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Criminal Justice

An Overview of the System

ADAM J. MCKEE

Section 6.2: Prisons

As inmates enter a prison system after sentencing, they are typically assessed at a classification or reception facility based on the nature of their crime, criminal history, escape risk, health needs, and any behavioral issues that must be addressed. The goal of these assessments is to determine the dangerousness of the offender and the viability of various treatment options. Based on the assessment results, prison personnel will assign the offender to a particular prison facility. The primary concern when assigning an inmate to a facility is safety, followed by practical concerns about bed space. The needs of the inmate are also considered in the process. Prisoners thus have almost no control of where they are confined. Some prisons do allow for transfers to facilities closer to family, but these requests are subject to security concerns and bed space. Often,

female inmates are housed far from family because the small number of female facilities often means that there are no options close to family.

Development of Modern Prisons

Prior to the 1800s, common law countries relied heavily on physical punishments. Influenced by the high ideas of the enlightenment, reformers began to move the criminal justice system away from physical punishments in favor of reforming offenders. This was a dramatic shift away from the mere infliction of pain that had prevailed for centuries. Among these early reformers was **John Howard**, who advocated the use of **penitentiaries**. Penitentiaries, as the name suggests, were places for offenders to be **penitent**. That is, they would engage in work and reflection on their misdeeds. To achieve the appropriate atmosphere for penitence, prisoners were kept in solitary cells with much time for reflection.

Philadelphia's **Walnut Street Jail** was an early effort to model the European penitentiaries. The system used there later became known as the Pennsylvania System. Under this system, inmates were kept in solitary confinement in small, dark cells. A key element of the Pennsylvania System is that no communications whatsoever were allowed. Critics of this system began to speak out against the practice of solitary confinement early on. They maintained that the isolated conditions were emotionally damaging to inmates, causing severe distress and even mental breakdowns. Nevertheless, prisons across the United States began adopting the Pennsylvania model, espousing the value of rehabilitation.

The New York system evolved along similar lines, starting with the opening of New York's Auburn Penitentiary in 1819. This facility used what came to be known as the **congregate system**. Under this system, inmates spent their nights in individual cells, but were required to congregate in workshops during the day. Work was serious business, and inmates were not allowed to talk while on the job or at meals. This emphasis on labor has been associated with the values that accompanied the Industrial Revolution. By the middle of the nineteenth century,

prospects for the penitentiary movement were grim. No evidence had been mustered to suggest that penitentiaries had any real impact on rehabilitation and recidivism.

Prisons in the South and West were quite different from those in the Northeast. In the Deep South, the **lease system** developed. Under the lease system, businesses negotiated with the state to exchange convict labor for the care of the inmates. Prisoners were primarily used for hard, manual labor, such as logging, cotton picking, and railroad construction. Eastern ideas of penology did not catch on in the West, with the exception of California. Prior to statehood, many frontier prisoners were held in federal military prisons.

Disillusionment with the penitentiary idea, combined with overcrowding and understaffing, led to deplorable prison conditions across the country by the middle of the nineteenth century. New York's Sing Sing Prison was a noteworthy example of the brutality and corruption of that time. A new wave of reform achieved momentum in 1870 after a meeting of the National Prison Association (which would later become the American Correctional Association). At this meeting held in Cincinnati, members issued a Declaration of Principles. This document expressed the idea that prisons should be operated according to a philosophy that prisoners should be reformed, and that reform should be rewarded with release from confinement. This ushered in what has been called the **Reformatory Movement**.

One of the earliest prisons to adopt this philosophy was the **Elmira Reformatory**, which was opened in 1876 under the leadership of **Zebulon Brockway**. Brockway ran the reformatory in accordance with the idea that education was the key to inmate reform. Clear rules were articulated, and inmates that followed those rules were classified at higher levels of privilege. Under this "mark" system, prisoners earned marks (credits) toward release. The number of marks that an inmate was required to earn in order to be released was established according to the seriousness of the offense. This was a movement away from the doctrine of

proportionality, and toward indeterminate sentences and community corrections.

