basic education programs (for 62 women's institutions, $\bar{X} = 10\%$, $SD = .16$; for 723

TABLE 1: Size of Institution by Inmate Gender, Survey

	Facility Size					
	Less Than 500		*500 to 999*		*More Than 999*	
Inmate Sex	%	n	%	n	%	n
Women	55.5	1,716	29.1	900	15.4	477
Men	31.4	3,582	24.2	2,764	44.3	5,054

$\chi^2 = 940.7$, $df = 2$, $p \leq .01$; 156 missing cases.

TABLE 2: Security Level of Facility by Inmate Gender, Survey

	Security Level							
	Maximum		*Medium*		*Minimum*		*Other*	
Inmate Sex	%	n	%	n	%	n	%	n
Women	19.2	563	57.8	1,694	19.6	576	3.4	99
Men	35.8	4,014	41.6	4,659	12.4	1,392	10.2	1,144

$\chi^2 = 544.6$, $df = 3$, $p \leq .01$; 508 missing cases.

men's institutions, $\overline{X} = 7\%$, $SD = .10$, $n = 723$; $F = 5.7$, $df = 1{,}783$, $p \leq .05$).[2] Women's and men's institutions did not differ significantly in the mean proportions of inmates in secondary education programs (for 59 women's institutions, $\overline{X} = .08$, $SD = .09$; for 704 men's institutions, $\overline{X} = .07$, $SD = .10$; $F = .56$, $df = 1{,}761$). They also did not significantly differ in the proportions in special education programs (for 68 women's institutions, $\overline{X} = .01$, $SD = .04$; for 749 men's institutions, $\overline{X} = .01$, $SD = .04$; $F = .01$, $df = 1{,}815$). However, there was a tendency for a greater proportion of inmates in women's than men's institutions to be in college courses (in women's institutions, $\overline{X} = .05$, $SD = .08$; for men's institutions, $\overline{X} = .03$, $SD = .07$; $F = 2.9$, $df = 1{,}830$, $p = .09$).

Work and Vocational Training

Regardless of the facility's level of security, women more often have work assignments than do men, and the nature of work reflects common gender stereotypes. The percentage of women with work assignments was 75.4 (2,192) whereas for men the percentage was 65.1 (7,010) ($\chi^2 = 110.4$; $df = 1$, $p \leq .05$). Women are disproportionately involved in cleaning (janitorial work)

TABLE 3: Logistic Regression Results for Prediction of Participation in Academic Programs, Survey

Predictors	B	SE	*Wald*	*Significance*	*Odds Ratio*[a]
Demographic					
Gender	.21	.05	19.1	.00	1.2
Race					
White	−.06	.09	.5	.47	.9
Black	−.02	.09	.1	.82	1.0
Asian, Pacific Islander	.27	.16	2.8	.10	1.3
Native American	−.17	.13	1.7	.19	.8
Hispanic	.19	.06	9.5	.00	1.2
Age	−.05	.00	387.0	.00	.9
Income	−.00	.00	10.4	.00	1.0
Years in prison	−.00	.00	10.4	.00	1.0
Last grade	−.05	.01	48.9	.00	.9
Unemployed	.07	.04	4.3	.04	1.1
Institution					
Region					
Northeast	.26	.04	47.6	.00	1.3
Midwest	.14	.04	15.0	.00	1.1
South	−.12	.03	18.0	.00	.8
Size	−.16	.02	118.7	.00	.8
Security					
Maximum	.30	.04	70.1	.00	1.4
Medium	.09	.03	8.8	.00	1.1
Minimum	.01	.05	.1	.82	1.0

NOTE: $\chi^2 = 1{,}252.4$, $df = 18$, $p \leq .01$; 1,525 missing cases.
a. Approximation of how much more likely the outcome is for people with the characteristic.

and kitchen work (Table 4). Men are overrepresented in farm and forestry, maintenance, and repair work.

The Census data confirm the gender difference in work assignments (Table 5). The comparison of women's and men's facilities on employment in prison industries showed that just 1% of men were employed in prison industries, whereas women did not do these kinds of work at all in most institutions. Similarly, an average of 5% of men were employed in highway maintenance, but this was a type of work in which women did not participate. Alternatively, a higher proportion of women were employed in textile-related work. Twice as many men as women were employed in physical plant and repair work.

