

Recommendations for Improving Birth and Parenting Experiences for Incarcerated Women and  
their Infants to Increase Safety and Reduce Recidivism

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Recommendations for Improving Birth and Parenting Experiences for Incarcerated Women and  
their Infants to Increase Safety and Reduce Recidivism

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## **Abstract**

Recommendations for Improving Birth and Parenting Experiences for Incarcerated Women and their Infants to Increase Safety and Reduce Recidivism

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Under the Supervision of Dr. Mike Klemp-North

### **Statement of the Problem**

The rate of incarcerated women is on the rise, having jumped 646% between 1980 and 2010 (Arditti, 2015). Men still make up most of the incarcerated population, therefore research, policies, and programming are often focused on male offenders. However, there are now more women in prison than ever before – the majority of whom are mothers (National Women’s Law Center, 2010). In fact, judges are less likely to be lenient on mothers than fathers when deciding whether to sentence a defendant to prison (Freiburger, 2010). The rising rate of women, and mothers, in prison brings a demand for an increase in research, policies, and services that meet their gender-specific needs and benefit their children.

Two of the unique needs incarcerated pregnant and parenting women have are the needs for safe prenatal care and bonding time with their children. Though states are slowly adopting policies and developing programs to address these needs, the measures currently in place do not adequately meet incarcerated women’s needs. The National Women’s Law Center assigned letter grades to each state in 2010 in an assessment of shackling policies, prenatal care, and prison nurseries. In the categories of prenatal care and prison nurseries, 38 states received failing grades, while 36 states received failing grades for shackling laws and policies (National

Women's Law Center, 2010). Incarcerated women are not always receiving humane and safe care during pregnancy, nor are they experiencing adequate bonding time with their infants that promotes healthy development for infants and may reduce recidivism for mothers (Cramer et al., 2017).

Shackling is perhaps one of the most pressing issues to address in the category of proper prenatal care. Though some states have implemented legislation and policies regulating the practice of shackling pregnant inmates, as of 2018, 8 states still have no limitations on the practice (Chalabi, 2018). Shackling during pregnancy increases risk of injury and falling, while shackling immediately following birth increases risk of blood clots (Massachusetts Anti-Shackling Coalition, 2014). The practice can also delay or inhibit medical professionals from performing their duties, as well as cause unnecessary danger for the fetus (American Civil Liberties Union, 2012). Shackling during pregnancy and birth can also be retraumatizing for a woman who has experienced physical abuse or other trauma, making the birth event even more stressful (Bureau of Justice Assistance, 2014). It may even be considered cruel and unusual punishment (Ocen, 2012). Unless the inmate is posing a safety risk to herself or others, shackling during pregnancy and birth should not be common practice.

### **Methods of Approach**

The methodology for this study will be a review of secondary sources. The data sources for this research will consist of government websites, statistics, textbooks, scholarly journal articles, books, factsheets, literature reviews, and examples of existing policies and programs that address the issues presented in the paper. Data will largely be gathered through library search engine databases and through official .gov websites for empirical studies, literature reviews, and

evaluations of existing policies and programs. The existing policies and programs will also be compared to develop recommendations.

### **Anticipated Outcomes**

The purpose of this research is to draw attention to the inadequate care of incarcerated pregnant and parenting women; to highlight the benefits of implementing anti-shackling practices and other policies that benefit incarcerated mothers, such as visits from children and nursery or doula programs; and ultimately to provide recommendations for the safe care of pregnant and parenting inmates so that more states can begin to implement similar policies and programs.

Men make up the majority of the incarcerated population; therefore, incarcerated men are more often the subject of research than incarcerated women. This study will add to the literature on incarcerated women. This paper will be a useful resource for prison administrative staff to use as a guide in creating or improving policies that increase the safety and reduce the recidivism of incarcerated pregnant and parenting women. The paper will also serve as a reminder that gender-specific services are necessary and must be increased.

## TABLE OF CONTENTS

	Page
APPROVAL PAGE	i
TITLE PAGE	ii
ACKNOWLEDGEMENTS	iii
ABSTRACT	iv
TABLE OF CONTENTS	vii
I. INTRODUCTION	1
II. LITERATURE REVIEW	3
A. Introduction	
B. Incarcerated Mothers	
1. Maternal versus paternal incarceration	
2. Visitation	
3. Parenting programs	
C. Incarcerated Pregnant Women	
1. Shackling: An overview	
2. Shackling: Limited justification	
3. Shackling risks: Safety and health of mother and fetus/newborn	
4. Shackling risks: Cruel and unusual punishment	
5. Shackling risks: Trauma	
6. Mother-infant bonding	
D. Current Programs and Policies	
1. Shackling policies	
2. Doulas	
3. Nurseries	
4. Parenting programs	
E. Conclusion	
III. THEORETICAL FRAMEWORK	28
A. Introduction	
B. Attachment Theory	
C. Application of Attachment Theory	
D. Feminist Theory	
E. Application of Feminist Theory	
F. Conclusion	
IV. RECOMMENDATIONS	35
A. Introduction	

- B. Visitation
  - 1. Physical contact
  - 2. Setting and organization of visit
  - 3. Engagement between program staff and security staff
  - 4. Role of primary caregiver
  - 5. Respect of current family dynamics
  - 6. Duration and consistency of visits
  - 7. Implementing visiting into a gender-responsive parenting program
  - 8. Visiting alternative
- C. Parenting Programs
- D. Shackling Policies
- E. Doulas
- F. Nurseries
- G. Theoretical Basis

V.	CONCLUSIONS	48
VI.	REFERENCES	50

## I. INTRODUCTION

Men are often the subject of criminal justice research and reform, as the majority of those involved in the criminal justice system are men. This remains true when examining the specific population of incarcerated offenders. However, while most people in prison are men, more women than ever are in prison today, and the female inmate population continues to rise at a faster rate than that of men (The Sentencing Project, 2015). Unfortunately, despite this rapid growth, the needs of incarcerated women, especially pregnant and parenting women, are largely ignored by the carceral system.

Women mainly enter the criminal justice system through crimes of desperation (Bloom et al., 2004, as cited in Barak, Leighton, & Cotton, 2015). Women are more likely than men to be incarcerated for nonviolent offenses, most often drug or property crimes (The Sentencing Project, 2015; Bloom et al., 2004). These offenses are typically committed because women are trying to satisfy addictions or survive lives of abuse or poverty – most women who enter prison have been abused at some point in their lives (Bloom et al., 2004). The mandatory minimum sentences introduced during the war on drugs is a main cause of the influx of women in prison from 1980 to 2010 (Bloom et al., 2004). In fact, according to one study, mandatory minimum sentencing laws led to an 888 percent increase in the incarceration of women during a 10-year period (Bloom et al., 2004).

Once in prison, women face the unfortunate reality that the criminal justice and carceral systems were not designed for them. This makes sense, as until the war on drugs, there were very few women in prison. However, it is time for the system to catch up to the needs of its populations. The rate of incarcerated women rose at a rate of over 50% more than the increase of

incarcerated men between 1980 and 2014 (The Sentencing Project, 2015). Women are being incarcerated faster than the correctional system can accommodate their needs.

Most incarcerated women are mothers, and approximately six percent are pregnant (National Women's Law Center, 2010; American Civil Liberties Union, 2012). They face a myriad of issues including lack of bonding time with their children, poor parenting skills, inhumane shackling policies, and traumatizing birth experiences. The effective acknowledgement and treatment of these issues can potentially lead to safer incarceration experiences and reductions in recidivism. However, women's prisons across the country have yet to take the necessary steps to address these issues.

Feminist and attachment theories provide the theoretical framework for the issues presented in this paper. Feminist theory focuses on the unequal opportunities for women and the control of women's bodies. Attachment theory is based on the importance of mother-child bonding during the early years of life. These theories provide lenses through which to view the problems of incarcerated pregnant and parenting women, as well as foundations for developing solutions to the problems.

Several programs and policies are in place that serve as models for other states to use when implementing their own measures to address the problems of incarcerated pregnant and parenting women. These include extended or specialized visiting programs for children, parenting education programs, doulas for support during labor and birth, prison nursery programs for new mothers, and policies that severely limit or ban the practice of shackling pregnant women.

This paper will begin by examining the needs and rights of incarcerated pregnant and parenting women and their infants, including lack of visitation from family, the need for support during birth, the benefits of parenting programs and prison nurseries, and why the shackling of

pregnant women should be restricted or banned. The exploration of existing issues will be followed by explanations of the theories that best interact with these problems. The theoretical frameworks will then be implemented into recommendations for ideal policies and programs that address the problems of pregnant and parenting women. A conclusion will end the paper. This paper will articulate the importance of creating and improving gender-specific policies and programs for pregnant and parenting incarcerated women.

## **II. LITERATURE REVIEW: Incarcerated pregnant and parenting women**

### **A. Introduction**

When the term “inmate” comes to mind, one may not picture a woman or a parent. However, most incarcerated women are mothers, and it is estimated that approximately one million children in the United States have been affected by maternal incarceration (Arditti, 2015). Additionally, approximately six percent of incarcerated women are pregnant when they enter prison (American Civil Liberties Union, 2012). The American correctional system is overwhelmingly designed to meet the needs of male offenders, not female offenders, let alone pregnant women and mothers (Sufrin, 2017). With the rate of incarcerated women at an all-time high that is continuing to climb, the need for gender responsive policies has never been so dire. The unique issues facing incarcerated pregnant and parenting women have received more attention in recent research, yet the literature has not brought about the necessary inundation of policy changes to address these needs with adequate policies and programming.

