18. Women's health and the prison setting

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Key points

- Female prisoners are a minority within prison populations worldwide, usually accounting for between 2% and 9% of the prison population in a country.
- The majority of offences for which women are imprisoned are non-violent and property- or drug-related. Female prisoners mainly serve short sentences.
- Many women in prison are mothers and usually the primary or sole caregivers for their children.
- Female prisoners have complex health needs, particularly with regard to their physical and mental health. High rates of post-traumatic stress disorders are reported.
- Women in prison have mental health problems to a higher degree than both the general population and male prisoners. There is a close link between a woman's criminal pathway and her mental and physical illness.
- Drugs often hold a key to a woman's offending. A high percentage of women in prison suffer from a drug problem and problematic drug use rates are often higher among female than among male prisoners.
- Women are at greater risk than men of entering prison with HIV, hepatitis C, reproductive health needs and STIs such as chlamydia infection, gonorrhoea and syphilis.
- Three times as many women as men report that they have experienced violence, either physical or sexual, before their imprisonment.
- Health service provision in prisons needs to recognize women's sex and gender-specific health care needs, and should be personalized and delivered in a holistic and humane manner.
- Gender-sensitive training and training on the specific health needs of women in prison should be widely available in all prison systems.

Introduction

Women in prison constitute a special group within the prison population, first and foremost because of their sex and gender inequalities. They constitute a small proportion of prison populations worldwide, usually between 2% and 9% of the prison population. Only 12 prison systems worldwide report a percentage higher than 9% *(1)*. Although women are a minority group within total prison populations, the number of women in prison is nevertheless increasing and the rate of the increase is often greater than that for men. For instance, in the United Kingdom (England and Wales), the number of women in prison increased by more than 200% over the period 1996–2006 versus a 50% increase in the number of men in prison during the same period *(2)*. Some of the increase can be explained by the global displacement of women due to war, social unrest, economic crisis and gender-insensitive criminal justice systems.

Women in prison often come from deprived backgrounds, and many of them have experienced physical or sexual abuse, alcohol or drug dependence and inadequate health care before imprisonment *(3)*. Offences for which women are imprisoned are mainly non-violent and property- or drug-related. This means that imprisoned women often serve a short sentence, resulting in a high turnover rate in women's prisons *(4)*. Because in most countries there are only a few women's prisons, women convicted of a wide range of offences are frequently housed together, which implies that the overall regime is determined by the high-security requirements of a very few high-risk prisoners *(5)*.

As a result of the lifestyles many women have had before entering the prison system, their time in prison might be the first time in their lives that they have had access to health care, social support and counselling. The prison service should pay careful attention to women's special needs, including specific health care needs, and guarantee a gender-sensitive system of care while recognizing the opportunity for empowerment and supporting healthy choices.

This chapter discusses the health issues facing women in prisons, specifically:

- violence and abuse
- substance use
- mental health issues
- infectious diseases
- reproductive health
- dental health.

Special attention is given to children of imprisoned women, and the end of the chapter focuses on the organization of health care for female prisoners and opportunities for health promotion.

Violence and abuse

Many prisoners have experienced violence in their time before or in prison, often gender-based violence from

their intimate partners. Three times as many women as men report that they have experienced violence, either physical or sexual, before their imprisonment *(6)*. Women who have experienced violence and abuse before their imprisonment may have low self-esteem and poor skills and suffer from a lack of confidence. Violence and abuse are also associated with poor outcomes in terms of mental and physical health problems, including reproductive health problems.

It is important that prison systems identify women who have been victims of violence or abuse before their imprisonment and take into account the possible re-traumatizing effect of some aspects of the prison regime, such as strip-searching. Counselling and support should be available, and should continue after release.

Substance use

Drugs often hold a key to a woman's offending. A high percentage of women in prison suffer from a drug problem and problematic drug use rates are often higher among female than male prisoners. It is estimated that around 75% of women arriving in prison have some sort of drug-related problem at the time of arrest.