Not only are the types of institutional work different for women and men, but men are more often paid than are women. The Survey data show that the

TABLE 4: Inmate Work Assignments by Sex, Survey

	Sex			
	Women		*Men*	
Type Work	%	n	%	n
Cleaning	21.3	459	16.9	1,169
Road and grounds maintenance	6.3	135	7.2	500
Food preparation/kitchen	22.5	485	18.8	1,300
Laundry	4.2	90	4.4	304
Medical services	1.6	35	1.2	83
Farm and forestry	.6	14	5.7	393
Goods production	9.6	206	6.4	443
Services (e.g., library)	14.9	320	11.5	797
Maintenance, repair	3.7	79	10.9	757
Other	15.4	331	16.9	1,169

$\chi^2 = 259.6$, $df = 9$, $p \leq .05$.

TABLE 5: Percentage of Inmates Employed in Various Types of Work for Women's and Men's Institutions, Census

	Women's Facilities			*Men's Facilities*			
	Average Proportion	SD	n	*Average Proportion*	SD	n	F
Work release	.04	.09	47	.03	.08	616	.8
Prison industry							
Furniture, make/repair	.00	.01	73	.01	.03	767	2.2
Shop	.00	.00	73	.01	.02	767	4.8**
Textiles	.04	.07	73	.01	.03	767	56.8*
Highway maintenance	.00	.01	73	.05	.14	767	7.9*
Forest/natural resources/ conservation	.02	.09	73	.03	.14	767	1.1
Clerical/hospital/crew	.02	.08	73	.02	.10	767	.0
Other[a]	.01	.04	73	.01	.06	767	.1
Prison maintenance							
Food service	.10	.09	73	.09	.07	767	1.2
Physical plant/repair	.02	.06	73	.04	.08	767	6.3*
Laundry	.02	.02	73	.02	.04	767	.2
Grounds/garden	.04	.07	73	.04	.07	767	.0
Construction	.04	.07	73	.04	.07	767	.8
Maintenance crews	.03	.07	73	.07	.03	767	.1
Clerical	.01	.04	73	.00	.02	767	2.9

a. Data processing, warehouse industry, sewing, machine repair.
*$p \leq .01$; **$p \leq .05$.

percentage of working women who received pay was 63.3 (1,383 of 2,186), in contrast to the 71.7% of the working men who were paid (4,957 of 6,970) ($\chi^2 = 47.8$, $df = 1$, $p \leq .05$).

Women and men did not report significantly different levels of participation in vocational programs during their incarceration (20.6% or 600 of 2,908 women reported receiving vocational education vs. 19.9% or 2,140 of 10,761 men; $\chi^2 = .8$, $df = 1$, $p \leq .05$); and the logistic regression confirmed no significant effect of gender (Table 6). Instead, the influencing variable was placement in a maximum or medium custody facility. In comparison with inmates in minimum security facilities, those in the maximum or medium security settings had a 20% greater likelihood of having received vocational programming. Living in the northeastern part of the United States also increased the odds by 20%. The Census provides evidence of differential involvement in various types of vocational training (Table 7). A higher proportion of men were in auto repair or in construction and building trade vocational programs, whereas women were disproportionately involved in office training.

Medical and Mental Health

A slightly greater percentage of women than men reported receiving medical services in prison (42.4% or 1,311 of 3,090 women vs. 40.2% or 4,619 of 11,501 men; $df = 1, \chi^2 = 5.2, p = .02$). The logistic regression showed that this gender difference was explained by control variables (Table 8), particularly women's more frequently reported need for medical care. Not unexpectedly, this need for care was the primary determinant of receiving medical care. There were lesser effects of other variables, with Native Americans 40% less likely than other prisoners to receive medical attention. Those in larger facilities were more likely to receive care. Inmates in the Northeast region were 30% more likely, and those in the South 20% less likely to report having received medical care.

