

## **Period poverty in prison: an intersectional commentary on the lived experiences of incarcerated women in US prison facilities**

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### **Abstract**

Mass incarceration in the United States of America has led to the rapid increase in women in prison over recent decades. The development of the 'prison industrial complex', and the privatisation of facilities across the nation, has caused the prioritisation of profits over dignity and justice, at the expense of female inmate populations. Indeed, this is largely due to the design of the penal system with the male body in mind, contributing to a space whereby women's bodies are invisibilised within the justice system. This essay will utilise the discourse analysis of three female inmates to highlight how period poverty is widespread in US prison facilities, as the state uses the restriction of sanitary products as a form of biopower, to gain control over women. Utilising an intersectional approach, this essay will argue that while menstrual inequality in prisons embodies wider systems of misogyny and gender-based violence, it is further exacerbated along race and class lines.

### **1. Introduction**

Recent decades have seen the increase in female populations in the United States' (U.S.) prison facilities (Staton et al., 2001): In 2017, there were approximately 219,000 women incarcerated within the nation, a 700% growth since 1980 (Kajstura, 2018). This dramatic rise correlates with the rise of neoliberalism within the United States of America (U.S.A.), which utilises imprisonment as a means of control (Moran et al., 2018). For numerous reasons which will be explored in this paper, period poverty is endemic and widespread across prisons (Goodman et al., 2016).

Indeed, there is abundant literature surrounding period poverty within U.S. prisons, and its impact on the wider prison procedures, however, there is an apparent knowledge gap surrounding the lived experience of female inmates and their experiences of period poverty. Therefore, this paper seeks to elucidate such oversights, through utilising an intersectional analysis of the embodied, everyday experiences of menstruation for women in prison. Ultimately, this paper argues that U.S. prison facilities turn menstruation into a health issue, exacerbated by racial and class-based inequalities, through the abuse of power and the penal system's utilisation of gendered biopower as punishment.

### **2. A feminist geographies epistemology and methodology**

Geographers have a distinctive ability to understand how space and time interact with different issues and processes (Massey, 2005), and prisons are unique spaces in which power is exerted from the state or institutions onto smaller actors within the system to control inmates (Foucault, 1979). Current approaches in carceral geographies have historically overlooked the unique experiences of women, as such an intersectional feminist

approach is essential to understand individualised and complex experiences of oppression within carceral spaces (Wiles, 2002).

Therefore, this essay will adopt a feminist geographies approach to menstrual healthcare in U.S. prisons through the discourse analysis of three women's testimony – Chandra Bozelko<sup>1</sup>, Topeka Sam<sup>2</sup> and KteeO. <sup>3</sup>; Discourse analysis is the process of analysing and coding texts to understand the deeper or more collective meanings behind narratives, as ultimately discourse is a social relation (Foucault, 1972). Post-structuralist approaches to discourse are central to feminist approaches as texts are considered as spaces for identities and experiences to be expressed uninhibited and vividly (Baxter, 2003); therefore, discourse analysis was considered essential when considering the complexity and sensitivity of the issues that this essay covers. The three sources were read in accordance with the aims of this research, to understand the experiences and intricacies of carceral period poverty. Through coding and textural analysis (Gee, 1999), the arguments of this paper were formulated to shed light on women's experiences whilst incarcerated. Due to the lack of ability and ethical concerns with speaking directly to inmates in U.S. facilities, this approach was considered to be the most beneficial as it allows the literal words of inmates to be analysed. The analysis of first-hand experiences of incarcerated women is invaluable to provide insight into issues surrounding gender, race, and class and the Othering of diverse groups via exploitation and privilege (Willingham, 2011).

This paper has utilised a considered approach of readily available testimony of incarcerated women sourced through the internet – in the form of an online interview, a blog post and a commentary piece. Having recognised a lapse in literature surrounding the lived experiences of carceral period poverty, a wide internet search was adopted, and the three selected testimonies were selected due to their depth of information, insight and specificity of experiences. The discourse analysis of three testimonies by former and current female inmates seeks to amplify the voices of marginalised people and encourage the agency of women who have shared their experiences in a public forum; upon much consideration, this was regarded as ethical due to the associated consent of sharing experiences on widely publicised sites (von Benzon, 2018). Indeed, whilst the three accounts this essay draws upon are by no means representative of the female prison community as a whole, this approach has been implored as each woman's individual, lived experience are important additions to the holistic understanding of period poverty in prison. Further, it is essential to note that this research is limited as the discourse analysis relies on the accessible testimony of incarcerated women, which is largely populated by cis-gender women. Therefore, this research does not explicitly consider trans-gender or non-binary menstrual inequity.

### **3. Prisons as gendered spaces**

Mass-incarceration emerged at the start of the twenty-first century in the U.S. A., as a nation-state solution to widespread social issues (Wacquant, 2011). As a consequence of neoliberal government influences – including the withdrawal of state capital, the rise in incarceration rates due to inmate commodification and growth in facility privatisation – the 'prison industrial complex' emerged (Chandler, 2003). Prisons in the U.S. are spaces which embody the persecution of certain groups, intensifying social relations and inequalities

which exist in wider American society (Valentine and Longstaff, 1998), and, therefore, have been termed as 'hyper-segregating' (Martin and Mitchelson, 2009, pp. 462).

