

Behind Walls: Mass Incarceration as an Oppressor of Reproductive Justice in the United States

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The purpose of this study is to determine if and how mass incarceration denies women of color their right to reproductive justice in the United States. By analyzing the prison system's legal framework as well as its practices, the study aims to analyze both known and unknown barriers to reproductive justice in the correctional setting. Data on such policies and practices was collected through personal interviews as well as through podcast interviews with formerly incarcerated women and a lawyer knowledgeable in prison healthcare laws within the United States. The findings from this data indicate that incarcerated women are not just denied necessary reproductive healthcare but also essentially punished by the prison system for existing as reproductive individuals. Furthermore, this oppression disproportionately harms women of color due to the disproportionate mass incarceration of black and brown people in the United States, which stems from the criminalization of poverty and the "war on drugs" that began in the 1970s. These findings imply that there are a large number of women who have and continue to be dehumanized and threatened behind walls. Reproductive healthcare is necessary healthcare; thus, it must be prioritized in prison reform and legislature.

Keywords

reproductive health • maternal health services • health services accessibility • human rights • incarcerated women • correctional institutions

Mass Incarceration: Instrument in Reproductive Oppression for Women of Color

Since the 1970s, the rate of incarceration for women has surpassed that of men (Ricker, 2020). This rate disproportionately affects Black and Latina women as a result of the "war on drugs" and the criminalization of poverty (Hayes, Sufrin, & Perritt, 2020). Ricker (2020) states that in 2017,

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225,000 women were incarcerated in local, state and federal jails. Although African-American women only make up 13% of the United States' female population, they account for 50% of the U.S. incarcerated female population (Meares, 2011). This demonstrates a grossly disproportionate number of women of color in prison, usually serving extensive sentences for first-time, nonviolent crimes (Ricker, 2020).

Beyond the social and economic consequences of mass incarceration, women of color must also face difficulties in accessing reproductive and prenatal healthcare in prison (Dyer, Hardeman, Vilda, Theall, & Wallace, 2019). Dyer et al. (2019) studied childbirth outcomes for incarcerated women in Louisiana and found a 3% higher risk of preterm births among Black women in parish jails. Furthermore, women in prison are suppressed of their reproductive rights, or what Hayes et al. (2020) refers to as reproductive justice: the right to choose if and when to have children, the right to not have a child, and the right to raise their existing children with the proper resources and support. In prison, women can be separated from their newborn children after 24 hours, be unable to access an abortion without payment or a court order, and sometimes be sterilized without consent, as done with women in California until 2010 (Hayes et al., 2020).

The issue of the oppression of reproductive rights for women of color through the system of mass incarceration results in the degradation and dehumanization of both mothers and their children; take, for example, Kima, an incarcerated African-American woman who was convicted for shoplifting, a nonviolent crime. Kima gave birth to a baby girl named Koia while in prison and was only allowed to spend 12 hours with her postpartum before a child service worker took Koia to place her into child protective service's custody. After that, Kima was allowed to spend time with her daughter only under the supervision of an officer, with one wrist handcuffed (Hayes et al., 2020). The first days a mother and her newborn child spend together are arguably the most valuable and vital ones, and yet Kima was denied this right due to her status as an incarcerated woman. Furthermore, she was denied the proper support to raise her children, a violation of reproductive justice (Hayes et al., 2020). In Texas, an incarcerated woman went into preterm labor and asked for medical attention but was ignored until 12 hours later, when she delivered a child with the umbilical cord wrapped around their neck. The available nurse did not do anything to assist the woman, and the child died before paramedics could arrive (Sufirin, Kolbi, & Roth, 2015). These women were denied their right to motherhood, consequently resulting in physical and mental trauma that they will be unlikely to address due to a lack of access to healthcare both inside and outside of prison. Considering that Black women are two to three times more likely and Latina women are one-and-a-half times more likely than white women to be incarcerated, these violations of reproductive rights disproportionately occur to women of color (Sufirin et al., 2015).

The lack of reproductive healthcare and rights for incarcerated women of color is, at its core, an interpersonal issue due to the nature of mass incarceration. Between 2000 and 2013, the rate of female incarceration rose by 30%, with a disproportionate number being women of color (Sufirin et al., 2015). These women, who are already at a higher risk of adverse perinatal outcomes (Nabukera et al., 2009), are subjected to even higher rates of adverse outcomes in prison (Sufirin et al., 2015). Two-thirds of incarcerated women are mothers and primary caretakers of children (Hayes et al., 2020); the children of women of color are more likely to be placed into foster care due to the absence of a male partner, who is also more likely to be incarcerated (Freudenberg, 2002). These children undergo severe mental trauma, as indicated in a study with children of color in foster care between the ages of 15 and 17, where all but one participant had a diagnosed mental illness (Scott, 2008). Scott (2008) found that these disorders were further aggravated by

their separation from their biological families. The oppression of reproductive rights of women of color is not isolated to just these women – rather, it creates a domino effect that harms entire communities of color.