The Census includes several questions about medical care facilities. All of the reporting women's facilities (47) had a contract with a licensed hospital, but 8.9% of the men's facilities did not ($\chi^2 = 4.5$, $df = 1$, $p = .03$). Women's institutions were less likely to share medical facilities with another institution (38.3% of the 47 women's facilities and 57.5% of the 605 men's shared facilities; $\chi^2 = 6.5, df = 1, p = .01$). Women's facilities were more likely to have a medical examining room on site (95.7% of the 47 women's facilities and 84.9% of the 608 men's; $\chi^2 = 4.2$, $df = 1$, $p = .04$). Similarly, more of the women's (74.5% of 47) than the men's facilities (58.2% of 607) had a dental

TABLE 6: Logistic Regression Results for Prediction of Participation in Vocational Programs, Survey

Predictors	B	SE	*Wald*	*Significance*	*Odds Ratio*[a]
Demographic					
Gender	.04	.06	.5	.00	1.0
Race					
White	.01	.11	.0	.95	1.0
Black	.04	.12	.1	.73	1.0
Asian, Pacific Islander	−.01	.20	.0	.96	1.0
Native American	.35	.16	4.9	.03	1.4
Hispanic	−.15	.07	3.8	.05	.9
Age	−.02	.00	45.8	.00	.9
Income	−.00	.00	9.5	.00	1.0
Years in prison	.10	.01	181.5	.00	1.1
Last grade	.01	.00	11.2	.00	1.0
Unemployed	.05	.04	1.1	.28	1.0
Institution					
Region					
Northeast	.19	.04	18.7	.00	1.2
Midwest	−.10	.04	5.8	.02	.9
South	−.11	.04	9.9	.00	.9
Size	−.08	.02	18.8	.00	.9
Security					
Maximum	.19	.04	18.3	.00	1.2
Medium	.17	.04	18.3	.00	1.2
Minimum	.08	.06	2.2	.14	1.1

NOTE: $\chi^2 = 1{,}329.7$, $df = 18$, $p \leq .01$; 1,530 missing cases.
a. Approximation of how much more likely the outcome is for people with the characteristic.

office or laboratory ($\chi^2 = 4.8$, $df = 1$, $p = .03$). There were no statistically significant differences between women's and men's correctional facilities in the proportions with an in-house medical facility (for women's facilities, 12.8% of 47 facilities and for men's, 18.8% of 605 facilities; $df = 1, \chi^2 = 1.7$), with an infirmary with an overnight bed (for women's facilities, 55.3% of 47, for men's facilities, 45.8% of 607; $\chi^2 = 1.5$, $df = 1$), and with an infirmary with no overnight bed (for women's facilities, 17.4% of 46, for men's 21.1% of 589; $\chi^2 = .3$, $df = 1$).

Consistent with the general trend in the United States, more women than men were given psychotropic drugs during imprisonment (15.8% or 485 of the women vs. 8.9% or 1,026 of the men; $\chi^2 = 123.4$, $df = 1, p \leq .001$). There

TABLE 7: Percentage of Inmates Involved in Various Types of Vocational Training in Women's and Men's Institutions, Census[a]

	Women's Facilities			*Men's Facilities*			
Type of Training	*Average Proportion*	SD	n	*Average Proportion*	SD	n	F
Auto repair	.00	.01	73	.01	.03	767	5.3*
Sheet metal shop	.00	.00	73	.01	.03	767	2.7
Construction	.00	.01	73	.01	.04	767	7.2[a]
Office	.02	.05	73	.00	.01	767	97.5[a]
Other[b]	.04	.07	73	.03	.08	767	.8

a. For both women's and men's facilities, the average proportion of inmates participating in vocational training in some areas was less than 1%, and these areas are omitted from the analysis. They include drafting, data processing, and appliance repair.
b. Other vocational training includes heating, air conditioning and refrigeration, bartender, horticulture, commercial art, culinary, janitorial, cabinet making, watch repair, shoe repair, meat cutting, sewing, woodworking, and other areas.
*$p \leq .01$.