While the issues surrounding incarcerated fathers are certainly not to be ignored, as there are many more men in prison than there are women, it can be argued that the issues surrounding incarcerated mothers and pregnant women presently deserve more attention than those of incarcerated fathers, because correctional agencies have not yet adequately addressed women’s

issues. Problems affecting incarcerated pregnant and parenting women not only often go unaddressed, but they also more directly affect the children involved than issues involving incarcerated fathers. For example, compared to children of incarcerated fathers, children of incarcerated mothers are more likely to have witnessed their incarcerated parent's criminal activities and subsequent arrest, which has the potential to create psychological trauma (Dallaire & Wilson, 2010). Additionally, shackling pregnant incarcerated women may lead to health risks and complications for both mother and fetus (Massachusetts Anti-Shackling Coalition, 2014). These examples are just two ways in which the incarceration of pregnant and parenting women has a detrimental effect on their children.

This literature review will examine some of the most prevalent issues facing incarcerated pregnant and parenting women today, along with the existing measures that have been taken to address these issues and the need for more of these programs and policies. The first section will detail the characteristics and problems of incarcerated mothers. The second section will explore the common issues surrounding incarcerated pregnant women. Finally, the third section will address the gender-specific programs and policies that are helping to alleviate some of the problems facing incarcerated pregnant and parenting women. The literature review will end with a conclusion summarizing the research discussed.

## **B. Incarcerated Mothers**

Arditti (2015) classifies incarcerated mothers as one of the most vulnerable people groups, while the United Nations Committee for the Rights of the Child classifies the children of incarcerated mothers as the same (Hamper, 2014). Children with incarcerated mothers lose important bonding and attachment time with their mothers, putting them at increased risk for economic difficulties, disordered behavior, abuse victimization, mental health issues, delinquent

behavior, codependency, risky sexual behaviors, and substance abuse (Arditti, 2015; Hamper, 2014). Unfortunately, incarcerated mothers face many of these issues themselves. Most mothers in prison come from highly underprivileged backgrounds and have typically experienced trauma, victimization, and have mental health issues (American Psychological Association, 2017; Arditti, 2015; Vainik, 2008). Additionally, they are likely to have less than a high school education, low levels of employment, and struggle with substance abuse (Vainik, 2008). Their incarceration only leads to further disadvantage for these women and their families.

**1. Maternal versus paternal incarceration.** Due to patriarchal gender roles strongly influencing the structure of American families, incarcerated women are more likely than incarcerated men to have been the primary caregiver of their children prior to incarceration (Glaze & Maruschak, 2008). This leaves more children without a caregiver when a mother goes to prison than when a father goes to prison – just 37 percent of incarcerated mothers report that their children are living with their father during the mother’s incarceration, compared to 89 percent of incarcerated fathers who report that their children are living with their mother during the father’s incarceration (Arditti, 2015). Children of incarcerated mothers are also more likely to be placed in the foster care system during the mother’s incarceration if they are children, and to be incarcerated themselves during the mother’s incarceration if they are adults, as opposed to children of incarcerated fathers (Raeder, 2013). These disparities imply that it is crucial for a mother’s involvement in her children’s lives not to cease when she enters prison.

While it is a more common occurrence for a child to have a father in prison than a mother, the negative effects of maternal incarceration stretch beyond the mother’s own family unit in a way that paternal incarceration does not. Hagan and Foster (2012) discovered that in schools in which students had incarcerated mothers, even the students who did not have

incarcerated mothers experienced the “spillover effects” of maternal incarceration, including poor academic performance and low rates of college graduation. These effects were more common when classmates had incarcerated mothers as opposed to incarcerated fathers (Hagan & Foster, 2012). If just six percent of a student body is experiencing maternal incarceration, the rest of the students begin to experience the ripple effect (Hagan & Foster, 2012).

**2. Visitation.** Clearly, maternal involvement is necessary for the wellbeing of incarcerated mothers and their children. Staying connected to each other can begin to alleviate the effects of maternal incarceration on mothers and children alike. One way for this involvement and parent-child bonding to happen is through visiting, which has been proven to be an overall beneficial experience for the children and to contribute to the mother’s successful community reentry and reunification with her family (Cramer, Goff, Peterson, & Sandstrom, 2017; Urban & Burton, 2015; Raeder, 2013).

Before delving into the benefits of visiting, it should be noted that there are always exceptions and visiting is not necessarily advantageous in all situations. For example, parents may be embarrassed to be incarcerated and may prefer for their children not to see them (Cramer et al., 2017). Additionally, visiting frequently familiarizes children with the correctional system, which is not necessarily a good thing (Cramer et al., 2017). Conversely, non-contact visits and high-security facilities can cause confusion, stress, and fear, especially in younger children (Cramer et al., 2017).

However, for the most part, contact visits, especially those that allow physical contact and some degree of privacy, benefit both parent and child (Cramer et al., 2017). Visitation can improve a child’s emotional wellbeing, school performance, and strengthen their bond with their parent (Cramer et al., 2017). For parents, visitation can improve bonds with their children,

motivate them to behave well and participate in programming, and even has the potential to contribute to a reduction in recidivism, especially if their children visit consistently (Cramer et al., 2017; Raeder, 2013).

Yet, despite all the benefits it entails, visiting a loved one in prison is not always as feasible as it may sound. Unfortunately, approximately half of children with imprisoned mothers are unable to visit their mothers during their incarceration (Hagan & Foster, 2012). In fact, women, mothers or not, are less likely to receive visits from their family members while in prison than men (Chowdhury, 2016). This lack of maintaining family connection can lead to a deterioration in mental health, which can in turn be a potential factor in reoffending upon release (Chowdhury, 2016).

It appears that a major factor in the lower rates of visitation is the placement of women's correctional facilities. Prisons are generally built in rural areas (Vainik, 2008; Huling, 2002). In addition, there are fewer women in prison than there are men, therefore there are fewer prisons for women. These factors contribute to women being more likely than men to be housed in a facility that is far away from their children (Raeder, 2013). This presents complications regarding traveling to visit an incarcerated loved one, especially for low-income families and caregivers. Additionally, because children of incarcerated mothers are likely to live with a caregiver other than their father, the caregiver may have a strained or nonexistent relationship with the mother, which can be another factor in a lack of visitation (Cramer et al., 2017; Raeder, 2013).

**3. Parenting programs.** While women may be less likely to receive visits in prison, they are more likely than men to be housed in a facility that offers parenting programs (Cramer et al., 2017). Parenting programs are especially important for women because they are more likely than

men in prison to have experienced parental abuse themselves (Urban & Burton, 2015).

Interventions to improve parenting skills, break cycles of abuse, and ultimately break familial cycles of incarceration are crucial (Urban & Burton, 2015). These programs are also necessary because, as previously noted, most incarcerated mothers are the primary caregivers for their children before and after incarceration.

### **C. Incarcerated Pregnant Women**

Many women are already mothers when they enter prison. Some, however, are expectant mothers who will give birth during their incarceration. The Sentencing Project (2006, as cited in Sichel, 2008) estimates that 2,000 babies are born to incarcerated women each year. This particular category of the incarcerated population that is arguably often forgotten has a host of needs and rights that must be recognized. The topic of prisoners' rights often brings to mind issues such as overcrowding, freedoms of religion and speech, and solitary confinement. While these are important, there are several pertinent issues at the forefront of the intersection of women's rights and inmates' rights that are not given an equitable amount of attention. These include freedom from shackling during pregnancy, birth, and postpartum; pumping and storing breastmilk; and bonding with one's infant. Women deserve to have these needs examined, acknowledged, and addressed through policy and programs (Vainik, 2008). This portion of the literature review will examine in detail the various justifications, risks, and policies associated with the restraint of pregnant and delivering incarcerated women.

**1. Shackling: An overview.** Shackling is perhaps the most significant issue affecting pregnant, laboring, delivering, and newly postpartum incarcerated women. Approximately 2,000 babies and their mothers are potentially exposed to the damaging physical and psychological effects of shackling each year in American prisons (The Sentencing Project, 2006, as cited in

Sichel, 2008). However, this number is a rough estimate, as the federal government does not require any data collection on the number of babies born to incarcerated women, therefore it is not always officially collected and reported (American Psychological Association, 2017).

For purposes of this paper, “shackling” will refer to the physical restraint of inmates through the application of mechanical restraints in the form of any combination of handcuffs, flex cuffs (zip ties), soft restraints, leg irons, or waist chains, and the black box that connects several forms of restraints together (American Medical Association, 2010). Shackling is an unnecessary and dangerous method of control to impose upon pregnant, delivering, and newly postpartum women. It has been argued that the defilement of a woman’s right to a healthy and safe pregnancy and birth, free of shackles, is a form of cruel and unusual punishment, which is a violation of the Eighth Amendment (Raeder, 2013; Ocen, 2012; Sichel, 2008; Vainik, 2008).

Numerous public agencies, nonprofit organizations, professional associations, and task forces have joined the growing number of those critical of the practice of shackling pregnant women. These include the American Psychological Association (2017); American Medical Association (2015); National Task Force on the Use of Restraints with Pregnant Women and Girls Under Correctional Custody (2014); American Bar Association (Raeder, 2013); American College of Nurse Midwives (Raeder, 2013); National Commission on Correctional Healthcare (Raeder, 2013); Association of Women’s Health, Obstetric, and Neonatal Nurses (Raeder, 2013); Amnesty International (Raeder, 2013); Human Rights Watch (Raeder, 2013); United Nations Special Rapporteur on Violence Against Women (Raeder, 2013); American Civil Liberties Union (2012); United Nations’ Committee Against Torture (American Civil Liberties Union, 2012); American College of Obstetricians and Gynecologists (2011); and the American Public Health Association (as cited in American Civil Liberties Union, 2012).

It is generally agreed upon among these organizations that the use of restraints on pregnant, delivering, and newly postpartum women should be restricted or fully banned, especially the use of the belly chain. Most recommendations state that restraints should only be used in extreme circumstances on pregnant, delivering, and newly postpartum inmates. These circumstances include the mother putting herself, her fetus or newborn, correctional staff, or hospital staff in immediate danger, or posing an immediate escape risk. These organizations also generally agree that restraints should only be used in these cases when there are no other security measures that will effectively address the imminent risk. It is troubling that so many respected agencies are outspoken about the injustices of shackling pregnant women and there are still no uniform policies in place regulating the practice across all correctional agencies.

