

The Inhumane Practices of the American  
Women's Prison System:  
Intersectionality, White Supremacy  
& Trauma

Tessa Olivieri



For the past twenty-two years, the United States has had the highest rate of incarcerated individuals in the world (Fair & Walmsley). Much research is available regarding the inhumane and abhorrent treatment inflicted on male prisoners and male prisons. However, the female identifying inmate population has little government reporting or scholarly reviews on their living conditions and incarceration rates. This lack of attention overlooks the unique challenges experienced by women in the penitentiary system, specifically those subjected to intersectional factors like gender, race, and socioeconomic status. The criminalization of intersectionality subjugates trauma to female-identifying inmates before, during, and after incarceration.

The purpose of this paper is to demonstrate how the United States prison system inflicts inhumane treatment, magnifies physical, psychological, and physiological trauma, and destroys the livelihoods of incarcerated women. How can we set up our Women's American Prison System to be humane and rehabilitative toward its female-identifying inmates, and how does our system currently abstain from these practices?

In this paper, I will discuss the debilitating effects of trauma before, during, and after incarceration; the prejudice against underprivileged women; substandard counseling and therapy in U.S prisons; an examination of the daily life of a typical U.S women's prisoner; and the dangers of mass incarceration.

## **DEFINING TRAUMA**

In prison, women experience trauma almost daily, one of many aspects of prison that imposes an extreme impact on health. I discuss these traumas in a further section of this paper entitled *Inside an American Woman's Prison*.

The American Psychological Association defines trauma as “an emotional response to a dangerous or frightening event that can be physically or psychologically harmful”. It is categorized in three ways: acute “A single stressful event”, chronic “Repeated and prolonged events”, and complex “Exposure to varied and multiple traumatic events” (California Code of Regulations, n.d.). Trauma chemically changes the brain and its structure.

Our fight or flight response is held in the sympathetic nervous system and is processed through our amygdala and hypothalamus. Our amygdala regulates our emotions, such as fear, anxiety, and joy; our hypothalamus controls basic bodily functions like hunger/eating, sexual arousal, and



fight/flight. The sympathetic nervous system is essentially a protective response. It is activated when we perceive a threat or danger and will subsequently use all our body's energy to focus on protecting ourselves (Harvard Health Publishing, 2023). The heartbeat slows down, pupils dilate, the digestive and immune system stops in their tracks, adrenaline and cortisol are spiked, implicit (unconscious) memory takes over, and an emotional response is attached to the event (Miller & Levy, 2020). This emotional attachment overrides rational thought during the traumatic event, and behavior and judgment become skewed. Hence, we use our emotional fear to avoid a certain trigger.

As the activated sympathetic nervous system takes over, it puts the body through exhausting and intense circumstances that, when maintained over a long period, can create *chronic* dysregulation and dysfunction. High blood pressure, a decreased immune system, and increased hormonal and chemical signals are activated and simultaneously become debilitating. They often lead to states of hyperarousal from overpowered higher brain functions and create states of paranoia, irritability, sensitivity to noise and touch, and difficulty sleeping (Miller & Levy, 2020). Triggers, or stimuli that remind someone of their trauma, can make someone believe they are reliving the traumatic event and behave accordingly. With these higher-power brain functions on “overdrive”, one can be alert at all times of potential dangers, constantly living in a state of paranoia.

Cognitive functions such as rational thought, patience, critical thinking, attention, decision-making, and self-control become compromised and suppressed. Trauma can take over a person's life, making them unable to find a sense of identity separate from it. Defense mechanisms like dissociation, or detaching oneself from the trauma, is a way to avoid intense emotions like fear or shame, and “avoid a sense of self, detach one from connections, and numb oneself from bodily sensations” (Siegel, 2012). Many women live with post-traumatic stress disorder (PTSD) without knowing it, checking off criteria derived from the Diagnostic Statistical Manual (DSM-5). The DSM is a periodically updated guide created by the American Psychological Association that healthcare professionals use to provide diagnoses to clients. Criteria for PTSD include exposure to an actual threat and recurrent distressing memories that lead to significant impairment in functioning (APA, 2013). These are the manifestations of trauma that physically and mentally damage their victims.



