INCARCERATION OF WOMEN IN THE U.S. 
AN INFLUENTIAL DETERMINANT OF MATERNAL CHILD HEALTH

An alternative master’s project
Hannah Legerton
Fall, 2014
Learning objectives

This lecture will provide an overview of:

• The link between incarceration and public health

• The need for public health leadership in criminal justice research, dialogue, and advocacy
Health Equity

- Health disparities: “differences in presence of disease, health outcomes or access to health care between population groups”

- Health inequities: differences in health “that are a result of systemic, avoidable, and unjust social and economic policies and practices that create barriers to opportunity”

Source: Rudolph, Caplan, Ben-Moshe, & Dillon, 2013
Social Determinants of Health

Image source: HealthyPeople.gov, 2014
The U.S. & Mass Incarceration

U.S. State and Federal Prison Population, 1925-2013

Source: Bureau of Justice Statistics Prisoners Series.

Image source: The Sentencing Project, 2014b
International leader in incarceration

International Rates of Incarceration, 2012/2013

<table>
<thead>
<tr>
<th>Country</th>
<th>Imprisonment Rate Per 100,000 People</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S.</td>
<td>716</td>
</tr>
<tr>
<td>Rwanda</td>
<td>492</td>
</tr>
<tr>
<td>Russia</td>
<td>475</td>
</tr>
<tr>
<td>Brazil</td>
<td>274</td>
</tr>
<tr>
<td>Spain</td>
<td>147</td>
</tr>
<tr>
<td>Australia</td>
<td>130</td>
</tr>
<tr>
<td>China</td>
<td>121</td>
</tr>
<tr>
<td>Canada</td>
<td>118</td>
</tr>
<tr>
<td>Austria</td>
<td>98</td>
</tr>
<tr>
<td>France</td>
<td>98</td>
</tr>
<tr>
<td>Germany</td>
<td>79</td>
</tr>
<tr>
<td>Denmark</td>
<td>73</td>
</tr>
<tr>
<td>Sweden</td>
<td>67</td>
</tr>
<tr>
<td>India</td>
<td>30</td>
</tr>
</tbody>
</table>


Image source: The Sentencing Project, 2014a
Women & Mass Incarceration

Number of Women in State and Federal Prisons, 1980-2012


Image source: The Sentencing Project, 2014a
2/3 women incarcerated for nonviolent offenses

**OFFENSE TYPE OF STATE PRISONERS BY GENDER, 2011**

<table>
<thead>
<tr>
<th>Offense</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Violent</td>
<td>54.3</td>
<td></td>
</tr>
<tr>
<td>Property</td>
<td>17.6</td>
<td>28.9</td>
</tr>
<tr>
<td>Drug</td>
<td>17.0</td>
<td>25.1</td>
</tr>
<tr>
<td>Other</td>
<td>12.0</td>
<td>9.0</td>
</tr>
</tbody>
</table>

Inequity & incarceration

Women’s Incarceration Rates, 2012:
- Total = 63 per 100,000
  - White = 49 per 100,000
  - Latina = 64 per 100,000
  - Black = 115 per 100,000

Lifetime likelihood of imprisonment, 2003:


Image source: The Sentencing Project, 2014a
## Vulnerable Populations: Mental Health and Substance Abuse

### Table 3. Prison and jail inmates who had a mental health problem, by selected characteristics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Percent of inmates in —</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>State prison</td>
</tr>
<tr>
<td>All inmates</td>
<td>56.2%</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>55.0%</td>
</tr>
<tr>
<td>Female</td>
<td>73.1</td>
</tr>
</tbody>
</table>

Source: James and Glaze, 2006
## Vulnerable Populations: Mental Health, Trauma, Substance Abuse

### Characteristics of females in State prison, by mental health status

<table>
<thead>
<tr>
<th>Selected characteristics</th>
<th>Percent of female inmates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>With mental problem</td>
</tr>
<tr>
<td><strong>Criminal record</strong></td>
<td></td>
</tr>
<tr>
<td>Current or past violent offense</td>
<td>40.4%</td>
</tr>
<tr>
<td>3 or more prior probations or incarcerations</td>
<td>35.9</td>
</tr>
<tr>
<td><strong>Substance dependence or abuse</strong></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td>41.7</td>
</tr>
<tr>
<td>Drugs</td>
<td>65.5</td>
</tr>
<tr>
<td><strong>Drug use in month before arrest</strong></td>
<td></td>
</tr>
<tr>
<td>Cocaine or crack</td>
<td>33.9</td>
</tr>
<tr>
<td>Methamphetamines</td>
<td>17.1</td>
</tr>
<tr>
<td><strong>Family background</strong></td>
<td></td>
</tr>
<tr>
<td>Homeless in year before arrest</td>
<td>16.6%</td>
</tr>
<tr>
<td>Past physical or sexual abuse</td>
<td>68.4</td>
</tr>
<tr>
<td>Parent abused alcohol or drugs</td>
<td>46.9</td>
</tr>
<tr>
<td><strong>Charged with violating facility rules</strong></td>
<td></td>
</tr>
<tr>
<td>Physical or verbal assault</td>
<td>16.9</td>
</tr>
<tr>
<td><strong>Injured in a fight since admission</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10.3%</td>
</tr>
</tbody>
</table>

*Includes items not shown.