Generally, women with substance use problems have fewer resources (education, employment and income), are more likely to be living with a partner with substance use problems, to be taking care of dependent children, have severe problems at the beginning of treatment for their substance use and have higher rates of trauma related to physical and sexual abuse and mental disorders than men. Post-traumatic stress disorder and anxiety disorders are especially common *(7)*.

Women with substance use problems need treatment. A major concern is that prison systems frequently do not guarantee access to this treatment. A gender-sensitive approach to women's health care should always take into account the need to provide specialized addiction treatment programmes. Substitution treatment has been proved to be the most effective treatment option for persons with substance use problems, and attention should be paid to implementing substitution treatment more widely in prison settings. Support for staff should also be developed, including the production of clear guidelines *(8)*.

Alcohol use

The prevalence of alcohol use and dependence in women entering prison ranges from 10% to 24% *(9)*, although more recent studies have identified higher prevalence rates. For example, in Finland 51% of women prisoners are alcohol-dependent and there is evidence to suggest that alcohol use disorders are an increasing problem among women prisoners *(10)*. Despite the wide variation in prevalence estimates, it is clear that alcohol use is a greater problem for women in prison than for those in the general community. Prevalence rates tend to be higher among women prisoners than male prisoners – a consistent finding in several countries. Alcohol use disorders in women are associated with a range of other health and social issues including poverty, mental illness, drug use and a history of abuse in childhood.

Mental health issues

Women in prison are more likely to have mental health problems than both the general population and male prisoners *(11)*, including high rates of post-traumatic stress disorders. Trauma are indirectly and directly linked to criminal pathways and to both mental and physical illness *(12)*.

In the United Kingdom (England and Wales), it was shown that 90% of women in prison have a diagnosable mental disorder, substance use problem or both, and 9 out of 10 women in prison have at least one of the following: neurosis, psychosis, personality disorder, alcohol abuse or drug dependence *(13)*. The prevalence of severe mental illness (psychosis and major depression) is higher in the prison population than in the general population. A systematic review in 2002 showed that the prevalence of psychotic illnesses in women prisoners worldwide was 4% and of major depression 12%, indicating that women prisoners are two to four times as likely to have a psychotic illness or major depression as the general population, and that 42% of women prisoners worldwide have a personality disorder, about 10 times the prevalence in the general population *(14)*. Not only are women prisoners more likely to suffer from severe mental illness than the general population but they are more likely to do so than male prisoners. A British survey reported annual incidence rates of psychosis in women prisoners to be more than double that in male prisoners: 110 per 1000 compared to 52 per 1000 *(15)*.

Women's mental health is likely to deteriorate in prisons that are overcrowded, where prisoners are not properly differentiated and programmes are either non-existent or inadequate to address the specific needs of women. Promoting mental health and well-being should be central to a prison's health care policy *(16)*.

Self-harm and suicide

Suicide and self-harm are important issues for female prisoners and the early period in custody is recognized as being a time of particularly high risk. Studies worldwide

have shown that suicide rates in prisons are up to 10 times higher than those in the general population *(17,18)*, and suicide is a leading cause of death in custody. The rate of suicide is higher in women prisoners than in male prisoners, in stark contrast to suicide rates in the general population which tend to be higher in men. Features of the prison regime as well as traumatic experiences in childhood and adulthood, mental health problems and a lack of social support are associated with suicidal behaviour *(19)*.

Many more women in prison self-harm than commit suicide. Women prisoners are more likely to self-harm than male prisoners and than women in the community. A study of women prisoners showed that 16% had harmed themselves in the month before imprisonment *(20)*. Those who self-harm are more likely to have a psychiatric disorder, drink hazardous amounts of alcohol and to have been abused as a child or adult.

To address the risk of suicide and self-harm, prison systems need to ensure that their health services are effective and that all staff working with women prisoners are aware of the issue.

Infectious diseases

Women are at greater risk than men of entering prison with HIV, hepatitis B and/or hepatitis C *(21)*. Women who engage in risky behaviour, such as sex work or injecting drug use, are at particularly high risk. Women prisoners also have higher rates of STIs than male prisoners and the general female population. This has been attributed to the fact that they are more likely to participate in risky sexual behaviour, including sex work and injecting drug use. Syphilis is a rare disease among the general population but in some countries not uncommon in imprisoned women.