Therapy, specifically for treating trauma, could help substantially. However, therapy is a service that many communities disengage with due to affordability, cultural differences, and lack of trust. Without mental health services and treatment, their symptoms manifest into severely debilitating problems. The fight or flight response can physically alter one's brain if exposed to traumatic events continuously. For instance, being an overly criminalized individual, living in jail and prison facilities, and exposing oneself to harm and ridicule in the justice system are all examples of trauma. The National Library of Medicine confirms that "Traumatic experiences can change brain chemistry and structure, both of which affect women's ability to respond to behavioral health care interventions and to control their behaviors, leading to poor adjustment in jail and high incidents of misconduct" (Schimmenti et al., 2022). The psychological impact of trauma makes it increasingly difficult to adjust to new surroundings. Especially inherently triggering environments, like jail or prison, which widen exposure to violence, paranoia, loneliness, loud noises, touch, authority, and vulnerability.

Intersectionality is defined as "the interconnectedness of social categories, such as race, gender, class, sexuality, and ability" (United Way NCA, 2024). Women with intersectional identities are more at risk of experiencing traumatizing situations. Events such as adverse childhood experiences can lead individuals down paths of struggle and difficulty, with which they must survive and cope. However, not all children who have experienced trauma will find themselves going down a dangerous path. Issues that develop in children's Microsystems (eg. friends, family, and school) and their Macrosystems (eg. society, authority, and social norms) can continuously negatively impact the child while growing up. Individuals with intersectional identities typically carry many early adverse experiences as they have to fight stereotypes, stigma, discrimination, and abuse. It is the *repetitive* factor of unstable interactions and structures that can lead children to experience PTSD, depression, and difficulty in learning developmental life skills like trust or self-esteem.

The effects of childhood psychological trauma can look like "chronic hyperarousal, automatic fight or flight responses, stress addiction, and trauma-bonds" (Duffy, 2014). Growing up in a poor household restricts opportunities, treatment, and necessities, and stresses the family. Lack of



healthcare/benefits, a safe neighborhood, proper salary, a well-respected job, representation, respect, neutral housing laws, a good education, and the benefit of the doubt are all risk factors for system-impacted and historically oppressed communities. A poor woman of color is exposed to many challenges, hardships, and stigma, being judged three-fold based on the color of her skin, her gender, and her socio-economic status. She experiences the biases of everyone around her and is subject to the criminalization of her identity.

## **CRIMINALIZATION OF RACE, GENDER, AND CLASS**

Female-identifying inmates, especially those carrying intersectional identities, are statistically more likely to live in poverty. The National Women's Law Center, a non-profit that advocates for women and LGBTQ rights, states, "In 2021, over one in nine women—or nearly 15.3 million—lived in poverty. Poverty rates using the official poverty measure (OPM) were much higher for disabled women, Black, Latinx, and Native women, those born outside of the United States, and families with children headed by a single woman." (National Women's Law Center [NWLC], 2023). A higher number of women are unemployed, homeless, and struggle to have food on the table. These behaviors are highly criminalized and force women to survive treacherous hardships to compensate for their disparities.

With tough-on-crime policies sweeping the nation in the 1980s and 1990s, the criminalization of race prevailed and was enforced by the over-policing of low-income neighborhoods. Oppressed communities were forced to reside in neglected areas, racially labeled as "ghetto." Intersectional identities, like Black women, have historically been discriminated against from participating and thriving in society, and thus generations of marginalized groups have been subjected to poverty.

Jim Crow laws were technically outlawed in the '60s, but racist ideologies still prevailed, and new racist policies like "stop-and-frisk" emerged (*Terry v. Ohio*, 1968). Stop-and-frisk allowed police to impose body searches on anyone they deemed "suspicious". Overwhelmingly, Black and Latinx people were suspected of being more criminal than their white counterparts, a statistic that still holds true today to the Bureau of Justice Statistics. In the United States, "32% of the US population is represented by African Americans and Hispanics,



compared to 56% of the US incarcerated population being represented by African Americans and Hispanics” (NAACP, n.d.).