The next major wave of corrections reform was known as the **rehabilitation model**, which achieved momentum during the 1930s. This era was marked by public favor with psychology and other social and behavioral sciences. Ideas of punishment gave way to ideas of treatment, and optimistic reformers began attempts to rectify social and intellectual deficiencies that were the proximate causes of criminal activity. This was essentially a **medical model** in which criminality was a sort of disease that could be cured. This model held sway until the 1970s when rising crime rates and a changing prison population undermined public confidence.

After the belief that "nothing works" became popular, the **crime control model** became the dominate paradigm of corrections in the United States. The model attacked the rehabilitative model as being "soft on crime." "Get tough" policies became the norm throughout the 1980s and 1990s, and lengthy prison sentences became common. The aftermath of this has been a dramatic increase in prison populations and a corresponding increase in corrections expenditures. Those expenditures have reached the point that many states can no longer sustain their departments of correction. The pendulum seems to be swinging back toward a rehabilitative model, with an emphasis on community corrections. While the community model has existed parallel to the crime control model for many years, it seems to be growing in prominence.

Prison Classifications

Prisons in the United States today are usually distinguished by **custody levels**. **Super-maximum-security prisons** are used to house the most violent and most escape-prone inmates. These institutions are characterized by almost no inmate mobility within the facility, and fortress-like security measures. This type of facility is very expensive to build and operate. The first such prison was the notorious federal prison Alcatraz, built by the Federal Bureau of Prisons in 1934.

Maximum-security prisons are fortresses that house the most dangerous prisoners. Only 20% of the prisons in the United States are labeled as maximum security, but, because of their size, they hold about 33% of the inmates in custody. Because super-max prisons are relatively rare, maximum-security facilities hold the vast majority of America's dangerous convicts. These facilities are characterized by very low levels of inmate mobility, and extensive physical security measures. Tall walls and fences are common features, usually topped with razor wire. Watchtowers staffed by officers armed with rifles are common as well. Security lighting and video cameras are almost universal features.

States that use the death penalty usually place **death row** inside a maximum-security facility. These areas are usually segregated from the general population, and extra security measures are put in place. Death row is often regarded as a prison within a prison, often having different staff and procedures than the rest of the facility.

Medium-security prisons use a series of fences or walls to hold prisoners that, while still considered dangerous, are less of a threat than maximum-security prisoners. The physical security measures placed in these facilities are often as tight as for maximum-security institutions. The major difference is that medium-security facilities offer more inmate mobility, which translates into more treatment and work options. These institutions are most likely to engage inmates in industrial work, such as the printing of license plates for the State.

Minimum-security prisons are institutions that usually do not have walls and armed security. Prisoners housed in minimum-security prisons are considered to be nonviolent and represent a very small escape risk. Most of these institutions have far more programs for inmates, both inside the prison and outside in the community. Part of the difference in inmate rights and privileges stems from the fact that most inmates in minimum-security facilities are "short timers." In other words, they are scheduled for release soon. The idea is to make the often

problematic transition from prison to the community go more smoothly. Inmates in these facilities may be assigned there initially, or they may have worked their way down from higher security levels through good behavior and an approaching release date.

Women are most often housed in **women's prisons**. These are distinguished along the same lines as male institutions. These institutions tend to be smaller than their male counterparts are, and there are far fewer of them. Women do not tend to be as violent as men are, and this is reflected in what they are incarcerated for. The majority of female inmates are incarcerated for drug offenses. Inmate turnover tends to be higher in women's prisons because they tend to receive shorter sentences.

A few states operate coeducational prisons where both male and female inmates live together. The reason for this is that administrators believe that a more normal social environment will better facilitate the eventual reintegration of both sexes into society. The fear of predation by adult male offenders keeps most facilities segregated by gender.

In the recent past, the dramatic growth in prison populations led to the emergence of private prisons. Private organizations claimed that they could own and operate prisons more efficiently than government agencies can. The Corrections Corporation of America is the largest commercial operator of jails and prisons in the United States. The popularity of the idea has waned in recent years, mostly due to legal liability issues and a failure to realize the huge savings promised by the private corporations.

