

“They Just Look at Us Like We Ain’t Nobody and We Don’t Have Rights”

The Violence of Incarceration

From the first time we met, Tinybig was eager to discuss her extensive experiences with the criminal legal system. At age 51, the Afro Native American Indian woman and mother of three adult children had been incarcerated five times and arrested more than 50 times. Drug use and poverty had kept her entangled in the system. When we met at Starting Again, a recovery home on Chicago’s west side, Tinybig had been out of prison for just under two months, having served three and a half years for forgery. In addition to welcoming the opportunity to talk about her involvement with the criminal legal system, Tinybig was excited about the photography aspect of this project. She took photographs for two of our four interviews, going out of her way to capture the exact images she wanted to help tell her story. She even made a special trip to 26th Street and California Avenue in Chicago, the location of Cook County Jail and the George N. Leighton Criminal Courthouse, to take multiple photographs documenting different views of the expansive structure.¹

Tinybig intended to take a particular photograph: the Bluebird bus that transports convicted women from Cook County Jail to one of Illinois’s women’s prisons. She missed the bus but took a series of photographs that elicited her reflections on how it felt to be detained at Cook County Jail. Her photograph of the intersection of 26th Street and Sacramento Avenue, showing the northwest corner of the complex, prompted Tinybig to recall what it was like to first arrive at the jail, being transported there from the police station where she had been held immediately following her arrest (figure 2). Looking at the photograph, Tinybig explained that on the other side of the building:

It’s a driveway . . . it’s an openin’ right there where the trucks or the paddy wagons . . . go in, but this building’s in the back where you go in, and you go down under the



FIGURE 2. A spooky place (Photo credit: Tinybig).

ground, and then you come up through that back . . . Ooh! That's a spooky place . . . It just has an atmosphere like somebody dead. And it makes you think . . . if you're gonna be here for a while.

Arriving at Cook County Jail in this way was a pivotal moment. More often than not, it marked the beginning of a long period of pretrial detention that likely would end in imprisonment. In Tinybig's experience, receiving an I-Bond, which would allow her to be released on her own recognizance without paying any money to the court, was unlikely. Rather, bond often was set at an amount she could not afford to pay, ensuring she would be detained without having been convicted of anything. In other words, she would be detained for being poor.² In the span of just hours, Tinybig transitioned from being free to being a detained person with few if any rights.

Tinybig continued reflecting on the photograph and described the distinct feeling associated with entering the jail via the driveway that leads beneath the building in contrast to being taken into custody from the courtroom. She explained:

It's . . . just an eerie feeling . . . I've been to the court and got taken out of court and had to spend a couple of weeks [in jail], but it didn't feel like it feels comin' in [via the driveway], because it looks like, you know, like they said the pigs have been goin' to slaughter, I'm gonna just affiliate it with that. It's like you're goin' to literally have

somethin' happen to you! And you are . . . And then the horrific aura . . . of going through the tunnels to get over to the different divisions that you end up in . . . [and to] receiving. Down under there, it is just, them tunnels . . . They need to change 'em.

Tinybig's vivid description was instructive in at least two noteworthy ways. First, her analogy "pigs . . . goin' to slaughter" communicated the dehumanizing nature of pretrial detention. Tinybig and the other detained people whom the police led down the ramp were less like people and more like "pigs" to be processed by a system that had no regard for their lives. She described the hopelessness and lack of control that accompanied arrest and pretrial detention. She only could brace herself for what would come based on the decisions and actions of people like police officers, correctional officers, prosecutors, and judges who, with the state's backing, now had complete control over her life.

Second, Tinybig's deliberate language communicated the violence of the criminalization process. Words like "spooky," "dead," "slaughter," "eerie," and "horrific" painted arrest, detention, and prosecution as terrifying events that exposed women to much more than simply a legal process. Her words resonated with those of ethnic studies scholar Dylan Rodríguez and English and American studies scholar Caleb Smith, who analyze incarceration as a type of social and civil death. Smith, for instance, describes prison as "a dungeon-tomb whose inmates are not subjects at all but human lives divested of subjectivity, of humanity itself, persisting as ghosts or monsters in a carceral living death."³ The reflections of Tinybig and many of the women who participated in this project introduced a gendered emphasis to the analysis of incarceration as social or civil death. Criminalization was a life-altering, deeply traumatizing process that exacerbated the violence and abuse most women already had endured before encountering the police and entering Cook County Jail.

In this chapter, I examine how detention and incarceration attacked women at the level of identity.⁴ Women's experiences resonated with the long history of scholarship that assesses the "pains of imprisonment" associated with the many deprivations of incarceration.⁵ Their experiences also highlighted the relationship between violence and dehumanization. Violence—whether actions by individual correctional officers or the cumulative hostile environment created by policies and procedures—had more far-reaching effects than just attempting to control women's behavior and maintain the so-called security of the correctional institution. By foregrounding the gendered dynamics of what sociologist Erving Goffman referred to as the "mortification of self," I show how the gendered violence of incarceration stripped away women's sense of self, reducing them to nobodies.⁶ This violence was justified by "controlling images" that paint women of color as dangerous threats to social order.⁷ It also created an opening for state-supported rehabilitation discourses that promote personal transformation as the solution to incarceration, diverting attention from the structural inequalities that contribute to and become more firmly entrenched by incarceration.

THE GENDERED VIOLENCE OF INCARCERATION

In his classic book *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*, Goffman analyzed how “total institutions” not only imprison the body, but also systematically break down an individual’s identity. Goffman defined a “total institution” as “a place of residence and work where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead an enclosed, formally administered round of life.”⁸ Psychiatric hospitals, jails, prisons, and the military are quintessential examples of total institutions. Goffman developed the concept of “mortification of the self” to explain what happens to individuals as they become institutionalized. Upon admission, the person “begins a series of abasements, degradations, humiliations, and profanations of the self.”⁹ An incarcerated person, for instance, receives an inmate identification number that takes the place of their name, is stripped of their clothing and belongings, and receives a state-issued uniform to wear for the duration of their incarceration.¹⁰ The total institution cuts individuals off from their lives, obligations, and relationships that exist outside of the institution and, with that, their sense of identity prior to containment.¹¹

Importantly, this mortification process does not imply an abuse of power or unethical behavior on the part of staff members working in the total institution. Rather, the institution’s routine procedures and environment target the individual’s sense of self, replacing their previous autonomous identity with an identity subject to institutional control. Mortification is “the very premise of the American prison,” “neither an accident nor an excess but a fundamental part of the institution’s design.”¹² Although incarcerated people adapt in myriad ways to the prison’s controlling regime, that regime is designed to induce compliance to the new identity label and subsequent deprivations of liberty that criminalization imposes.¹³ In short, mortification is a formidable technology of control.