This criminal trajectory is understood in psychology, criminology, and sociology, yet proactive measures and interception are rarely used to aid these shortcomings. People of color, of poor socioeconomic status, women, and LGBTQ+ communities have been systematically forced into dire living conditions. They have been historically pushed into poor economies and neighborhoods with little resources, and have been prevented from revitalization in work, jobs, education, and housing conditions. Julia Oparah states in her work *Feminism and Transgender Entrapment of Gender Nonconforming Prisoners*, “Transwomen and men also face insecure housing or homelessness as a result of unstable or under-employment and discrimination by landlords” (21, Oparah, 2012). White Society will purposefully push marginalized individuals into harsh spaces, prevent reconstruction, drive families into situations to make ends meet, and then criminalize the very behavior that supremacists force them into. While living in such harsh environments, many individuals have no choice but to submit to prostitution, drug dealing, robbery, smuggling, or engaging in self-defense to protect themselves from dangers like domestic abuse. In *Interrupted Life: Experiences of Incarcerated Women in the United States*, Julia Sudbury explains, “Faced with ever-shrinking options amid these social and economic transformations, women turn to survival strategies that are increasingly criminalized. Poverty, racism, gender violence, and sometimes addiction intersect to create a cycle of survival, criminalization, and repeated incarceration.” (3, Sudbury, 2010).

There is a deliberate attack on marginalized communities to set them up for failure. In the courtroom, women often get stigmatized and stereotyped. Angela Davis explores this in Chapter 4 of *Are Prisons Obsolete?* stating, “women who have been publicly punished by the state for their misbehaviors are significantly more aberrant and far more threatening to society than their numerous male counterparts” (Davis, 2003). These sexist views create harsh sentences for incarcerated women, viewing them as more dangerous and threatening to the public as they exceed societal norms. Throughout history, women have been plagued with a false narrative that labels them as overly emotional and sensitive to delusion, depression, and rage. Women of color and women below the poverty line are often taken advantage of in the courtroom for their limited knowledge of the criminal justice system, no access to legal



representation, and inability to pay bail. Typically, they gain poor representation and can have a vague understanding of their rights, as the criminal justice system is framed to disadvantage people of color, those in low socio economic class, and women.

In the courtroom, poor women of color aren't given the same respect and advantages that white males and affluent white women have in all aspects of life. As said by Angela Davis in *Are Prisons Obsolete?*, "Gendered as female, this category of insanity was highly sexualized. When we consider the impact of class and race here, we can say that for white and affluent women, this equalization tends to serve as evidence for emotional and mental disorders, but for black and poor women, it has pointed to criminality" (Davis, 2003). This social system sets these women up for failure, and the court does not account for the repercussions and systematic failures that cause crimes to be committed in the first place. According to the National Bureau of Statistics found that "The incarceration rate for Black women was 3.7 times the rate of white women. The rate for Latinas was 1.5 times more than that of white women" (Law, 2009). It can be next to impossible for poor women of color to get societal support in areas where they see the most adversity. To obtain these necessities, distressed individuals are prone to deviant behavior.

Prostitution, drug dealing, and robbery are often viewed as means to survive. Yet when being punished by the system, there is a villainization of the individual's actions rather than an understanding of their circumstances.

## **INADEQUATE THERAPY**

Public officials have taken away many government-funded college-in-prison programs by Pell Grants, or need-based funding by the government, using the argument that financial aid should be spent on law-abiding citizens rather than to rehabilitate criminals. Again, with the rise of tough-on-crime policies in the '80s and '90s, the Violent Crime Control and Law Enforcement Act of 1994 was passed, cutting Pell Grants for the prison population, widening criminalization of behaviors, and fueling mass prison construction (Law, 2021). This restriction of funds coincides with the ineffective and subpar programs present in women's prisons, but it is also the environment that limits adequate mental health and educational programs. The



structure and culture of a prison do not invite effective therapy or mental health support to its inmates. The defunding of self-help and educational programs creates extensive waitlists for prisoners to sit through, and the programs themselves are lackluster. A personal anecdote of the prison programs in Texas found the class on “parenting consisted mostly of coloring. The anger management class encouraged women to rip pages out of a book and count to ten when they felt angry, but it never encouraged students to explore the underlying violence and trauma behind their anger” (Law, 2021). There are many avenues for therapy. However, those incarcerated should have more intensive counseling because of their high emotional needs. Therapy programs require introspection and proper guidance when working with a population that is distressed, highly traumatized, and separated from their personal environment.