TABLE 8: Logistic Regression Results for Prediction of Receipt of Medical Care, Survey

Predictors	B	SE	*Wald*	*Significance*	*Odds Ratio*[a]
Demographic					
Gender	.07	.07	.8	.36	.9
Race					
White	.04	.17	.1	.80	1.0
Black	−.18	.17	1.1	.29	.8
Asian, Pacific Islander	−.14	.26	.3	.58	.9
Native American	−.56	.22	6.6	.01	.6
Hispanic	−.03	.10	.1	.75	1.0
Age	−.02	.00	40.1	.00	.9
Income	−.00	.00	1.0	.31	1.0
Years in prison	.06	.01	34.3	.00	1.1
Institution					
Region					
Northeast	.26	.04	47.6	.00	1.3
Midwest	.14	.04	15.0	.00	1.1
South	−.12	.03	18.0	.00	.8
Size	−.16	.02	118.7	.00	.8
Security					
Maximum	.30	.04	70.1	.00	1.4
Medium	.09	.03	8.8	.00	1.1
Minimum	.01	.05	.1	.82	1.0

NOTE: $\chi^2 = 1{,}252.4$, $df = 18$, $p \leq .01$; 1,525 missing cases.
a. Approximation of how much more likely the outcome is for people with the characteristic.

is further evidence from the Census data of the higher proportion of women in institutions who were using psychotropic drugs at any given time, with the average proportion for women's facilities at .07 (SD = .09, number of institutions = 71), in comparison to the lower mean of .03 for the men's institutions (SD = .03, number of institutions = 736) (F = 15.6, df = 1,806, $p \leq .01$).

A number of factors other than gender might account for more frequent receipt of psychotropic drugs by women, and several of these alternative explanatory variables could be examined with the Survey data: need for care indicated by the offer to have a mental health professional see the woman at admission, prior mental hospital stay, and prior use of psychotropic drugs. Also, institutional characteristics or offender demographics might explain gender differences.

The logistic regression analysis showed that, even after taking these alternative explanatory variables into account, women were almost twice as likely than men to receive psychotropic drug treatment in prison (Table 9). As might be expected, the odds of receiving psychotropic medicine are increased most strongly (by a factor of nearly 8) by treatment with drugs before admission, and prior mental hospitalization increased the odds by just over 3.5. Being offered the opportunity to see a mental health professional at the time of admission, which can be viewed as an indication of need, doubled the odds of receiving psychotropic drugs. There also was a 30%, statistically significant, positive increase in odds related to being non-Hispanic.

Parallel to findings about gender and the use of psychotropic drugs, women were more likely than men to be offered an opportunity to see a mental health professional. The proportion of women offered this opportunity was 31.9 (911 of 2,855), in comparison to 26.5 of men (2,798 of 10,544) (χ^2 = 33.4, df = 1, $p \leq .01$). The Census confirms that a greater proportion of women than men received psychological counseling, although there was no significant difference in the proportion receiving job or adjustment counseling (Table 10).

The logistic regression analysis showed that after controlling for other predictors, women were 60% more likely than men to be offered an opportunity to see a mental health professional (Table 11). Prior use of psychotropic drugs had a greater influence than gender, doubling the chances; prior hospitalization increased the chances by 70%, and being Asian, by 60%. In maximum security prisons, the odds were 20% greater of having been offered the chance to see a mental health professional, and in minimum security prisons they were 20% less.

Approximately the same proportion of women and men reported receiving drug treatment in prison (13.9% of 3,093 responding women, and 14.7% of

TABLE 9: Logistic Regression Results for Prediction of Receipt of Psychotropic Drugs in Prison, Survey

Predictors	B	SE	*Wald*	*Significance*	*Odds Ratio*[a]
Demographic					
Gender	.70	.08	82.3	.00	2.0
Race					
White	−.09	.13	.5	.47	.9
Black	−.32	.14	5.7	.02	.7
Asian, Pacific Islander	.03	.26	.0	.89	1.0
Native American	−.07	.21	.1	.72	.9
Hispanic	−.33	.11	9.0	.00	.7
Income	.00	.00	12.1	.00	1.0
Years in prison	.09	.01	97.3	.00	1.1
Hospital preadmission	1.27	.07	330.4	.00	3.5
Drugs preadmission	2.06	.08	593.6	.00	7.9
Offer mental health profession	.69	.06	112.7	.00	2.0
Institution					
Region					
Northeast	.06	.07	1.0	.33	1.1
Midwest	.05	.06	.7	.39	1.1
South	−.13	.05	6.5	.01	.9
Size	−.01	.03	.2	.66	1.0
Security					
Maximum	.13	.06	5.5	.02	1.1
Medium	−.11	.05	4.6	.03	.9
Minimum	−.17	.08	4.6	.03	.8

NOTE: $\chi^2 = 1{,}732.6$, $df = 18$, $p \leq .01$; 1,889 cases missing.
a. Approximation of how much more likely the outcome is for people with the characteristic.