Another aspect of reproductive justice is the right to decide when to have children as well as not have children; this brings up the question of access to abortions and contraception, both of which are inconsistent among prisons in the United States. Abortions are not elective procedures, though they are often defined as one. An abortion must be completed within the timeframe of three months, as most doctors will not perform abortions after the twelfth week of pregnancy due to risks to the patient and child, while elective procedures are not limited by any timeframe (Planned Parenthood, 2020). Sixty-eight percent of prison healthcare providers report providing abortions, but there are variations in assistance regarding transport, cost, and other factors; there are no defined and enforced guidelines regarding access to this procedure. Access to contraception in correctional facilities is even more difficult or impossible to obtain, even though it is extremely necessary as 60% of incarcerated women reported in a survey that they would prefer to start birth control prior to their release (Sufrin et al., 2015). This results in the complete suppression of all aspects of reproductive justice, and it severely affects women of color, who are already victims of prejudice and discrimination in the forms of racism, sexism, health and housing inequities, and colorism; along with these issues, they lose a part of their humanity through reproductive oppression in prisons and jails. Considering that pregnancy outcomes in correctional facilities were not reported until recently in 2019, it is evident that more research and data should be required of U.S. prisons and jails regarding women's access to reproductive healthcare (Hayes et al., 2020).

The impact of mass incarceration and its oppression of reproductive rights reach far beyond the communities directly affected by it. This oppression results in a violation of human rights, as stated in the Supreme Court ruling on the *Estelle v. Gamble* case in 1976. The court ruled that “deliberate indifference to serious medical needs” was a violation of the Eighth Amendment, granting incarcerated men and women a right to healthcare. However, it is evident that this ruling has never been strictly enforced due to the lack of policy regarding this issue. This lack of widespread and enforced policy is also illustrated by the *Monmouth County Correctional Institution Inmates v. Lanzaro* case in 1987. The Third Circuit Court of Appeals, covering Delaware, New Jersey, and Pennsylvania, determined the right to abortion as a right to healthcare; this is the only case in the country that clearly defines abortion as a healthcare service that the state must pay for in the context of correctional facilities. However, due to the lack of policy, this ruling has not been strictly enforced either. This issue can and must be addressed at the national level through the passing of federal policies; the absence of these policies violates the very foundation that the United States was built on (Sufrin et al., 2015).

Little is known about the real barriers to reproductive healthcare that incarcerated women of color face on a day-to-day basis, and even less is known about the effects on the health of these women caused by reproductive oppression. The reproductive oppression that occurs to women of color behind bars promotes the harmful health disparities seen in this demographic in the United States; evaluating the barriers to reproductive health services will help to understand what policies and regulations must be put into place to prevent this oppression. This article will study women of color's access to reproductive healthcare in prison to determine the barriers and disparities contributing to the suppression of reproductive rights and to understand how mass incarceration has played a significant role in health disparities for women of color.

Conceptual Framework

Reproductive justice is a framework itself that encompasses several different facets, and it is critical to the understanding of reproductive health and rights for incarcerated women, especially women of color. Barriers to reproductive justice that incarcerated women face include a multitude of issues that include shackling, financial instability, and a lack of gender-sensitive policies; thus, this article will differentiate between social and physical barriers in order to gain a nuanced understanding of the varied issues that contribute to the oppression of reproductive justice in prison.

When addressing physical barriers such as prison healthcare systems, factors such as state and federal law, funding, and policies within the system must be considered. In order to examine this and other physical and legal barriers, research and data that evaluate disparities or determine different barriers that attribute to the issue may be useful. Social interactions, the implications of race, and other social barriers presented to incarcerated women are most effectively assessed through studies that account the experiences of incarcerated women or survey health professional biases.

Reproductive Justice in Prison

The reproductive justice framework was first mentioned in the 1970s by Black female activists such as Frances Beal and Toni Cade Bambara; it was later adapted in 1994 at the Black Women's Caucus in Chicago (Ross, 2016). Reproductive justice is inherently intersectional and focuses on bodily autonomy for women of color. It is not only concerned with reproductive rights, as it does not only encompass the moral right to healthcare but instead emphasizes the total well-being of women and recognizes reproductive healthcare as a component in "the protection of physical, mental, spiritual, political and economic social well-being of women and girls" (Ross, 2016, p. 1). Reproductive justice is defined on three levels: every woman has the right to choose when and if to have a child, the right to not have a child, and the right to raise existing children with the proper resources and support in a healthy environment (Hayes, Sufrin, & Peritt, 2020; Sufrin, Kolbi, & Roth, 2015). Ross states that reproductive justice is essentially "reproductive rights embedded in a human rights and social justice framework" (2016).

This presentation of reproductive justice encompasses the main areas of reproductive health and is inclusive of all women. Though reproductive justice is a universal framework, it is very rarely considered in the context of correctional facilities, where the very nature of jails and prisons places constraints on an individual's freedom. Furthermore, this definition is centered around reproductive healthcare as it pertains to pregnancy and children but fails to consider the components of reproductive healthcare that are not necessarily related to this. This includes menstrual healthcare and preventative care such as treatment and testing for sexually transmitted diseases. The framework of reproductive justice is not a major point of focus in the field of research concerning reproductive healthcare in prison; thus, the few studies, including Agénor (2019) and Fortuna et al. (2019), that reference this concept all unanimously agree upon the three components of reproductive justice.