Source: James and Glaze, 2006
Vulnerable Populations:
Mental Health, Trauma, Substance Abuse

• 85-90% have experienced significant trauma

• Increased Risk of Chronic Diseases Related to Abuse and Stress
  • Obesity
  • Smoking related illnesses
  • Heart, lung, liver disease
  • Diabetes
  • Depression
Vulnerable Populations: Access to care

- STIs (Chlamydia, Gonorrhea, Hep C)
- HIV rates
- Outbreaks (i.e., TB)
- Trans access to care
- Restricted reproductive rights
  - Access to abortion
  - Forced sterilization (California)
- Rates of abuse in prison
  - Higher for adolescents in adult prisons & LGBTQ individuals
Mothers behind bars

• 75% of women are parents of minors
  • Est. 200,000 children whose mothers are incarcerated in the U.S.

• 10% pregnant at the time of incarceration
2004: Only 54% of incarcerated pregnant women in the U.S. reported receiving any prenatal care

Uncertain access to adequate:
  • Nutrition
  • Rest
  • Psychosocial support
  • Education
  • Access to bottom bunk
Childbirth In Prison

- No family
- Continuously supervised by guard (often male)
- Restraints/shackling
- Up to 24 hours with baby, often much less
- Little to no opportunity to bond, experience skin to skin, or initiate breastfeeding
Shackling

Restraints from wrists, ankles, &/or belly:
- Restrict movement
- Increases risk of falls, injury, c-section
- Impedes monitoring
- Delays emergency c-section
- Restricts skin to skin & breastfeeding
- Impose psychological health risks

WHO, 2009:
“The use of shackling during labour must be completely banned.”

Image source: Strongfamiliesmovement.org
World Health Organization, 2009:
“To protect the health of the mother and of the newborn child, pregnancy should in principle be an obstacle to incarceration, both pre-trial and post-conviction, and pregnant women should not be imprisoned except for absolutely compelling reasons.
When a woman in prison is found to be pregnant, the need for her imprisonment should immediately be reviewed and continue to be reviewed throughout the pregnancy. Pregnant women in prison should be considered for non-custodial measures throughout their remaining prison term.”
Alternative Sentencing: Reduce Recidivism and Costs

- Community confinement
- Treatment centers
- Supervised residential facilities
- Probation plus clinical outpatient services
  - Substance abuse
  - Mental health

Sample programs:
- Mother & Infant Nurturing Together (MINT), Multiple sites, Federal Bureau of Prisons
- Women at Risk, Asheville NC
- Drew’s House/Justice Home, Brooklyn, NY
PUBLIC HEALTH ROLE
American Public Health Association: Social Practice of Mass Imprisonment

- Condemns the social structures that sanction mass imprisonment
- Acknowledges the disproportionate negative impact of the system on minority populations
- Calls for alternative responses to root causes of criminal activity including:
  - Poverty
  - Drug addiction
  - Unemployment
  - Homelessness
  - Illiteracy
Restoring justice:
From punishment to public health
Research into Action: Addressing Trauma

Image source: Centers for Disease Control and Prevention, 2014
Research into Action: Addressing Trauma

Elements of Gender-Responsive Practice

**RELATIONAL:** Work with women in a relational way to promote mutual respect and empathy.

**STRENGTHS-BASED:** Recognize that all women have strengths that can be mobilized.

**TRAUMA-INFORMED:** Recognize that the history and context of personal abuse plays an important role in how women respond to services.

**HOLISTIC:** Provide a comprehensive case management model that addresses the complex and multiple needs of women in conflict with the law.

**CULTURALLY COMPETENT:** Provide services that value and acknowledge the diverse cultural backgrounds of women.

*Source: Benedict, 2008.*

Image source: Modley and Giguere, 2010
Health in All Policies

“Health in all policies is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas”
- American Public Health Association & Public Health Institute, 2013

Image source: Rudolph, Caplan, Ben-Moshe, & Dillon, 2013
Healthcare Advocacy

Improve access and quality of physical and mental healthcare for those:

- At-risk of incarceration
- Who are incarcerated
- Upon release
Summary

The U.S. incarcerates more people than any other country.

Public health advocacy needed for:
- Research
- Prevention
- Alternative sentencing programs
- Improved healthcare in jails, prisons, and post-release
- Gender-responsive and trauma-informed care
Discussion Questions

How have you seen incarceration impacting public health in your own work?

Do you think public health leaders have an obligation in preventing mass incarceration? Why or why not?

What strategies would you want to tackle first?
  • Research?
  • Policy advocacy?
  • Other strategies?
References


References


Fettig, A. (2012). $4.1 million settlement puts jails on notice: Shackling pregnant women is unlawful. American Civil Liberties Union. Retrieved from [https://www.aclu.org/blog/content/41-million-settlement-puts-jails-notice-shackling-pregnant-women-unlawful](https://www.aclu.org/blog/content/41-million-settlement-puts-jails-notice-shackling-pregnant-women-unlawful)


References


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