**2. Shackling: Limited justification.** The practice of using restraints in correctional facilities was originally established to keep staff safe and secure when working with male inmates (Bureau of Justice Assistance, 2014). Though the use of mechanical restraints is a common practice throughout correctional facilities, there is almost no need in terms of security to exercise this type of control over pregnant offenders (Sufrin, 2017; Griggs, 2008). Shackling, more than anything, serves to pose safety and health risks to the women being shackled, and does little to enhance public safety (Sufrin, 2017). Female offenders are generally much less violent than male offenders, as they are typically imprisoned for drug-related crimes (Bureau of Justice Assistance, 2014; Doetzer, 2008; Griggs, 2008; Bloom et al., 2004). This implies there is inherently less justification for restraining female inmates, whether or not they are pregnant. Thus, the justification is limited even further when a female inmate is pregnant.

Those states that allow the practice commonly cite potential violence or escape as justifications. However, there is no sufficient data to support this rationale for shackling

(American College of Obstetricians and Gynecologists, 2011). When a woman is pregnant, and certainly while she is in labor, it physically inhibits her ability to escape from custody or pose a physical threat to correctional or hospital staff (Griggs, 2012; Doetzer, 2008; Sicher, 2008). Many states that have limitations on shackling do allow for the restraint of pregnant inmates in the rare occasion they become violent toward staff, attempt to harm themselves or their fetus (or newborn), or attempt to escape from custody (American Psychological Association, 2017). However, there are usually other safeguards in place that do not necessitate shackling. For example, corrections officers are typically in the hospital room during labor and birth to ensure the safety of all present (American Civil Liberties Union, 2012). Applying restraints to pregnant women has the potential to cause physical and psychological distress, and even lasting damage, to the mother and her fetus or newborn during pregnancy, labor, birth, and in the postpartum period (Bureau of Justice Assistance, 2014). These risks will be explored in detail in later sections.

**3. Shackling risks: Safety and health of mother and fetus/newborn.** Some of the physical risks of shackling are clear, while others are more surprising. One of the more obvious risks is that shackling increases the risk of tripping and falling (Sufrin, 2017; American Psychological Association, 2017; Massachusetts Anti-Shackling Coalition, 2014; American College of Obstetricians and Gynecologists, 2011). The risk of falling while shackled is made even more imminent when a woman is pregnant (American Civil Liberties Union, 2012; American College of Obstetricians and Gynecologists, 2011). It is difficult to break one's fall while in restraints, so a fall for a pregnant shackled woman can mean injury to herself, her fetus, or both (American Medical Association, 2015). Thus, shackling creates the potential to injure both mother and fetus to the point of causing permanent injury to the mother and brain damage

to the fetus or even a miscarriage (American Psychological Association, 2017; Civil Liberties Union, 2012). The Bureau of Justice Assistance (2014) recommends that should a pregnant offender need to be shackled in cases of a flight risk or dangerous behavior, she should be restrained at the wrists only, and the wrists should be placed in front of her rather than behind her, so she can have a better chance of catching herself should she trip and fall.

Shackling restricts free movement, which may sound like a simple inconvenience, but this limitation can be life-threatening. The freedom to move around during labor, delivery, and the immediate postpartum period is necessary not only for comfort and pain control, but also for full dilation and a safe birth (American Medical Association, 2015; American College of Obstetricians and Gynecologists, 2011). Shackling can potentially cause delays and complications should medical staff need to intervene in the birthing process or perform an emergency procedure (American Medical Association, 2015). If an emergency cesarean section procedure becomes necessary for reasons such as an abnormal fetus heartbeat or shoulder dystocia, and there is a delay of even five minutes, the unborn child could suffer future permanent brain damage as a result (American College of Obstetricians and Gynecologists, 2011; American Civil Liberties Union, 2012). The hindrance of the woman's ability to move freely caused by shackling can also increase the risk of blood clots, which are prone to occur in pregnant and newly postpartum women (American College of Obstetricians and Gynecologists, 2011).

There are other effects of shackling that are not as immediately apparent as the physical interference with falling and giving birth. Shackling can also inhibit a medical provider's ability to provide epidurals or to perform assessments for conditions such as early labor, vaginal bleeding, or appendicitis during pregnancy (American Psychological Association, 2017; College

of Obstetricians and Gynecologists, 2011). This can put both the woman and her fetus in danger. Shackles can also make it difficult to tend to a patient experiencing seizures, which can be caused by preeclampsia, a hypertensive condition that can affect pregnant women and may even lead to death (American College of Obstetricians and Gynecologists, 2011).

Shackling during labor and birth can cause bodily trauma during birth and lasting physical damage. Shawanna Nelson, who was shackled during labor, experienced a hip dislocation that caused an umbilical hernia, tearing in her stomach muscles, and lasting discomfort and deformities (American Psychological Association, 2017). She also soiled her bed due to being chained to it, which put her at increased risk for infection (Griggs, 2008). In another case, Maria Jones was shackled to her bed and unable to open her legs properly while giving birth (Amnesty USA, as cited in Sichel, 2008). The practice can also lead to exacerbation of existing mental health issues, which women in prison are likely to already have, or lead to new mental health problems (American Psychological Association, 2017).

**4. Shackling risks: Cruel and unusual punishment.** Some argue that shackling a pregnant woman is degrading and inhumane to the point of constituting cruel and unusual punishment, which every prisoner has the right to be free from experiencing, according to the Eighth Amendment of the United States Constitution (Griggs, 2008). An Eighth Amendment violation claim must prove that a corrections official was “deliberately indifferent by knowing of and disregarding a serious medical need or a substantial risk to an inmate’s health or safety” (Raeder, 2013, p. 7).

Griggs (2008, p. 257) makes the case that there is “no penological purpose” for shackling women during labor and birth, because there is no deterrent relationship between committing a crime and being shackled while one gives birth. She argues that the restraints do not punish the

act of committing a crime itself, but that shackling during labor and birth shifts the punishment to being restrained for being pregnant, as a woman's sentence is not influenced by whether she is pregnant (Griggs, 2008). Griggs (2008) also asserts that shackling a pregnant woman does not contribute to public safety, because they are not generally a safety risk in the first place (Griggs, 2008). Shackles largely serve to make labor and birth more difficult and have little to no bearing on whether the woman will attempt to escape, because being pregnant already makes escape difficult (Griggs, 2008).

The number of lawsuits citing human rights violations and Eighth Amendment rights violations related to shackling women during labor and birth continues to grow (Bureau of Justice Assistance, 2014). Women have been awarded damages for wrongful deaths due to stillbirths and miscarriages resulting from shackling (Bureau of Justice Assistance, 2014). This has contributed to an increasing collection of case law for future plaintiffs to reference when more lawsuits undoubtedly surface (Bureau of Justice Assistance, 2014). Shackling is degrading and unjustifiable, which are the primary reasons to cease the practice; however, it appears that a removal of the practice would also have the benefit of fewer lawsuits brought against correctional agencies for wrongful treatment of those in their custody.

**5. Shackling risks: Trauma.** Shackling women during pregnancy, labor, and birth is associated with more than just physical risks and injuries. The practice can exacerbate existing psychological trauma or create new traumatic experiences that cause stress for both mother and fetus during birth and have lasting effects (Bureau of Justice Assistance, 2014). Women, especially those involved in the criminal justice system, are already susceptible to depression, post-traumatic stress disorder, and other mental health disorders during the pregnancy and postpartum periods (Bureau of Justice Assistance, 2014). They are also likely to have

experienced domestic abuse, sexual assault, or substance abuse, all of which can lead to trauma and mental health problems (American Psychological Association, 2017). Shackling only serves to worsen these issues. Women have reported that being shackled during labor and birth is traumatizing, distressing, humiliating, and degrading (American Psychological Association, 2017; Sichel, 2008). Vainik (2008) argues that shackling sends a deliberate message of shame to incarcerated women and their infants, implying that their birth experience is not to be celebrated, as birth usually is, and that they are societal outcasts. Ocen (2012) compares the justification of shackling of pregnant women to the justification of enslaving black women – that is, it is baseless and cruel.

**6. Mother-infant bonding.** After birth, incarcerated women face another distressing experience – that of being separated from their infants. Typically, infants of incarcerated women go to a family member who is willing to take care of them until the mother is released, or enter foster care (Hamper, 2014). This separation is traumatic for mother and child. Incarcerated women report experiencing guilt, trauma, depression, and separation anxiety after being separated from their infants (Hamper, 2014).

However, there is a case to be made for keeping mothers and infants together during the mother's incarceration. Research has shown that infants who are able to stay with their mothers for their first 24 months of life tend to develop appropriately and form secure attachments (Center for Education Leadership in Maternal and Child Public Health at the University of Minnesota, 2015). Additionally, nursery programs prove to reduce recidivism and to be rehabilitative for mothers (Hamper, 2014). These programs usually have high standards of behavior and allow the mother to be fully responsible for the care of her infant, both of which prepare her for life after release (Hamper, 2014).

While some prisons do provide these nursery programs for mothers to care for and bond with their infants, it is not the norm to provide these spaces for new mothers: as of March 2018, only 11 states and the Bureau of Prisons provide nurseries (Caniglia, 2018). Prison nurseries were fairly common in the United States until the 1960s (Hamper, 2014). By the 1980s, many facilities wanted to bring them back, but lacked the financial means to do so (Hamper, 2014). Today, they are slowly increasing in number and producing overall positive results. However, there are opponents of prison nurseries who argue that the inherent stress of a prison environment and lack of interaction with men do not make for a suitable environment for infants (Hamper, 2014).

#### **D. Programs and Policies for Pregnant and Parenting Women**

This literature review has explored the various issues affecting pregnant and parenting incarcerated women. The scope of these problems shows there is an urgent need for services and programming for these women. This portion of the literature review will explore existing programs and policies that are effectively addressing these issues.

