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The New Correctional Afterthought: Menstruation and Incarceration in the U.S.A.

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Declaration

I declare that this thesis has been composed solely by myself, that the work is my own, and that it has not been submitted for any other degree or professional qualification. Except where stated otherwise by reference or acknowledgment, the work presented is entirely my own.

Miriam Vishniac

Abstract

Background: The United States has the highest female incarceration rate in the world. Simultaneously, there have been growing reports by advocacy organizations, news media, and formerly incarcerated menstruators themselves that there is not appropriate access to menstrual products in prison. This research shows, for the first time, what the official rules around the provision of menstrual products are for women's prisons across the U.S., how menstruation deeply impacts the experience of incarceration, and what factors led to and support the status quo of unsupported menstruation in prison. Using a multidisciplinary approach with concepts from criminology, law, gender studies, and more, this research is one of the first in-depth academic discussions of incarcerated menstruation. This work also contributes the framework of menstrual indignities, which identifies and categories the types of harms caused by a lack of support for menstruation in prison and what drives these harms by fusing together a translated version of menstrual injustice and lived perspectives of incarcerated menstruation. The theoretical underpinnings of interpretivism, feminism, reflexivity, and intersectionality provide an opportunity to highlight the experiences of the people directly impacted by a lack of access to menstrual products whose voices are not normally considered despite their key role.

Methods: This research used both document analysis and semi-structured interviews to collect information about the experience of incarcerated menstruation. In each jurisdiction (federal and all 50 states), laws, internal department of correction policies, and facility handbooks were analysed for inductively developed key factors for access regarding the provision of menstrual products: the specific terms used, when and where products are provided, the quantity and quality of the provided products, and the cost of these products. These collected documents comprise the first compendium of prison menstrual product rules across the U.S. Additionally, 14 interviews were conducted with a mix of formerly incarcerated menstruators as Experts via lived experience and

with Professionals who work closely with current and/or formerly incarcerated menstruators. All interview transcripts and jurisdictional laws were uploaded into NVivo to allow for coding and identification of major themes. This led to the identification of the key factors for access as well as a framework on both the effects and drivers of a lack of access to menstrual products in prison.

Results: Across the country, there is no law, internal department of corrections policy, or facility/jurisdiction handbook which addresses every one of the most impactful factors for accessing menstrual products in prison. There are several jurisdictions which have no official rules at all, and many more that have a law or internal corrections policy which has not been propagated through to the facility handbook, leaving incarcerated menstruators without key information. Where these rules do exist, they vary intensely from one jurisdiction to another, with some taking care to provide important details while others give the minimum amount possible, leaving individual guards to make decisions that have a large impact on the wellbeing of incarcerated menstruators. The framework of menstrual indignities identifies different types of actions which harm incarcerated menstruators, what those different kinds of harm are, and what drives each of those harms, informed by the words of those most impacted and knowledgeable about this issue.

Discussion: This research firstly shows that jurisdictions in the U.S. fail to ensure appropriate access to menstrual products in prison, fail to propagate existing laws or policies to facility handbooks and inform incarcerated menstruators, or fail to acknowledge menstruation at all in any official capacity despite being responsible for those who menstruate. This suggests that many incarcerated menstruators may not have enough access to menstrual products to avoid menstrual indignities during incarceration. The framework of menstrual indignities makes it possible to see the full effects of menstruation on incarceration for the first time and the many ways in which the U.S. prison system harms incarcerated menstruators. This framework identifies specific prison rules and punishments which may have an outsized impact on

menstruators and how menstruation can be turned into a tool of humiliation in prison. It shows how a lack of support for menstruation and access to menstrual products can lead to serious mental and physical issues which may impact incarcerated menstruators' wellbeing. It may force them to make more tough choices with fewer resources than non-menstruators, such as having to choose between bleeding on oneself and getting punished but participating in programming or not participating or earning good time, but also not having to spend hours away from access to products. It also posits that transmen and non-binary individuals who menstruate may face significant challenges to accessing menstrual products in men's facilities, though that phenomenon requires further study to confirm. The framework of menstrual indignities also contains within it the drivers of these actions which harm incarcerated menstruators. By highlighting both the effects of these actions and their drivers, the framework of menstrual indignities also makes it possible to take specific actions to address these indignities which involves more than simply providing more products. The patriarchal bias of those in charge, stigma against menstruation and incarceration, role of money, failing to see menstruation as a part of basic healthcare, and tendency to see only women as menstruators all come together to create these harmful indignities, and all these drivers must be addressed to effectively end them.

Conclusion: This research, rooted in interpretive, reflexive, intersectional feminism, allows incarcerated menstruators to describe their experiences around periods in prison for one of the first times in an academic setting. Not only does it highlight the voices which have generally been left out of the conversation, it also uses their experiences to validate a new framework of harms and causes within the U.S. prison system, corroborated by the testimony of Professionals and by key evidence. Additionally, by identifying key factors for access, policymakers, advocates, and corrections staff can now determine whether there are gaps in current rules and how to address them: there is now, at least, a qualitative indication of the effectiveness of these rules. This is important

considering few other tools or research on the effectiveness of rules around the provision of menstrual products in prisons currently exist, or on the varied impacts of a lack of access. Given the fact that this research shows a potential impact from a lack of access to menstrual products on factors thought to be linked to post-release success, such as visitation, mental health and self-esteem, and the ability to participate in programming intended for treatment, there is a strong case for future research and increasing access to menstrual products and support for menstruation in spaces of confinement.

Lay Summary

This dissertation is one of the first in-depth academic discussions of incarcerated menstruation in the United States. It is among the first to examine and compare the rules around the provision of menstrual products for every female prison facility across the country, to list the many ways in which incarceration harms menstruators, and to suggest what drives these discriminatory impacts. As some of the first research of its kind, it also presents a framework for identifying and categorizing the harms caused by a lack of support for menstruation in prison based on what drives them – the framework of menstrual indignities. Lastly, this research makes a point of turning to the people who best understand this issue, the formerly incarcerated menstruators who experienced periods in prison, whose voices and knowledge are frequently ignored.

Despite the fact that there was, prior to this dissertation, little information on incarcerated menstruation, the United States has the highest female incarceration rate in the world. Over the past decade, there have been multiple advocacy and media reports across the country detailing issues with menstruation during incarceration which have left people sitting in blood-stained jumpsuits, vulnerable to abuse from guards, desperate enough to use make-shift products, and forced to go to court without proper clothing. While these reports did sometimes lead to new rules for these facilities, they were not based on a full understanding of the issue and its drivers, as no such explanation was previously available. Without a solid understanding of what the issue is and where it comes from, attempts to resolve it cannot succeed. This research attempts to fill that gap.

In order to understand what access means across the country, analysis of official documentation around the provision of menstrual products in prisons was conducted. This analysis focused on the presence or lack of key details in these rules that have a significant effect on access. Comparing rules from states across the country and federally showed that the vast majority do not contain basic

details which can cause drastically different experiences and that many jurisdictions with a rule do not bother to propagate it through all official materials. This research then uses basic statistical analysis to show that the presence of a law on the provision of menstrual products in prison has nothing to do with political lean or female incarceration rate, but rather is influenced by the proportion of women legislators – more women in positions of power is linked to better access to necessities for incarcerated menstruators.

This research also relied heavily on semi-structured interviews with both formerly incarcerated menstruators (Experts) and people who work closely with formerly or currently incarcerated menstruators (Professionals). Using a variety of strategies to connect with people during the covid pandemic lockdown, 14 remote interviews were conducted, transcribed, and entered into qualitative analysis software. Themes from these interviews around the impact of menstruation on incarceration were: exposes gaps, female officers (guardswomen), female solidarity, officer power, process for additional products, feelings towards self, isolation, and physical illness. Themes from interviews around the drivers of this inequality were: shame, money, cisgender men in charge and as the default, and the need to control in prison, especially women. The framework of menstrual indignities identifies and categorizes the different types of harm caused to incarcerated menstruators based on what's driving that harm: non-menstruator bias, culture of shame, menstrual gender fallacy, menstrual economics, and menstrual morbidities. This framework and interview content was then used to catalogue the widespread, everyday harm done to incarcerated menstruators by failing to provide them with proper access to menstrual products or support for menstruation.

This research draws upon a wide number of fields such as criminology, law, sociology, and gender studies, and a variety of methods such as document analysis, interviews, and statistical analysis, to describe an issue that has been ignored or minimized for far too long. Significant contributions made over the course of this work include the first nationwide compendium of rules on the

provision of menstrual products in prison, one of the first measures of the effectiveness of rules around the provision of menstrual products in prison, one of the first publicly available lists of female prison facilities across the country, one of the first frameworks of specific harm caused by failing to recognize menstruation (menstrual indignities), some of the first evidence-based suggestions for solving discrimination against menstruators in prison, and one of the few opportunities for formerly incarcerated menstruators to contribute to the academic discussion of incarcerated menstruation.

By acknowledging the literature which links women's mental health to post-release success, specifically the concepts of self-esteem and self-worth, this research shows how treating incarcerated menstruators poorly is also harmful for the general public and wastes resources. Women and menstruator's needs should not be considered secondary or supplementary to men and non-menstruator's needs, and doing so only creates problems that are exacerbated by the racism, sexism, and classism already present in prisons.

Acknowledgements

When I started this research, I must admit that I was scared to interview women who had been previously incarcerated because I didn't know what to expect. I was terrified that I would potentially do harm by asking about what they had been through, or that they would resent having to answer personal questions for some random girl who had never gone through anything like what they had.

What I found instead was that the women who were willing to talk to me were the most incredible, resilient, understanding people who had put their lives back together despite all the difficulties they faced and had gone on to speak out about the injustices we commit upon incarcerated people. For every person who participated in this work, especially those who were previously incarcerated, thank you for trusting me. This work would not exist without you.

If I tried to thank all the people who made this possible, this section would never end, and I would surely leave someone out without meaning to. There are many people who helped me by giving advice when I complained, or who were kind to me when I looked like I needed it, or who were willing to let me talk endlessly about this research as I worked things over in my head. Thank you to those countless individuals who may not even know how much they helped. Thank you to my parents for being so willing to support me in this endeavour in any way they could. Thank you to my friends both in Scotland and back in the U.S. who gave me a network of people to rely on when I needed them. Thank you to my extended family-biological and chosen-for cheering on my successes. Thank you to Rob for the most incredible amount of patience and kindness when I had none left for myself. Thank you to Kate for the sweet cards that made me feel less far from home. Thank you to Will and Mary for letting me take over a corner of your home. Thank you to Peyton for reminding me who I am. Thank you to Ingela, Claire, and Paul for your knowledge and patience and guidance. Thank you to all my teachers, especially those who have become friends.

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For Midge Brittingham, for Matt McLaughlin, for Helen Vishniac, for Robert Janey, for Ruth “Chickie” Busch. The world is less wonderful without you.

עליהם השלום

More on Participants

Some of those who participated in this research wished to remain anonymous while others wanted to be named as they were already public advocates on this issue. Below are summaries of the people who participated in this research with additional information about them and with pseudonyms (marked with an asterisk) for those who wished to be unnamed.

Julie Abbate is the National Advocacy Director of Just Detention International (JDI). Before that she spent 15 years with the Civil Rights Division of the U.S. Department of Justice and helped draft national Prison Rape Elimination Act (PREA) standards as part of the PREA Working Group headed by the U.S. Attorney General. In 2019 she drafted Resolution 109C for the American Bar Association (ABA) which calls on governments and facilities to ensure unlimited access to toilet paper and menstrual products for incarcerated women. More here: <https://justdetention.org/>

***Ann** was incarcerated in a state prison in the pacific northwest.

Miriam Aukerman is the Senior Staff Attorney at the American Civil Liberties Union (ACLU) in Michigan and focuses on issues of immigrant rights, poverty and criminal justice. In 2014 she led a case on behalf of the female inmates in Muskegon County Jail due to abysmal conditions, including a lack of access to menstrual products. More here:

<https://www.aclumich.org/en/biographies/miriam-aukerman>

Leah Berry is the Director of Programs at the Anne Arundel Conflict Resolution Center and the Program Manager for their Prisoner Re-entry programs, where she works closely with incarcerated and formerly incarcerated individuals.

Stacy Burnett is the manager of the JSTOR Access in Prison Initiative, sustainability consultant, attended Bard Prison Initiative, and is an MBA candidate at Bard Graduate Center. She spent the majority of her time while

incarcerated at Albion New York State Prison and has written extensively on women's needs while incarcerated and prison food systems.

***Carla** is a consultant and advocate who was incarcerated in a California state prison for around 30 years.

Rebecca Fealk MPA, has worked in both direct client services and policy-based areas related to reforming and dismantling the carceral system, including time with the Yavapai Reentry Project, Arizona Children Association's Children of Incarcerated Parents program, [Just Communities Arizona](#) (formerly the American Friends Service Committee of Arizona) and Read Between the Bars. She is currently taking a creative break to run a small coffee shop in Tucson, AZ called Tucson Coffee Cricket.

Morgan Godvin is an advocate, writer, and formerly incarcerated person at Multnomah County's Inverness Jail and Columbia County Jail in Oregon before moving to Dublin Federal Correctional Institution, in the Bay Area of California. She is currently a Research Associate at the Northeastern School of Law, Engagement Editor for the American Prison Newspapers collection with JSTOR Daily, and public servant for the state of Oregon. More here: <https://www.morgangodvin.com/>

***Greg** is a probation/parole officer in the pacific northwest of the US who also has experience working as a guard in a men's prison facility.

Yraida Guanipa is the founder, President, and CEO of the Yraida Guanipa Institute (a.k.a. YG Institute) in Florida and a formerly incarcerated person at Coleman Low Federal Correctional Institution. The Yraida Guanipa Institute focuses on helping women and their families with re-entry after incarceration. More here: <https://ygoinstitute.org/>

***Jane** was incarcerated for roughly three years in a state prison in the mid-Atlantic region.

Adrienne Kitcheyan used her experiences at Perryville Arizona state prison to advocate and testify for better access to menstrual products in prison. Through her work with the Arizona American Friends Service Committee (now [Just Communities Arizona \(JCA\)](#)) she championed reforms and was named one of American Friends Service Committee's 2018 Changemakers of the Year. She has written op-eds and pieces for the [Huffington Post](#) and [Feminist wire](#). More here: <https://afscarizona.org/campaigns/reframing-justice/rfjleaders/>

Gabrielle A. Perry, MPH is the founder and Executive Director of The Thurman Perry Foundation in Louisiana and an epidemiologist who spent time at the East Baton Rouge Parish Prison. The Thurman Perry Foundation manages The Perry 'Second Chances' Scholarship award for current and formerly incarcerated women and their daughters and is the only organization in the United States that provides organic menstrual products to incarcerated women, including those housed in the Orleans Parish Justice Center, the Louisiana Correctional Institute for Women, East Baton Rouge Parish Prison, and juveniles in Texas transitional housing facilities through their Girl Code Program. More here: <https://thurmanperryfoundation.org/>

Jennifer Toon is a formerly incarcerated activist and current Mental Health Peer Policy Fellow at the Coalition of Texans with Disabilities who has written for the [Texas Observer](#), [The Marshall Project](#), and [The Guardian](#).

Kayelin Tiggs is a scientist working for Wright State University's Human Neuroscience and Visual Cognition Lab in Ohio. She is also a chairperson for the Women in the NAACP Dayton chapter, the founder of the Ohio Girls LEAD program addressing gender inequity, and the winner of the Nancy and David Wolf Holocaust and Humanity Center 2023 Jim Tojo Award for Leadership for her tireless work on menstrual equity in prison. You can read more about her work here: <https://www.daytondailynews.com/local/proposed-ohio-bill-would-require-prisons-to-provide-menstrual-products/IDLDMIDSSJEX7ODZGKYWU4Z7RU/>

List of Tables

Table 1 - Characteristics of the General Prison Population in the U.S.....	15
Table 2 - Characteristics of the State and Federal Prison Population in the U.S.	17
Table 3 - Interview Timeline and Type.....	100
Table 4 - Menstrual Injustice and Menstrual Indignities.....	109
Table 5 - Themes and Prevalence in Interviews.....	117
Table 6 - Drivers and Impacts	130
Table 7 - Categories of Indignity and Themes	133
Table 8 - The Big Picture	140
Table 9 - Specific Terms Used for Menstrual Products.....	144
Table 10 - When Menstrual Products are Provided	147
Table 11 - Quantity of Menstrual Products Provided or Allowed.....	151
Table 12 - Cost of Menstrual Products in Prison	155
Table 13 - Details in Laws Around Prison Access	157
Table 14 - Details in Policies Around Prison Access	159
Table 15 - Details in Handbook Mentions of Prison Access.....	160
Table 16 - Possible Correlation with Access Mentions	164
Table 17 - Problematic Rules in Women's Prisons	173
Table 18 - Problematic Sanctions in Prison	184
Table 19 - Terms for Beneficiaries of Rules	196
Table 20 - Comparison Prices for Menstrual Products.....	227
Table 21 - Federal and State Laws on Prison Menstrual Access	256
Table 22 – Federal and State Policies on Prison Menstrual Access	264
Table 23 - Mentions of Federal Prison Menstrual Access in Handbooks	274
Table 24 - Mentions of State Prison Menstrual Access in Handbooks.....	275

List of Figures

Figure 1 - The Big Picture in Geographic Context142

Figure 2 - Access to Menstrual Products in Women’s Prisons and Three Possible Factors: Female Incarceration Rate, Political Lean, and Women’s Proportion of the Legislature..... 167

Note on Language

This dissertation tries to be as inclusive as possible and acknowledge the reality that not all women menstruate and not all who menstruate are women by using precise language around gender and sex. Where less precise language is used, it is in reference to sources which fail to make the proper distinction between gender and sex. Additionally, terms like ‘inmates’ and ‘prisoners’ are deliberately avoided in favour of ‘incarcerated individuals’ to reflect the general preference of the main focus of this research, those who have experienced incarceration (Bryant, 2021, p. 27; Hickman, 2015).

A menstruator (versus non-menstruator) is an individual who experiences a regular or semi-regular period. The majority of menstruators are women, but this also can and does include those of other genders. Menstruators are primarily female but can also be intersex. Non-menstruators are primarily male and primarily men, but can also include women, females, other genders, and intersex individuals.

Terms used for sex assigned at birth/sex (how a medical professional categorizes an infant based on physical characteristics) are female, male, and intersex. Females and certain intersex individuals born with vaginal reproductive systems which include a functioning uterus, vagina, and at least one ovary are capable of menstruation. These are characteristics one is born with. Intersex individuals may have a number of different types of physical characteristics which do not fit traditional binary male/female designation, and which may or may not be externally visible.

Gender refers to how individuals may be categorized based on social, physical, emotional, and other characteristics as well as societal expectations. Terms used for gender are men, women, trans, and non-binary/gender nonconforming individuals. Transgender refers to individuals whose gender does not match their sex assigned at birth (versus cisgender individuals, whose gender and sex

assigned at birth match, where ‘matching’ is considered to be those assigned female at birth who identify as women and those assigned male at birth who identify as men), and non-binary, gender nonconforming, or gender queer individuals reject the dichotomy of men/women. Any and all genders are capable of menstruation, since gender is not the same as sex but how one socially identifies. Using precise language here can sometimes feel odd. For example, everyday vernacular uses phrases such as ‘female workers,’ when what is really meant is ‘women workers,’ since the emphasis is usually on gender rather than sex assigned at birth. The majority of those incarcerated in women’s prisons identify as women, though there may also be those who identify as trans/non-binary depending upon jurisdictional housing laws and guidelines (Federal Bureau of Prisons, 2022f; Lambda Legal, n.d.; Lauren K. Robinson *et al.*, 2024).

Legal Citations

Legal cases not from the U.S. Supreme Court in this research are cited according to the CourtListener database sponsored by the FreeLawProject, at <https://www.courtlistener.com/>.

Supreme Court cases, jurisdictional statutes, and jurisdictional regulations are cited according to the Legal Information Institute sponsored by Cornell University Law School at <https://www.law.cornell.edu/citation/>.

Table of Contents

Declaration	ii
Abstract	iii
Lay Summary	vii
Acknowledgements	x
List of Tables.....	xv
List of Figures	xvi
Note on Language.....	xvii
Legal Citations	xix
Table of Contents	xx
Chapter 1 - Introduction	1
Chapter 2 - Background.....	7
2.1. The U.S. Prison System	7
2.2. The Women and Menstruators in U.S. Prisons	14
2.3. Menstruation and/in Prison	21
Chapter 3 - Literature Review: Menstrual Injustice, Stigma, and Gender	29
3.1. Legal Theory	29
3.1.1. Menstrual (In)Justice	30
3.1.2. The Lie of Equality	37
3.2. Feminism vs./and the Body	40
3.2.1. (Menstrual) Stigma	41
3.2.2. Menstrual Feminism	44
3.2.3. Intersectionality and Anti-Racist Feminism.....	46
3.2.4. Gender-Responsive ‘Treatment’ and Post-Release Success.....	49

Chapter 4 - Literature Review: Bodies, Prisons, and Power	55
4.1. The Body in Prison	55
4.1.1. The Harms/Effects of Prison	56
4.1.2. Medicine and Power in Prisons	59
4.1.3. Sociology of the Body	63
4.1.4. Embodied Criminology	68
4.2. Prison, Power, and Gender	72
4.2.1. The Sociology of Imprisonment.....	72
4.2.2. Feminist Criminology.....	76
4.2.3. Gender and Punishment in the U.S.	79
4.2.4. Power, Punishment, and Control in Prison.....	82
4.2.5. Abolition vs./and Reform	85
Chapter 5 - Methodology	89
5.1. Document Review and Analysis of Laws, Policies, and Handbooks	89
5.1.1. Data Collection	91
5.1.2. Data Processing.....	93
5.2. Semi-Structured Interviews	95
5.2.1. Recruitment and the Interview Process.....	99
5.3. Ethical Concerns	104
Chapter 6 - From Menstrual Injustice to Menstrual Indignities	107
6.1. Sensitizing and Translating	108
6.1.1. Menstrual Gender Fallacy	109
6.1.2. Non-Menstruator Bias	111
6.1.3. Culture of Shame	112
6.1.4. Menstrual Economics.....	112

6.1.5. Menstrual Morbidities	113
6.2. Coding and Emerging Themes in Interviews	115
6.2.1. Impact on Experience	118
6.2.2. Why the Problem.....	123
6.2.3. Exposes Gaps.....	126
6.2.4. Potential for Good/Lack of Negative	127
6.3. Linking Questions and Themes Together	128
6.3.1. Shame	130
6.3.2. Money	131
6.3.3. Cisgender Men and the Need to Control	132
6.4. Linking Themes to Indignities	133
Chapter 7 - How Prisons Deal with Menstruation	137
7.1. Criteria	137
7.1. General Overview.....	140
7.2. Key Factors to Access.....	142
7.2.1. Terms	143
7.2.2. When	146
7.2.3. Where	149
7.2.4. Quantity	151
7.2.5. Quality	153
7.2.6. Cost	154
7.3. Forgotten Menstruation	162
Chapter 8 - Incarceration Through a Menstrual Lens: Men, Gender, and Bias.	171
8.1. Non-Menstruator Bias	171
8.1.1. Common Infractions in Prisons.....	172

8.1.2. Damaging Punishments.....	183
8.1.3. Supply Issues.....	191
8.2. The Universality of Men/Males.....	192
8.2.1. In Charge	192
8.2.2. As Default	194
8.3. Menstrual Gender Fallacy	196
Chapter 9 - Incarceration Through a Menstrual Lens: Stigma and Dehumanization	201
9.1. Culture of Shame	201
9.1.1. Routine Strip Searches.....	202
9.1.2. Access to Clean Clothing and Showers	205
9.1.3. Forcing Menstruators to Beg.....	207
9.1.4. Processes for Additional Products	209
9.2. Impact on Power Dynamic	211
9.2.1. Menstrual Solidarity.....	213
9.2.2. Attitude Towards Guardswomen.....	215
9.2.3. Record of Abuse.....	218
9.3. Stigma and Silence	220
9.3.1. Menstrual Stigma	221
9.3.2. Incarcerated Stigma.....	221
Chapter 10 - Incarceration Through a Menstrual Lens: Money and Health	225
10.1. Menstrual Economics.....	225
10.1.1. Cost of Products	226
10.1.2. Frustration of Movement	229
10.1.3. Limited Ability to Focus and Participate	230

10.2. Money and Periods 231

10.3. Menstrual Morbidities 232

 10.3.1. Makeshift Products 233

 10.3.2. Damaging Methods of Coping 234

 10.3.3. Lack of Access for Special Populations 235

 10.3.4. Impact of Shame..... 236

10.4. Menstruation and Health Care..... 238

Chapter 11 - Conclusion..... 241

 11.1. Theory vs. Practice and Academic Implications 245

 11.2. Recommended Changes for Menstrual Equity in Prisons..... 246

 11.3. Suggested Further Research 250

 11.4. Concluding Reflections 253

Appendices 255

 Appendix A – Full Laws on Prison Menstrual Access 256

 Appendix B – Full Policies on Menstrual Access..... 264

 Appendix C – Full Manual Excerpts on Prison Menstrual Access..... 274

 Appendix D – Expert Interview Schedule 281

 Appendix E – Professional Interview Schedule 282

References..... 283

Chapter 1 - Introduction

This research makes key contributions to the emerging academic debate around menstruating bodies in places of confinement. Incarcerated menstruation is severely understudied and this research among the first to highlight the significant impact it has on the daily lives of women and menstruators. This dissertation focuses on access to menstrual products and menstrual discrimination in federal and state women's prisons in the U.S. It consists of review and analysis of official rules around the provision of menstrual products in women's prisons and the federal and state level. It also draws from interviews with both formerly incarcerated menstruators and those who work professionally with currently and formerly incarcerated menstruators. This research focuses on women's prisons, but not all women menstruate and not all who menstruate are women.

The World Prison brief, using 2022 census data, lists the U.S. among the top five highest incarceration rates in the world at 541 people incarcerated out of every 100,000 residents (Institute for Crime & Justice Policy Research, 2022). As recently as March 2023, there were around 86,000 women incarcerated in U.S. state and federal institutions and another 76,000 being held in local jails (Kajstura and Sawyer, 2023). Yet female offenders are frequently forgotten because they are such a small portion of the total prison population. By the end of 2021, there were roughly 1.2 million adults in the correctional systems in the U.S., with women making up about 7% of that population (Carson, 2022). While people have discussed for decades how this lack of consideration for women has led to numerous negative impacts in prison, such as Ross and Fabiano's findings of a lack of access to vocational training and lack of tailored programming for women (1986), the problem of access to menstrual products only arose in public view within the past few years.

In 2015, there were two major publications of material which discussed menstruation in prison. The first was an op-ed in the Guardian newspaper from

Chandra Bozelko, who had been imprisoned in York Correctional Institution (located in Connecticut) for six years (2015a). Her op-ed is the first instance of a frank, public discussion of menstruation as a particular problem in prison, saying:

The lack of sanitary supplies is so bad in women's prisons that I have seen pads fly right out of an inmate's pants: prison maxi pads don't have wings and they have only average adhesive so, when a woman wears the same pad for several days because she can't find a fresh one, that pad often fails to stick to her underwear and the pad falls out (Bozelko, 2015a).

She described problems with the number of menstrual products individuals were given, with the extremely poor quality of the products, with the high price of menstrual products in the commissary/canteen (prison store), and with the supply of menstrual products available for purchase. As will be discussed in the next chapter, many of those incarcerated in the U.S. are indigent (extremely impoverished) and unable to afford these extra menstrual products from the commissary.

The second publication was a report from the Correction Association of New York (CANY) which lists even more menstrual challenges faced by the incarcerated women in the state (Kraft-Stolar, 2015). Not only did CANY inspectors notice that the women didn't receive enough menstrual hygiene supplies to meet their needs and that these items were of low quality, but also there were humiliating, inconsistent practices for requesting additional items from the prison staff. Women were required to submit to a medical assessment or provide their used menstrual items before they were provided with additional supplies (Kraft-Stolar, 2015, pp. 66-67). The prison medical staff could be slow to approve these requests or deny them outright without providing any explanation. Observers also found that menstrual supplies weren't always kept in the housing units, making it difficult to obtain more hygiene supplies even if a request was approved as they had to be obtained from some other area of the prison. Guards had the authority to deny a request for menstrual products from an incarcerated woman for whatever reason, and some prison commissaries

didn't carry the supplies women needed—some had pads and tampons, while others had only panty liners without any recognition that these items are not meant to handle menstrual flow on their own (Kraft-Stolar, 2015, p. 67). As many facility handbooks state, incarcerated individuals are generally not allowed to get supplies during visits from family and friends, so the prison-provided, low-quality products are the only option (Iowa Department of Corrections, 2012). The report also noted that CANY had raised the issue of menstrual supplies to the New York State Department of Corrections and Community Supervision (DOCCS) multiple times before and had seen no improvement (Kraft-Stolar, 2015, p. 67).

Since these two publications, there have been several other mentions of the problems with menstruation in prisons (and jails) in news media, policy reports, and lawsuits throughout the country, though it remains severely underdiscussed in academia. In Maryland, women had so much trouble accessing these items that one woman had to get an emergency hysterectomy due to medical complications (Marimow, 2019). Menstrual products have been strictly rationed, denied, or were of such low quality they did not fulfil their intended function in Arizona, California¹, Connecticut, Delaware, Indiana, Kentucky, Michigan², and Missouri (Drewett, 2018; Bozelko, 2015a; Newman, 2018; ACLU and Period Equity, 2019; Sidahmed, 2016; Kloosterman, 2014; Missouri Appleseed, 2018). In many locations, legal cases and civil rights investigations show menstruation and the denial of products were also used as tools of abuse and humiliation. From 2011 to 2021, menstrual products were withheld by prison guards or correctional officers in order to coerce sexual favours from incarcerated women in Alabama³, California⁴, Florida, New Jersey, and New York⁵ (ACLU and Period Equity, 2019;

¹ *Mohrbacher v. Alameda County Sheriffs Office*, 3:18-cv-00050, (N.D. Cal.)

² *Semelbauer v. Muskegon, County*, 1:14-cv-01245, (W.D. Mich.)

³ *United States v. State of Alabama*, 2:15-cv-00368, (M.D. Ala.)

⁴ (PC) *Rojas v. Kernan*, 1:17-cv-01514, (E.D. Cal.)

⁵ *United States v. Akparanta*, 1:19-cr-00363, (S.D.N.Y.)

Small, 2019; Goodman, Dawson and Burlingame, 2016; Brown, 2015; Kraft-Stolar, 2015; Civil Rights Division, 2020b; Civil Rights Division, 2020a). Given that this type of abuse is underreported and these incidents occurred all over the U.S. and in both the federal and state systems, this may be a widespread, systemic issue (Kubiak *et al.*, 2017).

This dissertation seeks to answer three questions: How do prisons handle menstruation?; What is incarceration through the lens of menstruation?; What led to this situation? The first question is answered through a jurisdiction-by-jurisdiction analysis of laws, internal dept. of correction policies, and facility handbooks for six key factors to access: terms used for menstrual products, when and where products are obtained, the quantity and quality of provided products, and their cost. This is one of the first nationwide analysis and comparison of official rules around menstrual product provision in prison, and these key factors represent one of the first qualitative measures of a rule's completeness. This document analysis is coupled with the perspectives of Experts (formerly incarcerated menstruators) and Professionals (those who work Professionally with current and/or formerly incarcerated menstruators) collected through interviews. Rooted in a translation of menstrual justice (Johnson, 2019) and fused with the perspectives of those impacted, a framework was applied which identifies and categorizes harms experienced by incarcerated menstruators in our system based on their drivers – referred to as the framework of menstrual indignities. This framework is used as a lens for the experiences of incarcerated menstruators and answers the second question by demonstrating that incarcerated menstruators are significantly impacted every day, not once a month, by practices common throughout the U.S. prison system. Incarceration through the lens of menstruation is deeply discriminatory in ways which are constant and significant. Lastly, Experts and Professionals largely agreed in what they thought led to the lack of access to menstrual products and lack of support for menstruation in prison, and this is reflected in the framework of menstrual indignities. Generally, these drivers are the bias of non-menstruators, the culture

of shame in prisons and stigma attached to both incarceration and menstruation, the way menstruators are forced to make more choices based on limited resources than non-menstruators, the fact that menstruation is not seen as an integral part of a menstruator's health and one that exists in conjunction with other health issues, and the fact that menstruation is tied to women only.

The conclusion of this work is that prisons are generally failing to account for the needs of roughly half the population, that this causes disproportionate harm to menstruators, and that these harms have specific drivers. This research and the responses to these questions have significant implications for criminology and for official prison rules and culture in the U.S. Existing research on women's post-release success and its link to self-esteem support the idea that treating women and incarcerated menstruators this way hurts everyone (Annett *et al.*, 2023). As this dissertation discusses in chapters 3 and 9, the treatment of incarcerated menstruation is heavily tied to stigma against menstruation and the incarcerated. Addressing this stigma means recognizing incarcerated people as fellow humans, which has strong implications for mass incarceration in the U.S. Through its link to mass incarceration, the issue of unsupported incarcerated menstruation tangentially relates to concerns over democracy, voting rights, prison gerrymandering, and abolition, prison reform, and mass-decarceration. Through its discussion of the treatment of those in prison and their unmet need for basic necessities, this research has implications for advocates of welfare rights and robust social services. Through its overt connection to bodily autonomy and dignity, and the pervasive harms caused when those are denied, this research has implications for women's, menstruators', and trans/nonbinary/queer rights. Rather than a niche concern or minor factor, menstruation is the thread which brings concerns together in a new way, allowing for a new perspective.

This dissertation first explains the necessary background on the U.S. prison system: how large and expansive it is, who it targets, and some of the realities of a period in confinement. It then discusses relevant academic literature focusing on law, menstruation, and gender in the fields of law, feminist theory, gender

studies, and sociology. The following chapter focuses on bodies, prisons, and power, drawing from the fields of sociology, medicine and public health, and criminology. [Chapter 5](#) discusses the methodology of document review, semi-structured interviews, and the ethical concerns of this research, and [chapter 6](#) discusses the movement from menstrual injustice to menstrual indignities, moving from the literature to the preliminary interview themes. [Chapter 7](#) focuses on this document review and analysis while chapters 8 through 10 discuss the specifics of menstrual indignities in prison. [Chapter 8](#) covers non-menstruators bias, how men in charge and as the default drives it, and menstrual gender fallacy. [Chapter 9](#) dives into culture of shame, the stigma which drives it, and how menstruation impacts prison power dynamics. [Chapter 10](#) covers menstrual economics and menstrual morbidities, and the capitalist concerns and lack of regard for menstruation in health care which drive them. [Chapter 11](#) concludes this dissertation with a discussion of the implications of this work, recommended changes for menstrual equity in prison, and suggested further research.

Chapter 2 - Background

This chapter covers the scope of the prison system, the people it targets, and existing literature on how prison impacts menstruation. The U.S. correctional system is vast in terms of both the number of people it detains and the number of institutions which comprise it, many of which operate at different administrative levels (Sawyer and Wagner, 2020; Institute for Crime & Justice Policy Research, 2022). There are many issues with the poor quality of health care prisons provide as well as the fact that individuals are charged high co-pays and other fees while making extremely low wages (Alsan *et al.*, 2023; Golembeski *et al.*, 2020; Sawyer, 2017b; Sawyer, 2017a). While visitation is technically possible, there are numerous problems including the long distance from population centres (Glasmeier and Farrigan, 2007; Christian, 2005). Meanwhile, incarcerated women struggle more with mental health, histories of abuse, substance abuse, and health issues than incarcerated men (Maruschak and Bronson, 2021b; Maruschak and Bronson, 2021a; Maruschak, Bronson and Alper, 2021a; Tripodi and Pettus-Davis, 2013). Trans and nonbinary individuals also struggle with these issues, compounded by the stigma they face (Drabish and Theeke, 2022). All of this coupled with the fact that incarcerated women have high rates of menstrual health issues leaves incarcerated women and menstruators with few options to manage their flows in a deeply punitive system (Golembeski *et al.*, 2020; Enns, 2016).

2.1. The U.S. Prison System

The World Prison Brief puts the general U.S. incarceration rate at 541 per 100,000 residents using 2022 Census Bureau data and the U.S. female incarceration rate at 52.3 per 100,000 residents (Institute for Crime & Justice Policy Research, 2022). In comparison, they put the general U.K. incarceration rate at 139 per 100,000 using February 2023 data and the U.K. female incarceration rate at 5.5 per 100,000 residents using 2023 data (Institute for Crime & Justice Policy Research). The concentration on justice through punishment in the U.S. shown in this

significantly high rate of imprisonment has been found to encourage poor treatment and stigma against those who have been incarcerated, both of which directly affect menstruators (Shi, Silver and Hickert, 2022; Travis and Western, 2021).

In practical terms, it is also important to note the number of institutions where individuals are confined because some people are held in locations that are not run by the entity charging them with a crime. For example, the U.S. Marshalls Service holds people in federal Bureau of Prison facilities, private facilities, local jails, and state prisons, and local jails also detain people on behalf of Immigration and Customs Enforcement (ICE), state prisons, and the federal Bureau of Prisons (Sawyer and Wagner, 2022). These facilities are run by different entities which operate according to different rules. Thus, a person incarcerated in a federal facility located in a state that does not legally require access to menstrual products for incarcerated people should still receive free products according to federal rules, but someone in a state facility in the same state may get nothing at all. And then there are the private facilities that can operate on behalf of any of these entities which should be following the appropriate rules but are significantly less transparent than their government-run counterparts and are subject to different levels of regulation depending on which entity they contract with and where they're located (Headley and Garcia-Zamor, 2014). Depending on how much space is being shared, the way a facility handles menstruation may have an effect on people detained by a number of entities.

State correctional healthcare services are generally expected, per the *Estelle v. Gamble*⁶ United States Supreme Court decision, to provide adequate, basic healthcare to all incarcerated individuals, or they are considered to be in violation of the Eighth Amendment of the Constitution⁷ – prohibiting cruel and unusual

⁶ *Estelle v. Gamble*, 429 U.S. 97 (1976)

⁷ U. S. Const. amend. VIII

punishment. Unfortunately, while this makes it clear that states are not allowed to consciously refuse basic care, it does not define what basic health care actually means in explicit terms. This leaves a significant amount of flexibility for the states in terms of what they do and do not provide to incarcerated individuals (The PEW Charitable Trusts, 2017). Furthermore, the majority of challenges to prison health care since this decision have been focused on men and their health needs (Silverman, 2022; Weatherhead, 2003). Because correctional departments rather than health departments are trusted with carceral health care, the people making decisions do not necessarily have much training or expertise and are significantly more focused on cutting costs than on providing basic health services and doing no harm (Wang, 2022; Leaman *et al.*, 2017; Webster, 2013; Stabley, 2022; Law, 2022). Prisons are not under any requirement to get their health care facilities accredited—in contrast to all health care facilities used by the rest of the general public (Stern, Greifinger and Mellow, 2010; Alsan *et al.*, 2023; American Public Health Association, 2004). This lack of quality coordinated care from people who understand public health has implications for menstruators which I discuss at length in [chapter 10](#). Briefly, it impacts them through the menstrual issues they suffer on top of other pre-existing conditions, because some facilities will not provide additional menstrual items without sign-off from a medical provider, and because of the way common rules in prisons are inconsistent with menstruation. In the *Estelle* decision, an incarcerated individual was punished for ‘refusing to work’ with solitary confinement because medical, correctional, and prison staff did not believe the individual when he said he was physically unable to work. This has obvious implications for those with severe menstrual symptoms. Someone who suffers from intense, debilitating pain from endometriosis [uterine lining growing outside the uterus (Mayo Clinic Staff, 2018)] may not be believed given that there is no test which proves the condition, and could be punished for not working even as their insides are being scarred.

In addition to issues with the quality of care, incarcerated individuals in the U.S. must pay fees (or ‘co-pays’) for each doctor visit, depending on their location. The majority of incarcerated individuals only have extremely small amounts of money available to them, so fees of just a few dollars can be significant barriers (Rabuy and Kopf, 2015a; Schwartzapfel, 2022). In their data analysis of these medical co-pays, the Prison Policy Initiative calculated how long it would take a low-paid, incarcerated individual to afford them, and then translated that number of hours into a comparable cost for someone in the general population based on the state minimum wage (Sawyer, 2017c). If we charged minimum wage workers the same proportional amount of their wages as a co-pay, it would cost \$1,093.75 for each doctor’s visit in West Virginia and \$69.20 in South Dakota—the most and least expensive for states that charge co-pays and pay incarcerated people for non-industry jobs (those with the lowest wages). Charging people fees per doctor visits is supposed to discourage incarcerated people from making false claims of illness, however the National Commission on Correctional Health Care (NCCHC) officially opposes medical fees and co-pays because they are a barrier to accessing medical care for a vulnerable population (National Commission on Correctional Health Care (NCCHC), 2017). These fees impact women as well as menstruators due to needing sign-off on additional products or having menstrual issues as well as other chronic illnesses (Harner, Wyant and Silva, 2016).

Once people are sent to prison, their earning potential falls significantly, and this has significant consequences when menstruators are required to buy menstrual products. Available jobs in prison fall into four categories: regular, state, outside, and private. Regular prison jobs are the most widely available and tend to be in support of the facility where the individual is detained, such as jobs in the prison laundry, prison food service, or performing basic maintenance and janitor duties. These jobs are also the ones which pay the least, or not at all, and may be mandatory. The average wage for a regular job, where a wage exists, is \$0.86 daily, down from \$0.93 in 2001, and the maximum possible wage has declined in

the same time from \$4.73 to \$3.45 (Sawyer, 2017a). Several states have lowered the earning potential of incarcerated individuals and most regular prison jobs in Alabama, Arkansas, Florida, Georgia, South Carolina, and Texas are unpaid. State jobs can pay about twice as much as regular jobs, but the national average for the percent of state facility residents which have these positions is 6% (Program Evaluation Division, 2009). Outside jobs may pay more but are only available to certain people, and private prison jobs have “an authority to pay wages at a rate not less than that paid for work of a similar nature in the locality in which the work is performed” (Bureau of Justice Assistance, 2004, p. 3). Given the historical disparity between opportunities for incarcerated men versus women and data from the early 2000s showing that 37.5% of incarcerated men were paid for their work versus only 33.3% of incarcerated women, it seems unlikely that higher-paying options are made equally available to those in men’s and women’s prisons (Crittenden and Koons-Witt, 2015; Crittenden, Koons-Witt and Kaminski, 2016). These wages also fail to tell the full story because they do not take into account the deductions made by the government of “up to 80 percent of these wages for “room and board,” court costs, restitution, and other fees like building and sustaining prisons” and may require money to be saved for after release in a separate account (ACLU and GHRC, 2022, p. 11).

There is a large amount of research suggesting that visitation while incarcerated has numerous positive effects, such as helping incarcerated individuals maintain family bonds, making prisons safer for incarcerated people and employees, and possibly impacting post-release success (Mitchell *et al.*, 2016; Bales and Mears, 2008; Folk *et al.*, 2019). The majority of incarcerated women are mothers (Ghandnoosh, Stammen and Muhitch, 2021). This makes distance and lack of visitor facilities particularly problematic. Since rural areas saw prisons as a possible source of income and economic development, there was an incentive for these communities to allow prison construction as the prison population in the U.S. boomed, and over half of new prisons in the 1990s were located in nonmetro (rural) counties (Glasmeier and Farrigan, 2007; Beale, 1992). Since

there are fewer women's prisons than men's, individuals end up farther away from their families and support networks, so those in women's prisons are already disadvantaged (Friedman, Kaempf and Kauffman, 2020; Kerman, 2013). For example, a recent visitation study in Arizona noted that "the majority of Arizona's population resides in two urban centres: Phoenix and Tucson. The male prison complex is located 75 miles from both cities. The sole women's prison complex in the state is located 30 miles from Phoenix and 150 miles from Tucson" (Turanovic and Tasca, 2017, p. 294). The difficulty of the physical distance is compounded by the fact that many of these rural locations are inaccessible to public transit or require long journeys, and visitors may be forced to pay for their own transportation to remote areas, take time off of work, etc (Christian, 2005; Lockwood and Lewis, 2019b). All of this is hard on young children, who also need an adult to supervise them on the trip, which makes their visits more expensive.

Some prisons make visitation somewhat easier by providing a hospitality or visitor centre where individuals can wait for their precise visiting time, and some of these places provide services such as snacks, a children's play area, restrooms, etc, however many prisons do not have these facilities and require visitors to stand outside in any conditions until the visits begin. Again, it could be particularly difficult for young children to stand for long periods in extreme conditions. Visitors can also be refused entry if they have failed to provide the correct paperwork, for violating any of a large and varied number of rules around visitor dress which generally apply to women and limit the amount of skin showing, or for a number of other reasons which vary from location to location (Christian, 2005; Lockwood and Lewis, 2019b; Travis, McBride and Solomon, 2005; Rabuy and Kopf, 2015b).

Understanding the importance of visitation for incarcerated women, especially rare occasions when they can see their children, shows how the lack of support for or access to menstrual products in prison can have a direct impact on mother-child connections through preventing visitation. Whether the visit is denied due

to an infraction, discussed in [chapter 8](#), or because of the harms of being strip-searched during menstruation, discussed in [chapter 9](#), the end result is harm to both the incarcerated mother and her child. As mentioned, the majority of women in prison are mothers, and this impacts visitation for incarcerated women (Ghandnoosh, Stammen and Muhitch, 2021). The distance, the cost of travel, and the lack of visitor facilities all play a role in making it particularly difficult for children to visit (Christian, 2005). As an Oklahoma study found, “female inmates are almost twice as likely as male inmates to report that they had a child of their own living with them prior to their arrest” (Sharp and Pain, 2010, p. 2). As of 2018, 62% of women in prison were mothers of minors and they were significantly more likely than fathers to be the primary caretaker of children (Sawyer, 2018). The separation of mother and child(ren) has a significant impact on the health and well-being of the children as well as the incarcerated mother, making visitation that much more important for both, yet the reality of visitation makes that difficult (Martin, 2017; Stack, 2020; Ross, Khashu and Wamsley, 2004). For mothers who had been living with their kid(s) before incarceration, 43.8% said they were visited once a year or less, 48% had visits at least once per month, 28.5% had one telephone call a year or less, 40.9% got calls at least once a month, 27% got mail once a year or less, and 44.5% got mail at least once a month (Sharp and Pain, 2010). As one incarcerated mother in Oklahoma put it, “the state and prisons work very hard at making it impossible to keep a bond or relationship with family. Remember our children and families are doing time with us. You treat them like criminals too” (Sharp and Pain, 2010, p. 12).

The fact that women are mostly in state prisons means they are exposed to significantly more variation in the rules around menstruation in prison and it is more difficult to ensure acceptable standards as each state sets their own rules. The growth in women’s incarceration has generally followed the trend for the overall growth in prison population since the 1970s (approximate beginning of the War on Drugs), but the number of women under the jurisdiction of the federal government has not risen dramatically during that time period. As more

women have been incarcerated, they have overwhelmingly been held in state prisons or local jails. For state prisons, the growth in women's incarceration has been 834% since 1978, twice the rate of growth for men (Sawyer, 2018). They are now the fastest-growing prison population in the U.S., in some places overshadowing the decrease in the incarcerated male population. Most of the decrease in the incarcerated population since 2009 has been men, and men are the focus of most decarceration strategies since they are the majority population.

As this section has discussed, women and menstruators are at a disadvantage in the U.S. prison system in a number of ways. The lack of access to adequate medical treatment makes it easier to discount their specific needs, the co-pay requirement is a specific burden for them, they make extremely low wages and it is unclear if they have access to the same number of higher-wage positions as those in men's prisons. The ways in which menstruation impacts health in prison and how it pushes women and menstruators into decisions non-menstruators don't have to make are both discussed further in [chapter 10](#). They are also generally further from families and less able to receive visits from children. [chapter 9](#) touches on how menstruation creates even more barriers to visitation through the routine strip searches that are part of it and through denying women and menstruators access to clean clothing if they bleed on themselves. The way the U.S. prison system functions already has an outsized impact on those in women's prisons. Unfortunately, the characteristics of these individuals frequently compounds these existing inequalities.

2.2. The Women and Menstruators in U.S. Prisons

Incarcerated women and menstruators are already at a disadvantage in the U.S. prison system. When compared to men, women have fewer economic resources, more struggles with mental health, are more likely to have a history of abuse, more struggles with substance abuse, and more health issues (Maruschak and Bronson, 2021b; Tripodi and Pettus-Davis, 2013). When studies have considered race, women of colour are often at a disadvantage from their white counterparts

(Richie, 2012). While less research has been done on trans and non-binary individuals and their experiences, they are another disproportionately vulnerable population in U.S. prisons (Lawliet, 2016; Buist and Stone, 2013). The fact that these incarcerated populations are already disadvantaged matters because it helps explain the disproportionate effect of a lack of support for menstruation. The exact ways in which they are disadvantaged – money, mental and physical health, and connection to family and support – matter because menstruation has an impact on all of these traits, as will be discussed in Chapters 8 through 10.

Incarceration Rate and Income

Tables 1 and 2 – Characteristics of the General Prison Population in the U.S. and Characteristics of the State and Federal Prison Population in the U.S. – illustrate key differences both between men and women and among those of different races where the data is available. The first table shows information for men and women out of the general incarcerated population (state and federal prisons), the second focuses on traits of those in the state and federal system. The same measures were used for the state and federal prison population traits, allowing for comparison both among gender and system type.

Table 1 - Characteristics of the General Prison Population in the U.S.

GENERAL PRISON POP.	Imp. Rate (per 100,000)	Income Diff.
All Men	659	52%
White* men	327	54%
Black* men	1,807	44%
Hispanic men	810	34%
All Women	47	42%
White* women	38	41%
Black* women	62	47%
Hispanic women	49	21%

* Excluding those of Hispanic origin

Sources: Bureau of Justice Statistics, National Prisoner Statistics, 2021, Bureau of Justice Statistics Survey of Inmates in State Correctional Facilities, 2004 (adjusted to 2014 dollars by the Prison Policy Initiative), and the American Community Survey Integrated Public Use Microdata Series, 2004 (adjusted to 2014 dollars by the Prison Policy Initiative).

The rate of imprisonment is the number of sentenced individuals per 100,000 U.S. residents (or per 100,000 U.S. residents in a given category). These rates are based only on prisoners with a sentence of more than 1 year and the resident population estimates are from the U.S. Census Bureau for January 1, 2022 (Carson, 2022). The numbers from Table 1 show that there is a clear, large difference in imprisonment rates for men and women of different races, with black women and men fairing the worst of either gender.

Money and access to menstrual products in prison are deeply linked, as is discussed in [chapter 10](#). The people we incarcerate tend already to have fewer economic resources compared to the general public. Before being incarcerated, individuals who are later imprisoned may earn significantly less than people of similar ages who are not later imprisoned (Rabuy and Kopf, 2015a). The lower income of someone who will be imprisoned in the future compared to their similarly aged counterparts who will not be incarcerated holds true for all gender, race, and ethnicity groups. This means this income gap is not solely a product of the fact that women and people of colour tend to earn less than men or their white counterparts. Numbers from Table 1 show the percentage difference between the median annual incomes for incarcerated people prior to incarceration and non-incarcerated people ages 27-42, in 2014 dollars. The percent difference is the smallest for Hispanic women, however they also make the least of any group in the table, while white men make the most (Rabuy and Kopf, 2015a). This relates to the previous discussion of women facing more financial stress in the prison system, because the people experiencing that stress have the fewest resources to fall back on.

Table 2 - Characteristics of the State and Federal Prison Population in the U.S.

STATE PRISON POP.	°SPD	Mental History	Sexual Abuse Before 18	Ever Abused	Drug Use Disorder	Chronic Condition	*Infec. Disease
Men	14%	41%	5%	16%	39%	51%	17%
Women	19%	69%	26%	57%	51%	60%	23%
FEDERAL PRISON POP.							
Men	7%	21%	2%	7%	22%	42%	10%
Women	17%	52%	15%	40%	30%	56%	12%

° SPD = serious psychological distress

* Infec. = infectious

Sources: Bureau of Justice Statistics, Survey of Prison Inmates, 2016, Surveys of Inmates in State or Federal Correctional Facilities, 1997, Survey of Inmates in Local Jails, 1996, Survey of Adults on Probation, 1995.

Menstrual Health

The high prevalence of pre-existing mental health struggles shown in the table above demonstrate that women are already heavily burdened. Unsupported incarcerated menstruation and a lack of access to products exacerbates this burden, particularly through the way menstruation is used to shame incarcerated menstruators, discussed in [chapter 9](#). The percentages related to mental health in Table 2 are based upon the 2016 Survey of Prison Inmates (SPI) data (Maruschak and Bronson, 2021b). The first measure is the self-reported prevalence of serious psychological distress (SPD) in the past 30 days prior to the interview, and the second is the self-reported prevalence of individuals who had previously been told by some kind of mental health professional that they had some kind of mental health issue. Women had higher rates than men in every instance and generally identified as struggling more with mental health issues than men (Maruschak and Bronson, 2021b).

Abuse

Data on the rate of previous abuse of incarcerated individuals has unfortunately not been updated since 1999, though the pattern it shows is deeply relevant

(Harlow). Gallup Poll estimates of childhood experiences of abuse in the general population for the same period found that 9% of adults had been raped by an older child or adult, 5% of men and 10% of women had been kicked, punched, or choked by a parent or guardian, and 13% of men and 10% of women had been physically abused by their parents (1995, cited in Harlow, 1999). Estimates for childhood sexual abuse were 5-8% for men and 12-17% for women (Gorey and Leslie, 1997). Women in state prisons have a rate of childhood (before 18) sexual abuse well above this range, and 57% of them experienced any abuse of any type before incarceration – the highest rate of any group listed (Harlow, 1999). The major difference among men and women was also who they were abused by. Of those who had experienced any abuse before prison, most men were abused as children (under 17) at the hands of parents or guardians, while a quarter to one third of women faced abuse as children (under 17) from family and one third to one half as adults (over 18) from intimate partners (Harlow, 1999). For women, both childhood and intimate partner abuse are predictors of vulnerability to future forms of abuse (Spencer, Stith and Cafferky, 2018; Thompson *et al.*, 2006). The women we incarcerate are particularly vulnerable to abuse, especially at the hands of men, and the fact that men who are prison staff have repeatedly used withholding access to menstrual products as a form of abuse, discussed in [chapter 9](#), compounds this issue.

Substance Abuse and General Health

The rate of substance abuse for those entering prison is relevant given its impact on both general health and menstruation specifically (Gaulden *et al.*, 1964; Shen *et al.*, 2014; Santen *et al.*, 1975). The fact that incarcerated women are particularly likely to suffer from health issues which affect menstruation is relevant since menstruation is not seen as a key part of a menstruator's overall health and since current prison health care focuses on men's needs, as discussed previously. Data from the 2016 SPI shows a significant difference in the rate of drug abuse disorders among men and women at both the state and federal level, with a 12 and 8 percentage point difference respectively (Maruschak and Bronson, 2021a).

Women also have a number of different medical issues from men such as pre-existing chronic health issues and exposure to infectious diseases, all of which may have an impact on menstruation. From the same dataset, women in both state and federal prisons were significantly more likely to report chronic health issues than men, and women in state prison were significantly more likely to report previous infectious diseases (Maruschak, Bronson and Alper, 2021a). While women report more health issues, layered analysis of which illnesses they struggle most with or the rate of illness for women of different races is not available or rarely conducted. The most recent information, from the 2004 Survey of Inmates in State and Federal Correctional Facilities, shows that women are more likely to report current medical problems and multiple medical problems than men, and the most common reported illnesses for women were arthritis, asthma, and hypertension (Maruschak, 2008). Slightly older information from 1998 focusing on symptoms at admission found that ‘pain/cramps/irregular flow’ were the second-most-common issue, mentioned by 53% of the women in the study (Young).

Menstruators

While the imprecise use of the terms ‘women’ and ‘females’ in the research mean some trans and non-binary individuals may be included in the previous discussions, more recent data is better at pulling out their characteristics. A 2019 survey found that these individuals have a much higher rate of incarceration than their cisgender counterparts, with transfeminine people facing the highest rate of incarceration (Hughto *et al.*, 2022). The large amount of stigma directed towards trans and non-binary individuals does not begin with incarceration but begins in childhood and persists in ways related to physical health, housing, employment, and financial and material resources (Glick *et al.*, 2020; Ciprikis, Cassells and Berrill, 2020). This can then lead to serious mental health and substance abuse issues, instances of violent victimization from others, and higher rates of suicide than their cisgender counterparts, with trans and non-binary individuals of colour generally faring the worst (Buist and Stone, 2013; Drabish

and Theeke, 2022). The relative lack of data makes it impossible to specifically discuss the general traits of only those trans, non-binary, and gender nonconforming individuals who menstruate or transmasculine versus transfeminine individuals, but all available research shows them as being particularly in need of support even before incarcerated menstruation is considered. A recent study on transgender and gender-diverse individuals' victimization within prison found that a majority had been harassed by other incarcerated people, prison staff, and/or correctional health care providers, and transmen have described a variety of experiences of abuse at the hands of both staff and other incarcerated people in both men's and women's facilities (Hughto *et al.*, 2022; Stahl, 2021). For a group which is already vulnerable to abuse and harassment based on their gender identity, unsupported menstruation could lead to a visible reminder of the difference between their sex and gender and possibly lead to additional consequences for their safety.