It is not just the content that makes these programs inadequate, but the prison culture itself that restricts productive change. The power dynamics, dominating staff, inhuman living, and restriction of rights create untrustworthy relationships and fear between staff and prisoners, and between the prisoners themselves. As reported in a study regarding recidivism and the prison system, “some prisoners noted that the counselors themselves did not seem experienced, or that a sense of confidentiality and trust was never sufficiently established to foster a therapeutic relationship.” (FAMM, 2023). Therapy and counseling can only be effective once trust is established, and in its present state, trust can never be built between prison staff and inmates. With other prisoners, the fear of appearing weak or vulnerable is paralyzing. As women open up about their experiences, they become targets, getting “...attacked verbally. Rather than helping the woman process her trauma, they belittled her for her experience and for failing to be a strong Black woman.” (Law, 2021). The very nature of prison is to keep a boundary, a line, between those imprisoned and those in charge. Prison staff will reinforce the idea that those incarcerated are not worthy of respect. All inmates must answer to prison staff and guards, and many do not have trust for them at all. Therapy can, in no way, be effective in an institution designed to harm, punish, and restrict people.

In a horrendously ironic way, the place meant for protection and order in society creates even more traumatized and mentally unstable people to be released. The “Findings of vulnerability and emotionality among prisoners as life-threatening emphasize the lack of psychological and physical safety, and therefore the impossibility of recovery from CPT (childhood psychological



trauma)” (Duffy, 2014). No progress can occur here for many inmates, especially if predisposed to trauma. Instead, it creates an environment where things like regression or stagnation have a higher chance of occurring.

It’s important to realize that the inherent structure of prisons and jails in the United States prevent and restrict genuine change or reform. While some of the needs “addressed by supplementary services could be addressed by ensuring jails function properly (e.g., correctional officers maintain safety among all inmates) or by enhancing integration of external service providers, the aforementioned cultural and structural factors inherent in jails largely prohibit the provision of supplementary services by jail mental health programs” (Bronson & Carson, 2019).

It is next to impossible to find restoration while imprisoned. Even if more programs or therapy opportunities were given, it would not change the culture, environment, or general treatment toward inmates. Evidence confirms this with prison treatment programs failing, being ill effective, and counterproductive while living in such grotesque and bleak conditions. The prison system shows irresponsibility with little attention and improper treatment given to its incarcerated. In an essay titled *Notes From the Un Penitentiary: CA Prisoners Denied Medical Care* by Linda Evens, she states, “In a routine visit to review compliance with licensing requirements, inspectors found that the facility failed to implement care plans, carry out doctors’ orders, provide appropriate diets, keep professional records or, ‘ensure that residents were treated with consideration, respect, and dignity,’” (Evens, 2000). This negligence and obvious apathy for prison inmates reveal the criminal and inhumane ways the prison system itself acts toward the population it “promises” to rehabilitate.

## **INSIDE AN AMERICAN WOMEN'S PRISON**

Women were placed in male incarceration facilities before 1870 and were subjected to sexualization and sexual abuse by both male prisoners and guards. The gender roles of women being “sexual objects” for men's desire are apparent, as these women have their rights stripped from them and no protection from abuse. As a result, they are often raped and sexually assaulted. Women in these institutions were neglected as they were “incapable of redemption.” Women had no rights and could not contribute to the market or



capitalistic endeavors. Therefore, they were seen as useless when coexisting with their male counterparts. Elizabeth Fry stated in *Observations in Visiting, Superintendence and Government of Female Prisoner*, “The neglect of Female prisoners, however, were rarely benevolent. Rather, a pattern of overcrowding, harsh treatment, and sexual abuse recurred throughout prison histories” (Fry, 1818). Many women have been vocal and rageful at this sexual punishment that prison guards inflict. In Chapter 4 of *Are Prisons Obsolete?*, Angela Davis states, “In 2001, Sisters Inside, an Australian support organization for women prisoners, launched a national campaign against the strip search, the slogan of which was ‘Stop State Sexual Assault’.” (Davis, 2003). This dominating and traumatizing power that prison guards assert in women's wards holds the same patriarchal and sexualizing view of women being servants of men's needs. That their voices don't matter, their bodies aren't theirs, their rights aren't theirs, they are essentially a vessel for men to fill. These perspectives and treatments toward women take advantage of their marginalized status and inability to protect themselves.

Being an incarcerated woman in the United States today means being strip-searched at the hands of prison guards, getting crammed in with a sea of inmates, and *only* receiving feminine hygiene products like soap or tampons *if* their families can afford them. Back in 1881, women were subjected to torture and abuse in the penitentiary walls, being “subjected to prolonged isolation, physical and sexual abuse, water torture, food and clothing deprivation, forced abortions, and unwarranted surgical operations and experimentations” (Law, 2021). All are being applauded as appropriate reformatories toward the female gender.