For the purpose of this study, reproductive justice will be defined as it is most widely used: the right to choose when and if to have children, the right to not have children, and the right to raise existing children within a safe environment with the necessary resources.

Physical and Legal Barriers

Physical and legal barriers to reproductive care within prison are varied and complex; they are also often connected to social barriers. One of the most commonly discussed and influential legal barriers are the disparities across prison healthcare systems. In general, correctional facilities and their policies are not gender-specific; they are never built with incarcerated women in mind, and this greatly disadvantages the fastest-growing incarcerated population (Skerker, Dickey, Schonberg, MacDonald, & Venters, 2015). The variations in policies among prisons in the United States are wide-ranging. In a survey of 286 correctional healthcare professionals, 68% indicated that incarcerated women had access to elective abortions, and only 54% reported providing assistance with making appointments (Sufirin, Creinin, & Chang, 2009). In another study by Kelsey, Medel, Mullins, Dallaire, and Forestell (2017), 31.4% of 53 correctional facilities reported having no onsite OB/GYN care, and 86% reported not charging for these visits. Reproductive healthcare is a right that anyone should have access to; charging for this service is a blatant exploitation of incarcerated women, who are already more likely to be of a low socioeconomic status (Kajstura, 2017). Skerker et. al (2015) explained the lack of gender-specific policies and practices within prisons well: “most prisons are designed to serve men and not women . . . and much less women of color, who have experienced a history of bodily autonomy suppression.” Furthermore, Sufirin et. al (2009) noted that abortions were more accessible to incarcerated women in states with Democratic or bipartisan legislatures, reflecting the legal barriers that restrict incarcerated women and further deprive them of their reproductive rights. Besides access to abortions and other reproductive services, state prisons often fail to provide the necessary nutrition, clothing, and rest for pregnant women (Shlafer, Hardeman, & Carlson, 2019). There is also a lack of resources for incarcerated women regarding sanitary and hygiene products (Van den Bergh, Gatherer, Fraser, & Moller, 2011).

It is evident that prison health systems and the disparities present among them are widely researched and discussed; this legal barrier is perhaps one of the most important factors in access to reproductive justice for incarcerated women, so it is important that this be thoroughly assessed and evaluated. Studies covering this barrier succeed in providing a comprehensive overview of how deeply this issue affects reproductive justice. However, this barrier, as defined by studies in the field, is not inclusive of other aspects of reproductive health, such as contraceptive use, testing, or screening.

A less commonly discussed physical barrier is the shackling of pregnant women. Shackling, or the use of handcuffs or “belly chains,” is commonly used on pregnant women in prisons; 36 states permit the practice regardless of a woman’s history of violence (Ocen, 2012). In a survey of 53 women’s prisons in the United States conducted by Kelsey et al. (2017), 17.4% reported shackling during labor, while 56.5% reported shackling women after birth. This practice is highly dehumanizing for pregnant women, who are already physically incapacitated and in severe pain, making the need for shackles unnecessary. Additionally, many women in prison are serving sentences for first-time nonviolent offenses, proving the use of shackling to be completely unnecessary (Ricker, 2020). Not only is this practice dehumanizing, but it also carries deeper implications for African-American women, who have a history with “historical devaluation, regulation and punishment of their exercise of reproductive capacity” (Ocen, 2012). African-American women’s history of slavery and the historic loss of their bodily autonomy combined with the phenomenon of mass incarceration mean that shackling affects this group of women the most (Willingham, 2011). It is evident that though shackling may be inherently physical, it is also social in nature.

Shackling is a physical barrier that should be evaluated when discussing reproductive justice as it pertains to incarcerated women of color; childbirth in a chosen and safe environment is critical to the reproductive justice framework, and shackling inhibits this. The social implications for African-American women are considered in these studies by taking the intersectionality of race and gender into account, as is done in this study. However, studies that discuss shackling fail to address how shackling may impact the physical and mental health of incarcerated pregnant women, who already undergo considerable stress and other health issues. The health impacts of shackling may provide further proof of the harmful nature of this practice.

For the purpose of this study, disparities across healthcare systems as well as shackling will be the main focus of addressing physical and legal barriers.

Social Barriers

Social barriers are more difficult to evaluate and assess as there are less markers by which these barriers may be measured. A common social barrier that is discussed in this field is the prevalence of sexual abuse of pregnant women; this may manifest in different ways, but most often in the form of strip searches. Sexual abuse, both previous and in prison, traumatizes women, strips them of their dignity, and may even deter them from receiving reproductive or prenatal healthcare. Sexualized violence toward incarcerated women is normalized due to the fact that male prison guards and other staff are essentially immune and rarely face any consequences for the abuse of their authority (Ocen, 2012). The sexualized violence toward women of color has implications as it furthers the abuse of authority and control between white men and black women, essentially continuing the cycle of sexual violence that is native to slavery (Willingham, 2011). In general, women in prison can be coerced into sexual relationships in exchange for basic needs or the fear of being placed in solitary confinement, which further separates a woman from her existing children (Skerker, Dickey, Schonberg, MacDonald, & Venters, 2015).

