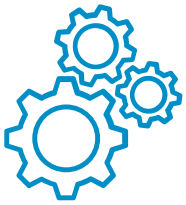
FAMILY PLANNING CARE FOR PEOPLE WHO HAVE EXPERIENCED INCARCERATION

INTRODUCTION



Canada has one of the highest rates of incarceration in the world, and there are approximately 70 institutions of incarceration designated for women across the country. As a family planning professional, it is likely you will encounter people in your practice who are incarcerated or have experienced incarceration. These patients have unique care needs, and health care professionals have specific responsibilities in caring for them. Patients may have been in federal custody (sentenced to 2 years or more), remanded (held in pretrial custody) or sentenced to provincial jail, held in immigration detention, or experienced youth incarceration (ages 12-17).

As a result of systemic anti-Indigenous racism and colonialism, Indigenous people in Canada are hyper-policed and more likely than non-Indigenous people to be arrested, remanded, convicted, and receive harsher sentences. Like residential schools and the foster system, prisons are colonial institutions that separate Indigenous people from their families, communities, languages and cultures. Approximately 5% of women in Canada are Indigenous, yet more than 50% of people in prisons designated for women are Indigenous.

People of colour, newcomers to Canada, people with disabilities and members of 2SLGTBQIA+ communities are also disproportionately incarcerated. These identities and experiences of discrimination overlap and intersect.

THE CART ACCESS PROJECT

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TRAUMA

Most people in prison experienced sexual and physical violence in their childhoods. Incarceration itself is very traumatic, involving not only extreme isolation and deprivation, but use of force, strip searching, constant surveillance, discipline and punishment. People in prison are malnourished and sleep deprived. Most people in prison have diagnoses of mental illness and are prescribed psychotropic medications, and most have experienced disordered substance use. One-third of prisoners have a traumatic brain injury.

Without question, people who have experienced incarceration require trauma informed care. Assume every person has experienced trauma, and that their actions are shaped by that trauma. Provide space, options, and communicate understanding and patience.

PATIENT RIGHTS

Patients experiencing incarceration and seeking family planning care are not a threat to health professionals. Patients who are or have been incarcerated have the exact same rights as patients who have not. They have the right to privacy and confidentiality. They have the right to informed consent to assessment, diagnostic tests, and all treatment decisions are theirs and theirs alone.

Health professionals must treat patients experiencing incarceration with the same respect, dignity, compassion and care to which all patients are entitled.

The United Nations Standard Minimum Rules for the Treatment of Prisoners, also called the Mandela Rules, stipulate that “the relationship between health-care professionals and prisoners is governed by the same ethical and professional standards as those applicable to patients in the community.”

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PROFESSIONAL RESPONSIBILITY

To ensure patient rights are upheld, health professionals will likely need to challenge carceral practices. Be aware that prisoners request health services by first making written requests through guards, which may be lost, ignored, or inappropriately triaged. People in prison are not informed about their health appointments: you can inform them about what to expect and next steps. People in prison do not have the ability to use the internet and phone calls are extremely expensive: you can advocate for these patients by following up regarding their care. During appointments, use of restraints, such as handcuffs and leg iron shackles, are not only a fall risk, but interfere with consent, therapeutic communication, and clinical interventions. You may ask for these to be removed. The presence of guards interferes with privacy and confidentiality, and you may ask for them to leave the room. Prisoners may not be allowed to keep paper materials with them in their cells, consider these restrictions when providing patients with resources.

HEALTH INFORMATION

People in prison face extreme restrictions on access to health information. They may not know that abortion is completely decriminalized in Canada, that it is publicly funded for people with a health card, and that medication abortion was approved in 2015 or what it involves. They are unlikely to have received comprehensive education about contraception options. They are unlikely to know about the HPV vaccine or to have received it.

HEALTH AND SEXUALITY

Over a third of people in prisons designated for women identify as lesbian or bisexual. It is important to demonstrate non-judgmental, inclusive approaches to care.

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REPRODUCTIVE HEALTH STATUS

People in prison are more likely than the general public to have had an unintended pregnancy and to have sought abortion care. On average, they have had more lifetime pregnancies and have given birth to more children. They have higher rates of sexually transmitted and blood-borne infections, especially hepatitis C. They are more likely to be overdue for cervical cancer screening and more likely to have experienced an abnormal pap test in the past. They are likely to use less effective methods of birth control, such as withdrawal, condoms, and oral contraceptive pills.

CARCERAL ENVIRONMENTS

When incarcerated, people experience lack of access to nutritious food, to exercise and fresh air, to company and consensual touch, and to communication with their children, friends and supports, as internet is usually completely banned and phone use is limited and expensive. They may be subject to or witness use of force, restraints, strip searching, dry celling, segregation, sexual violence, injury, intimidation and fear. They may be denied access to health services, have their medication abruptly changed or denied, and face lengthy delays to care. While most people come to prisons with histories of trauma, prison itself is traumatizing.

REPRODUCTIVE COERCION

People who have experienced criminalization report frequent experience of coercive actions and stigmatizing comments from health professionals with respect to their reproductive decision-making, encountered both in and outside of the carceral system. As a result, they may feel apprehensive and distrusting of care providers.

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TRANSITIONAL ENVIRONMENTS

When paroled or even on bail, formerly incarcerated people continue to experience “carcerality”: curfews and controlled schedules, personal searches and relinquishing of personal property, and restrictions on their activities and company. Transitional housing facilities may be located in areas where it is difficult to avoid prohibited activities such as substance use. Daily living under these conditions is stressful. The shadow of criminalization follows people into their efforts to secure independent housing, employment, custody of their children, and participation in civic life. After experiencing criminalization, patients may feel scared, confused, and ashamed.

PROFESSIONAL CONTRIBUTIONS

By providing nonjudgmental, compassionate and comprehensive reproductive care, health professionals can support the bodily autonomy and selfhood of people who have been or are incarcerated. Reproductive decision-making- including deciding against contraception!- is an opportunity for choice and validation. Reproductive health is foundational ground for affirming the humanity and dignity threatened by carceral experiences.

RESOURCES

Elizabeth Fry Societies across the country support women and gender diverse people who have experienced incarceration. Local offices can be identified through the Canadian Association for Elizabeth Fry Societies at caefs.ca

WELLNESS WITHIN
An Organization for Health & Justice

Coverdale

efry
NEW BRUNSWICK NOUVEAU-BRUNSWICK

Elizabeth Fry Society of Cape Breton

ELIZABETH FRY SOCIETY Mainland Nova Scotia

Elizabeth Fry toronto

EFry Elizabeth Fry Society of Greater Vancouver