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**To,**

**The High Commissioner**

**Office of the United Nations High Commissioner for Human Rights**

**CH 1211**

**Geneva 10, Switzerland**

***Sub: Written contribution to inform the preparation of the 2024 report of the United Nations High Commissioner for Human Rights pursuant to Human Rights Council resolution 47/21 – ‘On mental health challenges and the availability of mental health resources for incarcerated African American women in U.S. prisons’***

We welcome the United Nations High Commissioner for Human Rights initiative to prepare a report on the “Promotion and protection of the human rights and fundamental freedoms of Africans and of people of African descent against excessive use of force and other human rights violations by law enforcement officers through transformative change for racial justice and equality”.

**We hereby submit our written contribution for the preparation of the report, primarily focusing on mental health challenges and the availability of mental health resources for incarcerated African American women in U.S. prisons.** Our contribution relies on an intersectional approach in highlighting this particular issue.

We also consent to our contribution being published on the OHCHR website.

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**Written contribution on mental health challenges and the availability of mental health resources for incarcerated African American women in U.S. prisons**

**Introduction**

[Systemic racism and discrimination](https://www.ohchr.org/en/press-releases/2023/09/systemic-racism-pervades-us-police-and-justice-systems-un-mechanism-racial) against African Americans persist throughout various facets of United States (U.S.) society. These lead to significant social and economic injustices, which are frequently associated with repeated contact with the [criminal justice system](https://www.hrw.org/legacy/campaigns/race/criminal_justice.htm). Homelessness, unemployment, drug addiction, and mental illness, disappear from public view when impacted individuals are relegated to [live behind bars](https://www.aclu.org/issues/prisoners-rights). Incarcerated African American women are typically from racially and economically disadvantaged backgrounds, that are characterized by violence and also physical and sexual abuse. Many, having been subject to structural racism and poverty in their social and work communities, have these adverse social conditions, directly and indirectly, contributing to their incarceration. These women are commonly affected by underlying mental health conditions, drug and alcohol problems, coercive relationships, financial difficulties, and debt. Data suggest that the [overall provision of health care to incarcerated women falls short of what is defined by basic human rights](https://journals.sagepub.com/doi/10.1177/08861099231160184?icid=int.sj-abstract.citing-articles.1). To add to this dismal health care picture, there is a general lack of gender sensitivity and access to services outlined in [existing prison policies and practices](https://www.jstor.org/stable/48576280). The reality that [incarcerated women have gender-specific needs](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4855696/), which are defined by their [reproductive stage](https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-019-2690-z), is usually overlooked. This translates to an overall negative impact on incarcerated women’s health, including the critical period of their moving from the reproductive years into the postmenopausal ones. African American women in the U.S. therefore face significant challenges within the prison system.

In view of the above, our contribution focuses on the mental health challenges faced by incarcerated African American women in U.S. prisons that are often exacerbated by various factors including systemic racism, socioeconomic disparities, and the trauma of incarceration itself. However, before discussing the issue of mental health of incarcerated African American women, it is vital to highlight the concept of intersectionality and how intersectionality can be used as an epistemology to inform research to consider power dynamics and intersectional identities.

**The need to adopt an intersectional approach to understanding incarceration**

Misconceptions about people of different races or ethnicities influences [criminal justice outcomes](https://www.prisonpolicy.org/scans/acs/intersectionality.pdf). An abundance of evidence finds that beliefs about dangerousness and threats to public safety overlap with [individual perceptions about African American people](https://content.ucpress.edu/chapters/13080.ch01.pdf) as well as other people of color. America’s legacy of white supremacy has taken many forms over the country’s history from chattel slavery to housing policies that made it impossible for African Americans to buy homes. Mass incarceration can be viewed as the current iteration.

