



WOMEN'S ROAD TO IMPRISONMENT: REFLECTIONS ON DEHUMANIZATION

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WOMEN IN PRISONS REPRESENT A UNIQUE AND COMPLEX POPULATION THROUGHOUT THE WORLD. THE AUTHORS HAVE PROVIDED PSYCHIATRIC CONSULTATION, DIAGNOSES AND TREATMENT FOR HUNDREDS OF THESE WOMEN OVER THE PAST THREE DECADES IN THE UNITED STATES. WE HAVE IDENTIFIED FIVE FACTORS THAT CAN PRECIPITATE A CASCADE OF CONSEQUENCES THAT RESULT IN WOMEN COMING TO PRISON. SOMETIMES IT IS A ONE-TIME EXPERIENCE; OTHER TIMES, WOMEN REPEAT OFFENSES, ENDING UP IN PRISONS FOR LONGER PERIODS. THESE FACTORS INCLUDE 1) BEING SEXUALLY ABUSED AND/OR PROSTITUTED AS A CHILD, 2) ALCOHOL ABUSE, 3) LEGAL AND ILLEGAL PSYCHOACTIVE SUBSTANCES USE AND ABUSE, 4) CONSPIRACY WITH AN INTIMATE PARTNER, AND 5) MENTAL DISORDERS. WE PROVIDE QUOTES FROM SOME OF THE MANY WOMEN INTERVIEWED IN PRISON WHO HAVE EXPERIENCED AT LEAST ONE OF THESE PRECIPITANT FACTORS. WE HOPE THAT OUR REFLECTIONS OFFER INSIGHTS INTO THE COMPLEXITY OF INCARCERATION AND THE PRESSING NEED TO ADDRESS THE MENTAL HEALTH CONCERNS OF THESE DISENFRANCHISED AND VULNERABLE WOMEN IN OUR PRISON SYSTEMS.

KEY WORDS: PRISONS, MENTAL DISORDERS, WOMEN'S HEALTH.

V

I never believed that I would ever end up here. But looking back at my life, there didn't seem to be any other path open for me.

JM

Only 4% of the world's female population lives in the United States (U.S.), but the U.S. accounts for over 30% of the world's incarcerated women. This is the highest incarceration rate for women in the world. And while the overall U.S. incarceration rate is falling, women's rate remains at a historic high. Nationwide, women's state prison population grew 834% over nearly 40 years (Kajstura, 2018a).

According to a U.S. Bureau of Justice report, 219,000 women are in prisons and jails in the U.S. (James & Glaze, 2016). Across the world's carceral landscape, the number of women convicted of a myriad of crimes continues to increase (Kajstura,

2018b). Women are often charged with low-level offenses, such as drug possession and violation of probation from these low-level offenses, as well as increasingly prevalent violent crimes of manslaughter, and first-degree murder (James & Glaze, 2016).

How did these women, on their paths in life, become incarcerated?

Psychiatric services, including diagnostic evaluations, psychotherapy encounters, and consistent follow-up appointments for both medication management and psychodynamic therapy have provided windows of opportunity to explore antecedents and risk factors for imprisoned women. The charges that took them to state and federal prisons range from illicit drug trafficking to involuntary manslaughter, and murder. Sentences range from one year and one day to a lifetime (ICPR, 2018).

The experience of incarceration involves a dehumanizing process where time stands still and you are only defined by your mistakes. We have found that imprisonment is distinctly associated with distrust, deceit, and suspiciousness. Many individuals in positions of power, such as guards, administrators and health care professionals, look upon those in custody as potential aggressors. This perception allows them to be deaf to the inmates' needs. Over decades of providing psychiatric and mental health care, we have listened to hundreds of women. And only when a woman prisoner allows herself to trust, do we earn the privilege of hearing her story.

Talking with incarcerated women, we have identified five factors that can precipitate a cascade of consequences and choices that result in women coming to prison. Sometimes it is a one-time experience; other times, women repeat offenses, ending up in prisons for longer periods. These factors include 1) being sexually abused and/or prostituted as a child, 2) alcohol abuse, particularly in relation to family history, 3) legal and illegal psychoactive substances use and abuse, 4) conspiracy with an intimate partner, often connected with concurrent physical, sexual, economic and psychological violence, and 5) mental disorders, most

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frequently Bipolar I Disorder, Schizophrenia, paranoid type, and Post-traumatic Stress Disorder.

BEING SEXUALLY ABUSED AND / OR PROSTITUTED

Many women shared that sexual encounters most often occurred when they were between five and ten years old. They were always in connection with a parent (mother or father) trading the child for illicit drugs. For many of these women, being prostituted by a parent was the identified initial factor leading to a life of struggle—and the sequels of trauma in early childhood.