TABLE 10: Participation in Counseling at Women's and Men's Facilities, Census

	Women's Facilities			*Men's Facilities*			
Type of Counseling	*Average Proportion*	SD	n	*Average Proportion*	SD	n	F
Psychological	.22	.24	55	.15	.21	663	6.1*
Employment	.07	.15	59	.04	.16	678	1.9
Adjustment	.13	.21	59	.09	.21	690	2.2

*$p \leq .05$.

TABLE 11: Logistic Regression Results for Prediction of Offer to See Mental Health Professional, Survey

Predictors	B	SE	*Wald*	*Significance*	*Odds Ratio*[a]
Demographic					
Gender	.15	.05	8.2	.00	1.6
Race					
White	.06	.10	.3	.59	1.1
Black	−.06	.10	.4	.54	.9
Asian, Pacific Islander	.49	.17	7.8	.01	1.6
Native American	−.05	.15	.1	.72	.9
Hispanic	−.09	.07	1.8	.18	.9
Income	−.00	.00	7.3	.01	.9
Years in prison	−.04	.01	27.6	.00	.9
Hospital preadmission	.51	.06	84.3	.00	1.7
Drugs preadmission	.68	.08	80.8	.00	2.0
Institution					
Region					
Northeast	.07	.04	2.9	.09	1.1
Midwest	.02	.04	.3	.59	1.0
South	.04	.03	2.0	.16	1.0
Size	−.01	.03	.2	.66	1.0
Security					
Maximum	.14	.04	13.9	.00	1.2
Medium	.01	.03	.1	.79	1.0
Minimum	−.25	.05	25.4	.00	.8

NOTE: $\chi^2 = 366.4$, $df = 17$, $p \leq .01$; 1,884 missing cases.
a. Approximation of how much more likely the outcome is for people with the characteristic.

11,556 responding men, $\chi^2 = 1.2$, $df = 1$, $p \geq .05$). The logistic regression showed that after control variables were introduced, women had a slightly reduced chance (15% less) of receiving drug treatment in prison (Table 12). Self-reports of drug dependency and cocaine use prior to incarceration were stronger predictors. There also were regional effects, with inmates in the Midwest least likely to receive drug treatment. Inmates in maximum security facilities were more likely to receive treatment, although inmates in large prisons had slightly less chance of receiving drug treatment.

Access to Legal Expertise and Materials

More women than men (40.6% or 1,169 of 2,879 women vs. 38.8% or 4,247 of 10,697 men) had contact with an attorney after incarceration ($df = 1$,

TABLE 12: Logistic Regression Results for Prediction Drug Treatment in Prison, Survey

Predictors	B	SE	*Wald*	*Significance*	*Odds Ratio*[a]
Drug history					
Ever dependent	.91	.07	191.0	.00	2.5
Ever used heroin	.00	.08	.0	.98	1.0
Heroin months before incarceration	.05	.09	.3	.58	1.0
Ever used methadone	−.09	.09	.8	.37	.9
Methadone months before incarceration	.07	.19	.2	.70	1.1
Ever used cocaine	.75	.07	117.8	.00	2.1
Cocaine months before incarceration	.12	.07	3.2	.07	1.1
Demographic					
Gender	−.29	.07	18.5	.00	.7
Race					
White	−.36	.18	4.2	.04	.7
Black	−.40	.18	4.9	.03	.7
Asian, Pacific Islander	−.08	.26	.1	.74	.9
Native American	.22	.22	1.0	.33	1.2
Hispanic	−.09	.09	1.2	.28	.9
Income	−.00	.00	1.9	.17	1.0
Years in prison	.04	.01	19.8	.00	1.0
Institution					
Region					
Northeast	.15	.05	7.9	.01	1.2
Midwest	−.06	.05	1.2	.28	.9
South	.17	.04	16.4	.00	1.2
Size	−.09	.02	18.6	.00	.9
Security					
Maximum	−.17	.05	10.5	.00	.8
Medium	.16	.04	13.5	.00	1.2
Minimum	.23	.06	13.9	.00	1.3

NOTE: $\chi^2 = 965.2$, $df = 23$, $p \leq .01$, 1,832 missing cases.
a. Approximation of how much more likely the outcome is for people with the characteristic.

