Social Work In The Criminal Justice System

A revision of the existing policy *Correctional Social Work*
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BACKGROUND

In (2006), there were 2,245,189 individuals incarcerated in local, state, and federal correctional facilities in the United States (Sabol, Minton, & Harrison, 2007). The United States has the highest incarceration rate in the world and the rate increased 700 percent between 1970 and 2005 (Public Safety Performance Project, 2007). In addition, up to 60% of incarcerated individuals who are released will be reincarcerated within two years (Langan & Levin, 2002). Professionals anticipate that incarceration rates in this country will continue to increase and this increase creates concerns about the social and economic impact of incarceration. Social workers have a unique set of professional skills to assist in addressing both the policy and practice issues surrounding incarceration in the United States.

Statistics clearly indicate that a disproportionate number of individuals of a racial or ethnic minority are incarcerated. Disproportionate arrest rates, racial profiling, discrimination, and denial of vital resources continue to exacerbate this problem. In 2005, 3,145 out of every 100,000 black males, 1,244 out of every 100,000 Hispanic males, and 471 out of every 100,000 white males in the population were incarcerated (Sabol et al., 2007). Although females have lower incarceration rates than males, females who are racial or ethnic minorities are more likely to be incarcerated. In 2004, black females had incarceration rates 2.5 times higher than Hispanic
females and nearly 4 times higher than white females. These differences among were consistent across all age groups. Among persons convicted of drug felonies, whites were less likely than blacks to be incarcerated (33% versus 51%) (Durose & Lanagan, 2001). In addition to traditionally defined “women” and “men”, there is a growing body of evidence documenting the disproportionate impact that criminal justice policies and laws have on transgender communities in the U.S. While studies have been scarce, transgender advocates conservatively estimate that 1 in 3 transgender persons have been imprisoned, with advocates pointing to systemic discrimination leading to pervasive poverty as the main cause for such high rates of imprisonment. (TGIP, 2007; SRLP, 2007).

Homeland Security and Immigration
An emphasis on homeland security and immigration regulations has impacted incarceration rates and trends. Between 1995 and 2003 the number of incarcerated individuals in federal institutions for public offenses increased by 170% and this increase was primarily due to an increase in the number of individuals incarcerated for immigration-related offenses. In 1995 3,420 individuals were incarcerated due to an immigration-related offense compared to 16,903 individuals in 2003 (Beck & Harrison, 2005).

Substance Use
The number of incarcerated individuals in state correctional facilities for drug-related offenses was 19,000 in 1980 compared to 250,900 in 2003 (Sabol et al., 2007). Mandatory sentencing
laws have increased incarceration rates, leading to a correctional system clogged with incarcerated individuals who have a substance dependence disorder. Involvement in a criminal episode frequently occurs following the use of drugs and alcohol (McNeece & Roberts, 1996).

The U.S. Department of Justice (Mumola & Karberg, 2006) reported that 32 percent of state prisoners and 26 percent of federal prisoners reported using substances at the time of their offense, with 53 percent of state prisoners and 45 percent of federal prisoners reporting a history of substance abuse and dependence.

Mental Health

Correctional facilities have become the treatment facility of last resort for individuals who have been failed by other systems. The dismantling of the psychiatric hospital system and the fragmentation of community mental health systems has shifted the care of those with chronic mental health issues to the correctional system. Substantial numbers of offenders have mental health disorders that have not been diagnosed or treated. Many of these individuals have comorbid substance abuse issues. Weedon (2005) reported there are five times more persons with mental illnesses in jails than in state psychiatric hospitals. Conservative estimates propose that 10 percent of offenders have a mental illness (Norton, 2005), with rates of mental health problems in incarcerated individuals reported as high as 64% (James & Glaze, 2006).
Health Care Needs

Increasing numbers of incarcerated individuals have special health needs, including those who have been exposed to hepatitis, tuberculosis, HIV, and other infectious diseases. The special health care needs of female incarcerated individuals, including care for those who are pregnant, must be considered. The health care needs of aging incarcerated individuals are increasingly important as this population continues to grow in the correctional system. The special needs of those incarcerated individuals with impairments in mobility, vision, hearing, or speech must be considered in correctional facilities, including the health needs of incarcerated transgender people (Rosenblum, 2000; Thaler, 2007; Women in Prison Project, 2007).