**1. Shackling policies.** There is a lack of uniformity among laws, policies, and practices regarding the shackling of pregnant inmates: some states, along with the federal correctional system, have legislations and policies in place that regulate and even ban the use of restraints on pregnant, laboring, delivering, and postpartum mothers, while others have not yet addressed the issue. The resulting variety of legislation and policies contributes to the problem of implementing and enforcing regulations regarding best practices.

As of March 2018, 19 states have passed legislation restricting the shackling of pregnant, delivering, and newly postpartum female inmates; 21 states have policies regulating the practice, but no legislation; and 8 states have no form of regulation or restriction (Chalabi, 2018).

Nationwide, the Federal Bureau of Prisons, American Correctional Association, U.S. Marshals Service, and U.S. Immigration and Customs Enforcement have all imposed extreme limitations on the shackling of pregnant inmates, especially during the stages of active labor and birth: restraints are not to be used unless the mother is presenting as an extreme danger to herself, her fetus, or others, or there is a major escape risk (American Psychological Association, 2017; Federal Bureau of Prisons, 2014; American Civil Liberties Union, 2012; American College of Obstetricians and Gynecologists, 2011). Just three states – California, Illinois, and New York – have banned the practice entirely (Chalabi, 2018). The success of those agencies that have implemented regulations and bans should be a sign to all agencies to follow suit: none of the states that have restricted the restraint of pregnant inmates have reported staff assaults or escape attempts from women who are in labor (American Psychological Association, 2017; Civil Liberties Union, 2012).

**2. Doulas.** Several states have doula programs to assist in the preparation for parenthood and to be present throughout the birth process. The Minnesota Department of Corrections partners with a privately funded organization called the Minnesota Prison Doula Project, or MnPDP, which was established in 2011 (Minnesota Department of Corrections, 2017). To date, the program has served 123 women at the Minnesota Correctional Facility in Shakopee, Minnesota (Minnesota Department of Corrections, 2017).

The MnPDP provides doulas who meet with pregnant offenders throughout their pregnancy to provide individual support, discussion groups, and parenting education (Minnesota Department of Corrections, 2017). When a woman goes into labor, her assigned doula is called and reports to the hospital to be present throughout the labor and birth processes (Minnesota Department of Corrections, 2017). Doulas are not medical professionals. They are present at the

birth for emotional support and physical comfort, as the only other people present in the room are corrections officers and medical providers (Minnesota Department of Corrections, 2017).

Women in Minnesota may not keep their infants with them upon returning to the facility, so the separation period can be traumatic. For this reason, the doula also checks in on the new mother with at least two in-person visits shortly after the birth, when she returns to the facility (Minnesota Department of Corrections, 2017).

The program is voluntary, but those who choose to participate report satisfaction with the program, increased confidence in their parenting skills, and fewer signs of depression (Minnesota Department of Corrections, 2017). In 2015, Minnesota passed legislation banning the use of restraints on pregnant women, except in cases of escape risk or threat of the mother harming herself or others – and even then, the waist chain is not to be used (Minnesota Department of Corrections, 2017). Though it has not been proven that the MnPDP and the anti-shackling legislation are directly responsible, there has been a decrease in cesarean section births among incarcerated Minnesotan women since the implementation of the two measures (Minnesota Department of Corrections, 2017). This has saved the state \$8,000 per birth (Sawyer, 2016).

In Seattle, the King County Correctional Facility also uses a doula program. Schroeder and Bell (2005) evaluated the program and found that nobody in the jail refused the service when offered, all program participants reported having positive birth experiences, especially when compared to previous birth experiences. The women noted that a crucial aspect of the program was the consistency of the doula's presence. While the doctors, nurses, and corrections officers changed shifts, the doula was a constant presence and a familiar person, as the women got a chance to meet the doula prior to the birth (Schroeder & Bell, 2005). Additionally, corrections

officers and hospital staff present at inmate births reported that all program participants seemed to be satisfied with the program's services (Schroeder & Bell, 2005).

**3. Nurseries.** Currently, California, Delaware, Illinois, Indiana, Nebraska, New York, Ohio, South Dakota, Texas, Washington, and West Virginia provide prison nursery programs, along with the U.S. Bureau of Prisons (Caniglia, 2018). Infants can stay with their mothers anywhere from 30 days through 3 years depending on the state and its program (Hamper, 2014). It is recommended among proponents of prison nurseries that babies be allowed to stay with their mothers for a minimum of 12 months for the baby to have ample time to form appropriate attachment (Hamper, 2014). Typically, these programs require strict adherence to facility rules and participation in education, parenting education, and mental health counseling (Hamper, 2014). While prison nursery programs are not perfect, they have generally produced positive outcomes, notably in the form of reduced recidivism among participants (Smith Goshin & Woods Byrne, 2009).

The Ohio Reformatory for Women in Marysville, Ohio houses the state's only prison nursery, titled ABCS, an acronym for Achieving Baby Care Success (Yoho & Backes, 2015). If a mother who has given birth in custody is accepted into the program, she and her baby are permitted to stay in the nursery together for up to 36 months (Yoho & Backes, 2015). The program is designed to provide young mothers with histories of unemployment and substance abuse with education and skills so they can properly care for their babies and prepare for a productive life outside of prison (Yoho & Backes, 2015). ABCS also aims to reduce recidivism by mimicking what life will be like for these mothers and children after release (Yoho & Backes, 2015).

The program has strict admission requirements. Among other criteria, the mother must have no violent offenses, no crimes against children, be classified as medium or minimum custody, be medically screened and approved, agree to participate in all programming, and adhere to all rules and behavior standards (Yoho & Backes, 2015). Infants who were born addicted to drugs and are not on medication, who have a family history of SIDS, and who have other special needs the program is unable to oblige are not able to enter the program (Yoho & Backes, 2015).

ABCS can accommodate up to 20 mothers and their babies (Yoho & Backes, 2015). Rooms are decorated with bright colors, toys, and blankets (Yoho & Backes, 2015). There is a craft area where mothers can create items for their babies and an outdoor play area where mothers can play with their toddlers (Yoho & Backes, 2015). In addition to prison employees, the program is run by extra security staff, a pediatrician on standby, and inmates who are screened and trained as nannies (Yoho & Backes, 2015). Program staff are trained in various areas such as communication; domestic abuse and neglect; child development, health, and nutrition; and coping with stress (Yoho & Backes, 2015). Mothers receive education in these areas as part of the program (Yoho & Backes, 2015). ABCS also connects mothers to agencies such as WIC and Head Start (Yoho & Backes, 2015). Mothers are primarily responsible for caring for their own infants as they would when they are released (Yoho & Backes, 2015). Infants receive routine medical treatment such as immunizations and are examined by a pediatrician weekly (Yoho & Backes, 2015).

The program's priority is to deliver care and supervision for incarcerated mothers and their infants to prepare them for motherhood on the outside through consistent medical care, a nonjudgmental environment, and life skills education (Yoho & Backes, 2015). The foundation of

a healthy relationship between mother and infant along with new knowledge of how to cope with stressors prepares mothers for independence (Yoho & Backes, 2015). ABCS participants have demonstrated reduced levels of recidivism upon completing the program (Yoho & Backes, 2015).

The Lakin Correctional Center in West Columbia, West Virginia is home to another prison nursery program, KIDS, which stands for Keeping Infant Development Successful (Nohe, 2014). Much like ABCS, KIDS has stringent requirements for program admission. Participants must be pregnant upon arrival at the facility, deliver their baby while in custody, be eligible for parole or release before the child is 18 months old, be deemed mentally and physically fit to care for an infant, be screened by CPS, and agree to participate in all program activities (Nohe, 2014). Those with violent offenses, offenses against children, or sexual offenses are automatically disqualified (Nohe, 2014).

A modular home on the prison grounds that can fit up to five women and their babies houses KIDS (Nohe, 2014). Program supplies such as baby clothes, toys, and an outdoor play area have been donated to the program (Nohe, 2014). Friends and families are also allowed to send in items from an approved list once per month (Nohe, 2014). There is always a female corrections officer supervising the program, and, much like ABCS, KIDS employs an inmate nanny who is screened in the same manner the mothers are (Nohe, 2014). The nanny cares for the babies when the mothers are in parenting or education classes, as they are unable to bring their babies into general population with them (Nohe, 2014). In another similar fashion to ABCS, mothers in the KIDS program are responsible for their infants' daily supervision and care, providing them with ample bonding time with their infants in a vital stage of life (Nohe, 2014).

Mothers and children in KIDS participate in Early Head Start, which provides education on child rearing, infant health and safety, nutrition, and counseling for parents (Nohe, 2014). Early Head Start also consists of age-appropriate stimulation for infants and periodic assessments to determine whether the baby is developing normally (Nohe, 2014). Mothers and babies may visit with friends and family members in the general population visiting room (Nohe, 2014). Once per month, KIDS mothers and babies are also allowed to visit with general population mothers and their children, so long as they are under three years old and their mothers have custody, to encourage proper socialization (Nohe, 2014). The father or grandparents of an infant in KIDS is also permitted to take the child overnight for up to three nights, provided they are on the mother's approved list of visitors (Nohe, 2014).

KIDS potentially saves the state of West Virginia up to \$1,000 per month, per infant, by eliminating the need to place the babies in foster care (Nohe, 2014). The program has also contributed to a reduction in recidivism: all participants who have successfully completed KIDS have not returned to prison (Nohe, 2014).

The Indiana Women's Prison is home to the Wee Ones Nursery, or WON (Fritz & Whiteacre, 2016). WON has similar eligibility criteria for admission as other comparable programs: the mother must be pregnant upon her admission to prison, she must be projected to be released within 18 months of her anticipated due date, she must not have violent offenses or offenses against children, must be expected to retain custody of her child, and both mother and baby must meet strict mental and physical health standards (Koch & Tomlin, 2010, as cited in Fritz & Whiteacre, 2016).