More specifically, sexual violence is presented in the form of strip searches in correctional facilities. Strip searches are routine in prisons but are often used to coerce incarcerated women; they can be forced to strip or face the consequences of noncooperation, which are usually solitary confinement (Strip Searching as Sexual Assault, 2001). These strip searches do not just dehumanize a woman; they strip a woman of her bodily autonomy. This is demonstrated by a prisoner's statement that "I was never allowed to forget that, being a prisoner, even my body was not my own. . . . I was compelled to submit to be undressed and searched" (Strip Searching as Sexual Assault, 2001). Without bodily autonomy, reproductive justice cannot exist, making abusive strip searches a violation of a woman's reproductive rights. Furthermore, strip searches deter women from receiving healthcare, as they are often forced to strip before they enter a health facility, as described by an incarcerated woman in a facility in Michigan: "At about the sixth month of pregnancy, the strip-searches become difficult. By this time, my emotional state was up and down, and most of the time I left the 'strip room' in tears from shame and humiliation" (Ocen, 2012). The psychological stress of these searches is unhealthy for anyone, especially for a pregnant woman who is already experiencing several psychological and physical stresses.

The research on sexual assault in prison, specifically strip searching, sheds light on the day-to-day situations and experiences incarcerated women face, which is a topic not often discussed in the field of incarceration and women. This barrier also provides insight into the relationships between prison staff and incarcerated women, which may play a role in the perceived accessibility

to reproductive healthcare within prison. The research on strip searches and other forms of sexual abuse in prison lacks data regarding physical and mental impacts of strip searching as well as how widespread this practice is. Little is documented about the actual experiences of women within prison, which is a critical component in understanding how social barriers play a role in the oppression of incarcerated women. Social barriers to reproductive justice within prison are not well documented due to incarcerated women and their experiences being inaccessible; sexual violence is one of the few issues within prison life that have been researched, and even then not as thoroughly as physical barriers. It is apparent that more research must be conducted not only on sexual abuse but also on other forms of discrimination or abuse incarcerated women may face but are still unknown. As strip searching is the one main perspective on social barriers, it will also be the barrier evaluated within this study. However, as other social barriers may be uncovered, they will also be included.

The oppression of reproductive justice within jails and prisons is the main interest of this study; to begin to assess and determine this multifaceted issue, an understanding of the intersection of the three main concepts outlined is needed. Reproductive justice serves as the basis for this study's focus, but on its own, it does not suffice in addressing the research questions of interest. Social interactions and prison healthcare systems must be addressed through other concepts, such as physical and social obstructions. These concepts are necessary in understanding the broad framework of reproductive justice and the ways in which it is suppressed within prisons and jails. Considering both social and physical influences while assessing reproductive justice will provide an in-depth, more accurate picture of what stands in the way of an incarcerated woman of color's access to reproductive justice.

Methods

This study aims to understand if and which physical and social barriers within prison contribute to an oppression of reproductive justice for women of color. To understand social barriers, the stories of previously incarcerated women concerning access to reproductive justice will be the most vital. These perspectives will capture incarcerated women's experiences that are currently absent in the knowledge base regarding this issue. Physical and legal barriers must be assessed through the accounts of individuals who are well-versed in prison healthcare policies and laws in the United States. These perspectives qualify as a form of qualitative data, which describes how people experience the given concepts outlined in the conceptual framework. Collecting this type of data will enable a deeper understanding of how and if social and physical barriers stand in the way of reproductive justice in prison.

Sources of Data

In order to capture these perspectives in their most true form, conducting interviews will be the most accurate tool in collecting this data as it will provide information directly from valid sources. This study relies on an emic perspective (Harris, 1999), or one that lends authority to the women who have experienced social and physical barriers within prison to provide and validate the data I am seeking.

Through interviews, I collected data while directly interacting with participants to gain a better understanding of their thoughts and feelings, which are inaccessible through other modes

of data collection. Merriam explains that “Interviewing is necessary when we cannot observe behavior, feelings, or how people interpret the world around them” (2009). This form of data collection is the only method that provides the necessary evidence to understand what barriers exist both within prison walls and outside of them, which can only be sourced from the women who have spent time inside correctional facilities as well as those knowledgeable in prison healthcare policy.

However, due to the protected status of women who are currently incarcerated, I interviewed previously incarcerated women. To answer my research questions, a very select population of previously incarcerated women must be sampled; in order to sample participants who have perspectives of interest, specific criteria were set to obtain useful and specific data. This criterion method only collects information from targets that fulfill all established criteria (Miles & Huberman, 1994).