Conclusion

The U.S. prison system puts women and menstruators at a disadvantage, and population traits compound those discrepancies. Women struggle more with money before and during prison, have higher rate of mental health issues, different experiences of abuse, higher rates of substance disorders, and more health issues than men (Maruschak, Bronson and Alper, 2021a; Harlow, 1999; Rabuy and Kopf, 2015a; Maruschak and Bronson, 2021b). They are usually the primary caregiver of a small child, making their incarceration deeply unhealthy for their children and they get to see and/or hear from them very rarely (Ghandnoosh, Stammen and Muhitch, 2021). The fact that they have become a main driver of state prison growth and are primarily located in state facilities means they are generally exposed to worse conditions and a wider range of conditions due to different jurisdictional rules (Sawyer, 2018). Trans and non-binary individuals struggle significantly due to stigma, which also leaves them with few financial resources, significant issues with mental health and substance disorders, high rates of past and current abuse and violent victimization, and

health problems which may also be a result of hesitation to see medical professionals (Hughto *et al.*, 2022; Lawliet, 2016). All of these issues end up having an outsize impact when put in the context of incarceration and menstruation.

2.3. Menstruation and/in Prison

Menstruation is already an under-discussed and under-researched issue within the medical community, leading to possible impacts on general health and a lack of support for those who struggle with significant menstrual symptoms (Critchley *et al.*, 2020a; Bruinvels *et al.*, 2017; Kahl, 2023). When considering menstruation in prison, it's important to keep some of the basic medical facts in mind because of their consequences. It is also relevant given early research on menstrual function for incarcerated menstruators suggests they are more likely to suffer from menstrual problems than the general public, as will be discussed. The small amount of existing academic research on the qualitative experience of menstruation during incarceration, though located in England, suggests a wide range of issues and effects which go beyond access to products alone (Smith, 2009).

'The Period Paradox' refers to the traditional dichotomy of periods either being seen as a serious, debilitating medical issue or being so insignificant that they require no attention at all (Yuko, 2016). It's important to understand that problems related to menstruation are not issues or defects with menstruation itself but some aspect of menstruation which becomes a problem in an unsupportive environment. The problems with access to menstrual products in women's prisons are not because every menstruator requires disposable products but because prisons are notoriously unsanitary, because it becomes a weapon of shame, and other issues of menstrual indignities which are discussed in chapters [8](#) through [10](#). The realities of menstruation are in the middle of the paradox: it is not debilitating for the majority of people when it is given due consideration.

Basic Facts About Menstruation

In the U.S., the average menstrual cycle lasts roughly five days and begins shortly after the age of 12 (Dasharathy *et al.*, 2012; Finer and Philbin, 2014). Among participants in the 2012 study, “menstrual blood loss varied significantly according to age, marital status, and parity, with older, married, and parous women more likely to report heavier bleeding,” showing how variable menstrual flow can be (Dasharathy *et al.*, 2012, p. 539). [Parity here is a medical term roughly meaning childbirth status (Wernli *et al.*, 2009).] Average age when menopause starts is 49 years, meaning the average menstruator spends roughly 37 years experiencing a menstrual cycle (McKnight *et al.*, 2011). Additionally, menstrual flow and cycles are particularly variable both for a time after menarche and before the onset of menopause, making it difficult to plan ahead (Treloar, 1981). Even for a menstruator who has regular cycles, the exact time of the onset of menstrual flow is never clear, so menstruators are often caught off-guard by their menstrual flow.

When menstrual supplies are limited, toxic shock syndrome (TSS) can become a concern. Menstrual TSS is still only partially understood, but it occurs when a menstruating tampon-user leaves the tampon in for too long, even as little as 12 hours, and it can be fatal without immediate treatment (Seike, Kanaya and Oishi, 2022). For the general public, the rate of menstrual TSS is extremely low, at 0.5 to 1.0 per 100,000 people (Schlievert and Davis, 2020). Because incarcerated menstruators are forced to use (sometimes makeshift, discussed further in [chapter 10](#)) products for longer than intended due to limited availability and have little access to poor-quality healthcare, it can be a significant worry.

Menstrual Health of the General Population

There are also menstrual conditions which impact menstruators in significant ways and which are still poorly understood (Patzkowsky, 2021). Recent literature on the general population puts the rate of AUB (abnormal uterine bleeding) at 43.2% of the study sample of 18,875, with 6.1% experiencing irregular menses,

30.0% experiencing infrequent menses, 3.9% experiencing prolonged menses, and 10.7% experiencing spotting (Zhang *et al.*, 2023). What this shows is that a large proportion of the general menstruating population experiences some kind of abnormal menstrual symptom, and again that menstruation is extremely variable from person to person. Coupled with the fact that Black, non-Hispanic women are incarcerated at the highest rates for women, as discussed in the previous section, it is relevant that they were also more likely to report AUB (Zhang *et al.*, 2023). This is supported by other research which suggests that Black, non-Hispanic women have higher rates of heavier and/or longer periods (Paramsothy *et al.*, 2014; Dorsey, 2013). Bleeding symptoms are just one part of menstrual conditions—which include endometriosis [a painful disorder in which tissue similar to the uterine lining grows outside your uterus (Mayo Clinic Staff, 2018)], menorrhagia [abnormally heavy or prolonged menstrual bleeding (Mayo Clinic Staff, 2022)], primary dysmenorrhea [cramping pain before or during a period caused by natural chemicals (American College of Obstetricians and Gynecologists, 2022a)], menstrual migraines, and premenstrual syndrome (PMS)—and can include extreme and debilitating pain, anaemia, severe fatigue and weakness, depression, anxiety, and intense bleeding between periods (Johnson, 2019). While these issues are already significant for those in the general population, they can become even more burdensome in the prison setting.

Menstrual Health of Incarcerated Women and Menstruators

While there has been minimal research on access to menstrual products and consequences up to now, there have been a few studies focusing on the rate of menstrual conditions in the incarcerated population. The transition to incarceration is stressful enough that it can have an impact on menstrual health and regularity outside of the contributing factors already common among incarcerated women in the U.S., as discussed in the previous section. Within a study looking at the impact of stress on menstruation for newly incarcerated women:

Approximately 9% of women reported amenorrhea and 33% reported that their menstrual cycles were irregular. In contrast...the prevalence of menstrual irregularity among those living under the federal poverty level or who had not completed high school [and were not incarcerated], was 16 –17% (unpublished data)” (Allsworth *et al.*, 2007, p. 207) [amenorrhea meaning the absence of one or more periods (Mayo Clinic Staff, 2023)].

As Golembeski *et al.* echoed, “menstrual dysfunction is three times higher among incarcerated women, of whom 50% lack access to basic menstrual supplies,” where menstrual dysfunction is any menstrual-related health issue (2020, p. 315). At the time that article was published, only four states provided free menstrual products for all individuals in their women’s prisons (more on the current number in [chapter 7](#)). This suggests that the women being denied access by restrictive rules are the ones most likely to need menstrual care and potentially additional products in a range of absorbencies to deal with heavy or inconsistent bleeding. It also suggests that newly-arrived menstruators are more likely to need ready access to menstrual products, underscoring the need for official processes and clarity on obtaining these items in admissions documents.

Catrin Smith’s work is notable because it is one of very few in which detained women are directly asked about the experience of menstruation while incarcerated, making it relevant despite being done in an English prison setting (2009). Women’s experience of menstruation in prison or how their particular situation may be affecting their symptoms is understudied despite the obvious policy implications for women’s prisons. Smith herself notes:

Menstruation and menstrual symptoms relate solely to women and yet this fundamental aspect of the female experience has received little detailed attention in the literature on women’s imprisonment. This is, in part, due to a desire to move away from the overly deterministic and individualistic explanations for female deviance... As a result, the issue of menstruation in prison remains veiled in silence (2009, pp. 2-3).

The ‘overly deterministic’ explanations she references are the older, sexist explanations for female deviance which point to women’s biology and even

menstruation itself as the problem, discussed more in the next chapter (Lombroso and Ferrero, 2004).

Smith's discussions with incarcerated women revealed that a lack of privacy and the many barriers to privacy in prison were a significant problem, making the experience of menstruation more negative even outside of physical discomfort, echoing some concerns which have also been noted in the U.S. (2009; Smith, Ingel and Rudes, 2023; Ingel *et al.*, 2020). The lack of privacy was especially notable in situations where multiple individuals shared a cell with an open toilet and when having to ask for supplies from a prison guard. Women described feeling at the mercy of external forces since they were unable to wash, change, use the toilets, use fresh menstrual supplies, or they had to be physically examined or strip-searched while menstruating (Smith, 2009; Smith, Ingel and Rudes, 2023). Incarcerated menstruators cannot take advantage of menstrual products without the ability to freely change their pads and/or tampons in a private, hygienic space. Additionally, prison itself caused menstrual changes for some like heavier bleeding and bleeding for a longer period of time, however:

There were also significant associations between perceived menstrual change and... the reported suffering of anxiety, depression and stress; reported concerns about feeling tired; difficulty sleeping; feeling more irritable and anxious than usual; reported concerns about one's family, finances and housing, as well as concern about aspects of prison life (Smith, 2009, p. 15).

This suggests a feedback loop in which menstruators feel impacted by the stress of prison, which impacts their menstrual cycles, which causes significant additional stress given how unsupportive the prison environment is, and menstruators are left scrambling to get what they need for unpredictable periods. This also shows a clear connection between support for menstruation and mental health of incarcerated menstruators, and it echoes research in the U.S. showing a link between the stress of beginning incarceration and menstrual irregularity (Allsworth *et al.*, 2007).

Another problem uncovered by Smith's research was how male doctors impact incarcerated menstruators seeking health care for the menstrual conditions they are more likely to suffer from, as previously discussed. All the women had a strong preference for female doctors and:

The women recounted difficulties discussing menstrual symptoms or 'women's problems' with a male doctor, typically using words such as 'degrading', 'embarrassing', 'shameful'. Women who had suffered sexual abuse stated that they found it particularly difficult to talk to a medical officer about such intimate issues and found bodily examination especially traumatic (Smith, 2009, p. 19).

Incarcerated women in the U.S. have also reported that frequent strip-searches are traumatizing, particularly for those with a history of abuse (Dirks, 2004). In England, as in the U.S., men make up most of the incarcerated population (Institute for Crime & Justice Policy Research, 2023). Because women are a small proportion of the incarcerated population, it is possible to minimize their issues as being less important than men's issues. As a result, even as these women are the most likely to be dealing with menstrual conditions, they may not be able to get necessary medical attention. In Smith's research, the women reported that their health concerns and knowledge of their own bodies and cycles was brushed aside, giving them no help for their issues and leaving them feeling humiliated (2009).

Conclusion

The focus on punishment in the U.S. justice system creates an atmosphere that is difficult for everyone, but not everyone suffers in the same ways (Travis and Western, 2021). Incarcerated women have high rates of menstrual health issues and questionable access to products (Golembeski *et al.*, 2020; Wood *et al.*, 2025). This is in the context of also having the highest rates of mental health struggles, significant histories of abuse, and high rates of chronic health concerns (Harlow, 1999; Maruschak and Bronson, 2021b; Maruschak, Bronson and Alper, 2021a). Trans and nonbinary menstruators may already be suffering from a range of health conditions brought on by stigma and poor treatment (Drabish and Theeke,

2022). This backdrop of difficulty is a necessary part of understanding why unsupported incarcerated menstruation is so impactful, as the next few chapters explain.

Chapter 3 - Literature Review: Menstrual Injustice, Stigma, and Gender

This chapter begins the literature review by exploring the concepts of menstrual injustice (Johnson, 2019) and stigma, focusing on menstruation and the body's place as it relates to law, stigma, feminism, and the current state of gender-responsive treatment in the prison setting. Understanding the lens of general menstrual injustice is necessary before it can be adapted to the prison-specific setting, as will happen in [chapter 6](#). Examining the concept of stigma shows that it is both dynamic and based on power imbalances (Goffman, 1990; Tyler, 2020). The best way to challenge menstrual stigma, according to the literature, is both to draw attention to it and to challenge the power structures which support it through concrete action (Bobel and Fahs, 2020a; Collins, 2019). A review of the literature suggest that without this necessary resistance to the systems of oppression which generate inequality, attempts to address unsupported incarcerated menstruation run the risk of further legitimizing these systems, as has happened with gender-responsive treatment (Chandler, 2010).

3.1. Legal Theory

This dissertation pulls from a variety of disciplines, including law, criminology, history, social work, and gender studies. This section addresses American legal concepts and debate, a natural source of context when analysing laws and regulations, as in [Chapter 7](#). As U. S. campaigns like repealing the 'tampon tax' become more popular and menstruation gets more attention in the public sphere, there are more discussions happening around menstruation and its place in law (Ooi, 2018). From these discussions, this dissertation focuses on what menstrual justice means and how equality without concern for bodies leads to harm.

3.1.1. Menstrual (In)Justice

The first concept integral to this research and dissertation is that of menstrual injustice and justice. Menstrual injustice, injustices driven by one's status as a menstruator, provides a framework to build on and adapt which aids in understanding the consequences of unsupported menstruation in prison. By understanding menstrual discriminations in general, one can better see them in action in prisons. By 'asking the menstrual question,' (or asking specifically how menstruation affects and is affected by the topic at hand) one may not only identify instances of menstrual injustice but also move towards an intersectional remedy for those injustices (Johnson, 2021b).

Identifying instances of menstrual injustice requires "asking the menstruation question," or specifically considering the possible impact of menstruation on a process, which Johnson describes as serving three fundamental purposes:

1. Asking the menstruation question makes menstrual injustices seen when they would be otherwise invisible;
2. Asking the menstruation question unveils the connection of menstrual oppression to other forms of oppression so that all injustices may be identified and addressed;
3. Because menstrual injustices often intersect—meaning they are coupled with and/or amplified by race, gender, class, gender identity, and disability injustices—asking the menstruation question reveals the structural intersectionality of menstrual injustices (2021b, p. 162).

Additionally, asking the menstrual question isn't over when a menstrual injustice is successfully identified, so identifying it in prison in this study isn't enough. The purpose of this question is not only to shine a light on menstrual oppression but also to tie it to other forms by asking, "Where is the white supremacy in this? The patriarchy? The heterosexism? The transphobia? The classism? The ableism? And so on" (Johnson, 2021b, p. 166). The last step of asking this question is to consider the intersectionality of those impacted. How do the multiple layers of

one's identity affect the impact of this injustice? To use an oversimplified example which will be discussed further in [chapter 10](#), some prisons sell menstrual products and provide none for free. This instance of menstrual injustice is also tied to discrimination based on gender and class. Incarcerated individuals without access to funds (most of them, as discussed in [chapter 2](#)), or individuals whose identities include both menstruators and low-income, are differently and more intensely affected by this policy because they are left with no official options, as opposed to those who are menstruators but not low-income and can, at least, afford to buy menstrual products.

The first step towards identifying menstrual injustice is defining it. According to the creator of the concept of menstrual injustice and its categories, Margaret Johnson, menstrual injustice is “the oppression of menstruators, women, girls, transgender men and boys, and nonbinary persons, simply because they menstruate” (2019, pp. 1-2). In general life, this oppression can take a variety of forms such as requiring students to ask for permission to use the bathroom in schools, the lack of menstrual supplies in all public restroom facilities, the phenomenon of unsupported incarcerated menstruation, and the only-recently-relaxed rule requiring all women players at Wimbledon to wear white undershorts (Foster, Woodyatt and Ronald, 2022). There are a wide number of menstrual injustices which have not yet been identified and challenged in public discourse (Levitt and Barnack-Tavlaris, 2020). This is partially due to the shame and stigma against menstruation making it a difficult topic to discuss openly, something which will be further discussed in [chapter 9](#). Menstruators are personally responsible for invisibly managing their flow and its consequences, and the threat of failing to keep their menstrual status a secret is seen as one of the most embarrassing and shameful events possible (Ramos, 2022; McHugh, 2020). Johnson developed five categories of menstrual injustice: the categories are not meant to be mutually exclusive and some injustices may fit into multiple categories. These categories of general menstrual injustice must be understood

to be translated into the prison context, as they will be in [chapter 6](#). According to Johnson, the categories of menstrual injustice are:

1. Exclusion and essentialization;
2. Discrimination, harassment, and constitutional violations;
3. Insults and indignities;
4. Economic disadvantage; and
5. Health disadvantage (2019, p. 8).

Before diving into these categories, it is important to discuss one further aspect of menstrual injustice, which is its use of the concept of structural intersectionality. The framework of structural intersectionality is one which highlights the pre-recognised systems of oppression which are interacting to create a unique, additional burden (Crenshaw, 1993). Structural intersectionality, as used in menstrual injustice, is the way in which oppressive systems focused on one aspect of an individual's identity can overlap and work with each other to create new experiences of oppression (Johnson, 2019). Using the example of those in women's prisons and information from [chapter 2](#), the average person in a woman's prison is someone who identifies as a woman and has few economic resources, among other parts of her identity. This person experiences discrimination not just as a woman, and not just as a person without resources, but specifically as a low-resource woman with both sexism and classism working simultaneously and in conjunction. This applies to other combinations of discriminations, such as sexism and racism, all working together to create a situation where the experience of an African-American woman with financial resources who menstruates is similar but still unique from the experience of a white woman without financial resources who doesn't menstruate. If these multiple, overlapping systems of oppression are the root cause of the problem of menstrual injustice, then the only solution is one which involves their dismantling. This has significant implications for this research and recommendations for the future, as discussed in [chapter 11](#).

Exclusion and Essentialization

Those who see menstruation as somehow fundamental to womanhood reduce women to a single biological function and ignores both non-menstruating women and non-women menstruators (transmen, non-binary, and gender nonconforming individuals). This flattening of identities into a single experience is also contrary to the lens of intersectionality, in which menstruation would only be seen as one layer of identity out of many. Claiming that “menstruation is the common denominator of womanhood” makes women menstruators and reproductive subjects before all else: a reiteration of the sexist theory that “anatomy is destiny” (Bobel, 2010, p. 70; Freud, 1957, p. 189). Not only does this essentialize the women who menstruate, it ignores both non-menstruating women and menstruators who aren’t women (Chrisler *et al.*, 2016). Similar to the discussion of the period paradox in the last chapter—where menstruation is either totally ignored or seen as rendering all menstruators completely non-functional—this form of injustice is both about ignoring menstruation and also deciding it is the key to others’ identity. This inaccurate view of menstruation as something only women do has consequences for incarcerated menstruators in men’s facilities, as this study discusses in [chapter 8](#).

Discrimination, Harassment, and Constitutional Violations

Because menstruation is not mentioned explicitly in discrimination law, there is no clear legal doctrine on how menstrual discrimination should be addressed. One strategy involves Title VII the 1964 Civil Rights Act⁸, in which employers are prohibited from discrimination on the basis of sex where sex is defined as “because of or on the basis of pregnancy, childbirth, or related medical conditions.” Since menstruation is a condition related to pregnancy—as they are both part of the vaginal reproductive cycle—and because it is sex-linked (i.e. requiring a body with a vaginal reproductive system), there is a strong argument

⁸ 42 U.S.C. § 2000e

that it should be seen as a protected condition under Title VII (Johnson, 2019; Widiss, 2021). But while some courts have agreed that menstrual discrimination is sex-based⁹, others have not¹⁰ (ACLU, 2017). There are also issues with linking the legal definition of sex to the ability to become pregnant since not everyone with a vagina can do this. Another potential legal strategy is the Equal Protection Clause of the U.S. Constitution¹¹, which generally ensures the equal treatment of people under the law in similar circumstances (Wex Definitions Team, 2022b). This clause is used in the argument against the ‘tampon tax,’ or the fact that menstrual products are taxed throughout the U.S. because they are not classified as necessities, while items like Viagra (a male erectile dysfunction medication) and Rogaine (a hair-loss treatment), used by men, are (Crawford and Waldman, 2019). Attorneys have successfully argued that because menstrual products are used primarily by women, and because menstruation is a regular condition for most women, this is essentially a tax on women, which violates the Equal Protection Clause through sex-discrimination (Johnson, 2019). Unfortunately, this follows a legal theory built upon the idea of a gender binary, which brings its own problems for those who menstruate but are not women, including in prison.

Insults and Indignities

This category includes actions which do not meet the still-evolving criteria for legal remedies but which are intended to shame menstruators and negatively impact their sense of dignity (Johnson, 2019). These can be official policies as well as institutional and personal reactions to menstruation, or a mixture of all. For example, rules requiring bathroom passes or escorts in schools are shaming for menstruators in a number of ways since they may use the bathroom more than non-menstruators, they may take longer in the bathroom due to changing

⁹ *Harper v. Thiokol Chem. Corp.*, 619 F.2d 489 (5th Cir. 1980).

¹⁰ *Jirak v. Federal Express Corp*, 805 F. Supp. 193 (S.D.N.Y. 1992).

¹¹ U.S. Const. art. XIV, § 1

menstrual products and have to answer invasive questions, and a delay in locating a pass or escort can lead to a failure to handle timely menstrual emergencies and obvious spotting, which can then lead to humiliation for the menstruator (Johnson, 2019; Schmitt *et al.*, 2022).

Economic Disadvantage

Economic disadvantage here refers to the number of ways in which menstruation costs money. There is an inherent disadvantage for menstruators since they are expected to purchase their own menstrual products, and this additional purchase is usually coming from a smaller pool of resources since women earn less than men (Aragão, 2023). Menstrual products are a particular issue for low-income individuals as they are not covered by any welfare program such as WIC (Special Supplemental Nutrition Program for Women, Infants, and Children), SNAP (Supplemental Nutrition Assistance Program, frequently referred to as ‘food stamps’), or Medicaid (the government health coverage program for low-income individuals) and they are still subject to sales tax as a luxury item in many states (Center on Budget and Policy Priorities, 2021). This injustice is also expressed as employment discrimination when a menstruator is fired for menstruating (Johnson, 2019) and that results in a loss of income and fewer economic resources. This form of injustice was also mentioned under discrimination, harassment, and constitutional violations. As mentioned previously, these injustices may fall into multiple categories, which this example of employment discrimination shows.

Health Disadvantage

As mentioned in [chapter 2](#), menstruators already suffer from “inadequate medical and health research about menstruation” which can impact overall health and make it difficult for those with severe menstrual symptoms (Johnson, 2019, p. 63; Bruinvels *et al.*, 2017; Critchley *et al.*, 2020a; Kahl, 2023). Again, it is not that menstruation is an all-consuming problem that incapacitates menstruators everywhere, but rather that a lack of research prevents an understanding of and

treatment options for issues that could be easily addressed with the adequate knowledge. The disadvantage to menstruators also comes from the unknown and unstudied ways in which menstruation works in conjunction with other illnesses.

There is evidence to suggest that these menstrual injustices do more than just harm menstruators but are also ultimately harming to everyone, which would suggest that menstrual discrimination in prison also has a negative impact on society in general. Through the lens of “full civic participation,” society’s resistance to supporting menstruation and menstruators creates barriers for others—such as an inability to take regular bathroom breaks at work—which prevent their full participation in society (Fettig, 2021, p. 41). Scholars argue that when we prevent people from fully participating, we also prevent them from contributing to society in ways which benefit us all. If roughly half the people in the United States menstruate then a lot of potential contributions are being lost. Even those who are lucky enough to afford menstrual products and quality health care suffer lost production and contributions through unstudied and under-researched menstrual pain conditions. The idea that society should support menstruation to address inequality lies at the heart of what Jennifer Weiss-Wolf termed, ‘menstrual equity,’ or the idea that all menstruators should have access to menstrual products and support (2017; 2021).

The additional steps of asking the menstrual question—of identifying other forms of oppression at play and considering the intersectional nature of the menstrual injustice—are a requirement for menstrual justice. If menstrual injustice is tied to other forms of oppression, menstrual justice can’t be achieved without addressing all the systems of discrimination at work. As definitively stated by Johnson, “Dismantling menstrual injustice requires identifying and dismantling *all* injustices” (2021b, p. 168).

3.1.2. The Lie of Equality

One of the main drivers of menstrual injustice and discrimination is the unfair treatment of women is through a focus on a version of ‘equality’ that translates to sameness. Where sameness is based on men and the male body, this supports the idea that men and their experiences are universal – or the default – and ignores any experiences which are not included in that catalogue, such as menstruation (Criado-Perez, 2019). As described in the book, *Invisible Women*:

The presumption that what is male is universal is a direct consequence of the gender data gap. Whiteness and maleness can only go without saying because most other identities never get said at all. But male universality is also a cause of the gender data gap: because women aren’t seen and aren’t remembered, because male data makes up the majority of what we know, what is male comes to be seen as universal. (Criado-Perez, 2019, p. 24)

This dissertation bases its title on *Female Offenders: Correctional Afterthoughts* (Ross and Fabiano, 1986). This text provided the first and only academic review of the programs offered to female offenders in institutional and community settings in North America. Although it’s been almost 40 years since publication, the material is still deeply relevant for what it shows about how women are treated. What the researchers found in their review was a system so unconcerned with women and their needs that they had all but been forgotten, turning them into ‘correctional afterthoughts’ that were absent from the literature and making it hard to determine whether the programs they were offered were even effective. Ross and Fabiano discuss equality’s shortcomings in corrections, saying:

The establishment of ‘equal rights’ is undeniably important, but its achievement may not be sufficient to ensure an adequate correctional response to the needs of female offenders. Equality may engender a state of affairs in which female offenders will be able to obtain only programs which are designed for male offenders rather than programs which are designed for and needed by women (1986, p. 2).

As Elaine Lord, the former warden of the women’s Bedford Hills Correctional Facility in New York said:

We have gotten caught up in arguments of equality but seldom can define equality or even identify equal to what. In the case of prisoners, equal generally means equal to men prisoners. Maybe what we should be addressing is the inequality of women...The problem with understanding equality in terms of identicalness is simply that the sexes are not identical. Men and women are different, even in terms of the crimes they commit, their roles, their risks of being violent, their victims, their risks of recidivism. Yet, to make women "equal," many jurisdictions have gone on building programs to make women's prisons like or equal to men's prisons (1995, pp. 266-267).

As these quotes show, in the correctional system, equality has generally meant equal to cisgendered men, and those men have been placed at the centre of the prison system's consideration of incarcerated people. This means that menstruation is not seen as a central part of menstruator's lives and health but as an additional, supplementary function which distinguishes them from cisgendered men, if at all. This designation as 'supplemental' because it is not a need of cisgendered men also minimizes the understanding of the severity of the need and the impact of not providing for menstruation. As such, providing for menstruation in prisons is not seen as a key aspect of women and menstruator's health, dignity, and security and can be seen by some as a lower priority concern, shown by how little menstruation in prisons has been discussed up to now. Minimizing the impact of the failure to support menstruation is a direct result of seeing it as supplementary when compared to cisgendered men. Thus, the inherent assumption then becomes that women and menstruators are not strongly affected by the lack of menstrual products because cisgendered men aren't, a position which makes no logical sense. As previously discussed, equality has connotations of sameness, and therefore incorrectly assumes the same severity of need. The prison system continues to use cisgendered men's needs as a model, as the previous quotes show, even while explicitly discussing women and menstruators and assumes menstruation isn't a major issue with significant implications with regards to sexual safety, mental health, physical health, and ability to work, move freely, maintain connections to family, and remain free from punishment, among many other consequences. In this way, the focus on

equality has led to significantly unfair treatment of incarcerated women and menstruators. The remedy requires considering women and menstruators' needs outside of the context of what cisgendered men need – menstruation is not a supplemental need, but a central one for menstruators.

This sentiment has been echoed by others who have pointed out:

Women's concerns, if recognised at all by prisoners' rights movements, have been dismissed as personal, self-centred and apolitical—especially when they are "women-specific," that is, issues related to their reproductive roles as mothers and wives, or to their health, including their special needs when they are pregnant, lactating, or when they have their menstruation" (Cabrera-Balleza, 2003, para. 8).

The presumption in this discussion of equality is that menstruation is not a singular, special example of a forgotten need, but a part of a larger system which repeatedly ignores the unique needs of women and female or intersex individuals. Proof of this lies in how prisons handle other issues which fall outside the cisgendered male experience: childbirth outcomes, pre-natal care, shackling of pregnant and delivering incarcerated people, and access to abortion and contraception. If failing to provide for menstruation were unrelated to the myth of the universality of men, then these other needs would be well-considered, yet a brief look at each shows this is not the case (Criado-Perez, 2019). Childbirth outcomes were not systematically collected until 2019, where it was found that states have wildly different incarceration rates for pregnant women and miscarriage rates (Sufrin *et al.*, 2019). Research from the Rebecca Project for Human Rights and National Women's Law Center found 38 states with inadequate or no rules at all around providing pre-natal care and 36 states fail to significantly limit or limit at all shackling women during transportation, labour and delivery, and recuperation (2010). While this has somewhat improved in the intervening years due to advocacy efforts, pre-natal care and shackling are still serious concerns with major implications and there are still no federal standards

(Clarke and Simon, 2013; Daniel, 2019). Before *Roe v. Wade*¹² was struck down in 2022 courts affirmed the right of incarcerated individuals to obtain an abortion multiple times, yet 32% of studied state prisons did not have any written abortion policy, and 14% banned abortion entirely, even in cases of rape and incest, despite the fact that this would seemingly violate the law (at the time) (Sufrin *et al.*, 2021). Researchers pointed out that “the lack of written abortion policies at some study sites raises concerns about consistency and accountability. Without access formally documented in policy protocols, people needing abortions are subject to the discretion of carceral administrators and staff” (Sufrin *et al.*, 2021, p. 335).

When it comes to issues which only affect the female body, the above research suggests prison system refuses to give it any/due consideration. In Ross and Fabiano’s estimation, the question of equality was a key part of why women were so underserved and understudied, and their thoughts on this were a central part of their conclusions (1986). This theme plays a major role in understanding what led to unsupported incarcerated menstruation, discussed more in [chapter 8](#).

3.2. Feminism vs./and the Body

Feminism has a tense relationship with the body, despite being of it and in it. The history of biology as a sexist tool in early criminology means that the fact “that women are identified with the body in a deeply somatophobic tradition of thought has created an ambivalence toward embodiment in feminist theory” (somatophobic here meaning fear of and contempt for the body, primarily female) (Threadcraft, 2015a, p. 207). In other words, because the female body was used to prop-up sexist theories in the past, mainstream feminist theorists have been reluctant to return to it, with implications for theories of female treatment and criminality. Menstruation provides a path back to the body, which,

¹² *Roe v. Wade*, 410 U.S. 113 (1973)

in turn, is a reminder of the other bodies people inhabit. The lack of more explicit acknowledgement of the body and its relation to the inner self is how gender-responsive 'treatment' has proliferated in U.S. prisons even as they continue to harm women. This example shows that to effectively address women and menstruator's needs, underlying power structures must be addressed.

3.2.1. (Menstrual) Stigma

While stigma takes numerous forms, it is frequently rooted in the body and the reaction to that body by others. Stigma is not inherent in its object alone, but depends upon the reaction of someone else, usually someone without the perceived defect (Goffman, 1990). In this way, Goffman explains that it operates at the boundaries of existence, expressing tension between those with power and those without. Therefore, when the power structures underlying a stigma change, the stigma itself changes (diminishing or increasing). Combatting stigma requires drawing attention to the perceived defect and pushing back against the power structures that give it negative value (Tyler, 2020). For menstruation, this means breaking the taboo and ending the silence and concealment of a natural bodily process while also fighting against the sexist beliefs that menstruation and the female body are bad (Olson *et al.*, 2022).

In his 1990 analysis of stigma, Goffman underscores its relational rather than absolute nature: stigma is an attribute which deeply affects a 'normal' person's characterization of the stigmatized person – a disconnect between one's virtual social identity (who they are assumed to be) and their actual social identity (who they actually are) (1990). Rather than being static, stigma is a dynamic force that occurs at the boundaries of two different ways of being and which is highly situational: those who profess normalcy in one area can and do experience stigma in others. Even if the line between the stigmatized and the 'normal' is more porous and situational than previously considered, being part of a deeply stigmatized group has a lasting impact on that person, even if their stigma is hidden. For the incarcerated menstruator and others from stigmatized groups:

[Their] social and psychological identification with these offenders holds [them] to what repels [them], transforming repulsion into shame, and then transforming ashamedness itself into something of which [they are] ashamed. In brief, [they] can neither embrace [their] group nor let it go (Goffman, 1990, p. 87).

Imogen Tyler's criticism, "that Goffman produced a stigma concept so toothless, and so emptied of power, is, given the history of this concept, an astounding achievement," reflects the frustration of people Goffman so casually reaffirms stigma against by denying the normalcy of (2020, pp. 100-101). Tyler's contribution to the understanding of stigma is tying it explicitly to systems of oppression and power which must be challenged rather than reinforced. Tyler stands apart by focusing on "what social scientific accounts of stigma frequently neglect, namely an understanding of stigma as embedded within the social relations of capitalism, colonialism and patriarchy" (2020, p. 8). Money—as in using corrections and the justice system to generate revenue and cutting costs as much as possible—is deeply entwined with the issue of unsupported incarcerated menstruation, and therefore so is capitalism, and this concept is examined further in [chapter 10](#). When it comes to menstrual stigma specifically, there is a very long history of men and the patriarchal systems using stigma power to silence women, such as the stereotype of the chatty woman or the nagging wife (Ferree, 2004; McHugh and Hambaugh, 2009). As Tyler discussed, there have been numerous practices and implements of torture which both physically silence and publicly humiliate any woman thought to be too chatty or who talked about things men disliked (2020). Menstrual stigma continues this tradition, and there are forms of menstrual activism which focus more on maintaining secrecy and adhering to stigma rather than dismantling it. "Product-focused menstrual activism, though it has some value in inserting menstruation into the public sphere, stops short of addressing the root issues of menstrual stigma and the shaming of menstruating bodies," and therefore fails to fully address the problem (Bobel and Fahs, 2020a, pp. 955-956). Again, the solution to menstrual discrimination in prison cannot be access to products alone.

Part of this stigma is what Bobel terms the ‘menstrual mandate’ (2019). As she describes it:

The mandate requires vigilant menstrual stain management and creative concealment of products before, during, and after use. It also suppresses discussion about periods except in certain company and under specific conditions. The menstrual mandate is a gag order (Bobel, 2019).

The stigma and silence around menstruation is so deeply internalized by the American public that it has a measurable effect on perceptions of someone’s competency and likability when their menstrual status is known (Roberts *et al.*, 2002). This is particularly problematic when menstruators are being judged specifically on those attributes with significant consequences, such as when incarcerated menstruators have parole board hearings or are brought in front of a judge, as explored in [chapter 8](#). Of particular interest is Bobel and Fahs’ version of ‘radical menstrual embodiment,’ which “promotes the capacity of menstruators to develop menstrual literacy, body sovereignty, and diverse menstrual subjectivities,” or support themselves and their menstruating bodies in whatever way feels right for them and their own relationship to menstruation (Bobel and Fahs, 2020a, p. 974). It also requires that menstrual activists make menstruation visible rather than turning to secrecy as the solution. This can be through public free-bleeding, as Kiran Gandhi did in 2015 when she ran the London Marathon with menstrual blood visibly staining her tights, or through other activities such as those suggested by other experts in combatting menstrual stigma (Gandhi, 2015; Stubbs and Sterling, 2020). This radical menstrual embodiment forces society to consider all parts of the menstrual cycle throughout a lifetime and in a variety of diverse bodies, and therefore works against stigma rather than for it.

Again, as Goffman established in 1990, stigma is a dynamic force. Characteristics that were once highly stigmatized can become normalized within society. For example, while they still face discrimination, the social standing of gay people in the U.S. has improved, going from 31% of American in favour of same-sex

marriage in 2004 to 61% in 2019 (during the same time period, moving from 60% opposed to 31%) (Pew Research Center, 2019a). These changes require publicly pushing back against existing power structures and drawing attention to stigma. This has specific consequences for the movement for menstrual equity, particularly that products alone are not, never have been, and never will be an appropriate response to menstrual stigma.

3.2.2. Menstrual Feminism

Focusing on menstruation draws attention to the body, which also draws attention to the different bodies which experience menstruation, including those in prison. Acknowledging the body and turning towards it instead of away utilizes the lesson of fighting stigma: instead of remaining silent, stigma is fought by demanding attention to itself (Tyler, 2020). Therefore, fighting control over and stigma of women's bodies requires a focus on those very bodies and processes, and demanding that they be recognized and normalized.

As Bobel and Fahs put it, "When we pay attention to menstrual health and its potential to inspire political resistance, we tap into a complex and enduring project of loosening the social control of women's bodies" (Bobel and Fahs, 2020b, p. 1001). The silence and hesitation to engage with menstruation leads to a situation where menstruators themselves are not given access to appropriate information on their own bodies and its needs – menstruators cannot be in control of their own bodies when they don't even have the ability to understand and properly support them (Olson *et al.*, 2022). Framed this way, frank conversations and education around menstruation don't just push back against stigma, they are the key to women and menstruators' bodily sovereignty (Bobel, 2019). 'Radical' menstrual activists also show how attention to bodies encourages diversity by being the ones to coin the term 'menstruator' as referring to all who menstruate, regardless of their gender, and "this linguistic move splits the biological (menstruation) from the socio sociocultural (the social construction of gender)" (Bobel and Fahs, 2020b, p. 1004). This focus on the body must include normalization and de-stigmatizing, which again underscores

the need for a solution based on more than just product access, which continues the ‘menstrual mandate’ of silence (Bobel and Fahs, 2020b).

The rate of disabilities for women in state prison is 50% and 40% for those in federal prisons (Maruschak, Bronson and Alper, 2021b). These numbers mean it is likely that some incarcerated menstruators are also disabled, a topic that is further discussed in [chapter 10](#). Just as incarcerated menstruators are forced to deal with a system that finds their natural, healthy bodily processes unacceptable, disabled menstruators must deal with care-givers who focus on their own convenience, sometimes to the point of sterilization (Nair, 2021; Steele and Goldblatt, 2020). Just as incarcerated menstruators are extremely under-researched and rarely given a voice, “there is very little written about disability and menstruation generally and what little there is is most often not written by disabled people” (Erin, 2016). For disabled menstruators, as with incarcerated menstruators, menstruation becomes a key site of challenging bodily autonomy and enforcing external control, with significant consequences. Even the type of product they use may be determined more by what is easiest for their caregiver than their own preference, and there are few tools that might help disabled menstruators insert or remove these products on their own.

The fact that menstrual activism has facilitated conversations around disabled menstruation shows how this body-centric perspective can help bring attention to numerous, previously overlooked concerns and supports a diverse population of menstruators. Focusing on the body and the experience of bodily processes also requires thought for the different types of bodies which share that experience. These bodies communicate various societal stigmas, such as disability, but also race and/or trans, non-binary, or queer status. Challenging the barriers to those individuals’ ability to control and have ownership over their own menstruating bodies very quickly ties in with the other ways in which their bodies are controlled. Intersectionality and challenging those structures is at the heart of menstrual activism, so this work must include it as well.

3.2.3. Intersectionality and Anti-Racist Feminism

For menstrual advocates, there is a simple, logical path to follow based on the literature. Menstrual equity means both access to necessary products for all menstruators and also removing the stigma from menstruation. As discussed, fighting stigma requires focusing on and giving voice to menstruation and paying attention to the body. Considering the menstruating body also means acknowledging the different bodies which experience menstruation. Considering these bodies means recognizing the way different bodies are impacted by different stigmas and different power structures. These different power structures and stigmas, such as the struggle disabled individuals have with bodily autonomy, must also be dismantled for these menstruators to be able to bleed in peace. Menstrual equity, therefore, means recognizing the different systems used to control different types of bodies and declaring them all an unacceptable intrusion on menstruation.

As Kimberle Crenshaw points out, “we can be at once both soldiers for social justice and keepers of ideas and priorities that simultaneously limit our vision of injustice” (Crenshaw, 2019, p. 8). Failing to act on intersectionality has consequences, just as attempting to address menstrual inequity only with products would have consequences. In *The Marginalization of Harriet’s Daughters*, Crenshaw uses intersectionality to explain not only how the first black President, Barack Obama, did not result in the liberation of people of colour in America, but also how it led directly to the Trump presidency (Crenshaw, 2019). As she says, “racial difference without an analysis of power leads to self-help/up-from-the-bootstraps strategies and tends to exclude more collective models of justice,” (Crenshaw, 2019, p. 14) much like Goffman’s discussion of stigma without the surrounding power structures turns it into a toothless concept. By focusing on race while refusing to discuss and dismantle racist systems, the way was paved for a man who represents the interests of those systems and the backlash against blackness in power (Trump). This lack of intersectionality has other consequences as well, such as the fact that legal systems and anti-discrimination

laws continue to see discrimination as based in race or gender, which fails black women (Crenshaw, 1989). It also tends to ensure that only the most privileged of a minority group are assisted, leaving those with multiple stigma burdens behind, such as incarcerated menstruators.

This is not to say that there are no black feminist critiques of intersectionality or that it has no weakness. As Jennifer Nash notes, “intersectionality has been rhetorically and symbolically collapsed into diversity, and thus taken up as an inclusion project that resonates with the mission of the so-called corporate university” (Nash, 2019, pp. 11-12). Intersectionality is invoked as an antidote to feminism’s tendency to see only white, middle or upper class, able bodies. It is seen as the core contribution from black feminism which has moved all of feminism forward, and by taking different bodies and struggles into account, implies that the work of black feminism is somehow over. At the same time, intersectionality and the demand to be heard and included by black women has been labelled as divisive, thus leading to the conclusion that, “black women’s demands... have fractured feminism” (Nash, 2019, p. 15). No wonder, then, that black feminists may feel defensive over the term, which Nash notes.

Intersectionality has become central to feminism and women’s studies programs across the country, a signifier of value and ethics and a useful tool, but does not necessarily bring with it a full recognition of black women’s intellectual labour. This criticism of claiming intersectionality without placing it in context, the spectre of Goffman’s stigma without teeth, foreshadows the next section and discussion of gender-responsive treatment in women’s prisons.

It is clear, then, that both failing to take action on intersectionality and also seeing it as a theoretical panacea to feminism’s problems is not a helpful response. How, then, does one appropriately operationalize such a concept? Patricia Hill Collins begins by describing it as continuing the legacy of interconnectedness of people, social concerns, and ideas (Collins, 2019). Most importantly, within the context of black feminism and black communities,

resistance requires both analysis *and* social action: ideas and actions are discrete, equal forces. As she says:

The resistant knowledge projects that have had the most influence on intersectionality didn't just study how racism, or heteropatriarchy or class oppression, were pillars of the social order, hoping to mitigate the damage done by such systems by producing ever more eloquent analyses of oppression. Instead, their reason for existing was to change these systems of oppression. Some did so via their ideas and arguments, whereas others placed more emphasis on political action. Significantly, these resistant knowledge projects incorporate a normative commitment to social justice, equality, freedom, and human rights as central rather than peripheral to their critical projects (Collins, 2019, p. 290).

The insight gained from continued analysis of oppression can be useful, but that information alone is not what leads to change. In the context of black feminism, particularly with respect to the long history of black women having to create their own community programs, intersectionality without any focus on action rings hollow. This echoes the debate between practice and theory. While academia has tended to see theory as the primary concept of the two, intersectionality and embodiment challenge that. If bodies matter, as this dissertation and selected literature will argue they do in the next chapter, and if the different bodies and experiences they lead to matter, then so do the people within them. 'Practice' is the recognition that there are real people suffering immensely under the current systems of power, and their suffering is connected and has consequences for others. With this understanding, practice and people are placed on equal footing with theory, with significant consequences later in this chapter.

Intersectionality requires both an analysis of power and also a commitment to some kind of action that challenges the oppressive systems being studied. Where intersectionality is invoked without a focus on challenging the systems which seek to interrupt the interconnectedness of people through racism, classism, sexism, etc., it is a theoretical project without legs. Intersectionality as methodology is a commitment to change. As the next section shows, without

this focus on pushing back against existing power structures, ideologies meant to be supportive and progressive can instead become new ways to reinforce the existing system. Like stigma without the context of power or feminism without embodiment, the idea becomes too toothless to foster social change.

3.2.4. Gender-Responsive ‘Treatment’ and Post-Release Success

The rise of gender-responsivity within the U.S. prison system is not an inherently bad thing: recognizing that women and men are not the same and have generally different needs and experiences is progress. Unfortunately, the way this concept has been operationalized, it has become a convenient mask for other issues in the prison system and some argue is an excuse to incarcerate more and more women through the guise of treatment (Chandler, 2010). There is a noted tension between programming which is focused on promoting the feminine ideal of docile, submissive, family-oriented women and promoting self-sufficiency and reliance for women. As previously discussed with Tyler’s ‘toothless’ statement (2020), the use of theory with no context for power or acknowledgement of the power structures within it is deeply problematic. In the case of many gender-responsive prison programs, failing to call power out means being doomed to uphold it, making this form of gender-responsivity a cautionary example.

The success of prison programming is generally measured by its impact on recidivism rates—a problematic focus. ‘Recidivism’ is frequently used as a marker of success for those who have been released from prison, standing for a person’s ability to avoid future interactions with the criminal justice system through rearrest or reincarceration. Unfortunately, the reality is not so simple. Because the interactions which recidivism is based on are so highly dependent on race through police targeting minorities (Pierson *et al.*, 2020), it does not measure a return to criminality as much as indicate racial profiling by the system (Kubrin, Squires and Stewart, 2007). The noted bias within the U.S. criminal justice system is also reflected in recidivism (Lindquist, 2021). There is also no standard

definition of recidivism, leading to comparison errors and missing data which does not paint a complete picture (Doyle, 2022). Furthermore, widely-used risk-assessment software focusing on recidivism has been found to be highly inaccurate and also racially biased (Dressel and Farid, 2018). Recidivism also puts emphasis on an individual to change rather than acknowledging the systems they struggle under and frames prison as a place of treatment, expounding the problems discussed in this section (Castro, 2018). For these reasons, while the references in this dissertation might discuss recidivism, this dissertation uses the term ‘post-release success,’ where success can mean any number of positive outcomes with a more holistic and equitable lens.

Female offenders have been highly medicalized and their mental and emotional needs have been the focus of much research on treatment options and efficacy. In their work on female offenders, Blanchette and Brown run through many of the most well-known theories of female criminality and gender-responsive services (2006). This includes the women’s liberation/emancipation theory that surmises women will start to resemble men in terms of crime once they achieve equality in other areas, economic marginalization theory which views female criminality as being driven by poverty, and socialization theories which see gender differences in crime as a result of different socialization and child rearing between men and women. As they say in their discussion on assessing women’s needs, “dynamic factors that are commonly cited as ‘women-specific’ criminogenic needs can be generally subsumed in the ‘personal/emotional’ domain and include low self-esteem, childhood and adulthood personal victimization and self-injury/attempted suicide” (‘criminogenic needs’ here meaning needs which have an impact on criminality and post-release success) (Blanchette and Brown, 2006, p. 85). Yet there is still a constant call for more research on justice-involved women and clearer answers to how much these emotional needs matter (Messina, Burdon and Prendergast, 2006; Messina *et al.*, 2010; Saxena, Messina and Grella, 2014).

Where the physical health of incarcerated women is specifically mentioned in Blanchette and Brown's discussion of the literature on gender-responsive therapies and treatment, it is presented only in general terms, noting that "not only do women exhibit more physical health needs than men but these needs are qualitatively different" (2006, p. 125). Antenatal care is mentioned once or twice in the preceding sections as a holistic treatment target, there is not a single mention of menstruation specifically or its accommodation in prison. As Chamberlen discusses over the course of her book, the body is intimately tied to internal concepts, concepts which Blanchette and Brown themselves have identified as significant in women's treatment (Blanchette and Brown, 2006; Chamberlen, 2018). The issue is not that emotions are unrelated to women's well-being in prison, but rather that the body is *also* tied to the very concepts which gender-responsive proponents see as key for women. Without any acknowledgement of the female body, even gender-responsivity for women is stuck in a male frame of reference by ignoring the bodily processes that set women apart and the effects that might have. 'Gender-responsivity' claims to focus on women's needs, but ignores any connected to the body or the effect that might have.

While gender-responsivity and understanding that women have specific needs is seen as a major step forward in the treatment of incarcerated women, there are still concerns around the trauma of incarceration itself, the implementation of these programs, and how LGBTQ+ individuals respond to these programs (Stuart and McCoy, 2023). As numerous departments of corrections have embraced gender-responsive ideology, there have been a growing chorus of voices questioning the implementation of what is called the "gender-responsive prison expansion movement" (Chandler, 2010). This movement is characterized by the belief that prisons can be places of treatment and safety and that the best place for the vulnerable women is, in fact, prison, despite the fact that prisons have a long history of abuse and discrimination against these same women (Gross, 2015; Perry and Hackett, 2016). Many of these gender-responsive programs focus on

how women can solve relationship problems with men, be better mothers, and deal with trauma and substance abuse, with little acknowledgement of other factors contributing to criminality and post-release success which the state itself supports, such as a lack of access to welfare services (Fleming *et al.*, 2021; Bumiller, 2013; Kruttschnitt, Joosen and Bijleveld, 2019). While the concept of gender-responsivity was originally intended to ensure women were given comprehensive services which were relevant to their lives, it has become primarily focused on mental health issues and teaching skills such as parenting (Covington and Bloom, 2000; Miller, 2021). Systems of oppression like poverty, race, abuse, and gender were identified as having had a large impact on women who became incarcerated, but nothing was done to address or acknowledge the fact that these problems persist within prison as well. Providing programming as the only solution is significantly easier than resolving the root causes, but it does not end the suffering of incarcerated women and menstruators. The fact that gender-responsivity fails to recognize the significance of issues like menstruation despite its impact on mental health, the trait which gender-responsivity focuses so much on, shows the necessity of embodiment and equity.

As this section has shown, the relationship between the physical body and feminism has been tense for many years. Unfortunately, “feminist psychologists spent considerable effort critiquing the idea that anatomy is destiny... This led to a form of denial of the impact of the reproductive body on the self” and a belief that the body is disconnected from one’s internal self and mental health (Chrisler and Johnston-Robledo, 2018, p. 91). Feminist researchers spent so much time refuting biological sexism that there became a hesitation to focus on the body – the site of such intense discrimination. As a result:

The most significant ideology which informs both classical and contemporary accounts of female criminality is a sexist ideology. It is sexist not because it differentiates between the sexes but because it attributes to one sex socially undesirable characteristics which are assumed to be intrinsic or 'natural' characteristics of that sex (Smart, 1977, p. 91).

The hesitation to embrace the female body in all its messy reality and challenge oppressive stigma directly is part of why gender-responsivity failed to create larger changes for incarcerated women. It is another example of stigma without teeth, power left unaddressed, and theory without action. It is not that the basic ideas behind gender-responsivity are bad, but rather that they require a reconnection to the body in order to be effective at supporting women.

Conclusion

Menstruators experience significant discrimination in a variety of forms in general society (Johnson, 2019). The solution to the menstrual stigma which drives menstrual injustice and unsupported incarcerated menstruation must be both shining a light on menstruation by embracing the body and calling out the systems of oppression which make this stigma possible, such as sexism, classism, racism, etc (Tyler, 2020). Shattering the menstrual mandate of secrecy discussed in this chapter requires turning our attention back to the bodies we inhabit (Bobel, 2019). This focus on the body also means a focus on the different types of bodies which menstruate, which ties to the different systems of oppression enacted on those bodies, such as ableism and racism (Nair, 2021; Crenshaw, 2019). This focus on the body as a connection to others and the forms of discrimination they experience is exactly what current gender-responsive programming lacks, which is why it has failed to affect the systems supporting that discrimination (Bumiller, 2013; Kruttschnitt, Joosen and Bijleveld, 2019). This need for a return to the body and recognition of its importance is further discussed in the next chapter in the specific context of prison.

Chapter 4 - Literature Review: Bodies, Prisons, and Power

This chapter examines the concepts of the body and the mind and the dichotomous relationship ascribed to them in the fields of sociology, medicine, and criminology. It then discusses the way gender influences power relationships, especially in a place like prison, through a review of sociological, criminological, and gender studies literature. The body plays a fundamental role in the experience of prison, and Sykes argues it is the lens through which prison impacts the psyche (2007). It will discuss how authority over the body translates into power, as can be seen in the case of prison health care (Sim, 1990). While the mind and the body are traditionally seen as a dichotomous pair where the mind is superior, the reality that menstruation highlights in women's bodies is that they are intimately connected and of equal importance (Grosz, 1994). This dissertation and the selected literature demonstrate that embodied criminology, like menstrual feminism, is a necessary step forward to better understand how prison affects women and menstruators (McCorkel, 2003). Focusing on incarcerated women, as Bosworth has done, instead of discounting them brings to light how prisons enforce a twisted version of femininity that harms women (2010). This is a part of the larger function of prisons, which some argue is primarily to generate and support inequalities (Fassin, 2016). As the previous chapter discussed, these inequalities must be challenged as part of the response to unsupported incarcerated menstruation. Therefore, structural change – the need to reject the current system which draws so heavily upon structures of oppression and punishment – must be part of the solution.

4.1. The Body in Prison

The tension with the body discussed in the last chapter with regards to feminism also exists in the fields of criminology and sociology (Shilling, 1991; Kitzis, 2023). The body is the site of interaction between the incarcerated individual and the

prison regime and shapes one's experience of the world around them. Just as feminism has struggled with fully embracing the body, so has sociology, which "has effectively left the way open for the increasing influence of sociobiology, which takes ideological understandings of the natural inevitability of certain bodily processes and practices and presents them back to us cocooned in scientific language" (Scott and Morgan, 1993, p. 5). There is a clear need for criminology and sociology to reorient towards the body with an understanding that it is both a biological and social construct, just as there is a previously discussed need for feminism to do the same.

4.1.1. The Harms/Effects of Prison

The body shapes one's experience of incarceration. This does not just refer to the issues with proper nutrition or physical comfort which are common in prisons (Holliday and Richardson, 2021; Rice, 2016b; Annarelli, 2023), but also the ways in which the body and physical space impact the psyche (Lackner, 2024). Yet even where the body is acknowledged, it rarely goes beyond the cis male default. Since Sykes first made waves by conceptualizing how the harm to the body harms the psyche, there has not been enough movement forward on this (Sykes, 2007). Even today, women's bodies, as well as the bodies of women of colour, LGBTQ+ individuals, and disabled individuals are conspicuously absent from both literature and theory, leaving a significant gap in understanding.

Sykes' *Society of Captives* is, much like Foucault's work, seen as formative for many today even though it was originally published over half a century ago in 1958 and does not focus on women or their offending (2007). Men are the only ones that function as society or captives and the author's generalizations are presumed to apply to everyone. Despite this failing towards women, not to mention men of colour, his discussion around the pains of imprisonment is still useful. His ability to conceptualize and give name to the *Pains of Imprisonment* which go beyond the physical difficulties of prison but are still centred on the body solidified the idea in Western penology that "the destruction of the psyche

is no less fearful than bodily affliction” (Sykes, 2007, p. 64). The pains he listed are:

1. Deprivation of Liberty;
2. Deprivation of Goods and Services;
3. Deprivation of Heterosexual Relationships;
4. Deprivation of Autonomy; and
5. Deprivation of Security (Sykes, 2007).

The lack of focus on how these pains might be interpreted through different types of bodies has left much for later researchers to address. For example, the *Deprivation of Liberty* is not only the individual’s confinement to a correctional facility, but also their confinement within that facility to certain areas depending on time of day, etc. – a double loss of liberty. For those who menstruate, as will be discussed in [chapter 10](#), there is a treble loss of liberty when they are technically allowed to move around but prevented by concerns of managing their menstrual flow. *The Deprivation of Autonomy* is a reflection that the prison environment is intended to control all actions of the incarcerated people it houses, down to minute details. The pain here is not from the obvious rules which benefit everyone and play a clear purpose, but those which seem totally arbitrary and do not contribute to any identifiable goal other than control for control’s sake. In fact, “it is precisely the triviality of much of the officials’ control which often proves to be the most galling” for incarcerated people (Sykes, 2007, p. 73). For those who menstruate, this bodily process creates opportunities for further control which non-menstruators are not subject to.

Punishment and Critique spends some time discussing Foucault and the reactions to his work, however the focus is on moving forwards a feminist analysis of penalty (Howe, 1994). While Foucault continues to loom large in the field of criminology due to his insight into penalty and discipline, neither he nor his contemporaries spend much time on gender. As Howe puts it, “feminist research initiatives have remained... disparate empirical studies which are still today missing the benefit of a sustained critical dialogue, let alone an active theoretical engagement with issues raised by critical but non-feminist analysts” (1994, p.

101). The recurring theme of Howe's work is that women are significantly more punished and controlled in prison than men because they are being made to comply with society's definition of acceptable womanhood rather than being 'treated' or 'rehabilitated' for any actual criminality. Additionally:

Two key factors in the continuing neglect of women prisoners are the insignificance of their numbers and of the offences they commit relative to male prisoners in Western jurisdictions. It is precisely because they pose such a small threat to social order that women prisoners in North America, France and the United Kingdom have simply not been considered to be a 'social problem' warranting close attention (Howe, 1994, p. 127).

As far as the poststructuralist questioning of what 'women' can mean given the diversity of experiences and identities, particularly in a dissertation which separates women from menstruators and menstruation, Howe argues that the point of postmodernism is not to destroy foundational categories but to be mindful of who these categories exclude and who they authorize. As she says, "the most effective strategies on behalf of women prisoners will be those which persistently contest the categories 'woman' and 'prisoner' as well as the subject-position of the feminist prison activist outside the walls" (Howe, 1994, p. 143).