Up to 10 mothers and their babies may be in the program at a time, and they are housed in a separate unit from the rest of the population (Fritz & Whiteacre, 2016). Unlike some other

programs in which mothers may have to share rooms, WON provides single cells with cribs (Fritz & Whiteacre, 2016). The unit is supervised by corrections officers and there are four inmate nannies who watch the babies while the mothers are in their programming or at medical appointments (Fritz & Whiteacre, 2016). Mothers must participate in parenting education and cannot have a prison industry job during their time in WON (Fritz & Whiteacre, 2016). WON participants receive lactation consultations and are encouraged to breastfeed their babies (Fritz & Whiteacre, 2016).

WON participants have a rare opportunity among prison birthing policies and nursery programs – they may have a labor and birth coach of their choosing present during their delivery, provided the coach is a spouse, female family member, or female friend (Fritz & Whiteacre, 2016). However, in apparent contrast to this humane policy, pregnant women in Indiana are still partially restrained during pregnancy and labor (Fritz & Whiteacre, 2016). Handcuffs are used, but typically not leg irons or waist chains, during the transport to the hospital (Fritz & Whiteacre, 2016). Once at the hospital, women are restrained to their bed with a chain long enough to allow access to the bathroom, but the chain is removed once the hospital staff determine the mother is in the phase of active labor (Fritz & Whiteacre, 2016). While this is a fairly lenient shackling policy, it still appears to be contradictory to the principles of WON.

In an assessment of WON, in which program participants were compared to women who had been eligible but had not been participants because they were incarcerated prior to the program's development, the authors found that WON participants reported a significantly higher level of effective parenting skills than non-participants (Whiteacre et al., 2013). Though non-participants were permitted to pump and send out breastmilk, another rarity among prison policies concerning mothers, WON participants had a markedly higher rate of breastfeeding after

release than non-participants (Fritz & Whiteacre, 2016). The cost of pumping and storage equipment was a main factor in the lack of maintaining milk supply for non-participants (Fritz & Whiteacre, 2016). Additionally, both participants and non-participants reported negative emotions associated with their birth experience due to being restrained, with WON participants surprisingly reporting higher rates of dissatisfaction than non-participants (Fritz & Whiteacre, 2016). Participants also reported some conflict with and distrust of the nannies (Fritz & Whiteacre, 2016).

Though some participants reported some negative experiences, most WON participants noted that the positives outweighed the negatives and recommended that all eligible women apply for the program (Fritz & Whiteacre, 2016). WON participants also reoffended at lower rates than non-participants upon release from prison (Whiteacre et al., 2013). While reduced recidivism is not an openly stated goal of the program, it can be inferred that being at home with one's child rather than returning to incarceration contributes to an improved mother-child relationship, and that the healthy mother-child relationship in turn reduces the desire to reoffend and return to prison.

**4. Parenting programs.** While nurseries are an option in a select few states for those who give birth in custody, most women entering prison are already mothers and need programming that addresses their right to be able to continue to bond with their children. Fortunately, most women's prisons offer some form of parenting programs. These programs may contain elements of education, extended visits with one's children, and support groups for both mothers and children.

The Turning Points curriculum, part of the PATCH (Parents and Their Children) initiative at the Chillicothe Correctional Center in Missouri, is one such program. Urban and

Burton (2015) conducted a study that demonstrated the benefits of Turning Points, which is contains three main components: in-depth education, discussion and support groups, and extended supervised visits with one's children. Mothers must first complete 10 lessons on topics such as handling both their children's and their own emotions appropriately, repairing trust, effective discipline methods, communication, and maltreatment prevention (Urban & Burton, 2015). Once they complete these courses, they are eligible for a four-hour supervised visit with their children, away from general population in a private room with comfortable furniture, toys, games, books, and activities for the mother and child to do together (Urban & Burton, 2015). Lunch is provided and commemorative photos are taken at PATCH visits (Urban & Burton, 2015). Mothers must then attend at least three discussion groups before they are eligible for another extended visit (Urban & Burton, 2015).

Over a period of three years, incarcerated mothers learned, and, perhaps more importantly, retained the new information they had learned about discipline and communication within the parent-child relationship (Urban & Burton, 2015). These elements are especially vital when one is trying to unlearn the unhealthy parenting tactics they may have experienced. The researchers found that 75 percent of Turning Points participants reported increased knowledge of parenting, 59 percent reported learning new parenting skills, and 57 percent higher levels of confidence in themselves as parents upon completing the program (Urban & Burton, 2015).

The Adult Detention Center in Bexar County, Washington, is home to MATCH, which is similar to PATCH but specifically designed for mothers (Hughes, 2016). The jail has been home to the program for over 30 years and was the first correctional facility to implement it (Hughes, 2016). MATCH consists of education and contact visits, with a goal of showing children that their mothers can succeed despite the obstacles they have faced (Hughes, 2016). In addition to

these components, MATCH has a unique partnership with a “bookless library” (Hughes, 2016, p. 55) that provides tablets pre-loaded with parenting books for program participants to read. Much like other parenting programs, MATCH participants are housed together in the detention center (Hughes, 2016).

One former inmate, Michele Brown, completed MATCH in the 1990s after years in and out of the criminal justice system, and she is now a volunteer with the program (Hughes, 2016). She has been sober since 1998 and has earned bachelor’s and master’s degrees since her time in the program (Hughes, 2016). Brown credits substance abuse treatment and MATCH with her success (Hughes, 2016). Other program participants have gone on to become licensed substance abuse and mental health counselors (Hughes, 2016). MATCH program heads state that their ultimate goals are to change the lives of the mothers in the program and to reduce the generational cycle of incarceration (Hughes, 2016).

As previously noted, visiting is crucial in the mental health and reduction in recidivism of incarcerated mothers. The Minnesota Department of Corrections offers overnight visits once per month with children for mothers who have a child age 11 or younger – however, these visits are limited to 12 out of approximately 650 offenders who have applied to receive these privileges and have demonstrated adherence to facility rules (Cramer et al., 2017). These women all live in the same living unit, the Anthony unit (named for Susan B. Anthony), and participate in the Anthony Parenting Program (Cramer et al., 2017).

The Anthony overnight visits are closely supervised (Cramer et al., 2017). Once children age out of the visits, they may join the teen group, a support group for youth ages 12-17 who have a mother incarcerated at the Minnesota Correctional Facility – Shakopee (Cramer et al.,

2017). Members of the teen group engage in discussion and activities together, and they are permitted one all-day visit with their mothers per month (Cramer et al., 2017).

## **G. Conclusion**

This literature review has covered an array of issues pertaining to incarcerated pregnant and parenting women. Incarcerated mothers commonly face disadvantages such as low socioeconomic status, substance addiction, past trauma, low levels of education and employment, and mental health disorders (American Psychological Association, 2017; Arditti, 2015; Vainik, 2008). Upon their incarceration, their children become more likely to experience many of these issues themselves (Arditti, 2015; Hamper, 2014). Due to the rural placement and scarcity of correctional facilities for women, incarcerated mothers are less likely than incarcerated fathers to receive visits from their families, which can have negative effects for both mother and child. If children visit consistently, the parent-child bond is strengthened, children may perform better in school, and mothers may have a lower rate of recidivism (Cramer et al., 2017; Raeder, 2013).

For incarcerated pregnant women, shackling is the most crucial issue, as many states have no policies or legislation regulating the practice. Shackling during pregnancy, labor, and birth causes women physical and psychological harm. The practice may result in stillbirths, miscarriages, or permanent physical damage to the mother (American Psychological Association, 2017; Bureau of Justice Assistance, 2014; Civil Liberties Union, 2012). Women are not typically incarcerated for violent crimes, and being pregnant physically inhibits one's ability to engage in violence or attempt to escape, so there is little to no justification for shackling pregnant women, especially when they are in active labor (Sufrin, 2017; Bureau of Justice Assistance, 2014; Griggs, 2012).

Another issue affecting incarcerated pregnant and parenting women is separation from their infants. In most states, the infants of incarcerated pregnant women are taken by a relative or enter foster care shortly after their birth. Several states provide nursery programs, which allow for mother-infant bonding, healthy infant development, and prepare mothers for life on the outside. These programs have also been proven to reduce recidivism (Fritz & Whiteacre, 2016; Yoho & Backes, 2015; Nohe, 2014). Additionally, parenting programs for incarcerated mothers provide education on topics such as communication, managing emotions, and using effective discipline techniques. Some of these programs involve extended visits with children as rewards for completing the education portions. Parenting programs, like nurseries, have been proven to reduce recidivism among participants (Urban & Burton, 2015).

This literature review has explored the problems facing incarcerated pregnant and parenting women today, such as separation from infants, lack of visits from families, and shackling. The theoretical framework will now examine the reasons behind these issues.

### **III. THEORETICAL FRAMEWORK**

#### **A. Introduction**

The study of issues affecting incarcerated pregnant and parenting women must not only be a question of what is happening, but also why it is happening and why the issues are important. When discussing most issues pertaining to women, incarcerated or not, it is impossible to ignore feminism, which plays a key role in affording women equal rights and treatment. Thus, feminist theory has relevance in the issues discussed in the literature review. Additionally, attachment theory focuses on the importance of healthy attachment between mothers and infants, not only for healthy infant development but for a well-adjusted adulthood.

This theoretical framework will consist of explanations of both attachment theory and feminist theory, followed by the tangible ways in which these theories apply to the problems of incarcerated pregnant and parenting women.

## **B. Attachment Theory**

Attachment theory was developed by John Bowlby in the 1950s (Bretherton, 1992). Bowlby emphasized the concept of infants needing to feel attached to their mothers, especially within the first 12 months of life (Bretherton, 1992). He noted that instincts such as clinging and following, as well as reactions to crying and smiling, are dependent on a maternal figure, especially during the second six months of an infant's life (Bretherton, 1992). Bowlby also asserted that the importance of attachment lasts into adulthood (Bretherton, 1992). Additionally, he drew attention to the concept of separation anxiety on the part of the infant or child when they are separated from their mother (Bretherton, 1992). Bowlby claimed that any apparent lack of this separation anxiety is a defense mechanism, and that infants and children can experience a grieving process when they exhibit attachment behaviors but have no maternal or parental figure to be the target of the attachment (Bretherton, 1992).