Tools for Collecting Information from These Sources of Data

To collect this data, I plan to interview one or more women who were previously incarcerated in a women’s correctional facility in the United States or hold proximity to these barriers in another way. In order to understand the ways in which race affects these experiences, a woman of color will be interviewed. The criteria for this sample will include

- (1) were mothers to children or were pregnant while in prison,
- (2) identify as White or African-American; identify as a cisgender woman, or
- (3) hold some other form of proximity to social and physical barriers.

To access this sample, I contacted prison advocacy groups for women in the United States by phone and/or email to request to be put in contact with women who (1) fit the given criteria and (2) are interested in participating in the study. After that, I directly contacted these participants and interviewed them over a video-conferencing platform such as Zoom or Skype. I have formulated an interview protocol that is nearly identical for both participants; the protocol addresses a basic overview of the participants’ background, their understanding of the social and physical barriers that stood in their way from receiving reproductive healthcare as well as their personal experiences and feelings regarding their time in a correctional setting.

Results

“I mean it was devastating. It was so bad, even to the point where my experiences of being pregnant behind walls make me never want to have kids again,” said Ms. Miyhosi Benton, a formerly incarcerated woman and current associate director of Advocacy and Strategy at the Women and Justice Project, a nonprofit organization that advocates for incarcerated women and change in the justice system (Miyhosi Benton, personal interview, February 16, 2021). Her experiences are not unique or rare: They are a product of an inhumane system and its policies and practices. These policies and practices present themselves in two patterns: punishment and control and a general lack of safety. These themes manifest themselves in both physical and social barriers; by evaluating these patterns, we come to understand the driving forces behind the oppression of reproductive justice behind walls.

Physical Barriers and Punishment and Control

In regard to physical barriers' obstruction of reproductive justice, a clear pattern has emerged between the United States' laws and policy and the lack of access to reproductive healthcare in the carceral setting as a result of that. Moreover, this pattern falls within a theme that is intertwined with the United States' incarceration system and the laws that govern the said system. That theme consists of what Ms. Austin Donohue, a lawyer, describes as "A framework of 'we [the United States] want to punish people who do things wrong,' versus rehabilitate them" (Austin Donohue, personal interview, February 8, 2021).

The aim to punish rather than rehabilitate runs deep within the system. That notion is reflected in the system's everyday practices, according to Ms. Miyhosi Benton. She said:

If prison is the punishment then what are these additional atrocities that I'm experiencing? . . . The level of control and punishment that they [correctional officers] have to stick to overshadows safety, overshadows just the health of any individual that is unfortunate enough to be behind those walls.

(Miyhosi Benton, personal interview, February 16, 2021)

That need to control and punish unavoidably manifests in every physical facet of the incarceration system, meaning that it will also unavoidably "overshadow just the health of any individual." This perspective dictates the level, accessibility, and quality of healthcare inside walls, thus contributing to the oppression of reproductive justice that has been well documented in previous studies (Skerker, Dickey, Schonberg, MacDonald, & Venters, 2015; Van den Bergh, Gatherer, Fraser, & Moller, 2011; Ocen, 2012).

The notion that the prison system within the United States is built to punish rather than rehabilitate people correlates with the legal framework, or rather lack thereof, that supports the right to reproductive healthcare in the carceral setting. Donohue explained, "That is a right, essentially, the Eighth Amendment to the Constitution prohibits cruel and unusual punishment while you're incarcerated, and the court has said that means that you have to have healthcare" (Austin Donohue, personal interview, February 8, 2021). Though the Eighth Amendment entitles incarcerated people the right to healthcare, there is no guarantee of the quality or types of healthcare inmates have access to – and this includes reproductive healthcare. Donohue said, "I don't think there is a guarantee that they'll get that [prenatal/reproductive care], and the reason for that is because there is no statutory right, no statutory or Constitutional right for them to get those things" (Austin Donohue, personal interview, February 8, 2021).

Due to the lack of court precedent, incarcerated women hold no right to reproductive healthcare under U.S. law, as there is no "statutory or Constitutional right for them to get those things." Healthcare looks extremely different across federal and state correctional facilities, and much of the access that incarcerated people receive is at the discretion of these prisons and even individual prison officials. Federal prisons often provide a more comprehensive level of healthcare due to the long-term nature of such facilities; however, this level of quality still varies among these facilities (Sufirin, Creinin, & Chang, 2009; Kelsey, Medel, Mullins, Dallaire, and Forestell, 2017). The nation's lack of enforcement or attention to the absolute necessity of reproductive healthcare is a major physical barrier that effectively oppresses reproductive justice, in which a woman has the right to choose when to have a child, to not have a child, and to raise existing children with the proper support (Hayes, Sufirin, & Peritt, 2020; Sufirin, Kolbi, & Roth, 2015).

When a proper reproductive healthcare system is not even in place in prisons and jails, it is inevitable that not only will women not be able to access their reproductive rights but that it will disproportionately affect women of color, who are victims of mass incarceration (Ricker, 2020). The absence of this necessary resource virtually punishes women for being reproductive beings; this is only a manifestation of the theme of punishing, rather than rehabilitating incarcerated people, as explained by the notion that “if you’ve committed a crime, you should be punished for it.” More specifically, the women of color behind walls who suffer from a loss of reproductive justice and humanity are victims to the continuous cycle of the dehumanization of brown and black people in the United States (Willingham, 2011). This data on U.S. law and policy only confirms that “most prisons are designed to serve men and not women . . . and much less women of color, who have experienced a history of bodily autonomy suppression” (Skerker, Dickey, Schonberg, MacDonald, & Venters, 2015).