Mortification has a distinctly American character that is intertwined with the Christian, colonialist, and racist origins of the penitentiary in the United States. Late 18th- and early 19th-century penal reformers conceived of the penitentiary as a more humane form of punishment, in contrast to pre-Enlightenment corporal and capital punishment practices. Reformers intended for the complete solitude of the penitentiary, coupled with hard labor and reading of the Bible, to promote deep introspection and remorse.¹⁴ The incarcerated person would endure a “virtual death,” shedding the criminal self and being reborn a moral, law-abiding citizen.¹⁵ By and large, this narrative arc, in which mortification was a necessary prerequisite for redemption, was available only to White men. Smith notes, “as the era of the penitentiary’s rise was also the era of Indian Removal and of the full-scale plantation, we might better understand these three as mutually constitutive institutions—sometimes opposed, sometimes overlapping—that represented the extremes of captivity and helped to determine the meaning of freedom in the antebellum period.”¹⁶ The penitentiary was a critical American institution through

which White supremacy was established, and its evolution has helped preserve a racial social hierarchy across generations, particularly as the prison population shifted from majority White to majority people of color and correctional policy shifted from a goal of rehabilitation to containment. Race and colonization are only part of the mortification story, however.

The burgeoning feminist scholarship that has accompanied the steady rise in women's incarceration over the past several decades extensively documents how gender matters—from the pathways that lead to women's incarceration, to the distinct needs and vulnerabilities women face while incarcerated and after release, to an understanding of mortification as a gendered process of psychological and emotional violence.¹⁷ The systematic, ongoing “erosion of self” that jails and prisons impose is strikingly similar to what domestic violence survivors experience in relationships.¹⁸ Years of feminist activism and analysis have established that domestic violence is about power and control. Abusive partners rely on a variety of manipulative, threatening, and violent tactics to establish and maintain power over their partner. Abusive and controlling behavior can escalate to physical and sexual violence, and the ever-present threat of that violence makes the mental and emotional violence that much more effective. Survivors frequently explain that emotional and verbal abuse are just as damaging as, if not more damaging than, physical abuse, in part due to their long-term impact and the way they attack survivors' identities. As survivors become increasingly isolated and dependent upon their partners, their sense of self may begin to mirror the degrading ways their partners view and talk about them and make them feel they caused and deserved the abuse. For the approximately 80 percent of incarcerated women who are survivors of physical or sexual violence, the mortification process they encounter in prison likely feels familiar, as the conditions of imprisonment, particularly the isolation, lack of control, uncertainty, and ongoing threat of physical and sexual violence, parallel the dynamics of domestic violence.¹⁹

Mortification is just one type of gendered violence women experience while incarcerated. Many routine policies and procedures, such as those related to health care,²⁰ lack of programming, the coercive nature of available programming,²¹ disciplinary measures,²² contact with loved ones, and the overall conditions of confinement, neglect distinct issues women face and create unique hardships for incarcerated women. These negative consequences are particularly concerning since, in comparison to incarcerated men, incarcerated women have more health problems and more serious medical concerns and are more likely to enter prison with mental health issues or to develop them while incarcerated.²³ In place of therapy, women often receive psychotropic medications that do not address the underlying causes of their mental health issues, but rather make women easier to control for prison staff.²⁴ Furthermore, the conditions of imprisonment exacerbate existing issues and even cause mental health problems.²⁵ Indeed, it is questionable whether trauma-informed gender-responsive therapy can even be effective in such

a harsh environment that replicates the dynamics of abuse many women endured prior to incarceration.²⁶

Additionally, women have distinct health needs that typically are an afterthought or viewed as too costly in comparison to the services men need. Reproductive health care is particularly limited and can be a site of abuse.²⁷ When giving birth or receiving gynecological services, women may be coerced to undergo sterilization procedures, as was the case in California between 1997 and 2010.²⁸ Furthermore, doctors can use gynecological exams as an opportunity to sexually assault incarcerated women.²⁹ Even before the Supreme Court's ruling in *Dobbs v. Jackson Women's Health Organization*, which ended the constitutional right to abortion, accessing abortion services was notoriously difficult for incarcerated pregnant people, in part due to unclear policies and the refusal of prison staff.³⁰ Reproductive justice scholars and activists anticipate the *Dobbs* decision will severely worsen the availability and quality of reproductive health care available in jails and prisons, making a dire situation even more harmful and in some cases deadly.³¹

The treatment incarcerated women receive when going into labor and giving birth is no better than the so-called care they receive throughout their pregnancy. Incarcerated women routinely are shackled when transported to hospitals to give birth, despite hazards like tripping and falling that shackling causes. Some prison policies even require that women remain shackled to their hospital beds while giving birth. While the First Step Act of 2018 prevents shackling of incarcerated pregnant women in federal facilities, 23 states lack legislation that bans shackling of incarcerated pregnant women. Enforcement of this legislation is uneven, however, as incarcerated women are left to the mercy of prison staff who may or may not choose to follow the law. As reproductive justice scholar Rachel Roth summarizes, "Every dimension of reproductive justice is negatively affected by imprisonment—from access to abortion and basic medical care to maintain one's health and fertility to the ability to form and maintain relationships with one's children."³²

Perhaps no practice more clearly replicates abusive dynamics than routine strip searches.³³ For the stated purpose of ensuring institutional security, correctional officers can force incarcerated women to submit to a strip search at any time. The practice is extremely degrading and inherently threatening. Journalist Meagan Flynn described the practice as it occurred at Lincoln Correctional Center, a women's prison in Illinois, in March 2011:

[A] tactical unit armed with batons and shields stormed two women's housing units to round up about 200 handcuffed inmates and march them to a gymnasium. Once in the gym, they stood facing the wall for more than an hour, still unsure why, until the guards started taking groups of four to 10 into the adjoining bathroom and beauty shop. There, they were ordered to strip. Standing shoulder to shoulder, women on their periods were asked to remove their tampons and pads. Some stood bleeding on themselves or the floor. They were ordered to lift their breasts and hair, to cough

and squat, and then, finally, to bend over and spread open their vaginal and anal cavities. The bathroom had no doors and was visible from the gym, and the beauty shop's door was open too, allowing male guards to see the naked prisoners whenever they walked past, or as they deliberately stared at them from afar . . .³⁴

It is difficult to fully comprehend the humiliation, fear, and vulnerability these women experienced. It is even more difficult to justify this practice. The correctional officers were not searching for contraband. There was no imminent threat of violence they were trying to prevent. This incident was a training practice for new cadets. It is difficult to interpret the incident as anything other than state-sanctioned sexual assault.³⁵

Strip searches are but one type of sexual violence incarcerated women experience. Decades of research documents widespread sexual assault and harassment by correctional officers, the majority of whom are men.³⁶ Officers have access to women when they undress, shower, and use bathroom facilities, contributing to the ongoing threat of sexual violence even in the absence of explicit verbal and physical assaults. Officers may abuse their authority by demanding that women provide sexual favors in exchange for access to needed items and services, such as medical care, visits with family, and telephone privileges.³⁷ Importantly, even when women seem to go along with these requests or sexual advances, federal law stipulates “all sexual contact between prison staff and an inmate is abuse; ‘consent’ is an irrelevant concept when one person holds tremendous power over the other’s life, including the power to reward or retaliate.”³⁸ When women refuse these advances, they face retaliation such as loss of privileges, write-ups for alleged rule violations, and placement in solitary confinement, where they are even more isolated and thus more vulnerable to ongoing abuse.³⁹ The complete lack of recourse illuminates just how little control incarcerated women have over their own bodies and the pervasive threat of physical violence and sexual violence that structures women’s prisons.⁴⁰ As prison abolition scholar-activists Angela Y. Davis and Cassandra Shaylor observe, “routine sexual abuse and harassment amount to a veritable climate of terror.”⁴¹