Special Populations

A major problem affecting the operation of prisons in the United States is what is known as **special populations**. Among these are elderly inmates. An aging population in general coupled with mandatory sentencing laws has caused an explosion in the number. This is an expensive proposition for the American

correctional system. A substantial reason for this increased cost is the increased medical attention people tend to require as they grow older. Prisons that rely on prison industry to subsidize the cost of operations find that elderly inmates are less able to work than their younger counterparts. There is also the fear that younger inmates will prey on elderly ones. This phenomenon has caused the federal prison system and many state systems to rethink the policies that contribute to this "graying" of correctional populations.

Substantial growth has also been seen in the number of inmates that are ill. Arthritis and hypertension are the most commonly reported chronic conditions among inmates, but more serious and less easily treated maladies are also common. Many larger jails and prisons have special sections devoted to inmates with medical problems. In addition to the normal security staff, these units must employ medical staff. Recruiting medical staff that are willing to work in confinement with inmates is a constant problem for administrators.

According to many critics of mental health in America, the number of mentally ill inmates has reached crisis level. There has been explosive growth in the incarceration of mentally ill persons since the *deinstitutionalization* movement of the 1960s. As well-meaning people advocated for the rights of American's mentally ill, they fostered in a sinister unintended consequence: As mental hospitals closed, America's jails became the dumping ground for America's mentally ill population. This problem was exacerbated at the federal level by the passage of the Community Mental Health Act of 1963, which substantially reduced funding of mental health hospitals. With state hospitals gone or severely restricted, communities had to deal with the issue of what to do with mentally ill persons. Most communities responded with the poor solution of criminalizing the mentally ill.

Prison Overcrowding

While the trend in prison population data is down, prison overpopulation is still a major problem in many states. Many of those states are under court order to fix

overcrowding problems, which are unconstitutional. Governments have responded with many programs aimed at reducing **prison overcrowding**. More prisons have been built, existing facilities have been retrofitted to house more inmates within legal guidelines, early release programs have been instituted, and the range of criminal sanctions beyond traditional parole and prison sentences has been implemented. Many states have altered the criminal laws to decriminalize or reduce the classification of crimes, in effect sending fewer people to prison.

Prison Programs

Prisons are like small cities in many respects. All of the requirements of life must be met, and rehabilitative objectives must be facilitated. Medical services must be rendered, and religious needs must be met. Inmates have a right to some types of recreation. Many prisons have labor and industry programs. Rehabilitative programs include job training, addiction treatment, therapy for psychological and emotional problems, and many other programs are common.
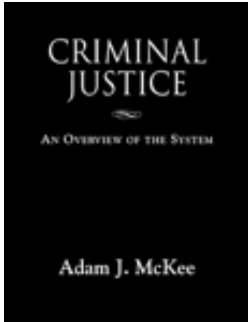
Key Terms

American Correctional Association, Congregate System, Crime Control Model, Custody Level, Death Row, Declaration of Principles, Elmira Reformatory, John Howard, Lease System, Maximum-security Prison, Medical Model, Medium-security Prison, Minimum-security Prison, Penitent, Penitentiary, Pennsylvania System, Prison Overcrowding, Prison Programs, Private Prisons, Reception Facility, Reformatory Movement, Rehabilitation Model, Special Populations, Super-maximum-security Prison, Walnut Street Jail, Women's Prisons, Zebulon Brockway
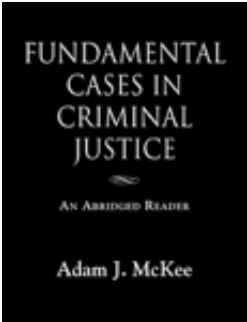
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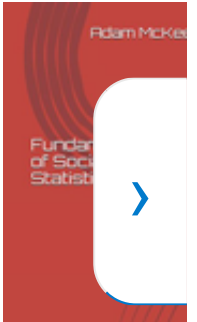
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