Another physical manifestation of the goal to punish rather than rehabilitate is the practice of shackling incarcerated people, including pregnant women. According to Kelsey, Medel, Mullins, Dallaire, and Forestell (2017), 17.4% of 53 women’s prisons in the United States reported shackling during labor, while 56.5% reported shackling women after birth. The use of shackling for pregnant women and new mothers is often excessive or completely unnecessary and puts women in uncomfortable, sometimes dangerous, situations. Ms. Benton, speaking of her own traumatic experience said:

So, later on, late in my pregnancy I started to make a fuss about just the level of pain that I was experiencing, because they was putting the shackles around my waist incredibly too tight. . . . And then I was shackled illegally when I gave birth to my daughter. Cause immediately right after I gave birth, when they did take me to the prison ward that’s inside Westchester Medical Center – where they house all incarcerated people, men and women, where there’s no privacy between the two, which is super barbaric and very unsanitary – they did shackle me immediately after giving birth.

(Miyhosi Benton, personal interview, February 16, 2021)

The shackling of pregnant women is unnecessary in the sense that these women are not in a physical position to pose a potential threat; it is also dangerous as it physically and mentally damages pregnant women who are already under considerable strain. Furthermore, Ms. Benton was illegally shackled while giving birth to her child, which is a violation of New York State’s 2009 Anti-Shackling Law, which banned the shackling of pregnant incarcerated women during and after labor and delivery (Montgomery, 2015). This illegal shackling not only made labor and delivery more painful and difficult but also dehumanized the beginning moments of this woman’s motherhood, which is a direct violation of the reproductive justice framework (Hayes, Sufrin, & Peritt, 2020; Sufrin, Kolbi, & Roth, 2015). This also demonstrates that the prison system seeks control and power, even if it is against the law, which only contributes to the ideology of punishment that is entrenched in the healthcare system behind walls. The shackling of pregnant incarcerated women also unavoidably affects African-American women, thus continuing the cycle of what Ocen (2012) describes as the “historical devaluation, regulation and punishment of their [African-American women’s] exercise of reproductive capacity.”

The need to punish and control within the prison system stems from the notion that “If you’ve done something wrong, if you’ve committed a crime, you should be punished for it” (Austin

Donohue, personal interview, February 8, 2021). This belief runs so deeply that it even undermines the safety and humanity of those behind bars – but in reality, “That’s the goal of prison, to make you feel subhuman” (Austin Donohue, personal interview, February 8, 2021). Ms. Benton recalled a traumatizing experience as a new mother in prison:

I was taking my daughter on her first checkup after being born and – they [correctional officers] had me shackled and handcuffed, and I had to carry her carseat with her in it, and I was walking with the carseat and, because I have long legs, my, my strides with the shackles just didn’t work, so I kept tripping. And I kept saying to myself while I was carrying my child – and it’s thirty-five pounds with the base and then the car seat, it’s thirty-five pounds – I’m carrying that on top of being shackled and handcuffed. And I kept saying to myself like, “don’t fall, like, just don’t trip. Like, I don’t wanna harm my baby. Like whatever happens, I just don’t want any harm to come to my very young child.” And, I did fall with her in the carseat and like, once again, they didn’t think anything of it. They just helped me pick up – I was bleeding from the shackles being dug into the back of my ankle.

(Miyhosi Benton, personal interview, February 16, 2021)

The lack of concern for human life within the prison system is not subtle or hidden; it is explicitly demonstrated in the everyday lives of incarcerated women. As a mother to a newborn, Ms. Benton was subjected not just to the individual trauma of being shackled but also to the emotional and mental stress of protecting her child from harm. It is evident that the prison system does not use shackling as a means to protect but rather as a means to punish and control “wrongdoers,” even if it means that a woman will bleed “from the shackles being dug into the back of my ankle.” The stressful, traumatic experiences of shackling that incarcerated pregnant women undergo dehumanize them and risk the health of them and their child; it is only obvious that shackling physically oppresses reproductive justice (Ocen, 2012; Hayes, Sufrin, & Peritt, 2020; Sufrin, Kolbi, & Roth, 2015).