Understanding incarceration as gendered violence situates jails and prisons within a larger framework of inequality and violence that structures the lives of socially marginalized women, particularly Black women and women of color who live in disadvantaged communities. “Women’s prisons are located on a continuum of violence that extends from the official practices of the state to the spaces of intimate relationships.”⁴² Sociologist Beth E. Richie’s violence matrix provides a useful theoretical framework to conceptualize this continuum of gender-based violence.⁴³ The matrix delineates three forms of violence—physical, sexual, and emotional—that occur across three contexts—intimate households, community, and state—and shows how these types and contexts of violence are interconnected. Richie examines multiple examples of state violence, including institutional responses that dismiss and blame women when they seek redress

for interpersonal and community-based violence and public policies, like welfare reform, that withdraw support and limit women's autonomy. She shows how state violence exacerbates and justifies the vulnerability and abuse women experience in their homes and communities. Across contexts, gendered violence reflects an overarching discourse that dehumanizes socially marginalized women, particularly criminalized women.

JUSTIFYING STATE VIOLENCE

Reflecting on the gendered violence of incarceration raises the question of why such widespread abuse persists. One line of reasoning focuses on the understanding that incarcerated people give up a certain degree of their rights. Prison is not supposed to be fun or easy. People generally acknowledge that a host of deprivations will and even should accompany the deprivation of liberty that is the stated criminal sanction. Indeed, various "pains of imprisonment" are an unstated though expected part of the prison sentence. While important, this reasoning is incomplete. The gendered violence, particularly the sexual abuse, incarcerated women endure exceeds a degree of punishment even the most ardent tough-on-crime supporter could find reasonable. This violence taps into deeply embedded social-historical discourses that position some women as not real women and thus deserving of whatever violence they experience. These gendered discourses are structured by race and class. The feminine ideal is attainable to a select group of women who possess the social privileges of Whiteness, financial security, heterosexuality, and citizenship. Women who lack this social privilege are precluded access to this ideal and its associated benefits, such as support for mothering and protection from violence. These "Other" women provide the oppositional femininity against which White femininity is constructed.⁴⁴

A variety of controlling images highlight the ways these "Other" women are not real women. As sociologist Patricia Hill Collins has theorized, controlling images are deeply engrained cultural tropes that mark women of color as inherently deviant and justify systems of inequality and oppression. Rooted in chattel slavery and colonization, controlling images define Black, Native American, and immigrant women of color as dirty, impure, hypersexual, and inherently rapeable. These controlling images provide "ideological justifications" for sexual violence against Black women and women of color and contribute to ongoing vulnerability to interpersonal and state violence, as well as to intrusive and punitive policies that paint marginalized women as threats to social stability.⁴⁵ These policies seek to regulate nearly every aspect of women of color's lives, including sexuality, mothering, morality, and work.⁴⁶

The population of incarcerated women in the United States today consists largely of these "Other" women.⁴⁷ Based on their race, class, and criminalization, these women are dismissed as not real women. Beyond the rights they forfeit as a

result of their convictions, controlling images of dangerous, deviant women deny their claims to basic human protections. The gendered violence of incarceration is neither an accident nor an anomaly produced by a few “bad apples” who abuse their authority. It is embedded in the structure of the prison and justified by the controlling images that divert attention away from the social conditions that funnel women into the criminal legal system and the jail and prison conditions that further traumatize women. The questions I take up for the remainder of this chapter are how do these racist gender ideologies shape criminalized women’s detention and incarceration experiences and what impact does the gendered violence of incarceration have on women’s identities.

There is an inherent risk in writing about women’s violent experiences of incarceration, mainly the risk of reducing women to these violent acts. Rather than recognize women’s full humanity, there can be a tendency to understand them primarily as victims or simply as points of evidence that illustrate a larger problem. The shocking and horrifying nature of this violence can reify it, creating distance between the reader and the women who experienced it, rather than a sense of connection. In short, there is the potential to dehumanize women in a similar way the prison dehumanizes.⁴⁸ There also is a risk in not confronting this violence, however, namely the risk of normalizing it to the point it becomes an unremarkable and thus acceptable part of imprisonment. There is a power in witnessing injustice and atrocities. Witnessing can foster connection and understanding, which are necessary precursors to push for social change that disrupts and uproots rather than simply softens the harsh edges of inherently dehumanizing systems.⁴⁹

This book’s remaining chapters focus on women’s identity work. I devote this chapter to an unflinching examination of gendered violence, because it provides necessary context for understanding the full scope of what criminalization means for women and the subsequent identity work they undertake. As such, I foreground this violence before moving on to “motherhood, pleasure, friendship,”⁵⁰ joy, and resilience, topics that, as English language and literature scholar Megan Sweeney notes, too often remain at the analytic edges of scholarship regarding criminalized women. To recognize criminalized women’s full humanity, we cannot turn away from the violence they experience. We also cannot allow that violence to define them. The examples shared here represent one part of women’s complex lives and identities. I ask readers to keep these considerations in mind while reading this chapter.

HOSTILE ENVIRONMENTS

In total, women described jail and prison as hostile environments characterized by unsanitary conditions and a general lack of attention to women’s well-being. Cook County Jail is particularly notorious for its abusive environment, as evidenced by multiple consent decrees and a string of class action lawsuits on behalf of people currently and formerly detained there.⁵¹ In 2008, the United States Department

of Justice's Civil Rights Division released findings from its 17-month investigation into Cook County Jail. Citing physical abuse by correctional officers, inadequate health care, medical neglect, withholding of mental health medication, and poor physical conditions, the report concluded "the jail had systematically violated the constitutional rights of inmates."⁵² In November 2010, men and women who had been subjected to illegal strip searches at the jail won a \$55 million settlement.⁵³ In February 2014, the MacArthur Justice Center at Northwestern University filed a proposed class action lawsuit alleging a culture of "sadistic violence and brutality" at Cook County Jail. The Center alleged that physical abuse by correctional officers was a significant factor contributing to the overall culture of violence, reflecting "systemic problems that have remained unchecked at the highest levels of Cook County government."⁵⁴ This well-documented history of pervasive and persistent abuse at Cook County Jail reflects an organizational logic in which intimidation and violence are common. As such, it was not surprising that women recalled similar experiences.