When an infant has the chance to attach appropriately to their attachment figure, they have a better chance of developing into a self-reliant and self-confident person (Bretherton, 1992). However, without this attachment, the infant or child may not be able to properly fend for themselves and may have low self-esteem (Bretherton, 1992). Parent-child attachment can go on to affect familial and romantic relationships as the child grows into an adult (Bretherton, 1992). Ideally, a society should ensure that its children are allowed a healthy, uninterrupted attachment experience – however, it is also the tendency of the powerful members of society to maintain the status quo and exert domination over marginalized groups, which ensures that the marginalized

groups will not have the same bonding and attachment experience between parent and child (Marris, 1991, as cited in Bretherton, 1992). In the context of incarcerated women, they are certainly a group that has been marginalized and has not been given the same opportunities to promote healthy familial bonds as the rest of society.

### **C. Application of Attachment Theory**

The importance of mother-infant bonding is crucial, especially in the first twelve months of the baby's life (Hamper, 2014). A lack of mother-infant bonding may be detrimental to the infant's mental and emotional growth (Yoho & Backes, 2015; Bretherton, 1992). Continuous physical contact and familiarity between parent and infant are crucial components of attachment, which then provides the base for healthy development over the course of the child's life (Hamper, 2014).

Children who are separated from their mothers during incarceration may develop emotional issues, learning disorders, aggression, become overly energetic, or have disciplinary problems as a result (Vainik, 2008). If these children are not only separated from their mother, but also placed in foster care, they may become truants, exhibit delinquent behavior, and engage in substance use or abuse (Vainik, 2008). Parent-child separation is also considered an adverse childhood experience, or an ACE, which can increase the child's risk for health risks and even lead to early death (Cramer et al., 2017; McWhirter, McWhirter, McWhirter, & McWhirter, 2013).

Allowing incarcerated mothers and their children to bond not only fosters healthy child development, but also has the potential to reduce recidivism for the mother and potentially keep the child healthier and out of the criminal justice system in the future (Cramer et al., 2017; Sufirin, 2017). Additionally, nursery programs allow mothers to begin to heal from their own

insecure parental attachment history through forming secure attachment with their infants (Byrne, Goshin, & Blanchard-Lewis, 2012). Prison nurseries and extended visitation programs should not necessarily be seen as granting special privileges to those who are mothers, but as investing in the future of society overall (Hamper, 2014).

#### **D. Feminist Theory**

Feminism is the belief in the social, political, and economic equality of the sexes. Feminists have fought and continue to fight for the equal rights of women. Though the treatment and rights of women have certainly progressed in the last 100 years, equality has not yet been achieved, as sexism and inequalities still plague American society. The criminal justice system is no exception.

Feminist theory rose to popularity during the second-wave feminist movement of the 1970s (Tibbetts & Hemmens, 2015). There are several subsets of feminist theory, all of which have some relevant application to both women's pathways to crime and to the treatment of incarcerated women. One form of feminist theory, liberal feminist theory, focuses on the gender inequalities present in the education and employment opportunities available to men and women (Tibbetts & Hemmens, 2015). In terms of crime, a liberal feminist perspective posits that if women had more opportunities available to them, they would not be forced to turn to crime to survive in some instances. Indeed, "crimes of survival" are women's main trajectory to crime (Bloom et al., 2004, as cited in Barak, Leighton, & Cotton, 2015). Many incarcerated women have faced abuse, victimization, and economic strain, and may have turned to engaging in drug use or prostitution to survive. When applied to the treatment of women once they are in prison, a liberal feminist framework focuses on the lack of programs and policies specifically for women.

Radical feminist theory, a strain of critical feminist theory, focuses on the oppression and control of women's bodies and reproductive systems (Barak, Leighton, & Cotton, 2015). Radical feminist theory proposes that male control and oppression of women is responsible for the devaluation of inherently female accomplishments, such as the birth and raising of children, as well as for the struggle for women to maintain control over their own reproductive choices (Barak et al., 2015).

### **E. Application of Feminist Theory**

The issues discussed in the literature review that affect incarcerated pregnant and parenting women – making visitation difficult, separating infants from mothers, and shackling pregnant women – can all be boiled down to one thing: control. The control of women's bodies is at its root a feminist issue. Issues such as voting rights, domestic abuse, and objectification all center on the control of women. The incarceration of women in general is another form of control and is also a fundamentally feminist issue.

Incarceration is a form of controlling the body, as is shackling. Ocen (2012) argues that shackling during pregnancy and birth is an intersectional issue that can be traced back to the days of slavery. She posits that the same notions used to justify slavery are also used to justify the shackling of pregnant women (Ocen, 2012). Black women were seen as masculinized, dangerous, and deemed not to have motherly instincts, which contributed to the control of their bodies in slavery (Ocen, 2012). These same concepts are used to justify the control of incarcerated pregnant women's bodies today (Ocen, 2012). For example, the rationalization that incarcerated pregnant women are dangerous and must be shackled because they pose an escape risk is also an inherent assumption that they are bad mothers, because an escape attempt would put a baby at risk (Ocen, 2012).

Addressing the reasons behind women's incarceration is another way in which feminist theory can be applied to the issues plaguing incarcerated women. The increasing rate of women in prison since the has not necessarily correlated with a higher rate of crime among women (Covington & Bloom, 2003). The war on drugs is the major influence on the surge of women in prison over the last 40 years (Bloom et al., 2004). The 1980s brought mandatory minimum sentences for drug-related offenses, which is what most women are incarcerated for (Bloom et al., 2004). Many of these crimes are committed either out of a need to survive financially or because of a substance addiction, which is typically a maladaptive coping skill for past or present abuse (Bloom et al., 2004). Substance abuse, domestic violence and mental health disorders such as PTSD are all key influences in women's engagement in crime (Bloom et al., 2003).

Due to patriarchal gender roles, women have historically been held to higher standards of behavior than men – i.e., the “boys will be boys” mentality (Chesney-Lind & Shelden, 2014). Therefore, when women are incarcerated, the societal perception is that they have broken the acceptable feminine standards of behavior. One example of this is a study which found that being the primary parent does not result in a more lenient sentence for women, because it is typical for mothers to be caregivers (Freiburger, 2010). Judges may be more likely to view a mother as simply fulfilling her expected duties by being the primary caregiver, due to patriarchal gender norms (Freiburger, 2010). A troubling disparity is that the exact opposite is true for men. Because it is not anticipated that a father will be the primary caregiver, if a man has children at all, it is likely to be an influencing factor in a less harsh sentence for him, even if he is not the primary parent (Freiburger, 2010). This double standard only serves to separate more primary parents from their children and potentially contribute to the intergenerational cycle of incarceration. Separating women from their children during their incarceration does not facilitate

rehabilitation, which should be the goal of the correctional system (Vainik, 2008). Programs that engage women with their children, such as the nursery programs explored previously, have been proven to reduce recidivism and are one example of recognizing and meeting the specific needs of incarcerated women to reduce future reoffending. More mothers in prison must also mean more programs for mothers in prison.

The carceral system was not designed for women, and, while it has been a slow change, there has begun to be a shift in women's prisons toward providing more gender-specific services. Acknowledging and serving the needs of women in an environment that was originally created for men is inherently feminist and must continue in order for women to be treated equally, even in a system that is oppressive by nature.

## **F. Conclusion**

This exploration of theoretical frameworks has examined the theories that can be used to explain some of the struggles of pregnant and parenting incarcerated women, and the practical ways in which these theories manifest. Attachment theory focuses on mother-infant attachment, which is crucial for the infant's normal emotional development and healthy relationships later in life (Bretherton, 1992). When mothers and children are separated because of prison and the attachment cannot properly occur, it can lead to poor school performance, aggression, and delinquent behavior (Vainik, 2008).

Feminist theory focuses on the control and oppression of women in various forms (Barak et al., 2015). Liberal feminist theory, which focuses on the unequal opportunities present for men and women, can explain some of the crimes women commit: typically drug-related offenses that are a reaction to poverty, abuse, and mental health issues (Bloom et al., 2004). Radical feminist

theory focuses on the control of women's physical bodies (Barak et al., 2015), which is exemplified through the shackling of pregnant women.

Feminist theory posits that sexism and double standards contribute to unfair treatment and expectations of women – when they commit a crime, they have broken the unspoken rule that they are to remain well-behaved. The expectation that women are to remain meek and stereotypically feminine may contribute to an unnecessarily harsh view of incarcerated women, which then provides justification for shackling incarcerated pregnant women (Ocen, 2012). That is, if it is assumed that incarcerated pregnant women are animalistic and dangerous, it is also assumed that it is justifiable to shackle them. A feminist theoretical framework provides some insight as to why shackling is still happening. This, along with attachment theory, provides a theoretical basis for program and policy recommendations.

#### **IV. RECOMMENDATIONS**

##### **A. Introduction**

The previous sections of this paper introduced the problems facing incarcerated pregnant and parenting women, explored the current programs and policies that address these issues, and presented two theoretical explanations that frame the causes and solutions of these problems. In this section, recommendations will be provided for ways in which correctional agencies can implement, continue, or improve gender-specific policies and programs that serve incarcerated pregnant and parenting women. These recommendations are based on feminist and attachment theories. The goals of these recommendations are to increase safety and reduce recidivism. The recommendations will address the five main topics presented in the literature review: visitation, parenting programs, shackling policies, doulas, and nursery programs.

