**BACKGROUND**

The United States imprisons a larger proportion of its population than any other industrialized nation (Singer, Bussey, Song, & Lunghofer, 1995). In fact, the present U.S. rate of incarceration is six times the global average (Franklin, 1998). There are now 1.6 million Americans behind bars, more than twice as many as a decade ago, and new facilities are constantly being built. Of these numbers, an increasing percentage is female. In 1990, 10 percent of all jail detainees were women, a 273 percent increase since 1985 (Versay, 1998). Even from a purely economic standpoint, we must be concerned about this overwhelming growth of those who are in prisons and jails and begin looking at ways to reduce rates of incarceration and recidivism. Social work professionals are uniquely qualified to assist in this area.

Institutionalized racism has contributed to the fact that over 50 percent of those in prisons are of African descent and another 15 percent are Latino (Kupers, 1999). Racial profiling, discrimination, and the denial of vital resources have contributed to people of color being over represented in the prison population. One out of three males of African descent aged 20–24 are under some form of correctional supervision. Most are young; many are parents of dependent children. New admissions to correctional settings in recent years are increasingly for nonviolent-related crimes (Roberts, 1997).

Numbers of individuals incarcerated for drug offenses increased from 50,000 in 1980 to 400,000 today. Recent findings show younger prisoners staying longer due to inconsistencies between state and federal sentencing. Many states are looking for alternatives to mandatory sentencing, mainly treatment programs (Egan, 1999). NASW has not taken a position on mandatory sentencing that is overcrowding prisons with drug-related offenses.

Jails and prisons have become receiving facilities for a host of disguised health, welfare, and social problems. The number of inmates that test positive for the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) is on the rise. The dismantling of psychiatric hospitals and fragmentation of the community mental health system have shifted the care of people with chronic mental illnesses to correctional institutions. Two to three times as many jail detainees suffer from severe mental disorders than the general population; 610,000 inmates with severe mental illnesses are admitted annually to U.S. jails (Morris & Steadman, 1994). Abuse of alcohol and drugs is a major contributor to criminal behavior as well as family disintegration, economic instability, and social isolation.

The correctional system has evolved to meet several social functions. Among these are social control, protection of the public, retribution, and—perhaps the most debated function—rehabilitation. In recent years, the focus of the correctional system has been on punishment rather than on rehabilitation. A system focused on social control, protection, and retribution can lead to policies that promote discrimination and social injustice, as is evidenced by the disproportionately high rate of incarceration of people of color, and thwart social integration of those who serve time and are ready for release into society. Without proper resources to advocate for emotional, intellectual, vocational, physical, and social growth, people serving time are at risk of unemployment, homelessness, lack of social support, discrimination, and recidivism after release. In
The incarcerated population in the United States has increased, on average, 6.6 percent per year from 1990 to 1996. In 1996 there were 1,630,940 offenders behind bars (U.S. Department of Justice, 1996). Increasing numbers of women being incarcerated, over-representation of people of color, and the trend toward incarcerating youthful offenders create a need for change within the correctional system. The cost of incarcerating offenders is also escalating, putting an overwhelming strain on federal, state, and municipal budgets. Many institutions are overcrowded and understaffed. Recidivism rates are also high, further exacerbating societal problems. Clearly, some changes must be made within the correctional system to curtail these ever-increasing numbers, and social work can be a key factor in addressing many of these issues.

THE DRUG–CRIME CONNECTION

Involvement in a criminal episode frequently occurs following the use of drugs or alcohol (McNeece & Roberts, 1996). According to a 1996 survey by the U.S. Department of Justice, 40 percent of the incarcerated individuals interviewed reported they were under the influence of drugs or were very drunk at the time they committed their offense. Fully one-third of females incarcerated are arrested for drug charges (Versay, 1998). The number of individuals incarcerated for drug-related offenses increased from 50,000 in 1980 to 400,000 today (Egan, 1999). Social workers, especially those with training and experience in addictions, can provide valuable input and leadership in the planning, development, and implementation of rehabilitation and drug treatment programs. Counseling, education, and advocacy are other important roles that social workers can play in correctional drug treatment settings.

HEALTH CARE NEEDS

Increasing numbers of individuals entering correctional facilities are seropositive for HIV and have been exposed to hepatitis, tuberculosis, and other infections. Sexually transmitted diseases, pregnancy services, and general health care needs are also increasing. Health care for these and other conditions needs to be adequately provided within the correctional system. Social workers need to be available who are knowledgeable about health care issues and who can provide prevention and education programs as well as support services for people incarcerated with HIV/AIDS, other health conditions, and those battling chronic or terminal illnesses. The special health care concerns of aging prisoners also urgently need to be addressed.

MENTAL HEALTH

Among the consequences of deinstitutionalization of state mental hospitals in the early 1970s was the release of thousands of individuals with severe mental illness into community settings (Bachrach, 1980). Subsequently, homelessness of the seriously mentally ill and use of illegal substances have led to increased arrests. An estimated 200,000 or 7.2 percent of individuals in prison settings have severe mental disorders (Torrey, Nobel, & Flynn, 1992). In addition, a substantial number of incarcerated individuals have mental health disorders that have not been diagnosed or treated.