Institutional control is inherently gendered within the prison system, leading to widespread menstrual inequity across facilities in the state. Due to the penal system's original design for the male-body (Flanagan, 1995) and lack of recognition that 'women and men are not the same' (Braithwaite et al., 2005, pp. 1679), the needs of the female-body are largely overlooked (Laufer, 2019; Young, 2000; Bloom, 2003): Distinct from men, women experience menstruation routinely and, within prison, inmates often have to request sanitary products from male guards who 'can either meet your needs or refuse you' (Chandra Bozelko, 2015). Such gendered power dynamics reinforce patriarchal systems within the prisons, reaffirming that, despite facilities being populated by women, power lies with the male-body (Sommers, 1995). Despite access to menstrual products being globally recognised as a fundamental human right (BRAWS, 2018), period poverty is commonplace within the prison complex in the U.S. (Goodman et al., 2016). The goal of many prison manifestos is to reduce recidivism, though such objectives are somewhat contradictory to the values of healthcare; perhaps where the conflict surrounding prison menstrual inequity emerges (Watson et al., 2004).

#### **4. Biopower and biopolitics**

Prisons and authorities use of biopower is at the crux of carceral period poverty. Prisons operate to punish inmates and menstruation is used as an asset in this process, through the removal of power from inmates, creating a culture of state-sanctioned biopower (Sexton, 2015). The most meaningful device that inmates have is their bodily determination, so, the most punitive prisons monopolise on this through gaining power of inmate's lived experiences (Bosworth and Carrabine (2001). Through providing insufficient or poor-quality sanitary products, the physical and unavoidable act of menstruation can be a challenge for inmates, generating a biological process as a means of suffering and state-sanctioned biopower (Foucault, 1979).

Menstrual inequity is rife amongst U.S. female prison populations due to overt inequalities in power within facilities, which impact women's embodied experiences. Prisons utilise dominance through biopower which inflict large-scale challenges on the individual body (Foucault, 1979), such as the insufficient provision of hygiene products within menstrual healthcare. Prisons are renowned for limiting women's access to hygiene products as a power-move within an institutionalised patriarchal system (Period!, 2016): Chandra Bozelko (2015), an inmate at York Correctional Institution, stated that guards '... keep sanitation just out of reach to reinforce powerlessness' and termed incarcerated menstrual conflicts as 'the pad power struggle'; suggesting that hygiene products are limited to power inmate's bodies. Sam's (2019) testimony sheds light on her experiences of biopower through menstrual inequity: Prisons utilise menstruation to seek dominance over the female-body as 'having a period is not a choice' and therefore control is easily achieved, as women have little ability to control their cycles.

#### **5. Embodied shame**

Prisons endure institutionalised misogyny which contributes to the stigmatisation of menstruation (Anderson, 2009) and humiliation of the female-body (Polka, 2018). These issues are exacerbated for women who are housed in solitary confinement, because most power in prison is established through herd mentality, as in volume there is solidarity: In solitary confinements, inmates have menstruated onto already dirty floors, covered with urine and faeces, due to no provision of pads or tampons (Goodman et al., 2016).

Period poverty has long-term impacts on women's sense-of-place, both within the prison space and one's own body. Sam (2019), for example, shows extreme emotion when addressing her experiences: 'It gets me a little upset to relive that... For anyone to think that's okay... Where is their compassion, empathy, understanding?'. The testimony has an inherent tone of mistrust in authority, due to the regular abuse of biopower, representative of the systemic misogyny in American institutions (Bonds and Inwood, 2016). Indeed, the invisibilisation of menstruation by guards, combined with the restriction of capital-provisions associated with neoliberalism, led to the restriction of sanitary product provision (Braithwaite et al., 2005).

Consequently, menstrual inequity generates stigma and the dehumanisation of period poverty (Laufer, 2019). Sam (2019) explicitly recalls the 'entire lack of dignity and dehumanisation of women, and the associated trauma that it evokes'. Lunette (2019) concurs that menstruation whilst incarcerated is harmful to women's long-term mental health, due to the shame that is placed on the female-body. Not only is carceral period poverty a mode of evoking trauma through shame and embarrassment, but it also reproduces and maintains the systems of hierarchy between guards and inmates as a means of state-sanctioned control. Correctional staff utilise menstruation to produce fear and control to coerce inmates towards certain behaviours and generate a self-consciousness and submissive quality to incarcerated people. As such, menstruation is used as part of prisons' 'punitive armoury' to ultimately maintain the status-quo and mobilise control over inmates (Whitman, 2003, pp. 5).