Given the inhumane conditions in Cook County Jail, women described a sense of desperation to get out of the facility. Some recalled how they agreed to plea deals just to get out, even when they did not fully understand the terms of the plea, felt they would get a better offer if they could just wait a little longer, or wanted to fight their cases. Stacey Williams, a 41-year-old African American woman, cited the overall horrible living conditions, as well as needing to end the limbo of being in jail, as reasons she accepted her plea. She explained, "I was ready to go to prison and get this over with. When you go to prison, you know, you got a out date. You know when you're goin' home. In the County, you're sittin' there waitin' on court dates after court dates. You don't want to deal with that."

Women typically described prison as a relatively better environment than jail, but they continued to endure dehumanizing treatment and living conditions once they reached prison. Moon, a 40-year-old African American woman, explained that people need therapy after they are released just to deal with the experience of incarceration. "I don't care how long you was [in], it's traumatic mentally, you know. Even though you make it back out sane, you still have like . . . this exterior or this . . . mask on, you know." Moon elaborated, "I felt like prison wasn't helpin' me. It don't better you. It doesn't. It makes you angry and resentful . . . Prison is like nobody cares . . . it's like a whole other world inside of a world. Nobody listens to you." Moon suggested prison was something she survived. She also focused on the dehumanizing impact of incarceration, highlighting loneliness, cold, hunger, and not being heard. Moon described a deep sense of alienation, like she was locked away in a completely different world, forgotten, and continuously reminded that nobody cared about her. Her concerns reflected basic physical, emotional, and psychological human needs. The cumulative denial of these basic needs amounted to trauma, leaving Moon disconnected not only from society, but also from herself. Prison changed her. In order to survive the trauma of incarceration, Moon put on an "exterior" or a "mask." Those outward changes reflected internal changes,



FIGURE 3. Bus ride to work (Photo credit: Chicken Wing).

what Moon referred to as mental trauma, that persisted even after “you make it back out.” The mask was still on, and Moon needed time and support to heal from the trauma of incarceration.⁵⁵

Chicken Wing, a 55-year-old Black woman, also used the language of survival and putting on a mask to describe the mental and emotional toll of spending 21 years in prison. Like Moon, she noted the impact of incarceration on her identity. This reflection was prompted by a photograph Chicken Wing took of a Chicago Transportation Authority (CTA) bus to represent her long ride to work (figure 3). Even though the “L” (shorthand for Chicago’s elevated train system) would get her to work more quickly, she preferred the 90-minute bus ride because of how it made her feel. She explained, “I enjoy lookin’ out the window at people. I just enjoy life . . . The long ride . . . Freedom. Can’t take that. You can’t buy that.” She quickly clarified her comment, noting she still was adjusting:

I’m learnin’ how to talk to people, because I’m just gettin’ out. I been had a guard up for 20 years . . . I had to keep a false flag up all the time, you know what I’m sayin’? I had to pretend all the time . . . I had to put a mask up. I couldn’t be myself, you know, ‘cause I don’t want to get hurt . . . I keep people away from me. I keep a guard up at all time. And now I’m just . . . tryin’ to let that guard go down, you know what I’m sayin’? I’m tryin’ to trust people more. I’m tryin’ to talk to people more gentler. You know what I’m sayin’? ‘Cause . . . you got to survive in prison. You can’t be no punk.

You know. You can't be cryin' and all that. You know, you got to hold them emotions inside, you know, you can't let that side of you show!

Like Moon, Chicken Wing adopted a hard exterior to survive prison's hostile, dehumanizing environment. Both women recognized those survival strategies did not serve them well back in society.⁵⁶ Perhaps even more importantly, both women indicated how these strategies changed who they were, such that part of their lives after prison included figuring out how to become the people they wanted to be. They invoked a symbolic-interactionist understanding of identity that posits the self only exists through social interaction and is structured by the different social settings people inhabit, as well as the different social roles people take on and off over the course of their lives.⁵⁷

MEDICAL NEGLECT

Some women expressed gratitude for the health care services they received in prison and credited doctors with identifying health issues and providing treatment they likely would not have received otherwise. Alongside this gratitude, women also noted the poor quality and limited assistance these services sometimes offered.⁵⁸ Even when women could afford the five-dollar cost of a health care visit,⁵⁹ correctional officers could facilitate or hinder their ability to receive an appointment. Tinybig, for instance, said the health care she received in prison was "awesome," but "the procedure to get there is crazy as hell." She explained that submitting a request slip to see a doctor would first lead to an appointment with a nurse, who would determine if a doctor's appointment was necessary. Tinybig elaborated:

You have to pay five dollars to see the nurse. And if that nurse don't think it's severe enough, you won't see no doctor. She'll give you some Tylenol and tell you, "OK, see if this'll work." That's five dollars. So if it don't go away, you gotta put in another request, see the nurse again, five more dollars. Now since it didn't go away and you came the first time maybe she'll sign you up to see the doctor. So you see, it's like a three-week process.

Tinybig gave voice to a widespread problem, as incarcerated people commonly are denied health care or subjected to long waits to see a doctor, in part due to suspicion they are faking their health concern. Incarcerated people often delay or forgo medical treatment due to costly fees they cannot afford. When they finally do access care, they frequently are denied treatment that addresses root causes in favor of treating symptoms, and they may have to undergo extreme medical interventions that could have been prevented had they received medical care sooner.⁶⁰

Chunky, a 56-year-old Black woman who had been imprisoned nine times, recalled having to wait to receive treatment for a stomach ulcer because her supervisor in the kitchen claimed she was faking being sick to get out of work. Chunky recalled, "My stomach was tore up . . . I had felt like shit. I'm talkin' about felt like

razor blades was in my stomach, my stomach hurt me so bad.” By the time she saw a doctor, her “stool was completely black,” and she spent three days in the prison infirmary. She explained that the private health care company with whom the state contracted to provide health care services for the Illinois Department of Corrections (IDOC) had to approve all medical tests and procedures. A provider told Chunky, “We can put you in for a test to see about your stomach, but you’re gettin’ ready to go home.” The implication was that after her release, the state no longer would be responsible for Chunky’s medical care, so it was not worth the state providing her with anything more than temporary care to address the immediate presenting issue. The prison doctor provided medication that ultimately resolved Chunky’s stomach issue. Still, her experience indicated systemic problems with IDOC’s health care. Like Tinybig, she made clear how incarcerated women lost precious time and money while navigating the prison health care bureaucracy and multiple gatekeepers, during which their health issues could worsen.

Chunky connected her experience of neglect to other women she knew who did not receive the care they needed while imprisoned and died shortly after their releases.⁶¹ She explained, “A lot of those people do all that time, go on and die. Everybody that I know, just about, that went home died within a year or two.” Chunky rattled off the names of three women with whom she had served time who died while incarcerated or shortly after their release and connected their deaths to inadequate health care. Recalling one of these women, she said, “She had cancer . . . They could’ve did more for her. I heard her on the phone one day, talkin’ to her father, she told him ‘You, you really need to get to the lawyer and take care of this. ‘Cause this is gettin’ outrageous.’ And I’m quite sure that they got a [law] suit. ‘Cause they didn’t do nothin’ for her. Nothin’. She had stomach cancer—they said it was a spot! And then it turned out to be somethin’ else. You know, and they did nothin’.”

