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Correspondence: 1990-1991 Task Force on Women in Prison

American Society of Criminology. Division on Women and Crime

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FROM THE EDITOR

This issue of *The Criminologist* marks the transition from the four-year editorship of Hugh Barlow to my assumption of those duties. I would like to thank Hugh, and John Kramer who preceded him, for bringing our newsletter to its superb level. Under their tutelage it has evolved into an informative, esthetically appealing, and provocative medium of communication for members of the Society. They will not be an easy act to follow, but my task will be to maintain the quality that they have established and to continue the evolution of the newsletter as a publication responsive to the interests of our membership.

A number of other parties have lent crucial support to me in assuming the editor's role. Sarah Hall is the hub of ASC operations and her willingness to host a meeting in Columbus for Hugh and myself was indeed reassuring. I left that meeting with a sense of excitement and a much clearer understanding of the tasks that lay before me. Narda Boggs, a graduate assistant within the Department of Criminal Justice and Criminology at East Tennessee State University, enthusiastically assumed

Please see EDITOR, page 2

DEATH PENALTY RESOLUTION DEBATED AND ENDORSED

Joan Petersilia

At the 1987 ASC meeting in Montreal, the following resolution was introduced and recommended at the business meeting:

"Be it resolved that because social science research has demonstrated the death penalty to be racist in application and social science research has found no consistent evidence of crime deterrence through execution, the American Society of Criminology publicly condemns this form of punishment, and urges its members to use their professional skills in legislatures and courts to seek a speedy abolition of this form of punishment."

The resolution was endorsed at the business meeting, and in accordance with the ASC constitution, was subsequently presented to the ASC Executive Board. After discussing the matter, the Board decided that policy position should only be taken on substantive issues after the membership has had an opportunity to review the empirical evidence. The ASC National Policy Committee was asked to organize a special session for the 1989 meeting to accomplish that task.

Malcolm Klein, Chair of the National Policy Committee, organized a session in Reno, NV, entitled "Death Penalty Issues: Toward a National Policy Statement." Four papers were presented which summarized existing death penalty research.

Following the session, the original death penalty resolution was reintroduced at the 1989 business meeting, and passed by the members present (28—aye; 0—no; 3—abstain). The matter was then brought before the 1989 ASC Executive Board, who passed the resolution (8—aye; 3—no; 0—abstain).

Persons wishing to bring additional policy issues to the attention of the ASC should contact Malcolm Klein, Chair of the ASC National Policy Committee.

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THE STATE UNIVERSITY OF NEW JERSEY
RUTGERS
Campus at Camden

Department of Sociology, Anthropology, and Criminal Justice
Camden College of Arts and Sciences • Camden • New Jersey 08102

March 15, 1991

Lynn Goodstein
13 Sparks Building
Pennsylvania State University
University Park, PA 16802

Dear Prof. Goodstein:

This is an informational letter about the progress of the Criminalization of Pregnancy issue. You may recall that the Women's Division, the Division of Critical Criminology, and the business meeting passed a resolution at the 1990 meeting urging the Executive Council to review the issue with a view towards taking a position on it.

A task force, consisting of Drew Humphries, Roz Muraskin, Inga Sagatun, and Susan Bennett formed in November 1990 to implement the resolution. Drew Humphries, working with a group of students at Rutgers-Camden, has collected information on policy recommendations and relevant papers which were presented at the meeting. John Hagan has agreed to put the resolution on the agenda for the mid-winter meeting in April, 1991. It is our understanding that the resolution will be referred to the National Policy Committee chaired by Felice Levine for review and a decision.

There are many stages through which this resolution must pass. Coming out of the Policy Committee (if it gets that far), the Executive Council, the business meeting and the incoming Executive Council must approve it. The wording of the resolution is crucial. To give you some idea of the range of possibilities, we have enclosed a document prepared by John B. Dawson, a member of the working group at Camden. In addition, we have included the ASC statement on the death penalty to give you some idea about how narrowly policy statements are drawn.

We would like to hear from you about the resolution and policy statement. Suggestions and criticisms are gladly accepted.

Sincerely,


Drew Humphries

DH/at
Enc.

*Women's Division
ASC*

Resolution:

Executive Counsel reviews the issue "Criminalization of Pregnancy" with a view toward taking a position on it.