##### **B. Visitation**

Visits from loved ones can have a positive influence on many things, including an offender's behavior while incarcerated, their adjustment to reentry, and potentially even their chances of reoffending (Cramer et al., 2017; Urban & Burton, 2015; Raeder, 2013). In the context of parenting while in prison, visits from children are crucial. Cramer et al. (2017) identified six key components of parent-child visitation that can have effects on the outcomes of visits: physical contact; the setting and organization of the visit; engagement between prison programming staff and security staff; the role of the primary caregiver; respect of current family dynamics; and duration and consistency of visits. Parent-child visiting should also be an integral part of a parenting program for maximized benefits, rather than its own activity (Cramer et al., 2017). This section of the recommendations will focus on these key elements of family visitation.

**1. Physical contact.** Mother-child visits should allow for sight, speaking, and touch (Cramer et al., 2017). Physical contact is crucial so mothers can display affection and so children, especially if they are young, are not confused about why their parent cannot touch them. If physical contact is banned in visiting, children may not understand that a lack of physical contact is not the parent's choice, so they may wonder why they are unworthy of affection and act out (Boudin, Stutz, and Littman 2013; Poehlmann-Tynan 2015; as cited in Cramer et al., 2017). To prevent this and to promote parent-child bonding, physical touch should be permitted and encouraged in family visits.

**2. Setting and organization of visit.** Visits should include some degree of privacy, such as visiting in a separate room for children rather than the main visiting room with adults. Cramer et al. (2017) note that privacy can lead to better connection between mother and child. Family visits should also be structured in such a way that the child is in a more comfortable environment

than a traditional prison visiting room. A more child-friendly setting can easily be achieved through simple modifications of a room, such as painting the walls bright colors or adding other decor; providing age-appropriate toys, books, and crafts; and supplying mats for children to safely play on (Cramer et al., 2017). Engaging in artistic activities together can have therapeutic benefits for mother and child, and this benefit may be further enhanced if a therapist or social worker is present at children's visits (Cramer et al., 2017). Cramer et al. (2017) also recommend having non-uniformed staff, ideally those who are a part of a parenting program, perform security measures such as pat-down searches of children before and after visits, as opposed to a uniformed officer or going through a metal detector, which may be frightening for children.

**3. Engagement between program staff and security staff.** Prison line staff, such as corrections officers, are mainly concerned with keeping facilities safe and secure. Prison non-uniformed staff, such as administrators, therapists, and programming staff, focus on ways to rehabilitate offenders and reduce recidivism (Cramer et al., 2017). Cramer et al. (2017) emphasize the importance of communication between these two groups to create mother-child visits that are safe and effective. The authors suggest having a liaison staff member who helps families through the visiting application and approval process, explains what to expect in a visit, and works with both line staff and programming staff to develop age-appropriate, minimally intrusive security procedures for child visitors (Cramer et al., 2017).

**4. Role of primary caregiver.** The primary caregiver is assigned the daunting task of determining whether visiting will be beneficial to the child or whether it will pose a risk to their mental health (Cramer et al., 2017). Depending on the caregiver's relationship to the mother, it may be beneficial for them to join in on the visit, but even so, at least part of the visit should consist of one-on-one time for mother and child (Cramer et al., 2017). Primary caregivers should

also be aware of all visiting policies and procedures to mitigate stress for themselves and the child, so prisons should post visiting rules and other relevant information in their lobbies and on their websites (Cramer et al., 2017). Staff should also be available to answer visiting questions and be trained to interact with primary caregivers of children of incarcerated mothers (Cramer et al., 2017).

The Minnesota Department of Corrections recommends that primary caregivers visit the prison at least once prior to bringing the child so they can explain what it looks like and what to expect (Council on Crime and Justice & Minnesota Department of Corrections, 2015). To encourage caregivers to continue to bring children to visit, facilities should also provide support in any means possible, such as financial assistance for transportation costs (Cramer et al., 2017). Caregivers may have already been experiencing financial strain before assuming care of the child, so financial assistance is likely one of the most beneficial aspects of a visiting program (Cramer et al., 2017). Additionally, women's prisons are often in rural areas, distant from their loved ones and difficult or impossible to access by public transportation, so making access easier encourages caregivers and children to visit more often (Cramer et al., 2017). Providing support groups for caregivers may also help them to better care for the children of incarcerated mothers and to create a supportive social network (Cramer et al., 2017).

**5. Respect of current family dynamics.** The family dynamics of incarcerated women may already be difficult or strained, which is only exacerbated when they enter prison (Cramer et al., 2017). These relationships can be made even more complicated when their child is in the care of a grandparent, friend, or especially foster care (Glaze & Maruschak, 2008; as cited in Cramer et al., 2017). Due to the time limit of visits, however, mothers may not spend their visiting time with their children putting the necessary work into their relationships, because they want to have

an enjoyable visit and focus on lighthearted topics (Cramer et al., 2017). Cramer et al. (2017) recommend that family visits include program staff who can be sensitive to family dynamics and needs, help the family talk through existing issues, and work to improve communication levels. This is especially important in preparation for release, as mothers may have unrealistic expectations of their relationships, communication, and reunification with their children after their release if they do not work on the relationship while they are incarcerated (Cramer et al., 2017).

**6. Duration and consistency of visits.** The current research presents no unanimous answer regarding the ideal frequency or length of visits for children of incarcerated parents (Cramer et al., 2017). However, it has been identified that children thrive in structured environments, and it is best for prisons to provide as consistent a visiting schedule as possible (Cramer et al., 2017). Additionally, extended overnight visits have been associated with reduced levels of recidivism and closer relationships with family upon release (Cramer et al., 2017). However, these programs are quite rare (Cramer et al., 2017). If the goal of correctional facilities is truly to correct behavior and reduce rates of reoffending, adding extended visiting programs for parents, while potentially costly, is a worthwhile long-term investment.

**7. Implementing visiting into a gender-responsive parenting program.** Researchers recommend that mother-child visits be implemented into a gender-responsive parenting program so they can be somewhat structured and purposely be used to nurture and repair familial relationships (Cramer et al., 2017). These programs could include parenting education, supervised phone calls, parent-specific case management, and letter writing (Cramer et al., 2017). When incorporated as an aspect of these programs, visiting can increase feelings of parent-child attachment and self-confidence among children (Fraser, 2011; as cited in Cramer et

al., 2017). Additionally, visiting provides a practical opportunity for parents to practice the skills and ideas they learn in parenting classes (Cramer et al., 2017). Parenting programs with visits also allow for programming staff to get to know each family and their individual circumstances while building rapport, which can increase levels of comfort between staff and inmates (Cramer et al., 2017). This level of comfort in turn encourages more communication between staff and incarcerated mothers as well as incarcerated mothers and their children (Cramer et al., 2017).

**8. Visiting alternative.** The literature review examined the reasons why women often do not receive visits in prison – typically it is because they are housed in a rural facility that may be some travel distance from their children. Should visitation not be possible due to distance, financial situation, or other obstacles, Tuerk and Loper (2006) found that letter writing improves feelings of attachment and parenting competency among incarcerated mothers. This may be because letter writing is less constrained by time than phone calls or visiting, is not necessarily joined by the child’s caregiver as a phone call or visit may be, and a mother has time to think and reply appropriately to a letter from her child (Tuerk & Loper, 2006).

The authors suggest that this finding means prisons need to emphasize education and literacy programs for inmates, as well as parenting programs for mothers to understand the age-appropriate way in which to communicate with their children (Tuerk & Loper, 2006). They also point out that, with the advances of technology, many prisons now allow e-mail or video visiting programs, which would likely provide similar benefits to those provided by visits and letters (Tuerk & Loper, 2006). They propose that correctional facilities utilize these services whenever possible to encourage mother-child contact, as children are likely to be more familiar with electronic forms of correspondence (Tuerk & Loper, 2006).

### **C. Parenting Programs**

Most women's prisons do provide some sort of parenting program and are encouraged to continue doing so. Parenting programs may incorporate aspects of education, visiting, and support groups, all of which are beneficial. These programs have been proven to help women not only learn, but retain, information that has improved their parenting skills (Urban & Burton, 2015). Parenting programs have also encouraged women to find success after release, which not only helps them but also provides excellent role modeling for their children (Hughes, 2016).

Additionally, parenting programs can help incarcerated mothers improve relationships with caregivers and communication with children, which in turn can set a good foundation for family reunification after release (Loper & Tuerk, 2011). With this knowledge, and the knowledge that most incarcerated women are mothers, women's correctional facilities should aim to provide at least one aspect of a parenting program: education, special children's visits, and support groups. The ideal program would incorporate aspects of all three, so women have a chance to apply their new skills with their children and discuss their experiences with fellow mothers.

#### **D. Shackling Policies**

The severity of the risks associated with shackling cannot be understated. The demonstrated detrimental effects of shackling are cause for legislators and correctional administrators to examine the justification for exercising this form of punishment – a punishment that may cause harm to a pregnant woman and to her fetus or newborn, which has committed no crime. Certainly, the argument that a fetus or newborn should not be put at risk or harmed is not meant to imply that incarcerated pregnant women or mothers deserve to be put at risk or harmed because they have engaged in criminal activity. However, these women are incarcerated for their

crimes, and their fetus or newborn, which has not committed any crime, should not be subject to any of the potential dangers that come with incarceration, namely shackling.

Incarceration does limit one's rights and freedoms and it is certainly not unordinary to shackle one who is in correctional custody, yet, for pregnant women, shackling is not simply a routine procedure. The punishment of incarceration should have no interference with a woman's right to a safe and healthy pregnancy, labor, and birth – yet the practice of shackling incarcerated pregnant women infringes on this right. Shackling not only presents great potential for physical and psychological harm, but it is at its core a human rights violation. It violates not only the United States' 8th Amendment to the Constitution, but also several international treaties of which the United States is a part (International Human Rights Clinic, 2013; American Civil Liberties Union, 2012). The sheer number of organizations campaigning against the issue implores administrators to examine at what point it is acceptable to cause potential damage to a fetus in retribution for its mother's actions.