Sharon, a 44-year-old African American woman, also discussed the emotional toll of watching other women suffer from medical neglect. She recalled the death of a close friend:

She always had asthma real bad . . . they said she died from an asthma attack. But what we heard [was] that she was tryin’ to tell the officer that she wasn’t feelin’ well, and they just ignored her and just left the door, and when they came back to her door, she was dead. So, in prison they is so cruel to you. They just look at us like we ain’t nobody and we don’t have rights. And it’s, it’s sad to say when you get incarcerated how they treat you. Because we’re human, too, we just made a mistake, and I’m pretty sure y’all made mistakes, too. So it’s sad when especially with the sick people, they do them so wrong . . . If they would have listened to her I think she would’ve been still here . . . I think they thought she was faking, and when they came back to the door, she was dead.

Sharon linked her friend’s death to a larger analysis of the dehumanizing nature of the prison system. She asserted her friend’s and her own humanity despite

knowing the criminal label marked her as less than human, leaving her and all of the women with whom she served time vulnerable to neglect and abuse. This undercurrent of vulnerability was a form of emotional violence that structured the incarceration experience and communicated the message to Sharon that she was “nobody.” That message was reinforced with every death Sharon witnessed during her six incarcerations. As she recalled, “I saw so many deaths. A lot of people, so many people died when I was in prison.”

Frequent deaths contributed to a culture of fear and concern. For instance, Sharon recalled many women dying from brain aneurysms. She frequently had headaches, which made her worry she also had an aneurysm: “I was scared because so many people was dyin’ from that down there.” Medical neglect is part of the “habitual violence” of prison that impacts more than the individual woman who is denied treatment.⁶² “All women are subjected to [punishment] in an environment in which medical neglect is rampant. Many women are forced to watch other women deteriorate and sometimes die, and as a result must live in fear that they or someone they care about will be next.”⁶³ Sharon’s concern stemmed, in part, from a larger culture of dehumanization and disregard. Correctional officers had allowed her friend to die alone in her cell from an asthma attack; why should Sharon trust a prison doctor who tried to reassure her she did not need to worry about an aneurysm?

Tinybig shared a story that illustrated how even when women accessed medical treatment in prison, they had limited rights since they were “criminals” first and patients second. She focused on her powerlessness while recounting a problem she had with a correctional officer during her most recent incarceration. When I introduced the idea of “the state” at the beginning of our first interview, Tinybig interjected, “Let me talk about Illinois Department of Corrections, then,” meaning “the people that have authorization over our lives when we’re incarcerated.” She described a time when an officer punished her by placing her in segregation after catching Tinybig “stealing” laundry detergent from the kitchen. After strip searching Tinybig and finding the detergent, the officer loudly explained she had suspected Tinybig of stealing because Tinybig requested sanitary napkins daily due to a medical condition.⁶⁴ Tinybig was furious and humiliated that her private medical information was shared publicly for anyone nearby to overhear. She explained:

Why would you put my medical history out there like that? So that’s what my grievance was about, for you to say in front of everybody about me askin’ for pads every day. OK, granted I got caught stealin’, I own that! I’ll take that bad, ‘cause that’s mine. But there was nobody’s business about me askin’ you for pads every day, because of my medical history. It doesn’t bother me that I have it, but it wasn’t nobody else’s business to know that I spot and bleed every day . . . She didn’t have no reason to do that.

Tinybig did not object to the strip search, which was an expected and common degradation ritual. The lack of privacy and respect for her personal medical

information, however, pushed that degradation to an excessive level. The officer violated a right Tinybig thought she still maintained.

Equally insulting to Tinybig was that no prison administrator acknowledged her frustration. Her concerns were dismissed, and it seemed like administrators did not even understand why she was upset. Tinybig filed three separate grievances against the officer for disclosing her medical history, in which she requested not to work under this officer's supervision again. Prison administrators denied each grievance. During our interview, Tinybig pulled out a folder containing paperwork related to the grievances. She read the response to the first one: "According to Food Supervisor [officer's name], your shakedown was a result of reasonable suspicion, which turned out to be true. Professionalism was maintained during and after this time. Also please be advised that offenders are unable to dictate the placement of staff." The response ignored her central request that the officer be reprimanded and instructed to "not discuss offender's medical history with others." Instead, the response reminded Tinybig of her status as an "offender" who was under the authority of prison staff and provided no rationale for how administrators determined the officer maintained "professionalism" during the "shakedown." Tinybig filed two more grievances to stress her point about the officer disclosing her medical information, but authorities dismissed both as "repeat grievances."

Tinybig realized the unfair treatment was just a part of her sentence she had to accept. She commented, "When I allowed myself to enter that institution, I opened myself up for the possibility of anything. And that's just what that is. Once we're inside that institution, even though there are laws, rules, rulebooks, regulations, all this stuff in order, everybody don't follow them." This realization recalled Tinybig's photograph (figure 2) of the underground entrance to Cook County Jail and the feeling of "pigs . . . goin' to slaughter." Just as she explained with the photograph, entering the correctional system signaled a dehumanizing transition where women were vulnerable to anything. The officer's behavior, coupled with the lack of response from prison administrators, reaffirmed this message that, as an "offender," there were certain rights Tinybig did not have and inappropriate behaviors by officers she just would have to accept. In fact, higher-ups would deem that treatment "professional," offering no recourse or check on officers' authority.

CORRECTIONAL OFFICERS' ABUSE

At times, correctional officers' treatment of women escalated to verbal harassment and threats, as well as physical violence. The Lioness, a 49-year-old African American woman, discussed a violent encounter she had with a woman correctional officer at Cook County Jail. In doing so, she provided a clear example of the intersections of gendered violence across the contexts of intimate households and the state.⁶⁵ Prior to her most recent incarceration, the Lioness had been arrested on a violation of probation charge for missing a court date. When she arrived at Cook

County Jail, she was going through withdrawal, which she described as “a state of mind of needing drugs. So I really wasn’t in my best thinking.” Within the first 24 hours of being at the jail, the Lioness got into an argument with another detained woman, and an officer intervened. The Lioness recalled, “I guess the guard, she was irritated, it was a holiday, and she didn’t want to be there or whatever. And she kept cussin’ me out . . . They’re *very* mean at Cook County. I mean, seriously . . . they talk to you and calls us ‘bitches’ and ‘whores,’ I mean, serious. Well, anyway, she put this glove on, and she choked me, and I defended myself.” When I pressed her for more specifics on the officer’s behavior, the Lioness responded, “She choked me. That was enough. I mean, that was enough, you know, because I had been raped and brutally sodomized before, and so I was very on the defensive . . . I still have bad memories, things that happened that’s not too pleasant, so of course I might react defensive at times.” The Lioness could not recall exactly how she had defended herself. In addition to being in the midst of withdrawal, she explained, “it was just a heated time. I don’t remember all that I did. But I fought her back.” Once the officer subdued the Lioness, she handcuffed her in a chair, such that the Lioness was bent forward at the waist, with her hands cuffed beneath her knees, behind her calves. She estimated she remained this way, isolated in a holding cell, for about an hour and a half. During that time, other officers stopped by and “taunted” her, saying things like, “If that had of been me, I would have beat you!” . . . I mean, it happens . . . you have people that’s in high places, in authority, like Cook County Sheriffs that just have bad attitudes, you know, so. Yeah, they came in there and they was talkin’ about . . . if it was them, what they would’ve did to me. They called me names.”