[Racialized assumptions](https://www.proquest.com/openview/42b81dc820b64f2d691ae8cc4106474c/1?pq-origsite=gscholar&cbl=18750) by key justice system decision makers unfairly influence outcomes for people who encounter the system. Research has shown that [people of color are frequently given harsher sanctions](https://www.jstor.org/stable/2784896) because they are perceived as imposing a greater threat to public safety and are therefore deserving of greater social control and punishment. [Hierarchical power relations](https://repository.law.umich.edu/cgi/viewcontent.cgi?article=2413&context=articles) therefore influence the commitment of violence. In other words, definitions of violence depend not only on the specifics of any given situation, but on who has the power to define both group identity and social context. [African American women](https://www.proquest.com/openview/42b81dc820b64f2d691ae8cc4106474c/1?pq-origsite=gscholar&cbl=18750) in particular are marginalized by the state, slowly criminalized, and blamed for the conditions that frame their violent experiences. Perhaps this also ties to violence and further marginalization in prison. The intersectional approach recognizes that race/ethnicity and gender are dynamic, socially constructed power relationships that operate at both a micro and macro level. Research on intersectionality can provide insight into social contexts that reinforce power relations. [Intersectional criminology](https://www.google.co.uk/url?sa=t&source=web&rct=j&opi=89978449&url=https://ccjls.scholasticahq.com/article/1362-prison-violence-and-the-intersectionality-of-race-ethnicity-and-gender/attachment/4250.pdf&ved=2ahUKEwiQmPyz7ZiFAxWsyzgGHfUhBAEQFnoECA8QAw&usg=AOvVaw0utoAWtiSfPGCJxqxdGHOS), a theoretical approach can enable a critical look at the impact of individuals’ interconnected statuses in relation to the social control of crime or any other crime-related issues. Specifically, intersectionality is particularly relevant to research on mass incarceration as involvement with prison creates another status of disadvantage that interacts with race/ethnicity and gender. For example, a prison record disqualifies many individuals from obtaining housing and employment upon release. This is a greater problem for African Americans. Yet, despite this situation, little research has examined the way such intersectionality of race/ethnicity and gender manifests itself and, specifically, how it shapes experiences of violence.

Having given a brief understanding of the need to adopt an intersectional approach to evaluate the experiences of African American women in the criminal justice and corrections systems in the U.S., we now turn our attention to mental health challenges faced by incarcerated African American women in U.S. prisons.

**Inquiry into incarcerated African American women’s mental health and overall well-being in U.S. prisons**

The U.S. is deeply interlinked with complex racism and discrimination. This often leads to significant social and economic injustices, frequently associated with repeated contact with the criminal justice system. As stated earlier, homelessness, unemployment, drug addiction, and mental illness, are some of the vital issues that disappear from public view when impacted individuals are put behind bars. Racial disparities in the criminal justice system have deep roots in American history and penal policy. In the South, following emancipation, African Americans were specific targets of unique forms of policing, sentencing, and confinement. Note that, despite a decreasing trend in the total number of prisoners since 2010, the number of female prisoners is steadily increasing. Women of colour, especially, black women are being incarcerated at a rate much greater than White women, 113 per 100,000 compared to 51 per 100,000.[[1]](#footnote-1) The majority of incarcerated women belong to racially and economically disadvantaged backgrounds, that are characterized by violence and also physical and sexual abuse.[[2]](#footnote-2) Black women are disproportionately incarcerated and experience greater health outcomes compared to White and Hispanic women. The highest-profile violence in the United States typically has been driven by racist ideologies, extremist politics, and male grievance - motives that are rarely tied to Black women. One in 18 Black women born in 2001 are incarcerated sometime in their life, compared to one in 45 Latina women and one in 111 White women.[[3]](#footnote-3) Forty-four percent of incarcerated women are Black, although Black women make up about 13 percent of the female U.S. population.