WILD

1. We call for an immediate end to all prosecutions of pregnant substance abusers and strongly oppose any legislative attempts to "criminalize" drug dependency during pregnancy. While we recognize the moral responsibility a woman bears toward her unborn child, we feel that legal interventions on behalf of the fetus are misguided and pose a serious threat to the constitutional right of women to pursue pregnancy and refuse intrusive procedures which violate bodily integrity.
2. Similarly, we oppose any mandatory drug testing programs that involve the reporting of positive screens to criminal justice or family services authorities. Despite the good intentions of those who favor this type of approach, involuntary drug testing is a violation of the constitutionally guaranteed right to privacy. Furthermore, the fear of criminal prosecution or the threat of having their families split apart, may deter women from seeking the medical assistance that they and their unborn children desperately need.
3. We demand that existing drug treatment centers reverse their current policy and accept pregnant addicts seeking assistance.
4. We advocate the establishment of drug treatment centers which incorporate the special needs of pregnant addicts with the intention of helping these women to become active and productive citizens. Some of these features may include: obstetrical and gynecological services, routine medical and child care services, and job training or literacy programs.
5. We advocate that renewed attention be paid to the causes of addiction in the hope that an understanding of why this problem occurs can lead to effective programs aimed at prevention.

The problem of drug dependency during pregnancy requires a thorough understanding of the variables involved and demands that we pursue strategies that will be beneficial to these women, their children, and to our society as a whole. There needs to be a serious commitment from state and local authorities to address the economic, educational, and public health issues that are involved in this problem. It must be acknowledged that poverty, illiteracy, and the lack of affordable health care play a critical role in the cycle of maternal and fetal addiction.

MEDIUM

1. We strongly oppose criminal prosecutions of pregnant substance abusers as well as legislative efforts which attempt to "criminalize" drug dependency during pregnancy. While we recognize the moral responsibility a woman bears toward her unborn child, we feel that legal interventions on behalf of the fetus are misguided and pose a threat to the constitutional right of women to pursue pregnancy and refuse intrusive procedures which violate bodily integrity.
2. Similarly, we oppose mandatory drug testing programs which involve the reporting of positive screens to criminal justice authorities. The fear of criminal prosecution may deter women from seeking the medical assistance that they and their unborn children desperately need. Women and children may be better served by reporting procedures which involve family service organizations whose intent is to keep families together while pursuing drug treatment possibilities.
3. We encourage existing drug treatment centers to reverse their current policy and accept pregnant addicts seeking assistance.
4. We advocate the establishment of drug treatment centers which incorporate the special needs of pregnant addicts with the intention of helping these women to become active and productive citizens. Some of these features may include: obstetrical and gynecological services, routine medical and child care services, and job training or literacy programs.
5. We advocate that renewed attention be paid to the causes of addiction in the hope that an understanding of why this problem occurs can lead to effective programs aimed at prevention.

The problem of drug dependency during pregnancy requires a thorough understanding of the variables involved and demands that we pursue strategies that will be beneficial to these women, their children, and to our society as a whole. There needs to be a serious commitment from state and local authorities to address the economic, educational, and public health issues that are involved in this problem. It must be acknowledged that poverty, illiteracy, and the lack of affordable health care play a critical role in the cycle of maternal and fetal addiction.

MILD

1. We discourage criminal prosecutions of pregnant substance abusers as well as legislative efforts which attempt to "criminalize" drug dependency during pregnancy. While we recognize the moral responsibility a woman bears toward her unborn child, we feel that legal interventions on behalf of the fetus are misguided and pose a threat to the constitutional right of women to pursue pregnancy and refuse intrusive procedures which violate bodily integrity.
2. Similarly, we discourage mandatory drug testing programs which involve the reporting of positive screens to criminal justice authorities. The fear of criminal prosecution may deter women from seeking the medical assistance that they and their unborn children desperately need. Women and children may be better served by reporting procedures which involve family service organizations whose intent is to keep families together while pursuing drug treatment possibilities.
3. We encourage existing drug treatment centers to reverse their current policy and accept pregnant addicts seeking assistance.
4. We advocate that renewed attention be paid to the causes of addiction in the hope that an understanding of why this problem occurs can lead to effective programs aimed at prevention.

The problem of drug dependency during pregnancy requires a thorough understanding of the variables involved and demands that we pursue strategies that will be beneficial to these women, their children, and to our society as a whole. There needs to be a serious commitment from state and local authorities to address the economic, educational, and public health issues that are involved in this problem.