The Lioness experienced layers of gendered violence in just this one assault and its immediate aftermath. Before physically laying hands on the Lioness, the officer used gendered, sexually violent insults (e.g., “bitch” and “whore”) to establish her dominance and gain control of the moment. The officer then escalated from verbal to physical abuse that, regardless of the officer’s intent, the Lioness experienced as sexually threatening. Given the Lioness’s history of sexual violence, which began in her childhood and continued throughout adulthood, the officer’s choking and physical restraint were distinct gendered forms of violence that recalled the multiple times the Lioness had been vulnerable to violence throughout her life. Although the officer was a woman, in contrast to the men who had been the perpetrators of the Lioness’s past violence, the officer’s actions reflected the jail’s hypermasculine, violent organizational culture.⁶⁶ As an authority figure within that culture, she possessed the power to exert force over the Lioness in a way that evoked the powerlessness she experienced during past sexual assaults by men. The retraumatizing physical assault perpetrated by this officer linked the Lioness’s current situation as a detained woman, with no recognized rights to safety and bodily autonomy and with severely curtailed power, to past assaults rooted in the same power dynamics.⁶⁷ Entering jail is a disorienting experience that many people

experience as a crisis. Given that the Lioness had just arrived at jail, was going through withdrawal and not thinking clearly, and carried the memories of years of sexual violence in her mind and body, it is no wonder she defended herself against an officer who verbally and physically assaulted her.

The aftermath of the assault was equally troubling and evoked controlling images that paint Black women as animalistic.⁶⁸ Once restrained, the Lioness was held in a cage and put on display like an animal in a zoo. The officers who strolled by to get a look at the aggressive “inmate” who dared to fight back took on the role of spectators, complete with their voyeuristic looks and taunts. As a criminalized, drug-using, poor Black woman, the Lioness sat at the intersection of multiple systems of oppression. Yet, the officers viewed her as a threat that needed to be contained. The controlling image of the Sapphire, “Black women . . . conceived of as ‘superwomen,’ aggressive and prone to violence, requiring swift and forceful submission,” loomed large, providing ideological justification for this harsh discipline.⁶⁹

Like the long-lasting impact of gendered violence women experience in intimate households, the Lioness continued to deal with the consequences of defending herself against this officer. She was charged with aggravated battery and served two years in prison. As she explained, “So that was a bad decision I made, and I paid for it for two years.” At the time of our interviews, she still was paying for that decision. The aggravated battery conviction meant the Lioness had another violent felony on her background, which subjected her to multiple collateral consequences.⁷⁰ For instance, the conviction already had prevented her from qualifying for a housing program. The rejection hit the Lioness particularly hard: “They said my background was unacceptable. You know, and when I first got it [the rejection notice], it was like they were sayin’ I was unacceptable.” The housing denial impacted the Lioness at the level of identity, as she perceived the rejection as a judgment of her character. She anticipated she never would be able to completely rid herself of the stigma associated with the violent felony conviction and explained, “It makes a statement that is not positive. It’s negative. I’m always going to receive some negativity, some judgmental people.” The Lioness would pay for defending herself against a violent correctional officer for the rest of her life. This outcome was particularly troubling considering the reason the Lioness had been in jail was for missing a court date, a minor, nonviolent violation of probation. In the violent context of the jail, she picked up a much more serious charge that permanently labeled her a “violent offender.”⁷¹

Ann, a 47-year-old Caucasian woman, also discussed how correctional officers contributed to an overall hostile environment in Cook County Jail. She recalled how one officer repeatedly harassed her: “She always threatened she was gonna handcuff me to the gate and beat the shit outta me. And if I tried to run she’d get me for an escape.” The officer would instruct Ann to take the garbage to an outside dumpster. Ann would refuse out of fear the officer was using the work

assignment as an excuse to get her alone outside, where Ann would be particularly vulnerable out of sight from the other detained women. As Ann pointed out, if she tried to run, the officer could say she tried to escape, which could result in a prison sentence. The officer also tried to coax Ann onto elevators, saying Ann had to clean them as part of her work assignment. Again, Ann refused because “she had me scared, I wasn’t goin’ in that elevator with her.”⁷² Ann also worried that if she entered the elevator first, the officer would push the button so that Ann would be on the moving elevator alone, allowing the officer to allege Ann had tried to escape. In addition to these direct threats, officers also created an unsafe environment through their responses to women’s interpersonal conflicts. As Ann explained, “A lot of fights break out, and the guards say they break it up quick, [but] they don’t . . . if they like you, and you’re in a fight, they’ll protect you. But if . . . you’re getting the best of the other one, they will back up and let you just dog walk that person. Beat ‘em down bad before they break it up.”

The officers’ absolute power contributed to women’s overall vulnerability, which mirrored the past violence women survived, largely at the hands of men partners and community members. The constant threat of violence and resulting worry and stress that came through in Ann’s recollections were strikingly similar to the ways domestic violence survivors describe their home environments.⁷³ Regardless of the officers’ gender, their actions within the bounds of the jail’s organizational logic paralleled the gendered power dynamics women experienced in past abusive relationships and situations of community violence.

GIVING BIRTH WHILE INCARCERATED

Women’s accounts of giving birth while incarcerated illustrated further dehumanizing treatment and resonated with scholarship that documents pregnancy as another site of punishment within the carceral system. In addition to inadequate prenatal care, common aspects of incarceration, such as diets that lack nutritional value, physical confinement, handcuffing, and shackling, jeopardize the well-being of both mother and unborn child.⁷⁴ Correctional officers typically are the first responders when incarcerated women suspect something is wrong with their pregnancy or go into labor, yet officers often downplay or ignore women’s concerns altogether. Whether rooted in lack of appropriate medical training or lack of caring, this medical neglect results in miscarriages, stillbirths, and women giving birth alone inside their cells.⁷⁵

Four women talked in detail about their experiences of giving birth while incarcerated, two of whom had been shackled during labor. In 1999, Illinois became the first state in the country to ban the shackling of women during labor, but officials have routinely violated the ban since its passage.⁷⁶ Corrine, a 63-year-old African American woman, recalled giving birth to her daughter while incarcerated at a women’s prison in Illinois prior to 1999. By the time of our interviews, Corrine

was in a very different place. Twelve years had passed since her last incarceration. She had since earned her master of social work degree and devoted her career to helping other women overcome the very same challenges she had faced, such as healing from trauma, ending drug use and entanglement with the criminal legal system, and reestablishing relationships with children. Each time I met with Corrine, I was struck by her deeply caring nature. She welcomed me into her home for each of our three interviews and made sure I was comfortable. She showed me family photo albums, and our conversations frequently returned to the topic of her family, particularly her love for her children and grandchildren. Her kindness and gentleness contrasted sharply with the hardships and outright violence she had experienced throughout her life.