Policies governing jails and prisons in the U.S. are specific gender centered, and thus, female and male prisons operate in the same manner; from the uniforms made for male bodies to the predominantly male guards in female quarters. Incarcerated women are commonly affected by underlying mental health conditions, drug and alcohol problems, coercive relationships, financial difficulties, and debt. Evidence, although limited, suggests that most of these women receive very little, if any, medical or mental health treatment in the community.[[4]](#footnote-4) Incarcerated women with mental illness, as well as those with co-occurring substance use disorders, have diseases that can be treated. Persons with persistent and severe behavioural health problems are especially responsive to treatment.[[5]](#footnote-5) Yet what remains unclear is the role that prison plays in the overall well-being of the prisoners especially those belonging to racial minorities. It is important to know whether women with mental illness are more likely to receive treatment for these problems in prison or in the community and to what extent prison disrupts or establishes involvement in treatment. The aggregate of midlife women (majority of them African Americans) in U.S. prisons are increasing, but their unique healthcare needs are not being met. Incarcerated women are more likely to have one or more chronic health conditions or disabilities than their community-dwelling counterparts.[[6]](#footnote-6) These women have higher odds of having hypertension, asthma, arthritis, cancer, and a higher risk of infectious diseases such as hepatitis, HIV and tuberculosis. The emergence of the menopausal transition, with a range of physical and psychological symptoms, that can last over 10 years, can significantly affect the health needs of women in prison.[[7]](#footnote-7) Individuals experiencing the menopause transition while incarcerated report that menopause is “an important health concern” with disruptive and negative experiences resulting from the physical and psychological symptoms.[[8]](#footnote-8) The menopausal symptoms can be distressing because of limited access to pharmacological and non-pharmacological symptom management. Furthermore, incarcerated women are not allowed commonly used lifestyle interventions to alleviate menopausal symptoms (e.g., layered clothing, cool drinks, frequent showers).[[9]](#footnote-9) Incarcerated women are also more likely to have experienced physical and sexual assault and trauma.[[10]](#footnote-10) However, these women describe aspects of incarceration itself that contributes to deterioration of their mental health including victimization by other inmates or prison staff, prison violence, solitary confinement, and separation of mothers from their children and families.[[11]](#footnote-11)

A study of a national sample of state and federal prisoners (40.6% and 43.4% Black, respectively) revealed that more than 26% were diagnosed with a mental health disorder in their lifetime but only18% of those diagnosed were taking medication for their diagnosis during their incarceration.[[12]](#footnote-12) Untreated, mental health problems often exacerbates substance use disorders and in tandem contribute to poor physical health outcomes.[[13]](#footnote-13) A study by Harner and others examined the prevalence of PTSD and the association between mental and physical health conditions among 387 female inmates (25% Black) in a maximum-security state prison.[[14]](#footnote-14) Harner and others also found that 45% of the women met criteria for diagnosis of PTSD and were significantly more likely to report physical health issues such as chest pain, headaches, and shortness of breath, as well as mental health issues including depression, anxiety, and prior suicide attempts.[[15]](#footnote-15) Interpersonal factors related to abuse and trauma are associated with diagnosable mental health problems. The major factors contributing to incarceration of Black women are poverty, mental illness, lack of insurance etc. In these situations, the root issues are not addressed and women’s health problems are in jeopardy of being exacerbated.[[16]](#footnote-16) Many incarcerated Black women have the best opportunity to receive health care services during incarceration and it is critical for them to receive the most appropriate health care. However, there exists a combination of barriers including racial prejudice to receiving health care during incarceration related to the facility policies and practices of the health professionals that serve these women.[[17]](#footnote-17) Poor health care services in correctional facilities create a desire for incarcerated women to want to “handle problems on their own” or “allow the problem to get better itself”.[[18]](#footnote-18)

**Another structural inadequacy in U.S. prisons is the lack of specialized accommodations for pregnant women (including pregnant African American women)**. Despite the unique needs and vulnerabilities associated with pregnancy, many correctional facilities treat pregnant inmates no differently than the general prison population. Though the 1976 US Supreme Court judgement of Estelle v. Gamble[[19]](#footnote-19) established healthcare as a constitutionally protected right for incarcerated people, it did not mandate specific services or standardization, thus, leading to variability in prison health care. This failure to provide appropriate accommodations disregards the physiological and psychological changes experienced during pregnancy, including increased nutritional requirements, heightened medical supervision, and the need for adequate rest.[[20]](#footnote-20) In many instances, pregnant women are housed in overcrowded and unsanitary conditions, with limited access to proper nutrition, vitamins, and prenatal education. Furthermore, the absence of designated prenatal programs or support services deprives pregnant inmates of essential resources for maternal and fetal health.[[21]](#footnote-21) Such neglect not only undermines the dignity of pregnant women but also compromises the safety and well-being of both mother and child.