I didn't know then that it was so wrong. I could feel that my mother loved me, but only when I did what she wanted. So I learned to do what men wanted. (MN)

Some of the interviewed women were not victims of childhood sexual abuse, but did have one or both parents, or sometimes caregivers such as aunts or grandparents, whom themselves used legal or illegal substances and alcohol on regular bases. This exposure and acceptance of drug or alcohol use often intertwined with physical abuse or neglect. Sometimes, it was the alcohol dependency that ran rampant in these families.

ALCOHOL ABUSE

Women are diagnosed and treated for alcohol dependence and abuse less often than men (Kajstura, 2018b). In our interviews, women who reported that alcohol was an ongoing factor in their lives were frequently those imprisoned for driving under the influence (DUI) and manslaughter.

I started drinking at 13 years old. It was always around in my house. I remember that my dad often gave me drinks at home. Sometimes we all drank together. (SD)

I was driving. I was drunk—like the many times before. But I killed three of my five children who were in the car with me. I should be punished for the rest of my life. (ML)

Other women denied that alcohol was a factor in the deaths of others. Sometimes for many years of being imprisoned. The factor of denial, and the struggle with taking responsibility for one's actions, is a thread commonly found in the women we talked with. Their inability to trust us, or themselves, in accepting what they did, only extends their own suffering. Oftentimes, it seemed to us that it was a psychological protective mechanism that never allowed women to learn from their decisions. And that often would be evident as we saw how they were unable to adapt to prison life.

I dropped my cell phone. I didn't see the man on the sidewalk. They say I was drunk—but that's never been true. (RR)

Although alcohol is available and acceptable in social situations, many women told us that this was not usually their 'drug of choice'; they often gravitated to prescribed pain medications, obtained either legally or illegally, or illicit drugs.

SUBSTANCE USE AND ABUSE

A large proportion of justice-involved women, estimated at 60%, have abused substances or have engaged in criminal behavior while under the influence or to support their drug use. More than two-thirds of women in state prisons meet the criteria for drug dependence or abuse, and about half used drugs at the time of the offense for which they were incarcerated (Green et al., 2016). Women have told us time and again about their drug use. We think more than 90% of incarcerated women have struggled with substance abuse and dependency.

My family was really dysfunctional. I knew that, but I tried to cope with it as long as I could. I would smoke marijuana with my dad—sometimes all 5 of us in the family would share some joints. We even blew smoke at our dogs. I was 11 years old. It was fun at the time! (VP)

Imprisoned women commonly reported evolving substance use as a way of life. Within this group, some reported concurrent suffering from eating disorders and episodes of depression. They were referred while in middle school for mental health evaluations, some enrolled in mental health care. Others were diagnosed with conduct disorders, hospitalized for uncontrolled anger, cutting behaviors, stealing in stores or robbing people's homes. Many reported being prescribed psychotropic medications... and many threw them away, or their parents sold them.

I kept trying any drug I could get. Many of my friends would do some selling when I was in 9th grade. My first boyfriend sold meth [methamphetamines]. I got really booked. I weighed 102 pounds when I first got arrested—when I usually weighed 160 pounds. I lost half my weight... and I lost who I was. I thought I loved him... (KM)

CONSPIRACY AND ABUSE

Conspiracy is an agreement between two or more persons to commit a crime (Green et al., 2016). This charge often involves federal crimes, resulting in women sentenced to federal rather than state prisons. Producing, selling, and transporting licit and illicit substances, including illegally obtained controlled substances, are often crimes for which women go to prison. Many stated that they were working with their boyfriend or husband at the time. They were often drug users themselves, and their fears of violence or abandonment compelled them to deny their partners' crimes and conceal their involvement. Almost 90% of these women reported being sexually and physically abused as a child, and the abuse continued in the relationships that propelled them on the path to incarceration.



ation. We often wonder if many of them find a level of solace and peace in prison. They would tell us frequently that they were “glad” to be in prison, away from the abuse, manipulation and deceit they lived with.

