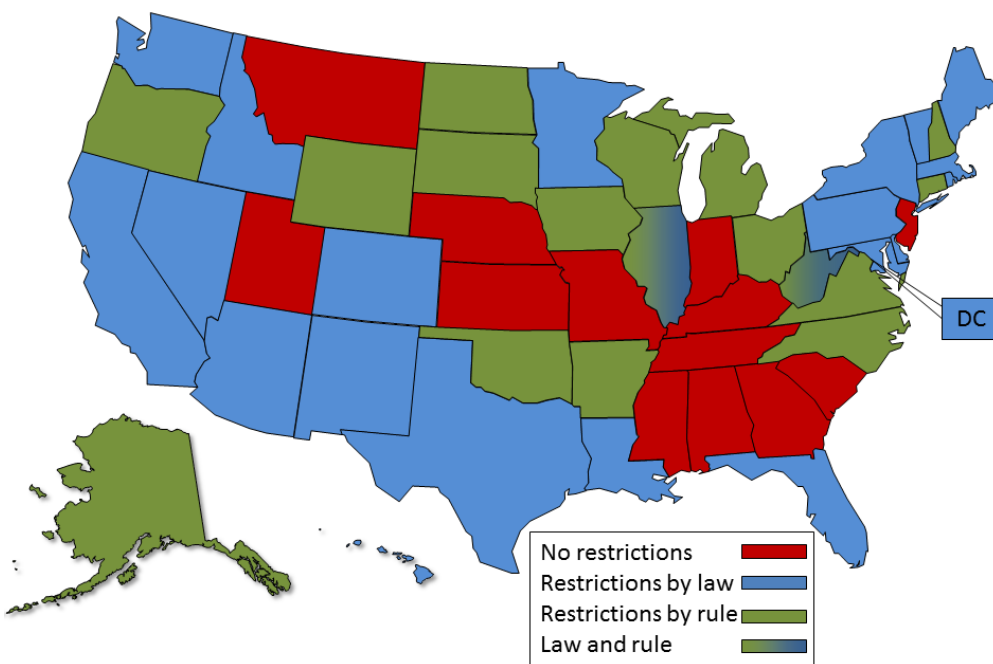




AMERICAN PSYCHOLOGICAL ASSOCIATION

End the Shackling of Incarcerated Women and Adolescents during Pregnancy, Labor, and Recovery

The American Psychological Association (APA) supports strictly enforced restrictions in the United States on the shackling of incarcerated women and adolescents during pregnancy, childbirth, and recovery. This dangerous and degrading practice stands in direct conflict with our commitment to opposing cruel, inhuman, and degrading punishment and to promoting human and civil rights.¹ Leading medical authorities state that the use of restraints poses serious health risks to both mother and baby that increase with each advancing stage of pregnancy.² APA calls for access to the highest quality reproductive health care for all women and adolescents.



Despite strong evidence of danger to mother and child, 13 U.S. states allow indiscriminate shackling of incarcerated women and adolescents during pregnancy, labor, and recovery, even though the vast majority are incarcerated for non-violent offenses.³ This practice affects women of color disproportionately, due to racial disparities in American criminal and juvenile justice, and reflects a pressing need for gender-specific policies in the nation's jails and prisons.⁴

*State restrictions vary widely in what practices they prohibit during what stages of pregnancy, labor, and postpartum recovery.

American prisons and jails hold more than 200,000 women on any single day.⁵ However, because the federal government does not require it, no accurate figures exist about pregnancies and childbirth among incarcerated women and adolescents. The lack of available data is a serious concern. For example, a survey of prisons and three big city jail systems covering January-October 2010 reported: 2,852 pregnant sentenced inmates received into their custody; 1,298 births to inmates; and 5,293 outside trips made by pregnant inmates for medical appointments, including to give birth.⁶ These figures, however omit information from five states, two months of 2010, and almost all of the nation's jails.

Justice-involved women and girls are among the most vulnerable in our society. Many incarcerated women's backgrounds include domestic and sexual violence, trauma, and mental health and substance use problems.⁷ Girls in juvenile justice facilities have more unmet physical and mental health needs than nearly any other adolescent population.⁸ Shackling during pregnancy, labor, and recovery presents this group with an additional, unnecessary risk.

Shackling has negative physical and mental health effects on mothers and infants

- Shackling women and adolescents in transport to prenatal care and during labor and delivery can obstruct necessary medical care and, during labor, lead to extreme physical pain and complications because of the mother's inability to move freely.⁹
- Shackling increases the likelihood of falls, inability to break a fall, life-threatening embolic complications, and impediments to emergency caesarian section.¹⁰
- Physicians have reported not being able to administer epidurals due to shackling, and in one documented case, a woman shackled during labor experienced a hip dislocation that caused permanent deformities and pain, stomach muscle tears, and an umbilical hernia.¹¹
- Mental health problems exist among incarcerated women in higher rates than the general population; pregnancy and the postpartum period bring increased risk of symptoms of mental health problems, such as depression and post-traumatic stress disorder.¹²
- Women subjected to shackling during childbirth report severe mental distress, depression, anguish, and trauma, and use of shackles during or immediately following childbirth can cause or exacerbate pregnancy-related mental health problems.¹³
- The presence of shackles after delivery may inhibit or interfere with a mother's ability to bond with and safely handle her infant and negatively affect the infant's health.¹⁴

Shackling is unnecessary

Despite objections that unshackled incarcerated women pose flight and/or public safety risks, there is no record of escape for any incarcerated woman who was not shackled during labor, according to a 2011 report.¹⁵ The U.S. Marshals Service, Federal Bureau of Prisons, and U.S. Immigration and Customs Enforcement now bar shackles and restraints during labor, except in extreme circumstances in which the woman presents an immediate and serious threat to herself or others.¹⁶ Thirty-seven states and the District of Columbia, via statute or policy, prohibit or strictly limit shackling during, pregnancy, labor, childbirth, recovery, or a subset of these stages.¹⁷

APA Recommendations

- Issue an Executive Order or agency-wide priority at the Department of Justice (DOJ) to encourage community standard prenatal and postpartum care and end the practice of shackling, except in extreme circumstances in which the woman presents an immediate and serious threat to herself, her baby, or others.
- Give priority in awarding DOJ grants to those states that have eliminated shackling, through policy, statute, or other mechanism.
- Require or incentivize the collection and reporting of state- and local-level data on the number of incarcerated pregnant women and adolescents, the quality of prenatal and postpartum care they receive, and the number of incidents of shackling during pregnancy, labor, and recovery.
- Provide additional federal support for women's and maternal healthcare in state and local prisons and jails, especially to reduce the high risk associated with these pregnancies.¹⁸
- Address noncompliance in states with existing shackling restrictions, by providing training and technical assistance through the Bureau of Justice Assistance that ensures:
 - All prison and jail staff understand their responsibilities under such restrictions;
 - Medical professionals in states with shackling restrictions understand their right to order correctional staff to remove shackles;
 - Incarcerated pregnant women understand their rights under shackling restrictions and have an official means of reporting infringements on those rights.

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