Giving birth while shackled was one traumatic experience that still weighed heavily on Corrine. She recalled that although she had been transported from prison to a local hospital when she went into labor, she did not receive adequate medical care. "It was the first time I was forced to have . . . natural birth. Meaning that I was given nothing . . . No epidural, no pain medicine, no nothing," Corrine said. "And of course I was shackled . . . it was just one of the most horrific experiences. It liked to rip me. I felt like it just ripped me apart. I still have a tear that wasn't properly repaired in my vaginal area from that birth." In addition to the permanent physical damage she endured, Corrine also carried permanent mental and emotional scars that were caused by the hospital staff's dismissive treatment. She recalled, "I think I was seen as a prisoner, treated as a prisoner, treated as someone that did not have rights. Treated as someone [who] did not even deserve to be having a baby. This is how I felt giving that birth." When I asked who gave that message to her, Corrine referred to the nurses. She further explained she had been an "IV [intravenous] drug user" at the time, which she had felt was the "worst [kind] of an addict." Between the shackle on her ankle and the scars from her drug use, Corrine felt she was "degraded" in the nurses' eyes. She elaborated, "Well, I don't even know if the shackle, because that was a normal procedure back then, and I had had my first son as a juvenile in [a juvenile detention facility]. So that had been a pretty normal thing as for the shackle. I guess just . . . I'm thinkin' it was more so because of just the lack of empathy, the lack, I mean, it was just like I was a nobody."

Being shackled during childbirth was a normalized practice of physical and emotional state violence. The emotional and physical violence inflicted by hospital staff, however, was remarkable. Like Tinybig's acceptance of the strip search as routine, Corrine expected the shackle. Also like Tinybig, it was the excessive disregard for Corrine's rights and humanity that was so damaging, hurtful, and memorable. The hospital staff's treatment could not be justified, however weakly, as a required security measure. Their treatment felt targeted and personal, as it stripped away any remaining positive sense of self that Corrine possessed and denied any

claim to motherhood. Corrine learned the same lesson Sharon articulated when recalling her friend's death after officers failed to respond to her pleas for medical assistance: incarcerated women were nobodies without any rights.

Corrine shared a deeper analysis about the intersection of criminalization, misogyny, and racism. When I asked Corrine if anything in particular about the nurses' or doctors' treatment stood out to her, she shared the following memory:

Corrine: It's just this one little piece, Chez, I'll never forget because of the pain that I was enduring. I remember scooting almost up to the head of the bed. And I believe the head [of the baby] was already starting to come out. 'Cause like I can feel it like yesterday, and I remember scooting all the way to the head of the bed, and I remember them standing around doing absolutely nothing and telling me [Corrine uses a harsh, emotionless, monotone voice], "When you come down in the bed, we'll finish delivering this baby. You wanna come down and scoot in the bed so we can get this baby out?" I remember that voice right there . . .

CR: It sounds like you weren't treated as a person, let alone a woman in labor.

Corrine: No, you can feel the discrimination. You felt the prejudice, you felt the discrimination and all of that back then.

CR: From being a prisoner or from more?

Corrine: From being a prisoner and also I felt from being just Black. Yeah. I, 'cause, you know, I grew up, I'm a '50s baby, and I never lived in the South so my experience, I saw it on TV, and I never felt that I was impacted or affected by what happened to my generations or back then. And it took me as far as like pursuing my education and even looking back to feel what the impact of how all of that discrimination still affects me as a person today. Because back then I just kind of flowed through . . . I just never felt the impact of all of the racial biases and the prejudice and discrimination just didn't, it was like it happened to them but it did not apply to me. And it took me getting a little bit older to feel the impact and how I was discriminated to as a person, being a drug addict and being a felon. So now I've even added to my circumstances, so it was like I just felt entrapped with no way out for so long.

Corrine adeptly used an intersectional lens to situate her personal experience within a larger history of racism and gendered state violence. She recognized more than her prisoner identity shaped her interactions with the hospital staff. Her Blackness also did. Corrine exhibited what sociologist W. E. B. Du Bois called double-consciousness, the distinct experience Black Americans have of both knowing themselves and seeing themselves through the eyes of the oppressor.⁷⁷ As a Black woman shackled to a hospital bed, Corrine saw herself through the eyes of the nurses and doctors who made clear they viewed her as someone who "did not even deserve to be having a baby." In that moment, she understood she was perceived not as a mother, but as a nobody. Corrine was "entrapped" by the

controlling images that have evolved from slavery through present day to deny Black women's legitimate claims to motherhood and justify the hospital's staff's inhumane treatment that lived on as a vivid memory 13 years later.⁷⁸

Ranisha, a 34-year-old Black woman, gave birth to her youngest daughter while detained at Cook County Jail. She did so after the passage of Illinois's legislation that prohibits shackling of incarcerated women during labor. Although she had not been shackled, her experience paralleled Corrine's in notable ways, suggesting the limits of antishackling legislation despite its importance. Ranisha's experience began alone, locked in her jail cell in the medical unit:

When I went into labor, the officer had left and went on a whole other unit. So my water bag busts, so I'm in the room panickin', beatin' on the door, the nurse don't have a key, and by the time I got downstairs blood is everywhere, and my water bag is busted. It was just, it was a mess . . . I panicked a lot. Because it was like . . . I didn't know if she [her daughter] was gonna come out right then, 'cause the pain was like that strong . . . So, then you had to wait for the ambulance to come to the jail. Then you have to wait for them to check you, and I'm like, "Why do you wanna stick your fingers in me if my water bag is bust?" So, I went through a lot.

The correctional officer's slow response and Ranisha's worry as she waited for medical attention are common experiences for incarcerated pregnant women.⁷⁹ Things did not improve when Ranisha reached the hospital. Like Corrine, she recalled the intense pain she experienced, as she initially was denied an epidural: "It was like I laid there in pain for like, almost three full hours. I had to start like actually knockin' stuff over . . . it was painful . . . by the time they gave it to me, it was like 20 minutes after that I had the baby."

Ranisha attributed the differential treatment she received from hospital staff with coming from Cook County Jail. She explained, "By us comin' from jail, they [hospital staff] treat us different. You know, the care is way different . . . if I would've been comin' from outside I wouldn't have to ask . . . 'Could you change my bed?' You know, 'cause I, like, bled all over everything. You know, I just had a baby." As further evidence, she described hospital staff forgetting to order a meal for her and ignoring her requests for sanitary pads. Their dismissive and discriminatory treatment let Ranisha know she was a criminal first and a mother second.