I would do what he told me. We had a very violent marriage. But I thought I couldn't live without him, I was terrified he would kill me or the children, and I needed that heroin. (JS)

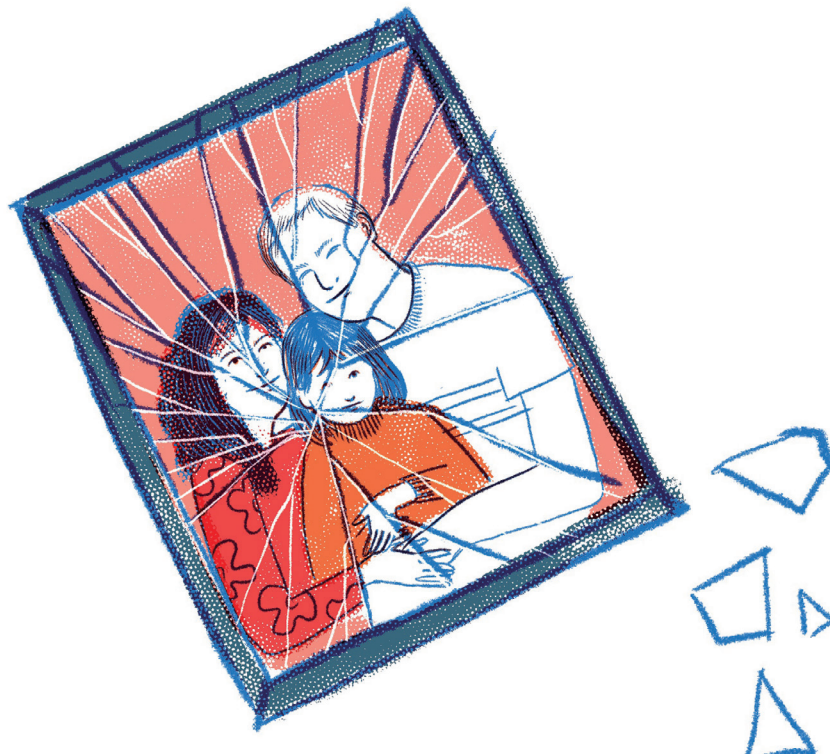
MENTAL DISORDERS

According to a U.S. Bureau of Justice report, of the 73% of women in state prisons who had mental health problems, three-quarters also met the criteria for substance dependence or abuse, and more than two-thirds (68%) had a history of physical or sexual abuse (James & Glaze, 2016; Roth, 2018). Female inmates have higher rates of mental health problems than male inmates (state prisons: 73% females and 55% males; local jails: 75% females and 63% males) (The Marshall Project, 2017).

My family is from one of the Caribbean islands. We do not believe in mental illness. So I had to always keep my prob-

lems secret: my depression, my self-cutting, my desperation. It's only because I am in prison for the past 7 years that I can tell some of my family that I have a mental illness. And that I can finally get help. I wonder if my life would have been totally different if I only got help as a teenager. . . (MG)

Mental disorders in women are poorly understood. Many incarcerated women have diagnoses of Major Depressive Disorder, Post-traumatic Stress Disorder, Traumatic Brain Injury, and Bipolar Disorder. These diagnoses were frequently identified before the arrest and imprisonment. The women who shared their stories with us were in two different fields of acceptance of their mental illness. We believe that those who found relief with a diagnosis that helped them explain and understand their lives were able to learn and grow from their experiences. On the other hand, some women argued against the ‘label’ and were often disciplined for aggressive behaviors, put into confinement and lockdown cells, or attempted to kill themselves. Taking into account the concomitant substance use and being victims of violence, it is easy to see that women in prisons and jails are at high risk of suicide . . . eight times higher than the



general population and 12 times higher than imprisoned men (IAPDIC, 2017).

I never understood my life. It was so erratic...so unpredictable. My children are all successful, high achieving adults. And here I am. I fought against a diagnosis of having a Bipolar Disorder. It wasn't until I came to prison and the psychiatrist told me 'This is what you struggle with. Think about it. Once you understand it, your life will make sense to you. And we don't have to just understand this...we can treat it.' I am proof of that. And my life is better-in prison...finally. (KT)

We focused on the stories of incarcerated women in one state of the U.S. There are no happy stories in women's prisons. This is a unique population from a socioeconomic, underprivileged sector of society often with serious traumatic events early in life, treatment resistant psychiatric disorders, lack of support systems and the ever-present possibility of relapse.

In Colombia, the numbers of imprisoned women have almost tripled in the past 18 years. In 2000, 3141 women (6.1% of the total prison population) equaled 7.8 per 100,000 women of the country. In 2019, there were 8696 women in Colombian prisons, representing 7.0% of the prison population and 17.4 per 100,000 women (ICPR, 2019). Why is this so? We believe that there is no systematic approach to identify individuals with mental disorders. And mental health care in prisons throughout Colombia is almost non-existent. Without any mental health infrastructure within the entire prison system, how could there be an adequate evaluation of the types of problems as well as treatments? Until the prison system finds a way to rehumanize their inmates and explore alternatives to punishment, there will continue to be limited possibilities to rehabilitate and to become more than one's mistakes. We believe only when there is trust and women can tell their stories will there be options for choosing a different path away from imprisonment. ♦

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