Elaine Scarry's *The Body in Pain* also relates to the harms of prisons through a focus on the body and discussion of pain and torture. Scarry's work can be broken down into three arguments: that there is a particular difficulty in expressing pain, that this difficulty has significant consequences, and that expressibility is connected to creation. And from the very beginning, there is an awareness of the irony that pain's own resistance to expression also requires it – that "verbally expressing pain is the prelude to the collective task of diminishing pain" (Scarry, 1985, p. 9). After all, if something can't be talked about then it can't benefit from collective action through political representation. The fact that two people can be standing side-by-side and one can be unaware of the other's pain makes it easy to dismiss or diminish that pain, which creates a power differential that only the expression of that pain – to the point that the other acknowledges its existence – can address. As Scarry puts it:

The failure to express pain—whether the failure to objectify its attributes or instead the failure, once those attributes are objectified, to refer them to their original site in the human body—will always work to allow its appropriation and conflation with debased forms of power; conversely, the successful expression of pain will always work to expose and make impossible that appropriation and conflation (1985, p. 14).

Scarry's work underscores the importance of addressing the lack of (non-cis-het-white-male-able) bodies in the literature through language, which complements the previous discussion of how stigma must be fought with focus on that stigma. Shying away from the body, seeing it as a purely biological construction which has no social significance, only allows the stigma or sociobiology to persist. Women's bodies and bodily processes have been and continue to be ignored by the majority of literature and theory, leaving significant gaps in understanding – such as failing to consider menstruation in confinement. One of those gaps, discussed in the next section, is how women in particular have been subjected not only to correctional power but also medical power – a double subjugation to two different patriarchal forces.

4.1.2. Medicine and Power in Prisons

The issue of unsupported incarcerated menstruation shines a light on the argument that prison medicine is focused primarily on control, especially for incarcerated women. Rather than pushing back against correctional authority and despite multiple major health organizations publicly supporting better access to menstrual products, control over access to products remains in the hands of politicians, wardens, and individual guards and correctional officers (COs) (American College of Obstetricians and Gynecologists, 2021; National Commission on Correctional Health Care, 2020). As the selected literature will discuss, where there is no separation between carceral authority and medical authority, medicine inevitably becomes another way to address and 'treat' the deviance which led people to prison. Women and people of colour are targeted by this medicalized understanding of deviance, to the point where they are forced to either accept a hasty diagnosis and massive over-prescription of psychotropic medications or be punished in ways that can be deeply

psychologically damaging (Brown, 2020). Lastly, even with the relatively small amount of research on medicine for trans people in prison, it has been found that access to gender-affirming care has become dependent on accepting a framework which adds yet another layer of stigma and oppression to their lives, and rejection of this framework can mean no access to proper care (Lee, 2008). As will be discussed, for women, racial minorities, and trans or nonbinary individuals, medicine in prison has been turned into a way of further stigmatizing, drugging, and placing the blame on individuals more than providing informed care or support for vulnerable people.

One of the foundational works discussing the role of prison doctors is Joe Sim's *Medical Power in Prisons*, which tracks the rise of the Prison Medical Service in the U.K. (1990). There is a long history of concern over the treatment and health of incarcerated people and questions regarding what is appropriate for people convicted of crimes. As the assumed authorities on medicine, prison doctors' authority traditionally was used to justify and reinforce prison discipline. Medicine within prison was framed in terms of regulation as, "the issue of internal prison discipline and external social discipline intertwined and overlapped and emerged as the ground on which the doctors stood when making their judgements about prisoners" (Sim, 1990, p. 17). While other foundational works discussed in this chapter have failed to acknowledge women and other non-cis-white-men, Sim does turn to ethnic minorities and women and their particular experiences within his book. Not only have Black people been overrepresented in the U.K. carceral system, they have also been the overwhelming target of medical authority through heavier medication and disproportionate referrals to psychiatric care by courts than their white counterparts (Sim, 1990). This is similar to the situation in the U.S., where Black women are over-incarcerated (see [chapter 2](#)) and have also been targeted by prison medical authorities (Whatcott, 2018). Prison medicine absorbed the goals of regulation and normalization of the 'surplus' populations, the non-white and the non-men, and created another form of discipline which incarcerated

individuals were subject to. For women, the goal of returning them to their 'normal' role in society "legitimized a level of intervention and surveillance which was much more intensive than that experience by criminal men" (Sim, 1990, p. 129). According to Sim, the goal of rehabilitative efforts was explicitly to remake the incarcerated woman into a wife and mother, no matter if she had rejected those things, and to fit the definition of femininity according to the state and medicine. Sim discussed how women were frequently placed in solitary confinement or drugged to circumvent their attempts at rebellion, and citing the source of their unruliness as their biology gave doctors even more power over them.

This use of medicine as another form of control, particularly over women, extends beyond medicine for the physical body and into psychology and psychiatry, or mental health interventions. Studies focusing on mental health 'treatment' in prison reveal the lack of social services in the general population which then lead to poverty, homelessness, and addiction, causing the very trauma these mental services in prison seek to treat. Prisons justify punishing those who refuse this 'treatment' with segregation and denied release by "reconstructing women's needs... as risk factors for potential recidivism upon release and as resistant or threatening behaviour (to themselves or to others) while in prison" (Kilty, 2012, p. 165). None of the mental health interventions in prison combat the source of the problems faced by those who have been incarcerated like stigma against the incarcerated, difficulty finding a job, loss of custody of children, or difficulty finding housing because none of these are issues with the individual, they are issues with the system. In the same way, solutions for unsupported incarcerated menstruation which focus on the individual's access to products and not the prison system which enabled this problem cannot fully succeed.

Prescribing psychotropic medication in the prison setting is particularly problematic given the hierarchical relationship between psy and correctional mandates – where psy care is executed through a correctional system that inherently prioritizes security and carceral

power over therapeutic care. Due to the fact that provincial and federal correctional systems are responsible for providing mental health care to prisoners a power imbalance exists between psy and medical experts and the correctional administrators to whom they are accountable and the prisoner-patients. [where 'psy' refers to both psychology and psychiatry] (Kilty, 2012, p. 168).

Kilty's research carries additional weight given that it is one of the few studies which incorporates the voices and perspectives of formerly incarcerated women

It is, of course, important to note that menstruators who are not women, such as trans and nonbinary individuals, also have the power of the prison medical system weaponized against them in somewhat different ways. As of 2008, Wisconsin explicitly banned not only hormone therapy for trans individuals but also any kind of gender-affirming surgery, and many other locations denied gender-affirming care even without a law (Lee, 2008). While advocates have argued that denying this care to those who have diagnosed Gender Identity Disorder is a violation of the 8th Amendment against cruel and unusual punishment, this framework medicalizes trans and nonbinary individuals as sick and in need of medical intervention, which also ignores trans and nonbinary individuals who are uninterested in or unable to afford such interventions. As Lee says, "Being labelled disabled or disordered is deeply offensive to many and can be especially objectionable to those who do not feel physically or mentally limited in any way" (2008, pp. 457-458). Thus, in order to get access to care, those seeking gender-affirming medical interventions are forced to apply this framework to themselves and go through mental health professionals, who become gate-keepers to care.

Thus, what Sim conceptualized in 1990 and showed as the problematic relationship between the carceral state and healthcare for incarcerated individuals in general becomes even more layered and more fraught when applied to women and menstruators. Deviancy in women has become medicalized to the point where refusing to accept a diagnosis or prescription becomes a reason to punish rather than informed non-consent. This demand that

women allow themselves to be drugged into what they describe explicitly as a zombie-like state then allows facilities to save money on stimulating programming (Kilty, 2012). Trans and non-binary menstruators seeking any kind of gender-affirming care are forced to see themselves as disabled and in need of treatment. For a population which is already heavily stigmatized and discriminated, this adds yet another layer of oppression due to ableism. Where menstruation specifically comes in, as will be discussed in [chapter 10](#), the medical profession may also insert itself through humiliating procedures to prove a need for additional products or absent itself from acknowledging that menstruation is a healthy function of a normal body requiring support.

4.1.3. Sociology of the Body

Again and again, the references discussed in this section make the points that the mind and the body deserve equal attention and consideration, and that the idealized dichotomy of one versus the other discounts the way in which they influence each other (Grosz, 1994; Turner, 2008). As has been discussed previously and throughout this dissertation, the mind and the body are not two different entities with a hard boundary between them. Social interactions impact and leave marks on the body, and the body and its condition impacts the mind through mental health and wellbeing. This thesis argues that the tradition in academia of minimizing or ignoring the body, as if it did not also generate and contribute to theory, has left holes in our understanding, such as the almost total lack of research into incarcerated menstruation.

Feminism was not the only discipline to push back against the way biology and the body itself were used to essentialize and reduce the people they contained. Sociology also distanced itself from the body and bodily processes, considering them purely biological constructions. Additionally, as Scott and Morgan say, “rationalities have tended to open up distinctions between the ordered, the controlled and the abstract on the one hand, and the disordered, the uncontrolled and the concrete on the other, with the relegation of the body and bodily matters to the latter, implicitly discredited, set of categories” (1993). The

fact that the body was seen as messy and inherently lesser than rational theory is what allowed inaccurate sociobiology to flourish in the first place. The return to the body, and both the understanding that it should be seen as equal to theory and also that the body and mind aren't a discrete dichotomy is an attempt to correct this. In terms of menstruation, the social understanding of women as reproductive subjects before all else who should be constantly pregnant or lactating runs directly counter to an understanding of menstruation as a normal bodily process, since it only happens in the absence of reproduction.

As Shilling points out, "a social analysis of the body is central to understanding the production of gender inequalities, and... sociologists should take more seriously the multiple ways in which bodies enter into the construction of social inequalities" (1991, p. 653). Again, citing the influence of biological determinism within sociology, Shilling expands on Bourdieu's concept of embodied capital (Bourdieu, 1986) as a reason why sociology must use the body to understand gender inequalities. Using the concept of 'physical capital' as the social formation of bodies, or the body as a social construct as well as a biological one, physical capital is developed in ways which are heavily dependent on socioeconomic class. As Bourdieu shows how physical capital is linked to socioeconomic inequalities, Shilling now shows how gendered bodies are linked to social inequalities by examining the relationship between physical capital and gender (Bourdieu, 1986; Shilling, 1991). Using the dialectical approach, which allows for bodily changes through individual effort and unchosen circumstances, gender is not something built into the body but is repeatedly reinforced and imposed upon the body by the individual owner and by society. Furthermore, she argues that a body's social location can be influenced by social inequalities. These inequalities can be overcome to create new orientations towards one's body and increase one's autonomy but requires resources. Thus by understanding the body and how it is constructed, i.e. physical capital, one must also understand the social inequalities affecting it (Shilling, 1991).

One of the major impacts of the way sociology ceded the body to biology is the creation of the dichotomy between the self and society. “The emphasis in sociology on the socially constituted nature of social being resulted in an implicit position that the body of the social actor is a largely inconsequential feature of the self-in-society perspective,” or that there is no relationship with the corporeal body at all (Turner, 2008, p. 35). This leaves space only for an understanding of sociology that sees social interactions at the micro/individual and macro/organizational level depending upon the social actors. Yet the force of the state acting upon individuals is felt at the level of the body, as Foucault noted (Foucault, 2019). Turner’s sociology of the body is grounded in this history of being both absent from theory yet central to government, and has four main points:

1. The body is both biological/natural and societal/cultural for individuals and groups of people.
2. The body is influenced by the state at the individual and population level, where population interests are supreme.
3. The body is the site of political struggle, as it is the focal point between authority and the individual and shapes societal roles.
4. There is a sharp distinction between the self and the body (2008).

It is this last point which this dissertation takes issue with. The concept of the body as neatly divided into social and biological with a hard boundary between the two is a continued remnant of the positivism that saw the body as entirely natural/biological. The case of menstruation will show how easily the biological and cultural can influence each other, where cultural understandings of menstruation influence personal reaction to it and potentially lead to further biological symptoms of menstrual distress, as an example from this thesis. It will argue that the body and the self are not exactly the same, nor can they be easily disentangled from one another.

This concept of a mind and body that are not at odds with one another and where the mind is not considered the superior of the two is examined by Grosz as a way of furthering the understanding of sexual difference and generating a corporeal feminism (1994). Rather than a dichotomy that sets forces in

opposition to one another, or a monist model of the mind and body as a single entity with various attributes:

Bodies and minds are... somewhere in between these two alternatives. The Mobius strip has the advantage of showing the inflection of mind into body and body into mind, the ways in which, through a kind of twisting or inversion, one side becomes another. This model also provides a way of problematizing and rethinking the relations between the inside and the outside of the subject, its psychical interior and its corporeal exterior, by showing not their fundamental identity or reducibility but the torsion of the one into the other, the passage, vector, or uncontrollable drift of the inside into the outside and the outside into the inside (Grosz, 1994, p. xii).

This understanding of bodies follows Grosz's main objectives for a corporeal feminism which include an understanding of the body as both cultural and biological at the same time, rejecting biological essentialism, and recognizing that bodies come in a variety of races and sexes that fundamentally affect every aspect of the lived experience. As Grosz suggests, rather than using one type of body as the default template for all humanity, there should be a field of body types to consider.

Shildrick echoes this point that corporeality has no universal template. Where this universality is claimed, "the male body (in its own various constructions) is posited as the natural standard against which the female body is measured and valued – as inferior, as different, as insubstantial, as absent" (1997, p. 44). When it comes to ethics, Shildrick holds that, "both the material body and the female are positioned as other to the transcendent subject and denied expression in ethical paradigms" (1997, p. 9). Despite the fact that biomedical ethics are focused on someone's body and how that body should be treated by others, the physical body is markedly absent from discussion. This mirrors the same pattern in feminism and sociology which have been previously discussed. In particular, the female body is 'leaky' in the sense that it lacks the definite boundaries of the male body (Shildrick, 1997). The fact that female bodies cannot be regulated in the same ways as male bodies, the way in which they perform a repeating biological process regardless of the feeling of the owner which blurs the

boundary between inside and outside, logic and nature, was and has been used as an excuse to deny their full humanity. According to Shildrick, without this humanity and autonomy, they cannot be ethical subjects, but only objects upon which ethics are imposed. And if they are incapable of being full subjects, then that allows for significant control over those bodies by those who have that capacity of subjecthood and who ostensibly know better than the female-body-owners themselves.

So, femininity is seen as uncontrollable, providing men and the patriarchy the chance to demonstrate their rational masculinity by forcing a measure of control upon it, but femininity is not inherent. As Bartky points out, people are born with (traditionally assigned at birth) male and female bodies, but femininity is an artifice which must be constructed and imposed with regular discipline (1990). It is the unequal weight of and response to the discipline placed upon female bodies which makes the owner feminine. Bartky argues that because the female body resists such constraints, the owner of that body is encouraged to see it entirely in opposition, reinforcing a false boundary between the body and the self. While it is true that certain groups police femininity more than others, “the disciplinary power that inscribes femininity in the female body is everywhere and it is nowhere; the disciplinarian is everyone and yet no one in particular” (Bartky, 1990, p. 74). While Foucault’s focus was on how specific groups operated discipline on the body, women are subjected to a form of discipline which is pervasive and anonymous in which even a stranger may participate (2019). In fact, Bartky asserts that women in modern societies frequently assert this discipline against themselves as a newer form of sexist domination.

In Judith Butler’s understanding of the ‘materiality of the body,’ the concept of sex as an inherent feature of the body is cast aside (2014). Instead, sex is an ideal construction of society that is materialized through regulated practices and based on societal norms. The repetitive nature of the practices that mark the sex of a body make clear that the body never quite achieves this idealized version, that – ironically – sex is never fully materialized. Furthermore, this need for

repeated imposition of sex upon a body opens up the possibility of different practices which could be imposed, of different ways of being. As Butler says, “in this sense, what constitutes the fixity of the body, its contours, its movements, will be fully material, but materiality will be rethought as the effect of power, as power's most productive effect” (2014, p. 2). This argues that even those physical, fixed features which are typically seen as inherent, biological aspects of the body are actually the effect of power and regulation working to create a dynamic, physical organ. In this way, the materiality of bodies cannot be separated from the power and force which is acting upon them. It is through this materialization of sex upon the body that identities are formed. As the imposition of one sex versus another allows the production of identity while closing off other options, “the subject is constituted through the force of exclusion and abjection” (Butler, 2014, p. 3).

As mentioned in the last chapter, where women's gender-specific needs are even acknowledged, programs generally focus only on emotions, as if the mind and body could be segregated from each other (Stuart and McCoy, 2023). This dissertation argues that the body and the mind are both integral parts of the self, and therefore of equal value and importance. This point has generally been ignored or minimized in much of academic literature, which traditionally places the mind and theory above all else. But the brain is not a floating pilot in the shell of the body. The body impacts the mind, and vice versa, and therefore the boundary between the two is less definite than generally assumed. Taking all this into account requires a radical shift in focus but has the potential to significantly contribute both to the understanding of the body and the mind, as advances made thanks to embodied criminology show.

4.1.4. Embodied Criminology

Understanding the consequences of unsupported menstruation in prison requires putting the menstruating body at the centre of consideration, a form of embodiment. As further discussed in chapters [8](#) through [10](#), embodiment is a necessary response to a system which has failed to provide for a basic bodily

function. Traditionally, the body is seen as inferior to the mind, which is targeted as though it is a discrete entity which can be effectively removed from the setting of the body. This is how many gender-responsive programs in women's prisons function, targeting things like emotions and wellbeing even as they ignore the physical conditions and pervasive threats of sexual violence from guards, as if those did not also have an impact on emotions. Embodied criminology highlights not only the ineffectiveness of this scheme, but also shows how embodiment and the consideration of bodies naturally leads to more consideration of the diverse forms of oppression based on bodies and how to address them.

Embodiment, in this context, means more than just keeping menstruation in mind while reviewing common prison policies. The general concept of embodiment is that the mind and body are intertwined and the body plays a key role as the site of all interaction with the world around us (Chrisler and Johnston-Robledo, 2018). It is the specific experience of living in and perceiving the world from a particular body. "A central tenet of embodiment is that the physical self is socially constructed, not simply biological, and so examination of the body builds knowledge about the social identity, relationships, institutions, and geography that produce its physicality," which is to say that embodiment is the recognition that bodies are both biologically and socially created and modified (Smoyer, Divita and Perrault, 2021, p. 174). This social aspect is the way in which the body informs self-identity through one's self-worth, how others see and react to it, and one's own reaction to it (Tolman, Bowman and Fahs, 2014). The body shapes the way one experiences the world around them, and the world in turn leaves marks on the body which can also affect the inner self.

In terms of criminology then, the body is where the power of the state meets the 'transgressive' individual. Regimes of punishment are focused entirely on the physical body, as Foucault argued (Foucault, 2019), whether incarceration, monitoring, capital punishment, torture, etc. Making the physical body the primary site of inquiry immediately highlights the different types of bodies, which

bodies are recognized and which are forgotten, and the way in which certain bodies with certain histories can fundamentally change the experience of incarceration. As Bosworth and Kaufman say, “the notion of embodiment... becomes a way to reconsider how and why particular punishments express particular social meanings” (2012, p. 13). In the case of incarcerated menstruation, for example, there is no way to understand the punishment of wearing menstrual-stained clothes without understanding the stigma and societal reaction to menstruation.

As prisons are places where the institution, the staff, and the incarcerated individuals are all deeply focused on incarcerated bodies, it is an obvious place for an embodied lens. The amount of embodied research on prisons, especially as a way to understand the needs of minority and/or vulnerable populations, has been slowly growing, with examples from Switzerland, men in Louisiana, and Israel (Kitzis, 2023; Cloud *et al.*, 2023; Marti, 2022). Anastasia Chamberlen, while not focusing solely on menstruation, does talk at length about the embodied experience of women in U.K. prisons (2018). In her estimation, the lack of research on punishment and the female body has left continued the tradition of male-centred theories and frameworks, and this leads to the paradox of “women prisoners, in that they are treated differently from men, while also being treated as if they were men (i.e. by being imprisoned in regimes designed specifically to men)” despite their differing mental and physical needs (Chamberlen, 2018, p. 42). For example, women and menstruators are treated as if they were cisgender men when menstruation is not provided for. These women and menstruators suffer strong emotional consequences as a result of this lack of consideration for menstruation. Theories of treatment which focus on emotions lead to programs which do not address the original problem – the lack of access to menstrual products and lack of support for incarcerated menstruation. The fact that incarcerated people become so focused on their bodies is an essential part of understanding the harms of unsupported menstruation, because physical

experiences can have a profound effect on women's internal senses of themselves.

Entering prison was a highly emotional and volatile moment, and many explained that their experience of imprisonment made them “notice” their bodies more than they would outside. This made them more aware of themselves as embodied beings, but also emphasized aspects of prison life. They noticed and felt their bodies more acutely due sometimes to their effects of drugs detoxification, but mostly to the prison's pains and punishments being inscribed directly onto their bodies (Chamberlen, 2017, p. 130).

This heightened body awareness may be particularly difficult for those with a previous history of abuse.

The problem is not menstruation itself, nor is it the female body—especially important to note given how often sexist criminological theories blame the female body. The problem and its frustrations are a direct result of a failure of the prisons to properly care for menstruators, yet as we see in Chapters [8](#) through [10](#), the menstruators are the ones who are punished for it. As noted by Chamberlen, menstruation actually has the potential to be a positive change for those who were addicted to drugs and/or in poor physical health before their incarceration as it shows a return to health and encourages a sort of camaraderie among women (2018). Unfortunately, because prisons fail to support menstruation ([chapter 7](#)), because prison can cause a number of bodily changes, because so many incarcerated women have already experienced significant trauma around their bodies ([chapter 2](#)), and because bodies are so intensely focused on in prison, without support these changes can be destabilizing and affect women's identities and sense of self through the connection between body and mind (Chamberlen, 2018; Harlow, 1999; Chamberlen, 2017; Clarke and Waring, 2012). The lack of focus on women's bodies in rehabilitation and treatment efforts, including those which aim to be gender-responsive, means that “for many women, the experience of imprisonment offers an opportunity for bodily change which is not emotionally sustainable, and which results in a deeply damaged body image and a scarred subjectivity” which persists after

release (Chamberlen, 2018, p. 84). Or, the lack of embodiment in women's prisons results directly in additional harm to menstruators both during *and after* incarceration.

4.2. Prison, Power, and Gender

Prison means something different for cisgendered men than for others. This is not to say that cisgendered men don't also suffer terribly under regimes which reinforce racist, classist oppression, but the way in which power is enforced on the body and type of control is different. The fact that prisons incarcerate such high rates of women (Institute for Crime & Justice Policy Research, 2022), despite the fact that they commit fewer and less violent crimes (Kajstura and Sawyer, 2024), suggests that prison is not about crime. Instead, it seems that prison has increasingly become focused on imposing patriarchal control on women, particularly low-income and women of colour, and on trans and non-binary individuals. This has been true since prisons began, as Bosworth points out, yet there has been a willingness by the American public to allow extreme, blatant sexism in prisons which would not be tolerated in other locations (2000). For those who claim to be in support of women's rights and gender equity, the obvious response to the U.S. prison system is significant structural change, discussed at the end of this section.

4.2.1. The Sociology of Imprisonment

Authority in prison takes on a distinctly male character, which impacts how it is experienced (Bosworth and Kaufman, 2012). While incarcerated (cisgender) men may experience prison authority as some anonymous figure at the end of a long chain of command (Foucault, 2019; Crewe, 2007), they do not have menstruation as an added lever of power to deal with. Where discretion may be an important part of keeping the peace in a men's prison, it has the potential to add significantly to the problems faced by women and menstruators (Liebling, 2000). For all incarcerated people, the experience of imprisonment is deeply harmful to

their inner self, which makes it harder for them to succeed after release (Sykes, 2007). In this way, prison perpetuates itself.

In Ben Crewe's discussion of a men's prisons in the U.K., he talks about the way the incarcerated men experience power, in particular with regard to recent reforms that had been enacted (2007). Rather than personally embodying the authority of the system, post-reform guards were seen more as implementors of decisions which came down to them. There was a sense of authority being dispersed, remote, and abstract, with a buffer-zone between the incarcerated person and the hard line or wall of anonymous authority. As is discussed throughout this dissertation, this is precisely the opposite of how authority is generally felt by incarcerated menstruators, who are largely at the mercy of individual guards with complete authority over their access to menstrual products. Control over menstrual products and a guard's discretion to enforce rules conflicting with menstruation, discussed in [chapter 8](#), means these guards ultimately also have authority over an incarcerated menstruator's release date through 'Good Time' or its denial. Similarly, where Crewe saw dissent in a men's prison as heterogeneous, where "individual [incarcerated people] will resist and comply in relation to the particular modes of power that address their values, aims and expectations," dissent through menstrual solidarity, which will be discussed in [chapter 9](#), was a common experience for incarcerated menstruators (Crewe, 2007, p. 265). While menstruators still have different reactions to incarceration in general, this thesis finds that there is a common thread of menstrual solidarity as dissent, which is completely overlooked by focusing on cisgendered men/non-menstruators.

As Alison Liebling's research suggests, concerns of dignity and humanity, can make a fundamental difference in the experience of incarceration (Liebling, 2011). By noting that "very high but variable levels of distress, shown to be highly correlated with institutional suicide rates, can be explained by significant differences in levels of respect, fairness and humanity shown to prisoners by staff," and by explicitly tying menstruation to the concepts of dignity previously

in this chapter and in [chapter 9](#), it becomes clear that failing to acknowledge or support incarcerated menstruation can have profound consequences (Liebling, 2011, pp. 532-533). As Liebling points out, indifferent, punitive, and unfair treatment has a significant impact on well-being – a possible factor in post-release success (Link, Ward and Stansfield, 2019). This is an unfortunate reality given the level of discretion prison employees are afforded regarding how they apply the rules. While this discretion is meant to reflect the fact that these employees may sometimes compromise or negotiate to maintain order, “they may [also] use their vastly underestimated discretion against legitimacy and not for it” (Liebling, 2000, p. 340). As Liebling points out, discretion for prison employees reflects the understanding that, were they to enforce all rules exactly as written equally on every incarcerated individual, it would not help maintain security. Within this is an inherent understanding that the rules of prison are unjust and impossible for any incarcerated person to fully comply with. It is not the rules which prison officers are trying to assert but their authority over incarcerated individuals, as this authority is what allows the smooth operation of prison (Liebling, 2000). Liebling argues that in order for this authority to exist, incarcerated individuals must see it as at least somewhat legitimate or serving some rational purpose. When an officer chooses to enforce a rule that isn’t usually enforced or chooses to interpret a rule in a particularly punitive way, this diminishes the legitimacy of both the officer and of the prison system. With regards to menstruation and this thesis, when guards strictly enforce blatantly unfair rules on menstruators rather than using their power of discretion, they are specifically asserting their authority as (cisgendered) men or as representatives of the power of cisgendered men over women and menstruators. For the many women and menstruators who reject that authority, this undermines and delegitimizes the authority of the facility and entire system which these guards represent.

Goffman’s characterization of total institutions is that they are places where fundamental boundaries are broken down (2017). This primarily refers to the way

in which spheres of life which are generally separate such as work, leisure, and sleep are collapsed together, but it can also be applied to the incarcerated individual's own person, both physical and mental. Once an individual enters a total institution such as a prison, they begin "a series of abasements, degradations, humiliations, and profanations of self" which break down the boundaries they previously set for themselves and the world (Goffman, 2017, p. 14). Goffman argues that, physically, an incarcerated person is held far from their families and support networks, subject to routine invasive strip searches and hair cutting, and exposed to generally poor prison conditions while they are also subject to attacks on their mental image through society's rejection, an enforced lack of almost any personal property, and daily humiliations from guards and basic prison processes. As this dissertation explains, for incarcerated women and menstruators, these humiliations take on extra meaning, such as being strip-searched while menstruating (discussed more in [chapter 9](#)). Even the stripping of one's name can be expected in these types of institutions, a "great curtailment of the self" which is mentioned again in the conclusion of this dissertation (Goffman, 2017, p. 18). All of these processes and humiliations which attack the self have may have significant consequences for success after release from incarceration through its impact on mental health (Bales *et al.*, 2017).

According to the sociological literature in this section, prison is a process of humiliations aimed at the incarcerated person's self which are enacted daily by staff who can choose to be unnecessarily cruel at their leisure (Goffman, 2017; Sykes, 2007). While this discretion to enforce some rules and not others is seen as a way in which prison guards can maintain order, it raises the question of why there are so many harsh rules that enforcing all of them equally would destroy that order (Haggerty and Bucarius, 2020). Rather than being a positive feature, it shows the capricious nature of prison rules, and it creates a particularly dangerous situation for women, who may have that discretion used against them. While men may experience power in prison as an anonymous, dehumanizing force which is mitigated by the individual guards (Crewe, 2007),

for women and menstruators, this thesis finds that it is much more likely to be personal and enacted upon them by individual guards.

4.2.2. Feminist Criminology

Prison, for women, is not about crime, nor has it ever been, as Bosworth discusses (2000). Instead, she argues that it is about dealing with women who have transgressed socially in some way. Selected feminist criminological literature depicts prison as the ultimate expression of male authority over the bodies of women. It is a part of societal condemnation of women who fail to fit into traditional standards of femininity (or traditional cisgendered standards for menstruators), and of white, upper and middle-class feminism abandoning those women and menstruators who are the most vulnerable out of a refusal to even see them as part of their own identity group. Incarcerated women are generally not thought of as women (Carlen, 2021), so even groups whose purpose is fighting for women's bodily autonomy do not generally have advocacy campaigns for them. Women's prisons and the growing rate of incarceration for women despite their lower levels of crime in general and violent crimes (Rennison, 2009; Kajstura and Sawyer, 2024) seems to be about enforcing gender norms violently upon the bodies of these 'criminals,' allowing behaviour that would not be accepted in any other area of government.

In her case study of the Scottish prison, Cornton Vale, in *Women's Imprisonment*, Pat Carlen argued that incarcerated women were ignored, denied, and "defined out of existence" by the prison system (2021, p. 17). The first step of this process is putting the identities of these women in the contradictory limbo prison encourages: they are 'within and without' adulthood because they are held in child-like conditions in which they have no authority over themselves, within and without femininity because they are women who have committed offenses, within and without sociability through isolation and intense monitoring, and within and without domesticity through forced interactions in small group units (Carlen, 2021). The existence of these women is then denied – as these aren't 'real' women and Cornton Vale isn't a 'real' prison – and they are seen as beyond

the help of alternatives like social services and medical treatment. Despite her study occurring decades ago, in a country with lower incarceration rates and obsession with mass incarceration (Institute for Crime & Justice Policy Research, 2022; Institute for Crime & Justice Policy Research, 2024), Carlen still immediately identified the conflicting nature of security and women's bodies. Carlen noted that security protocols meant there were "about twenty women who [were] usually without access to toilet facilities during the night" (2021, p. 15). That this conflicted with basic bodily functions was an accepted part of the conditions of confinement, reflected in one incarcerated woman's statement, "I took my periods one day on a Monday. I had bled a lot and I asked if I could go over and get changed and get washed. I was told "No." And that was me from early afternoon to quarter to five when I had to come over and take a bath (Ingrid Ingham)" (Carlen, 2021, p. 105). This reflects what incarcerated menstruators are still told today in women's prisons in the U.S., as discussed in [chapter 9](#).

The tendency of foundational theories of criminality and imprisonment to ignore or diminish incarcerated women comes at a cost, as Mary Bosworth demonstrates (2000). Foucault's discussion of the birth of prison as an event of the 18th and 19th centuries (Foucault, 2019) – seen as a foundational concept in criminology – ignores both women and the imprisonment they faced well before this time. In addition, "the imprisonment of women was marked by continuities in forms and ideologies of punishment from the early modern period" rather than the transformation in punishment that men saw (Bosworth, 2000, p. 265). From the late 1600s in France, women were regularly confined under a prison regime at *L'Hôpital de la Salpêtrière*, both as the *maison de force* and then later as the *école de reform*. Bosworth describes how these places confined women for the same general transgressions, such as 'inappropriate' sexual behaviour, as each other and as can be seen in prison today, underscoring the continuity of punishment regimes against women. Once confined, these women were primarily directed towards tasks meant to reform through their feminizing power. As the *maison de force* and the *école de reform*, these facilities exercised a

particularly patriarchal authority over women which punished transgressions against ideals of femininity as well as criminal transgressions, which literature from this and the previous chapter argues continues today. Thus, as it would seem, “women’s incarceration was central to more generalized strategies of social control,” mirroring the way in which some rehabilitative programs were first created for women and then applied to men (Bosworth, 2000, p. 278; Ross and Fabiano, 1986).

Denying the existence of women’s imprisonment, both in modern times as with Carlen’s case study and historically in Bosworth’s discussion, also means denying that women’s experience of incarceration is fundamentally different from men’s. For women, who have generally experienced a multiplicity of abuse before prison, the prison and its regime take the place of an abuser and direct them back to the familiar, “established patterns of abuse and subordination” (Crewe, Hulley and Wright, 2017, p. 1370). The informal ways of oppressing women are formalized and continued in prison, and this forces them to relive “feelings of low self-worth and shame that derived from experiences of abuse,” in particular that they have little value as women (Crewe, Hulley and Wright, 2017, p. 1375). The ways in which women have generally experienced powerlessness outside of prison makes their time within prison significantly more painful than it is for men, and then they also receive less family support and struggle more with distance from their children. In addition, the power wielded over them by the prison regime frequently mirrors the sexual abuse they often faced previously, as Crewe *et al*’s recent research noted that “many women reported that it was not uncommon for sexual power to be wielded over them by prison staff” (Crewe, Hulley and Wright, 2017, pp. 1370-1371). The fact that sexual abuse or the threat of sexual abuse is an unacknowledged but omnipresent part of women’s sentences ties directly to incarcerated menstruation, as discussed in [chapter 9](#).

Menstruation provides another opportunity to exert power and control over incarcerated women and menstruators, tying it to the abuse they experience. When women are imprisoned, they are, as a matter of course, exposed to a

staggering amount of sexual violence which the U.S. carceral system and general public allows to continue with little to no oversight (Deitch, 2020). This sexual violence is so prevalent, it is considered to be a de facto part of women's sentences (Human Rights Watch, 1996). The fact that this sexual victimization does not distinguish between those who have committed serious, violent offenses versus unserious, non-violent offenses makes it clear that the offense does not matter: what matters is punishing women who have transgressed in the eyes of society. For women, prison is about the enforcing of male power and female subjugation, even as it claims to also be rehabilitative.

4.2.3. Gender and Punishment in the U.S.

Of course, the layered punishment of prison does not apply solely to women, but also to trans and non-binary individuals as well as those with other minority identities in terms of race, sexuality, and gender expression (Atkins, 2020; Buist and Stone, 2013; Hughto *et al.*, 2022). In the U.S. prison system, there are two major fallacies which cause so much of this suffering for others as it relates to gender. The first is that prison is a place for cisgendered men only. When this lie is challenged by the existence of transgressive women, trans, and non-binary people, it leads to the lie of gender-neutrality: what works for men, as the 'default' gender, must work for everyone (Criado-Perez, 2019; Lawliet, 2016; Sosin, 2020; Stahl, 2021).

Trans and queer individuals, in addition to women and menstruators and those of minority race and/or ethnicity, are singled out for brutal treatment at the hands of the Prison Industrial Complex (PIC) (Buist and Stone, 2013). As *Captive Genders* argues, for this reason, prison abolition, as will be discussed later in this chapter, must be at the core of any trans and/or queer liberation movement (*Captive Genders: Trans Embodiment and the Prison Industrial Complex*, 2015). Again, this reinforces the perspective within this research that access to menstrual products for incarcerated menstruators is both not the only issue at hand and also not the entirety of the solution. Unfortunately, this focus on abolition can lead to friction with more mainstream movements:

Mainstream LGBT organizations, in collaboration with the state, have been working hard to make us believe that hate crimes enhancements are a necessary and useful way to make trans and queer people safer. Hate crimes enhancements are used to add time to a person's sentence if the offense is deemed to target a group of people. However, hate crimes enhancements ignore the roots of harm, do not act as deterrents, and reproduce the force of the PIC, which produces more, not less harm (Stanley, Eric A. (2015) 'Fugitive Flesh: Gender Self-Determination, Queer Abolition, and Trans Resistance', in *Captive Genders: Trans Embodiment and the Prison Industrial Complex*, p. 10).

As women are singled out in prison for failing to uphold societal expectations of femininity, those who identify as other than man or woman are punished for failing to adhere to these confining categories (Bosworth and Kaufman, 2012; Hughto *et al.*, 2022). Prisons are for those who transgress both criminally and socially, and sometimes the law makes no distinction between those categories.

The sex segregation which exists in modern prisons around the world no longer exists in other institutions like schools, medical facilities, and workplaces. Sex-segregated prisons create issues for trans, non-binary, and intersex individuals, and tends to impose a normative version of masculine and feminine on incarcerated people. As Sarah Pemberton points out, women's "punishment over the past two centuries has involved repeated attempts to normalize female prisoners according to white, middle-class conceptions of acceptable femininity, in which women were regarded as wives and homemakers," (2013, p. 166). As is discussed throughout this dissertation, where these practices have been abandoned for more 'gender-neutral' strategies, it has actually been a movement towards treating all incarcerated people like men. Women's low proportion of the prison system means they are given less attention than men, are held further from their families, and forced into higher security facilities. Where women's facilities provide training, it is often only in highly feminine occupations like hair dressing. Women's appearance within prison is heavily policed, not just what they can wear but how they are allowed to wear it, as well as how they are allowed to wear and style their hair, so transgender individuals may be punished for appearing too masculine according to prison rules.

As already discussed by Mary Bosworth, women's imprisonment is not new, and pre-dates imprisonment of men for women who broke societal rules around femininity (2000). Women's imprisonment from the start was about imposing a certain type of submissive femininity, which continues to this day. Similarly, sexual violence against women by men, both by prison staff and by incarcerated men, has long been a feature of women's correction rather than a bug. Early accounts of women's imprisonment in the U.S. include women stories of women 'falling pregnant' – as if by magic! – and descriptions of women's cell doors left unlocked for the express purpose of rape (Bosworth, 2010). That women were treated differently based on their race continues today with facilities being more likely to substantiate white women's claims of rape by guards than allegations made by women of colour (Fedock *et al.*, 2019). The similarities between how black women were treated during slavery and their modern struggle for reproductive rights is striking (Bosworth, 2010; Smith, 2006). If prisons are used to enforce a particular version of femininity, and rape by guards is an expected part of the prison experience for women, then this version of prison-imposed femininity includes the demand that women suffer through horrific sexual violence without resistance, especially women of colour.

Yet even when women's prisons become supposedly 'gender-neutral' extensions of men's facilities, women are still singled out for discipline based on perceived differences. Organizations are not gender-neutral, and participate in gendering the people within them even if it's not part of their explicit goals (McCorkel, 2003). Because of this, "their policies and practices will both activate and sustain differentiation on the basis of gender" even if they claim to be gender-neutral (McCorkel, 2003, p. 45). In this way, prisons will still differentiate and enforce gender through the targeting of women in a patriarchal system even as they claim universal policies. For example, the way in which 'universal' rules explicitly harm women and menstruators is discussed in [chapter 8](#). This claim of equality and universality has been termed "equality with a vengeance" because of how it harms women despite claiming neutrality and was discussed in the beginning of

this chapter (Chesney-Lind and Pollock, 1995). Instead of understanding women's criminality in the context of poverty and a lack of support systems, women are assumed to have psychological issues which explain their deviancy, tying treatment to punishment (McCorkel, 2003).

Women are not cisgendered men, nor are trans and non-binary people, yet the U.S. prison system continues to treat them as if that is the case. Even as prisons may claim gender-responsive programming of some kind, or gender-neutral policies, this does not change the fact that the core structure and practices were created for men. Equality cannot simply stand for equality to men, because men are not the standard against which everything must be judged. Yet prisons continue to demand that non-men react the same way as men and punish them when they don't. Not being a man is not a crime and therefore should not be the basis for punishment.

4.2.4. Power, Punishment, and Control in Prison

In the U.S. prison system, the focus has moved from treatment or rehabilitation towards being as punitive as possible (Travis and Western, 2021). If the focus were using punishment as a means of deterring crime, it would shift based on science proving or disproving its effectiveness. Instead, harsh punishment continues through political regimes and ideological fads. Prisons provide a form of stability, not based on punishing criminals and dealing with crime, but by inciting and encouraging social inequalities. For those in positions of power and at the receiving end of systems of oppression, prisons provide a stability and continuity of privilege in the name of justice.

Foucault's legacy as a major contributor to the modern understanding of prisons is not without criticism. As Bosworth discussed, his history of prison was inaccurate and ignored the existence of women's prisons as a form of social control long before men's prisons (2000). Others have pointed out that, where his work is not inaccurate, it still "assumes that crucial concepts such as surveillance, discipline, and punishment are universal in their application" and

makes no space to even acknowledge gender in a place as highly gendered as prison (McCorkel, 2003, p. 43). This criticism is not meant to be a complete rejection of Foucault so much as a recontextualizing and reassessment of an important contribution. His focus on the body, understanding of the use of surveillance as a part of power and discipline through the panopticon, and the prison's goal of creating "docile bodies" to populate societal institutions are concepts that continue to influence criminology four decades after his death and half a century after *Discipline and Punish* was originally released in 1975 (Foucault, 2019). Unfortunately, in the rush to embrace his contributions, his mistakes in erasing women and their history were also carried forward and have also left their mark on modern criminology which we still struggle with today.

The phenomena of unsupported incarcerated menstruation requires a system focused on punishment, which is not the same as justice or public safety. In France, as in the United States, the trend has been towards incarceration and punishment. Despite a decreasing homicide rate, the incarcerated population in France has doubled, showing the turn towards punitiveness has little to do with crime (Fassin, 2016). Put another way, "the imperative is to punish and to be seen to punish, even when national and international statistical studies increasingly cast doubt on the efficacy of this policy in terms of crime prevention" (Fassin, 2016, p. 36). With the rise of politicians like former U.S. President Ronald Reagan and former U.K. Prime Minister Margaret Thatcher, the understanding of prisons as a last resort shifted to this intense focus on punishment which was not moderated by the following political regimes. Imprisonment became the common result for minor crimes and even actions which were not previously considered criminal, the length of criminal stay was increased, and the most impacted were minorities and those of low socioeconomic status (Fassin, 2016). The increasing number of incarcerated people, clearly unrelated to any increase in serious crime, is instead tied to increasing desire of society to punish, particularly those who are already vulnerable. The lack of similar treatment of financial crimes and corporate corruption, which arguably cause significantly

more human misery than a single murder, shows this focus on particular populations rather than on serious crime. Rather than being closely tied to public safety and wellbeing, prisons are primarily concerned both with creating and with exacerbating social inequality in modern societies. As Fassin drives home, “prison is only what society makes it” (2016, p. 43).

The power of the U.S. prison system to abuse the women and menstruators it houses partially derives from its invisible nature. “In the era of the disestablishment of social programs that have historically served poor communities, and at a time when affirmative action programs are being dismantled... imprisonment functions as the default solution,” and because it is the default, much like the assumption of masculinity where gender is not specified, it is not questioned (Davis and Shaylor, 2020, p. 89). This fact, coupled with the way in which major corporations of all kinds have found ways to make money through prisons, including public prisons, creates a system which is incentivized to keep the violence it visits upon women and menstruators an unseen and uncared about reality. This violence by the state takes the form of forced drugging on psychotropic medications, isolation from support networks and solitary confinement, medical neglect which directly leads to death, the complete denial of reproductive rights, sexual assault, physical assault, and the removal of children into the care system, among others (Davis and Shaylor, 2020). As bastions of patriarchal power, women’s sexuality is criminalized outside of prison through anti-sex-work laws and within prisons through extreme anti-LGBTQ+ rules and staff attitudes. The continued silence around women’s imprisonment in the U.S. allows the state to do all this in the name of justice without being questioned.

Criminological researchers in the U.S. have found that “laws [have] written into the penal code breathtakingly cruel twists in the meaning and practice of justice” (Gilmore, 2007, p. 25). The fact that these laws exist at both the federal and state level across the U.S. makes them harder to dismantle and shows how all levels of government in the U.S. have seized upon prisons as a way of warehousing

people. Prisons claim to encourage stability and public safety through theories of retribution, deterrence, rehabilitation, and incapacitation, yet states like California, which built large new prisons and enacted harsh sentencing laws, do not have any measurable increase in public safety and tend to fare worse than their less carceral counterparts (Gilmore, 2007). The stability which prisons offer is the stability of advantaged classes in systems of oppression like racism, classism, sexism, and others (Hogan, 2023). It does not assist public safety for the spectre of the truly violent few to be imposed upon the minority identities of others (Gilmore, 2007). Decoupling crime rates from incarceration rates puts the crisis of mass incarceration in the U.S. into context as major jumps in prison population happened after crime was already decreasing and makes it clear that justice is irrelevant.

As the literature in this section demonstrates, U.S. prisons are not about justice or deterring crime, or the incarceration rate would closely track with the crime rate (Gilmore, 2007). Instead they have turned from rehabilitation to a focus on punitiveness, like in France (Travis and Western, 2021; Fassin, 2016). The goal of punishment creates incentives for abuse while minimizing the thought given to oversight, resulting in violence and abuse against incarcerated people (Davis and Shaylor, 2020; Deitch, 2020). This violence does not make people safer and rather than deterring crime, maintains the status quo for the privilege by inciting and reinforcing inequalities (Hogan, 2023). The point of prisons is not public safety, but maintaining the established order.

4.2.5. Abolition vs./and Reform

This section describes the theory behind the steps which are suggested at the end of this dissertation to address the crisis of unsupported incarcerated menstruation. As has been discussed at length, resolving the problem of unsupported incarcerated menstruation requires dismantling the systems of oppression that led to it (Johnson, 2019; Collins, 2019; Crenshaw, 1993; Bobel and Fahs, 2020a). Sociology, criminology, and any number of other social sciences suffer from a tension between mind and body where the body has been

minimized or ignored (Threadcraft, 2015b; Shilling, 1991). As has been repeatedly argued, the mind and the body have equal importance and are not a dichotomy in the sense that the boundary between them is unclear and porous (Grosz, 1994). Many argue that, to elevate the status of the body in criminology, to recognize its importance, to validate the pain inflicted upon it, and to understand that it cannot be sequestered from the psyche demands abolition (Lawston and Meiners, 2014; McLeod, 2015; Bagaric, Hunter and Svilar, 2021). It also demands action. There has been a tension between abolition and reform that has resulted in either/or thinking where meaningful changes which might benefit incarcerated people are dismissed for not going far enough or are accused of legitimizing an illegitimate system: this may be true, but so is the importance of the bodies and the suffering of the currently incarcerated, which should not be forgotten in the name of a theory of the mind (Angelis, 2022). The importance of both bodies and minds, practice and theory, demands a solution that addresses both through concrete, actionable steps.

Prison abolition and prison reform are generally seen as two separate, dichotomous ideologies: one which seeks to eliminate entirely the current system of incarceration and one which seeks instead to alter elements of it (Ben-Moshe, 2013). Echoing the tension between mind and body, Springs asks:

First, what does it mean to resist mass incarceration in ways that can concretely challenge and actually transform its causes, conditions, and impact, rather than merely reconfiguring its surface-level features while (however inadvertently) perpetuating the deeper forms of violence it effects? Second, what difference does it make to rail against the system with utopian demands to “abolish it all now”? (2024, p. 181).

Using the lens of restorative justice, this false dichotomy, like so many others in this dissertation, breaks down and makes a path towards real, significant change possible. The three central demands of abolition are 1) moratorium – no new carceral facilities like prisons and jails, 2) decarceration – letting people out of prison, and 3) excarceration – using alternatives to incarceration (Prison Research Education Action Project, 1976). These changes rely on an

understanding of crime as being about more than just the individual but also the role of society through poverty, homelessness, discrimination, etc.

Rather than mere piecemeal reform, the US prison-industrial complex as it currently exists and operates must be changed at a fundamental level. However, to be other than utopian, any talk of “abolishing” the current system must coincide with constructive, practicable alternatives that form the actual work of dismantling... Rallying resistance around the demands to immediately and altogether abolish status quo conditions and institutions brings with it the risk of losing sight of the everyday struggles and commonplace steps, sometimes grinding and mundane, that are necessary to achieve the goals in question (Springs, 2024, pp. 186-187).

Deconstructing the system of mass incarceration which preys on millions of Americans may well be the ultimate goal, but it will require discrete steps rather than a single leap. In order to be more than just reform, these steps must be transformative and address the root causes (Bell, 2021). Again, providing access to menstrual products does not solve the problem of unsupported incarcerated menstruation. This requires accompaniment, aiding in the survival and wellbeing of those who have been affected by the U.S. system of incarceration by listening to them and trusting that they know what they need (Springs, 2024).

Conclusion

This dissertation argues that the abolition of prisons *as we know them*, as places where multiple forms of oppression come together, and of our current excessively-punitive justice system (Enns, 2016) is a necessary part of menstrual equity for incarcerated women and menstruators. It is the practice of recognizing the systems of oppression which created the issue of unsupported incarcerated menstruation and resisting them to avoid a product-centred solution (Bobel and Fahs, 2020b). The significant harm done to women, trans, and nonbinary individuals by the U.S. prison system (Buist and Stone, 2013; Crewe, Hulley and Wright, 2017) is a byproduct of a system dedicated to furthering inequality rather than justice (Fassin, 2016). This harm can only be recognized in criminology by embracing the body (Chamberlen, 2018) and the understanding that it is

inextricably tied to and just as important as the mind (Grosz, 1994). These themes of mind vs. body, prison as a place dedicated to inequalities, and the importance of the body come up throughout the rest of this dissertation.

Chapter 5 - Methodology

The methods used in this research reflect the interpretive, feminist, reflexive position of the author. The interpretive research paradigm requires an understanding of the different actors involved in with the social phenomenon of interest (Ponelis, 2015). In this research, the official documentation represents the voice of corrections while the interviews provide the voices of those directly affected and with the most knowledge of the phenomenon. Where the voice of correctional authority disagrees with participants on whether access to products is adequate, this represents “the degree to which social actors agree or disagree about the nature of their social reality” (Blaikie and Priest, 2017, p. 101). While correctional authority is generally seen as the voice of truth, for example guards being believed over formerly incarcerated women when testifying about unsupported incarcerated menstruation, it allows the patriarchal control over women’s bodies discussed in chapters 3 and 4 and denies that menstruators know their own bodies and needs best (Jenkins, 2018). The perspective of correctional authority is not the only one, and it contrasts in this study with the perspectives of interview participants. This research draws from feminist research paradigms both by uplifting the voices of women who experienced incarcerated menstruation and by ensuring they felt safe doing so with the ethical concerns discussed at the end of this chapter (Linabary and Hamel, 2017; Ropers-Huilman and O’Brien, 2015b).

5.1. Document Review and Analysis of Laws, Policies, and Handbooks

Answering the question of how prisons handle menstruation is difficult because it is informed by official prison rules, implementation, and unofficial rules and processes which exist at each location and may take the form of officer discretion (ability to choose how they interpret and enforce rules within a given situation) (thames, 2021; Haggerty and Bucerius, 2020; Lerman and Harney, 2019). This research focused on using document review for official rules, while

insight into the impact of unofficial processes and implementation was gained through interviews.

As discussed in [chapter 2](#), the rules applying to any particular prison can be federal or state laws, but there are also official, internal correction policies which have the weight of laws without having to pass through the legislature, as well as procedures set by individual prison wardens and administrators. To reflect this, this study examined every jurisdiction in terms of laws, department of correction policies, and facility handbooks. These facility handbooks are meant to be a collection of all the information an incarcerated individual needs after arriving at a facility, and many handbooks mention this explicitly saying, “the purpose of this handbook is to notify you of the different departments within the institution and to provide you with general information that should help you to adapt to the rules and procedures of this facility,” or something to that effect (Ohio Department of Rehabilitation and Correction, 2021b, p. 3). Handbooks for facilities housing menstruators which do not discuss where to get menstrual products are failing their stated goals by failing to provide key, necessary information.

There are also procedures in prisons which are not documented officially, and the provision of menstrual products could fall into that category in a number of locations. This research did not attempt to collect data on unwritten rules for a number of reasons, including the fact that their unwritten status makes them significantly more difficult to identify. Unwritten rules are spread verbally, stored only in memory, and are not subject to the same scrutiny as formalized rules nor do they show the same institutional support and interest in compliance, as “the inscribed nature of written rules provides a visible evidence of preferred organizational behaviours that is more readily accessed, easily recognized, and quickly disseminated across time and space than the spoken delivery of unwritten rules” (DeHart-Davis, Chen and Little, 2013, p. 335). Unwritten rules leave more room for individual interpretation and allow for more deviation from desired behaviours, and are therefore less effective at ensuring compliance

(DeHart-Davis, Chen and Little, 2013). Additional research shows that rule formalization and consistency both increase organizational rule compliance (Borry *et al.*, 2018). The lack of documentation makes it extremely difficult to use document analysis on these types of rules, but they were brought up and discussed in participant interviews.

5.1.1. Data Collection

Data collection of official rules around access to menstrual products in women's prisons ran from October 2021 to August 2022.

At the beginning of this research, before covid-19, in-person interviews in certain locations were considered as a possible method. This required choosing specific sites for study, which required a list to choose from. Since there was none at the time, this research created one of the first centralized lists of federal and state women's prisons in the U.S. as well as a public map with their locations color-coded for federal and state facilities (Vishniac, 2022; Gips, Sommers and Blair, 2022). Federal prisons have the advantage of all having their own, individual websites complete with copies of the most recent admissions and orientation handbooks and commissary lists as well as being listed in a central location on the Bureau of Prisons website. For state prisons, the process of finding out which facilities were prisons versus short-term treatment centres, work-release centres, etc., let alone what gender a facility housed could be extremely difficult due to limited public information. Each state department of correction website was searched for information on facilities as well as facility handbooks and internal department policies. In practice, all facilities which the department website referred to as prisons and which specifically mentioned housing women were included in the list of women's prisons in the U.S. Where it was unclear what gender a facility housed, prison counts sometimes made gender explicit by referring to individuals as male or female offenders, however these counts were not always available. Alternatively, there are some websites which compile information on all U.S. prisons, but they do not always explicitly include the

gender housed (websites used in this research were [Prison Insight](https://prisoninsight.com/)¹³, [PrisonPro](https://www.prisonpro.com/)¹⁴, and [Prison Handbook](https://prisonhandbook.com/)¹⁵). If these websites all agreed that a particular facility was for women, it was included in the list. If no information on gender housed could be found for a particular facility, it was not included. This was the case for roughly 5 facilities, and this research identified 135 locations housing women.

While covid-19 led to a change in methods, the list of women's facilities remained useful because it allowed for the requesting of facility handbooks by name, making them easier to find and helping collect the official rules around menstruation. The difficulty in obtaining facility handbooks varied widely from jurisdiction to jurisdiction. If a state didn't include their facility handbooks on their department of corrections website, the [Civil Rights Litigation Clearing House](https://clearinghouse.net/policy/2/2)¹⁶, hosted by the University of Michigan Law School and Professor Margo Schlanger, was another source of these materials. Their Criminal Justice Document Repository Project has many facility handbooks from a large number of states.

Where they did not have the facility handbook of interest, it was necessary to file a FOIA (Freedom of Information Act) request (This act has the same name and general function in the U.S. as in the U.K.). While there are both national and state versions of this law in the U.S., some state versions are more robust than others, and some require jurisdiction residency or do not allow individuals to appeal a denied request. Additionally, these requests are not always free, and photocopying services usually cost a certain amount per page. In highly populated states with many facilities and handbooks, this can result in potentially significant costs, such as a bill of \$73.75 for all of New York's facility handbooks.

¹³ <https://prisoninsight.com/>

¹⁴ <https://www.prisonpro.com/>

¹⁵ <https://prisonhandbook.com/>

¹⁶ <https://clearinghouse.net/policy/2/2>

Particularly helpful websites in filing FOIA requests were the NFOIC (National Freedom of Information Coalition) [list of state FOIA laws](#)¹⁷ and [MuckRock.com](#)¹⁸, a site which charges a fee for assistance in filing FOIA requests—including jurisdiction ‘sponsors’ which make it possible to request materials in jurisdictions requiring residency. One remaining jurisdiction denied all requests for this material and did not make it available online, meaning it was not included in other digital resources for handbooks, but it was eventually sourced from a Council of State Governments Justice Centre publication (Weber, 2020). Since some of these prison handbooks are already several years old, all state departments of correction were contacted to ensure the handbook version used in this research was the most current, sometimes repeatedly over months with no response. Collecting at least one handbook from every jurisdiction took roughly a full year and illustrates how a low level of transparency in prisons can impede meaningful research.

5.1.2. Data Processing

Digital documents which allowed for internal word searching made it possible to search for a number of terms to identify any mention of the provision of menstrual products. Search terms were chosen which might have any relevance to mentions of access to menstrual products based on their names and common euphemisms. These terms were ‘hygiene,’ ‘feminine,’ ‘tampon,’ ‘napkin,’ ‘menstrua’ (to check for both menstrual and menstruation), and ‘sanitary.’ ‘Pad’ and ‘period’ tended to bring up many irrelevant excerpts (such as discussions of the provision of free pads of paper and periods of isolation for discipline) and so were not used. All documents were also manually checked for references, first in relevant sections to the provision of menstrual products, even if they had already been found in a document search, to ensure comparability. These relevant

¹⁷ <https://www.nfoic.org/state-freedom-of-information-laws/>

¹⁸ <https://www.muckrock.com/>

sections were those on hygiene and items provided to indigent or newly-arrived individuals. Handbooks were also completely skimmed in case it was mentioned in an unusual place, such as in the allowable property matrix.