U.S. law’s lack of oversight and accountability regarding prison healthcare in general erases the notion that there is a uniform prison healthcare system in place, let alone a uniform reproductive healthcare system. The power left to prison officials and correctional officers implies that each incarcerated woman will face a different barrier dependent upon where she is incarcerated; it also implies that this issue is inherently a social issue as well. However, it is clear that the lack of access to a woman’s right to reproductive justice in prison is universal; the absence of such critical policies and their enforcement puts incarcerated women’s health at risk and effectively punishes them for being reproductive beings (Sufrin, Creinin, & Chang, 2009; Kelsey, Medel, Mullins, Dallaire, & Forestell, 2017; Skerker, Dickey, Schonberg, MacDonald, & Venters, 2015). Shackling, a barrier that is well documented, is another physical barrier that carries immense social implications for African-American women (Willingham, 2011; Ocen, 2012). It also further contributes to putting a woman’s mental and physical health at risk and dehumanizes her simultaneously. The lack of reproductive healthcare policies combined with the practice of shackling confirms that reproductive justice is not being oppressed but rather that it has no place in the prison system, which is disproportionately harming women of color (Ricker, 2020).

The absence of U.S. legislation that guarantees incarcerated women access to quality reproductive healthcare implies that reproductive justice does not exist within the incarceration system; but the fact that women are inhumanely, and even illegally, shackled while accessing any sort of healthcare implies that reproductive justice is not just oppressed but rather eradicated within the system.

Social Barriers and Lack of Safety

In terms of social barriers, there is a clear relationship between a lack of safe spaces for incarcerated women and authoritative figures such as correctional officers and healthcare professionals. The power assigned to these roles creates a threatening environment for women, who are already in extremely vulnerable positions and have little to no autonomy over any aspect of their lives behind walls. This power dynamic gives way to sexual assault and dehumanizing attitudes and practices in the social context.

Jacqueline Williams, who was previously incarcerated, repeatedly mentioned the toll of the physical constraints of a carceral setting on pregnant women on the *Women's Health, Incarcerated* podcast. Along with this physical and mental trauma, Williams references correctional officers and their responsibility in enforcing such physical constraints and in removing safe physical spaces for women behind walls. Williams explains this as, "You're never in a safe place. Whether you are at risk from a correctional officer coming in and barking at you, to another person in your room or your cell harming you or being too near to you or stealing from you" (podcast, episode 8, page 1, line 26–28). From Williams' description, it is evident that correctional officers are present not to protect incarcerated women but rather to control them in an animalistic way by "coming in and barking at you." Correctional officers are a physical manifestation of the carceral system's motive to punish, rather than rehabilitate people. This lack of safety creates the environment in which women are often sexually harassed and assaulted by correctional officers, who as the most direct source of authority in the correctional setting are neither questioned nor held accountable (Ocen, 2012). Furthermore, the environment enforced by these officers also allows them to sexually coerce women by using solitary confinement or the withdrawal of basic necessities as threats (Skerker, Dickey, Schonberg, MacDonald, & Venters, 2015).

Strip searching is another common practice that creates a dangerous environment in which correctional officers may abuse their authority and power, furthering the notion that there truly is no sense of safety for women behind walls (Strip Searching as Sexual Assault, 2001). Ms. Benton also affirmed that strip searching was a common and everyday practice:

Yes, you had to be strip searched every time. You leave the facility, every time. You go to a visit in the facility, that's just a part – once again, that's like, the everyday standard procedure, you have to be strip searched. And it's done by a woman, and with the limited amount of women in a facility, it's like jumping through hoops just to make sure the woman is there in order to be strip searched. Now, you can be patted down and frisked by a man, which still is crazy.

(Miyhosi Benton, personal interview, February 16, 2021)

Though having a member of the same sex conduct full-body strip searches created some sense of protection for Ms. Benton, a heterosexual woman, it does not erase the control and dehumanizing aspects of such a practice, especially for pregnant women.

Ms. Benton explained her own traumatizing experiences with searches while she was pregnant, saying, “I mean, I felt violated. I felt like they were stripping me of my self-worth and dignity. I felt like, I mean I felt traumatized. Like I experienced sexual assault in my, in my time prior to prison. So to then have to be subjected to men touching me unwantedly, you, you are then reliving experiences that you had before” (Miyhosi Benton, personal interview, February 16, 2021). And Ms. Benton’s experience is not unique – incarcerated women are three times more likely to report sexual assault prior to prison than incarcerated men (Van den Bergh, Gatherer, Fraser, & Moller, 2011). These women are not only violated by this practice but also subjected to reliving past trauma; this is not just harmful to women’s physical and mental health, it is grossly inhumane (Ocen, 2012). The dangerous, unsafe environment and situations created by strip searching and correctional officers also achieve the aim to punish and control incarcerated women, further demonstrating how this notion is deep-rooted in both the physical and social barriers to reproductive justice (Strip Searching as Sexual Assault, 2001).

This lack of safety is also evident from the reproductive healthcare standpoint. Not only is there a lack of privacy for the sensitive and personal aspects of reproductive healthcare, there is also a loss of bodily autonomy due to the physical constraints of prison and the correctional officers enforcing them. She added:

Another situation that was a huge barrier, physically, in terms of accessing reproductive [healthcare] is that once I did get the visit, the officer was in the room with me during my appointments the whole time. I didn’t feel comfortable with sharing my concerns because I just felt like there was no confidentiality. There was not a safe space to be able to even speak honestly with my doctor about what I thought was going on in my body with a complete stranger in the room with us at all times.