Today, in the twenty-first century, incarcerated women still experience most of these injustices and social issues while behind bars, mainly at the hands of prison guards themselves. Reports show, “unprecedented increases in the numbers of people imprisoned, substantial race disparities, poor conditions of confinement, and troubling consequences for individuals, families, and communities” (Heimer, Malone, & De Coster, 2023). Women often become victims of sexual assault and rape, whether it is during a strip search, an examination, or while alone in one's cell. In chapter 5 of Assasta Shakur's autobiography, *Assasta*, she writes, “The women call it 'getting the finger' or, more vulgarly, 'getting finger-fucked' (Shakur, 1987). The strip search involves unnecessary, inappropriate harm to women, touching them while they cannot remove themselves from the situation, and punishing them for fighting back. In



Women's detention centers specifically, sexual abuse, assault, and harassment are almost daily experiences. Fear of being harmed or touched is a constant anxiety for women in prison.

Shakur's autobiography shares many anecdotes of the harm women prisoners had to endure daily. Although the autobiography was written in 1987, the anecdotes remain the same for women today in 2025. The objectification and exploitation of females and those female identifying are apparent in the prison system. Prison staff routinely impose ridicule, harm, and dehumanization by taking advantage of women's vulnerability and inability to fight back without punishment. (Wolff et al., 2006). Others will subject their victims to continuous sexual assault, raping multiple inmates, and seemingly getting away with it. This is an urgent human rights and public health issue. Many of these tactics are supported and institutionalized in the prison routine, making many of the women who are brave enough to speak up and report prison staff get penalized for whistleblowing, "incurred write ups, loss of 'good time' accrued toward an early parole, and/or prolonged periods in disciplinary segregation" (Law, 2009) resulting in more harm to the survivor, and no justice served.

Julia C. Oparah discusses this in *Feminism and Transgender Entrapment* when she says, in addition to this initial victimization, transgender prisoners experience secondary victimization when their reports of abuse are ignored or disbelieved" (Oparah, 2012). Female identifying prisoners will get cited for false allegations of their predators, having the system protect the abusers and hurt the victims. There are little to no advocates walking in the prison halls that support or prevent sexual abuse from happening in real time (Law, 2009). It is thought "rape and sexual exploitation are often overlooked or even encouraged by guards, who provide access and impunity as a means of controlling social hierarchies and maintaining order" (Oparah, 2012). Incarcerated women are placed in extremely vulnerable situations with unfair power dynamics, prison guards taking advantage of inmates being voiceless and easily "accessible".

There is also the issue of physical injury and neglect. Violence is invoked on Black incarcerated women that can be deadly. However, no proper justice or inquiry is served for these victims or their families. Assasta Shakur explains this in Chapter 2 of *Assasta* when saying, "In prisons, it is not at all uncommon to find a prisoner hanged or burned to death in his cell. No matter how suspicious the circumstances, these deaths are always ruled 'suicides.'



They are usually Black inmates, considered to be a ‘threat to the orderly running of the prison.’”(Shakur, 1987). If it is not violence, it is extreme physical isolation placed on these women to “maintain order”, which is a euphemism for maintaining intimidation and hierarchies of power. Solitary confinement, or “the placement of individuals in locked, highly restrictive and isolated cells... with limited or no human contact and few, if any, rehabilitative services” (National Alliance on Mental Illness, n.d.) is used. Solitary confinement is used as a therapeutic tactic to “re-stabilize” inmates who are mentally unstable or have suicidal ideation. However, this intense isolation creates injurious consequences on inmates' psyches, causing more infringements on their mental health. According to the National Alliance on Mental Illness, “The long-term effect of solitary confinement is devastating. It can leave individuals with mental illness unable to function in correctional facilities and unprepared to successfully reenter communities after their release” (n.d). The solution for inmates struggling with trauma/PTSD, depression, anxiety, or adjustment disorder is to confine them in cells with increased security, and separate them from connection and routine.

These women do not receive proper mental or physical health care while incarcerated. Women get convicted of carrying mental illnesses or having health issues. However, no incentives are present in prison to aid said detriments. Many women, like Asasta Shakur, if too troubling, vocal, or “mentally unstable”, are sent to solitary confinement as a result of their “outbursts”. Shakur states in Chapter 14 of *Assasta*, “Women came in off the street and were given no physical exam, no tests, no nothing. They had trouble seeing gynecologists and having their most basic needs met, medical or otherwise. Since we were a tiny minority of the prison population, our needs were ignored.” (Shakur, 1987). Women experience deadly and extremely painful illnesses with no medication or support.