For internal corrections and government policies which ensured access to menstrual products for incarcerated menstruators, every state corrections website was searched for the same terms as were used to search handbooks. These also were only counted if they specifically, unambiguously referred to menstrual products and their provision to incarcerated menstruators. If searching state corrections websites for terms related to menstruation produced no results, relevant sections on incarcerated individual grooming and the provision of necessary items was checked where these internal policies were listed out. Lastly, the administrative code, where available, was also checked. The administrative code is where some states codify internal rules and policies which have the force of law but are not voted on by the legislature (generally referred to as administrative law). As described by Cornell Law School's Legal Information Institute, "administrative law encompasses laws and legal principles governing the administration and regulation of government agencies (both federal and state)" which interpret, administer, enforce, and regulate applicable jurisdictional laws and behaviours (Wex Definitions Team, 2022a).

The ACLU and Period Equity compiled existing laws at the state and federal level before this research began, providing a significant amount of information in a central location (2019). For laws which were implemented after that publication, the website [LegiScan](https://legiscan.com/)¹⁹ provided a free, simple tool which allows searching all states simultaneously for any proposed legislation which included the words 'women,' 'prison,' and 'menstrual,' as these terms were most likely to find relevant legislation. For every jurisdiction, the code of laws was searched for the

¹⁹ <https://legiscan.com/>

same terms used to identify internal policy and handbook excerpts on the provision of menstrual products in women's prisons. This was followed by a close read of all relevant sections on prisons to be sure nothing was missed.

All of the information collected in this stage of research – the list of women's prisons in the U.S. and the federal and state laws, internal corrections policies, and facility handbook excerpts around access to menstrual products in prison – were uploaded to the research website after collection. This research website, [The Prison Flow Project](https://theprisonflowproject.com/)²⁰, is now the only compendium of official information on access to menstrual products in women's prisons across the U.S. and has already served as a resource for other researchers. All of this documentation represents the official position of federal and state departments of correction and federal and state women's facilities on the provision of menstrual products to incarcerated menstruators. More information on how these documents were coded is in [chapter 7](#).

5.2. Semi-Structured Interviews

While the official rules around menstruation provide part of the answer to how prisons handle menstruation, they do not give any insight into implementation or unofficial rules which have an impact. To understand the lived experience for incarcerated menstruators, this research turned to semi-structured interviews to provide this key insight. These interviews were also integral to answering the other two research questions: what is incarceration through the lens of menstruation, and what led to this situation? The particular focus on capturing the perspectives of previously incarcerated menstruators and the methods used again tie to the theoretical pillars of interpretivism, feminism, and reflexivity (Blaikie and Priest, 2017). The inclusion of interviews with those who work closely with currently and/or previously incarcerated menstruators is a form of data

²⁰ <https://theprisonflowproject.com/>

triangulation which validates information from formerly incarcerated individuals, a group whose testimony is frequently dismissed as being untrustworthy due to societal stigma (Noble and Smith, 2015; Leech and Onwuegbuzie, 2007; Shi, Silver and Hickert, 2022). It also provides additional insight into the impact of menstruation on incarceration averaged across the large number of people they work with, offsetting possible issues with selection bias when working to understand menstruation's impact on incarceration.

The individuals at the heart of this issue are incarcerated menstruators, and so they are the ones with ultimate authority on this issue. They are the only people who understand the difficulties of unsupported menstruation in prison from a lived perspective of the vulnerable people meant to benefit from these policies, yet stigma against the formerly incarcerated means their testimony is openly questioned and often ignored (Jenkins, 2018; Sinko *et al.*, 2020). There is no evidence to support the idea that formerly incarcerated people lie about the conditions they faced in prison, especially considering it reveals their incarceration status and exposes them to intense stigma (Park and Tietjen, 2021). There is no research linking prior convictions to an individual's propensity to lie, even though the law treats the formerly convicted as less truthful and allows for the existence of any prior felony convictions to be used as evidence against a witness' character (Saks and Spellman, 2016).

As formerly incarcerated menstruators, these participants have lived experience of unsupported menstruation in prison and do not have to worry about retaliation by a prison facility for what they say. As the ones with the most extensive knowledge on the topic by living it, and to refrain from referring to them by their formerly incarcerated status, these participants are hereafter referred to as 'Experts.' Several of these Experts became advocates after their experiences, meaning they had professional experience with the issue as well. They are still counted as Experts in this research (rather than Professionals, described below) as a nod to the fact that this is the only group of individuals who have been directly impacted by the issue and whose knowledge on the topic

is therefore unquestionable. Rather than being seen as untrustworthy, this research subverts the typical stigma and narrative by placing this group of individuals at the top of the hierarchy of knowledge about this topic, where they belong (Ropers-Huilman and O'Brien, 2015b). Not only does this fit within interpretivism by collecting the perspective of those directly involved, but it is feminist practice by identifying them as the ultimate authorities on this issue.

The other group of interview participants were those who work closely with incarcerated menstruators, women's prisons, or formerly incarcerated menstruators, these participants have knowledge of unsupported menstruation through their professional lives. Because their knowledge came through their careers or advocacy, these participants are hereafter referred to as 'Professionals.' As this Professional category of participants "holds or has held some powerful position that has afforded [them] unique knowledge or information from a privileged perspective," namely being able to see the effects of incarcerated menstruation without experiencing it themselves, their inclusion is an example of elite interviewing (Natow, 2020, p. 160). These Professionals provide an additional viewpoint and information, and are therefore contributing to the validity and trustworthiness of this research through triangulation (Natow, 2020; Noble and Smith, 2015). In practical terms, they are not a hard-to-reach population and so were a particularly important addition given concerns around reaching Experts.

While this research focuses primarily on prisons, some Experts and Professionals also had experience with jails which they wanted to share. As discussed in [chapter 2](#), the line between jails and prisons can be extremely porous, with each jurisdiction having their own definition for these facilities, some holding more people with prison sentences in jails than prisons through contracts, and some deciding not to make a distinction between the two and just to have a unified system (Kang-Brown *et al.*, 2023). Generally, jails hold people temporarily (a year or less) while prisons house people with sentences of more than a year. Furthermore, some Experts felt strongly that their experiences in jail were

relevant and should be included. While jails are different in many jurisdictions, they seem to suffer from the same problems of access to menstrual products and contribute to the general understanding of incarcerated menstruation, so this information is included in the discussion of menstrual indignities in chapters [8](#) through [10](#). The majority of information still primarily focuses on prisons.

Because so little is known about incarcerated menstruation, the semi-structured interview was a particularly well-suited tool for this research, with its ability “to address specific topics related to the phenomenon of study, while leaving space for participants to offer new meanings to the study focus” (Galletta, 2013, p. 24). Unfortunately, travel limitations and health concerns during the covid pandemic made it impossible to conduct these interviews in-person, which may have had significant implications for this hard-to-reach group and recruitment strategies. These implications could have led to fewer participants or increased selection bias. In her research with homeless women, a similar hard-to-reach population, Moravac noted that “I recognized that I needed to be present on-site, so I arranged office hours usually in the evenings and on weekends. The majority of interviews happened as a result of this method” (2020, pp. 6-7). Despite this concern, research shows that the vast majority of low-income Americans have access to cell phones and use the internet regularly, meaning contact was still possible with the appropriate recruiting methods (Pew Research Center, 2019b; Pew Research Center, 2021). Additionally, although remote interviews are seen as second-best to in-person, evidence shows that they are just as good at collecting rich data when used properly and “research shows that digital methods can work well and that they are experienced positively, making it possible for people who otherwise may not be able to participate to contribute by telling their story” (Arnell and Thunberg, 2021, p. 766).

The semi-structured interview is also particularly suited for research rooted in interpretivism, feminism, and reflexivity. The qualitative nature gives formerly incarcerated menstruators the chance to fully flesh out their perspectives, which have previously been overlooked, and push back against the common assertion

that formerly or currently incarcerated individuals cannot be trusted (Sinko *et al.*, 2020). This invitation to contribute and rejecting of power structures is feminism in practice (Linabary and Hamel, 2017). The qualitative method allows alternative viewpoints and understandings to make their way into and diversify the literature. Reflexivity itself is a feminist value, as focusing on another's viewpoint requiring identifying one's own positionality (Clarke and Braun, 2019). It also played a large role in the drafting of interview schedules for both Experts and Professionals, as it allows prior understandings of the phenomenon of interest and research questions to guide the conversation, but without leading the participant (Arsel, 2017; Cairns, Lawley and Tosey, 2021).

5.2.1. Recruitment and the Interview Process

Data collection for lived experiences of formerly incarcerated menstruators and perspectives of the professionals who work closely with incarcerated menstruators ran from June 2021 to June 2022. In total, 14 interviews were conducted with 15 people: one interview had two participants, an Expert and a Professional. Overall, there were six Professional participants and nine Experts, mentioned at the beginning of this dissertation, [here](#). Final versions of interview schedules for both categories of participant are included as [Appendix D](#) and [Appendix E](#). As is the case in semi-structured interviews, these schedules were not meant to be exact scripts but rather general guides for the interview and a reminder of important themes, such as the impact that unsupported incarcerated menstruation had on their mental health. (These themes are further discussed in the next chapter.) Interviews were transcribed as quickly as possible once they were conducted. These interviews are some of the first qualitative discussions of how incarceration harms menstruators in academia and show that remote interviews make it possible to connect with the formerly incarcerated, a hard-to-reach population, even during a pandemic.

The below table shows the timeline of interviews with Experts and Professionals. For Experts, the jurisdiction shows whether they were incarcerated in a state or

federal facility. For Professionals, the jurisdiction indicates whether they work and/or advocate at the state or federal level.

Table 3 - Interview Timeline and Type

Name	Jurisdiction	Type	Date
Jane (1)	NC	Expert	Jun 10, 2021
Jane (2)	NC	Expert	Jun 24, 2021
Godvin	Federal	Expert	Jul 6, 2021
Guanipa	Federal	Expert	Jul 8, 2021
Abbate	Federal	Professional	Jul 9, 2021
Berry (1)	MD	Professional	Jul 12, 2021
Berry (2)	MD	Professional	Jul 30, 2021
Tiggs	OH	Professional	Aug 12, 2021
Greg	WA	Professional	Oct 15, 2021
Ann	WA	Expert	Oct 20, 2021
Auckerman (1)	MI	Professional	Nov 19, 2021
Auckerman (2)	MI	Professional	Jan 7, 2022
Toon	TX	Expert	Jan 31, 2022
Burnett	NY	Expert	Feb 1, 2022
Carla	CA	Expert	Mar 30, 2022
Perry	LA	Expert	Apr 3, 2022
Fealk and Kitcheyan	AZ	Professional and Expert	Apr 5, 2022

NOTE: Where initial recordings were compromised due to software issues, the initial interview is marked with a (1) and the redone interview is marked with a (2).

This table shows the interviews clustered into four groups with respect to time. The largest cluster occurred from Jun through Aug 2021 (8 interviews with 6 people), the next cluster occurred from Oct to Nov 2021, then Jan to Feb 2022, and lastly March to April 2022 (last three clusters all 3 interviews with 3 people). Every interview cluster included both Experts and Professionals.

The interview schedules changed through the course of this research, though the changes to the Expert schedule were much more extensive than for the Professional schedule. For example, the question, “Did you ever get an infraction or miss a supportive program or meeting with your attorney or visiting family due to the lack of access to feminine hygiene products?” was not added until the third iteration of the Expert schedule. Most of the changes to the Expert

schedule happened as a result of interviews with the first three Experts, very early on in the research process. The lack of later changes supports the claim that data saturation occurred quickly, and that Experts were generally consistent in the themes they brought up. Because the first Professional interviews were after the first Expert interviews, the Professional interview schedule was drafted later and reflected the themes that had already started to emerge. A lack of significant changes to the Professional schedule reflects the fact that they corroborated what Experts said and were also thematically consistent.

While there is no perfect goal number of qualitative interviews to conduct, it is notable that this research had a total number comparable to other major studies in this area. As an example of a study focusing on a similar population, the Boston Reentry study had 15 participants (Western *et al.*, 2014). Meanwhile, in their research, Guest *et al.* found that data saturation occurred after twelve interviews (2006). This supports the idea that data collection stopped when data saturation occurred and additional interviews were unlikely to produce new information (Baker and Edwards, 2012). Putting the numbers aside, data saturation occurred quickly as responses from Experts and Professionals were extremely consistent and repeatedly covered the same themes despite being widely geographically dispersed across the country. Professionals occupied a number of positions, from litigating attorney to Parole Officer to Social Worker to legal advocate, etc. Experts spent varying amount of time in the corrections system, from days to years to decades, and some had been released more recently than others.

When it comes to research into those re-entering society from prison and similar hard-to-reach populations, the most successful strategy is partnering with local re-entry and support groups to have semi-structured interviews on site where participants can consent and be interviewed almost immediately (Moravac, 2020; Baird and Mitchell, 2013). However, due to the pandemic, “traditional recruitment strategies based on advertisements and direct contact in clinics, day centres, and associations [could] hardly be applied” (Melis, Sala and Zacca, 2021).

As a result, this research used digital recruitment techniques which relied heavily on pre-existing social networks. Multiple Facebook posts with a recruitment flyer were left in personal groups and posted publicly, leading to four participants, a connection to a national email group on prison reform which shared the study information and led to three more participants, and a connection to the leader of a regional advocacy organization who identified another participant. This research did not have funding to provide an incentive to participate nor to run a paid Facebook campaign, something which undoubtedly affected who participated (Archer-Kuhn et al., 2022). Other examples of digital recruitment included reaching out to Twitter users who were public about being formerly incarcerated individuals and who were found through their participation around prison reform and advocacy, leading to two more participants.

Participants were also recruited by researching organizations advocating for women in prison and messaging them with information and an offer to participate. This included the [Michigan ACLU](https://www.aclumich.org/)²¹ after the lawsuit they brought regarding jail conditions, and the [Arizona Friends Service Committee](https://www.afsc.org/)²² (this group has since become [Just Communities AZ](https://justcommunitiesarizona.org/)²³) which pushed for a law ensuring access to menstrual products for incarcerated women in Arizona (Kloosterman, 2014; Jenkins, 2019). This led to five more participants. Participants were encouraged to share the recruitment flyer widely and ask if their own connections were interested in participating, using snowball sampling methods, considered one of the “most useful when trying to survey hard-to-reach populations” (Wronski, 2020, p. 4).

As mentioned, this research involved 14 interviews with 15 participants, and data saturation occurred quickly given how consistently these interviews brought up

²¹ <https://www.aclumich.org/>

²² <https://www.afsc.org/>

²³ <https://justcommunitiesarizona.org/>

the same themes. This sample size is comparable with similar research (such as the Boston Reentry Study), but there are still potential limitations. Participants were not spread amongst all jurisdictions or facilities. Additionally, there was no feasible way to conduct random sampling given that there is no publicly available list of recently released individuals, or universe, to pull from. The use of purposeful, nonprobability sampling, or sampling that is not random but aims to collect rich data, means that there may be biases in the data making it less generalizable (Palinkas *et al.*, 2015). Those who have already spoken up about this issue and its effects were more likely to be identified as possible participants and connected to the research. Additionally, due to concerns over connecting with a hard-to-reach population, no criteria around length of time incarcerated or length of time since incarceration were used. Changes around access to menstrual products for those incarcerated in women's facilities has primarily occurred within the past few years (Fouladi, 2023). However, these changes take time to implement. Despite these concerns around generalizability, the fact that data saturation occurred so quickly and the interviews were all so consistent in bringing up the same themes suggests the issues with generalization aren't severe despite these potential pitfalls. Lastly, only those who spoke English participated in this research due to the linguistic limitations of the researcher. This means experiences of menstruators who primarily speak Spanish may be discounted in this research, and Spanish handbooks were not checked for mentions of menstrual product provision. Among possibilities future research, discussed in [chapter 11](#), there is an obvious opportunity for researchers to study access to menstrual products for incarcerated menstruators who speak limited English.

Data Analysis and Coding

This section attempts to provide clarity on how the themes discussed further in chapters [6](#) and [7](#) were generated. While thematic analysis is common, there are few step-by-step guides or details given about the process. This research generally followed the steps outlined by Braun and Clarke (2006). Due to the

iterative nature of this work, some phases were more concurrent than consecutive. For the key factors for access, it began by wanting some way to standardize all the different rules to allow for quick and easy comparison. If the base of any rule is ‘Prisons must provide menstrual products,’ then the key factors are like subclauses providing more detail. It was influenced by what details already existed in some rules around menstrual product provision. It was also influenced by reading through handbooks and seeing what details existed in other important processes and by reading and hearing accounts from those who had experienced incarcerated menstruation and what impacted their access (Blakinger, 2022). Coding interviews was influenced by sensitizing literature, as the next chapter discusses.

5.3. Ethical Concerns

For the document review and interviews with Professionals, there was minimal risk to consider. Documents were all publicly available. Professionals were sometimes concerned about being publicly identified, as their opinions were their own rather than held by their organizations, but their careers did not need to be a secret. For Experts in this research, the concerns were significantly greater given the stigma around incarceration, the stigma around menstruation and its personal nature, and their status as a particularly vulnerable group. The University Ethical Review process was particularly thorough in light of this, and safeguards were developed to ensure compliance in the event of certain situations. This research attempted to incorporate its feminist foundations in its ethics of care (Parton, 2003).

The first major concern was ensuring anonymity for those who wished it. Since not all participants were sure to have smartphones, to avoid capturing images of participants, and because participants may have felt less comfortable knowing they were being watched, these interviews were audio-only (Arnell and Thunberg, 2021). Information was stored following the General Data Protection Regulation (GDPR) guidelines, the Data Protection Act 2018 (DPA), and the [University of Edinburgh’s data protection policy](#). Participants were also given the

option of remaining anonymous or being publicly listed as participants in this work. Participants who chose to remain anonymous were given pseudonyms. All identifying information was stripped from interview transcripts – both the individual word documents and the transcripts within NVivo. Data including any sensitive information such as the original audio recordings were kept on secure, university servers. To avoid the possibility of anyone hearing an interview in progress, they were conducted with white noise machines and headphones on the researcher’s end. Participants always knew what the interview would be about beforehand and never expressed concerns about finding a private space to talk.

Extra precautions were taken in case of trauma during the interview, as the well-being of all participants was another primary concern. Housing and finding private space is a particular source of stress for formerly incarcerated individuals (Smoyer *et al.*, 2021). In case a participant was interrupted, it was made as clear as possible that they had the power to stop an interview at any time, without explanation, and that participants could choose to have their data removed from this research up until it was published and no longer in the researcher’s hands. Additionally, participants were informed beforehand that unambiguous, life-threatening instances of child, elder, or domestic abuse overheard by the researcher could require notification of state agencies in certain locations. Mandatory reporting laws and hotlines were collected for all U.S. states to ensure compliance with the law. Concerns over the potential triggering effect of discussing unsupported menstruation in prison were addressed by following the advice of other researchers in crafting questions, informally checking the Expert interview schedule with a Professional participant, and creating a list of resources for those experiencing trauma to share after difficult interviews (Bearman, 2019; Moravac, 2020).

Participant Information Sheets and Informed Consent Sheets were drafted for both Experts and Professionals reflecting the concerns of this work and were sent before all interviews. Experts were discouraged from sharing any

information about the nature of their convictions as it was irrelevant to this research, could bias the researcher, and could be used to identify a participant. Participants were also given the opportunity to orally provide consent on the recordings and to ask questions before, during, or after the interview about the process. Additionally, all participants were promised an executive summary of the results of this research after submission, to reinforce their sense of contribution and to show what their participation had created.

This research was approved by the University of Edinburgh School of Social and Political Science Ethics Committee.

Conclusion

As this chapter has discussed, the feminist, reflexive, interpretive methodology of this research was expressed in the methods chosen. Document collection and analysis provided the voice of corrections. Expert participants who have experienced incarcerated menstruation themselves and Professional participants who work closely with currently or formerly incarcerated menstruators provided additional, understudied perspectives through semi-structured interviews. These other perspectives provide a richer understanding of the issue at hand (Blaikie and Priest, 2017), and highlight traditionally marginalized groups like the women and people with experience with incarceration (Ropers-Huilman and O'Brien, 2015a; Shi, Silver and Hickert, 2022). Moving forward, [chapter 7](#) uses documentary analysis to show that rules around providing menstrual products are missing key information and highly inconsistent. Chapters [8](#) through [10](#) focus on the Expert and Professional interviews and their discussion of the significant struggle of incarcerated menstruators.

Chapter 6 - From Menstrual Injustice to Menstrual

Indignities

This chapter draws upon the previously-discussed theory of menstrual injustice from [chapter 3](#) (Johnson, 2019), adapts it to a prison-specific setting, and fuses it with both literature and preliminary themes from Expert and Professional interviews. The themes which arose within these interviews link back directly to the categories of menstrual indignities, the framework of harm caused by menstrual discrimination in prison. Arriving at this framework both through the literature and through interview themes validates it and justifies its use as a lens in [chapters 8](#) through [10](#). It also ensures it has the academic foundation of intersectionality while still being rooted in the perspective of those directly affected. While the voice of incarcerated women has not traditionally been given much space in academic literature (Fryer, 2006; Hanlon, 2019), here it serves as one part of the foundation for the framework.

The voice of the formerly incarcerated provides the information needed “to develop and use knowledge about diverse women’s experiences in order to disrupt existing gender inequities,” a key goal of feminist research (Ropers-Huilman and O’Brien, 2015b, p. 333). Placing the experiences of formerly incarcerated menstruators at the centre of consideration allowed a traditionally silenced or ignored group to share their perspective on incarcerated menstruation in this research. This added understanding of the phenomenon is then used to address the issues, namely how menstruators are discriminated against in U.S. prisons. The substantive purpose of this work is to provide a key, traditionally discounted perspective in order to understand the magnitude of this issue and how it can be mitigated.

This interpretive feminism, which places such emphasis on the voice of the vulnerable group in the problem of unsupported menstruation in prison, becomes reflexive when it places the researcher in the context of this research

and acknowledges that “power is fluid, situational, and slippery and reflexivity is crucial for unearthing these power relations and for considering how they might shape our interactions and engagements” (Lumsden, Bradford and Goode, 2019, p. 16). Reflexivity represents the researcher’s ability to understand their own positions, especially with respect to the participants. By understanding the researcher’s impact on their work and vice versa, researchers are able to increase the credibility of their research (Probst and Berenson, 2013). This framework of menstrual indignities reflects the theoretical position of the researcher, which is based in interpretivism, feminism, and reflexivity. These foundational concepts are expressed in the framework of menstrual indignities by requiring the researcher’s understanding of their placement in their own work, acknowledging the gendered nature of power in the issue of unsupported incarcerated menstruation, and explicitly characterizing research participants as individuals with a deep understanding of incarcerated menstruation capable of making significant contributions.

6.1. Sensitizing and Translating

All of the information collected in this research—jurisdictional rules around access and interviews with experts and professionals—was uploaded into qualitative analysis software. This preliminary analysis was part of an iterative and ongoing process co-occurring with data collection, as is standard in interpretive research (Blaikie and Priest, 2017).

Adapting a theoretical framework required a strong grounding in certain sensitizing concepts. Generally, sensitizing concepts are background ideas that impact the research being done by suggesting lines of inquiry, highlighting important ideas, and/or serving as a point of reference during theory generation (Bowen, 2019). In the case of this research, the primary sensitizing concepts which helped develop the new framework are menstrual injustice (Johnson, 2019) and the understanding of what access is like in prisons (further discussed in [chapter 7](#)). These sensitizing concepts also influenced the interview process and schedule, further discussed later in this chapter.

The social sciences literature on menstruation is spread across numerous disciplines, meaning some concepts must be translated and adapted from one setting and perspective to the case of imprisonment. As a first step in creating a useful tool for classifying different experiences of menstruation in prison and increasing understanding, this research translated Johnson’s theory of menstrual injustice into a prison-specific setting (2019). This translation is based on relevant literature and concepts, and the categories (alongside the corresponding categories of menstrual injustice) are:

Table 4 - Menstrual Injustice and Menstrual Indignities

Menstrual Injustice	Menstrual Indignities
1. Exclusion and Essentialization	1. Menstrual Gender Fallacy
2. Discrimination, Harassment, and Constitutional Violations	2. Non-Menstruator Bias
3. Insults and Indignities	3. Culture of Shame
4. Economic Disadvantage	4. Menstrual Economics
5. Health Disadvantage	5. Menstrual Morbidities

The menstrual indignities framework is used in Chapters 8 through 10 to categorize and understand the wide variety of harms faced by incarcerated menstruators. As with the original concept of menstrual injustice, this framework is built upon the idea of intersectionality, reflected in the fact that the categories of indignities are not mutually exclusive and multiple systems of oppression can be acting at once.

6.1.1. Menstrual Gender Fallacy

In Johnson’s category of exclusion and essentialization were injustices focused on how menstruation was incorrectly portrayed as a connection between all women, both reducing women to a biological process and ignoring the many menstruators who do not identify as women (Johnson, 2019). Trans men and non-binary and gender nonconforming individuals face additional difficulties with menstruation because it is traditionally seen as deeply feminine, yet they are not women (Frank, 2020). These menstruators have discussed how having their gender identity challenged due to a biological process can harm their mental health and wellbeing, and it can even render menstruators more vulnerable to

violence and/or harassment simply for using a bathroom (Reading, 2014; Crawford and Waldman, 2022; Chrisler *et al.*, 2016). To translate this concept into a framework for use in prisons, this research considered where, in the particular world of incarcerated menstruation, are menstruators who don't identify as women excluded and women essentialized as menstruators?

The first menstrual indignity is menstrual gender fallacy, or incorrectly assuming all menstruators are a particular gender, and is the way in which jurisdictions and facilities fail to consider the needs of incarcerated menstruators who do not identify as women and fail to recognize that not all women are menstruators. This is displayed through their continued focus on sex over gender – while some states currently allow trans individuals to live in prisons which match their gender identity, rules vary widely between jurisdictions and there is some evidence that there are continued violations where sex is given blanket preference (Sosin, 2020; Lambda Legal, n.d.). Where trans men and nonbinary/non gender conforming individuals are allowed to live in men's prisons, there is zero indication that officials recognize these individuals may still need access to menstrual products as this research did not find it mentioned in any jurisdictional policy on housing trans individuals (Washington College of Law, 2021). The federal government, which established rules around the treatment of trans individuals in custody with the passage of PREA²⁴ (the Prison Rape Elimination Act) in 2003, specifically mentions in its 2022 Transgender Offender Manual that “not all inmates who identify as transgender may be interested in seeking surgical intervention,” or that trans incarcerated people may not have genitalia which match their gender, and yet there is no connection from this to menstrual product availability in men's prisons (Federal Bureau of Prisons, 2022f, p. 9). It does not help that trans men and nonbinary individuals are almost entirely

²⁴ 34 U.S.C. §§ 30301-30309

absent from the literature despite facing a number of significant issues – just as trans women do (Lawliet, 2016).

6.1.2. Non-Menstruator Bias

In the menstrual injustice category of discrimination, harassment, and constitutional violations, Johnson describes strategies for using existing laws to push for consideration for menstruation (2019, pp. 34-35). When the federal and state-level antidiscrimination laws were drafted and passed, menstruation/menstrual status was not included as a protected characteristic – a personal trait which it is illegal to discriminate against (Wex Definitions Team, 2020). The omission of menstruation has made advocacy more complicated and difficult, shown by the use of multiple legal strategies and disagreement among courts. This category is about how leaving menstruation out creates legal issues, so the corresponding category of menstrual indignity is focused on how failing to deal with menstruation in prisons creates issues for incarcerated menstruators.

Non-menstruator bias, or the way in which people fail to consider menstruation, refers to the way in which the basic rules and processes established in prisons are found to be without any consideration for menstruation inherently discriminate against incarcerated menstruators. This type of indignity may be unintentional in that it arises from a lack of consideration for menstruation rather than any specific attack on menstruation itself. Sometimes this indignity can feed into the next category, showing how these categories of indignities can work in tandem to compound the harm to menstruators. For example, many prisons may opt for white, khaki, or grey uniforms (Pishko, 2015). This is not an obvious affront to menstruators until you consider the implications when they aren't given enough products to manage their menstrual flows. These light-coloured uniforms and the lack of access to menstrual products result in stains which are extremely obvious and easy to spot. Additionally, as discussed in [chapter 8](#), menstruators may be punished for 'damaging' their uniforms with menstrual blood and/or may be forced to wear the same stained clothing for multiple days in a row depending on how frequently the facility does laundry and the number of uniforms provided as

mentioned in [chapter 9](#) using the example of Iowa (Iowa Department of Corrections, 2018).

6.1.3. Culture of Shame

The original menstrual injustice category of insults and indignities contains actions whose purpose is to shame menstruators and decrease their personal dignity (Johnson, 2019). Translating it into a category of menstrual indignity requires placing it in the context of incarcerated menstruators and prison.

Culture of shame menstrual indignities are usually actions taken by prison staff in daily life which reinforce the stigma against menstruation and are meant to publicly humiliate incarcerated menstruators as much as possible, as discussed in more detail in [chapter 9](#). Continuing the example used in the previous category, “A menstrual blood stain on a prison uniform becomes a reason to be singled out, called ‘lazy’ and shamed by guards” (Law and Nalebuff, 2023). Now the incarcerated menstruator is shamed by prison staff for being unable to manage their own flow and potentially avoided by other incarcerated individuals wishing to avoid unnecessary interaction with prison staff themselves.

6.1.4. Menstrual Economics

Economic disadvantage within Johnson’s framework refers both to the money spent purchasing menstrual products and to the way in which unsupported menstruation affects productivity and ability to make money (2019). In the prison context, this concept relates heavily to the fact that incarcerated menstruators are forced to make choices between options with significant impacts which non-menstruators don’t have to consider. This category is further discussed in [chapter 10](#).

Menstrual economics refers not only to the unfair cost of menstrual products on an incarcerated population which already made less before incarceration than those in men’s prisons (as discussed in [chapter 2](#)), but also to the many other ways in which menstruation costs incarcerated menstruators and pushes them into choices non-menstruators don’t have to consider. As mentioned previously,

incarcerated individuals can be fined for damaging government property, and this can include accidental bleeding through prison uniforms and onto surfaces due to a lack of ability to manage their menstrual flow (see [chapter 8](#)). This category of indignity also includes non-fiscal costs, such as not being able to participate and engage in programs which may impact post-release success and lead to early release. The focus is on the choices that incarcerated menstruators are forced to make between managing their flows and other goals.

6.1.5. Menstrual Morbidities

Lastly, Johnson's health disadvantages category focuses on the way in which menstruators are harmed by the lack of research, particularly into causes of menstrual pain and the lack of oversight over menstrual products (2019). In prisons, this indignity becomes more focused on the direct impact of unsupported menstruation and a lack of access to menstrual products on the health of incarcerated menstruators. Health in prison is already poor and it is difficult to get access to medical services, as discussed in [chapter 2](#), and the issues created by unsupported menstruation are an additional burden.

The last category of menstrual indignity in prison is menstrual morbidities. Being a menstruator is an ongoing medical condition of multiple decades—an individual has not stopped being a menstruator when a cycle has finished. The ongoing condition of menstruation is not an illness or inherently negative condition, in fact it is a positive condition given that it requires a certain level of health to occur, and it is an outward sign of good general health. The menstrual cycle continues regardless of the presence of other conditions (except in the case of pregnancy or extreme adverse health reaction), which may have a particular impact on menstruation or menstruation on those other conditions. An obvious example would be the impact of prolonged stress on menstruation (Allsworth *et al.*, 2007). Comorbidity and multimorbidity (morbidity here meaning the condition of having a singular health problem) both refer to the presence of multiple illnesses within an individual, yet menstruation is *not* itself an adverse health condition (Valderas *et al.*, 2009; Nicholson *et al.*, 2019).

Menstrual morbidities refers to the way in which unsupported menstruation in prison can lead to new health conditions and/or symptoms. It explicitly refers to the fact that menstruation does not happen in isolation from other conditions and that all illnesses are also occurring in someone already burdened with unsupported menstruation. This category represents menstrual-morbidity, or health condition related to menstruation, such as illnesses resulting from using menstrual products for longer than recommended or the impact of menstrual shaming on an incarcerated menstruator's mental wellbeing. It also represents menstrual/morbidity, where the morbidity (or health condition) itself is unrelated but still occurring in a menstruating body, reflecting the need for support and access to menstrual products for disabled individuals, those receiving treatment, and those in restricted housing.

Intersectionality

The prison menstrual indignities framework still relies heavily on structural intersectionality, discussed in [chapter 3](#), as it is rooted in the theory of menstrual injustice which itself is rooted in intersectionality. By relying on an understanding of there being multiple layers of identity and discrimination at work, addressing prison menstrual indignities requires more than merely providing menstrual products but also addressing the other inequalities which created the situation. This is particularly relevant when considering current rules around menstruation ([chapter 7](#)) and recommended changes for menstrual equity in prison ([chapter 11](#)).

This framework of menstrual indignities in prison is generated first by adapting Johnson's existing theory of menstrual injustice to the research questions and setting of this work (2019). Translating the conceptual categories of menstrual injustice into menstrual indignities allowed for the examination of the ways in which menstruation has a significant impact on the experience of incarceration. Furthermore, the broader theories underpinning this framework – that it should

be used to collect new, differing perspectives around an issue of sex and gender inequality – influenced the particular methods chosen for this work.

6.2. Coding and Emerging Themes in Interviews

This chapter now discusses the preliminary themes which will be fused with the framework of menstrual indignities. Because the collection and analysis of jurisdictional rules around access to menstrual products in women’s prisons took place before interviews, the *key factors for access* (discussed more in [chapter 7](#)) had already been inductively generated, providing a natural place to start. These key factors for access – terms used in rules, when and where products are provided, the quantity and quality of products, and cost of products – represented the first in a series of progressing questions: what impacts access, what is the effect of a lack of access, and what drives this lack of access? Once the second two progressing questions (on effects and drivers) were addressed by participants in their interviews, it was possible to move to the next step of linking the different themes from each of these questions together.

By the end of March, 2022, all documentation on official rules around access and most of the interviews had been uploaded into qualitative analysis software. In addition to the key factors for access, another concept, *qui bono* [misspelling of *cui bono*, meaning who benefits, referencing the practical advantage, ('cui bono,' 2023)] was created for tracking who was supposed to benefit from the official rules. These concepts were used as the first step of coding and analysis, representing the main factors impacting access.

This initial coding led to identification of themes related to the second and third of the series of progressing questions: what is the effect of a lack of access, and what are the drivers to a lack of access? Several emerging interview themes were identified under the umbrella categories of Impact on Experience and Why the Problem? Under Impact on Experience were the themes: female staff, female solidarity, officer power, process for additional, feelings towards self, isolation, and physical illness. Under Why the Problem were the themes: men (as default

and in charge), money, shame, and need to control. The theme of exposes gaps did not fall under either umbrella category for reasons that will be discussed later in this chapter. These themes were turned into codes in the software to track their prevalence within interviews. The table below shows the list of research participants and what themes they touched on during their interviews. The next section discusses these themes and how they relate to the framework.

Table 5 - Themes and Prevalence in Interviews

(Type) Name	Female Staff	Female Solidarity	Officer Power	Process for Addl	Feelings Towards Self	Isolation	Physical Illness	Men	Shame	Money	Need to Control	Exposes Gaps
(E) Jane	X	X	X	X	X	X	X	X	X	X	X	
(E) Godvin	X	X	X	X	X	X	X	X	X	X	X	X
(E) Guanipa		X	X	X	X	X	X	X		X	X	
(P) Abbate	X		X	X	X	X		X	X	X	X	X
(P) Berry			X		X	X		X	X	X	X	
(P) Tiggs		X	X		X	X	X	X	X	X	X	X
(P) Greg			X		X	X		X	X	X	X	
(E) Ann					X					X		
(P) Auckerman			X		X	X		X	X	X	X	X
(E) Toon	X		X		X		X	X	X	X	X	
(E) Burnett	X	X	X	X	X	X	X	X	X	X	X	
(E) Carla	X		X		X	X		X	X			
(E) Perry		X	X			X	X	X	X	X	X	X
(P) Fealk and (E) Kitcheyan					X	X		X	X		X	X

NOTE: Participant type is (E) for Expert and (P) for Professional listed next to name. As a reminder, Experts are those who have experienced incarcerated menstruation first-hand, and Professionals are those whose jobs lead them to work closely with current and/or formerly incarcerated menstruators. If someone is both, they are listed as an Expert to highlight their personal knowledge and authority on the subject.

6.2.1. Impact on Experience

The following themes relate to the impact of menstruation on the experience of incarceration.

a) **Female Staff**

The issue of female staff within the phenomenon of unsupported menstruation in prison was primarily discussed by Experts. Professional Abbate mentioned female staff in relation to how women in corrections are expected to emulate the men around them and not “rock the boat,” especially in a position when one relies on fellow officers for safety. Several Experts generally referred to female staff to emphasize the unfairness of their behaviour around menstruation, which could be heavily dependent on location. Female staff were seen as making a conscious decision to harm incarcerated menstruators, while male staff’s behaviour they felt could be excused by a lack of knowledge. In Expert Toon’s opinion, “female officers tended to be more cruel about [menstruation],” whereas Expert Jane described moving to a lower security prison where female staff were more understanding about menstruation and the need for products. In any case, regardless of the participant, there was a particular focus on how those who experienced menstruation themselves treated incarcerated menstruators (this focus on their status as menstruators explains why this theme is referred to as ‘female’ rather than ‘women’ officers).

b) **Female\Menstrual Solidarity**

Experts also discussed a sense of solidarity among incarcerated menstruators in response to the lack of support for menstruation. By working together as much as they could under the circumstances, they could avoid certain issues. Expert Godvin described staying in a facility where a number of products were regularly given to each incarcerated person and how communal sharing ensured everyone had what they needed. Expert Perry similarly mentioned how the women in the jail she went to “were kind of, I guess, looking out for each other, or at least trading and sharing things amongst each other to make sure that they had what they need.” There was a sense that watching other menstruators struggle with

inadequate access was deeply impactful, and incarcerated menstruators were willing to make small sacrifices to avoid that situation. Professional Tiggs was the only Professional to reference this solidarity and the pain of seeing someone else struggle when she said, “Whether you’re a freed woman, whether you are incarcerated, you should have a period pad, not only because of what it can do to the woman but what it can do to everybody that’s surrounding her.”

This theme shows the advantages and importance of reflexivity. This concept of solidarity amongst menstruators in the face of unfair practices is not discussed in the literature and was not anticipated before interviews began. It also touches on how incarcerated menstruators experience harm even if they aren’t the direct target of menstrual-based humiliation. This menstrual solidarity is discussed more in [chapter 9](#).

c) **Officer Power**

Almost every participant referenced officer power as playing a large role on the impact of a lack of access to menstrual products, both Professionals and Experts. Professionals focused on how the lack of oversight and significant amount of power guards are given can lead to abuses despite the rules around menstrual products. As Professional Berry said, “Let’s say a woman who’s incarcerated knows her rights, and is like, ‘You, by law, have to give me access to pads and tampons.’ The CO (correctional officer) can just be like, ‘No, that privilege has been taken away from you.’” This is because, in a number of places, no matter what the official rules are, officers get the final word, especially if they say it’s related to safety or security. Experts pointed out that the lack of oversight in prisons was a significant issue as well. Expert Toon described new laws in Texas which were supposed to expand access to menstrual products, saying, “how do you enforce something when there’s no way to-, there’s no enforcement arm? There’s no independent oversight.” The lack of access to menstrual products in prison increases the authority of individual guards and correctional officers who become gatekeepers to these necessary items. This can make the decisions of

individual guards much more significant in terms of how they impact access to menstrual products.

d) Processes for Additional Products

As previously mentioned, the 2015 report from the Correctional Association of New York (CANY) discussed how processes for additional menstrual products in facilities which only provide a limited number are unacceptable, saying, “In order to get additional supplies, prisons require women to obtain a medical permit, a process that is humiliating and unjustified. At one prison, doctors insisted that women show a bag filled with their used pads as proof they needed more” (Kraft-Stolar, 2015, p. 8). This theme also emerged from the interviews, with a few Experts and one Professional touching on it. Expert Jane discussed the difficulty in having to justify a need for more products at her facility, saying:

I could've gone in and said anything I wanted, and they would have said, 'Ok, well, sorry. Doesn't work that way. You'll have to deal with what you gotta deal with.' You know, what am I supposed-, how do you prove something like that? And it really just depends on how somebody's feeling that day.

As Professional Abbate pointed out, there are a range of interpretations of what ‘free and unrestricted access’ to menstrual products can mean, and only rarely do facilities actually make getting menstrual products as easy as walking to a receptacle and taking what one needs.

e) Feelings Towards Self

The way in which access to menstrual products in prison impacts incarcerated menstruators’ feelings towards themselves was mentioned by every participant in this research. In fact, it was one of the most common themes overall in the interviews, underlining the importance of the concept of embodiment in this research (Tolman, Bowman and Fahs, 2014). Overwhelmingly, participants discussed this theme in negative terms. As Expert Carla put it, “When women are incarcerated, in society's eyes it strips your femininity from you, and it, you're just, it just makes you less of a person. Like, they strip away your dignity, they strip away your femininity and how you feel about yourself as, like, a woman.”

Not only does it have negative consequences, but it is specifically experienced in a gendered way that leaves some incarcerated menstruators feeling bad *as women*. Expert Guanipa discussed how it made her feel like less of a person and worthless. Professional Tiggs discussed how a lack of support for menstruation in prison can lead to long-term consequences for self-esteem and confidence, and how this can impact reentry and post-release success, which other Professionals and Experts echoed. As Expert Toon put it:

Women leave the system, feeling like they don't matter...why else would you treat me like this? Like, you must treat me this way because I'm not worth anything. So then I gravitate towards relationships that treat me that way, to jobs, to a... system around me that also reaffirms what you just taught me while I was in custody, which was that I was worthless.

As Professional Abbate said, "If you're gonna address women's pathways into prison you're gonna want to address their self-esteem," and a lack of support for menstruation is a direct impediment to that.

f) **Isolation**

Isolation was also a topic that came up frequently (see **Table 5 - Themes and Prevalence in Interviews**), although not as much as feelings towards oneself. Almost every Professional and most Experts mentioned isolation in terms of how incarcerated menstruators are cut off from support networks both inside and outside of prison. Describing the lack of access to menstrual products, "at a minimum it's isolating which puts women at risk for sexual abuse from staff, but also it prevents women from maintaining contact with their outside family, with their kids," said Professional Abbate. Losing contact with outside family, especially children, can happen in a number of ways which will be discussed in chapters [8](#) through [10](#). As Professional Berry described, incarcerated menstruators who may be expecting or hoping for a visit may be concerned about appearing in clothing stained with menstrual blood and how that might affect their loved ones. 'Good time' programs which allow for early release often rely on participation in programs and work, and there is no recognition that

incarcerated menstruators need adequate menstrual care to participate, so they miss out on the opportunity to be reunited with family sooner. It also becomes a significant issue because of the common rules in facilities, as will be discussed in [chapter 8](#).

g) Physical Illness

Some participants, both Experts and Professionals, brought up the issue of physical illness as a result of unsupported menstruation in prison. Generally, these physical issues were the result of the coping mechanisms menstruators were forced into due to the facility's own policies or they stemmed from the refusal of medical staff to acknowledge the issue. Unfortunately, the fact that the health of incarcerated people (and women in particular, as discussed in [chapter 2](#)) is already so poor (Wang, 2022) can make it harder to pull apart the effects due solely to unsupported menstruation. "I would drink less water so I wouldn't have to change my tampon as often so that I could make them last... You know, it's probably not the healthiest thing to do but, you know, that is something that is not uncommon. I know I'm not the only one who did that," said Expert Burnett. Other Experts described cutting off the string on tampons to avoid having to pull them out during strip searches, which can make them harder to remove and lead to health issues. When incarcerated menstruators had health problems which affected their menstrual cycles, facility health care providers were unwilling to believe them, meaning the facility did not have to provide additional menstrual products and that the underlying issue was never treated or was not treated until it became significantly worse. As Expert Jane put it, "Even if I had a urinary tract infection or I developed a yeast infection, you don't get treated. They don't care. It's not what you're there for. You're there to be punished, and the staff is not, the staff's not gonna help you." As Professional Tiggs pointed out, incarcerated menstruators have other harmful coping methods as well, such as "[not eating] because they're afraid of being away from their toilet and bleeding on themselves in front of everybody... And so now you'd rather starve than be humiliated. That's the kind of position that we've put

women in, and we don't do that to men." Professionals mentioned that the lack of sanitary disposal methods for menstrual products can also contribute to physical illnesses, as can a lack of regular access to the bathroom, which can be as highly policed as access to menstrual products. Experts and Professionals both discussed incarcerated menstruators using rags, socks, pillow cases, mattress stuffing, t-shirts, and anything they could find to manage their flows. The effect of these homemade products can be seen in Missouri, where first-of-its-kind research showed that providing better access to higher quality products cut the rate of vaginal infections roughly in half (Missouri Appleseed, 2023).

6.2.2. Why the Problem

The following codes and themes were seen as relating to the drivers of menstrual inequality in prisons.

a) Cisgender Men as Default/In Power

In terms of the drivers of this lack of access to menstrual products and lack of support for menstruation in prison, almost every participant felt the primary issue was Men, as in, the dominance and strong societal bias towards non-menstruating, cisgender men as a part of the patriarchal forces in society. Expert Toon said:

In terms of not having access or enough, it's because you don't spend any money on [menstrual products]. I feel like if this was something that was integral to the male experience, there would be an overabundance of it. But, I think, just, women being a minority in the system and predominantly men in leadership, at the administrative higher level, over the prison system, they don't understand.

This sentiment was shared by almost every other participant. Expert Perry discussed meeting with the Sheriff's office to discuss the need for menstrual products and being told by the men in the room that they didn't think about it, saying, "These women are in your custody. You are responsible for them. You are responsible for their health and safety while they're incarcerated. That's not good enough that you're a man and you don't think about it. That's not good enough." Unfortunately, not only did those in charge of correctional facilities not

think about it, but also when it did come up, women and menstruators' knowledge of their own bodies and their own needs was directly questioned. As Expert Kitcheyan, who testified in front of an all-male legislative committee in Arizona on this issue, said, "There's just not trust from generally men in power, I'll say, with a broad stroke, around allowing women to have control over their bodies." When incarcerated menstruators try to draw attention to the problem, they are generally ignored with the assumption that non-menstruators know better. Professional Greg, with his insider knowledge of corrections, made it clear that he did not think the white men in their fifties and sixties who are generally in charge of corrections were as willing to seriously consider and discuss menstruation as they should be, to the detriment of the menstruators they incarcerate.

b) Shame

The second most discussed driver of unsupported menstruation in prison was shame. Part of the difficulty is that menstruation is taboo (Johnston-Robledo and Chrisler, 2013; Olson *et al.*, 2022), so having open discussions about it can be extremely difficult. As Expert Burnett pointed out, "In the grand scheme of things, this is a private thing. People don't broadcast their period problems, generally, right? Like, it's a- like, nobody wants to hear this." For some menstruators, processes established to provide access to menstrual products were shameful or humiliating enough that they were less effective. As Professional Greg said, "We do have some women that have some mental health stuff and we do have some women that might be too shy to ask so I think if we had a place that was more available where they could just get it all, like, free access kind of thing would be more beneficial." Having to ask for products was unanimously described as forcing incarcerated menstruators to *beg like dogs*, because asking always required justifying the need for more. There was also a sense that shaming incarcerated menstruators was a feature of the system, not a bug. By using menstruation to shame and degrade and dehumanize, incarcerated menstruators are left with serious psychological issues that can follow them after

they are released. The fact that support (or a lack of) for menstruation can impact post-release success was seen as one way to ensure a never-ending supply of people to incarcerate. “If we dehumanize people that are incarcerated then they’re gonna be locked up more and then it is a business,” as Professional Berry pointed out. “You cannot fix a system that’s working the way it was meant to be.”

c) Money

This ties into the theme of money as a driver of a lack of access to menstrual products in prison. Mass incarceration is expensive, and some of the costs to the public have been hidden by shifting them to the families of the incarcerated or by spending less on necessary services such as food (Bardelli, Gillespie and Tu, 2023; Wagner and Rabuy, 2017). “This weird aspect of blame... shame, and ridicule” around incarcerated menstruation, as described by Professional Fealk, can become a way for businesses involved in incarceration to make money. The literature on private prisons shows that they affect incarceration rates, sentencing length, and guilty verdicts for some crimes (Galinato and Rohla, 2020), but there has been no study of whether private contractors for services – who *also* turn incarceration into a business – might have similar effects. So there are agents within public facilities whose business models rely on high levels of incarceration, and these same public facilities are looking for ways to cut costs. Many facilities only provided menstrual napkins/pads and refused requests for tampons from incarcerated menstruators. As Expert Jane said, “My feelings are that tampons cost more and that was not something the state was gonna even, as long as I was there, never happen.” The overwhelming sense which Professionals and Experts had was that corrections is more focused on cutting and limiting costs in every way possible than on providing adequate services. Failing to provide adequate services can have negative impacts which may affect post-release success, so again, this focus on money can end up sending people back into the system. While there were some Experts who spent time in facilities that provided free menstrual products and made it easy to access them, they still

discussed how they were of such poor quality that they could barely fulfil their intended function.

d) Need to Control

Part of this intense focus on money and cutting costs results in only allowing incarcerated menstruators a specific number of menstrual products at a time, and Experts and Professionals discussed how security is invoked to provide additional rationale. There is a focus on control as a means of ensuring security in facilities (Schoenfeld and Everly, 2022). Yet while facilities deny access to unlimited menstrual products over concerns of security, there are very few examples or explanations of how menstrual products could constitute a threat. As Professional Berry put it, “It’s always security and safety for these, like, insane hypotheticals that just clearly aren’t true.” As a person who has worked in a facility and within the corrections system, even Professional Greg was not convinced that denying access ensured security, saying:

I feel like there are the security risks of lighting it on fire and throwing it down the toilet, but I feel like that can be monitored. If someone does that a couple times, I mean there’s steps you can take to prevent people from doing that. And for the most part, I don’t, I haven’t dealt a lot with women in the lockdown setting but I don’t think they’re trying to light stuff on fire and flush all that down the toilet to cause the flooding and stuff.

To support the explanation of menstrual products being a security issue, prison staff and correctional officials will point to how incarcerated menstruators use menstrual products for a range of other tasks. This strongly relates to the next identified theme.

6.2.3. Exposes Gaps

Multiple Experts and Professionals mentioned that menstrual products are useful cleaning supplies, that they can be turned into ear plugs, they can be used to block air vents, as toilet seat liners, or even as makeshift dildoes. None of these uses causes violence or even disruption, but it does point to the theme of exposing gaps, or the need for increased supplies of other items. These gaps are

an impact of both money and the need to control, and can become a driver when the use of menstrual products to full these unmet needs becomes a justification for withholding them, which is why this theme was listed separately from others. As Professional Tiggs pointed out, “Women who are incarcerated wouldn’t have to use a tampon for something else if they were having that need met in another way. Like, whatever they’re using it for, that means that they don’t have what they need in that other area so they have to compensate.” Prisons are known to be noisy places and this can have a serious detrimental effect on incarcerated people (Wener, 2012; Jeffrey, 2016; Rice, 2016b; Annarelli, 2023). Rather than see the use of menstrual products as earplugs as an abuse, it is in indication that people are desperate for these items, and they should be provided. For example, if the cleaning supplies provided by the facility are so inadequate that incarcerated people are using menstrual products to get the job done, then facilities should be spending more on cleaning products. Rather than being seen as a problem with incarcerated individuals, the fact that they use menstrual products to fulfil other needed functions are the fault of the facility failing to meet the needs of the people they incarcerate. This is echoed by the Correctional Association of New York (CANY), saying:

Department [of Correction] officials express skepticism that the problem [of access to menstrual products] is widespread and suggest that women run out of supplies because they use pads for other purposes, for example, to quiet squeaky doors, steady uneven tables and chairs, and clean their housing area... DOCCS (New York correction department) could easily provide other items for cleaning and addressing noisy doors and broken furniture instead of denying all women enough pads because some use them for other purposes. Ultimately, the cost of providing sufficient sanitary supplies is minimal while the benefit – protecting women’s health and personal integrity – is great (Kraft-Stolar, 2015, p. 67).

6.2.4. Potential for Good/Lack of Negative

While not a separate code or theme from interviews, it is important to note that participant experiences of incarcerated menstruation were not always bad and plagued with issues of access and support. Some participants noted that there

were certain locations where pads and tampons were both available and where individuals could take as many as needed (though the quality was still poor), and Expert Carla said she had experienced better conditions when she was first incarcerated decades ago and had seen the facility become stricter around menstrual products since then. As she described it, in the beginning:

You didn't have to pay for them, unless you chose to order your own tampons in your quarterly box, or buy them on canteen. But they still, they offered them and... there was a period of time when it was just, 'Go get 'em.' You know, 'They're there. Help yourself.' But then it started getting to where, 'Well, you're only allowed a certain amount,' and, you know, 'Make it stretch.'

Expert Guanipa mentioned that, for those who wanted to have children after release, periods were a welcome reminder that this was still possible. This reflects Chamberlen's point in the literature that menstruation could be seen as a return to health for those incarcerated menstruators who had stopped experiencing periods before incarceration, for example due to drug use (2018). This point underscores the fact that not every incarcerated menstruator's experience is the same, that not every facility refuses to adequately provide for menstruation, and that there are still occasional positive impacts from menstruation, though they may get overshadowed by the negative. Participant experiences differ for reasons which may include access to financial resources, support from family, time of incarceration, race, age, and more.

The second and third of the progressive research questions – what is the effect of a lack of access, and what drives this lack of access – have now been addressed in the participants' own words and themes have been identified within the interviews. At this point, there is enough information to link these themes together, which also ties these questions together.

6.3. Linking Questions and Themes Together

This section takes the themes discussed in the previous section and discusses the relationships among them. This links the two previously-mentioned progressive questions (what is the effect of a lack of access, and what drives this lack of

access) together using the language and understanding of participants. Linking the drivers with their effects was possible because, even though experiences varied, there was such strong consistency and agreement among participants.

The second question, what is the effect of a lack of access, led to the identification of themes under the umbrella of Impact on Experience. These themes were: female staff, female solidarity, officer power, processes for additional products, feelings towards self, isolation, and physical illness. The third question, what drives this lack of access, identified the themes under the umbrella of Why the Problem. These themes were: men (as the default and in charge), shame, money, need to control. There is also the theme of exposes gaps, which can be both an effect and a driver, and the concept of *qui bono*, an idea drawn from relevant literature (rather than interviews) concerning who benefits from these rules.

Impact themes can be loosely organized under the Why themes, but the concept of *qui bono* cannot. Because none of the participants in this study were transmen, non-binary, gender nonconforming, or intersex individuals who menstruate and were held in a men's facility, there was no additional insight from interviews into the effects of who benefits and what drives those effects. Focusing purely on themes which emerged from interviews requires setting the literature-based concept of *qui bono* aside for now, which has consequences for the finalized theory which will be discussed in the next section. For the rest of the themes, they can be organized with the following arguments based on the discussion from the previous section.

Linking Impact themes to Why themes, or effects with their drivers, is based on the understanding and descriptions of the participants, who were generally consistent in their perspectives.

Table 6 - Drivers and Impacts

Driver	Qui bono	Shame	Men (default/in control) ←→	Need to Control	Money
Effect(s)	N/A	Isolation, feelings towards self, process for addl	Female staff, female solidarity	Officer power	Exposes gaps, physical illness

NOTE: The arrow between Men and Need to Control illustrates their connection, which is further discussed below.

6.3.1. Shame

Shame drives much of the isolation incarcerated menstruators face by cutting them off from family and support, has a major impact on how they feel about themselves, and was seen as the desired outcome of processes established for additional products. Summarizing the connection of shame and isolation, Expert Jane said:

Being incarcerated is all about that you have done something and you're being punished for it. As well as society feeling that way about you, like, well why should she get a tampon? You know, she did something really bad. Why should she get anything special? She's got to, they've gotta serve their time. They did a bad thing. They shouldn't even be, you know, they shouldn't even be allowed to do anything.

The intense shame of incarceration makes this isolation seem acceptable not only to those people outside of prison, but also to the incarcerated person by making this treatment seem deserved. This strong message that this isolation is deserved has clear effects on how these incarcerated menstruators feel about themselves. Part of thinking this isolation is deserved is believing that there is something inside one's self that requires this treatment – negative treatment encourages and relies on negative thinking and how one feels about themselves. If an incarcerated menstruator believes something is wrong with themselves, that makes it more difficult to build positive self-esteem, a factor which may relate to post-release success (Zust, 2009). As Professional Tiggs put it, incarcerated menstruators “believe that they deserve to be treated like this, and they don't fight for their basic human needs which perpetuates the ability for jails and prisons to mistreat these individuals.” Lastly, incarcerated menstruators

generally saw the processes for additional menstrual products as just another way for prison staff to humiliate them into silence and make them stop asking. The fact that incarcerated menstruators had to actively prove that they needed more menstrual products, without resorting to bleeding on themselves from lack of products (which may result in punishment and further humiliation as discussed in chapters 8 and 9), was seen as an impossible request. While finding reasons to deny requests for additional products could be seen as tied to money, or perhaps to a need to control the supply, the fact that incarcerated menstruators felt these processes were specifically designed to maximize humiliation is what puts this impact under the driver of shame.