Hospital staff may have been hesitant to administer pain medication since both women's incarcerations were related to drug use.⁸⁰ Lynn, a 33-year-old Caucasian woman, had been detained at Cook County Jail for just a few days when she went into labor with her son. She disclosed to hospital staff she had used cocaine and heroin during her pregnancy. Lynn commented, "They wouldn't give me no epidural shot or nothing because of it. I didn't get no Tylenol or nothing. [She laughs, as if in disbelief.] They wouldn't give me no type of medication while I was in labor because they said they didn't want it to counteract with the drugs that I used in the street, but I'm like, you know that was two days ago." Lynn laughed, suggesting she knew better. She interpreted the excuse as a thin disguise for a more

judgmental, punitive reason for denying her pain medication. Her Whiteness did not spare her from the harsh judgment that she was a failed mother, revealing the deep moral and cultural ideals embedded in U.S. ideologies about motherhood.⁸¹ Layers of stigma and discrimination regarding gender, criminality, drug use, and race converged to create particularly painful and dehumanizing birthing experiences for Ranisha, Corrine, and Lynn.

Like all women who give birth while incarcerated, Ranisha, Corrine, and Lynn also had to deal with the difficult experience of being separated from their newborn children just hours after giving birth. Lynn recalled how restricted her time with her newborn son was while they remained in the hospital together:

Lynn: They treated me like dog crap up in there. I didn't get to see my son until the next day. I guess, you know, 'cause he was born with drugs in his system . . . and plus I was incarcerated I guess they felt like I didn't care. You know, like, I wanted to see my son. They didn't bring him to me till like 17 hours later, and I was handcuffed to the bed, and I had to feed him and change him while I was handcuffed to the bed, and, you know, I had to use the, the port-a-pot right next to, I couldn't use the regular bathroom. I couldn't walk to the bathroom 'cause I was chained to the bed, and, I'd have to be, I was supervised with my son at all times. I couldn't have no private time with him. You know, I had to use the bathroom in front of male officers, 'cause I was, they had a officer sittin' with me the, the whole time . . .

CR: Like while you actually gave birth?

Lynn: Yeah. While I gave birth. While I was in labor. While I was in recovery. I was only in the hospital for two days. Then they took me right back [to jail].

When I asked Lynn how this intensive monitoring made her feel, she replied, "violated." Even before her physical separation from her son, hospital staff and the correctional officer made sure Lynn knew she was not trusted as a mother. Her criminal and drug user statuses superseded any claims to motherhood, thereby opening her up to degrading—and even illegal—treatment the staff deemed justified.⁸²

Ranisha returned to jail within 24 hours of giving birth to her daughter, whom the Department of Children and Family Services took into custody and placed in a foster home. She described holding her newborn daughter for the first time: "Actually I had like detached myself because I knew that I was going back to jail. So I really didn't wanna, when I went to the nursery before I left, I remember seeing her laying there and I'm like, you know, 'This is a bunch of bullshit.' And, you know, having to go back to jail and just sit around and look, and you know, mind wandering, and it's crazy." Lynn also described the anguish of returning to jail without her newborn son: "I was just like in disbelief . . . I felt like I like lost a part of me . . . 'cause and I wasn't pregnant anymore. I felt I was still . . . but I wasn't. And that's just like all that occupied my mind was like, I have a baby at the hospital, and I'm here. I'm locked up. I can't do nothin'. My mom won't accept no collect calls from me. What am I gonna do?"

Ranisha and Lynn gave voice to the overwhelming set of hardships thousands of incarcerated women face after going through the painful ordeal of giving birth. Women routinely are separated from their newborns and must return to jail or prison within just 24 to 72 hours of giving birth. Upon return, women generally do not receive appropriate postpartum care, including mental health care to help cope with the abrupt separation from their newborn.⁸³ That separation can have a devastating emotional impact on women and their children. The stress and worry of not knowing who is caring for her newborn or the quality of care her baby is receiving compound the pain of separation. If an incarcerated woman does not have someone who can care for her newborn, Child Protective Services will take the baby into custody, as Ranisha experienced. In these cases, women may never regain custody of their children, thanks to legislation such as the Adoption and Safe Families Act (ASFA) that allows the state to begin the process of terminating parental rights when a child has been in foster care for 15 of the prior 22 months.⁸⁴ When an incarcerated woman retains her parental rights through release, the requirements she faces as part of the reunification plan can be unattainable, particularly given common postincarceration challenges, such as finding housing and employment.⁸⁵

The reflections of participants who gave birth while incarcerated revealed childbirth was a site of gendered violence, where the state inflicted physical and emotional pain on women. Rather than treat women as mothers who deserved support throughout labor and time to bond with their newborns, doctors, nurses, and correctional officers continuously reminded women in explicit and subtle ways that they, above all else, were “criminals” and drug users who had forfeited any claim to motherhood. The swift separation from their children solidified that message. Women returned to prison and jail grieving their children and wondering how well they would be cared for, when they would see them again, and, in some cases, where their children ultimately would be placed.

CONCLUSION

Through specific incidents of violence, general neglect, and the pervasive hostility of jail and prison environments, women repeatedly received the message that they were “nobodies” without any rights. Incarceration stripped women not only of their freedom, but also of their identity.⁸⁶ By the end of my interviews, I had heard numerous stories illustrating how gendered violence was embedded in the institution of incarceration.⁸⁷ Therefore, I initially was surprised by a parallel theme that emerged across interviews, as woman after woman credited prison with saving her life. Specifically, they described arrest and incarceration as God’s way of saving them. Although this type of religious redemption narrative, where prison is identified as a necessary turning point that leads to a better life, is well

documented in the literature,⁸⁸ the juxtaposition of women's recollections of the gendered violence of incarceration with their assertions that prison saved them was striking.

Consider the Lioness's experience of being restrained by the correctional officer in a manner that recalled a previous sexual assault. She concluded her story on a note of critical self-reflection and even gratitude. Referring to the incident and subsequent aggravated battery conviction, she explained, "today I can say it was a foolish thing that happened, but it saved my life, because since I've been . . . incarcerated, I lost a lot of people. People died, and I probably would've still been active in my addiction. I could've, it was a possibility that I might've died. So I look at the bad and think of it as good, because God saved me and gave me a chance. And today I'm a better person." The Lioness conceptualized the violent jail encounter as an unfortunate but necessary turning point in her life, one made possible by God's saving grace.

But how could violence that dehumanizes women, reducing them to "nobodies," also lead to salvation? How was the civil and social death ideology—an ideology that holds mortification as a necessary precursor to redemption and is as old as the penitentiary itself—still alive and well in women's jails and prisons more than 200 years later? Furthermore, given the gendered nature of mortification, how was redemption also a gendered experience? In the next chapter, I examine how women drew upon available drug recovery discourses, specifically the 12 Steps of Alcoholics Anonymous and Narcotics Anonymous, to resolve this tension between their critiques of the gendered violence of incarceration and their gratitude that God had saved their lives by placing them in such a dehumanizing, hostile environment.