Consequently, health care services within prisons should adhere to standards for quality, appropriateness, timeliness, and cost. Specific education and training of healthcare workers who care for incarcerated women are necessary. In addition to benefiting the incarcerated patient, it will also help establish expectations amongst healthcare providers and potentially reduce any the stress of providing services for these women in need. Additionally, male correctional health care workers must be educated, to display supportive attitude towards female patients. Overall, the prison environment must begin to address biases and meet standards that create an atmosphere that respects all incarcerated persons’ needs for health, safety and acceptance. Reforms to the judicial system that scale back the use of prison for low-level drug crimes should be commenced and resources should be directed to prevention and drug intervention programming. This will provide the catalyst to overcome barriers in the community that concentrate on poverty and crime. Incarceration itself and the conditions of incarceration (setting, length of sentence, quality of health care) are described as correlates of health among incarcerated Black women. The incarcerated women are offered similar basic healthcare needs as that offered for incarcerated men, as a result multiple health issues pertinent to women’s needs are neglected. A qualitative study by Hatton and others, examining perception of health by formerly incarcerated women (11% Black) and currently incarcerated women (32% Black), revealed unsanitary conditions in a correctional facility such as: lack of enough soap and cleaning supplies, limited clean towels and sheets, infestations, dirty showers, and uncontrolled bacterial infections. There are several opportunities to eradicate racism, sexism and discrimination in society in order to limit disparities and reduce incarceration rates while improving health care and rehabilitation of all women, including incarcerated Black women.

**Conclusion and Recommendations**

Black women’s prison narratives are deserving of more attention because they add a significant voice to this voiceless segment of the prison population. Most importantly, they address broader social problems with race, gender, and sexual oppressions. African American women share a history of persistent racial and sexual oppression, but what is different about the incarcerated black woman’s story is that it allows some of these women to express themselves and define their existence - to tell us about the challenges they face on a daily basis. More importantly, the challenges highlighted in the above sections can only be resolved through an intersectional analysis of race, ethnicity, gender, and age and how they interact within the U.S. prison system mostly to the detriment of African American women. Intersectionality provides a critical framework for understanding the complex and intersecting experiences of Black women in the U.S. prison system and informing policy responses that address their unique needs and challenges. By centring intersectionality in policy development and implementation, policymakers can work towards more equitable and inclusive solutions to address racial disparities and promote justice for all individuals impacted by the criminal justice system.

In view of the issues raised above, the contributors recommend to:

1. **Undertake more intersectional research into Black women’s experiences in the U.S. prison system to understand their precarious position in the overall structure, dynamics, and characteristics of society, caused by structural racism and gender-bias which makes them vulnerable to system involvement in the first place.**
2. **Ensure adequate mental health facilities and programs for incarcerated Black women of all age groups and train prison staff to understand and adequately address complex mental health needs of Black women while incarcerated.**
3. **The structural inadequacies faced by pregnant Black women in U.S. prisons demand urgent attention and reform. From the lack of access to prenatal care and the unsuitable living conditions in prisons, the current state of affairs constitutes a grave violation of human rights and reproductive justice. While addressing these issues the health, dignity, and well-being of pregnant inmates must be prioritized, ensuring that they receive comprehensive care and the support they deserve.**
4. **Encourage policymakers, healthcare providers, and community organizations to take a human rights perspective to incarceration and health in line with U.S. domestic and international human rights obligations.**

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