6.3.2. Money

Money and the desire of corrections to cut and shift costs exposes the gaps in the system where necessary items are already lacking and leads directly to physical illness when incarcerated menstruators turn to homemade products, use products for longer than intended, or have to use multiple products due to their low quality. While common rules in prison are further discussed in [chapter 8](#), it's important to understand that incarcerated people can also be punished for not keeping their space clean enough (Iowa Department of Corrections, 2018). This puts using menstrual products to clean, the most commonly reported 'misuse,' in a new light of people desperately trying to use what they can to not only fill an unmet need but also avoid punishment. As Expert Kitcheyan said, access to menstrual products opens up "doors for others basic needs that aren't being met," and the mentality in prison is generally to 'make it work' with the resources available. Survival in prison depends on this, yet incarcerated people are punished for it (again, discussed in [chapter 8](#)). This is the same mentality that drives the use of unsanitary products as makeshift menstrual products. Professional Tiggs described her experiences with incarcerated menstruators around this, saying, "They've talked about... taking their pads and creating their own tampons out of them or having to use things like old rags, socks, pillow cases, mattress bedding... if someone denies them their products they have

nothing but that to use.” Participants generally saw the lack of availability of menstrual products and other resources which drives the use of makeshift items as due to prisons trying to save money. While using makeshift menstrual products may certainly be humiliating, money rather than an intent to shame was understood to be the driver.

6.3.3. Cisgender Men and the Need to Control

Men as the default and as the people in charge are related concepts: both relate to the patriarchy – or the domination of men (traditionally cisgender, heterosexual, white) over others – and its expression in U.S. prisons (Nagel, 2013). This nod to the patriarchy also relates to the need to control and dominate individuals who are transgressive, particularly because of their status as non-men within a system where that is the superior identity (Thomas, 2003). Thus, officer power falls under the driver of a need to control, which itself is tied to the patriarchy and the concepts of men in charge and as the default. The fact that men have traditionally held positions of power in corrections has created a lingering sexist atmosphere for employees (Egan, 2018; Blakinger, 2018; Danesh, 2020), which some women deal with by emulating the behaviour of the men above them. This leads to the theme of female staff and how they are sometimes perceived by incarcerated menstruators as being particularly cruel. The theme of female solidarity is a response not only to the lack of menstrual products, but to the masculine atmosphere which sees menstruation as insignificant. This is why this theme is not under the driver of money, because money doesn’t highlight its gendered nature. Female solidarity isn’t a response to poor conditions in general, but specifically to how women and menstruators are treated in a system meant for cisgender men. As Professional Tiggs said:

We don’t do this kind of stuff to men. Women become more vulnerable to stuff like this because we have bodily things that we can’t control. We know that women are more at risk for mental health issues and for physical health issues, and those things are used against us to monopolise the power of the prison system. There’s just no reason why a freakin’ tampon should create an entire health crisis both in and out of prison.

The links between these themes connect the drivers of menstrual inequity in prison to their effects on incarcerated menstruators.

6.4. Linking Themes to Indignities

Menstrual gender fallacy is the one part of the complete framework of menstrual indignities which remains unproven, as there is no research evidence to support it. As mentioned previously when discussing the *qui bono* concept from document analysis, none of the Experts interviewed in this work were transmen, non-binary, or intersex individuals who were housed in a men’s prison, therefore none of them could offer support for this idea based in their own experiences. This category of indignity remains purely theoretical, supported by the sensitizing concepts of menstrual injustice (Johnson, 2019) and access to menstrual products in U.S. prisons ([chapter 7](#)), but as-yet unproven in the testimony of individuals. The framework of menstrual indignities intentionally leaves space for the potential of specific harm being done to a subset of incarcerated menstruators, to be proven or disproven in future research and calling attention to another gap in the academic literature.

Table 7 - Categories of Indignity and Themes

Categories of Indignity	Menstrual Gender Fallacy	Non-Menstruator Bias	Culture of Shame	Menstrual Economics	Menstrual Morbidities
Themes from Interviews		Men (as default)	Shame: isolation, process for addl Men (in control): need to control, officer power, female solidarity, female staff	Money: exposes gaps	Physical illness, feelings towards self
Concepts from Literature	Qui bono	Terms	When, where, quantity	Cost, quality	

The participant-generated concept of money and the menstrual indignity of menstrual economics are very clearly and directly linked. For participants, it

represented the way in which corrections focuses on saving money by cutting spending, whereas the indignity references forcing menstruators into choices non-menstruators don't have to make. Together, these concepts show how focusing so much on cutting spending disproportionately harms incarcerated menstruators through their lower access to resources than non-menstruators (see [chapter 2](#)) and because spending on women's services is more likely to be seen as unnecessary, evidenced by the number of facilities that do not provide any menstrual products for free (see [chapter 7](#)). Menstrual economics still exposes gaps caused by insufficient spending in other areas which affects incarcerated menstruators, but it also refers to the cost and quality of menstrual products in prisons – providing as few as possible of the lowest-quality, cheapest products available. This indignity also includes the way menstruators are forced to choose between movement and staining themselves, and how restricting access limits an incarcerated menstruator's ability to focus and participate in beneficial programming, discussed in [chapter 10](#).

One change from the interview themes is the discussion of physical illness. While this is still related to money and a lack of willingness to provide adequate access to menstrual products, menstrual indignities pulls the issue of health out into its own category. Another change is that menstrual morbidities not only refers to physical sickness, but also to mental health, with an understanding of embodiment (Chamberlen, 2018) and that each influences the other. When discussing the difficulties they faced with incarcerated menstruation, Experts generally discussed physical and mental problems as a response to other actions. However, these mental and physical issues have significant consequences on their own which are of particular concern to those hoping to assist post-release success, among others. Health practitioners both inside and outside of prison may fail to treat menstruation as an integral part of overall health (Critchley *et al.*, 2020b), making it stand out less within prison as a major driver of menstrual indignities. Menstrual morbidities recognizes that menstruators are particularly harmed in a setting which has poor health systems designed for men and which

sees humiliation and shame as an acceptable part of incarceration, despite the link between depression and self-esteem and women's post-release success (Zust, 2009; Annett *et al.*, 2023). This category includes the use of makeshift products, damaging methods of coping, lack of access for special and disabled populations, and the impact of shame, discussed in [chapter 9](#).

The shame which drives the isolation of incarcerated menstruators and negatively impacts their feelings towards themselves is tied to the culture of shame category. The literature and interview themes come together to show how the willingness of corrections to use shame as a weapon of control has a disparate impact on incarcerated menstruators. The intense stigma faced by incarcerated individuals fuses with the stigma around menstruation to create a situation where a regular bodily process which is a general sign of health can be used to punish, intimidate, and abuse incarcerated menstruators as part of a larger culture which supports this behaviour (Johnston-Robledo and Chrisler, 2013; Shi, Silver and Hickert, 2022). This category takes on an additional element from participant themes because it acknowledges the sexism which drives this shame, from the theme of men in charge. In the context of prison, shame can be a tool used in service of controlling and dominating those whose identities are not supported by the traditional patriarchal structure (Thomas, 2003), like women and menstruators. By incorporating this understanding of prisons as places of patriarchal power, culture of shame is also tied to the concepts of a need to control, officer power, female officers, and female solidarity. This control is also expressed with the concepts of when and where incarcerated menstruators can access menstrual products, and quantity due to the intense resistance to allowing an unlimited amount. As discussed in [chapter 9](#), this category includes routine strip searches, access to clean clothing and showers, forcing menstruators to beg, and processes for additional products.

If culture of shame reflects the intentional patriarchal shaming of menstruators with power and control, that leaves the unintentional consequences of the belief in the universality of men for the category of non-menstruator bias (Criado-

Perez, 2019). This category draws from the theme of men as default and unintentional discrimination against menstruators (Nagel, 2013). This focus on unintentional or unconscious patriarchal discrimination against incarcerated menstruation relates to the terms used to ensure which products are provided. This category of menstrual injustice focuses on common prison infractions and punishments which are entirely based on men, and supply issues due to an inability to see menstrual products as essential items, as will be discussed in [chapter 8](#).

Conclusion

The complete framework of menstrual indignities draws on both the literature and the perspectives of directly impacted individuals. The literature and theory of menstrual injustice (Johnson, 2019) provide the theoretical foundations, while the lived experience fleshes the context of the categories out in the prison setting, ensures it is also rooted in the perspective of those directly impacted, and identifies the drivers of these indignities. As consistent interview themes between two groups of people provided one form of validation, the fact that the concept of menstrual indignities is supported both academically and experientially provides another form of validation. The preliminary themes from Expert and Professional interviews and from the literature support the idea that menstrual discrimination takes a range of forms which have their own drivers, as discussed. All this justifies its use in chapters [8](#) through [10](#).

Chapter 7 - How Prisons Deal with Menstruation

This chapter provides one of the first comprehensive reviews of official rules around the provision of menstrual products in women’s prisons through jurisdictional laws, department of correction policies, and excerpts from facility or jurisdictional handbooks. The inductively developed key factors for access – terms, when, where, quantity, quality, and cost – make it possible to compare rules across types and jurisdictions, and some have already been flagged as having an outsize impact on access (Wood *et al.*, 2025). These factors not only connect to the menstrual indignities of non-menstruator bias, culture of shame, and menstrual economics, they also provide necessary context for the environment in which the discrimination described in chapters 8 through 10 takes place. While there are four jurisdictions which discuss the provision of products in all three types of documents, none address all of the key factors across all types. This dissertation shows that the existence of these rules does not seem connected to political lean or female incarceration rate, adding to the existing research on why incarcerated women and menstruators are exposed to this patchwork of rules and agreeing with previous research suggesting that legislator gender may be a factor (Jackson, 2023).

7.1. Criteria

Before discussing the existence of official rules around prison menstrual product provision, it’s necessary to go into more detail on facility handbooks and what counted as an official rule. Jurisdictions are extremely inconsistent in how they classify and handle menstrual products where they are discussed at all. In order for a document to count as mentioning something about the provision of menstrual products, it had to specifically mention ‘menstrual products,’ ‘feminine hygiene products,’ ‘pads,’ ‘tampons,’ or some other obvious euphemism *and* how individuals are expected to access those items. For laws and policies, this was generally straightforward since both tend to be relatively concise and define terms. For facility handbooks it was significantly more complicated.

Some handbooks include detailed information on daily life, while others are little more than a list of rules and disciplinary processes. Handbooks frequently mention that ‘hygiene items’ or ‘personal grooming items’ are supplied to incarcerated people but fail to define what this term means or define it as not including menstrual products. While California has a law ensuring access to menstrual products, it is not discussed in its facility handbooks and ‘personal grooming supplies’ is defined as “soap, toothpaste and toothbrushes” (State of California Department of Corrections and Rehabilitation, 2020, p. 6). While Connecticut mentions personal hygiene items and the need for proper hygiene, the lack of discussion around menstrual products makes it unclear if they are counted in that category (Connecticut Department of Correction, 2021). What the facility considers basic necessities has an impact because those items are not generally supposed to be withheld from incarcerated people. This impacts what items are given to indigent incarcerated people, the list of personal property which incarcerated people are allowed to own, and items allowed to those in special housing, those who have not yet been sentenced, etc. Some handbooks explicitly say that menstrual products are allowed in certain areas or quantities, but do not give any information on their provision (Ohio Department of Rehabilitation and Correction, 2021b, p. 58). Some prisons, like Alaska’s Hiland Mountain, list sanitary napkins/tampons under the hygiene items section of the general commissary list, but they are not available to individuals in punitive segregation with restricted commissary access (Alaska Department of Corrections, 2019). Where jurisdictions fail to mention menstrual products even in the allowable personal property list, this technically makes menstrual products prohibited items, such as in Oklahoma, where the property matrices referenced in the handbook do not list any menstrual products (Oklahoma Department of Corrections, 2022b; Oklahoma Department of Corrections, 2022a).

As another example, Colorado lists menstrual items as entirely separate from basic hygiene items:

2. All facilities will provide a controlled adequate issuance of toilet paper and feminine hygiene supplies (female offenders only)
3. It is the responsibility of each individual offender to purchase basic hygiene items through the DOC Canteen. Basic hygiene kits may be provided to indigent offenders. (Colorado Department of Corrections, 2022, p. 12).

The above handbook excerpt makes it unclear if menstrual products are also seen as a basic hygiene item, impacting whether it is included in the hygiene kits for indigent individuals, whether additional, brand-name products can also be bought in the commissary, and whether individuals in punitive segregation have access.

Lastly, a CO may still have the authority to withhold these items in certain jurisdictions. While basic hygiene items are supposed to be made available to all incarcerated people, jurisdictions are given leeway to determine when concerns for safety make this impossible. For example, Indiana’s policy states, “Personal hygiene items may be denied to an individual offender or an individual offender’s access to these items may be restricted if the Warden determines that this action is in the best interest and safety of the facility and the offender” (Indiana Department of Correction, 2019, p. 4). Thus, even jurisdictions which have provisions around access to menstrual products in all official categories are not guaranteed to be providing these items to all incarcerated menstruators at all times.

In order to be counted as mentioning the provision of menstrual products, handbooks had to specifically refer to pads, tampons, feminine hygiene items, sanitary napkins, or menstrual products and exactly how individuals could acquire these items – excerpts mentioning personal hygiene items only or which did not discuss where to get these products were not counted as including the provision of menstrual products. The wide range of variation in handbook contents and clarity around menstrual product provision makes it clear that this is generally not considered necessary information by corrections departments, despite being a basic part of life for menstruators. While legislators who make

laws and officials who set policies may intend certain details, this rarely gets translated into the handbooks where incarcerated menstruators are supposed to get all their information from. This leads to another point, which is that the lack of oversight, transparency, and accountability in U.S. prisons means there are few ways to ensure that these enacted laws and policies are being followed or implemented properly (Fenster and Schlanger, 2021; Deitch, 2020). Even the existence of strong laws, policies, and procedures outlined in the handbook do not guarantee that incarcerated menstruators have the access they need.

7.1. General Overview

Below is a table showing which jurisdictions have laws, policies, and handbooks that mention the provision of menstrual products to incarcerated women and menstruators, and a map of the U.S. shaded based on whether prison menstrual access is mentioned in one, two, or all categories of public documents. (The complete text of the cited law, policy, or handbook and be found in Appendix [A](#), [B](#), and [C](#), respectively.)

Table 8 - The Big Picture

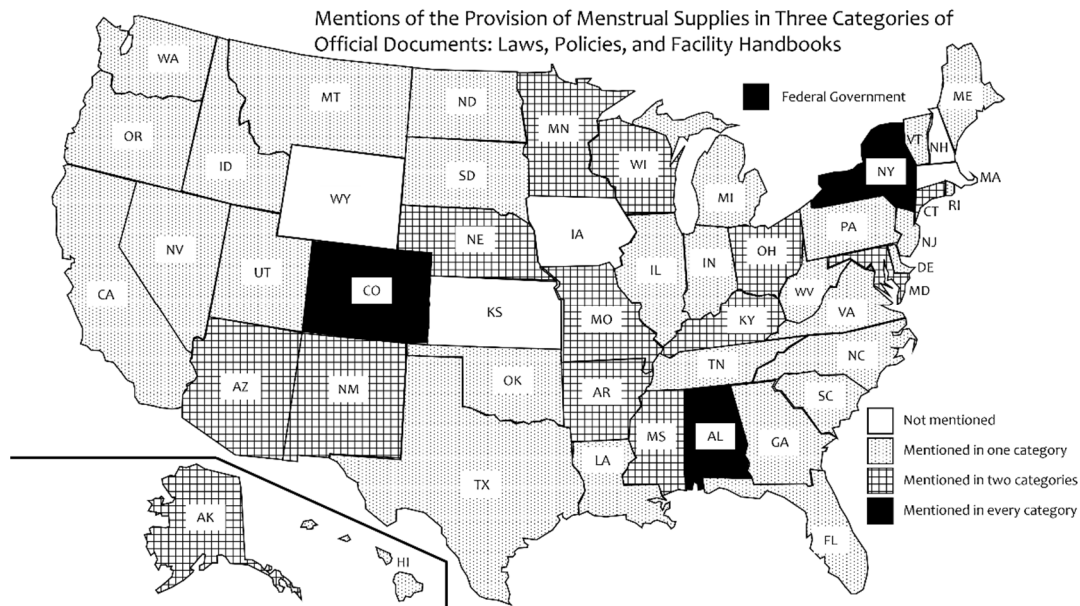
Jurisdiction	Law	Policy	Handbook
Federal	X	X	X
Alabama	X	X	X
Alaska		X	X
Arizona	X	X	
Arkansas	X		X
California	X		
Colorado	X	X	X
Connecticut	X	X	
Delaware	X		
Florida	X		
Georgia		X	
Hawai'i		X	
Idaho		X	
Illinois			X
Indiana		X	
Iowa			
Kansas			
Kentucky	X	X	

Jurisdiction	Law	Policy	Handbook
Louisiana	X		
Maine	X		
Maryland	X	X	
Massachusetts			
Michigan		X	
Minnesota	X		X
Mississippi	X		X
Missouri	X		X
Montana		X	
Nebraska	X	X	
Nevada		X	
New Hampshire			
New Jersey	X		
New Mexico		X	X
New York	X	X	X
North Carolina	X		
North Dakota		X	
Ohio		X	X
Oklahoma		X	
Oregon	X		
Pennsylvania		X	
Rhode Island		X	
South Carolina	X		
South Dakota		X	
Tennessee	X		
Texas	X		
Utah		X	
Vermont			X
Virginia	X		
Washington		X	
West Virginia			X
Wisconsin		X	X
Wyoming			

Source: Federal and state laws, internal correction department policies, and facility handbooks as cited in Appendix [A](#), [B](#), and [C](#).

Note: Where a jurisdiction had multiple handbooks available, as long as at least one mentioned the provision of menstrual products, the state was given an 'X' in the manual mention column.

Figure 1 - The Big Picture in Geographic Context



Source: Based on data from Table 4, above.

Above is one of the first compilations of all the official rules which govern access to menstrual products for those incarcerated in state and federal women’s prisons in the U.S. Most jurisdictions have at least one reference to the provision of menstrual products in at least one category of official document, but it may be very brief and provide no real level of detail – official documents vary widely in terms of how much detail they provide and what those details are. Some jurisdictions include details that go into the specifics of when and where these products will be distributed, or how many are given out at a time, or what kinds of menstrual products are available, *etc.* For example, the Federal government specifies in internal policy that prisons must provide, “Tampons, regular and super size; Maxi Pads with wings, regular and super size; Panty liners, regular” (Federal Bureau of Prisons, 2021b, p. 11). Other jurisdictions have a rule that simply says a rule should exist, such as Virginia and Minnesota.

7.2. Key Factors to Access

Beyond examining where these rules exist, comparing the content of the rules shows the relative level of access among jurisdictions with rules around menstrual products. Where these *Key Factors for Access* are left out of the

details, individual COs and other prison employees must make decisions which determine access to menstrual products and have a significant impact on incarcerated menstruators, as will be discussed in chapters [8](#) through [10](#). In the following tables discussing terms, when, quantity, and cost in detail, federal prisons, Illinois, and New York all have multiple handbooks which mention menstrual product provision. Analysis for each are separated by slashes, in alphabetical order by facility name. For federal prisons, this is Greenville, Houston, SeaTac, and Waseca. For Illinois, this is Fox Valley and Logan. For New York this is Albion and Bedford Hills. Where multiple laws and policies around access exist, either they use the same language or one is specifically meant to define the terms used in the other, so only one response is marked. Shaded cells show where jurisdictions do not have documents mentioning menstrual products, versus empty cells which show where these products are mentioned but do not include provisions around the factor in question. The key factors of where and quality are only covered by a few jurisdictions, and so do not have tables of their own but are included in tables at the end of this section showing all mentions of all key factors in every law, policy, and handbook excerpt.

7.2.1. Terms

The exact terms used in the rules dictate which products are made available. As mentioned in [chapter 6](#) bringing the finalized framework of menstrual indignities together, the use of ambiguous terms in official rules is tied to non-menstruator bias, in this case the incorrect assumption that all menstrual products are the same and menstruators don't need access both pads and tampons, at minimum. Generally, prisons will only supply basic sanitary napkins for free (if they provide anything for free) and tampons must be purchased. There is little to no legal recognition that menstruators have various needs and preferences for products (Wang *et al.*, 2025) or that they are not interchangeable. The type of products made available have a significant impact in terms of a menstruator's comfort and ability to manage their flow. Prisons fall into three categories: staying as vague as possible in their language and relying on phrases like 'menstrual hygiene

products’ or ‘feminine hygiene products’ without providing clear definitions, specifically acknowledging one product (usually sanitary napkins) but no other menstrual products, or explicitly saying a variety of products, including both pads and tampons, must be provided.

Table 9 - Specific Terms Used for Menstrual Products

Jurisdiction	Terms from Laws	Terms from Policies	Terms from Handbook(s)
Federal	A	A	S/G/G/A
Alabama	G	G	A
Alaska		G	A
Arizona	A	A	
Arkansas	G		G
California	A		
Colorado	A	G	S
Connecticut	A	A	
Delaware	A		
Florida	T		
Georgia		A	
Hawai'i		A	
Idaho		S	
Illinois			S/G
Indiana		A	
Iowa			
Kansas			
Kentucky	G	S	
Louisiana	G		
Maine	A		
Maryland	A	A	
Massachusetts			
Michigan		S	
Minnesota	A		G
Mississippi	A		S
Missouri	A		S
Montana		G	
Nebraska	G	G	
Nevada		G	
New Hampshire			
New Jersey	A		
New Mexico		S	S
New York	A	S	S/S
North Carolina	A		

Jurisdiction	Terms from Laws	Terms from Policies	Terms from Handbook(s)
North Dakota		G	
Ohio		A	S
Oklahoma		A	
Oregon	A		
Pennsylvania		A	
Rhode Island		A	
South Carolina	G		
South Dakota		A	
Tennessee	G		
Texas	A		
Utah		G	
Vermont			A
Virginia	G		
Washington		A	
West Virginia			G
Wisconsin		G	G
Wyoming			

Table Key: G – general terms, S – sanitary napkins/pads only, T – tampons only, A – napkins and tampons

Source: Federal and state laws, internal correction department policies, and facility handbooks as cited in Appendix [A](#), [B](#), and [C](#).

At first glance, there is only a single institution within the federal jurisdiction which is covered by rules which all specify access to pads and tampons: Waseca. There are 25 jurisdictions which have a law, the first official document category, on prison access to menstrual products. Of these, eight use only generic terms, and six of these have either no policy or handbook mentions or have policy and/or handbook mentions which provide no additional detail. Florida is the only jurisdiction where tampons are mentioned in the law but not pads. The majority of the terms used in laws include both tampons and pads (16 out of 25), yet in most of these jurisdictions this specificity is not propagated through policy and/or handbooks. Since pads and tampons are not the same and are not interchangeable, it is important to list both in all official documents to avoid confusion.

There are 27 jurisdictions which mention providing menstrual products to incarcerated persons in women’s facilities in policies, the second official

document category, with only 13 ensuring access to both pads and tampons. Only 15 jurisdictions mention access to menstrual products in 20 facility handbooks, the third official document category, with only four handbooks in four jurisdictions discussing access to pads and tampons. If the handbooks are meant to provide incarcerated individuals with the information they need to live their daily lives, that should include what products menstruators can expect to be given. Even if a law or policy exists which overrides the handbooks and makes tampons available, menstruators need to know and the facility materials should be updated. Handbooks which include the same level of detail or more as the laws and policies on prison menstrual access let the (soon to be) incarcerated individual know what to expect, what the facility rules are, and make it easier for them to avoid unnecessary stress and/or unintentional infractions, as well as make the commitment of the facility to providing menstrual products clear to both incarcerated individuals and staff. The lack of clarity shows that, where jurisdictions do at least remember menstruation, they may still not be giving it due consideration.

7.2.2. When

The lack of detail around when menstrual products can be accessed is a result of keeping them in a strictly limited supply from a specific area. There is no clear evidence that menstrual products present a security concern, yet they are still kept tightly under control. This reflects the patriarchal need to control discussed before (chapters [3](#), [4](#), and [6](#)) and is a part of the dynamic of power and shame which characterizes the menstrual indignity of culture of shame.

Many facilities add menstrual products to pre-existing routines, like the monthly provision of certain hygiene items. Unfortunately, this means incarcerated menstruators can be left without menstrual products if they run out before the next month. Phrases like ‘as needed,’ ‘when needed,’ or ‘as appropriate’ were taken to be equivalent to ‘upon request.’ Kentucky’s policy states that “the frequency and quantity issued shall be determined by each Warden” (Kentucky Department of Corrections, 2014, p. 2). Although this makes a reference to when

these items should be provided, it provides no actual details, and so is not counted. Items available for purchase in the commissary do not count as being constantly available, since the commissary is generally only available at certain times on certain days of the week, might be in another building, and there may be a delay of several days between ordering and delivery of purchased items.

Table 10 - When Menstrual Products are Provided

Jurisdiction	When - Laws	When - Policies	When - Handbooks
Federal		C	C/U/U/C
Alabama	U	B	C
Alaska		B	U
Arizona	U	M	
Arkansas			
California	U		
Colorado			B
Connecticut	U	U	
Delaware			
Florida			
Georgia		C	
Hawai'i		BC	
Idaho		U	
Illinois			C/M
Indiana		UB	
Iowa			
Kansas			
Kentucky			
Louisiana			
Maine	C		
Maryland	UBM	UBM	
Massachusetts			
Michigan			
Minnesota			
Mississippi			
Missouri			
Montana		B	
Nebraska	U		
Nevada		UB	
New Hampshire			
New Jersey	U		
New Mexico		B	
New York		B	M/M

Jurisdiction	When - Laws	When - Policies	When - Handbooks
North Carolina	U		
North Dakota			
Ohio		B	B
Oklahoma			
Oregon			
Pennsylvania		BC	
Rhode Island			
South Carolina			
South Dakota			
Tennessee			
Texas	U		
Utah			
Vermont			
Virginia			
Washington		B	
West Virginia			B
Wisconsin		U	U
Wyoming			

Table Key: U – upon request, B – on admission/intake/reception, M – on a regular schedule, C – constantly available

Source: Federal and state laws, internal correction department policies, and facility handbooks as cited in Appendix [A](#), [B](#), and [C](#).

Of the 25 jurisdictions with laws around prison access to menstrual products, less than half (10 of 25) provide details on when menstruators are given access, with the majority only specifying that menstrual items must be provided when requested by an incarcerated person. Of the 27 jurisdictions with policies on prison access to menstrual products, 18 provide details on when menstrual products must be supplied, and the majority specify this happens upon admission. This initial supply is deeply important given the fact that proving indigence can take over a month (Herring, 2021), leaving menstruators without any products at all for their first incarcerated cycle. This can also happen to those who are not indigent, as it can take time for prisons to process money being added to an incarcerated individual’s account and can make it particularly difficult for newly arrived individuals to obtain necessities. Handbooks tended to add as much detail as policies, though the timing for laws, policies, and handbooks did not always agree. Where laws and policies lack specificity around

timing, this may be due to a deference for facility security, however there is no evidence that menstrual products cause security issues. Facilities which do not make menstrual products accessible at all times, quickly, are not providing enough access to prevent staining.

7.2.3. Where

Where these items are kept is extremely important for access. As with when menstrual products are accessible, the fact that they are only made available in specific areas is related to culture of shame due to the need to control the supply rather than make it readily available. Using the federal government's definition, "a [housing] unit is a self-contained inmate living area that includes both housing sections and office space for unit staff" (Federal Bureau of Prisons, 2016a, p. 4). As mentioned in the previous section, the commissary is not accessible to all incarcerated people, is not accessible at all times, and may require time between ordering and providing the items. Similarly, if the supply of menstrual products is kept somewhere far away from the housing unit, it can take a significant amount of time for prison staff to get them, meaning the incarcerated menstruator must wait longer for necessary supplies and making it more difficult for a prison staffer who may be in the middle of a task. This can be one floor of a large building, or the entire building. Specifying that menstrual products must be kept in the housing unit ensures they are easily accessible and menstruators aren't kept waiting. It is important to note, even the items kept on the housing unit may not be available to those in punitive segregation or who are being treated in the medical area.

In Georgia, the policy says menstrual products should be distributed in an "area designated for hygiene issuance" (Georgia Department of Corrections, 2019, p. 2). Similarly to details around when items would be distributed for Kentucky, this policy seems more focused on the fact that there should be an area where items are provided but not on where that area should be, and so is not counted. In Illinois, one facility handbook says menstrual products (sanitary pads) are kept in the "shift area" of the prison (Illinois Department of Corrections, 2021b, p. 37).

Since there is another section of the handbook which encourages those in the shift area to refrain from excessive noise to avoid waking any sleeping residents, this seems to be another term for the housing unit.

Four jurisdictions mentioned where menstrual products should be kept in law: Florida, Louisiana, New Jersey, and Tennessee. Florida, Louisiana, and Tennessee said they should be available in the housing unit and in the medical area. New Jersey specified they should be accessible in the canteen/commissary and the medical unit. Eight jurisdictions mentioned location in policy: the federal government, Alabama, Alaska, Hawai'i, Ohio, Oklahoma, Pennsylvania, and South Dakota. The federal government, Hawai'i, and Pennsylvania said they should be accessible in the housing unit, while the rest kept them in the canteen/commissary. Only seven jurisdictions mentioned it in the handbooks: the federal government (Greenville and Waseca), Alabama, Illinois (Fox Valley), New York (Bedford Hills), and Wisconsin mentioned keeping them in the housing unit, and New Mexico and Vermont kept them in the canteen/commissary.

While many official documents discussed when these items could be obtained, very few specify where these items can be obtained. Items that are kept outside the housing unit are sometimes unavailable to incarcerated menstruators, making it a significant issue if they need more. If a prison staffer is asked for these items, they are required to leave their post, something which they are not always able to do. This can mean incarcerated menstruators are left waiting for significant periods of time while they bleed on themselves. These products must be kept close at hand for those who need them, yet the vast majority of jurisdictions do not recognize this, creating a barrier which stops incarcerated menstruators from easy access to what they need and creating more opportunities for menstruators to bleed on themselves. The large number of places which fail to make menstrual products accessible in the housing unit itself make it clear the unproven need to control everything in prison takes precedent over the health of incarcerated menstruators.

7.2.4. Quantity

The fact that jurisdictions feel the need to closely control the number of menstrual products incarcerated menstruators are provided or allowed to carry with them is due to a need for control that does not reflect a proven security threat. Instead, it reflects the patriarchal need to control discussed in the context of culture of shame. Many facilities have strict limits on the number of menstrual items individuals are allowed to have in their cell, on their person, and with them during visitation, work release, and while being transported. These rules do not acknowledge that some women go through products quickly (especially poor-quality products) and need many more than others. Vague terms like ‘an amount that is appropriate,’ or ‘necessary amount,’ were taken as equivalent to ‘as required.’

Table 11 - Quantity of Menstrual Products Provided or Allowed

Jurisdiction	Quantity - Laws	Quantity - Policies	Quantity - Handbooks
Federal	P	PJ	J/o/o/J
Alabama			J
Alaska			P
Arizona	P	K	
Arkansas	P		
California			
Colorado		P	
Connecticut	P	P	
Delaware			
Florida	P		
Georgia		J	
Hawai'i		PJ	
Idaho		P	
Illinois			J/o
Indiana		P	
Iowa			
Kansas			
Kentucky	P		
Louisiana	P		
Maine	J		
Maryland	P	K	
Massachusetts			

Jurisdiction	Quantity - Laws	Quantity - Policies	Quantity - Handbooks
Michigan			
Minnesota	P		
Mississippi	P		
Missouri	P		
Montana			
Nebraska			
Nevada			
New Hampshire			
New Jersey			
New Mexico		P	K
New York			
North Carolina	P		
North Dakota			
Ohio		K	
Oklahoma		P	
Oregon	P		
Pennsylvania		J	
Rhode Island			
South Carolina	P		
South Dakota			
Tennessee	P		
Texas	K		
Utah			
Vermont			
Virginia			
Washington			
West Virginia			
Wisconsin			
Wyoming			

Table Key: P – as required, J – constantly stocked, K – specific number, o – not covered in handbook

Source: Federal and state laws, internal correction department policies, and facility handbooks as cited in Appendix [A](#), [B](#), and [C](#).

Texas is the only state which sets a limit on the number of menstrual products incarcerated menstruators are allowed in their law. While there are other jurisdictions which specify a particular amount or provide constant access in their policies and handbooks, the majority of jurisdictions leave the number of items individuals are allowed to possess or will be given by the facility vague. Allowing individual policymakers or facility wardens to set a limit on the amount of

products has a significant impact on incarcerated menstruators, as will be discussed in the next chapter.

7.2.5. Quality

The poor quality of the products provided and made available to incarcerated menstruators is a reflection of the facility's attempts to cut costs at the expense of the incarcerated people they house. This link to money ties it to menstrual economics, discussed in chapters [6](#) and [10](#). Quality means references to some kind of minimum standard for menstrual products or discussion of providing a range of sizes and absorptions of menstrual products. Very few jurisdictions ensure that incarcerated menstruators have access to products of quality, and this has an impact on the number of items they need. This has generally led to facilities supplying the lowest-quality products they can possibly find, sometimes making the items within the same prison. Products which do not account for size differences in vaginas or rate/amount of flow are not adequate for managing all flows. Facilities broke down into two types: those which mention different sizes and/or absorption levels of menstrual products and/or specifies that pads must have wings and/or that tampons must have an applicator, and those which say that provided products must adhere to some basic standards of quality. The first type of facilities have put thought into the number of options for each individual menstrual product that have a significant impact on user experience, while the second type recognize generally that quality is an issue.

Not all tampons come with plastic applicators (which may assist in comfortable, proper insertion and effective placement) and some must be inserted by hand or with a cardboard applicator. Cardboard applicators are generally less preferred to plastic applicators (Bakke *et al.*, 2021), and are usually what incarcerated menstruators said they could find in the commissary. Inserting tampons without an applicator can also be a messier process, which could be an issue for those with limited ability to clean themselves. Tampons are generally considered the better choice for active menstruators, as they are more likely to remain in place even with vigorous movement. Likewise, some women and menstruators have

reasons for choosing pads over tampons, such as the 9.4% to 27.2% of test subjects who reported discomfort due to insertion, removal, or wearing of tampons in a recent study (Hochwalt *et al.*, 2023).

While quality has a significant impact on the experience of the menstruator, very few jurisdictions make any mention of quality at all in any official category. The federal government says that menstrual products must adhere to some basic standard in law, mentions different sizes, absorptions, *etc.* in policy as well as adhere to basic standards, and mentions different sizes, absorptions, *etc.* in one facility handbook (Waseca). It is the only jurisdiction which acknowledges quality in every official category. Maryland mentions different sizes, absorptions, *etc.* and a basic standard of quality in policy, Missouri law discusses a basic standard of quality, Oregon law covers different sizes, *etc.*, and Texas law covers both different sizes of products, *etc.* and a basic standard of quality.

There is very little discussion of the quality of the menstrual products being provided, and yet this is a key aspect of managing one's own flow. Access to poor quality products is better than no access at all, but the problem is not fully solved if menstruators are forced to use multiple products at once and may still stain their clothing. The extremely low-quality of some products also can make it difficult to adhere to property limits, which may lead to disciplinary action, as will be discussed in the next chapter.

7.2.6. Cost

The cost of menstrual products is again related to menstrual economics and prisons hoping to cut their own costs. Some jurisdictions provide menstrual products to all incarcerated people for free, while many require incarcerated menstruators to purchase these items and only provide them for free to indigent (extremely low-income) individuals. In some locations, a set number of free products are supplied and additional products must be purchased, meaning those with heavy flows are forced to spend money or bleed on themselves—

even if items are free to everyone, that does not mean they are free in unlimited amounts.

Where menstrual products are described as ‘provided’ or ‘issued,’ or these products are kept on the housing unit, this was interpreted to mean items were free.

Table 12 - Cost of Menstrual Products in Prison

Jurisdiction	Cost - Laws	Cost - Policies	Cost - Handbooks
Federal	F	F	F/o/o/F
Alabama	F		F
Alaska		D*	
Arizona	F	F	
Arkansas			F
California	F		
Colorado	F	F	
Connecticut	F	D	
Delaware	F		
Florida	F		
Georgia		F	
Hawai'i		F	
Idaho		F	
Illinois			F/F
Indiana		D*	
Iowa			
Kansas			
Kentucky		F	
Louisiana	F		
Maine	F		
Maryland	F	F	
Massachusetts			
Michigan		D	
Minnesota	F		F
Mississippi			F
Missouri	F		F
Montana			
Nebraska	F	D	
Nevada		F	
New Hampshire			
New Jersey	F		
New Mexico			D*
New York	F		F/F

Jurisdiction	Cost - Laws	Cost - Policies	Cost - Handbooks
North Carolina	F		
North Dakota			
Ohio		D*	D*
Oklahoma		D	
Jurisdiction	Cost - Laws	Cost - Policies	Cost - Handbooks
Oregon	F		
Pennsylvania		F	
Rhode Island		F	
South Carolina	D		
South Dakota			
Tennessee	F		
Texas	F		
Utah		D	
Vermont			D*
Virginia	F		
Washington		F	
West Virginia			
Wisconsin			
Wyoming			

Table Key: F – free to all, D – only free for indigent individuals, D* - initial free amount then only for indigent individuals, o – not covered in handbook

Source: Federal and state laws, internal correction department policies, and facility handbooks as cited in Appendix [A](#), [B](#), and [C](#).

It is important to note that both Connecticut and Nebraska seem to be charging incarcerated menstruators for menstrual products despite laws which explicitly say facilities should provide these items for free. Whether it is acceptable to interpret providing a limited amount of free items and requiring incarcerated menstruators to pay for additional as fulfilling these laws must be determined by judges and policy-makers to reduce confusion and ensure facilities are complying with the spirit of the law. Many more jurisdictions include details around cost than around quality, something which can affect the number of items an individual must purchase.

As a final note on the components of rules around access to menstrual products in prison, the above comparisons across key factors do not cover all access for all incarcerated menstruators within a facility. Jurisdictions do not always provide information on whether these items are available to those being transferred, in

punitive segregation, in the medical area, or out on work release. It is not always clear if menstrual products are included in kits for indigent incarcerated people, and processes for requesting additional items are not generally written out despite being a significant barrier. Furthermore, even in places where these items are available, they are not always included in the allowable property lists, showing how these rules have been haphazardly applied and making it possible for items to be classified as prohibited. Very few jurisdictions discuss enforcing these new rules around access, meaning the implementation at the facility may be significantly different from what policy-makers envisioned.

Below are the full charts of which key factors are addressed in the jurisdictions which have passed laws around menstrual access in prison, policies around menstrual access in prison, and in the handbooks which mention the provision of menstrual products.

Table 13 - Details in Laws Around Prison Access

Jurisdiction	Terms	When	Where	Quality	Quantity	Cost
Federal	A			N	P	F
Alabama	G	U				F
Alaska						
Arizona	A	U			P	F
Arkansas	G				P	
California	A	U				F
Colorado	A					F
Connecticut	A	U			P	F
Delaware	A					F
Florida	T		HO		P	F
Georgia						
Hawai'i						
Idaho						
Illinois						
Indiana						
Iowa						
Kansas						
Kentucky	G				P	
Louisiana	G		HO		P	F
Maine	A	C			J	F
Maryland	A	UBM			P	F
Massachusetts						

Jurisdiction	Terms	When	Where	Quality	Quantity	Cost
Michigan						
Minnesota	A				P	F
Mississippi	A				P	
Missouri	A			N	P	F
Montana						
Jurisdiction	Terms	When	Where	Quality	Quantity	Cost
Nebraska	G	U				F
Nevada						
New Hampshire						
New Jersey	A	U	EO			F
New Mexico						
New York	A					F
North Carolina	A	U			P	F
North Dakota						
Ohio						
Oklahoma						
Oregon	A			L	P	F
Pennsylvania						
Rhode Island						
South Carolina	G				P	D
South Dakota						
Tennessee	G		HO		P	F
Texas	A	U		LN	K	F
Utah						
Vermont						
Virginia	G					F
Washington						
West Virginia						
Wisconsin						
Wyoming						

Table Key:

G – general terms used for menstrual products, S – sanitary napkins only, T – tampons only, A – napkins and tampons
 U – available upon request, B – available on admission, M – available on a regular schedule, C – constantly available
 H – available in housing unit, O – available in medical area, E – available in canteen
 L – mentions sizes and/or absorption and/or wings and/or applicator, N – mentions basic standard of quality
 P – quantity as required, J – constantly stocked (unlimited), K – specific number provided

F – free to all, D – only free for indigent individuals, D* - initial free amount then only for indigent individuals

Source: Federal and state laws, internal correction department policies, and facility handbooks as cited in Appendix [A](#), [B](#), and [C](#).

Table 14 - Details in Policies Around Prison Access

Jurisdiction	Terms	When	Where	Quality	Quantity	Cost
Federal	A	C	H	LN	PJ	F
Alabama	G	B	E			
Alaska	G	B	E			D*
Arizona	A	M			K	F
Arkansas						
California						
Colorado	G				P	F
Connecticut	A	U			P	D
Delaware						
Florida						
Georgia	A	C			J	F
Hawai'i	A	BC	H		PJ	F
Idaho	S	U			P	F
Illinois						
Indiana	A	UB			P	D*
Iowa						
Kansas						
Kentucky	S					F
Louisiana						
Maine						
Maryland	A	UBM		LN	K	F
Massachusetts						
Michigan	S					D
Minnesota						
Mississippi						
Missouri						
Montana	G	B				
Nebraska	G					D
Nevada	G	UB				F
New Hampshire						
New Jersey						
New Mexico	S	B			P	
New York	S	B				
North Carolina						
North Dakota	G					
Ohio	A	B	E		K	D*

Jurisdiction	Terms	When	Where	Quality	Quantity	Cost
Oklahoma	A		E		P	D
Oregon						
Pennsylvania	A	BC	H		J	F
Rhode Island	A					F
South Carolina						
South Dakota	A		E			
Tennessee						
Texas						
Utah	G					D
Vermont						
Virginia						
Washington	A	B				F
West Virginia						
Wisconsin	G	U				
Wyoming						

Table Key:

G – general terms used for menstrual products, S – sanitary napkins only, T – tampons only, A – napkins and tampons

U – available upon request, B – available on admission, M – available on a regular schedule, C – constantly available

H – available in housing unit, O – available in medical area, E – available in canteen

L – mentions sizes and/or absorption and/or wings and/or applicator, N – mentions basic standard of quality

P – quantity as required, J – constantly stocked (unlimited), K – specific number provided

F – free to all, D – only free for indigent individuals, D* - initial free amount then only for indigent individuals

Source: Federal and state laws, internal correction department policies, and facility handbooks as cited in Appendix [A](#), [B](#), and [C](#).

Table 15 - Details in Handbook Mentions of Prison Access

Jurisdiction	Terms	When	Where	Quality	Quantity	Cost
Federal	S/G/G/A	C/U/U/C	H/o/o/H	o/o/o/L	J/o/o/J	F/o/o/F
Alabama	A	C	H		J	F
Alaska	A	U			P	
Arizona						
Arkansas	G					F
California						
Colorado	S	B				
Connecticut						
Delaware						
Florida						

Jurisdiction	Terms	When	Where	Quality	Quantity	Cost
Georgia						
Hawai'i						
Idaho						
Illinois	S/G	C/M	H/o		J/o	F/F
Indiana						
Iowa						
Kansas						
Kentucky						
Louisiana						
Maine						
Maryland						
Massachusetts						
Michigan						
Minnesota	G					F
Mississippi	S					F
Missouri	S					F
Montana						
Nebraska						
Nevada						
New Hampshire						
New Jersey						
New Mexico	S		E		K	D*
New York	S/S	M/M	o/H			F/F
North Carolina						
North Dakota						
Ohio	S	B				D*
Oklahoma						
Oregon						
Pennsylvania						
Rhode Island						
South Carolina						
South Dakota						
Tennessee						
Texas						
Utah						
Vermont	A		E			D*
Virginia						
Washington						
West Virginia	G	B				
Wisconsin	G	U	H			
Wyoming						

Table Key:

G – general terms used for menstrual products, S – sanitary napkins only, T – tampons only, A – napkins and tampons

U – available upon request, B – available on admission, M – available on a regular schedule, C – constantly available

H – available in housing unit, O – available in medical area, E – available in canteen

L – mentions sizes and/or absorption and/or wings and/or applicator, N – mentions basic standard of quality

P – quantity as required, J – constantly stocked (unlimited), K – specific number provided

F – free to all, D – only free for indigent individuals, D* - initial free amount then only for indigent individuals

o – not covered in handbook

Source: Federal and state laws, internal correction department policies, and facility handbooks as cited in Appendix [A](#), [B](#), and [C](#).

7.3. Forgotten Menstruation

At this point, it is possible to use quantitative statistical analysis to look into whether there are any obvious patterns or explanations in which jurisdictions ensure access in which type of official documents and in which key factors a jurisdiction covers. Turning to three obvious possible factors – political lean, female crime rate, and proportion of women in the legislature – these basic statistical tests yield more insight about the patchwork of rules around incarcerated menstruation and what led to this situation.

If there were some kind of widespread politically-linked effort to harm incarcerated menstruators on purpose, if it were as simple as referring to it as a Democratic or Republican problem, there should be some kind of noticeable pattern in terms of which jurisdictions provide access to menstrual products for incarcerated menstruators. The emphasis which jurisdictions put on prison access to menstrual products could also be related to the jurisdiction's rate of female incarceration. The more menstruators a jurisdiction incarcerates, the bigger an issue access to menstrual products becomes. A jurisdiction which has a significant number of struggling menstruators could be more likely to have an official rule to handle the problem. The last obvious potential factor is the proportion of women legislators in a jurisdiction, and whether more individuals

with personal experience with menstruation might lead to better access for all menstruators. Political lean, female incarceration rate, and proportion of women in the legislature are just three possible co-factors, and they are not meant to be an exhaustive list of what could conceivably contribute to whether a jurisdiction ensures prison access to menstrual products. This is not a quantitative research project, but this quantitative data supports the qualitative argument on how this situation developed.

The American poll-analysis, politics, and sports news site, FiveThirtyEight's partisan lean metric was used for analysis (Rakich, 2021). This metric, in brief, provides a numeric value and political party, such as D+13.4, to show a jurisdiction which is 13.4 percentage points more Democratic than the nation as a whole, as the federal government is the baseline. To make this value continuous, these inferences were carried through mathematically. The federal position is set at 0, and rather than noting the direction of the lean with a 'D' or 'R' it is noted as being negative or positive. In this case all lean-Republican values were made negative, and Democratic lean was kept positive. Jurisdictional rates for female incarceration were obtained from the Bureau of Justice Statistics using 2021 data and are per 100,000 female jurisdiction residents (Carson, 2022). The proportion of women legislators in each jurisdiction is from the Center for American Women in Politics (CAWP) using 2023 data (2023a; 2023b). The percentage represents the total number of elected female-identifying legislators from the entire legislature rather than raw numbers because of the variety in the size of different jurisdiction legislatures and the fact that some are unicameral (have one legislative body), and some are bicameral (two legislative bodies). Non-voting elected delegates within the federal government, such as those representing the District of Columbia or Puerto Rico, are not counted in this percentage.

Table 16 - Possible Correlation with Access Mentions

Jurisdiction	Female Inc. Rate	Partisan Lean	Proportion Women Leg.	Law	Policy	Handbook
Federal	47	0.00	28.0	X	X	X
Alabama	48	-29.18	17.1	X	X	X
Alaska	24	-14.61	33.3		X	X
Arizona	81	-7.17	50.0	X	X	
Arkansas	92	-31.50	23.0	X		X
California	20	25.75	41.7	X		
Colorado	44	6.75	49.0	X	X	X
Connecticut	14	12.15	38.0	X	X	
Delaware	15	13.92	37.1	X		
Florida	45	-7.40	41.3	X		
Georgia	54	-7.36	34.3		X	
Hawai'i	33	31.81	36.8		X	
Idaho	127	-36.79	30.5		X	
Illinois	21	13.21	41.2			X
Indiana	60	-20.26	26.7		X	
Iowa	44	-9.61	29.3			
Kansas	48	-21.07	30.3			
Kentucky	91	-27.19	29.7	X	X	
Louisiana	52	-20.40	19.4	X		
Maine	14	4.38	44.1	X		
Maryland	16	26.26	42.6	X	X	
Massachusetts	6	32.68	31.0			
Michigan	31	-1.18	39.9		X	
Minnesota	16	2.00	37.8	X		X
Mississippi	76	-19.78	14.4	X		X
Missouri	64	-20.98	28.9	X		X
Montana	111	-19.91	32.0		X	
Nebraska	39	-24.75	36.7	X	X	
Nevada	50	-2.59	61.9		X	
New Hampshire	21	0.57	38.0			
New Jersey	10	11.35	35.8	X		
New Mexico	48	7.15	43.8		X	X
New York	11	19.90	34.3	X	X	X
North Carolina	37	-4.82	29.4	X		
North Dakota	52	-37.07	24.8		X	
Ohio	60	-12.11	28.8		X	X
Oklahoma	106	-36.87	19.5		X	
Oregon	44	10.60	42.2	X		
Pennsylvania	31	-2.97	31.6		X	

Jurisdiction	Female Inc. Rate	Partisan Lean	Proportion Women Leg.	Law	Policy	Handbook
Rhode Island	8	23.67	43.4		X	
South Carolina	37	-18.27	14.7	X		
South Dakota	104	-32.00	27.6		X	
Tennessee	59	-29.21	14.4	X		
Texas	67	-12.90	30.4	X		
Utah	29	-26.28	25.0		X	
Vermont	14	27.78	45.0			X
Virginia	51	3.60	33.6	X		
Washington	20	12.44	45.6		X	
West Virginia	69	-35.58	11.9			X
Wisconsin	39	-3.84	31.1		X	X
Wyoming	94	-49.87	21.5			

Source: FiveThirtyEight’s 2022 state Partisan Lean Index, E. Carson’s Prisoners in 2021 – Statistical Tables from the Bureau of Justice Statistics, 2023 data from the Center for Women in American Politics (CAWP), and Federal and state laws, internal correction department policies, and facility handbooks as cited in Appendix [A](#), [B](#), and [C](#).

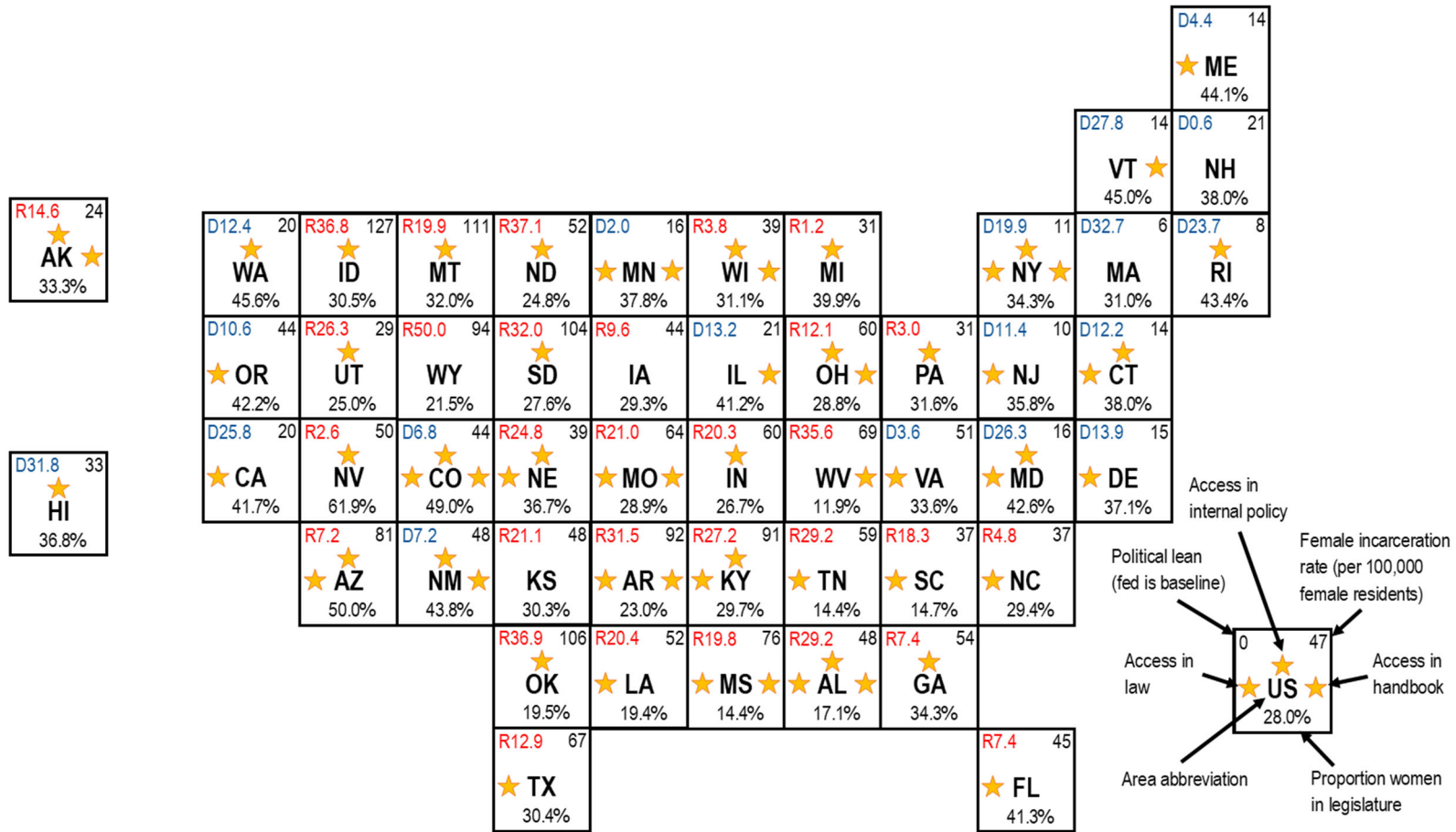
Again, this brief peek into quantitative analysis is not meant to be an exhaustive discussion of the factors which explain why these rules exist where they do, but rather to show that there is no clear and obvious set of factors which perfectly explain the situation. Recent research goes looks in more detail at other possible factors influencing the spread of laws around menstrual products provision in prison (Jackson, 2023). A binomial regression (Laerd Statistics, 2018a) run on the data above showed that there was no significant relationship between female incarceration rate, political lean, and women’s proportion of the legislature and mentions of access to menstrual products in prisons in law or handbook excerpts. In terms of policy, the proportion of women in the legislature was statistically significant in terms of relation to mention of access to menstrual products in policy. The influence of menstruators versus non-menstruators as a contributing factor to unsupported menstruation in prison is further discussed in the next chapter, and this finding supports that argument.

Regarding the six key factors for access, the low number of jurisdictions and the ‘rule of 10’ for regressions which says that the frequency of the least frequent

outcome should be at least 10 for each covariable prevents any further statistical analysis of this type (Hosmer, Lemeshow and Sturdivant, 2013, p. 407). However, switching to a Kruskal-Wallis test can identify where the inclusion of certain key factors in rules might have a statistically significant relationship (Laerd Statistics, 2018b) to the potential factors of female incarceration rate, partisan lean, or proportion women in legislature. For example, this test finds a statistically significant ($p < 0.05$) relationship between the partisan lean and terms used in the law. Using the output from this test and the number of observations, this shows that jurisdictions with higher lean values (more Democratic) are more likely to have a law which specifically mentions both pads and tampons, and jurisdictions with lower lean values (more Republican) are more likely to have a law which uses general terms for menstrual products. However, there are still many jurisdictions with middling values which have no law around menstrual products at all.

This test also finds a statistically significant relationship between the proportion of women in the legislature and terms used in law which follows the same pattern as partisan lean: jurisdictions with higher proportions of women were more likely to reference pads and tampons and jurisdictions with lower proportions of women were more likely to use general euphemisms. Again, there are many jurisdictions with middling values for proportion women in legislature which do not mention menstrual products at all. For policy, the proportion of women in the legislature was significant with where menstrual products were accessible, with low proportions being more likely to keep menstrual products in the commissary area than anywhere else. There were no statistically significant relationships found with handbook mentions.

Figure 2 - Access to Menstrual Products in Women’s Prisons and Three Possible Factors: Female Incarceration Rate, Political Lean, and Women’s Proportion of the Legislature



Source: FiveThirtyEight’s 2022 state Partisan Lean Index, E. Carson’s Prisoners in 2021 – Statistical Tables from the Bureau of Justice Statistics, 2023 data from the Center for Women in American Politics (CAWP), and Federal and state laws, internal correction department policies, and facility handbooks.

This light quantitative analysis shows that there is no statistically significant connection between the existence of rules around menstruation or their content and the rate of female incarceration. Jurisdictions which incarcerate a larger proportion of women are not more likely to have more rules around menstruation or more comprehensive rules than jurisdictions which incarcerate a smaller proportion of women. While political lean may play some role in the content of the laws around access to menstrual products in prison, the most relevant factor is the proportion of women in the legislature. Yet even this is only statistically significant in a few cases, and clearly does not wholly explain this patchwork of rules. Not only does this added analysis provide support for the idea that non-menstruators play a role in how this situation developed, but also that other significant factors are involved which have not been identified yet. Possibilities for these other factors are discussed in Chapters [9](#) and [10](#), and non-menstruator influence is discussed in [Chapter 8](#).

Conclusion

Factors behind why some jurisdictions have rules around menstrual product provision and what those rules are have received little attention up to now (Jackson, 2023). This study shows that, rather than being tied to female incarceration rate or political lean, the most relevant factor in these rules is the proportion of the legislature made up of women. This may be tied to the fact that most women are also menstruators and so they think about it more. However, it is not enough just to have rules around the provision of menstrual products, as they vary wildly from jurisdiction to jurisdiction. Certain key factors have an outsized impact on ensuring access. Yet no jurisdiction has covered all these factors in every type of rules, and many jurisdictions don't touch on a few of them. But access to products alone is not the solution to unsupported incarcerated menstruation, as chapters [3](#) and [4](#) discussed. By answering the research question of how prisons handle menstruation through examining rules around product provision, this chapter has provided the setting for the rest of this dissertation. Chapters [8](#) through [10](#) discuss the various menstrual indignities

which incarcerated menstruators face, and which can only be addressed by resisting the systems of oppression that drive them.