FAMILY ISSUES

Prisoners describe their inability to be involved in the daily lives of their children and other loved ones as a source of great psychological stress and pain (Lanier, 1993). Common problems of everyday living—death of a parent or child, divorce, or chronic illness—are all exacerbated when natural support systems and family functioning are disrupted by incarceration. Approximately 70 percent of females incarcerated lived with their minor children prior to incarceration. In about one-third of the cases, child protective services and other agencies are involved in the out-of-home placement of children (Versay, 1998). Studies show that incarcerated individuals who maintain strong family and friendship ties during imprisonment and assume responsible marital
and parental roles on release have lower recidivism rates (Hairston, 1988). Current trends of moving prisoners to other states due to overcrowding create further cutoffs of family continuity and connectedness. Social workers have the knowledge and skills in this area to develop and advocate for these necessary family programs as well as provide supportive services to individual inmates during their incarceration.

Privatization

The concept of prison privatization has given rise to a wide debate. Proponents argue that private contractors can build prisons faster and operate more efficiently without encumbrances of bureaucracy. In order to safeguard the interests of society and the rights of individuals, the government must retain responsibility for the direct provision of programs for the incarceration and rehabilitation of offenders. There are currently more than 30,000 inmates in private facilities. Development of standards and continued research are necessary to ensure that the interests of society are protected and responsible care and rehabilitation occur.

INCARCERATED WOMEN

Female prisoners present a range of situations needing intervention. The majority of women booked into jails have at least one issue such as substance abuse, pregnancy, or health, responsibility for minor children, self-esteem, or history of physical or sexual abuse. Since jails tend to be designed for the male population without regard for the differences in the sexes, increased stress is likely for women (Versay, 1998). Social workers can assist in the adaptation of the correctional system to more effectively manage issues related to the increasing number of women being incarcerated.

YOUTHFUL OFFENDERS

The Juvenile Justice and Delinquency Prevention Act of 1974 required juveniles to be housed separate from adults. Many states, however, are moving toward treating juvenile offenders as adults. This leads to the housing of youthful offenders with the adult population (Schiraldi & Soler, 1998). The trend toward incarceration of juveniles within the adult jail population needs special consideration. Vulnerability to exploitation and abuse is high for these youth. Exposure to individuals with more extensive criminal backgrounds may assist in developing a pattern of incarceration rather than preventing further legal involvement. The role of social workers within the juvenile justice system can work toward appropriate options for youths convicted of crimes.

ISSUE STATEMENT

Social workers trained in the corrections field are uniquely qualified to provide services addressing all of the problem areas. In fact, social workers fill the majority of clinical positions in the detention and corrections field (Otero, McNally, & Powitzky, 1981). Yet little has been written about delivery of services in this field, and schools of social work rarely address correction and criminal justice. Incarceration deserves social work attention because the offender is in need of counseling, treatment, deprogramming, and education during the time served. The functioning of the incarcerated person’s family is affected as well, resulting in economic burdens, stigma, emotional distress, and increased risk of children to commit crimes (Rowe & Farrington, 1997), which also cause difficulties for inmates, their families, and society as a whole. With 1.6 million people incarcerated, 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 domain of social work. Our mission of promoting social functioning requires us to examine some of 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
integration of social work services within the framework of the criminal justice system
- prevalence of substance abuse and mental health issues within the criminal justice system
- trends toward incarceration and mandatory sentencing instead of the provision of community-based treatment
- the biopsychosocial needs of all incarcerated individuals.

**POLICY STATEMENT**

Over 1.6 million people are currently incarcerated in the United States, and the number continues to grow. These individuals bring with them a myriad of social, economic, health, mental health, and addiction problems. Providing services to these individuals has created an ever-expanding need for social work services. NASW recognizes the importance of providing quality social work interventions to incarcerated individuals. Adequate services provision could reduce rates of recidivism and incarceration for the betterment of the individual as well as society as a whole. Therefore, advocating the following principles is recommended:

- People of color are disproportionately represented in the population of those incarcerated. With this in mind, ongoing advocacy from the wide range of policy initiatives that affect this issue is imperative.

- The role of social work within the correctional setting includes the provision of appropriate treatment that is sensitive to the needs of the offender as well as the community at risk. As the numbers of persons incarcerated increases, so must the availability of social work services within the correctional system.

- The social work profession must advocate for safe, humane, and equitable treatment of all individuals in prisons and jails, including cessation of sexual abuse and sexual harassment and differential sentencing and treatment.

- Because of prevalence of physical and mental health and alcohol and other drug addiction problems, social workers must advocate for access to health care, medications, treatment, and support.

- Social workers in correctional settings should receive specialized training on the unique application of social work values and skills in the correctional setting. Practice standards for social work must be developed. Bilingual social workers should provide services in the areas of health, mental health, and rehabilitation for cultural affirmation to better serve the population.

- The social work profession must take an active role in national policy debates on criminal justice, corrections, and prisons, collaborating with such organizations as the Federal Bureau of Prisons, the National Association of Blacks in Criminal Justice, and the American Correctional and Juvenile Officers Associations.

- The social work profession should engage in research to (1) identify effective approaches such as alternative dispute resolution, including alternatives to prison or jail terms; and (2) evaluate effectiveness of treatment interventions in correctional settings.

- The social work profession must advocate to ensure humane treatment and adequate nutrition, health care, and rehabilitation programs. Standards for treatment and rehabilitation to govern both public and private facilities are needed.

- Prevention efforts including screening and treatment for alcohol and chemical dependency, education regarding sexually transmitted and blood and air borne disease and confidential testing, family violence prevention and treatment services, and counseling services must be instituted.

- Funding for community-based options must be maximized in order to prevent and treat problems such as alcohol and substance addictions and serious mental illness prior to involvement in the criminal justice system.

**REFERENCES**


Policy statement approved by the NASW Delegate Assembly, August 1999. For further information, contact the National Association of Social Workers, 750 First Street, NE, Suite 700, Washington, DC 20002-4241. Telephone: 202-408-8600; e-mail: press@naswdc.org