When someone identifies as a woman but still has male reproductive parts, they are placed in the men’s ward and “deny[ed] access to hormones, cosmetics, and appropriate clothing central to her sense of selfhood” (Oparah, 2012). This imposes serious safety concerns and blatantly disregards these inmates' self-identified gender. Restricting someone’s medication, whether it is for transitioning, aiding illnesses, or improving quality of life, is a despicable and inhumane practice, showing no accommodations or support for women-identifying inmates. This also places women-identifying inmates in



severely dangerous situations, with exposure to violence, exploitation, and sexual assault.

It is perilous to allow maltreatment and negligence in this topic to continue. As “Incarcerated women are more likely than their male counterparts to suffer from psychological disorders, trauma—including physical and sexual abuse—and multiple morbidities” (Schimmenti et al., 2022), lack of healthcare is dangerous and potentially fatal to imprisoned women. We need pap smears, check-ups, UTI checks, breast exams, and if one is sexually assaulted, STD checks, pregnancy tests, and checks for internal harm. When Assasta got pregnant at Rikers Island, she was forbidden to see her doctor, received little to eat, and was in declining health. She stated in her book *Assasta*, “I also had monilia, a vaginal discharge, which worsened because the Montefiore Hospital doctors assigned to Rikers could not agree about how it should be treated...the whole inside of my thigh was chapped raw from the discharge, and I could barely walk” (Shakur, 1987). The handling of pregnant women is heedless and reckless, proving the prison system does not care about its female-identifying inmates. Prison staff are a large piece of the prison layout. They carry out duties and oversee inmates 24 hours a day. Many of them enforce rules, surveil inmates, inspect cells, do body searches, report on behavior, and transport inmates. (U.S. Bureau of Labor Statistics, 2023). Prison staff showcase their differing roles by how they present. As observed in Pawlychka’s research on prison and trauma, prison staff showed “domination, violence, emotional detachment, and correctional officer solidarity that required physical and psychological brutality of prisoners. Prisoner survival depended on the employment of resistance strategies, strategic relationship formation, and further emotional constriction” (Duffy, 2014). Staff carry an authority that is state-sanctioned to keep prisoners “in check”, with little to no limitations. Incarcerated women already have no jurisdiction over their time spent in prison, no authority over their day-to-day decisions, and no tangible rights in the prison system. The only thing they have is their willpower to survive, which is extremely hard to maintain when placed in hostile and threatening situations.

There must be trust earned by prison staff. However, little honesty and integrity can be found between them and the inmates. As stated in an article by Bolts Magazine titled, *Seeking Compassionate Release for Survivors of FCI Dublin*, “It’s difficult to imagine a more serious abuse of power than a prison guard who preys on a person whose every action he already controls—her communication with the outside world, her visits with her family; her access to



food, supplies, showers, medical care. Federal prison officials allowed this type of abuse to go on unchecked for years” (2024).

Neglect, abuse, and maltreatment are all aspects of the prison system that women must endure. The general conceptualization of prison and its culture validates and supports neglect and punishment to be inflicted upon “criminals.” The general notion that “bad”, dangerous people will be put away, hidden from society, and are taken care of by the “brave, strong” prison guards of the world is a comforting thought for many.

This neglect and ignorance of what occurs behind prison walls is a part of this mass groupthink within the United States -- this notion that we should not care about prisoners because they do not *deserve* care. Brought on from generation to generation, this fear of “criminals” becomes inherent. We care about our safety, and a lack of empathy or interest in the lawbreaking “other” ensues.

## **MASS INCARCERATION**

When dissecting the framework of the American Women’s prison, we uncover the true premise of its history and backbone – punishment. Punishment continues to be the main strategy to maintain “order” by withholding rights and opportunities from oppressed and marginalized individuals. In such an environment, offenders are not surrounded by supporters and advocates for their well-being. Prison guards, staff, CEOs of private prisons, as well as the Federal Bureau of Prisons, all benefit from prisoners staying in the system through the prison industrial complex. The profit made per inmate fluctuates depending on the state. In 2024, California prisoners are paid \$132,860; in Vermont, the price is \$134,000 (Legislative Analyst's Office, n.d.). The underlying service that the prison provides is a labor force and a consumer base, and with more inmates in prison, the more profit is made. According to a Public Affairs report published by the U.C. Berkeley, “Prison programs produce goods that in many cases would otherwise come from outside the state while employing the private sector to supply raw materials. Biggest prison products are food, with \$33 million in sales annually; fabrics, \$32 million; paper and wood products, \$30 million; and metal products, \$22 million” (Scalise, 1998). The larger the prison population, the more bodies put to work with little to no pay. The prison population is a major source of labor and profit for many goods produced in the United States,