Chapter 8 - Incarceration Through a Menstrual Lens:

Men, Gender, and Bias

For those who are healthy, menstruation only happens once a month for about five days (Dasharathy *et al.*, 2012). Unfortunately, as was discussed in [chapter 2](#), incarcerated women and menstruators are generally not healthy and suffer from a number of menstrual health concerns while also struggling to afford access to health care and products (Allsworth *et al.*, 2007; Wilper *et al.*, 2009; Herring, 2021; Sawyer, 2017b). Chapters [8](#), [9](#), and [10](#) use the framework of menstrual indignities in prison and data from Experts and Professionals to show the numerous, significant, daily ways in which women and menstruators are punished in the U.S. correctional system. This chapter focuses on non-menstruator bias: the consequences of letting cisgendered men and non-menstruators make decisions on women and menstruators' health and how common prison rules and punishments directly conflict with the realities of menstruation, and menstrual gender fallacy: how assumptions about gender and menstruation may cause harm to transgender and nonbinary menstruators.

8.1. Non-Menstruator Bias

Non-menstruator bias expresses itself in prisons through the way in which common rules actively conflict with the realities of menstruation, the way in which the resulting punishments make menstruation even more difficult, and the way in which access and supply is seen as a minor concern rather than a significant issue. Basically, prisons treat menstrual products like any other basic items, meaning they can be withheld under certain conditions such as 'safety reasons,' they are highly monitored for overuse and waste, and they are not allowed in any area where they are not expressly included on the list of allowable items. This non-menstruator bias also relates to the first factor which all participants referenced as a problem for incarcerated menstruators: the non-menstruating, cisgender men in power making these rules and the non-

menstruating, cisgender men seen as the default for incarcerated people. Because prisons and their common procedures and processes were almost entirely based on and written by these men (Bureau of Labor Statistics, 2021a; Dauber-Griffin, 2020), normal operation effectively prohibits and penalizes menstruators, especially heavy menstruators, in many ways.

8.1.1. Common Infractions in Prisons

To understand the effects of a lack of access to menstrual products and support for menstruation in prison, and to put information from interviews in context, it is necessary to understand discipline in prison. Rules in men and women's prisons tend to be the same despite growing evidence that this can be especially harmful to women (Shapiro, Pupovac and Lydersen, 2018; U.S. Commission on Civil Rights, 2020), and this disregard for gender has effectively made it an infraction to have a period in prison. The example used for the typical prison punishment system in the table below is the Iowa Offender Rulebook. This is not meant to suggest that Iowa in particular is at fault, but rather that they are a convenient example of practices which are widespread throughout the U.S. (For a full listing of all jurisdictional rules and sanctions, see the Prison Policy Initiative's [Prison Discipline Policies](https://www.prisonpolicy.org/data/discipline_policies.html)²⁵.) While the wording of the rules and exact system of punishment may differ from location to location, the general description here reflects most other women's facilities. The following is the first academic discussion of how prisons have arguably made menstruation a crime.

In interviews with Experts and Professionals, certain rules were brought up repeatedly as being inconsistent with menstruation. These rules generally have major and minor versions based on the seriousness of the infraction and therefore the severity of the punishment—major violations have harsher punishments than minor violations. In some cases, it is unclear from the wording

²⁵ https://www.prisonpolicy.org/data/discipline_policies.html

when an infraction is minor or major, and the correctional officer is generally given wide leeway to determine the appropriate infraction level and punishment (Haggerty and Bucierius, 2020; McGuinn, 2014). There are also ‘informal actions,’ which refer to situations where an infraction has occurred, but it is not significant enough to require official sanction. This can include something as small as a verbal reprimand from a CO or prison guard.

Below are the minor and major violations which cause problems for menstruators.

Table 17 - Problematic Rules in Women's Prisons

	Minor Violations	Major Violations
1	Abuse or Waste of State Issued Items - May include, but is not limited to;... abuse of equipment or waste of supplies... in a manner which is not specifically authorized and other actions which abuse or waste state property (p. 4).	Damage to Property - An offender commits an offense under this subsection by intentionally or negligently causing damage to property of another person or of the State... (p. 21).
2	Failure to Maintain an Acceptable Personal Appearance - May include... failing to maintain minimum levels of personal hygiene, etc (p. 5).	Safety, Sanitation, Tattooing, and Piercing - An offender commits an offense under this subsection when the offender: 1. Is unsanitary or untidy... (p. 28).
3	Unauthorized Possession or Exchange of Property - May include, but is not limited to, the possession of any item not issued to the offender or obtained through authorized institutional channels or the alteration of any article (p. 4).	Unauthorized Possession/Exchange - An offender commits an offense under this subsection if the offender has in possession... or receives from or gives to another offender, or fashions or manufactures or introduces, or arranges to introduce into the institution any unauthorized item(s) delineated as contraband including, but not limited, to: 1. Property belonging to someone else or anything not authorized... 2. Exceeding limits of authorized possessions or possessing any item in a location where such an item is not allowed.

	Minor Violations	Major Violations
		<p>3. Altered authorized/unauthorized property... Altered property includes items intentionally altered or any broken items (p. 19).</p>
4	<p>Being Out of Place of Assignment - May include but is not limited to; being in an unauthorized area, loitering, and being late for scheduled appointments, work or program obligations, medication line, etc (p. 4).</p>	<p>Out of Place of Assignment - An offender commits an offense under this subsection when the offender without proper authority:</p> <ol style="list-style-type: none"> 1. Fails to report, as prescribed, to the appointed place of duty or assignment or any other place to which directed to proceed by an order of an employee of the IDOC or by order of institution regulations. 2. Departs from the appointed place of duty or assignment or any place where the offender was directed to remain by an order of an employee of the IDOC or by an order of institution regulations. 3. Is present in an unauthorized area or in an area in which the offender currently lacks permission to be present (p. 23).
5	<p>Unsatisfactory Work Performance - May include failure to perform work or program duties as assigned, as well as failure to work cooperatively with work supervisors and offender co-workers (p. 4).</p>	<p>Refusal or Failing to Work - An offender commits an offense under this subsection when the offender:</p> <ol style="list-style-type: none"> 1. Refuses to perform work assigned or refuses to report to work, or quits an assigned job. 2. Fails to perform work as instructed by a supervisor (p. 23).
6	<p>Malingering or Feigning Illness - May include feigning or exaggerating illness or other incapacity in order to avoid work or other responsibility. Evidence of violation of this rule shall include input from a health care professional (p. 4).</p>	<p>Habitual Minor Offender - An offender commits the offense of a habitual minor offender if the offender is repeatedly found in violation of Minor Rules. The number of offenses and prescribed time frame shall be seven minor reports within a 60 day time period (p. 27).</p>

Source: Iowa Offender Rulebook from the Iowa Department of Corrections, 2018 version.

Minor infractions 1 through 5 correspond to major infractions 1 through 5 according to number, while infraction 6 in both categories has no partner. This section now discusses how each of these rules (major and minor versions) can be a problem for menstruators before moving to the common system of punishment. Each of these common infractions is an example of how failing to account for menstruation can lead to systems that essentially punish it.

a) Abuse, Waste, and Damage to Property

Rule one, against the abuse or waste of state-issued items and damage to property, may be a problem for several reasons which are not immediately obvious to those who do not menstruate. Firstly, ‘abuse’ generally refers to the use of items for anything other than their official intended purpose. Because prisons focus on strictly limiting access to basic items, menstrual products may be used in a number of additional ways, including as cleaning products, ear plugs, toilet seat covers, or to block a vent from blowing cold air. Prisons generally respond to this behaviour by limiting access to menstrual products further, however, as pointed out by Expert Perry, “This has happened in multiple states where they’ll just ban things just because they’re being used outside their intended purpose when you’re not giving these women anything to, like, you don’t even allow these women to bathe everyday.” None of these common alternate uses possible with unlimited access pose an obvious threat to safety, however a lack of access results in incarcerated menstruators having to improvise makeshift menstrual products, leading to a situation where, as Expert Jane put it, “if you are using toilet paper, and you don’t have a sanitary napkin, that is also considered an infraction.”

This rule also causes problems because the focus on preventing waste leads prisons to set a number which their leadership (usually non-menstruators) (Bureau of Labor Statistics, 2021a) considers an acceptable amount of products for menstruators, with the implication that anyone who needs more is being wasteful. This not only ignores the fact that everyone’s period is different and may require a different number of different items, but also the fact that these

items tend to be of such low-quality that they are ineffective at fulfilling their purpose. As Expert Burnett put it, “you go through a lot of them because, you know, for what they’re designed for, they’re definitely not up for the task. Nobody would buy these if they had a choice.” Prisons are focusing more on preventing what they see as waste and abuse with these rules than ensuring adequate access to menstrual products for all.

Lastly, this rule may impact incarcerated menstruators because of the lack of exception for unintentional damage to property. As a result of a prison’s lack of access to menstrual products, incarcerated menstruators may bleed onto their clothing as well as onto whatever object they are seated on. Expert Kitcheyan mentioned this exact situation, saying, “I remember a time when I bled through the pad and I was working at my job so now the chair has blood all over it and I'm like, 'Oh my gosh, what am I gonna do?’” Bleeding onto furniture or upholstery, for example, can be interpreted as damaging institution property and therefore can be a punishable action even if it only happened because of the conditions which the prison itself created. While it’s unclear how common it would be for someone to be punished this way due to a lack of publicly available records or independent monitoring, there is no prohibition on this behaviour and it is an interpretation of the rules as written (Haggerty and Bucerus, 2020; Deitch, 2020).

b) Personal Appearance, Sanitation, and Safety

The second rule, establishing that incarcerated individuals must maintain a set level of hygiene, also does not have any exceptions for unintentional actions. Incarcerated menstruators who have bled on themselves due to prison rules around menstrual products have technically broken this rule and therefore may be punished. As Professional Berry put it, “You see women being forced to free bleed because they don’t have access to anything else, but then they get told that they’re not being hygienic and they get put on lock (placed in disciplinary housing) because they’re free bleeding. But they’re free bleeding because they don’t have access to the right care.” Menstruators without access to products

and who follow the rules of not using makeshift alternatives are breaking the rules by not managing their own flow and may be subject to punishment. Again, the lack of oversight (Deitch, 2020) makes it difficult to know how often incarcerated menstruators are punished in this way, but every participant was aware that it was a possibility and that guards could say they were simply enforcing the rules. While some menstruators may get early signs that their menstrual period is starting due to cramps or other body changes, most menstruators do not know that their flow has started until there is visible blood present. Additionally, even experienced menstruators may occasionally have accidents and overflow their products. This rule effectively makes it illegal to menstruate in prison.

c) **Unauthorized Possession and Exchange**

Rule three focuses on the probation against incarcerated individuals sharing items, though it also raises the issue of limits on the number of items and altering the items for alternative, non-threatening uses. As mentioned previously, prisons focus so much on preventing what they consider waste or abuse that they set strict limits on the number of items which are allowed rather than ensuring appropriate access. In the case of menstrual products, prison officials (again, usually non-menstruators) (Bureau of Labor Statistics, 2021a) struggle to understand why this is a particular problem for menstruators. Again, because the products are such low-quality, menstruators tend to run through them extremely quickly. This can lead to claims of hoarding by prison employees against incarcerated menstruators who are trying to ensure they have enough products to manage their flows, with severe consequences. In an article describing her time incarcerated in Texas, Expert Toon discusses the damaging effects of limiting the number of menstrual products allowed, saying, “I... witnessed the confiscation of 30 precious tampons during a cell search [they were allowed only 12 at the time]; afterward, the poor woman wasn’t allowed to use the phone for a month, so she couldn’t talk to her daughter” (2019). So, it is an infraction to bleed on oneself, but it is also an infraction to use other items as menstrual

products, and it is also an infraction to try and save enough menstrual items to avoid bleeding on one's self. It is also important to note, common alternative uses such as turning menstrual products into ear plugs to help with the noise in prison fulfils a need which relates to safety issues (Rice, 2016a; Morris, Holliday and Binder, 2021), while there is no evidence that shows hoarding of menstrual products causes any problems.

The rule against sharing items rests on the understanding that an incarcerated individual may use that donated item to claim the other individual now owes them a favour of some kind, which may lead to abuse or contraband, and that this rule prevents an illicit bartering system. Yet illicit prison economies are still extremely common (Schwartzapfel, 2022; Davies, 2019). By refusing to provide enough access to basic necessities of a minimum quality, prisons drive this behaviour themselves. As Professional Abbate put it, "You have to barter through the underground economy, you know, if you don't have access... [which can] put you at risk if you become indebted to fellow prisoners and it can put you at risk for sexual abuse if unscrupulous or criminal-minded correction officers... can take advantage of that deprivation." There is no distinction made between illegal bartering systems which exist to enrich certain individuals and illegal bartering systems which exist because the prisons are not covering the basic needs of the people they house. Banning people from sharing necessary items which are not provided by the prison *also* creates power imbalances and has implications for support networks among incarcerated individuals. Strikingly, the majority of Experts described other incarcerated menstruators as important sources of products or information on best practices as a form of menstrual solidarity within prison (see **Table 5 - Themes and Prevalence in Interviews**, female solidarity), which will be discussed more in [chapter 9](#).

Another issue to note is that the major version of this rule against possessing contraband includes possessing an item in a location where it is not allowed. Because prisons are highly regulated places, incarcerated individuals are only allowed to possess certain items in certain quantities in certain spaces. As was

mentioned in [chapter 7](#), access to menstrual products is also defined by location (key factor of where). Because there are so many lists of allowable property for incarcerated people depending on whether they're pre-trial or convicted, their security level, whether they're in punitive housing, whether they have a job and where they work, etc. – incarcerated menstruators with access to products in the housing unit may still spend long stretches of time in areas where allowable items still have not been updated to include menstrual products and where there is no immediate access for those who need them. There is a fundamental disconnect between the fact that *all* menstruators need easy access to menstrual products at *all* times and in *all* locations and the predominant attitude which prisons have towards their incarcerated population and their needs. As Professional Berry described it, “The training literally tells you, there’s a whole slide that says you have the authority, we have power and control over the men and women. You’re literally training them from day one that they can just say no to any of the needs.” This also relates back to the fact that even places which have rules around access to menstrual products sometimes still specify that they can be withheld for certain reasons, such as in Indiana, showing one reason why these rules are not enough to address incarcerated menstruation and menstrual discrimination (Indiana Department of Correction, 2019).

Not providing constant, easy access to menstrual products has significant consequences. Expert Toon recounted being transported to court and having to wear a sock in her pants as a makeshift menstrual product because she was not given any for the trip. Given the fact that obvious, outward signs of menstruation have a marked impact on others’ judgement of a menstruator’s competence (Roberts *et al.*, 2002), failing to provide products during transportation to court might have a significant impact on a menstruator’s ability to successfully argue their position in front of a judge, potentially leading to longer sentences, harsher sentences, rejection for parole, etc. According to Professional Auckerman, this is not an uncommon event. When asked, she said, “Certainly I’ve heard of people having to go to court in bloody clothes, and appearing in court, in that, you

know, with blood-stained pants... We have been contacted by public defenders about that issue, saying, you know, that their clients are having to appear without, with blood on their clothes.” There is no indication of how common this issue may be throughout the country, though the fact that it was mentioned in both Texas and Michigan suggests it may exist elsewhere too. Failing to provide products in the visitor areas, aside from how it impacts visitors not to have access to these items, may prevent a menstruator from seeing family or legal counsel. Expert Kitcheyan said many menstruators say a prayer and try not to move around much when spending hours in visitation with a poor-quality pad. Again, this is not an isolated event. Expert Guanipa described her experience, saying, “The visitor part was humiliating... I remember one time that I had a visitor and they... didn’t even have pads there. So they, they gave me a t-shirt, you know?” She had to stuff a t-shirt into her pants as a temporary solution. Menstrual products are also not generally made readily available to those in special medical housing, creating additional issues which will be discussed in [chapter 10](#).

d) Being Out of Place

Rule four, around being out of place, is also linked to a lack of access to menstrual products for incarcerated menstruators in specific locations or at certain times. The most frequently cited conflict with the out-of-place rule is bleeding during the night. In their report on the treatment of women in the Texas Criminal Justice System, the Texas Criminal Justice Coalition found the same problem, quoting an incarcerated menstruator named Evelyn saying:

I had a fibroid on my uterus, so I had a lot of bleeding. But, the pads are so cheap and they don’t absorb well. I would go through three of them a night and still bleed through my clothes onto my sheets. It was so embarrassing and shameful, I would get up early and wash myself, my clothes, and my sheets, even though this was against the rules. I would get in trouble, but I couldn’t just stay with my clothes and sheets like that. It made me feel less than a human being, let alone a woman (Linder, 2018).

Multiple Experts from locations around the United States discussed the same issue, with Expert Ann describing waking up with blood all over herself and her sweatpants and trying to get ready in the morning. If an incarcerated menstruator is in a place without accessible menstrual products and they need another, they may be forced to decide whether to go grab one and risk being punished for being out of place or to use a makeshift item and get punished for that, and meanwhile time passes as they try to figure out a solution and then they may be punished for being late. Anyone who has experienced regular menstruation knows that sometimes accidents happen and need to be cleaned up, but these rules assume it's not an issue, possibly because it's not a problem for non-menstruators.

e) Poor Work Performance and Faking Sick

Rule five around refusing to work or poor work performance is similar to minor rule 6 around faking illness – it all depends on a CO's willingness to believe a menstruating incarcerated person who claims to be in pain due to their period and/or lack of menstrual support. Given the training which seems to emphasize the power of the CO over the incarcerated individuals, the extreme measures taken to avoid giving anyone more of anything than they might need, and the false impression that incarcerated individuals are always lying (Schoenfeld and Everly, 2022), it seems unlikely that a menstruating individual who is unable to work due to pain, or unable to perform a job adequately because they only have access to pads when tampons are more comfortable for constant movement would be listened to. Many Experts described extreme pain from menstrual cramps while working hard labour and how jobs and programs do not make bathrooms accessible, making it impossible to change products as necessary, which can put menstruating individuals in the position of having to choose between not going to work and being punished for that or going to work and bleeding on themselves or not performing well and being punished for those offenses. This is aside from the fact that forced labour itself is unethical, inhumane, and reminiscent of slavery (Sainato, 2022; ACLU and GHRC, 2022).

Expert Guanipa, who had existing medical issues, was experiencing heavy, prolonged bleeding while being forced to work a job in the kitchen, and was given no extra products or support while on her feet for hours. She said, “I told the lieutenant... that I will not continue doing pots... until I see the doctor or I stop bleeding. So that was a disobedience to an order and they took me to a place that they call here a hole (punitive segregation).” Incarcerated individuals usually need documentation from a doctor to prove they have a medical issue, however this takes time and money, as will be discussed in [chapter 10](#). Additionally, some menstrual conditions, like endometriosis (where uterine tissue grows outside the uterus) do not have tests that can confirm their presence yet can cause extreme pain and other complications such as infertility (Mayo Clinic Staff, 2018), leaving some incarcerated menstruators with no options.

f) Habitual Offender

Last among these problematic rules is major violation six, the ingrained idea that if an individual has repeated run-ins with these rules, it is due to their inability to follow instructions and not because the system is negligent and refusing to adequately treat menstruators. For a heavy bleeder who suffers from severe menstrual symptoms, they may continue to be cited for disciplinary actions because the system continues to fail to provide the proper care and products. If the incarcerated menstruator is unable to find a way to manage their own flow and work through the pain, the severity of their punishment for menstruating will increase. These punishments impact incarcerated menstruators in multiple ways and can result in significant isolation and desperation, as participants described.

Participants pointed out that not every prison guard uses these rules and violations against them in this way. There are prison guards who recognise the situation of a desperate menstruator and don't punish them, but that does not mean the threat is not real. The fact that menstruation is so rarely discussed means there are few or no explicit rules preventing this behaviour, leaving

menstruating individuals at the mercy of the people who monitor them, and prison guards are given wide leeway to determine the appropriate response (McGuinn, 2014; Haggerty and Bucierius, 2020). Even if a correctional officer has no particular ill-will against a menstruating incarcerated person, there is no guarantee that they will understand that a violation has occurred as a result of the prison's own policies and not intentionally. When discussing how these standardized rules conflict with menstruation, the Experts described a pervasive sense of fear and the threat of punishment as constantly hanging over them. Expert Kitcheyan said, "There was always the threat of punishment, further punishment, which is, we're not allowed to barter and trade, we're not allowed to sell this or trade for that. And just depending on if you were somebody who had annoyed that worker, you might get treated differently." These rules were not created with menstruation in mind, and there is nothing to stop a prison guard or corrections officer from handing these punishments out and effectively making it illegal to menstruate in prison given the lack of oversight and amount of discretion they have in enforcing rules (Haggerty and Bucierius, 2020; Deitch, 2020).

8.1.2. Damaging Punishments

This discussion now turns to the punishments an incarcerated menstruator can expect to receive if they do not find an adequate way to manage their flow on their own. These punishments can increase the difficulty in obtaining or affording menstrual products, making the situation even worse and more desperate. Below are the official sanctions for minor and major violations in Iowa, but they generally reflect common punishments around the country (Again, see the Prison Policy Initiative's [Prison Discipline Policies](#)²⁶ for a nationwide list). For informal actions (where an infraction doesn't warrant an official response), punishment

²⁶ https://www.prisonpolicy.org/data/discipline_policies.html

can include everything from a verbal reprimand, an extra, unpaid work assignment of an amount that would normally take three hours, and the restriction of privileges for a period of eight hours, among other options (Iowa Department of Corrections, 2018).

Table 18 - Problematic Sanctions in Prison

	Minor Sanctions (pp. 6-7)	Major Sanctions (pp. 32-33)
a.	Assessed actual costs. Where actual costs are assessed, an itemized list of costs shall be included in the decision or attached to the decision with the offender receiving a copy... an administrative overdraft fee of \$5.00 may be assessed for actual costs associated with processing an overdraft of an offender’s financial account.	Assess actual costs.
b.	Restriction to cell, room, housing unit, or living unit with or without job assignment for a maximum of 15 days per incident. Although institutional procedures may allow for no-contact visitation during the period of restriction; restriction to cell, room, housing unit, or living unit shall not otherwise affect the offender’s visitation privileges. Institutional procedures may lengthen the term of restriction to off-set any hours spent in visitation.	Restriction to the cell/unit up to 14-21 days (May or may not include routine activities.).
c.	Added work assignments not to exceed 14 days per incident. Added work assignments are limited to assignments which would normally be performed within a three-hour period. These assignments shall not be compensable by any work allowance.	Extra duty not to exceed 15-30 days.
d.	Reduction of allowance for work performed not to exceed seven days per incident.	Disciplinary detention up to 5-15 days.
e.	Loss of privileges for a maximum of 30 days per incident. Privilege losses	Loss or modification of any or all privileges including, but not limited to, canteen

	shall not include visitation, mail, or O-Mail.	privileges (not including personal hygiene items), visiting privileges, allowance for work performed, access to jobs and programs, not to exceed 30-90 days.
	Minor Sanctions (pp. 6-7)	Major Sanctions (pp. 32-33)
f.		Loss of earned time/good time not to exceed 16-30 days.
g.		Special conditions (alcohol treatment, drug treatment, referral to classification committee, anger management, etc.)

Source: Iowa Offender Rulebook from the Iowa Department of Corrections, 2018 version.

This list of minor sanctions is not exhaustive. Many prisons have Restricted Housing Units/Special Housing Units/Disciplinary Housing Units/Punitive Housing which all refer to a certain housing unit where individuals being sanctioned can be moved to for close monitoring and limited privileges and which have generally been called ‘Punitive Housing’ in this dissertation. This list of major sanctions is also not exhaustive. Major sanctions are divided into categories by seriousness of the crime, ranging from class A sanctions to class D sanctions going from most to least serious. For the violations discussed in the previous section, assuming someone committed the violation as a direct consequence of menstruation or needing menstrual products, it was determined that the most likely sanctions would be class C and class D based on a thorough reading of the text. Sanctions for class C and class D differ only in terms of the number of days a sanction can apply, with class C being the harsher punishment for more severe crimes allowing the sanction to apply for longer. The smaller number of days is for class D sanctions.

These levels of discipline can be altered by supervisory staff if they feel that the original level of discipline is inconsistent with the offense, meaning a punishment can be made worse if a CO wishes. In considering the appropriate level of

discipline, prison staff are encouraged to choose the lowest level that is reasonable for the infraction and take several factors into account, including the amount of action needed to protect the public, the employees, and the incarcerated people, the amount of action needed to reduce future violations and victimization, the individual's disciplinary record, the individual's attitude, and the individual's mental health (Iowa Department of Corrections, 2018). Unfortunately, these considerations reinforce punishing menstruators with a history of problems controlling their flow. If someone is written up for bleeding on their prison uniform multiple times because they are a heavy bleeder, this system encourages officers to view them as repeat offenders who require more intensive discipline to make them stop what is a normal, healthy, uncontrollable biological process, as mentioned towards the end of the last section.

These sanctions can be broken down into nine different types whose length (save for verbal reprimand) depends on the severity of the infraction: verbal reprimand, unpaid work assignments, restriction of privileges, fine (assessed cost), restriction to cell/unit, lowered wages, disciplinary detention, loss of good time, and special conditions. Special conditions were left vague enough in the rulebook that it was impossible to go into more detail on how those punishments harm menstruators. Again, all of these examples of common punishments show how failing to consider menstruation creates additional hardship for menstruators.

a) Verbal Reprimand

For an incarcerated menstruator, a verbal reprimand can feel like a form of public shaming. Assuming the menstruator is being reprimanded for a menstrual-related infraction, this sanction is an opportunity for prison guards and COs to draw attention to someone's menstrual status in public. Experts all talked about how frequently guards and COs would make disparaging comments about menstruation in public as a huge issue, and being able to publicly reprimand individuals for menstruating as a form of official punishment reinforces this unacceptable behaviour. Interviews mentioned comments from guards like,

“Don’t bleed on my floor,” and mocking comments about how it wasn’t a fashion competition when an incarcerated menstruator asked for clean clothing. Incarcerated menstruators have been called ‘lazy’ by guards for staining their clothing (Law and Nalebuff, 2023). This sanction relates to the next category of menstrual indignity in prison, Culture of Shame, which will be discussed in [chapter 9](#).

b) Unpaid Work Assignments, Fines, and Lowered Wages

Unpaid assignments of roughly three hours can be additionally punishing for menstruators who are unable to undertake hard labour due to the physical symptoms of menstruation, including menstrual cramps, weakness, dizziness, and more. These physical symptoms can be enough of an issue that it takes longer than three hours to complete the task. Aside from the ethics of forcing an incarcerated individual to perform unpaid labour as a form of punishment, this may leave the individual with less time to work at their paying job and therefore with fewer funds and therefore with even less access to menstrual products which must be purchased or to higher-quality products which are more able to fulfil their function. It may also leave an incarcerated menstruator with less energy to perform their paid duties, which then opens them to the possibility of being punished for poor work performance. This is all while, as discussed in [chapter 2](#), women and menstruators have less access to money with which they must purchase more items than non-menstruators. The same logic applies to charging fines and lowering wages. The impact on incarcerated menstruators is even more stress and effort trying to manage their flow without support to avoid punishment. Expert Ann described how this led to a sense of fear, saying, “It’s the night time that is scary. Because... you put one pad on in the middle and then you put a pad on in the back and sometimes a double layer in the back... And then, and you’re constantly, cause, if you bleed all over state property they can charge you for destruction of state property.” One mistake can lead to a charge of a few dollars for replacing clothing or bedding, and these charges are significant when poor wages are considered, and suddenly the menstruator may

have no extra funds for functional products in the commissary. This economic impact on menstruators is discussed further in [chapter 10](#).

c) **Restriction of Privileges, Restriction to Cell/Unit, and Disciplinary Detention**

Restriction of privileges, restriction to cell/unit, and disciplinary (punitive) detention impact incarcerated menstruators in similar ways: through visitation, ability to participate in programming, and access to the commissary.

Visitation rules vary wide from one jurisdiction to another, with some making it illegal to deny visitation while others do not. Additionally, some jurisdictions only provide video visitation while others provide a mix of in-person and video visits or just in-person visits. Where visitation cannot be outright denied, few jurisdictions have said it cannot be replaced with video. It is important to note that many prisons developed no-contact visitation procedures during covid 19 through the use of tablets, meaning incarcerated people could switch to paid video calls to see their loved ones (Bardelli, Zarook and McCarthy, 2022). As a result, many prisons now have no-contact procedures where they did not before (Antojado and Ryan, 2024), and can switch to this for prisoners being disciplined. Not only are video visits not the same as in-person visits, but the calls themselves are extremely expensive due to the exorbitant fees charged by communications companies. As described by one reporter, “A Securus video call can cost as much as \$1.50 per minute—all of which falls on the outside caller. That means a 20-minute video call can cost as much as \$30—for a service not very different from Skype or Google Hangouts, that most of us in the outside world use for free” (Kozlowska, 2015). When families and other loved ones are forced to pay more for basic services, that is less money that can be sent to the incarcerated person, meaning less money for quality, effective menstrual products. These types of no-contact visitation both isolate incarcerated people from their support networks and also make it harder, once again, to get the menstrual products they need to avoid getting punished in the first place.

For incarcerated menstruators who are confined to their cell/housing unit or who are placed in punitive segregation, the same opportunities for education and treatment may not be available. The ability to participate in certain programs relies on the continued good-standing of the incarcerated person, meaning punishment can effectively block access. So an incarcerated menstruator being punished for menstruating or for trying to manage their own flow in order to participate in the first place may have their access to these rehabilitative services removed or dramatically altered. As New Jersey's handbook states, "Poor discipline may be a factor in determining eligibility for vocational and academic programs," so even where it does not immediately cut-off access to programs an individual has already enrolled in, it can impact the ability to participate in the future (New Jersey Department of Corrections, n.d., p. 63).

Lastly, losing access to the prison commissary can mean, again, no access to additional products or menstrual products of a high enough quality to fulfil their function. This is also true for the restriction of privileges. By denying an incarcerated menstruator access to the commissary/canteen, the prison may prevent them from accessing more menstrual items through the commissary, leading to continued infractions and increasing levels of discipline due to a problem that the prison itself has created. For many prisons, those in disciplinary housing aren't cut off from canteen services entirely, but the list of items they are allowed to purchase is significantly shorted to what the facility considers the basics (which frequently does not include menstrual products, as discussed in [chapter 7](#)). The Iowa rulebook makes it clear that sanctions can include restriction of "canteen privileges (not including personal hygiene items)," however Iowa corrections does not define personal hygiene items as including menstrual products in the women's facility handbook (Iowa Department of Corrections, 2018, p. 31; Iowa Department of Corrections, 2012). Even if the prison provides menstrual products, the ones available for purchase in the commissary tend to be significantly higher in quality. Thus, even in areas where menstrual

products are provided, menstruating individuals can still be cut off from an important resource.

d) Loss of Good Time

The loss of good time and discipline's impact on security level are both extremely significant punishments. 'Good time' is generally time which has been shaved off of an individual's sentence for good behaviour, which generally means a lack of violations, participating in programs, etc. The loss of good time as a punishment for menstruators effectively means they have to spend more time in a facility which does not support their needs even if their only violation was menstruation. These punishments can also add up and can prevent an incarcerated person from being moved to a lower security prison where they might be able to take part in more programs such as work-release or enjoy less intensely monitored access to menstrual products. As Expert Jane explained when describing the lower security facility she moved to, "You can be outdoors more... They tried there... to offer more vocational things for women. They worked with an animal rescue place... So yes, it was easier in terms of the supplies there. They weren't as mean as other places." As Professional Berry described, the state of Maryland gives a good day (one day earlier for release) for every five days incarcerated individuals spend in certain programs, which can quickly add up. Without the proper menstrual products and care, prisons effectively deny incarcerated menstruators access to good time through discipline while it is still available to incarcerated non-menstruators.

The fact that so many standard rules of prisons conflict with the basic realities of menstruation, including that even menstruators who have unlimited, effective products sometimes bleed through their clothes by accident, lays bare another aspect of this issue: it is not enough just to provide menstruating individuals with menstrual products. As Professional Tiggs put it, "It's more than just, provide women with these things. It's about a whole mentality that has allowed it to happen. It's about a whole system of power that allows the criminal justice system to treat people the way that they do." Prisons must also make clear, in

official, written policies, that it is unacceptable to punish menstruating incarcerated individuals simply for menstruating as well as change the culture around providing constant access to basic necessities. According to the Iowa Offender Rulebook, the point of the disciplinary system is “to advance successful offender reentry into the community and to protect the public, staff, and offenders from victimization, and maintains order in the institution, through the impartial application of a fully developed, well-understood set of rules and regulations, and procedures” (Iowa Department of Corrections, 2018, p. 1). With these rules, prisons have effectively made menstruation itself a punishable crime, leaving these individuals vulnerable to COs, guards, and other incarcerated individuals who can use these rules against them.

8.1.3. Supply Issues

Lastly, there are also the general frustrations around access to a variety of products as well as how casual facilities seem to be about letting these products run out before ordering more. This was a common complaint, with Expert Toon describing how the facility where she stayed ran out of menstrual products in the commissary between contracts even after the monthly supply was handed out. There was no backup supply, there were no options for those who needed more products. Even when incarcerated menstruators follow the rules, even when they have enough funds to purchase these items from commissary, they are generally not kept in constant supply. Those that are available may not be appropriate for every menstruator, and facilities generally do not understand this. Expert Toon had to write the regional director before the commissary agreed to carry multiple sizes. As Professional Tiggs pointed out, “There’s a complete disconnect between what the staff are saying and the experiences of the women,” because prison staff do not understand that one size and absorption level of a single type of product is not adequate access and that incarcerated menstruators cannot just wait an extra day if menstrual products run out. Expert Godvin had a similar situation where the commissary reduced the supply of pads, so everyone started buying tampons out of necessity, and then

there were no pads or tampons whatsoever for two weeks. Expert Carla, like others, mentioned that the supplies kept on the unit were kept low and guards and COs told menstruators that they just had to wait if they ran out, with no acknowledgement of the issues that caused. The casual attitude towards keeping necessary products in supply creates significant problems and may stem from the fact that non-menstruators do not understand how important these products are.

8.2. The Universality of Men/Males

Continuing this thread of men, gender, and non-menstruator bias, both Professionals and Experts were asked why they thought the issue of unsupported incarcerated menstruation exists and persists, and the most frequent response was that males/non-menstruators were both making decisions and seen as the default incarcerated individual. Without a better understanding of menstruation and its needs and continuing to see it as a ‘supplementary’ concern and therefore less important than others, participants felt the cisgender men in power were making rules based on cisgender men as the default and failing to understand why it was causing issues. As mentioned in [chapter 3](#), this references the myth of the universality of men and how any experience which falls outside the scope of cisgender men is ignored (Criado-Perez, 2019). This shows how harmful a lack of diversity can be, and why the solution to unsupported incarcerated menstruation requires changes to both prison rules and culture. This phenomenon is discussed further in terms of cisgender men as the ones in charge and as the default assumption in the following sections.

8.2.1. In Charge

The fact that cisgender men are frequently the ones making decisions in facilities for women was pointed to by every interviewed Professional and Expert as a significant contributor to the lack of support for menstruation in women’s prisons. Professional Abbate described a meeting where:

There had just been an inspector general report that came out talking about their fantastic policy to provide free tampons and pads to anybody who is menstruating and needs those products. And all of the wardens said that they were complying with that policy, but going around to talk about how that policy is actually being implemented, it was being implemented in so many different ways and not all of them good at all.

Without the proper context that comes with experiencing menstruation, cisgender men do not always properly interpret rules around access to menstrual products, leading to the disconnect between incarcerated menstruators and prison officials. The way in which a lack of clarity can lead to poor implementation underscores the need for rules which are as specific and unambiguous as possible.

Professional Greg said, “I think if there was more female representation higher up in the admin side that would be able to bring these issues to the table and actually have conversations about them then, then that would help. But, yeah, it’s just not really a conversation that I have on my day-to-day basis or I think our higher-ups have at all.” This is supported by the available employment data for corrections. There are roughly 297,000 Americans who work as COs, 30.4% of whom are women (U.S. Bureau of Labor Statistics, 2021). The locations with the highest proportion of women security staff are prisons housing women-only, at roughly 50% (Maruschak and Buehler, 2021). The overall proportion of women employed as first-line supervisors of correctional officers is around a quarter, suggesting that there are a limited number of women serving in higher positions within the correctional field (Bureau of Labor Statistics, 2021b). The legislatures which draft and pass laws around access are also heavily weighted in favour of men, who represent over 71% of state legislatures (Mena, 2020). Without menstruators present to make non-menstruators consider the ramifications of their actions, it does not seem to happen.

While the issue of accusing currently and formerly incarcerated individuals of lying about the conditions in prisons has been brought up before in [chapter 5](#) on Methods, this issue of assumptions and a lack of understanding of menstruation

provides another possibility. As noted by Professional Tiggs, “I spoke to the warden at the Ohio Reformatory for Women and that’s how I was able to determine that there is a disconnect between the experiences of those who do the incarcerating and work amongst the prison environment and the actual experiences of the women.” Without the ability to relate to the issues incarcerated menstruators experience, the cisgender men in charge may not even see the problem. While this does not preclude the idea that some in charge may be aware of the effects of unsupported menstruation and fail to address it due to other reasons, it explains how even facilities which are trying to address menstruation can still get it wrong. For example, as seen in [chapter 7](#), the majority of jurisdiction rules around access to menstrual products do not include provisions for the hygienic disposal of these items or for access during work hours, despite the fact that both of these factors are integral to menstruators.

This lack of understanding from the cisgender men in higher positions in corrections and from the COs and guards also results in the punishment menstruators face for failing to control what is an uncontrollable, biological process. It is not possible for menstruators to hold menstruation in the same way one can delay using a restroom for a certain amount of time, and yet the common infractions in prison are written and enforced as if that is possible. As Expert Godvin put it, “there was something very fucking wrong with the dynamic of male officers telling me I should have been more careful while I slept to not bleed through a four inch pad.” Prisons are asking menstruators for the impossible and punishing them for failing to deliver.

8.2.2. As Default

Other ways in which prisons clash with the realities of menstruation stem from the fact that cisgender men are thought of as the default because they are the largest group of incarcerated Americans. This affects both the physical layout of prisons as well as the rules which govern them. As Expert Burnett described, she was too short to see through the window on her door and “would have to hold [her] hand up on the window so they could see that [she] was on the door

(waiting at her door) so they would stop,” and provide her with necessary provisions including menstrual products. Rather than being purposefully crafted to penalize menstruators, these rules may be the result of only taking cisgender men’s needs into account and assuming they will work for everyone. As discussed in [chapter 3](#), this form of “equality with a vengeance” is a serious problem for incarcerated women and menstruators and is a major part of non-menstruator bias (Chesney-Lind and Pollock, 1995).

This is even an issue when it comes to the provision of supplies aside from menstrual products. Describing why she thought the problem existed, Professional Abbate said:

Because prisons were designed for men and prisons are run for men and prisoners are treated as if they behave like men in custody... not only does it not meet women’s needs but it can actively harm women by using policies that are designed for men and just assuming that one size fits all... Like, if the policy is that every inmate gets two rolls of toilet paper a month, that’s not gonna be enough for women.

Even in jurisdictions which have acknowledged menstruation in official rules, there is little recognition that women and menstruators have other, vital needs, such as additional toilet paper or access to contraception and pre-natal care, as discussed in [chapter 3](#). The specific needs which are significant to women and menstruator’s health are seen as supplementary, and therefore less important.

When it comes to the problem of unsupported incarcerated menstruation, cisgender men are overwhelmingly the ones creating the processes and rules. Their lack of familiarity with menstruation leads to procedures which actively harm menstruators and this harm is then minimized and ignored because it happens to a small proportion of the incarcerated population. With a system largely built by cisgender men for themselves, the only way to properly support menstruation requires having more menstruators in leadership positions and including incarcerated menstruators in the conversation. The disconnect between official rules and actual experience cannot be bridged until prison officials are willing to listen to the input of the people affected by these rules.

8.3. Menstrual Gender Fallacy

Menstrual gender fallacy refers to the potential harms being done to menstruators who do not identify as women in the U.S. prison system. As previously discussed, not all who menstruate identify as women, and not all who identify as women menstruate—the experience of womanhood cannot be flattened into a single, biological process like childbirth or menstruation (Atkins, 2020; Chrisler *et al.*, 2016; Frank, 2020; Rydström, 2020). As Expert Perry put it, when menstruators in men’s facilities are denied products, it “puts them in even more of a physical danger from the ostracising inside of the men's prison.” When examining the language used in jurisdictional rules, very few locations reflect an understanding that menstruators are not all of one gender, and the terms ‘female’ and ‘women’ are generally used interchangeably despite them referring to biological sex and gender respectively. Even the federal government, which established transgender housing policies in the Prison Rape Elimination Act (PREA) of 2003, refers to ‘female offenders’ and lists ‘female facilities’ in their page on the custody and care of ‘women’ involved in the Federal Prison System (Bureau of Prisons, n.d.). For those whose goal is for individuals to be incarcerated based on their lived gender, making menstrual products available in men’s facilities is vital for their safety and well-being. The below table shows the language used in jurisdictional laws and policies for who receives menstrual products (handbooks are generally meant to be given to incarcerated individuals to read over, so they usually just say ‘you’ and speak directly to incarcerated individuals).

Table 19 - Terms for Beneficiaries of Rules

Jurisdiction	Law	Policy
Federal	prisoners	female inmates
Alabama	female prisoners	females
Alaska		women
Arizona	female inmate	female inmates
Arkansas	female inmates and detainees	

Jurisdiction	Law	Policy
California	person incarcerated in state prison who menstruates or experiences uterine or vaginal bleeding	
Colorado	person in custody	female offenders
Connecticut	inmates	inmate
Delaware	inmates	
Florida	women	
Georgia		offenders
Hawai'i		female inmates
Idaho		female inmates
Illinois		
Indiana		female offenders
Iowa		
Kansas		
Kentucky	female prisoners	female inmates
Louisiana	women	
Maine	person who menstruates	
Maryland	female inmate	female inmates
Massachusetts		
Michigan		female prisoners
Minnesota	individuals housed in state correctional facilities used for the general confinement of female inmates	
Mississippi	women	
Missouri	female offenders	
Montana		offenders
Nebraska	female prisoner	female inmates
Nevada		females
New Hampshire		
New Jersey	female inmates	
New Mexico		female inmates

Jurisdiction	Law	Policy
New York	individuals housed in state and local correctional facilities used for the general confinement of female inmates and in any other state or local facility where women are detained or confined by law enforcement agencies	female inmates
North Carolina	female incarcerated persons	
North Dakota		inmate
Ohio		females
Oklahoma		females
Oregon	prisoners	
Pennsylvania		females
Rhode Island		female
South Carolina	women	
South Dakota		n/a
Tennessee	women	
Texas	female inmate	
Utah		female inmates
Vermont		
Virginia	female prisoners	
Washington		menstruating individuals
West Virginia		
Wisconsin		females
Wyoming		

Source: Federal and state laws and internal correction department policies as cited in Appendix [A](#), and [B](#).

Where the language is vague, saying only ‘inmates’ or ‘prisoners,’ this may be because it is already explicitly referring to a women’s facility. This is the case in Connecticut, where laws for the state’s only women’s facility have their own section, which is where the rules around menstrual products are. Even for jurisdictions which use ungendered terminology, there is no indication that any jurisdiction has made menstrual products available to men’s facilities.

While the majority of people are currently housed according to their biological sex rather than lived gender, policies allowing individuals to change their legal sex without surgery and the heavy emphasis on making case-by-case decisions in trans and nonbinary housing assignments means there may be menstruators in men's facilities (Broome). Transmen and nonbinary individuals may experience increased stress, tension, and mental anguish over their menstrual cycle already (Atkins, 2020). They also already experience a significant number of issues with the correctional system outside of menstruation which include heightened risks of violence and harassment (Stahl, 2021). Yet none of the rules around transgender housing or gender-affirming housing also discuss access to menstrual products. The lack of concern for all incarcerated menstruators, regardless of gender, even by advocates of housing based on gender rather than sex assigned at birth, reflects the harms caused by failing to consider the body discussed in [chapter 3](#). Failing to embrace the body as a response to stigma and silence leaves space for harmful socio-biology, like the belief that menstruation is a defining part of what it means to be a woman and only a woman.

Conclusion

Non-menstruating, cisgendered men are generally the ones making and enforcing rules in prisons (Bureau of Labor Statistics, 2021b). Cisgendered men are also seen as the default incarcerated person. Because of this, the common rules and punishments in U.S. prisons effectively make menstruation in prison illegal and make it even harder to avoid further punishment. Even if, as discussed in [chapter 4](#), guards and COs are able to use discretion in enforcing these rules, the complete lack of oversight means the threat is always there (Deitch, 2020; Haggerty and Bucierius, 2020). While women's suffering under prison rules intended for men has already been noticed (McClellan, 1994), this is the first time that has been connected to menstruation. Furthermore, for the many trans, nonbinary, or intersex individuals who menstruate and wish to be housed in a facility for men, none of the rules discussing housing people according to their lived gender experience acknowledges this menstrual reality and includes access

to menstrual products (Washington College of Law, 2021; Lauren K. Robinson *et al.*, 2024). The menstrual mandate of secrecy and stigma surrounding menstruation, discussed in [chapter 3](#), means that even advocates did not think about the consequences of a literal red target on these people and how that may make them even more vulnerable to abuse, harassment, and violence (Bobel, 2019; Hughto *et al.*, 2022). The next chapter dives into the ramifications of this stigma on incarcerated menstruators more thoroughly and how it relates to power in prison.

Chapter 9 - Incarceration Through a Menstrual Lens:

Stigma and Dehumanization

As [chapter 4](#) mentioned, some argue that the function of prison in the punitive U.S. is to incite and maintain inequalities rather than deter crime (Enns, 2016; Hogan, 2023; Davis and Shaylor, 2020). Part of supporting inequalities is contributing to the stigma against the incarcerated, which makes poor treatment like unnecessary, routine strip searches and lack of access to clean clothing and showers possible. For incarcerated women and menstruators, these conditions take on extra meaning and are further compounded by humiliating processes for obtaining additional menstrual products (Kraft-Stolar, 2015). Because the stigma against menstruation makes it so hard to talk openly about, it can and has been used as a tool of sexual abuse by prison guards against incarcerated women and menstruators, which is enabled and rarely punished in our prison system (Jenness *et al.*, 2007; Stern, 2019; Civil Rights Division, 2020a; Civil Rights Division, 2020b). Yet there has been no wider conversation of menstruation's role in the sexual safety of incarcerated women and menstruators, or on how it impacts power dynamics in a highly gendered way. This chapter focuses on the menstrual indignity of culture of shame and how dehumanizing treatment towards incarcerated people causes additional harm to menstruators.

9.1. Culture of Shame

This category of menstrual indignity refers to the actions in prison whose main impact on incarcerated menstruators is – usually public – shame and humiliation. Rather than only targeting incarcerated menstruators simply because they are menstruators, these actions may also come from a lack of concern over an incarcerated person's well-being or may be the result of actions meant to humiliate non-menstruators which take on an extra level of shame for menstruators. Actions which Experts and Professionals brought up as being particularly humiliating for incarcerated menstruators are routine strip-searches,

lack of access to clean clothing and showers, forcing incarcerated menstruators to ask guards and COs for products, and what processes menstruators are forced through when they request more support to manage their flows. As will be discussed, these indignities may significantly impact incarcerated menstruators' mental health and sense of self, ability to see family and friends in visitation, ability to participate in programming, and safety, but they are made possible through the general stigma against incarcerated people and belief in punitive treatment (Travis and Western, 2021). The next few sub-sections are all examples of culture of shame in action.

9.1.1. Routine Strip Searches

Unanimously, Experts talked about how invasive, humiliating, and unacceptable current practices around strip searching are. Expert Toon described being “in front of 20 women in this little bitty space and they’re all sitting around the walls just watching us get stripped... you just have to turn something off inside of you ... And I had to reach in there and pull that tampon out and hold it up and show it to [the guard] ... It was horrifying!” She guessed it’s because guards and COs are concerned that an incarcerated menstruator may be smuggling something into the facility within the menstrual products themselves, despite a lack of evidence that this is a common practice. She acknowledged that people do smuggle things in their vaginas, but she had never seen anyone smuggle anything in a menstrual product before, making the extra step of forcing someone to remove their menstrual products feel unnecessary and as if it was done purely to degrade menstruators.

Routine strip searches are omnipresent in prisons throughout the United States, as well as in jails and other facilities, and can largely rely on the discretion of individual guards and COs (Ax, 2013). This means they are generally able to conduct them when and on whom they wish as long as they are ‘reasonable,’ or can be explained by something like security concerns, which the law gives them deference on (Columbia Human Rights Law Review, 2020). Individuals can be searched when they enter prison for the first time, when they work in a

particular location, every time they leave and every time they return to the prison, and whenever a guard or CO decides it's necessary. The United States Supreme Court ruled²⁷ that officials have a right to strip search anyone arrested for any crime, even without any suspicion of contraband (Cohen, 2012; Epps, 2011). Depending on jurisdiction laws, this can be done in large groups. States have different standards on what searches are reasonable, and most prisons are not required to provide menstrual products to replace the one the incarcerated menstruator was forced to remove, as can be seen in Appendix [A](#), [B](#), and [C](#) (Columbia Human Rights Law Review, 2020).

Logistically, beyond being humiliating, some menstruators are heavy bleeders and may end up bleeding on themselves and/or on the floor when they are forced to stand naked, without any products for a period of time. This happened to Expert Guanipa, who struggled with severe menstrual bleeding in prison. She described missing a visit once because of a routine strip search that left her “bleeding on the floor... bleeding everywhere... my panty got bloody and all that and I didn't get that visit.” In her discussion of how menstruators' bodies are used against them in corrections, Roberts discusses a legal case where a large group was strip-searched in a bus port and some menstruators were forced to stand for so long that they bled down their legs and onto the floor, in full view of other incarcerated people and those conducting the search (Roberts, 2020). In a complaint from another legal case²⁸:

The plaintiffs had to stand naked in a line with 8-10 other inmates in a room with other inmates and guards who were not conducting the searches. The prisoners who were menstruating had to remove their menstrual products, they were not given new ones, and many got blood on themselves, their clothes, and the floor. The prisoners had to stand barefoot and naked on a floor covered in menstrual blood, raise their breasts, lift their hair, turn around, bend over, spread their

²⁷ *Florence v. Board of Chosen Freeholders*, 566 U.S. 318 (2012)

²⁸ *Throgmorton v. Reynolds*, 3:12-cv-03087, (C.D. Ill.)

buttocks and vaginas, and cough (Glavota, Hudson-Erdman and Pollens-Dempsey, 2023).

In a place where punishment and shaming is the norm, it is not unusual for guards who are strip-searching a menstruating individual to make the process even more uncomfortable by making comments. Expert Godvin said, “A male guard told us to plug up with toilet paper.”

This intensely invasive and humiliating experience leads some incarcerated menstruators to avoid visitation, due to the common practice of searching incarcerated people before and after, and this makes it harder to maintain a strong connection to outside support networks. Experts discussed this happening regularly, with Expert Burnett saying:

I do know of some women who would not go to a visit when they were menstruating because of the indignity... they would tell their family not to come and that was the reason. They didn't want to have to, like, remove their tampon or show their pad to the officer before going into the visit and then having to do it again when they came out.

Because of this concern over smuggling contraband within menstrual products, incarcerated menstruators may also be monitored while using the bathroom during visitation. Expert Kitcheyan explained that, in her facility, incarcerated individuals had to go to the bathroom with a guard checking to make sure nothing but a tampon was inserted and nothing but a tampon was taken out. Incarcerated menstruators may also be missing meetings with their attorneys for this same reason, raising significant legal concerns regarding a right that has already seen significant setbacks (Hill, 2015).

Additionally, because incarcerated menstruators were both desperate to see visitors and to avoid being humiliated during a strip search, there is a practice of using nail clippers to cut tampon strings short so they can be tucked into the vagina and made invisible, thus keeping incarcerated menstruators from having to remove them. Expert Godvin said that was how she and many others avoided being degraded during strip searches. Others discussed using the poor-quality pads some prisons offer for free as tampons, avoiding the issue of the string

entirely. Both of these practices increase the opportunities for adverse medical effects, including products being difficult or impossible to remove or menstruators forgetting about them since they may be forced to use many at once, which then leads to issues like toxic shock syndrome, as will be discussed further in [chapter 10](#) (Bacharach, 2019).

9.1.2. Access to Clean Clothing and Showers

Both Experts and Professionals said that incarcerated menstruators frequently have menstrual stains on their clothing and may be forced to continue to wear those clothes for several days before they can change. This can impact visitation, participation in programs, and lead to intensely negative emotions around oneself and around one's femininity and body. Professional Auckerman described the facility she litigated as only doing laundry twice a week, meaning incarcerated menstruators had to sit in bloody clothes for three to four days until they could change. Expert Godvin described the reaction of CO and guard men as particularly dismissive, telling the incarcerated menstruators forced to sit in their bloody clothing, "Well, you should have been more careful. I can't just get you a change of laundry every day. This isn't a fashion competition." This is harm resulting from a practice which is meant to shame any incarcerated person with dirty clothes but which becomes unacceptably misogynist when applied to menstruators: regardless of the intention, they are being punished specifically for being menstruators by these practices.

It is common practice in prisons in the United States to provide incarcerated individuals with a very small number of clothes and to only do laundry around once or twice a week at most, and many incarcerated people do not get the opportunity to shower every day (Brooks, 2022; Crosson, Sylvester and Worsham, 2024). This is despite the widespread rule prohibiting poor personal hygiene discussed in [chapter 8](#). While this practice already dehumanizes incarcerated people, it takes on an extra element for incarcerated menstruators who frequently bleed on themselves due to the lack of support. This can be even more problematic in places with white uniforms. Expert Toon mentioned that

Texas state prisons have white uniforms and shirts must be tucked in, so it was extremely visible when menstruators had stained their clothing. She said that anyone who noticed and tried to get a clean set of clothes while attending a program was generally brushed aside by COs and guards, who would say, “Nah, that’s not enough to open the door to let you go back to the dorm. You’ve changed your pad and panties, just sit there, you’ll be back in the dorm in a couple hours.” Expert Toon said this happened a lot.

For incarcerated menstruators with children, this makes visitation uncomfortable because there is glaring physical evidence of how the incarcerated menstruator is being treated, and mothers do not want to expose their children or loved ones to this kind of dehumanization. Professional Berry described seeing this happen on Family Day, the day when the Maryland women’s prison throws a party for the children of incarcerated mothers.

The women look forward to it all year. It’s like the best day of the year. And then I, for example, had one woman who didn’t have access to the correct stuff she needed, and she didn’t want her kids to see her like that, so she didn’t go to Family Day and she had to wait another full year.

These incarcerated mothers are forced to choose between exposing their children to the dehumanizing conditions they live in and getting to see them when child visitation may already be rare (Sharp and Pain, 2010). Incarcerated menstruators may also be less likely to participate in programs if they want to avoid being seen and shamed with stains on their clothing.

This constant use of menstruation to shame means menstruators may eventually come to feel that they—and their menstrual cycle—are the cause of the problem rather than the procedures used by the prison, and that they deserve the isolation, humiliation, and punishment. Expert Kitcheyan said, “It increased tolerance for discomfort. It normalized a sense of shame and a sense of guilt, for just being who you are.” Expert Carla said, “I felt like I, like something was just different about me, and about how people viewed me. That I was this kind of maybe half of a person or half of a woman or not really a woman anymore

because I had been incarcerated.” The shame and humiliation incarcerated menstruators feel over this issue is particularly gendered and particularly focuses on how they are seen as lesser because of the part of them that experiences a normal, biological process which they cannot control. This reaction by incarcerated menstruators to being strip searched has been noted in other studies as well, where:

Self-objectification serves the function for women themselves of psychic distancing from their own creaturely nature, and several studies have found that indeed the more women self-objectify, the more they feel emotions such as disgust and shame toward their bodies’ reproductive functioning, including menstruation (Roberts, 2020, p. 57).

The fact that dehumanization at the hands of corrections is routine and acceptable in the U.S. has allowed menstruation to become another tool of shame which is particularly misogynistic (Hill, Cunningham and Gentlemen, 2016; Subramanian, 2021). Menstruators are purposefully shamed for being menstruators with their inability to clean off their own body fluids and encouraged to feel disgust for their own bodies, and therefore for themselves as well. Thus, this intense shame is also related to mental health and wellbeing, as will be discussed in the next chapter.

9.1.3. Forcing Menstruators to Beg

As Professional Tiggs said, “When you have a conversation with the women, they will tell you about the humiliation and the embarrassment... especially when there are male guards, having to ask for tampons.” It is particularly important to remember that incarcerated women have frequently faced sexual abuse before reaching prison, most often at the hands of men, as discussed in [chapter 2](#) (Harlow, 1999). This makes it difficult for them to have to ask guards and COs to give them menstrual products, especially since they often have to justify their needs. As Professional Abbate pointed out, CO and guard men will ask questions like, “Why do you need two tampons in your cell overnight?” This may be because they don’t understand the realities of menstruation, as a tactic of abuse

to make menstruators uncomfortable, or because the current system of dehumanization treats access to menstrual products like a security threat and trains COs and guards to assume incarcerated people are lying (Schoenfeld and Everly, 2022; Ferdik, 2016; Ferdik, 2018). While incarcerated menstruators should be able to request menstrual products from COs and guards, this should not be the primary method of distribution. The process of giving out one menstrual product at a time to each individual incarcerated menstruator is inefficient, still means menstruators may be kept waiting for a long time, and leaves incarcerated menstruators and heavy bleeders particularly vulnerable to abuse and coercion.