It should be noted that the concept of a fetus being put at risk and being exempt from the results of its mother's choices cannot and should not be equated to a woman choosing to terminate her pregnancy. Women have the inherent right to choose whether or not to carry a pregnancy to term. A chosen abortion is the voluntary ending of a pregnancy, which differs from an involuntary miscarriage, stillbirth, or harm to the fetus caused by the preventable harm induced by shackling. The difference lies in who is making the choice. Should a woman choose to carry her pregnancy to term, as is her right, incarcerated or not, she also deserves to have her choice respected through that pregnancy being protected rather than put at risk. Shackling does not honor this right and involves the government in a woman's reproductive rights. Interfering with reproductive rights is unconstitutional (American Civil Liberties Union, 2018).

The success of those agencies that have implemented shackling regulations and bans should be a sign to all agencies to follow suit: none of the states that have restricted the restraint of pregnant inmates have reported staff assaults or escape attempts by women who are in labor (American Civil Liberties Union, 2012). The Bureau of Justice Assistance (2014) offers several recommendations for shackling policies that all states should implement. First, the waist chain is never to be used on a woman who is pregnant, in labor, or giving birth (Bureau of Justice Assistance, 2014). Leg or ankle shackles are also never to be used because of the significant risk they pose for trips and falls (Bureau of Justice Assistance, 2014). Should wrist restraints be applied, the woman's arms should be positioned in front of her rather than behind her, so she has a better chance of catching herself should she fall (Bureau of Justice Assistance, 2014). Four-point restraints, when the woman is either lying down on her front or back, typically attached to a restraint board, should never be used due to problems involving pressure on the fetus, blood flow, and oxygen delivery (Bureau of Justice Assistance, 2014). Restraints should never be used during labor, delivery, in the immediate postpartum period, or during transportation (Bureau of Justice Assistance, 2014).

The only exception to these restrictions are extreme circumstances involving immediate danger to mother, fetus, newborn, or others, or immediate escape risk, and even then, restraints should be used only when all other options have been exhausted (Bureau of Justice Assistance, 2014). Policies should be clear about what constitutes these circumstances and it should not be up to staff's discretion (Bureau of Justice Assistance, 2014). In emergencies, supervisors or administrators should advise as to whether shackling should be used (Bureau of Justice Assistance, 2014). Any use of restraints on a pregnant woman should be documented and debriefed after the incident (Bureau of Justice Assistance, 2014). Staff should receive extensive

training on these policies and practices, and quality control methods including measures of accountability should be used to ensure adherence to the policy (Bureau of Justice Assistance, 2014).

In lieu of policies, the International Human Rights Clinic (2013) recommends that legislation be passed in all states to limit or ban shackling. Legislation is available publicly, is more difficult to change than policy, and is more likely to hold staff accountable and provide for transparency than an internal policy (International Human Rights Clinic, 2013). Statewide legislation also protects more women than the policies of one facility (International Human Rights Clinic, 2013).

### **E. Doulas**

Doula programs provide incarcerated pregnant women with doulas who serve as educators and sources of emotional support during the pregnancy, birth, and postpartum separation experiences (Minnesota Prison Doula Project, 2016). These programs have been associated with healthier births – fewer cesarean sections and higher birth weights – and high rates of satisfaction among participants (Minnesota Department of Corrections, 2017; Schroeder & Bell, 2005).

Doulas provide an essential element in the prison birth experience that is lacking without them – that of a consistent and compassionate presence. Typically, the only people present for an incarcerated woman's labor and birth processes are corrections officers and hospital staff, all of whom are likely to change shifts throughout the process. Additionally, corrections officers must maintain professional boundaries and are primarily present at the birth for security. Hospital staff, while they may be able to provide some encouragement to the new mother, do not have weeks' worth of rapport built with her. Doula programs that begin during pregnancy give

incarcerated women a chance to meet and become comfortable with their doula prior to the labor and birth processes, which improves these experiences for the new mothers (Schroeder & Bell, 2005). It is especially important to have a familiar face in the delivery room when no friends or family are allowed, as is the case at most prisons.

In their evaluation of the doula program at the King County Correctional Facility, the authors noted that due to the simplicity, low cost, and positive reception of the doula program, similar programs should be implemented at all women's correctional facilities (Schroeder & Bell, 2005). It appears that this is feasible. A doula program requires no equipment or major funding on the facility's part. In Minnesota, the Minnesota Prison Doula Project provides trained doulas to the Minnesota Correctional Facility – Shakopee, the state prison for women, and at many of the county jails (Minnesota Prison Doula Project, 2016). Partnering with a doula program is a simple and effective way to provide healthier and safer births for incarcerated women, all while making the experience slightly less unpleasant. Prison administrators are encouraged to partner with local doula organizations to further this effort of supporting healthier births of babies born to incarcerated mothers.

#### **F. Nurseries**

Prison nurseries are scarce, yet they have consistently been proven to be associated with rehabilitation and considerably lower levels of recidivism among their participants compared to those who must be separated from their infants after birth (Hamper, 2014; Vainik, 2008). Though their opponents argue that they can be costly and that prisons are not good environments for babies, the benefits outweigh these drawbacks. The cost of a nursery program is an investment in the long-term if it helps reduce reoffending among mothers and promotes mother attachment for infants. Nurseries are also less costly to the state than placing the infants in child care (Hamper,

2014). Additionally, if the nursery is separate from the main prison and styled more as a house or nursery than a correctional facility, it does not appear that such an environment would be bad for the infant. Research has consistently shown that mothers and children spending time together during the mother's incarceration is more beneficial than detrimental (Vainik, 2008).

Considering that the number of mothers in prison is continuing to grow, and given the success of nursery programs, Fritz & Whiteacre (2016, p. 18) call nurseries a "viable option" for women's prisons. Nursery programs should allow babies to share rooms with their mothers and leave mothers in charge of their babies for the most part, although staff supervision is necessary and inmate nannies are helpful for times when the mothers have classes or appointments. Additionally, nurseries should allow for mothers to nurse and pump their breastmilk if they so choose, to ensure they will be able to continue breastfeeding upon release. These programs should provide some prenatal education and care, with the possibility of providing joint services with a doula program. After the baby is born, they should be permitted to stay in the nursery for a minimum of one year, as the mother-child attachments formed in the first 12 months of life are crucial (Bretherton, 1992). Goshin and Byrne (2009) make the important point that prison nurseries are simply a temporary solution to the larger problem of mass incarceration, which is ultimately what needs to be reformed to reunify mothers and their families.

### **G. Theoretical Basis**

The preceding recommendations are presented based on their relevance to feminist and attachment theories. Visitation and nurseries both promote mother-child bonding, which is the key tenet of attachment theory. Attachment theory posits that mother-child bonding, especially in the earliest years of life, leads to healthy emotional adjustment and good relationships later in life for the child (Bretherton, 1992). The goal of visits tailored specifically to mother and child, and

the goal of prison nursery programs, is to promote this important bonding. This time together provides children with time to form secure attachments to their mothers. These programs also provide mothers with opportunities to effectively parent while in prison and to implement healthy parenting techniques their own parents may not have used during their childhoods. Parenting programs help mothers learn and implement healthy parenting skills, so the time spent together in visiting and nurseries is meaningful mother-child bonding time.

Doula programs and shackling policies are rooted in feminist theory. Feminist theory focuses on the oppression and control of women (Barak, Leighton, & Cotton, 2015). The incarcerated birth experience is largely controlled by hospital staff and corrections officers. However, the presence of a doula during the labor and birth process for an incarcerated woman can turn it into the celebratory and human experience it is meant to be, rather than a controlled and potentially frightening procedure.

Shackling is a physical manifestation of the control of a woman's body. While some form of the control of one's body is to be expected during incarceration, shackling is a nuanced issue when it comes to pregnant women. Regulating or reducing the practice during pregnancy, labor, and birth shows respect for a woman's inherent right and choice to carry her pregnancy to term by interfering as little as possible with the wellbeing of both the woman and her fetus. However, shackling is still happening today, and it interferes with healthy pregnancies and births, as it unfortunately presents many risks of physical harm to both woman and fetus. Feminist theory posits that a woman's reproductive choices are hers alone, and the restriction or banning of shackling is a step toward respecting women's bodies and reproductive rights.

## V. CONCLUSIONS

The rate of women in prison is higher than ever and continues to rise. The carceral system was not designed for women and has been slow to adapt to their needs, a problem which has recently drawn more attention in criminal justice research. It is crucial to implement gender-specific policies and services for incarcerated women to increase their safety and reduce their likelihood of recidivism, thus increasing the safety of their families and communities.

This paper has focused specifically on the needs and rights of incarcerated pregnant and parenting women. Common issues they face are mother-child separation, being shackled while pregnant or giving birth, and lack of visits from family. While programs and services such as doulas, nurseries, parenting education, visiting, and policies banning shackling have been implemented by some correctional facilities, there is still a long way to go to effectively address the needs of these women. The banning of shackling is arguably the most crucial policy that demands immediate nationwide implementation, as it has led to harm and death for women and newborns.

The problems of incarcerated pregnant and parenting women cannot be fully addressed until legislators and correctional administrators recognize the importance of two things: women's right to control of their own bodies, especially in matters of reproductive rights, and appropriate environments in which to bond with their infants or children, such as nurseries and child-friendly visits. Acknowledging the significance of these issues will lead to safer, more effective incarcerations; reductions in recidivism; and potentially even break the generational cycle of incarceration. Feminist and attachment theories best frame these issues facing incarcerated pregnant and parenting women. Future research should use these theoretical frameworks as a lens through which to view these problems and determine effective solutions.

Women's paths to crime and their carceral experiences vastly differ from that of men. While mass incarceration remains one of the nation's most severe problems, and must change, it is also important to acknowledge the state of the problem as it is now – there are more women and mothers in prison than ever before. That is a reality that will not change immediately, but their lives can begin to change while they are in prison if their needs are acknowledged and met. Gender-specific policies and programs that serve the needs of women, and, specifically in this case, pregnant women and mothers, are the first step in facilitating these changes to create rehabilitated lives and safer communities. The “entanglements of incarceration and reproduction” (Sufirin, 2017, p. 123) cannot be ignored any longer.

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