Family Impact

Incarcerated individuals describe their inability to be involved in the daily lives of their children and other loved ones as a source of great psychological stress (Lanier, 1993). Approximately 70 percent of female incarcerated individuals lived with their minor children before incarceration. In about one-third of such cases, child protective services and other agencies were involved in out-of-home placement of the children (Versay, 1998). In almost all cases, LGBT prisoners are not allowed conjugal visits from same-sex partners. Studies show that incarcerated individuals who maintain strong family and friendship ties during incarceration and who assume responsible (typo in the text: marital) and parental roles upon their release have lower recidivism rates (Hairston, 1988).
Privatization

A private correctional facility houses incarcerated individuals for a profit. The operation of private correctional facilities is a point of controversy. The U.S. Bureau of Justice reported that approximately 7 percent of state and federal incarcerated individuals were held in private correctional facilities (Blakely & Bumphus, 2004). Advocates of privatization posit that private facilities operate more efficiently, thereby reducing costs to the public. Opponents argue that the government must retain responsibility for the direct provision of programs for the incarceration and rehabilitation of offenders in order to safeguard the interests of society and the rights of individuals. Development of standards and continued research are necessary to ensure the interests of society are protected and responsible care and rehabilitation occur.

Incarcerated Women

Sabol et al. (2007) reported that there were 111,403 female incarcerated individuals incarcerated in state and federal correctional facilities and that the population had increased at approximately twice the rate of male incarcerated individuals during the study period. Because correctional facilities tend to be designed for males, the differences in the sexes are ignored, causing increased stress for female incarcerated individuals (Versay, 1998). Transgender women are usually housed in men’s facilities, and are at risk of sexual propositions, harassment, assault, and infection with HIV.
Female incarcerated individuals frequently have experienced past trauma and abuse. In one study, 48% of female incarcerated individuals met diagnostic criteria for PTSD. Zlotnik (1997) reported that 87% of the women experienced at least one assault in their lifetime with 55% experiencing childhood physical abuse, 53% experiencing rape in adulthood, and 63% experiencing physical assault in adulthood. According to transgender community advocates in San Francisco, at least 75% of transgender women facing criminal charges in county jail also reported surviving physical and/or sexual abuse, frequently as children (TGJIP, 2007). Furthermore, transgender women prisoners in California are 13 times more likely to be sexually assaulted than the non-transgender prison population (Jenness, et al., 2007).

**Juvenile Justice**

A dramatic rise in juvenile violence, particularly homicides, which began in the mid- to late 1980s and peaked in the early 1990s, generated concern among the public and led to policy changes by federal, state, and local governments. Most states stiffened their laws relating to juvenile justice, including measures that allow, or in many cases mandate, youngsters to be transferred to the adult system at younger ages and for a greater variety of offenses. Sabol and colleagues (2007) reported there were 2,364 juveniles in state prisons in June 2006. Juveniles are also housed in adult federal correctional facilities. The practice of incarcerating juveniles with adult offenders is especially problematic. Vulnerability to exploitation and abuse is high for these youth. Exposure to offenders with extensive criminal
backgrounds may foster a pattern of incarceration rather than successful reentry of this population.

ISSUE STATEMENT

The current incarcerated population has surpassed 2 million individuals. This population is expected to increase by 192,000 by the end of 2011 (Public Safety Performance Project, 2007). The incarcerated population suffers from a myriad of social, economic, health, mental health, and addiction issues. The provision of services to this population has created an ever-expanding need for social work services.