Beyond inefficiency, Experts mentioned that even though they could ask for products that did not mean the guards and COs were able to get them. Expert Toon said that most of the time, even when it was theoretically mandatory for COs and guards to give pads upon request, these items were unavailable. This may be because these items were out of stock, or because the COs and guards are unable to leave their assigned area and tasks if no other COs or guards are present. Also, if the menstrual products are kept far away, getting them may take some time. As Professional Tiggs pointed out, “If I only see a guard once an hour that means I could potentially be bleeding on myself for 60 minutes, until the next time they come around.” This can quickly overwhelm COs and guards who are trying to maintain their schedule and complete tasks and now also have to get menstrual products for incarcerated menstruators. This system does not work well for either the staff of the facility or the people living there.

When a CO or guard was able to get products without getting overwhelmed, Experts said it frequently became another way for them to exert their power. Rather than simply giving the necessary items over, Expert Kitcheyan described responses which were subtly controlling like, “On my next walk.” Menstruators were then left waiting for when the CO or guard came back around in around an hour, when they had to ask again for menstrual products. Experts also described guards and COs being particularly resistant to giving out more than one

menstrual product at a time, with Expert Jane saying, “It’s not like I could go up and say, ‘Can I have six sanitary napkins? I’m a heavy bleeder.’” Incarcerated menstruators did not feel like the timeliness of their request was taken seriously and did not feel they got the number of products they actually needed.

Every single Expert described having to ask COs and guards for menstrual products as one of the worst experiences around incarcerated menstruation because of the shaming and dehumanizing around it. Every Expert compared it to having to ‘beg like a dog.’ Expert Jane said, “Imagine if this was you and you were begging somebody for a sanitary napkin! ... it’s like torture, it’s like stupid, wasted torture.” Experts also noted how this abusive treatment had a significant impact on their mental health and well-being. As Expert Godvin noted, incarcerated menstruators may be in rehabilitative programs meant to teach healthy relationships to themselves and others, and this treatment effectively repeated the patterns of abuse which many of these women and menstruators had already experienced at the hands of men. Some incarcerated menstruators are so desperate to avoid asking that they use makeshift items instead, which can have a negative impact on health (Missouri Appleseed, 2023). Expert Carla said she got through it by turning off a part of herself and disassociating – she had no choice.

9.1.4. Processes for Additional Products

In facilities which provided only a certain amount of menstrual products, Experts described inconsistent practices required by medical practitioners to justify their need for more. Some of these processes felt as if they were designed to be a barrier to any requests by being humiliating for no reason. Expert Godvin tried to get access to a common hormonal medication which can lessen menstrual symptom severity and was told by the medical staff “You’ll have to bleed and save all your dirty tampons and pads in a black trash bag and then we’ll weigh them to see how many grams of fluid you’re bleeding and if it’s over [some metric] then we’ll give you [the medicine].” Expert Godvin pointed out the impossibility of requiring a menstruator to collect their used menstrual products

in an open dorm setting for three (or more) days. Not only is it unsanitary, it also could upset other incarcerated individuals in the area and complying could turn one into a target of frustration. No one at the facility got access to the medication since the process to get it was made so onerous.

As Professional Berry pointed out, “It might take them nine months to ever have access to an OBY-GYN (obstetrician-gynaecologist) there.” During that nine months, while they are waiting to get their issue of needing more products handled, they may not have access to programs. In facilities where incarcerated menstruators are forced to request additional products from medical providers, those providers may themselves have a history of failing to provide adequate care, as examples from Arizona, California, Delaware, New Mexico, New York and others illustrate (Demarco, 2018; Parton, 2021; Riquelmy, 2023; Wilson, 2023; Ransom, 2022; Hurst, Castañeda and Ramsdale, 2019). Thus an incarcerated menstruator may be caught between facility procedures which do not provide enough products and medical services which are extremely poor, unlikely to help, and fraught with barriers (Clark *et al.*, 2025). This means they must make an appointment, which means paying the high co-pay fees, and wait however long it takes to be seen. Expert Burnett said it was possible for an individual to get a note from the nurse allowing access to more menstrual products in the facility where she was incarcerated. Unfortunately, medical providers in a prison setting have been shown to have negative attitudes towards incarcerated people, making it easier to question their requests (Shields and Moya, 1997). This means incarcerated menstruators trying to find help with accessing additional menstrual products may again have to justify their needs and convince unwilling staff. Expert Burnett recalled her frustration when a nurse accused her of wanting extra products to sell them, saying, “It’s like, lady, if you had to use these there is no way you would be able to sell these.” Requiring incarcerated menstruators to request additional menstrual products from medical does not work and leaves many still struggling.

In situations where incarcerated menstruators are able to receive additional menstrual products, it can be used as another way to humiliate them. In the facility where Expert Toon stayed, she said, “They would give them adult diapers. They would give them diapers to wear. Well, a woman doesn’t really wanna go to visitation in one.” So incarcerated menstruators could get products to make managing their flow easier, but at a very high cost. This intense shaming and denial of access to basic necessities is only possible because of the punitive, dehumanizing nature of U.S. prisons (Chamberlen and Carvalho, 2021; Travis and Western, 2021). The humiliating tactics seen as acceptable in prisons due to stigma against the incarcerated (Shi, Silver and Hickert, 2022) also harm incarcerated menstruators, and this harm impacts their connections to family, their sense of self-worth, their attitude towards their own bodies, their access to programming, and their safety. As Professional Berry put it, “Nobody cares about people who are incarcerated, especially women.”

9.2. Impact on Power Dynamic

Drawing attention to the particular way menstruators are shamed in the current U.S. prison system for the first time also exposes some notable impacts on the power dynamic within the prison. Every Expert described instances of incarcerated menstruators forming a kind of solidarity in the face of how menstruation is handled in prison. This solidarity is particularly remarkable given how discouraged it is by the facilities themselves, even though it is an example of pro-social behaviour. Experts also discussed how incarcerated menstruation affected their attitudes towards female staff in particular. While men could be excused for not knowing what they were doing, the lack of support from other (assumed) menstruators was seen as particularly cruel. Last, as hinted in the previous section, there is evidence to suggest that the humiliation and lack of support around incarcerated menstruation has a connection to the abuse of incarcerated women by the CO and guardsmen. This suggested connection makes it clear how much menstruation affects safety in prison. The intensely unequal power dynamic between incarcerated people and prison staff, fuelled by

a lack of oversight, transparency, and accountability, makes the shaming and humiliation of incarcerated people possible (Deitch, 2020; Fenster and Schlanger, 2021).

The particulars of the power differential between incarcerated menstruators and prison staff are significantly easier to understand in light of Scarry's work on power and the body. Again, as mentioned in [chapter 3](#), because pain is impossible to feel and verify for someone who is not inhabiting that specific body it is easy to deny and this denial becomes a form of power over others (Scarry, 1985). In the case of torture, or of a carceral system which causes pain through dehumanization and denial, this power is more spectacle than reality: while the realness of the pain makes it seem as if the power attached to it is also real, "it is, of course, precisely because the reality of that power is so highly contestable, the regime so unstable, that torture is being used" (Scarry, 1985, p. 27).

That the current U.S. carceral system should be equated with torture in regards to menstruation can be seen in the striking similarities with the main features of torture:

First, pain is inflicted on a person in ever-intensifying ways. Second, the pain, continually amplified within the person's body, is also amplified in the sense that it is objectified, made visible to those outside the person's body. Third, the objectified pain is denied as pain and read as power, a translation made possible by the obsessive mediation of agency (Scarry, 1985, p. 28).

First, menstruators are not given proper access to menstrual products or support for menstruation, leading to punishments that make it even harder to access menstrual products, as discussed in [chapter 8](#). Second, the pain is made physically visible to everyone when a menstruator bleeds on themselves and stains their clothing (which they cannot immediately change out of, also as mentioned in [chapter 8](#)). Third, prison employees and policymakers see this denial of products and support as necessary power and control for maintaining safety, something with menstruators have somehow brought on themselves for their own unruliness, proven by the discipline handed out as a result of rules conflicting with the basic reality of menstruation (as discussed in [chapter 8](#)).

As torture is closely tied to interrogation, there must be some question accompanying this behaviour around incarcerated menstruation. This question is, nominally, the reason why this torture is occurring in the first place, even though the actual answer rarely matters. In the case of incarcerated menstruation, the question is not ‘why did you offend?’ or anything related to the circumstances leading to incarceration, but rather it is ‘why are you not the default cis-male?’ ‘Why do you have a body with different needs?’ This treatment is primarily connected to one’s status as a menstruator rather than an offender, because it gives no regard to one’s crime. In other words, allowing this treatment of menstruators codifies a system of justice which punishes anyone who is not cis-male based on their existence and cannot be read as an acceptable extension of punishment based on offending: the offense here is being a woman or menstruator.

9.2.1. Menstrual Solidarity

Where facilities were failing to support or adequately support menstruation with access to products, incarcerated menstruators routinely served as resources for each other and felt extremely guilty when they were unable to help others with menstruation. There were many examples Experts brought up of menstruators working together to lessen the impact of unsupported incarcerated menstruation. Expert Perry discussed arriving at the facility and how the other incarcerated women provided for her and took care of each other. She said, “They were kind of, I guess, looking out for each other, or at least trading and sharing things amongst each other to make sure that they had what they need.” One woman in particular helped her and kept checking in with her, and offered products despite rules against sharing.

In facilities where all women and menstruators were given a certain number of products, non-menstruators often freely shared their allotment with others. This is what Expert Godvin described in her facility. In other locations, groups of incarcerated menstruators created semi-official processes to ensure people had what they need. As Expert Burnett explained, “If products were distributed on

Monday and you got there on Tuesday, you would normally have to wait the whole month. So the women ... created these, like, welcome packs to the facility.” These welcome packs made it possible for new arrivals to the facility to have the basic supplies they needed until they got access to the commissary and could buy their own items.

When there aren't enough menstrual products to go around, non-menstruators and those who don't need more are also harmed by having to watch the menstruators around them struggle. This was described as being deeply affecting and causing further feelings of shame and helplessness at seeing others in an unfair situation. Expert Carla had stopped needing menstrual products before the facility she was in made them harder to access and discussed how sad it was to see other people struggling. Expert Kitcheyan described the pain of knowing incarcerated menstruators were still suffering, even after she had been released, describing “knowing that these girls, these women whose names I know, or who are in forever, I know they're not gonna get this sort of basic freedom to menstruate in peace.” There is an intense emotional connection to being able to manage one's own flow, and it is damaging to more than just the menstruator in question when this ability is denied.

In this case, even though all of this behaviour is pro-social and focused on helping others, facilities actively discourage it. Incarcerated women tend to form strong interpersonal relationships with other incarcerated women as “they provide support and a sense of belonging to help women adjust to the deprivations of life behind bars” (Aranda-Hughes *et al.*, 2020, p. 48). These strong relationships can produce both positive and negative outcomes, yet they are generally seen as negative and creating more trouble by prison staff, and are discouraged (Aranda-Hughes *et al.*, 2020). This attitude ignores the fact that incarcerated people may be trying to address the prisons' own failures, like a lack of access to menstrual products.

9.2.2. Attitude Towards Guardswomen

Multiple Experts discussed how it was particularly frustrating to have guardswomen treat them so poorly over menstrual products, an experience they likely also went through. When women entered prison, they generally expected men to be ignorant about menstrual problems and to be unsympathetic to their condition. As mentioned in [chapter 2](#), many of these women are used to dealing with harmful men in their lives, so having men around denying their needs was frustrating but not new. The guardswomen were frequently seen as worse than the men, because incarcerated menstruators originally hoped that they might receive some kindness and understanding from them, only to be disappointed. Expert Toon said, “Some of the worst officers were always female... in my experience and many of my friends’ experiences some of the worst, most cruel officers were female.”

Experts in this research described how they felt that guardswomen knew what they were going through and knew how terrible it made them feel, and so felt their actions were worse because they were done with a full knowledge of the consequences. They did not feel any shared sense of womanhood with these women, they did not feel protected, they did not feel their needs were understood—they felt betrayed in a way they did not with men because they assumed men didn’t understand how terribly their actions and decisions hurt them. Expert Jane described their attitude as uncaring, dismissive, and it made it very clear that they did not see menstrual issues for incarcerated people as connected to them at all. There was a clear delineation women guards made between themselves and incarcerated menstruators through this treatment, and incarcerated menstruators felt it deeply. Expert Carla described the common occurrence of CO and guardswomen searching cell areas and removing menstrual products that she had been saving so she would be prepared. When the woman took all her products, she protested and said she was just trying to be prepared, and the woman CO responded by asking her to justify needing so many products and not believing she was a heavy bleeder. As Carla put it, it felt

like pointless cruelty, as “they would take it and then they'd put it in the closet. They'd open the closet the next shift, and you'd just, oh, take it right back. It was a game.”

Professionals also noted this behaviour in multiple ways. Professional Abbate explained that guardswomen depend on their co-workers for safety, so they have strong incentives to act the same as the men around them. Ironically, they are *also* singled out for being women when it comes to dealing with menstruation. Professional Greg described a situation where he was picking someone up at a jail, “and she told the jail guard, who was a male, that she was on her period. And the male guard just kind of walked over to the female guard and was like, ‘Hey are you gonna handle this?’, and just kind of walked away.” This double standard of expectations on guardswomen may contribute to a sense of frustration which may also contribute to their treatment of incarcerated menstruators.

In one particular case, guardswomen were forced to go through some of the same issues as incarcerated menstruators. In February 2021, during the winter power outages in Texas, Expert Toon discussed how the prison staff were kept at the facility for days due to weather conditions (Busby *et al.*, 2021; McCullough, 2021). This led to guards not having access to the menstrual products they needed, which they complained about, saying, “We had to have these degrading moments of walking around knowing that we had bled through the inside of our panties and we had to go into the bathroom and wash them out and dry them under the dryer, and how degrading we were put through this!” Toon made it clear how frustrating this was to hear, because, “when it was us, you know, they certainly didn't mind terrorizing and using that as something to degrade us with. So, they understood that as women.” Even when having the same experiences as the incarcerated menstruators around them, guardswomen did not question their own behaviour or how it might impact the incarcerated menstruators.

Confirming what Experts and Professionals described in this research, Roberts makes particular note of the problematic behaviour of the women guards conducting a mass strip and cavity search in a bus port in California, (2020). This behaviour included, “as heavily bleeding women dripped blood onto their hands, clothing, legs, or on the ground while waiting to replace tampons, deputies derided them and refused to provide anything for cleaning up” and deputies making comments about incarcerated peoples’ bodies (Roberts, 2020, p. 60). In Roberts’ opinion, the public shaming by these guards was caused by their desire to differentiate themselves from the incarcerated menstruators, and by a desire to fit in with the other, non-menstruating guards. It’s unclear how widespread this behaviour is given the lack of oversight, but it is notable that it was discussed by multiple participants in various locations around the U.S. If “the most radical act of distancing resides in [their] disclaiming of the other’s hurt,” guardswomen are forced to be more radical about menstruation than guardsmen (Scarry, 1985, p. 57).

One notable exception was when Expert Jane mentioned moving to a lower-security prison, where she described the women guards as being more helpful and supportive. In the lower-security facility, the attitude of women COs and guards was, “Ok. We’re gonna be somewhat real and normal because we’re women.” As this experience shows, the problem is not just a lack of women guards or lack of menstrual products, it is also the way facilities understand and interpret security and the risk posed by access to menstrual products (Schoenfeld and Everly, 2022; Ferdik, 2018). This supports the idea that the problem of menstrual indignities in U.S. prisons cannot be solved through official rules around access alone but must also include changing the culture inside prisons and pushing back on the idea that basic necessities are such a security threat that they should be generally withheld, rather than dealing with problems individually.

9.2.3. Record of Abuse

There is evidence to suggest that forcing menstruators to have to go through COs and guards to get the menstrual products they need puts their safety at risk. As previously mentioned, forcing them to ask individual COs and guards for products, with all the consequences of shaming, access to visitation, etc. means there is increased vulnerability to abuse from these COs and guards. The evidence supporting this connection between limited access to menstrual products and abuse by staff comes in the form of the many jurisdictions which have publicly struggled with this issue, discussed below. Experts all discussed a constant sense of fear that a guard would ask for something in return, and Professionals all mentioned that COs and guards use these items to abuse incarcerated people. Professional Abbate said the connection was overlooked because, “If you don’t have to think about stuff then you don’t have to think about stuff and it doesn’t make sense that not having tampons would be a danger to your sexual safety.” The lack of menstrual products is certainly a problem, but the prison setting is what makes this abuse possible.

Within a span of less than a decade, the issue of staff abuse through withholding menstrual products has come up in multiple ways. At the federal Lowell Correctional Institution in Florida, a Department of Justice investigation found that prison staff were demanding sex from incarcerated women in return for access to menstrual products (Civil Rights Division, 2020b; Brown, 2015). Another Department of Justice investigation at the federal Edna Mahan Correctional Facility in New Jersey found the same abuse, where officers would only provide access to menstrual products in return for sexual favours (Civil Rights Division, 2020a; Kerness, 2023). There are also legal cases from New York,²⁹ California,³⁰

²⁹ *United States v. Akparanta*, 1:19-cr-00363, (S.D.N.Y.)

³⁰ (*PC*) *Rojas v. Kernan*, 1:17-cv-01514, (E.D. Cal.)

and Alabama³¹ around the same treatment and use of menstrual products as a tool of sexual abuse (Feuerherd and Fonrouge, 2020; Small, 2019). There have also been lawsuits over facilities denying products to incarcerated menstruators and over unacceptable search conditions during menstruation in Michigan³², California³³, and Illinois³⁴ (Robert Lake and Parker, 2018; Glavota, Hudson-Erdman and Pollens-Dempsey, 2023; Fisher, 2020). The use of menstruation as a tool of abuse is a documented issue in jurisdictions across the country, suggesting it is a widespread problem. Unfortunately, legal practice is to discuss all prohibited items (such as menstrual products intended for sale, from outside the facility, or which the person is not supposed to have or is using in an unintended manner) simply as ‘contraband,’ as if all contraband were the same and affected people equally. As a consequence, there is no way to track all cases where menstrual products specifically have been held over incarcerated menstruators’ heads.

The above are all examples of this type of abuse being brought into the public sphere due to legal actions, but not all incidents of abuse result in legal actions. Legal action can be impossible due to the Prison Litigation Reform Act (PLRA)³⁵, which requires incarcerated people to go through internal prison complaint processes, due to the lack of oversight of prisons in the U.S (Fenster and Schlanger, 2021; Deitch, 2020), or for numerous other reasons. Experts talked frankly about the constant possibility that a CO could demand something in return for menstrual products and how helpless they would be given the accepted power dynamics in prisons (Nagel, 2013). Professionals all acknowledged it as a serious problem for incarcerated menstruators. Said Professional Tiggs, “The women also describe doing sexual favours for their basic

³¹ *United States v. State of Alabama*, 2:15-cv-00368, (M.D. Ala.)

³² *Semelbauer v. Muskegon, County*, 1:14-cv-01245, (W.D. Mich.)

³³ *Mohrbacher v. Alameda County Sheriffs Office*, 3:18-cv-00050, (N.D. Cal.)

³⁴ *Throgmorton v. Reynolds*, 3:12-cv-03087, (C.D. Ill.)

³⁵ 42 U.S.C. § 1997e

needs, having to fight for their basic needs, having to steal... all because they want a freakin' tampon." As previously brought up in [chapter 3](#), prisons impose an idealized, specific version of femininity which has a long history of including their constant sexual availability to guards regardless of consent (Bosworth, 2010). Menstruation has become an effective way to use women and menstruator's bodies against themselves to enforce this twisted version of womanhood.

As Expert Perry said:

If you're going to claim to be a proponent and a supporter of women it has to be all women ... When we're hearing about these bills and, and these laws being passed for menstrual equity, if they do not include or not address or do not elevate the voices of these women who have been incarcerated and can tell you first-hand the abuses that they're suffering just trying to get access to healthcare then, it's all pointless. It's all for naught. Because people are being left behind.

The impact of unsupported incarcerated menstruation on the power dynamic in prison has serious consequences for incarcerated menstruators. While it can lead to solidarity among these incarcerated menstruators, it is in the face of treatment which everyone recognizes as unacceptable and damaging to everyone. It can significantly impact the perception of guardswomen and make certain treatment feel even more demeaning. It can also leave incarcerated menstruators vulnerable to certain kinds of abuse which are widely acknowledged within the facility and rarely outside it.

9.3. Stigma and Silence

The second reason both Experts and Professionals gave for what led to the problem of incarcerated menstruation was stigma. The stigma of incarcerated menstruation is multi-layered, and intersectional. Menstruation is generally a taboo subject, making it more difficult for both incarcerated menstruators and advocates to discuss it freely. Meanwhile, stigma against the incarcerated influences perceptions of the problem, as formerly and currently incarcerated menstruators are accused of lying or believed to deserve this kind of punishing

treatment. As discussed in [chapter 3](#), stigma is a dynamic force, meaning it can be changed (Goffman, 1990). Shifting stigma, or destigmatizing a source of stigma, requires a simultaneous shift of power and bringing attention to the source of stigma in a humanizing way (Bobel and Fahs, 2020a). In the case of the problem of unsupported incarcerated menstruation, this means humanizing and focusing on both menstruation and incarcerated people.

9.3.1. Menstrual Stigma

Menstruating incarcerated people and menstruation can be a constant target of harassment for prison guards and correctional officers as an obvious source of shame. Professional Auckerman said, “I mean one of our clients reported that she was told, when she requested pads, the guard said, ‘Don’t bleed on my floor.’” Since menstruation is such a taboo, incarcerated menstruators may not want to disclose this behaviour in a complaint, especially if they have little confidence their complaint will be recognized. With limited ability to complain about this treatment and limited resources for menstruation, incarcerated menstruators have very few options. This hesitation in turn may make staff less afraid of being caught for abuse based on menstruation, as discussed in the previous section.

The stigma and discomfort around menstruation also affects the general public. As Expert Burnett put it, “People ignore things that make them uncomfortable. So, once you’ve othered somebody it’s very easy for you to be comfortable with somebody else’s suffering. And this, I think, is a component of that.”

Menstruation’s stigma makes it uncomfortable to closely examine and discuss and includes constant reminders to keep one’s menstrual status private – Bobel’s menstrual mandate (2019). As a result, it does not occur to anyone to ask about incarcerated menstruation and it assumed not to be a problem.

9.3.2. Incarcerated Stigma

Experts talked about how the negative perception of society made them feel like no one cared about their difficulties. Expert Burnett described this as feeling that

“if you were a good person you wouldn’t have to deal with this so this is your fault.” When formerly and currently incarcerated menstruators talk openly about the conditions they face, the stigma against the incarcerated also makes it easy for supporters of the status quo to call them liars and dismiss their testimony (Park and Tietjen, 2021; Shi, Silver and Hickert, 2022; Sinko *et al.*, 2020). This is what happened in Arizona when formerly incarcerated menstruators testified about their experiences before an all-male committee (Jenkins, 2018).

Even when they are not publicly called liars, the general public, elected leaders, and even advocacy organizations may be quick to believe the word of prison and correctional officials over the word of the incarcerated menstruators themselves, as shown by Massachusetts failing to pass legislation ([bill S.2730](#)³⁶) ensuring access when prison staff said “the women are given as many pads or tampons as they need when they menstruate” (Garbarini, 2021). Massachusetts prison officials gave no indication what data they based this on, such as the opinion of incarcerated menstruators, the number of incarcerated menstruators walking around with stained clothing, the number of individuals who have asked for additional products, *etc.* Conversely, an incarcerated woman at the facility in question said, “There are not enough menstrual supplies to go around, and women in the prison are given a diaper to wear if their flow is heavier than a small pantyliner can handle,” which is notably similar to what many Experts and Professionals in this research described and therefore likely to be true (Garbarini, 2021). Dismissing and ignoring as unreliable all testimony from directly impacted individuals ensures only one side of the phenomenon is examined. Serving as a vivid example of Tyler’s ‘stigma power’ discussed in [chapter 3](#) (2020), the ill-will against the current and formerly incarcerated is used to paint them as liars

³⁶ <https://malegislature.gov/Bills/192/S2730>

without any evidence. Those with experience of incarceration are effectively silenced.

Conclusion

The double layers of stigma against incarcerated people and against menstruation are what drives the menstrual indignity of culture of shame. First, stigma against the incarcerated makes it possible to support harsh, dehumanizing treatment like strip searches without suspicion and limiting access to clothing and showers. Menstrual stigma makes it possible to ignore the particular consequences for incarcerated women and menstruators and allows additional humiliations like demanding menstruators beg and go through unnecessary processes just to get more menstrual products. Menstruation creates a unique power dynamic for incarcerated women and menstruators which has not yet been studied and which contributes to the rampant sexual assault of incarcerated women by prison guards and COs in the U.S. (Fedock *et al.*, 2019; Saliba, 2013; Stein, 2019).

Chapter 10 - Incarceration Through a Menstrual Lens:

Money and Health

This chapter discusses the themes from Expert and Professional interviews which fall under the category of menstrual economics and menstrual morbidities. These are the ways in which menstrual discrimination in prison forces incarcerated women and menstruators into choices non-menstruators don't have to make, and how it impacts health and is forgotten when other conditions are present, respectively. Information from Experts and Professionals reveals that the price of menstrual products in the commissary effectively puts them out of reach for incarcerated women and menstruators. Even with products, having only poor-quality items or being unable to access a place to change products limits the movement and ability of incarcerated menstruators to focus and participate in programming, which can impact their ability to reduce their sentences. Beyond the general poor health care in prison, menstruators are forced to use makeshift products like dirty rags or may do things like skip meals to avoid staining. It is unclear whether those with disabilities or in special housing have access to menstrual products and this treatment of menstruation has effects that may impact post-release success.

10.1. Menstrual Economics

Menstrual economics refers to the choices incarcerated menstruators are forced to make between managing their flows and other important goals. This can be in terms of money and the extreme cost of menstrual products in prison, but it also takes the form of frustration of movement, mentioned in [chapter 3](#), and a limited ability to engage with rehabilitative programming and its associated benefits. It is about the economics of choice being forced onto people who should not have to constantly be giving up their limited resources to get their basic needs met. Experts and Professionals all discussed how these forced choices for

menstruators are an unfair burden which non-menstruators do not have to consider, and which leave incarcerated menstruators in difficult situations.

10.1.1. Cost of Products

Experts brought up how expensive prison is, and how certain rules make it more difficult to purchase enough supplies (VanCleave, 2024). As Expert Jane said, “If I said to my mother, ‘Send me \$100’... I can’t spend \$100. I’m only allowed to spend \$40. So that means I’ve gotta buy shampoo, deodorant, toothpaste. None of that is given to you.” While menstrual products are technically available for purchase, most commissaries limit the amount of money which can be spent in a single purchase. For example, at Alaska’s Hiland Mountain commissary, there are limits to how many of each item can be purchased at once, and “unsentenced prisoners are authorized \$45.00 per order. Sentenced prisoners are authorized \$75.00 per order” (Alaska Department of Corrections, 2019, p. 32). In Arkansas, “The Board of Corrections sets the weekly limit of money allowed to be spent” (Arkansas Department of Corrections, 2020, p. 34). Thus, even when an incarcerated individual can afford these items, they may be blocked from access. Even incarcerated menstruators with significant access to money are forced to choose which needs to fulfil since incarcerated individuals are typically already paying for other basic items such as soap, shampoo, etc. as well as food for those who struggle to deal with the low-quality food that is usually served in prisons (Prison Voice Washington, 2016; Perkins, 2016; Lockwood and Lewis, 2019a; Harner, Wyant and Silva, 2016; Rosenboom *et al.*, 2018). Expert Ann explained this decision around needs, saying:

You can only have \$10 on your account ... half of that is going towards menstrual, so that’s not even shampoo or little candies or anything like that, cause, you know, the food and stuff like that. They do have the option to buy pads and tampons, it’s just not really good spending, you know?

As discussed in [chapter 2](#), incarcerated menstruators generally have the lowest income before incarceration and may lack access to the highest paying jobs, so menstrual products from the commissary are prohibitively expensive (Rabuy and

Kopf, 2015a). Commissaries are generally allowed to charge whatever they like with little to no oversight (Raher, 2018; Zgoba, Tewksbury and Mustaine, 2020).

Below are the prices for specific items at CVS, a national drug store and pharmacy in the U.S., and the prices for comparable items at the canteen/commissary at federal Waseca Correctional Institution in Minnesota (CVS Pharmacy, 2022; Federal Bureau of Prisons, 2018).

Table 20 - Comparison Prices for Menstrual Products

Item	Cost	Hours Work at \$0.12
24 ct package CVS brand maxi pads, without wings, regular absorption at CVS	\$3.99	33h15m
20 ct package CVS brand tampons, with plastic applicator, regular absorption at CVS	\$4.99	41h35m
20 ct package CVS brand pantliners, thin, unscented, regular absorption at CVS	\$1.39	11h35m
18 ct Always Maxi w/Wings at Waseca Canteen	\$5.30	44h10m
20 ct Tampax Original at Waseca Canteen	\$5.40	45h
20 ct Always Panty Liners at Waseca Canteen	\$1.50	12h30m

Sources: (CVS Pharmacy, 2022; Federal Bureau of Prisons, 2018)

All of the prices for comparable menstrual products in the prison commissary are higher than what is available to those outside the facility. The impact of this is compounded by the extremely small wages in prison, previously discussed in [chapter 2](#). Using the low average for regular jobs in federal facilities of \$0.12 an hour (Sawyer, 2017a), since it's unclear if there is access to jobs making higher wages, these prices at Waseca represent over 44 hours of work for the maxi pads, 45 hours of work for the tampons, and over 12 hours of work for the panty liners. The difference between the cost of the CVS brand maxi pads and the Always Maxi Pads from the Waseca canteen/commissary equates to 10 hours and

55 minutes of work at that rate of pay. This does not take into account the wage garnishing also mentioned in [chapter 2](#).

While there are processes in place for counting incarcerated individuals as indigent, the fact that they can take over a month (Herring, 2021) has obvious implications for menstruators, especially those with a heavy flow. If the facility does not supply an admission package of menstrual products, or if the products they supply are too few to meet a menstruator's need, indigent menstruators are left with no options. A recent study found that 53.8% of participants received fewer than 5 menstrual products at intake (Darivemula *et al.*, 2023). Darivemula *et al.* also found that 37.2% of respondents had to purchase additional menstrual supplies from the commissary, 29.5% had to rely on trading and borrowing to get more products, and that 53.8% of respondents did not have enough products to meet their needs (2023). Since medical co-pays are prohibitively expensive (as will be discussed later in this chapter), they may not be able to follow processes for obtaining additional products, and they may be unable to afford anything in the commissary (Sawyer, 2017c; Wiggins, 2021). If family or friends attempt to help by providing funds for the incarcerated person to use to buy the basics and maintain their dignity, the process for qualifying as indigent restarts.

Professionals were aware that these products are basically inaccessible to incarcerated menstruators, and found it shocking that “ten tampons cost eight dollars in commissary” for people with so little access to funds, said Professional Berry.

The prices prisons charge for these items matters especially in the context of the poor-quality products provided for free. Experts said it is a fact of prison life that even with free menstrual products available and accessible, incarcerated menstruators still had to be ‘crafty’ to get them to function as intended. Expert Kitcheyan described the best practices women would share, saying, “Oh, just string two together. Put three all along the whole thing. Stack them up. Do four in one.’ And I'm like, ‘Oh my gosh. Well, there goes the six pads that they're giving you!’” With no little to no oversight over the quality of the free menstrual

products provided (as discussed in [chapter 7](#)), and little to no oversight over the prices of better items in the commissary, incarcerated menstruators are blocked from access to the number of quality products they need to meet their needs (Raher, 2018; Zgoba, Tewksbury and Mustaine, 2020).

10.1.2. Frustration of Movement

One effect of these poor-quality products and the general lack of adequate access to menstrual products is the physical limitations Experts and Professionals said it sets on incarcerated menstruators. As mentioned in [chapter 4](#), incarcerated women and menstruators experience another layer of frustration of movement. With products that do not stay in place, rip, or are too small to provide effective coverage, movement is not an option, and for some people less movement also results in a lighter flow. Incarcerated menstruators must choose between moving around and running the risk that their poor-quality products will fail to contain their menstrual flow, opening them up to sanctions (discussed in [chapter 8](#)) and public shaming (discussed in [chapter 9](#)). As Expert Toon described, “I remember rationing out my pads and ... I was bleeding very heavily, and I just sat. I just sat there, in front of the TV. I didn’t go to chow, I didn’t, go to rec... hours of just sitting because I was afraid to move.” This also leads to health issues, as will be discussed in the next section.

Leaving incarcerated menstruators afraid to move for fear that their menstrual products will fail results in them being unable to participate in any number of activities, including work, which might leave them open to punishment, discipline, lack of funds to purchase better products, etc. Professional Berry said she had had women skip a program with her before because of intense menstrual symptoms. Professional Tiggs pointed out that it wasn’t necessarily the fear that the products would fail through movement, but also that heavy bleeders require frequent chances to change products, especially when they are low-quality. Programs are not always willing to allow these trips to the bathroom, even if an incarcerated menstruator is visibly staining themselves. Tiggs described how this leads to impossible choices, saying:

Imagine you having your period in the middle of class or something, and your teacher's like, 'Nope. If you leave this class you're gonna fail right now.' So now you have to make the choice to stay, because you've been conditioned to choose certain things over your own mental and physical health.

10.1.3. Limited Ability to Focus and Participate

In addition to the physical limitations, there may also be a significant mental tax on those trying to manage their flows. Menstruators are forced to make regular choices between punishment and comfortable menstruation. As Expert Ann put it, "It's just like, constant worry. 'Oh my god am I leaking, am I leaking, am I leaking?' ... it was just always on my mind so it kind of made it really hard to pay attention, you know, to what was going on in the classroom." This stress and constant concern over menstrual flow and its consequences makes it harder for incarcerated menstruators to fully and effectively take part in the programming which is meant to rehabilitate and ensure their success after release. In her own research on self-objectification, Roberts found that the shame and anxiety women felt about their bodies in objective settings would impact their cognitive concentration (Roberts, 2020). A study from the Kansas area confirmed that 24.4% of respondents gave up prison activities because of a lack of menstrual supplies (Darivemula *et al.*, 2023). Professional Abbate pointed out that women need to feel safe before they can heal and address their trauma in these programs, and they can't feel safe without knowing they have access to what they need.

Additionally, incarcerated menstruators must plan far ahead to attempt to ensure access to the products they need. Commissaries do not always work like a shop which hands out the products being purchased immediately. In many locations, orders must be placed in advance and products may take a week or more to arrive. Expert Kitcheyan said she had to order a week in advance, and supplies would usually come the next week, but it could be challenging to predict exactly when items would come in. As mentioned in [chapter 8](#), facility staff may not understand the importance of keeping these menstrual products in stock,

sometimes making planning ahead ineffective and running out anyway. This difficulty in obtaining necessary products and needing to plan so far ahead may have a significant impact on stress during a time when menstruators are already dealing with hormonal changes. Expert Ann described, “If you’re constantly getting up all night long, it makes you tired, plus being, you know, bleeding and deprived and just low energy anyway... everything that comes along with menstruation.” Facilities are creating an untenable situation for menstruators, which they must face with severely limited resources while dealing with possibly severe menstrual symptoms. Preparing as much as possible is the only way for incarcerated menstruators to have a chance of an unproblematic period, which is unfortunately when they are accused of hoarding and open to sanctions from guards and COs (discussed in [chapter 8](#) with rules that conflict with menstruation).

10.2. Money and Periods

All respondents – Experts and Professionals – felt strongly that the current U.S. prison and criminal justice system is so focused on punishment that it is unwilling to spend the money necessary to ensure incarcerated people have the support they need and that officials would rather cause harm which encourages continued involvement with the system. Professional Berry described the point of view of corrections as:

If we can dehumanise people that are incarcerated, they are more likely to continue engaging in illegal activities while they’re locked up, get more time, and then the state gets more money off them. Every day that someone’s locked up, that is money towards the state or towards the county. So, the more that they can be dehumanised and mistreated the better it is for the business.

In her opinion, corrections departments and prisons are so focused on revenue that they are purposefully harming people to ensure a continuous need, they simply don’t care about the harm, or both. This was echoed by all participants as the last driving factor in what led to unsupported incarcerated menstruation.

With little to no oversight (Deitch, 2020) and revenue-based incentives, menstrual products are frequently seen as an additional expense which is only needed by a small population. Professional Greg described the primary concerns of correctional leadership as more focused on making money and security than trying to provide needed services to the incarcerated menstruator population. This might explain why so many facilities do not carry tampons despite a lack of any official policy against them – they don't want to spend more money on these products. As Expert Burnett said, "Their goal is to warehouse people as cheaply as possible... So, they're always looking at ways to control, whether it's the costs, a body, and just in the case of period products, the two align." In her opinion, cutting costs and saving money was how officials proved they were good stewards of taxpayer money, but no one ever considered if these cut costs were causing harm. As Tyler discussed in [chapter 3](#), stigma is embedded within the systems of both capitalism and sexism (2020). The stigma which drives the silence around menstruation also makes it possible to see it as a waste of funds.

Money was also compounded by the factors of cisgender men in charge and stigma – these men were less likely to see menstrual products as necessary or worth the money, and stigma is part of why people don't ask whether cutting fiscal costs might lead to other kinds of expenses, like poor mental health for incarcerated people. If, instead, facilities were more focused on how spending money might cause benefits in other ways, such as in providing basic necessities, participants thought it would have a big effect. As an Expert Godvin said, facilities could use funding to "try to improve [incarcerated peoples'] self-esteem and self-worth so that they do not return to substance use or crime, and instead we degrade them in the name of punishment, as if punishment and justice were synonyms."

10.3. Menstrual Morbidities

It is important to remember that incarcerated individuals tend to have a number of pre-existing health challenges, as discussed in [chapter 2](#), and may already be experiencing issues with menstruation (Allsworth et al., 2007; Maruschak,

Bronson and Alper, 2021a). As Expert Kitcheyan said, “This is a place where it's hard to be healthy. The food. The stress. It's like, even a person who is quote unquote healthy and bleeds every 28-30 days, hormones are messed up ... a lot of women are bleeding for months at a time.” Expert Jane mentioned that her period was also fluctuating due to the changes and stress of prison. These fluctuations and poor general health can contribute to the difficulty of menstruation during incarceration, which can then further impact general health. The ways in which prisons harm the health of incarcerated women and menstruators is generally through requiring the use of makeshift products, encouraging damaging methods of coping with a lack of resources, forgetting that menstruation does not stop in the presence of other conditions, and the impact of all the shame, guilt, and humiliation around menstruation.

10.3.1. Makeshift Products

When incarcerated menstruators do not have the access they need to menstrual products, they may be forced to come up with their own solutions. Professional Tiggs said, “They’ve talked about, since they don’t get tampons, taking their pads and creating their own tampons out of them.” Experts also described using items like old rags, socks, pillow cases, and mattress stuffing, either stuffed into their underwear or used like tampons. This is supported by research where 42.3% of respondents used homemade menstrual products during their incarceration, and this included items like rags, clothing, toilet paper, and paper towels (Darivemula *et al.*, 2023). This use of alternative products leads to significant health problems. When Missouri began providing free tampons and pads to their prisons, the use of homemade tampons fell from 80% to 10% of participants and vaginal infections dropped from 23% to 10% (Missouri Appleseed, 2023). Unfortunately, as Professional Auckerman put it, even though these practices “can lead to medical problems... that’s different from, not having, you know, an untreated heart murmur or something like that, right?” Because the health consequences don’t tend to be immediately life-threatening, there can be sense that it’s less important to address than other health problems.

10.3.2. Damaging Methods of Coping

Incarcerated menstruators will also use a variety of strategies to try and use fewer menstrual products, some of which have the potential to cause new, additional health problems. As Expert Burnett described, “drink[ing] less water so I wouldn’t have to change my tampon as often so that I could make them last. And a lot of people do that.” Professional Tiggs described women who avoided meals on their period to try and avoid bleeding on themselves. This ties-in to menstrual economics through frustration of movement, culture of shame through access to clean clothing, and non-menstruator bias through sanctions for poor hygiene.

Incarcerated menstruators will also keep products in for longer than their intended use to try and use fewer of them, since they are given access to inadequate amounts. Expert Perry described a situation in which incarcerated menstruators were frequently ill “because they are using ... the same pad or the same tampon the whole week, because they're not gonna get anymore.” This shows how the need to control discussed in [chapter 6](#) and associated with culture of shame can cause new menstrual indignities. Incarcerated menstruators may be able, in official rules, to ask for more from COs but be afraid of putting themselves in that position, or may not have the money to purchase additional products from the commissary. If they have no reasonable access to more products, incarcerated menstruators may simply try to use fewer of them. This agrees with recent research, in which 48.1% of respondents used menstrual products for longer than wanted during incarceration and 23.1% of respondents experienced negative health outcomes specifically because of the prolonged use (Darivemula *et al.*, 2023). For safety reasons, tampons and pads should be changed at least every 4 to 8 hours (American College of Obstetricians and Gynecologists, 2022b), but incarcerated menstruators may be regularly using menstrual products and makeshift products for much longer. Again, when incarcerated menstruators look for medical

assistance for these issues, they are first required to pay an insurmountable co-pay (Sawyer, 2017c; Wiggins, 2021), so the problems caused this practice may persist for a long time before being addressed.

10.3.3. Lack of Access for Special Populations

As mentioned in [chapter 7](#), there is not always clear access for those who are being treated in the medical area or those who are in punitive housing. The populations are infrequently discussed in the facility handbooks in terms of access to menstrual products. Expert Burnett described a particularly uncomfortable situation when she was being treated for mental health issues:

I had my period and I had to stay in a smock...they didn't give you underwear, you didn't have anything...when I had my period there I had no choice but to bleed on myself. I didn't even have access to toilet paper ... I was forced to sit in that smock for a week, just bleeding in it. It was disgusting. It was awful... And when I was like, 'Look, I bled all over myself. This is disgusting'...they were like, 'Well, if you're that uncomfortable you can turn it inside out'... I never felt as less as a person as I did when I was supposed to be getting psychiatric care.

Making an appointment to see a medical professional may also require a long wait or involve others barriers, especially if the medical provider is short-staffed or if the incarcerated menstruator requested a woman doctor (Wennerstrom *et al.*, 2021; Clark *et al.*, 2025). This is time where they may be cut off from programming or from their job, putting their efforts at rehabilitation on hold and preventing them from earning more money to pay for basic items as they wait. For those in punitive segregation, Expert Ann said, "I've heard stories about the maximum unit, they do ration them out to you... you only get so many per day."

While none of the participants in this research identified as or discussed being disabled, there may also be a disproportionate impact from menstrual indignities on disabled incarcerated menstruators in the U.S. prison system. Because menstrual products are not always included in the list of necessary hygiene items, as discussed in the beginning of [chapter 7](#), it's unclear whether jurisdictions are required to make them accessible to those with disabilities.

According to the ADA (American with Disabilities Act of 1990³⁷) National Network, the ADA requires correctional facilities to “ensure that qualified inmates or detainees with disabilities are not discriminated against, denied benefits to which they are entitled, or excluded from programs, services, or activities for which they are eligible” (Mid-Atlantic ADA Center, 2018). If menstrual products are not an entitled benefit, it does not seem that facilities are required to ensure they are accessible. This would have an outsize impact on the roughly 6.4% of incarcerated women with impaired vision, the 5.3% with impaired hearing, and the 12.1% with an ambulatory impairment who already struggle to get proper care in the U.S. prison system (Schlanger, 2017; Ruffin, Battle and Monk-Turner, 2022).

10.3.4. Impact of Shame

The intense, gendered shaming incarcerated menstruators experience can have significant ramifications for their mental health, which both Experts and Professionals discussed. Professional Berry described the situation as, “psychologically damaging... you don’t even have access to the correct products or care that you need to have a healthy and safe period and I just can’t imagine how damaging it is and how sad it is for them.” Beyond being a physical inconvenience, the lack of support for menstruation has deep impacts on one’s mental health and wellbeing (Cardoso *et al.*, 2021). Being punished with rules which were not made with menstruation in mind and openly humiliated with a function that is uncontrollable and forced to submit to possible violence to control it has a cumulative effect beyond temporary discomfort. As Professional Auckerman said, the way people are treated has profound implications for how people view themselves, and menstruation is being used to treat incarcerated menstruators as sub-human.

³⁷ 42 U.S. Code § 12101

Returning to Scarry's discussion of torture and its similarities with incarcerated menstruation, another key feature of torture is how it "systematically prevents the [person being tortured] from being the agent of anything and simultaneously pretends that [they are] the agent of some things" (1985, p. 47). Not only is it unacceptable to be anything other than a cis-male, but also it is that person's fault for existing with any other identity. That the pain of incarcerated menstruation is read as coming from the body itself (rather than the systems and people who refuse to support it) makes the body an unwitting agent of this torture. Turning the body into the source of this pain ensures the feelings of anger or betrayal are turned back on the physical body and the self rather than on outward sources, with clear consequences. After all:

If self-hatred, self-alienation, and self-betrayal (as well as the hatred of, alienation from, and betrayal of all that is contained in the self—friends, family, ideas, ideology) were translated out of the psychological realm where it has content and is accessible to language into the unspeakable and contentless realm of physical sensation it would be intense pain (Scarry, 1985, p. 47).

Experts described how this shame and self-hatred was particularly gendered, echoing previous research (Crewe, Hulley and Wright, 2017). Expert Guanipa said, "Sometimes I got the feeling that I wish I were, I was not born a female, you know? Not having to deal with this problem. But it would have made a big difference. On my self-esteem." This treatment made it easy for Experts to blame the part of themselves which they were being punished for, their gender and sex, rather than the fact that prisons make menstruation against the rules. They internalized the self-hatred and disgust being shown to them. Expert Burnett described how she felt like she had to reclaim her female body as her own after being released. This kind of treatment may have a significant impact on post-release success, as self-esteem is considered to be an important part of women's reentry, treatment, and rehabilitative programs (Balis, 2021). Expert Toon was certain that the way the system dehumanizes people and humiliates incarcerated menstruators has an effect on post-release success. She said her experience left her feeling like, "You treated me like a dog, like an animal. You said I deserved it

for what I did. So why do I want to be a part of you? I don't feel worthy, number one. Number two, I'm angry and rebellious.”

10.4. Menstruation and Health Care

The unwillingness to see menstruation as an integral part of general health and to remember that this process continues during many other health conditions is a driver of negative outcomes for incarcerated menstruators. In [chapter 6](#), this dissertation noted that participants generally saw negative menstrual-related health impacts as being driven by patriarchal power structures, money, and shame. This is true, but it is also true that the refusal to see menstrual products as basic necessities has a large impact on the way they are handled in the U.S. prison system, referenced in [chapter 7](#). That menstruation has been so completely forgotten in incarcerated health care is almost ironic given how much incarcerated women have been over-medicalized and had their health used against them, as discussed in [chapter 3](#).

The fact that menstruation and menstrual products are generally ignored outside of prisons as well may contribute to the focus on other drivers of indignities in prison. Even amidst the non-incarcerated public, menstruation has traditionally not been considered as an essential part of overall health (Critchley *et al.*, 2020b; Popat *et al.*, 2008). Period poverty is not seen as a major health issue despite the possible consequences, women's health research gets less funding than men's, and women are not seen as authorities on their own bodies despite medicine's bias (Jaafar, Ismail and Azzeri, 2023; Michel *et al.*, 2022; Smith, 2023; Young, Fisher and Kirkman, 2018). Moreover, once again proving the interconnected nature of the body and mind, negative attitudes towards menstruation and period poverty affect the health of menstruators (Sveinsdóttir, 2017; Cardoso *et al.*, 2021). Using this lens of embodiment, the lack of concern for incarcerated menstruation has major implications for theories of post-release success which focus on mental health and for gender-responsive programs (Zust, 2009; Annett *et al.*, 2023). For the health of both incarcerated and non-incarcerated menstruators, menstruation must not only be acknowledged even though it is

outside the experiences of the default cisgender man, but also seen as a central figure in overall health which interacts with mental health, physical health, and other conditions which may be present.

Conclusion

The fact that health care in prison is more about control than medicine, discussed in [chapter 4](#), coupled with the fact that women's health and menstruation are overlooked both in and out of prisons has created a uniquely difficult situation for incarcerated women and menstruators. As Experts and Professionals described, women and menstruators are forced to use makeshift products which may have their own health consequences and turn to damaging methods to try and limit their flow, such as limiting water intake. There is no clear access for special populations and there are lasting consequences of this shaming. The economics of prisons effectively penalize and further burden women and menstruators through costs and rules around money, and by making movement and participation in programs difficult or impossible. In all these ways and the ones described in [chapters 8](#) and [9](#), prisons discriminate against women and menstruators and these issues cannot be addressed with products alone.

Chapter 11 - Conclusion

This research has led to a number of contributions in various areas relating to incarcerated menstruation and menstrual discrimination in prison.

The research website, theprisonflowproject.com³⁸, contains one of the first centralized, constantly-maintained lists of women's prisons in the U.S. – complete with mapped locations – and the first centralized compendium of official rules around the provision of menstrual products in U.S. prisons. It has already been used and cited in other academic publications (Wood *et al.*, 2025; Chatfield, 2024; Smith *et al.*, 2024; Bridgeman, 2024; Reidmiller, 2024; Jackson, 2023; Broome, 2022; Martinez, 2022), advocacy resources (New Hampshire Women's Foundation, 2022; PERIOD. The Menstrual Movement and The Thurman Perry Foundation, 2023; Kajstura and Sawyer, 2024; Council on Criminal Justice, 2024; Essity, 2025; Columbia Human Rights Law Review, 2025), and in news media (Knudsen, 2021; Price, 2023; Mzezewa, 2023; Sosa and Blakinger, 2024; Empson, 2024; Riepenhoff and Sterman, 2024; Boldizar, 2025) [As of April 2025].

This research also identified the Key Factors for Access (terms, when, where, quantity, quality, cost) which serves as a measure of the quality of rules around the provision of menstrual products in prison. It generated the framework of menstrual indignities, translated from the theory of menstrual injustice (Johnson, 2019) and fused with literature and experience, and used it to categorize the harms faced by incarcerated women and menstruators and identify the drivers behind them. These harms and drivers come directly from Expert and Professional testimony, which has not traditionally been a focus of academic research. Furthermore, this research serves as an example of the potential of remote interviewing during events such as the covid-19 pandemic.

³⁸ <https://theprisonflowproject.com/>

Answering the Research Questions

This research focused on three questions: How do prisons handle menstruation?; What is incarceration through the lens of menstruation?; and What led to this situation?

To answer the first question, laws, internal corrections policies, and facility handbooks mentioning the provision of menstrual products in prison were analysed at the federal and state level for each jurisdiction. Without a clear understanding of what the issues to access are for incarcerated menstruators, most of the rules do not include information which significantly impacts menstruators, as discussed in [chapter 7](#). In fact, even taking recently-passed rules into account, there is currently no jurisdiction which adequately provides for and supports menstruation: there is no jurisdiction which provides all the necessary information on key factors in any law, internal policy, or handbook. This means U.S. women's prisons are failing incarcerated menstruators across the country and leaving significant implementation details up to CO discretion. If the goal is menstrual equity, the current patchwork of meagre protections for incarcerated menstruators is not working.

In order to address the second and third research questions, a lens was created adapted from the theory of menstrual injustice (Johnson, 2019). Not only does this create a useful tool for analysing the phenomenon of unsupported incarcerated menstruation, it also provides further support for the original concept of menstrual injustice and shows it can be applied in other contexts. The indignities framework includes the inherent understanding that the most knowledgeable people about this topic are the ones most affected by it: currently and previously incarcerated menstruators. As the only people who have directly experienced menstruation in this resource-limited setting, they are the Experts and their voice is key. While some may argue they are untrustworthy, there is no evidence that formerly incarcerated individuals lie about prison conditions, especially since it makes their formerly incarcerated status public and

subjects them to intense stigma (Jenkins, 2018). The inclusion of the concepts of interpretivism, reflexivity, and feminism within the indignity framework requires the inclusion of Expert testimony in this research, as discussed in [chapter 5](#). The inclusion of Professionals who work closely with the current and formerly incarcerated provides additional stakeholder perspectives and proves the veracity of Expert testimony which unanimously matched what Professionals described. This research also proves that hard-to-reach populations like formerly incarcerated people can still be reached remotely, even during a pandemic, undercutting reasons for not including them in future research.

In response to the second question, Experts and Professionals described the wide number of ways in which menstruation can impact daily life for incarcerated menstruators, even when not currently menstruating. As discussed in [chapters 8](#) through [10](#), menstruation impacts incarcerated individuals through forced decisions and limited resources (menstrual economics), poor mental and/or physical health as a result of a lack of access to menstrual products or from viewing menstruation as isolated from other health issues (menstrual morbidities), unfair and impossible rules and punishments which can further impact resources, ties to support network, ability to get early release, and ability to move to lower security facilities (non-menstruator bias), and humiliating practices which use menstruation as a tool of dehumanization (culture of shame). While this research was unable to connect with any trans or non-binary menstruators, current rules around housing may mean these individuals must choose between living based on their gender or having access to menstrual products (menstrual gender fallacy). Furthermore, some of the ways incarcerated menstruators discussed being impacted, such as mental health, self-esteem, and connection to support network through calls and visitation, have been found by others to have an impact on post-release success (Bales and Mears, 2008). Thus, failing to adequately support menstruation in prison causes such harm to incarcerated menstruators that it can ensure their continued involvement in the criminal justice system.

Lastly, Experts and Professionals were clear on what they thought the root of the problem of unsupported incarcerated menstruation was and why it persists. Again, as discussed in chapters [8](#) through [10](#), cisgender men are both the ones making the rules around menstrual products and the default incarcerated person people think of. The majority of legislatures are majority men, as are senior corrections positions. This is further supported by the quantitative evidence from [chapter 7](#) that the proportion of women in the jurisdictional legislature has some relationship to the mention of access to menstrual products and the details included in official rules. Furthermore, the stigma against both incarcerated individuals and menstruation makes unsupported incarcerated menstruation a difficult issue to discuss openly and makes it easy to brush aside testimony from Experts, as has already been mentioned. The focus in corrections on cutting costs instead of supporting individuals makes it difficult to justify the expense of menstrual products to those in charge. Outside of these factors, the way medicine both in and out of prison ignores and minimizes the menstrual cycle and women's and those assigned female at birth's reproductive health contributes to the problem by creating the setting for these indignities. Prisons can claim to follow any number of official rules, but Expert and Professional testimony proves there is a disconnect between these rules and their implementation. Rules providing more access menstrual products alone are not enough to end menstrual indignity in prisons.

Limitations and Consequences

This research does not focus on the menstruators in jails, immigration detention centres, mental health facilities, and other places where menstruators may suffer the same issues (Gomez and Karin, 2021; Johnson, 2021a). What this research shows, for the first time, is the large number of deeply significant impacts which menstruation has in prison in ways that involve more than a lack of access to products. It also shows how gender-responsivity's intense focus on emotional issues and programming without enough consideration for physical setting allows for intense harm. Criminologists cannot hope to understand the many

issues incarcerated individuals face without the lens of embodiment, and this research shows that by focusing on a key issue that is assumed to be minimal and showing through embodiment how it is actually a significant, daily concern. This focus on the body and its porous connection to the mind carries with it the inherent understanding that prisons cannot be a primary place of treatment for female offenders if programming effectiveness is impacted by physical conditions. Embodied criminology, through recognizing the immense harms the prison setting causes, specifically refutes the gender-responsive view of prison as treatment. If the mind and body are linked and of equal importance, then prison can never be a place of healing given the intense damage it does to the body through poor health care, poor food, and more (Nargi, 2022; Hurst, Castañeda and Ramsdale, 2019; Weatherhead, 2003). Rather, embodied criminology requires viewing prison as a last resort for men, women, and all others who have not responded to other interventions and who are a proven, direct threat to public safety.

11.1. Theory vs. Practice and Academic Implications

This research shows the importance of practice and how it can expand upon theory. As Howe discussed at length, there is an inherent tension between theory and practice for criminology: “While postmodernists sort out the ramifications of the epistemological crisis of modernism, women prisoners languish in sub-standard and over-crowded conditions which provide no opportunity for contemplating the death of the subject, the demise of truth or the errors or universalism” (1994, p. 139). This is especially relevant in this research, which exposes the gap in acknowledging, theorizing, and supporting a basic bodily function which has existed as long as humanity and significantly longer than the modern concept of prison. That this gap exists even in facilities focused on gender-responsivity – places that should have been the first to notice the omission of a basic need for most women – is a failure of current theoretical criminology to account for the most obvious gendered need (‘gendered’ as in non-cis-male-focused). The trend within gender-responsivity of focusing on the

emotional needs of incarcerated women pathologizes them and makes it seem like the problems of incarceration lie within themselves rather than with inadequate facilities or support (Maidment, 2008).

The fact that theory cannot be relied on to identify its own shortcomings highlights the importance of practice in this equation. If the tension on display here is between “the theorization of penalty and the lived experience of punishment regimes,” then the obvious place to turn to identify gaps which current theory does not touch is the body (particularly non-cis-white-male bodies) and the lived accounts of experiences within that body (Howe, 1994). This focus on the body and personal accounts falls generally under the umbrella of embodied criminology, discussed in [chapter 4](#). This inherent focus on the body also works to combat the way feminist criminology and gender-responsivity have become more and more detached from the body, as discussed in [chapters 3 and 4](#). This research and its bodily focus not only serves to reset the balance between theory and practice and show how practice can and should inform theory, but also rests the mind/body balance within criminology with an understanding that each informs the other and both are equally necessary for consideration.