$\chi^2 = 3.2$, $p = .07$). This difference was not statistically significant. After controls were introduced in the logistic regression, women were a bit (25%) more likely to have attorney contact, and this difference was statistically significant (Table 13). Most of the control variables only modestly influenced the odds of seeing an attorney.

TABLE 13: Logistic Regression Results for Prediction of Attorney Contact, Survey

Predictors	B	SE	*Wald*	*Significance*	*Odds Ratio*[a]
Demographic					
Gender	.22	.05	22.4	.00	1.3
Race					
White	−.16	.13	1.6	.21	.8
Black	−.13	.13	1.0	.32	.9
Asian, Pacific Islander	−.13	.20	.4	.50	.9
Native American	−.10	.17	.4	.53	.9
Hispanic	−.34	.06	32.1	.00	.7
Income	−.00	.00	7.2	.01	1.0
Years in prison	.10	.01	222.6	.00	1.1
Institution					
Region					
Northeast	.31	.03	67.7	.00	1.4
Midwest	.16	.04	19.7	.00	1.2
South	−.25	.03	76.4	.00	.8
Size	−.02	.01	3.4	.06	1.0
Security					
Maximum	.24	.04	44.8	.00	1.3
Medium	.09	.03	8.4	.00	1.1
Minimum	−.20	.05	19.1	.00	.8

NOTE: $\chi^2 = 572.6$, $df = 16$, $p \leq .01$; 599 missing cases.
a. Approximation of how much more likely the outcome is for people with the characteristic.

Since admission, fewer women than men had used law books or other legal materials provided by the prison (33.4% or 960 of 2,879 women vs. 41.7% or 4,461 of 10,705 men) ($df = 1$, $\chi^2 = 65.3$, $p \leq .01$). When control variables were introduced in the regression analysis, women still had somewhat lower odds of using legal materials (Table 14). Native American and White offenders also had lower levels of use. In the Northeast, more offenders used materials, and in the South fewer. There was greater use in maximum security prisons and slightly increased use in the larger prisons and for those who had been incarcerated for a long period.

Parent-Child Relations

The Survey did not include data on participation in parenting programs, but it is clear from the Census that counseling regarding parenting was almost

TABLE 14: Logistic Regression Results for Prediction of Use of Legal Materials, Survey ($N = 12,994$)

Predictors	B	SE	*Wald*	*Significance*	*Odds Ratio*[a]
Demographic					
Gender	−.15	.05	10.1	.00	.9
Race					
White	−.32	.14	5.6	.02	.7
Black	.01	.14	.0	.95	1.0
Asian, Pacific Islander	−.25	.20	1.6	.21	.8
Native American	−.45	.18	6.4	.01	.6
Hispanic	−.31	.06	24.7	.00	.7
Income	−.00	.00	6.7	.01	1.0
Years in prison	.09	.01	188.4	.00	1.1
Institution					
Region					
Northeast	.39	.04	107.5	.00	1.5
Midwest	.04	.04	1.5	.22	1.0
South	−.27	.03	89.1	.00	.8
Size	.06	.01	17.7	.00	1.1
Security					
Maximum	.24	.04	44.6	.00	1.3
Medium	.00	.03	.0	.99	1.0
Minimum	−.06	.05	1.5	.22	.9

NOTE: $\chi^2 = 738.1$, $df = 16$, $p \leq .01$; 601 missing cases.
a. Approximation of how much more likely the outcome is for people with the characteristic.

exclusively used in women's facilities. The average proportion of men participating was less than 1% ($SD = .01, n = 759$), but for women the average proportion participating was 4% ($SD = .09, n = 68$) ($F = 178.5, p \leq .01$). Given the very high proportion of women with children, and of those planning to assume responsibility for their children on release, there would appear to be much more need than availability of parenting programs for women. There appears to be even less adequate programming for men.