As Showalter and Hunsinger (2007) stated, “in essence our prisons are full of people extremely short on resources and long on problems” (p. 366). Social workers trained in the corrections field are uniquely qualified to provide services addressing all the problem areas. Yet, little has been written about delivery of services in this field, and schools of social work rarely address correctional social work and criminal justice. Incarceration needs to be closely analyzed by the profession as the “increasing incidence of severe and terminal physical illness, mental disorder, developmental delays and severe substance abuse problems among these individuals make this need even more pressing” (Ivanhoff, Smyth, & Dulmus, 2007, p. 349). The functioning of the incarcerated person’s family is affected as well, resulting in economic burdens, stigma, emotional distress, and an increased risk of children to commit crimes (Rowe & Farrington,
1997), which also cause difficulties for incarcerated individuals, their families, and their communities. Social workers must become involved in corrections and rehabilitation as advocates and treatment providers for this vulnerable population.

Several specific areas are pertinent to the profession of social work. Our mission of promoting social functioning requires us to examine the following:

- safe and humane environments that protect the public, provide cost-effective services, and are responsive to the needs of the community
- the role of social work within the criminal justice system
- the role of social work in transition planning for successful reentry of incarcerated individuals into their communities
- Transgender people are at greater risk of physical and sexual abuse by incarcerated individuals, guards, and others in positions of authority. Ongoing advocacy for the creation and enforcement of policies to protect the basic human rights, safety and fair treatment of all incarcerated people is essential. Human rights and safety for transgender people may include the continuation of ongoing hormone treatments first instituted prior to their incarceration.
the role of social work in advocacy for policies that improve access to services and resources for formerly incarcerated individuals, with special attention to the needs of racial, sexual, and gender minorities, juveniles, elderly persons, and females.

integrations of social work services within the framework of the criminal justice system

prevalence of substance abuse and mental health issues within the correctional system

the special issues of sexual offenders within the criminal justice system

trends toward incarceration and mandatory sentencing instead of the provision of community-based treatment, particularly their impact on people of color and other vulnerable populations

the biopsychosocial needs of all incarcerated individuals with special attention to the needs of racial, sexual, and gender minorities, juveniles, elderly, and female offenders.

POLICY STATEMENT

NASW recognizes the importance of providing quality social work interventions to the incarcerated population. The provision of an adequate level of professional social work services could reduce the rates of recidivism, reentry, and incarceration for the betterment of the individual as well as society. Thus, NASW supports the following policies:

Ongoing advocacy to address issues surrounding and leading to disproportionate rates of incarceration for individuals of racial or ethnic minorities, juveniles, women, and undocumented individuals.
Increased use of professional forensic social workers to provide culturally competent treatment and intervention for the growing population of incarcerated individuals, including mental health and substance abuse services.

Safe, humane, and equitable treatment for all incarcerated individuals, including cessation of sexual abuse, sexual harassment, and differential sentencing and treatment.

Access to quality health care, medications, nutrition, treatment, rehabilitation programs and support for incarcerated individuals including resisting all forms of discrimination based on diagnosis in delivery of medical care.

Appropriate educational and vocational opportunities to assist incarcerated individuals with transitioning back into their communities.

Access to affordable and adequate housing to assist incarcerated individuals with transitioning back into their communities.

Establishment of best practice standards for professional social work in criminal justice settings.

Specialized training on the unique application of social work skills and values in a correctional environment for social workers practicing in criminal justice settings.

Research to identify effective alternatives to incarceration, such as diversion programs.

Expansion of prevention, screening, and treatment efforts, including issues such as substance abuse and dependence, mental illness, sexually transmitted disease, blood and airborne pathogens, confidential testing, and domestic violence.

Increased funding for community-based options, especially for those individuals with substance dependence or serious mental illness who may be better rehabilitated by these services.

Identification of and response to the special needs of any individual under the supervision of the criminal justice system, including, but not limited to, racial, sexual, and gender
minorities, juveniles, females (including pregnant females), the elderly, and those with impairments.

- Advocacy and social work leadership to establish national policy on criminal justice, issues in collaboration with other organizations.

References