11.2. Recommended Changes for Menstrual Equity in Prisons

The point of this dissertation and the framework of menstrual indignities is that incarcerated menstruators and women are harmed by more than just a lack of access to menstrual products, therefore the solution must be more thorough than just making products more available. The overarching statement this dissertation supports through detailed analysis of new data is that incarcerated menstruators and women face a range of daily indignities caused by a failure to acknowledge or support their unique needs, menstruation being one of them, and driven by familiar systems of oppression such as racism, classism, and sexism (including anti-trans sentiment), among others. A solution that does not address these systems is not a full solution—we need much more than just a blanket law that every facility provide access to menstrual products. At the same time, there is a tension between theory and practice that has already been discussed. In

practice, in the ‘real’ world of policy and politics and legislation, theory must give way to concrete, actionable goals for progress to occur. An end to mass incarceration and the abolition of a criminal justice system that is obsessed with punishment over justice must be the ultimate goal of any supporter of menstrual equity, but there are incarcerated women and menstruators suffering right now who do not have the luxury of waiting for theory to become reality. Women and menstruators are suffering in significant ways under the current system and failing to make any suggestions other than the complex task of prison abolition puts ideology ahead of people and their pain. As a compromise between practice and theory, this dissertation now makes recommendations for changes both within and to the correctional systems in the U.S., all of which are required to end menstrual indignities in prison and which serves as waypoints on the path to abolition.

These rules are the suggested changes to the provision and handling of menstrual products and menstruation based on the data collected and analysis done in this research. It’s important to note, these rules will not address every way in which incarcerated menstruators are harmed because there must also be changes to the U.S. prison system itself.

1. A variety of free, minimum-standard menstrual products, at least pads and tampons, must be provided in a variety of sizes and levels of absorption;
2. Menstrual products must be allowed in an unlimited amount in cells, on someone’s person, during transportation, and in any other common location for those under the purview of the corrections department;
3. Menstruators must be provided with free, unlimited access to toilet paper and free access to a small number of pain killers;
4. Menstrual products and toilet paper must be kept stocked in a central dispensing location within the housing unit, with secondary access stations in all common areas where incarcerated menstruators might

- spend time, including work areas, visitation areas, medical areas, and within punitive/segregated housing;
5. All bathrooms used by incarcerated individuals must have a sanitary method of menstrual product disposal;
 6. Rules must take menstruation into account and prohibit punishment simply for menstruating;
 7. Co-pays for medical care must be abolished for their disproportionate impact on menstruators and women;
 8. Routine strip searches without suspicion of contraband must be abolished; and
 9. Incarcerated individuals must be given the ability to clean themselves and receive clean clothing, for free, when their clothing becomes soiled.

The changes of considering menstrual products as necessary and providing them for free have been endorsed by the American Medical Association, the American College of Obstetricians and Gynecologists, the National Commission on Correctional Healthcare, and the American Bar Association (2020; 2021; 2021; 2019). Free, unencumbered access to these products means providing them proactively, not waiting until they are requested. If certain individuals cause significant disruptions through hoarding, waste, or abuse, it should be handled individually using routine disciplinary procedures rather than restricting access in general. There is no evidence to suggest unlimited access results in disruptive hoarding and no evidence to support claims of menstrual products creating a safety issue. Professional Abbate made it clear she had never encountered any issues with unlimited access to menstrual products in her entire career and that once individuals trusted it wouldn't go away, hoarding concerns vanished. Hoarding is frequently a response to concerns over access or a response to the controlling nature of prison, neither of which is solved through discipline (Smoyer, 2016; Brisman, 2008).

One of the biggest frustrations with how traumatizing and invasive routine strip searches are is that they are questionably useful in terms of maintaining safety

and preventing contraband (Edison, 2023; Hausman, 2022; McCoy *et al.*, 2020; Bozelko, 2015b; Duran, 2022). These humiliating searches are frequently extended to facility visitors, and have a history of targeting menstruating visitors in particular (Weill-Greenberg, 2022; Rakia, 2017; Ransom, 2018; Conarck, 2018). This is all despite the evidence that contraband is most frequently introduced through prison staff, not visitors or incarcerated people, and the introduction of new technology such as full body scans (Renaud, 2018; Joseph and Blau, 2022; McCullough and Blakinger, 2021; Bellafante, 2022; Shukla, Peterson and Kim, 2021; Washington State Department of Corrections, 2017). Corrections departments should abolish routine strip searches, utilize alternative technology where necessary, provide replacement menstrual products after a search, conduct these searches in private, and adapt search practices to minimize the time a menstruator spends without their product.

Alongside these changes within prisons are changes to the prison system which are all required for effectively addressing the issue of menstrual indignities in prison. These system changes are:

1. Independent, fully funded, all-access oversight of detention facilities.
2. Transparency of detention facilities.
3. Accountability of detention facilities and their employees.

Holding prisons accountable to rules accounting for menstruation and a minimum quality of menstrual products can be done by increasing the amount of oversight over state and federal prisons. Multiple Professionals and Experts pointed out that changing the rules around the provision of products alone cannot address unsupported incarcerated menstruation, because there is no enforcement or oversight of these rules. Changes which help hold prisons to a standard of care and decrease the potential for abuse increase the likelihood that prisons adhere to rules around the provision of menstrual products. These changes include the creation and maintenance of prison oversight organizations, the repeal of laws limiting the types of lawsuits incarcerated people can bring

and against whom such as the Prison Litigation Reform Act (PLRA)³⁹, enforced compliance of basic federal standards for the care of women and transgender individuals with the Prison Rape Elimination Act (PREA)⁴⁰, and increasing transparency required from these public institutions (Moss and Abbate, 2022; Deitch, 2020; Fenster and Schlanger, 2021; Stern, 2019; Armstrong, 2014; Goldscheid, 2022; Hill, 2014; Jehle, 2016).

Coupled with embodied criminology and the inherent understanding that prisons should not be a first point-of-service or an option except for those who are an evidence-based threat to public safety and where other interventions have failed, these vital rules and changes would address the disparities in the current system. This understanding of prisons as a last resort includes decarceration, or the release of those whose detention was primarily in the name of ‘treatment’ and are not a proven threat to public safety.

11.3. Suggested Further Research

Left out of this research are the menstruators in jails, immigration detention centres, mental health facilities, and all other places where people are routinely held for any length of time, though preliminary evidence suggests that they suffer with the same issues of access (Gomez and Karin, 2021; Johnson, 2021a).

This research not only sheds light on a long-ignored issue within U.S. prisons, but also points naturally to potential areas of further inquiry. As discussed in [chapter 2](#) of this dissertation, there are a large number of different facilities in which menstruators are detained in the United States. There are also those who do not identify as women yet menstruate and those who are classified as ‘youths’ in the system, and their access to menstrual products is also unclear. Access to menstrual products and the issue of menstrual dignity extends far beyond

³⁹ 42 U.S.C. § 1997e

⁴⁰ 34 U.S.C. §§ 30301-30309

prisons and places of involuntary confinement, and research into this area has the potential to benefit menstruators everywhere.

There is significantly more information to collect around the experience of menstruation while incarcerated and how prisons handle menstruation. This research was unable to collect every single admissions and orientation handbook for every single women's facility in each jurisdiction due to limitations time and resources. Additionally, while the number of interviews in this work was enough to reveal deeply important themes, significantly more interviews from facilities across the country would aid in understanding the full scope of the problem. While this research was conducted in English, any attempt to engage with additional Experts would benefit from the presence of a Spanish-speaker given the large number of Hispanic individuals in the U.S. prison system (as discussed in [chapter 2](#) regarding imprisonment rates). It would also be illuminating to interview prison employees to better understand where and why official rules around menstrual products may not accurately describe actual common practices. Tracking participant race, exact release date, and specific facility where they were housed could also identify particularly problematic locations and how race impacts menstrual indignities within a particular location. This research focused on disposable menstrual products, as it is unclear whether current prison policies around menstruation would allow for reusable products, but they are a clear option for incarcerated menstruators which would support increased control over their own flows. Lastly, it would be deeply illuminating to have information on menstruation while incarcerated for trans individuals, however this raises many concerns for participants, some of which Bobel discussed in her own attempt to research trans menstruation (Bobel, 2010). Trans and non-binary individuals are an extremely vulnerable population overall, and even more so during incarceration when they can be targeted by other incarcerated people and prison staff at men's and women's facilities (Stahl, 2021; Jenness *et al.*, 2007). There does not seem to be evidence that transmen or non-binary menstruators held in men's facilities are given access to any menstrual products, and careful,

considerate research could provide documentation needed to spur others to action.

It is difficult to accurately pin down the number of cases where correctional staff have used menstrual products as a weapon of abuse. Part of the reason is the use of euphemisms like ‘personal hygiene products’ instead of specifically naming menstrual products, as well as the specific knowledge needed to search through legal databases. There is a clear need for someone with a deep knowledge of this type of litigation to track these cases nationwide and compile information. There is evidence to suggest a pattern specific to menstrual products when it comes to abuse, and it cannot be stopped without knowing its scale.

There are also a large number of other facilities which detain menstruators where access to menstrual products has not been thoroughly analysed. These include, jails, youth detention centres, immigration detention centres, halfway houses, mental health facilities, etc. This is particularly relevant given that the majority of women in the U.S. correctional system are held in jails rather than prisons, and three of every four women are on probation rather than incarcerated (Kajstura and Sawyer, 2023). Access to menstrual products and menstrual dignity applies to all menstruators beyond just those in confinement, and research showing the impact for women in the workplace and in educational settings could have a significant impact. In particular, studying the impact on menstruators in other spaces might provide additional insight into how to achieve menstrual dignity for all women and different strategies for dismantling problematic systems of oppression in society at large.

The understanding of embodiment can also be translated to other stages of menstrual health as well, such as those experiencing menopause in prison. Menopause also causes physical changes which may impair the ability to participate, can have a significant effect on mental health, and can also require clean clothing due to excessive sweating and irregular bleeding (Mishra, Brown

and Dobson, 2003). Urinary incontinence is more prevalent among women and those assigned female at birth and is impacted by childbirth, also supporting the idea that incarcerated women and those assigned female at birth may need more access to pantliners and clean underwear (Gyhagen *et al.*, 2019; Aoki *et al.*, 2017). In fact, incorporating embodiment and the understanding that mental and physical health are linked into criminology and the prison system may have implications for all incarcerated people, particularly given emerging evidence on the importance of mental and physical health on post-release success (Link, Ward and Stansfield, 2019).

11.4. Concluding Reflections

The issue of unsupported incarcerated menstruation has significant implications for the practice of corrections in the U.S. and the fields of criminology, gender studies, sociology, and law. It is also tied to the issue of mass incarceration and excessive focus on punitive, poor treatment which has been allowed by the U.S. public and which made this issue possible. By focusing on harsh punishment even where it may conflict with post-release success, the U.S. is only harming itself. Additionally, allowing the government to effectively punish those with menstruating bodies for having menstruating bodies may have some impact on how the government treats women and menstruators in general. At a time when some think the U.S. may be facing a crisis of democracy and when the rights of those who can bear children have been stripped away, the particularly undemocratic practice of mass incarceration and gendered treatment of incarcerated menstruators is deeply relevant (Diamond, 2020; Loughlin, 2019; Graham and Svolic, 2020). The fact that the conditions around menstruation which Experts and Professionals described closely resemble accounts of menstruators in WWII concentration camps, from the desperate search for rags to the disgust with their own bodies to the solidarity among menstruators, shows how far the U.S. obsession with punishment has gone (Owusu, 2019). Rather than being a 'supplementary' concern, incarcerated menstruation is an issue which sits at the intersection of democracy, LGBTQ+ rights, racism, sexism,

classism, and yet more forms of oppression, and which cannot afford to be ignored any longer.

Appendices

Appendix A – Full Laws on Prison Menstrual Access

Below are the federal and state laws which mention prison menstrual access. The sections relevant to menstrual access are shown in full.

Table 21 - Federal and State Laws on Prison Menstrual Access

Jurisdiction	Law
Federal	<p>HEALTHCARE PRODUCTS</p> <p>(a) AVAILABILITY.—The Director of the Bureau of Prisons shall make the healthcare products described in subsection (c) available to prisoners for free, in a quantity that is appropriate to the healthcare needs of each prisoner.</p> <p>(b) QUALITY PRODUCTS.—The Director shall ensure that the healthcare products provided under this section conform with applicable industry standards.</p> <p>(c) PRODUCTS.—The healthcare products described in this subsection are tampons and sanitary napkins.</p> <p>18 U.S.C. § 4042</p>
Alabama	<p>Clothing of prisoners; feminine hygiene products...</p> <p>(b) The Department of Corrections shall provide feminine hygiene products to female prisoners at the expense of the department, as soon as is practicable, upon request by the female prisoner.</p> <p>Ala. Code §14-3-44</p>
Alaska	
Arizona	<p>... N. On request of a female inmate, the director shall provide female inmates with a sufficient supply of feminine hygiene products. Notwithstanding any other law, the director may not charge female inmates for feminine hygiene products.</p> <p>O. For the purposes of this section:</p> <ol style="list-style-type: none"> 1. "Feminine hygiene products" includes tampons, sanitary napkins, menstrual sponges, menstrual cups and similar items that are used for a menstrual cycle. <p>Ariz. Rev. Stat. § 31-201.01</p>
Arkansas	<p>A correctional or detention facility shall establish a policy for providing: A necessary number of hygiene products for female inmates and detainees.</p> <p>A.C.A. § 12-32-103</p>
California	<p>(a) A person incarcerated in state prison who menstruates or experiences uterine or vaginal bleeding shall, upon request, have access to, and be allowed to use, materials</p>

	<p>necessary for personal hygiene with regard to their menstrual cycle and reproductive system, including, but not limited to, sanitary pads and tampons, at no cost to the incarcerated person.</p> <p>Cal. Penal Code § 3409</p>
Colorado	<p>Menstrual hygiene products for a person in custody - definition.</p> <p>(1) A correctional facility or private contract prison shall provide whichever menstrual hygiene products are requested by a person in custody to the person in custody at no expense to the person in custody. A correctional facility or private contract prison shall not impose any condition or restriction on a person in custody's access to menstrual hygiene products.</p> <p>(2) As used in this section, unless the context otherwise requires, "menstrual hygiene products" means tampons, menstrual pads, sanitary napkins, and pantliners.</p> <p>Colo. Rev. Stat. § 17-1-113.6</p>
Connecticut	<p>Provision of feminine hygiene products. Correctional staff at York Correctional Institution shall, upon request, provide an inmate at the institution with feminine hygiene products as soon as practicable. Correctional staff shall provide such feminine hygiene products for free and in a quantity that is appropriate to the health care needs of the inmate. For purposes of this section, "feminine hygiene products" means tampons and sanitary napkins.</p> <p>Conn. Gen. Stat. § 18-69(e)</p>
Delaware	<p>Powers, duties and functions — Commissioner. The Commissioner shall: ...</p> <p>(14) Provide feminine hygiene products to inmates at no cost in facilities maintained by the Department. For purposes of this paragraph, "feminine hygiene products" means tampons and sanitary napkins, for use in connection with the menstrual cycle.</p> <p>Del. Code tit. 29, § 8903</p>
Florida	<p>Dignity for women in correctional facilities.—</p> <p>(1) DEFINITIONS.—As used in this section, the term:...</p> <p>(c) "Health care products" includes the following:</p> <ol style="list-style-type: none"> 1. Feminine hygiene products, including tampons... <p>(2) HEALTH CARE PRODUCTS.—A correctional facility shall make available health care products to each woman incarcerated in the facility at no cost to the woman in a quantity that is appropriate to the needs of the woman</p>

	<p>without a medical referral. A correctional facility may not require that a woman be diagnosed with an illness in order to access health care products. A correctional facility shall make health care products available in common housing areas and in medical care facilities. Fla. Stat. § 944.242</p>
Georgia	
Hawaii	
Idaho	
Illinois	
Indiana	
Iowa	
Kansas	
Kentucky	<p>"Jail" means county jails and correctional or detention facilities. Ky. Rev. Stat. Ann. § 441.005</p> <p>All minimum standards promulgated by the department applying to jails shall include requirements for adequate nutrition for pregnant prisoners, an adequate number of hygiene products for female prisoners, and an appropriate number of undergarments for female prisoners. Ky. Rev. Stat. Ann. § 441.055</p>
Louisiana	<p>Standards and requirements for the incarceration of women...</p> <p>B. (1) A custodian shall make healthcare products available to all women incarcerated in a correctional facility at no cost and in a quantity that is appropriate to the needs of the woman without a medical permit. Custodians shall not require that a woman be diagnosed with an illness to access healthcare products. Custodians shall make healthcare products available in housing units and in the medical area of a correctional facility.</p> <p>(2) Healthcare products, as used in this Section, shall include all of the following:</p> <p>(a) Feminine hygiene products La. Stat. Ann. § 15:892.1</p>
Maine	<p>Rights. Any person residing in a correctional or detention facility has a right to: ...</p> <p>9. Menstrual products. Comprehensive access to menstrual products, including, but not limited to, sanitary pads and tampons, provided and available at all times and without inconvenience or charge to a person who</p>

	<p>menstruates who resides in a correctional or detention facility.</p> <p>Me. Rev. Stat. Ann. 34-A § 3031-9</p>
<p>Maryland</p>	<p>(a)(1) In this section the following words have the meanings indicated.</p> <p>(2) “Commission” means the Maryland Commission on Correctional Standards.</p> <p>(3) “Menstrual hygiene products” includes tampons and sanitary napkins for use in connection with the menstrual cycle.</p> <p>(b) This section applies to local correctional facilities and correctional facilities in the Division of Correction.</p> <p>(c)(1) Each correctional facility shall have a written policy and procedure in place requiring menstrual hygiene products to be provided at no cost to a female inmate on:</p> <p>(i) admission to the facility;</p> <p>(ii) a routine basis; and</p> <p>(iii) request.</p> <p>(2) The managing official of a correctional facility shall ensure that the facility has a sufficient supply of menstrual hygiene products available to meet the needs of the inmate population at all times.</p> <p>(d) The Commission shall establish standards regarding the proper disposal of menstrual hygiene products.</p> <p>(e) Each correctional facility shall maintain records on the provision and availability of menstrual hygiene products to inmates.</p> <p>(f) The Commission shall review each correctional facility’s policy and records relating to menstrual hygiene products during regular inspections.</p> <p>Md. Corr. Servs. § 9-616</p> <p>(a)(1) In this section the following words have the meanings indicated.</p> <p>(2) “Commission” means the Maryland Commission of Correctional Standards.</p> <p>(3) “Menstrual hygiene products” includes tampons and sanitary napkins for use in connection with the menstrual cycle.</p> <p>(b) (1) The Institution shall have a written policy and procedure in place requiring menstrual hygiene products to be provided at no cost to a female inmate on:</p> <p>(i) admission to the facility;</p> <p>(ii) a routine basis; and</p> <p>(iii) request.</p>

	<p>(2) The Director shall ensure that the Institution has a sufficient supply of menstrual hygiene products available to meet the needs of the inmate population at all times.</p> <p>(c) The Commission shall establish standards regarding the proper disposal of menstrual hygiene products.</p> <p>(d) The Institution shall maintain records on the provisions and availability of menstrual hygiene products to inmates.</p> <p>(e) The Commission shall review the Institution’s policy and records relating to menstrual hygiene products during regular inspections.</p> <p>Md. Corr. Servs. § 4-214</p>
Massachusetts	
Michigan	
Minnesota	<p>241.021 LICENSING AND SUPERVISION OF FACILITIES. ...Subd. 4d. Feminine Hygiene. Feminine hygiene products, including at a minimum sanitary napkins and tampons, shall be provided at no cost to individuals housed in state correctional facilities used for the general confinement of female inmates. The commissioner of corrections shall develop a written policy to implement a process whereby a reasonable number of feminine hygiene products are available to female inmates.</p> <p>Minn. Stat. § 241.021</p>
Mississippi	<p>Definitions.</p> <p>(f) “Menstrual hygiene products” means products that women use during their menstrual cycle. This includes tampons, sanitary napkins and menstrual cups.</p> <p>Miss. Code Ann. § 47-5-1505</p> <p>Access to feminine hygiene products. The Department of Corrections shall ensure that sufficient personal hygiene products are available at each facility for all incarcerated women.</p> <p>Miss. Code Ann. § 47-5-1515</p>
Missouri	<p>Feminine hygiene products, available at no cost to female offenders. —</p> <p>1. As used in this section, the following terms mean:</p> <p>(1) "Appropriate quantity", an amount per day capable of satisfying the individual need of the offender if used for the feminine hygiene product's intended purpose;</p> <p>(2) "Feminine hygiene products", tampons and sanitary napkins.</p>

	<p>2. The director shall ensure that an appropriate quantity of feminine hygiene products are available at no cost to female offenders while confined in any correctional center of the department. The director shall ensure that the feminine hygiene products conform with applicable industry standards.</p> <p>3. The general assembly may appropriate funds to assist the director in satisfying the requirements of this section.</p> <p>Mo. Rev. Stat. § 217.199</p>
Montana	
Nebraska	<p>If any female prisoner in a detention facility needs a feminine hygiene product, the detention facility shall supply such product to the prisoner free of charge.</p> <p>Neb. Rev. Stat. § 47-1008</p>
Nevada	
New Hampshire	
New Jersey	<p>Duties of Commissioner.</p> <p>4. The Commissioner of Corrections shall: ...</p> <p>h. require standard feminine hygiene products, including but not limited to, tampons and sanitary pads, be provided at the request of and free of charge to female inmates, and petroleum jelly, aspirin, ibuprofen, and any other item deemed appropriate by the commissioner, to be made available to inmates from the commissary or medical department.</p> <p>N.J. Rev. Stat. § 30:1B-6.8</p>
New Mexico	
New York	<p>Feminine hygiene products. Feminine hygiene products, including, but not limited to, sanitary napkins, tampons and panty liners, shall be provided at no cost to individuals housed in state and local correctional facilities used for the general confinement of female inmates and in any other state or local facility where women are detained or confined by law enforcement agencies.</p> <p>N.Y. COR § 625</p>
North Carolina	<p>Definitions</p> <p>As used in this Article, the following definitions apply: ...</p> <p>(7) Menstrual products. - Products that women use during their menstrual cycle. These include tampons and sanitary napkins.</p> <p>N.C. Gen. Stat. § 148-25.4</p> <p>Access to menstrual products</p> <p>Access to Menstrual Products. - The Department of Public Safety and the administrator of the correctional facility</p>

	<p>shall ensure that sufficient menstrual products are available at the correctional facility for all female incarcerated persons who have an active menstrual cycle. Female incarcerated persons who menstruate shall be provided menstrual products as needed at no cost to the female incarcerated person.</p> <p>N.C. Gen. Stat. § 148-25.1</p>
North Dakota	
Ohio	
Oklahoma	
Oregon	<p>Provision of personal hygiene products. Regional correctional facilities shall make available tampons, sanitary pads, postpartum pads and panty liners at no cost to all prisoners for use in connection with vaginal discharge. Facilities shall maintain a sufficient supply, which shall be stored, dispensed and disposed of in a sanitary manner. The supply of products available shall include at least the following:</p> <p>(1) Regular absorbent and super absorbent tampons; (2) Regular absorbent and super absorbent sanitary pads; (3) Postpartum pads; and (4) Regular absorbent panty liners.</p> <p>Or. Rev. Stat. § 169.635</p>
Pennsylvania	
Rhode Island	
South Carolina	<p>...(L) Correctional facilities, local detention facilities, and prison or work camps must ensure that sufficient menstrual hygiene products are available at each facility for all women under their care who have an active menstrual cycle. Indigent inmates must be provided the hygiene products at no cost.</p> <p>S.C. Code Ann. § 24-13-35</p>
South Dakota	
Tennessee	<p>Access to healthcare products for incarcerated women.</p> <p>(a) As used in this section: ...</p> <p>(2) “Healthcare products” includes:</p> <p>(A) Feminine hygiene products;</p> <p>(b) A custodian shall make healthcare products available to all women incarcerated in a state correctional facility at no cost and in a quantity that is appropriate to the needs of the woman without a medical permit. Custodians shall not require that a woman be diagnosed with an illness to access healthcare products. Custodians shall make healthcare products available in housing units and in the medical area of a state correctional facility.</p>

	Tenn. Code Ann. § 41-21-206
Texas	<p>PROVISION OF FEMININE HYGIENE PRODUCTS.</p> <p>(a) In this section, "feminine hygiene product" means:</p> <ul style="list-style-type: none"> (1) a regular or large size tampon with applicator; (2) a regular or large size sanitary napkin or menstrual pad with wings; (3) a regular size panty liner; or (4) any other similar item sold for the principal purpose of feminine hygiene in connection with the menstrual cycle. <p>(b) On request of a female inmate, the department shall provide free of charge to the inmate up to 10 feminine hygiene products per day that comply with applicable federal standards for comfort, effectiveness, and safety.</p> <p>Tex. Gov. Code § 501.0675</p>
Utah	
Vermont	
Virginia	<p>An Act to require the provision of feminine hygiene products at no cost to female prisoners or inmates. Be it enacted by the General Assembly of Virginia:</p> <p>1. § 1. The State Board of Corrections shall adopt and implement a standard to ensure the provision of feminine hygiene products to female inmates without charge.</p> <p>§ 2. The Director of the Department of Corrections shall adopt and implement a policy and procedure to ensure the provision of feminine hygiene products to female prisoners without charge.</p> <p>CHAPTER 815 (uncodified)</p>
Washington	
West Virginia	
Wisconsin	
Wyoming	

Appendix B – Full Policies on Menstrual Access

Table 22 – Federal and State Policies on Prison Menstrual Access

Jurisdiction	Relevant Excerpt
Federal	<p>PROGRAM STATEMENT OPI: Female Offender Manual...</p> <p>5. COMMISSARY</p> <p>All institutions housing females are required to implement standardized gender-responsive commissary lists. This information is available on the Women and Special Populations Branch Sallyport page.</p> <p>The First Step Act of 2018, Section 611:</p> <p>(a) AVAILABILITY.—The Director of the Bureau of Prisons shall make the healthcare products described in subsection (c) available to prisoners for free, in a quantity that is appropriate to the healthcare needs of each prisoner.</p> <p>(b) QUALITY PRODUCTS.—The Director shall ensure that the healthcare products provided under this section conform with applicable industry standards.</p> <p>(c) PRODUCTS.—The healthcare products described in this subsection are tampons and sanitary napkins.</p> <p>Hair styling irons (curling iron, flat iron) and hair dryers must also be made available to inmates. Wardens will ensure inmates are provided the following products (at no cost to the inmates):</p> <ul style="list-style-type: none"> ■ Tampons, regular and super size. ■ Maxi Pads with wings, regular and super size. ■ Panty liners, regular. <p>Additional products of this type may be purchased and issued by the facility at the discretion of the Warden. Institutions will purchase the products in accordance with National Acquisitions guidance. These products are provided in addition to those required via the standardized gender-responsive commissary list.</p> <p>In issuing feminine hygiene products, staff may not ration these items. For inmates in general population, all products must be made available in common areas, either a bathroom or accessible area of the housing unit. Women must have access to these items at all times of the day and may keep them in their cell, consistent with personal property requirements. Monthly issuance of these items is strictly prohibited, and unit replenishment of supplies must be done with 24 hours of notification that a particular product is</p>

	<p>lacking. For women in restrictive housing, all five products must be available for issuance on a daily basis. Misuse of items for other than intended purposes is not cause for withholding access, but is managed via routine disciplinary procedures. (Federal Bureau of Prisons, 2021b, pp. 1-12)</p> <p>OPERATIONS MEMORANDUM Provision of Feminine Hygiene Products...</p> <p>1. PURPOSE AND SCOPE This Operations Memorandum (OM) provides guidance on specific feminine hygiene products to be provided to female inmates. This guidance applies to all facilities or units housing female inmates.</p> <p>2. PROGRAM OBJECTIVES This OM ensures that female inmates have available a range of feminine hygiene products related to menstruation. This requirement is referenced in the Program Review Guidelines for Female Offenders.</p> <p>3. RESPONSIBILITIES Wardens will ensure inmates are provided the following products (at no cost to the inmates):</p> <ul style="list-style-type: none"> ■ Tampons, regular and super size; ■ Maxi Pads with wings, regular and super size; and ■ Panty liners, regular. <p>Institutions will purchase the products in accordance with National Acquisitions guidance, and should not significantly increase overall expenditures for female hygiene products beyond current levels.</p> <p>The Trust Fund will continue to include at least one type of tampon, maxi pad, and panty liner as part of the minimum standardized commissary list requirement. This requirement is referenced in the Program Statement Grooming (Federal Bureau of Prisons, 2020, pp. 1-2).</p>
Alabama	<p>V. Procedures</p> <p>A. Initial Intake. The ADOC shall govern the inmate property of those inmates new to the system...</p> <p>7. Each inmate will be issued at intake: ...</p> <p>r. Female Hygiene products (female) (Alabama Department of Corrections, 2009, pp. 2-4).</p>
Alaska	<p>VI. Procedures...</p> <p>D. Personal Hygiene Items:</p> <p>1. When admitted to the institution, the Department shall give each prisoner, at a minimum, soap, a toothbrush, toothpaste, a comb, and feminine hygiene items for women...</p>

	4. Each superintendent shall establish procedures for prisoners to purchase or, in the case of indigent prisoners, to obtain hygiene items through the commissary (State of Alaska Department of Corrections, 2013, pp. 1-2).
Arizona	3.9 Feminine Hygiene Products 3.9.1 Female inmates, including those who are determined to be Health and Welfare Indigent, shall receive a total of 36 sanitary napkins and/or tampons monthly, based on their preference, from the State Issue Officer or designee. 3.9.1.1 Inmates who are Health and Welfare Indigent may obtain additional feminine hygiene products through the inmate store at no cost to the inmate. 3.9.2 Feminine hygiene products shall remain available for purchase in the inmate store. (Arizona Department of Corrections, 2022, p. 7)
Arkansas	
California	
Colorado	L. Hygiene Items... 2. All facilities will provide a controlled adequate issuance of toilet paper and feminine hygiene supplies (female offenders only). (Colorado Department of Corrections, 2022, pp. 11-12).
Connecticut	27. State Issued Items. ... A. In addition, an indigent inmate as defined in Section 3(E) of this Directive, shall, when needed, be provided the following items: ... 7. sanitary napkins/tampons, as appropriate; ... (Connecticut Department of Correction, 2013, p. 9).
Delaware	
Florida	
Georgia	I. It is the policy of the Georgia Department of Corrections (GDC) to ensure hygiene items shall be provided to all offenders according to need and the schedule herein or as requested by medical. This Standard Operating Procedure establishes the responsibilities and procedures for the issuance of women’s feminine hygiene items to the offenders of the GDC... 3. Medical is responsible for ensuring that a complete and detailed list of offenders with special feminine hygiene needs is kept and that profiles are given to all such offenders so that all such offenders receive all required feminine hygiene items as prescribed by Medical... B. Process for Issuance of Hygiene Products:... 10. Toilet paper, sanitary napkins, and tampons will be readily available to offenders in the housing units.

	<p>11. The Sanitation Officer will ensure daily that the hygiene cabinet in each dorm is stocked with toilet paper, sanitary napkins, and tampons always. (Georgia Department of Corrections, 2019, pp. 1-3).</p>
Hawai'i	<p>5.0 PROCEDURES .1 Personal Hygiene: ... b. Additionally, all female inmates shall also receive: a. Sanitary napkins, tampons and panty liners, upon intake and/or provided access to these options in the housing units (Hawaii Department of Public Safety, 2020, pp. 2-3).</p>
Idaho	<p>4. Hygiene Supplies... These Items may be issued as necessary: • Sanitary napkins for female inmates, as needed (Idaho Department of Correction, 2019, p. 4).</p>
Illinois	
Indiana	<p>ISSUE OF HYGIENE SUPPLIES (See Operational Procedure): Facilities shall make available, on an as needed basis, a personal hygiene kit to each offender upon arrival, to indigent offenders, and to offenders who do not have sufficient funds to purchase these items due to court ordered payments or a disciplinary action for restitution.... Facilities housing female offenders shall ensure that the personal hygiene kits include sanitary napkins and tampons. Offenders shall be advised how replacement hygiene items may be obtained. Replacement items may be provided to these offenders on an individual basis or by replacing the entire hygiene kit. Staff shall ensure that offenders receive replacement items in a timely manner and in a sufficient quantity so that the offenders may maintain their personal hygiene. No offender shall be required to go without the basic hygiene items, as found in the personal hygiene kits and including toilet paper and feminine hygiene items in female facilities, solely due to lack of funds to purchase these items. (Indiana Department of Correction, 2019, pp. 3-4)</p>
Iowa	
Kansas	
Kentucky	<p>II. POLICY and PROCEDURES Corrections shall provide basic personal hygiene items necessary for the health of inmates. A. All institutions shall provide the following to inmates without charge: ... 11. Sanitary napkins – issued to female inmates only (Kentucky Department of Corrections, 2014, p. 1)</p>

Louisiana	
Maine	
Maryland	<p>A. The Department shall provide personal hygiene articles to inmates including:...</p> <ul style="list-style-type: none"> (2) No-cost menstrual hygiene products to female inmates; <p>B. The Department shall maintain a menstrual hygiene management program that effectively:</p> <ul style="list-style-type: none"> (1) Safeguards the dignity, bodily integrity, and overall programmatic, work, and visitation opportunities of female inmates; (2) Provides menstrual hygiene products in quantities appropriate to the healthcare needs of each inmate; (3) Reduces health risks associated with poor menstrual hygiene; (4) Ensures secure and sanitary receptacles for the daily disposal of soiled menstrual hygiene products are available to inmates; and (5) Provides products that conform to applicable industry standards. <p>.04 Definitions.</p> <p>A. In this directive, the following terms have the meanings indicated.</p> <p>B. Terms Defined.</p> <ul style="list-style-type: none"> (1) Admission Kit... <ul style="list-style-type: none"> (c) “Admission Kits” for women shall include: deodorant, soap, toothbrush, toothpaste, and 24 menstrual hygiene products as described in §.06B(1)(b) of this directive. (2) “Menstrual Hygiene Kit” means a prepackaged supply of menstrual hygiene products that: <ul style="list-style-type: none"> (a) Is provided at the time of admission and each month thereafter; (b) Is provided at no-cost; and (c) Includes a choice of sanitary napkins and tampons in a range of absorbencies and sizes for use in connection with the menstrual cycle... <p>.06 Procedure.</p> <p>A. Admission, Menstrual Hygiene, and Welfare Kits.</p> <ul style="list-style-type: none"> (1) A managing official shall designate a correctional supply officer for: <ul style="list-style-type: none"> (a) Ordering and issuing no-cost: <ul style="list-style-type: none"> (i) Admission Kits; (ii) Welfare Kits; (iii) Menstrual Hygiene Kits; and

	<p style="text-align: center;">(iv) Individually requested menstrual hygiene products; and</p> <p>(b) Record keeping related to the audit and ongoing supply, purchase, and dissemination of all Admissions, Menstrual Hygiene, and Welfare Kits, as well as individually requested menstrual hygiene products...</p> <p>B. Menstrual Hygiene Products.</p> <p>(1) Menstrual Hygiene Kits — Admission Supply and Monthly Supply.</p> <p>(a) Each facility that houses female inmates shall have an ample supply of all menstrual hygiene products identified in §.06B(1)(d) for distribution to female inmates at the time of admission and each month thereafter.</p> <p>(b) At the time of admission/intake into a facility each female inmate may choose from the prepackaged Menstrual Hygiene Kits listed in §.06B(1)(d)(i)—(vi) for a total of 24 items.</p> <p>(c) Each month each female inmate may choose from the prepackaged Menstrual Hygiene Kits listed in §.06B(1)(d)(i)—(vi) for a total of 48 items.</p> <p>(d) When selecting the allowable number of prepackaged Menstrual Hygiene Kits, an inmate may choose any combination of the following:</p> <ul style="list-style-type: none"> (i) 8 pack of regular absorbency sanitary napkins; (ii) 8 pack of maxi/super absorbency sanitary napkins; (iii) 4 pack of overnight absorbency sanitary napkins; (iv) 4 pack of light absorbency tampons; (v) 8 pack of regular absorbency tampons; and (vi) 8 pack of super absorbency tampons. <p>(2) Menstrual Hygiene Items — Upon Request.</p> <p>(a) In addition to the distribution of prepackaged Menstrual Hygiene Kits, female inmates shall receive additional no-cost individually wrapped menstrual hygiene items upon request:</p>
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	<p>(i) From a designated correctional supply or housing unit officer; (ii) At the conclusion of a strip search in accordance with Executive Directive OPS.110.0047 – Personal Search Protocols - Inmates; and (iii) At the direction of a medical or mental health treatment provider.</p> <p>(b) All of the menstrual hygiene products described in §.06B(1)(d) shall be available upon request from a correctional supply or housing unit officer as individually wrapped items.</p> <p>(c) Except under §.06B(3), a correctional supply or housing officer shall issue no more than two (2) individually wrapped items described in §.06B(1)(d) of this directive per day.</p> <p>(3) When medically necessary, a medical or mental health treatment provider may provide written direction to a correctional supply officer to provide an inmate with:</p> <p>(i) A modified Menstrual Hygiene Kit; (ii) More than two (2) individually wrapped items upon request; or (iii) Other menstrual hygiene products appropriate for postpartum or other medical conditions.</p> <p>(4) If a female inmate was required to remove a tampon or sanitary napkin as a result of a strip search, the Officer In Charge (OIC) shall provide a female inmate with one (1) menstrual hygiene product listed in §.06B(1)(d) of the female inmate’s choosing, upon the completion of the strip search... (Maryland Department of Public Safety and Correctional Services, 2019, pp. 1-8)</p>
Massachusetts	
Michigan	<p>C. Prisoners shall be encouraged to maintain a "well groomed" appearance. Prisoners shall be provided or permitted to purchase personal hygiene items, including soap, toothbrushes, toothpaste/toothbrushes/shaving necessities, shampoo, toilet paper, suitable comb/pick/hairbrush, deodorant, and, for female prisoners, sanitary napkins (Michigan Department of Corrections, 2019, p. 1).</p>
Minnesota	
Mississippi	

Missouri	
Montana	<p>B. Hygiene Items</p> <p>1. Each facility will: ...</p> <p>c. supply the following basic items to offenders upon admission: ...</p> <p>6) feminine hygiene items, when applicable (Montana Department of Corrections, 2013, p. 2)</p>
Nebraska	<p>C. Hygiene Articles</p> <p>Articles necessary for maintaining proper hygiene shall be made available to all inmates and provided to those inmates who are indigent. These articles include at least the following: ...</p> <p>7. Special hygiene items for female inmates (Nebraska Department of Correctional Services, 2021, pp. 4-5)</p>
Nevada	<p>705.02 INMATE BATHING/HYGIENE SUPPLIES</p> <p>1. Inmates are required to keep themselves clean...</p> <p>B. State-issued hygiene supplies will be provided and scheduled by the institution. Items include: ...</p> <p>(6) Special hygiene needs of female inmates should be issued on an as needed basis.</p> <p>(7) The frequency of such issuances may be limited in the event an inmate's use of such items is unnecessarily wasteful...</p> <p>5. Upon admission into the Department or received at another institution/facility, staff will: ...</p> <p>C. Special hygiene needs of females will be met (Nevada Department of Corrections, 2014, pp. 2-3)</p>
New Hampshire	
New Jersey	
New Mexico	<p>CD-150201</p> <p>B. State-Issued and Personal Property Limits:</p> <p>1. Upon admission to any NMCD or NMCD contract facility, each inmate will be issued state-issued property listed on the State-Issued Property Matrix Attachment (CD- 150201.A) through the Facility Laundry... State Issued Hygiene... Sanitary Napkins, female inmates... as needed (New Mexico Corrections Department, 2017, pp. 5-6)</p>
New York	<p>(a) The following shall be provided or, where specified below, made available to each inmate at time of reception:...</p> <p>sanitary napkins for female inmates.</p> <p>7 CRR-NY 1704.5</p>
North Carolina	
North Dakota	Standard 68: Personal Hygiene Products

	<p>Correctional facilities shall provide each inmate detained for more than twenty-four hours personal hygiene items including: ... d. Feminine hygiene products (if applicable) (Office of Facility Inspections/Central Office, 2021, p. 24).</p>
Ohio	<p>VI. PROCEDURES A. Clothing Issue for New Arrivals at Reception Centers... Reception Center Issue for Females... c. Hygiene Items: Each inmate shall be provided, at a minimum, the following personal hygiene articles... If requested, these items (excluding comb/pick, toothbrush) shall be provided weekly to those inmates who receive/earn less than \$12.00 in the past thirty (30) days and, if the inmate’s account balance has not exceeded \$12.00 at any time during the thirty (30) days immediately preceding the request... Items for special hygienic needs shall be made available through the institution’s commissary... (2 boxes) Sanitary Napkins and/or Tampons... C. Parent Institution State Property Issue Procedures... Parent Institution Issue for Females... c. Hygiene Items: Each inmate shall be provided, at a minimum, the following personal hygiene articles in accordance with Administrative Rule 5120-9-25.1, Appearance and Grooming of Female Inmates. If requested, these items (excluding comb/pick, toothbrush) shall be provided weekly to those inmates who receive/earn less than \$12.00 in the past thirty (30) days and, if the inmate’s account balance has not exceeded \$12.00 at any time during the thirty (30) days immediately preceding the request. The financial status of an inmate must be confirmed prior to each issue of a hygiene kit. Items for special hygienic needs shall be made available through the institution’s commissary... (2 boxes) Sanitary Napkins and/or Tampons (Ohio Department of Rehabilitation and Correction, 2020, pp. 2-10)</p>
Oklahoma	<p>II. Personal Hygiene Services/Supplies... C. Personal Hygiene Items Hygiene items will be provided through reception, canteen services or as necessary to provide for continual adequate hygiene. The process for obtaining hygiene items and the frequency of distribution will be addressed during facility inmate orientation and through posting in one or more inmate accessible areas. Indigent inmates will be given the minimum amount needed to accommodate their need between issuances. At a minimum, items available through the canteen or to indigent inmates will be: ...</p>

	7. Sanitary napkins/tampons (females) (Oklahoma Department of Corrections, 2021b, pp. 1-2).
Oregon	
Pennsylvania	Section 1 – Basic and State Issued Items A. Basic Issue During the reception process, the following basic issue items will be furnished: ... 4. Females/Trans Women Only Feminine Hygiene products (pads, tampons)... Feminine hygiene products will continue to be made available on the housing unit at no expense, regardless of financial standing (Pennsylvania Department of Corrections, 2018a, p. 7)
Rhode Island	Sanitary napkins and tampons are provided for all female inmates (Women’s Facilities) (Rhode Island Department of Corrections, 2019, p. 3).
South Carolina	
South Dakota	Universal Property List Maxi Pads (18 ct)... Tampons (40 ct)... Available on Commissary (South Dakota Department of Corrections, 2022)
Tennessee	
Texas	
Utah	A. Subject to security restrictions inmates approved for indigent status may receive: ... 6. feminine hygiene items (female inmates only) (Utah Department of Corrections, 2017a, p. 4)
Vermont	
Virginia	
Washington	I. Personal Hygiene for Individuals in Prisons A. Newly received individuals processed through Reception Diagnostic Centers will receive an initial issue of the following personal hygiene items: ... 11. State-issued sanitary napkins and tampons for menstruating individuals, when requested... C. After the initial issue, individuals will be responsible for replenishing their own personal hygiene supplies... 2. State-issued sanitary napkins and tampons will be provided without charge... (Washington State Department of Corrections, 2021a, pp. 2-5)
West Virginia	
Wisconsin	Facilities shall establish procedures regulating: ... Availability of soap, toilet tissue, clothing and feminine hygiene items for females. (Wisconsin Department of Corrections, 2021, p. 1)
Wyoming	

Appendix C – Full Manual Excerpts on Prison

Menstrual Access

Table 23 - Mentions of Federal Prison Menstrual Access in Handbooks

Prison Name	Handbook Excerpt
Alderson FPC	N/A (Federal Bureau of Prisons, 2021c)
Aliceville FCI	N/A (Federal Bureau of Prisons, 2021a)
Brooklyn MDC	N/A (Federal Bureau of Prisons, 2021d)
Bryan FPC	N/A (Federal Bureau of Prisons, 2023)
Carswell FMC	N/A (Federal Bureau of Prisons, 2017a; Federal Bureau of Prisons, 2016a)
Chicago MCC	N/A (Federal Bureau of Prisons, 2022a)
Danbury FCI	N/A (Federal Bureau of Prisons, 2022b)
Dublin FCI	N/A (Federal Bureau of Prisons, 2022d; Federal Bureau of Prisons, 2022c)
Greenville FCI	Sanitary napkins and soap are issued by the institution, as well as other hygiene products (for indigent inmates) and are available in the housing units. (Federal Bureau of Prisons, 2014d, p. 8) N/A (Federal Bureau of Prisons, 2014b)
Guaynabo MDC	N/A (Federal Bureau of Prisons, 2011b)
Hazelton FCI	N/A (Federal Bureau of Prisons, 2014g; Federal Bureau of Prisons, 2011a)
Honolulu FDC	N/A (Federal Bureau of Prisons, 2022e)
Houston FDC	Products for female hygiene are available upon request. (Federal Bureau of Prisons, 2013a, p. 35; Federal Bureau of Prisons, 2013b, p. 18)
Lexington FMC	N/A (Federal Bureau of Prisons, 2017c)
Los Angeles MDC	N/A (Federal Bureau of Prisons, n.d.)
Marianna FCI	N/A (Federal Bureau of Prisons, 2014g)
Miami FDC	N/A (Federal Bureau of Prisons, 2014f)
Oklahoma City FTC	N/A (Federal Bureau of Prisons, 2017b; Federal Bureau of Prisons, 2015c)
Pekin FCI	N/A (Federal Bureau of Prisons, 2014c; Federal Bureau of Prisons, 2014e)
Philadelphia FDC	N/A (Federal Bureau of Prisons, 2021e)
Phoenix FCI	N/A (Federal Bureau of Prisons, 2017e; Federal Bureau of Prisons, 2016c)
San Diego MCC	N/A (Federal Bureau of Prisons, 2014a)
SeaTac FDC	Articles necessary for maintaining personal hygiene to include: soap, toothbrush, toothpaste or powder, comb, feminine hygiene products, and toilet paper are

	available from the Unit Officer or requested by laundry. (Federal Bureau of Prisons, 2021f, p. 16)
Tallahassee FCI	N/A (Federal Bureau of Prisons, 2016b; Federal Bureau of Prisons, 2015d)
Tucson FCI	N/A (Federal Bureau of Prisons, 2017d; Federal Bureau of Prisons, 2012)
Victorville Medium II FCI	N/A (Federal Bureau of Prisons, 2015a; Federal Bureau of Prisons, 2015b)
Waseca FCI	Sanitary pads (regular and super), tampons (regular and super), and panty liners are issued by the institution and made available to all inmates on the housing unit in inmate restrooms. (Federal Bureau of Prisons, 2021g, p. 8)

Note: Excerpts were only included when manuals unequivocally mentioned providing menstrual products or feminine hygiene items and not for ambiguous ‘personal hygiene items.’

Table 24 - Mentions of State Prison Menstrual Access in Handbooks

Jurisdiction	Handbooks Checked	Handbook Excerpt
Alabama	Women’s Services Inmate Handbook (General)	Hygiene Items - Necessary toilet articles will be supplied for you or you can purchase preferred items from the canteen. Necessary items include... feminine hygiene items (sanitary napkins and tampons), and toilet paper. Both feminine hygiene items and toilet paper are unlimited and are continuously stocked on all units. If you are running low or out of these, please tell a staff member. (Alabama Department of Corrections, 2017, p. 10)
Alaska	Hiland Mountain	Authorized Property List...Sanitary Napkins/Tampons - box...quantities as required, prescribed or permitted by Medical or approved by the Superintendent. (Alaska Department of Corrections, 2019, p. 48)
Arizona	Perryville	N/A (Arizona Department of Corrections, 2019)
Arkansas	General Handbook	The ADC provides uniforms, undergarments, a pair of shoes, soap, toothbrush, toothpaste, safety razor with blade, bath towels and feminine hygiene items. (Compton and McHenry, 2020, p. 13)

California	California Institute for Women, Central California Women's Facility, Folsom Women's Prison	N/A (State of California Department of Corrections and Rehabilitation, 2020; State of California Department of Corrections and Rehabilitation, 2013; State of California Department of Corrections and Rehabilitation, 2021)
Colorado	Denver – mentions menstrual products La Vista – no mention	You will be issued one hygiene kit which includes: soap, toothbrush, toothpaste, comb, shampoo, feminine hygiene pads, and toilet paper. (Colorado Department of Corrections, 2021, p. 4) N/A (Colorado Department of Corrections, n.d.)
Connecticut	York	N/A (Connecticut Department of Correction, 2021)
Delaware	Baylor	N/A (Delaware Department of Correction Bureau of Prisons, 2014)
Florida	Florida Reception	N/A (Florida Department of Corrections, 2018)
Georgia	General Handbook	N/A (Georgia Department of Corrections, n.d.)
Hawaii	Women's Community Correctional Center	N/A (Hawaii Department of Public Safety, 2017)
Idaho	South Boise	N/A (Idaho Department of Correction, n.d.)
Illinois	Fox Valley, Logan – mention menstrual products Decatur, Logan Reception – no mention	State-issued feminine hygiene products are distributed on state-pay week at no charge to the offender. Feminine hygiene products are also available for purchase at the Offender Commissary. (Illinois Department of Corrections, 2020, p. 29) Sanitary pads are available at the Shift area. (Illinois Department of Corrections, 2021b, p. 37) N/A (Illinois Department of Corrections, 2021a; Illinois Department of Corrections, n.d.)
Indiana	General Handbook	N/A (Indiana Department of Correction, 2016)
Iowa	Iowa Correctional	N/A (Iowa Department of Corrections, 2018; Iowa Department of Corrections, 2012)

	Institution for Women	
Kansas	General Handbook	N/A (Office of the Secretary of Corrections, 2019)
Kentucky	Correctional Institution for Women	N/A (Kentucky Department of Corrections, n.d.)
Louisiana	Correctional Institute for Women	N/A (Louisiana Department of Public Safety and Corrections, 2021)
Maine	General Handbook	N/A (Maine Department of Corrections, 2021)
Maryland	Correctional Institution for Women	N/A (Maryland Department of Public Safety and Correctional Services, 2020)
Massachusetts	Framingham, Lemuel Shattuck Unit	N/A (Massachusetts Department of Correction, 2021a; Massachusetts Department of Correction, 2021b)
Michigan	Women's Huron Valley	N/A (Michigan Department of Corrections, 2018)
Minnesota	Shakopee	Feminine hygiene products are available for free to all offenders. You have the option to purchase name brand items through canteen. (Minnesota Department of Corrections, 2019, p. 7)
Mississippi	General Handbook	Female inmates will be issued sanitary napkins. (Mississippi Department of Corrections, 2016, p. 15)
Missouri	Chillicothe, Chillicothe Treatment	State toilet paper, soap and sanitary pads are provided. (Missouri Department of Corrections, 2013a, p. 11; Missouri Department of Corrections, 2013b, p. 10)
Montana	Women's Prison	N/A (Montana Department of Corrections, 2019)
Nebraska	Correctional Center for Women	N/A (Nebraska Department of Correctional Services, 2015)
Nevada	Florence McClure	N/A (Nevada Department of Corrections, 2020)
New Hampshire	State Prison for Women	N/A (New Hampshire Department of Corrections, 2012)
New Jersey	Edna Mahan	N/A (New Jersey Department of Corrections, n.d.)
New Mexico	Springer – mentions	Only indigent inmates are eligible to receive certain personal items from the Canteen,

	menstrual products Western – no mention	free of charge....The hygiene kit will be composed of the following items and will only be issued one (1) time....1- Sanitary Napkins. (New Mexico Corrections Department, 2021a, p. 13) N/A (New Mexico Corrections Department, 2021b)
New York	Albion, Bedford Hills – mentions menstrual products Lakeview – no mention	On the fourth Saturday of each month, the following supplies are issued... 2 twelve packs of sanitary napkins... Inmates who require more than the standard issue of sanitary napkins will need authorization from medical. (New York State Department of Corrections and Community Supervision, 2019, p. 9) Toilet paper, sanitary napkins, soap, and toothpaste are delivered to each unit once a month and are distributed to each offender. You are responsible for monitoring these supplies so they last the full month. (New York State Department of Corrections and Community Supervision, 2021, p. 38) N/A (New York State Department of Corrections and Community Supervision, 2020)
North Carolina	Correctional Institution for Women, Canary Unit	N/A (North Carolina Department of Correction, 2020a; North Carolina Department of Correction, 2020b)
North Dakota	General Handbook	N/A (North Dakota Department of Corrections and Rehabilitation, 2021)
Ohio	Reformatory for Women – mentions menstrual products Dayton Correctional, Northeast Reintegration Center – no mention	You will receive...hygiene kit...in reception the day you are admitted to the institution....the hygiene kit contains...sanitary napkins. (Ohio Department of Rehabilitation and Correction, 2021c, p. 51) N/A (Ohio Department of Rehabilitation and Correction, 2021a; Ohio Department of Rehabilitation and Correction, 2021b)

Oklahoma	Mabel Basset	N/A (Oklahoma Department of Corrections, 2021a)
Oregon	Coffee Creek	N/A (Oregon Department of Corrections, n.d.)
Pennsylvania	Cambridge Springs, Muncy, Quehanna	N/A (Pennsylvania Department of Corrections, 2020; Pennsylvania Department of Corrections, 2018b; Pennsylvania Department of Corrections, 2017)
Rhode Island	Gloria McDonald	N/A (Rhode Island Department of Corrections, n.d.)
South Carolina	Graham Correctional	N/A (South Carolina Department of Corrections, 2021)
South Dakota	General Handbook	N/A (South Dakota Department of Corrections, 2021)
Tennessee	General Handbook	N/A (Tennessee Department of Correction, 2018)
Texas	General Handbook	N/A (Texas Department of Criminal Justice, 2017)
Utah	Utah State Prison	N/A (Utah Department of Corrections, 2017b)
Vermont	Chittenden Correctional	Inmate Allowable Property Matrix...Sanitary Napkins/Tampons... One month's supply... Commissary purchase except indigent inmates. Females only. (Vermont Department of Corrections, 2011, p. 26)
Virginia	Fluvanna, Correctional Center for Women	N/A (Virginia Department of Corrections, 2020; Virginia Department of Corrections, 2021)
Washington	General Handbook	N/A (Washington State Department of Corrections, 2021b)
West Virginia	Larkin	Upon assignment to a housing unit, each inmate will be issued or made available the following personal hygiene items... feminine hygiene. (West Virginia Division of Corrections and Rehabilitation, 2019, p. 24/39)
Wisconsin	Taycheedah	Feminine hygiene items and bags are available in each housing unit upon request. (Wisconsin Department of Corrections, 2017, p. 9)
Wyoming	General Handbook	N/A (Wyoming Department of Corrections, 2016)

Note: Excerpts were only included for manuals which specifically and explicitly mentioned the provision of menstrual products. Some states have multiple manuals which were all checked for the relevant language.

Appendix D – Expert Interview Schedule

- Before you began your prison term, did you worry about what it would be like to get your period there?
 - Did you know how menstrual hygiene items would be distributed?
 - Did you ask about this?
 - Did you not think about it? (too much going on?)
 - Did you just assume it would be handled?
- Thinking back, when did you first learn about how the prison and other inmates handled their periods? (And how exactly did the prison handle it?)
 - Was it something a prison worker explained when you entered?
 - Was it something you heard about from other inmates?
 - Or was it something you had to deal with in the moment when you got your first period in prison?
- Did you feel like the prison(s) where you stayed handled periods well?
- Did you ever feel stressed or worried about your period and how you would get what you needed?
 - What did you worry would happen?
- Did you see other inmates struggling with the same issue?
 - Did inmates ever help each other get what they needed?
- Did you ever get an infraction or miss a supportive program or meeting with your attorney or visiting family due to the lack of access to feminine hygiene products?
 - Did you see anyone else missing out on things because they didn't have access to menstrual hygiene products?
 - Was there any supportive programming where you were? Can you describe it? What were the goals? How did a lack of access to menstrual hygiene get in the way of that, if it did?
- When you think about the experience you had of being in prison and getting your period, did it make you feel a certain way about yourself or your body? (bad, frustrated, relieved, etc)

Appendix E – Professional Interview Schedule

- What kind of work do you do?
 - How long have you been doing this work?
 - How did you get involved with women who have dealt with incarceration?
 - Do you work a lot directly with these women?
- When and how did you first become aware of the issue of menstruation while incarcerated?
- What kind of approaches have you heard of prisons taking?
 - Are there any prisons you think handled it well and could serve as a model?
 - Do prisons seem to have some kind of set process at this point?
- Have you heard of women getting an infraction or missing a supportive program or meeting with their attorney or visiting family due to the lack of access to feminine hygiene products?
- Have you heard of this being an issue for visitors?
- What do you think the effect of access to these items is for incarcerated women?
 - What do you think is the effect of restricted access (asking a guard)? Is there a difference?
 - Do you see any kind of pattern in terms of access during incarceration and recidivism?
- What do you think providing unrestricted access would do for these women?
 - Do you think this ties into what makes women successful (lower recidivism) post-incarceration, and how?
- Why do you think this issue isn't more known? Why do you think this issue exists?

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