## **6. Menstruation as a diverse health issue**

Many female inmates do not have external sources of capital, and thus rely on sanitary products provided by prison facilities (Polka, 2018). However, the provision and quality of products is insufficient, mobilising the natural process of menstruation into a health issue for incarcerated women.

KteeO (2012) explains her experiences of menstrual healthcare at SeaTac Federal Detention Centre, with limited access to 'inadequate, small, wingless pads' and 'no tampons'. Such testimony is echoed across many U.S. facilities; half of the women in New York City facilities have insufficient menstrual resources and in Delaware inmates may only possess up to 6 pads at any given time (Polka, 2018). Therefore, lower income groups are more likely to suffer from period poverty and are easily silenced regarding their menstrual healthcare

needs (Astrup, 2017). Similarly, the lack of provision of sufficient sanitary products – in terms of quality or volume – is an expression of power, which seeks to Other lower-income groups, due to their inability to access the market (Weiss-Wolf, 2017).

The rise of neoliberalism has led to increased privatisation of commissary stores and the consequential exponential rise in prices of basic hygiene products, which seeks to commodify and capitalise on menstruation (Ronan, 2015). KteeO (2012) explains the ‘overpriced tampons on commissary’, Topeka Sam (2019) highlights that most incarcerated women cannot financially access commissaries and Chandra Bozelko (2015) expresses her concern that ‘80% of inmates are indigent and cannot afford to pay the \$2.63’ for sanitary products. Consequently, across the U.S., incarcerated women improvise hygiene products from toilet and notepad paper; despite the fact sufficient pads or tampons should be provided as part of menstrual healthcare (Polka, 2018). This contributes to widespread physical health implications endured by inmates, including urinary tract infections, bacterial infections, toxic shock syndrome and, oftentimes, death (Seibold and Fienberg, 2018). Along this vein, many incarcerated women experience heightened menstrual inequity as a consequence of neoliberal practices within the prison space, which animates a biopolitics of menstrual healthcare (McWhorter, 2004).

Moreover, prison’s simplistic approaches to menstrual healthcare do not equate for the diversity within the female-body: Women experience menstruation in different ways, though this is insufficiently understood. For example, Topeka Sam (2019) articulates her experience of menstrual inequity, whilst suffering from Uterine Fibroid which causes heavier period flows, and thus, requires the increased provision of 5 sanitary products per day. However, the inmate had the average provision of 5 pads per week, highlighting the entire lack of comprehension surrounding menstrual healthcare issues, owing to institutionalised misogyny, which does not see the female-body as a unique entity within a patriarchal system (O’Malley, 2004).

## **7. The intersections of race and class with carceral period poverty**

Menstrual healthcare in prison cannot be understood as an insular issue, but rather as a complex and intersectional problem; particularly in terms of race (Schrag, 1998): Black women are seven-times more likely to be imprisoned than their White counterpart, due to systemic racism in U.S. institutions and incarceration’s direct link to slavery (Freudenberg, 2001; Mendieta, 2004). Therefore, misogyny experienced in prison, especially surrounding menstruation, disproportionately impacts non-White women (Wacquant, 2000; Sarri, 1987).

Furthermore, menstrual healthcare inequity is mobilised through class divisions in the U.S. (Sparke, 2006). The rise of the neoliberal state is responsible for widespread mass-incarceration (Garland, 1991) as it commodifies poverty (O’Malley, 2014). Arguably, prison period poverty is a form of gendered class warfare, as the female-body requires more capital to cater for it, and therefore, is overlooked largely in planning to maximise site budgetary control (Belknap, 1996). The withdrawal of capital from prison facilities disproportionately impacts lower-income people who cannot afford to purchase additional sanitary products (Bright, 1995).

## 8. Conclusions

This essay has explored the embodied experiences of incarcerated women in U.S. prison facilities, regarding menstrual healthcare, through an intersection analysis of the body, utilising gender, race and class. In support of prior carceral geographies literature, this essay has advocated that period poverty is rife within carceral spaces in the nation, as a result of inequalities in control and the inordinate use of biopower by the state. Indeed, the severe scale of incarcerated menstrual inequity is owing to the overt dehumanisation of the female-body and ingrained misogyny within prison institutions. Such debilitating practices exist within the neoliberal 'carceral state', which treats menstruation as a commodity rather than a human right. Though moreover, period poverty is used as a tool to reproduce and reinforce existing hierarchies and power struggles in facilities; through prisons' utilisation of the female body as biopower, inmates endure fear, exposure, stigma and shame. KteeO (2012) states that 'most people here describe having your period in prison as one of the worst things about being locked up'. As this paper has highlighted, menstrual inequity is a one of the most severe embodied challenges for incarcerated women in U.S. facilities.

There is increasingly a need to conduct more research with former and current inmates to further understand period poverty in prisons, alongside explicit research surrounding the unique experiences of transgender and non-binary menstruating people in prison. It is essential to understand the unique and diverse oppressions faced surrounding period poverty to ensure appropriate and proportionate activism, legislation and improvements for menstruating people in prisons.

## 9. Notes

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