IMPLICATIONS AND CONCLUSION

National data sets are relevant to the development of criminal justice policy, for they overcome the persistent problem of identifying national conditions and trends for a system that is fragmented and diverse. Social indicators of the characteristics of women in prison as well as comparisons

of these indicators for women and men have been the focus of several government publications (e.g., Bureau of Justice Statistics 1991), and the data sets are particularly detailed in their inclusion of information on the offenders' employment, education, drug, and criminal histories. It also is important to have data from which to derive indicators of programming in correctional facilities, both to assess program adequacy and to identify gender and other biases. Program data make it possible to draw connections between indicators of need (for example, prior responsibility for children) with both program availability and involvement (for example, parenting programs).

Although the Census and the Survey include questions that provide some valuable insights into correctional programming, there are some limitations in these data. The specific difficulties that women experience with medical programming (delay, lack of high-risk pregnancy care, availability of hospital facilities, care for HIV positive inmates, etc.) are important enough to warrant specific questions, and reports of pregnancy and HIV positive status would shed light on program needs. In the mental health and substance abuse treatment areas, questions about the availability of certain types of programming (programs addressing self-esteem, prior victimization, etc.) would be needed to generate useful indicators of the success in adapting general program models to women's special needs. Other information on parenting that would be helpful would be the types of programming available, including visitation and access to assistance with parental rights. For women, involvement in vocational choice advising may be as important as the availability of particular types of work experience and training, because inmates are influenced by stereotypes about appropriate occupations. For all areas of programming, information on intensity of involvement (length of time and hours per week) would reflect on the program's potential to effect change.

Of course, there are resource limitations, both in terms of funding and time, that constrain additions to any survey instrument. Yet, in light of the importance of fully documenting women offenders' needs and programming to address these needs, an expanded set of questions would be useful for at least a subsample of women and men. Social indicator information can play a major role in stimulating social change, for it highlights problem areas and helps to create the conditions needed for change.

Turning now to the basic findings of our research, even allowing for underreporting of program participation by both inmates and administrators, a striking result of the analysis is the very low level of participation by both incarcerated men and women in work, vocational training, mental health programs (including substance abuse treatment), and parent counseling programs. Prior to incarceration, many offenders were marginally involved in

the workforce and had a history of mental health problems or substance abuse. A very high proportion of women in prison are parents with responsibility for their children up to the point of incarceration, and many men in prison are fathers. A growing proportion of women in particular, but also of men, have a history of drug abuse. Regardless of gender, for most offenders, incarceration in the 1980s was a continuation or an exacerbation of marginalization from meaningful work or related vocational training, and there was no substantial counterbalance brought by programming related to such key areas as substance abuse or parenting.

Although the core of the prison experience is similar for women and men, it is also shaped by gender relations. The organization of gender includes the differences in power, activities, and experiences that happen because of one's sex. The common themes of women immersed in women's work—cleaning, cooking, working as secretaries or with textiles, or in the home raising children—are mirrored in the prison. In men's institutions, the emphasis is on different types of work and training, and there is little emphasis on parenting.

Gender arrangements in the larger society have implications for the programming available both to women and to men. Imprisoned fathers, as much as imprisoned mothers, would seem to need parenting-related programming to manage relationships with children during incarceration and to prepare for release by improving parenting skills. Through work assignments and the allocation of resources to particular programs, women are more often called on to do women's work, both within the institution of the prison and in preparation for family responsibilities during and after incarceration. Although there are some alternative programs affecting some women in prison (Weisheit 1985), the summary information provided by the Survey and the Census shows that on the whole, prisons in the 1980s continue to reinforce a traditional organization of gender.

That women receive more programming related to children is not in itself negative, for they usually had custody of the children before incarceration. However, the very minimal programming for fathers and their children supports current arrangements; it does not challenge men to take more responsibility for children, nor does it prepare them to do so.

Another outcome is the reinforcement—through the typical prison work or vocational training experience—of women's employment in areas that are not financially rewarded. Because such small percentages of inmates are in any sort of work or training, percentage differences reflect tendencies rather than dramatically different experiences for women and men. However, even among inmates who are not themselves involved in sex-stereotyped work or

training, the patterns within the institution are apparent. The message conveyed by the type of work available in the 1980s and the symbolism of more women than men working for no pay, is not subtle.