which creates a strong incentive for state and private sectors to support mass incarceration. The true motives of the prison industrial complex are to utilize able-bodied laborers, to gain as much profit from mass incarceration, and to withhold accommodations, benefits, or support from those working. As a result, health concerns increase, harming individuals and creating a low quality of life. No concern is felt for those incarcerated. The courts, the criminal justice system, and the prison industrial complex paint those imprisoned as villains and monstrous individuals, and therefore a restriction or the inability to give healthcare becomes a non-issue.

The criminal justice system's tough-on-crime laws, mandatory minimum sentencing, and zero-tolerance policies create the issue of mass incarceration in the United States. The results are apparent, with America carrying the highest prison population in the world.

A research paper studying trends in women's incarceration rates discovered that “women's federal imprisonment rates increased... 5.2 times or 420% between 1978 and the peak years of women's federal incarceration (2007–2014)” (Heimer et al., 2023). Mass incarceration points out that the prison system does not properly “rehabilitate” or provide adequate resources or opportunities for its inmates. Recidivism rates are high, and issues of mass incarceration branch to a constant revolving door of past convicts, as they are barred from welfare programs, housing assistance, and employment opportunities. This restriction of basic human needs creates a cycle of new traumas and grievances, and the cycle continues.

Long sentences, enforced through mandatory minimum sentencing, create societal death for women. Women are separated from their families and potentially their children, making long lasting impacts on familial income, support, stability, and connection, which can never be restored. It is a fact that “the overwhelming majority of women accused of crime are mothers, and many are single parents. The decisions of the drafters of the Sentencing Reform Act (“SRA”) and the Sentencing Guidelines to discourage consideration of family circumstances have a disproportionate impact on women offenders, and their dependents, wholly without penal justification” (Davis, 2002). Single mothers with no support have their children taken away from them by Child Protective Services and are placed in foster care. Inmates, once released, face discrimination in career opportunities, housing laws, and welfare programs.



When a mother files for custody of her child, she must first be employed and housed, both of which are extremely difficult to achieve.

Housing is particularly difficult due to “the scarcity of affordable and available housing, legal barriers, discrimination against ex-offenders, and strict eligibility requirements for federally subsidized housing”(Congressional Research Service, 2007). There is a scarcity of “halfway homes” that inmates can use if available in their location. Even then, the disruption and trauma that can come from reentry to women and their families is astounding as “Family ties play a more significant role in women's offenses, in the likelihood that they will recidivate, and in their chances of rehabilitation” (Davis, 2002). The abuse, maltreatment, and loss of autonomy are not just happenstance for losing constitutional rights. It is a result of a flawed and bigoted system, one that is designed to prevent women, people of color, and the poor from contributing to society.

## CONCLUSION

The radicalization of psychology needs to become more predominant, specifically, how we use the tools, communication skills, research, and ability to understand one another's needs to become more universal towards all demographics, starting from a young age. Psychology is a new science, one that has been subjected to racism and sexism, excluding women and people of color from a plethora of research, studies, and interviews, making many statistical findings only applicable to white men.

A new, more regenerative, radical way of handling studies emerged with the National Research Act establishing the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research in 1974. This shift demands research in psychology to be applied to all demographics and identities, allowing researchers to mend the gaps between oppressed groups and the privileged.

To take advantage of this to the full extent, psychologists, sociologists, researchers, and neurologists need to band together to understand, in-depth, the systematic traumas that are inflicted upon incarcerated communities. With this, there can be proactive change, and proper research can be conducted to institute community changes with adequate support, advocacy, and treatment for those affected by white supremacist ideals. Incarcerated women and their experiences



need to be heard. There must be more dialogue about the effects of women's penitentiaries, how they operate, and what we can do to provide more humane practices and provisional measures to end this constant abuse. A potential alternative system could be a fresh start for imploring fundamental needs such as safety, physiological health, rehabilitation, and overall well-being. Until then, research should be conducted in future studies regarding how to aid intersecting marginalized populations, and how to provide proactive and reactive measures to reduce incarceration, traumatic living conditions, and recidivism.



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