(Miyhosi Benton, personal interview, February 16, 2021)

The private and personal nature of reproductive healthcare is one of its inherent facets, and to have that removed most directly by the presence of correctional officers prohibits quality care due to the fact that there is no longer “A safe space to be able to even speak honestly with my doctor about what I thought was going on in my body.” Furthermore, correctional officers rob these women of their own bodily autonomy in the sense that they cannot make choices in the doctor’s office to maintain and care for their bodies due to the sense of danger presented. Pregnancy is perhaps one of the most stressful as well as sacred experiences for a woman, and that experience becomes wholly traumatic and impersonal when armed figures of authority are present. It is evident that correctional officers are a direct tool in the oppression of reproductive justice as a whole (Ocen, 2012; Ross 2016; Sufrin, Kolbi, & Roth, 2015). Moreover, this disproportionately affects more women of color as they are most often the victims of mass incarceration (Ricker, 2020).

Another space that gives room to a dangerous, unsafe environment is the doctor’s office. Besides correctional officers, healthcare professionals are the main authoritative figures that incarcerated women interact with when receiving or accessing medical care, both reproductive and otherwise. Ms. Benton recalled her own experience with the onsite gynecologist at the federal prison where she was incarcerated:

Inside of prison, there is an onsite OB/GYN, who is horrific. She was horrific, she was a white lady. Like when she was doing checkups, she was doing rectum cavity searches

and all this other strange stuff, without no forewarning to the women. I don't know, she was really abusing and really causing a lot of harm.

(Miyhosi Benton, personal interview, February 16, 2021)

Though healthcare professionals are not directly associated with the prison system as correctional officers may be, it is evident that these figures are prone to engaging in harmful practices that may be driven by a lack of prison-specific training (Tuite, Browne, & O'Neill, 2006). Doctors, in theory, are meant to guide and protect their patients, rather than “doing rectum cavity searches” and “abusing and really causing a lot of harm.” They are an essential component of quality reproductive healthcare, but if the figure most responsible for an incarcerated woman's reproductive healthcare fails to respect her, then there is no doubt that reproductive justice is oppressed in the American prison system (Ross, 2016; Sufrin, Kolbi & Roth, 2015; Hayes, Sufrin, & Peritt, 2020). Furthermore, the dehumanization and degradation that Ms. Benton and other women experienced in the medical setting created a dangerous environment that established a sense of distrust in healthcare and healthcare professionals, which may have further deterred them from accessing reproductive healthcare in prison as well as outside.

These figures of authority use their power to control and dehumanize incarcerated women by creating an unsafe environment where a woman can never be truly comfortable. Without a sense of safety and security, these women cannot make sound decisions about their reproductive health, which ultimately oppresses any sense of reproductive justice.

Physical and Social Barriers and Reproductive Justice

How do prison healthcare systems present physical barriers that contribute to the denial of access to reproductive healthcare for incarcerated women? In what ways do interactions or relationships between incarcerated people and prison staff, such as correctional officers and nurses, deter incarcerated women from receiving reproductive healthcare services such as prenatal checkups as well as reproductive justice as a whole? There are numerous physical and social barriers that stand in the way of incarcerated women accessing reproductive healthcare and reproductive justice. Examining these barriers affirms that prison policies, practices, and laws negatively impact a woman's right to reproductive justice (Ross, 2016; Sufrin, Kolbi, & Roth, 2015; Hayes, Sufrin, & Peritt, 2020). State and federal laws regarding the prison system as well as internal policies and practices are influenced by the notion that prison is a place to punish. This ideology costs incarcerated women their safety, health, and humanity, subsequently traumatizing these women instead of rehabilitating and supporting them. Moreover, women of color, who are victims of mass incarceration, disproportionately suffer from this oppression of reproductive justice, which carries severe historical and social implications as well.

Conclusion

As of 2019, approximately 222,000 women are currently incarcerated in the United States (Incarcerated Women and Girls, 2020). This number signifies that hundreds of thousands of women are subject to dehumanization, degradation, and punishment for existing as reproductive beings. The right to reproductive autonomy and healthcare is a human right, and yet it is not recognized by the U.S. prison system simply because these women have been labeled as

“wrongdoers” (Ross, 2016; Shlafer, Hardeman, & Carlson, 2019; Hayes, Sufrin, & Peritt, 2020; Sufrin, Kolbi, & Roth, 2015). Women of color have historically been victims of exploitation and dehumanization due to both race and sex within the United States, and the mass incarceration system only perpetuates this exploitation (Willingham, 2011; Ocen, 2012). It is critical to expose the barbaric practices within the prison system in order to bring about prison reform regarding reproductive healthcare and autonomy. Perhaps even more critical than reform is the movement to destigmatize incarcerated people, who have been viewed as less than human beings since the inception of the incarceration system in the United States. For many women, incarceration is a painful and traumatic experience, but they continue to fight for their rights behind walls: “I think it’s important to know that no matter how many barriers they put in place from preventing mothers from being mothers, or women from being able to support each other, that women still find miracles to do it and make it happen” (Miyhosi Benton, personal interview, February 16, 2021).

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