The data do not reveal why a higher proportion of women than men participate in educational programming, but this finding again reflects some societywide patterns. Women in the United States often work in jobs for which they have more than the required education because they are denied access to jobs open to men with equivalent levels of education. In the same vein, it is well-known that when educational levels are constant, men earn more than women. In and outside of prison, women are not less educated than men, but they fare more poorly in employment.

Like the experiences of work and training, the disproportionate use of psychotropic drugs for women mirrors and reinforces gender-related differences in the U.S. context. There has been no empirical demonstration that more imprisoned women than men have the kinds of mental illnesses that respond to psychotropic drug treatment. Why, then, are drugs more often used for women?

Findings of Baskin et al. (1989) raise the possibility that drugs are more often used in prison to control aggressive women than men. Perhaps aggressive women are more subject to medical control than similar men because they are viewed as particularly abnormal or dangerous, as more completely deviating from appropriate behavior. This would be one way that gender organization might influence mental health treatment.

Gender organization also could result in a failure to develop mental health programming that deals with the problems of women offenders, which are rooted in their status as women. Little is known from empirical research about the extent to which the documented high levels of child sexual abuse, adult battering, and exploitation by men who manage the drug and sex trades contribute to mental illness among women inmates. Research has failed to ask key questions about the connection between girls' and women's victimization and negative psychological outcomes (for exceptions, see Chesney-Lind 1989). The frequent use of psychotropic drugs should be examined in relation to the etiology of incarcerated women's mental health problems, with attention to the appropriateness of drug therapy for women whose difficulties result from victimization.

In addition to the direct influences of gender on the prison experience, there are differences in women's experiences because of the type of facility in which they are concentrated. The smaller, lower security facilities where women tend to be housed are characterized by lower proportions of inmates receiving educational programming, vocational programming, medical care, and an offer to see a mental health professional. Also, in smaller, less secure

facilities, a lower proportion of inmates use legal materials. Then, too, there is less likelihood of drug treatment or of attorney contact in minimum security facilities. These findings suggest an economy of scale problem in programming for women. However, because women are typically incarcerated for less violent offenses than men, it certainly does not make sense to house them in more secure, large facilities (Immarigeon and Chesney-Lind 1992). Rather, the findings raise the question of whether alternatives could be used for a greater number of women, making various resources in the community accessible to them.

The logistic regression analyses showed differences in programming related not only to gender, but also to region and ethnic or racial group. Using the Western region for comparison, offenders in the South received less programming and those in the Northeast had more, which suggests the need for federal policies that provide incentives and resources for improvements in the program-poor states.

Differences related to race and ethnicity could not be fully explored with the available data, but the indicators suggested some important disparities that should be further examined. For instance, we need to know more about the negative association of Native American status with medical care. Also, is the more frequent offer to Asians of the opportunity to see a mental health professional a result of their greater need, or of stereotypes of Asians or other groups? Similarly, are Hispanics less likely than other offenders to receive psychotropic drugs for mental health treatment because of their mental health needs or because of stereotypes about them or other groups?

Along with regional residence, race, and ethnicity, gender is a system of division and stratification that shapes the experience of incarceration. Given the history of corrections in the United States, it is not surprising that the amount and emphasis of programming in prisons, as revealed by the indicators derived from the Survey and the Census, essentially reproduce the gender arrangements in the larger society. There are, of course, alternative programs and practices that challenge current arrangements, but the full picture suggests that these were not the norm in the mid-1980s, a point of rapid expansion in the prison population, especially for women, and of increased legal challenge regarding the equity in programming for women.

NOTES

1. The standard procedure for working with dummy variables is to create one less variable than the number of values for the measure being converted to a dummy variable. For race, variables were created for four racial groups (White, Black, Asian or Pacific Islander, Native

American) and for each variable, all respondents were coded as 1 or as 0, indicating membership in that group or nonmembership in that group, respectively. No variable was created for people in other racial groups. This omitted group is considered in interpreting the regression results. For example, a significant positive beta value for White indicates that in comparison to the other category of racial groups, individuals who are White are more likely to be in the numerically coded, higher category of the dependent variable.

2. The symbol $\bar{X}$ signifies mean.

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