Many STIs stay undetected. Some infections are more likely to be asymptomatic in women but at the same time more likely to have serious long-term health consequences such as ectopic pregnancy, infertility and chronic pelvic pain. They are a major factor in the spread of HIV, as they enhance transmission and diminish the woman's general resistance.

Prison services should ensure that women living with HIV receive prevention, treatment, care and support equivalent to that available to people living with HIV in the community, including ART. Clean needles and syringes should be available to prevent women from sharing them and thus prevent the spread of HIV and other infectious diseases. If needles and syringes are not allowed in prison, other harm reduction measures should be accessible. While imprisoned women who are HIV-positive, or are at risk of being infected, face similar challenges to men in terms of access to essential care such as ART and harm reduction measures, they also have additional needs. Gender-specific interventions have been shown to be more successful than interventions that are gender-neutral. In particular, women prisoners benefit from interventions that address HIV prevention in terms of interactions and relationships with other people and those that also address the cultural and socioeconomic conditions in which the women live. Many women will have suffered from sexual abuse and need psychological interventions that address this together with gender-specific empowerment strategies to enable them to negotiate safer sex practices effectively *(22)*.

Reproductive health

Women prisoners are a high-risk group for sexual and reproductive health diseases, including cancer and STIs, particularly due to the typical background of these women which often includes injecting drug use, sexual abuse and violence, sex work and unsafe sexual practices *(23)*.

Screening programmes for diseases such as cervical cancers should be included in the standard procedure in women's prisons. Imprisoned women are at high risk of cervical cancer yet they are less likely to have been screened for it and are unlikely to complete appropriate follow-up and management of abnormal smear results. They are more likely to have a sexually transmitted disease and, more specifically, to have evidence of human papilloma virus infection that is causally related to cervical cancer. Several studies have shown higher rates of abnormal smears in the prison population. Evidence from Canada suggested that women prisoners presented with more severe abnormalities at a younger age than the general population *(24)*. Paradoxically, these imprisoned women who are at greatest risk of cervical cancer are least likely to have been screened for this disease. This may be because of limited access for women with low incomes (if payment is required), a low level of knowledge or fear of a gynaecological examination. Prison health care providers need to develop locally appropriate services that ensure that women in need of cervical screening are rapidly screened and treated, if necessary, with clear pathways to ensure throughcare.

Women's normal human functions, such as menstruation, are too often medicalized by prison systems and many fail to cope with women's menstruation. For instance, they fail to provide menstrual products such as sanitary towels or adequate bathing and washing facilities *(3)*. Menstrual products and frequent access to showers need to be freely available.

Pregnancy, postnatal care and breastfeeding

Imprisoned women who are pregnant constitute a high-risk obstetric group, that is, both mother and foetus are more likely to have problems during pregnancy and, subsequently, to have poorer outcomes. Some factors are likely to contribute to this: imprisoned women are likely to come from socially deprived backgrounds and are more likely to smoke, drink alcohol to excess and use illegal drugs than the general population. Various studies have shown that smoking rates in pregnant women prisoners approach 70% *(25)*. The majority of these pregnant women have a history of drug abuse, and estimates of actual drug abuse during pregnancy range from 27% *(26)* to 71% *(25)*. In addition, they are more likely to have a medical problem which could affect the pregnancy outcome and yet less likely to receive adequate antenatal care *(27)*.

Women in prison also tend to have poorer birth outcomes than the general population. They are more likely to have a low birthweight baby and perinatal mortality rates are higher in this population *(28)*. When compared to pregnant women matched for age, race, parity and socioeconomic status, however, there are no significant differences between the groups with regard to outcomes such as birthweight and foetal death rate. Furthermore, it seems that imprisonment has a favourable effect on pregnancy outcomes. Several studies have shown that longer periods spent in prison improve outcomes such as increasing the birthweight of the baby, or decreasing the likelihood of premature or instrumental delivery. Martin and colleagues estimate that for every day the mother spent in prison, the baby gained an additional 1.49 g *(29)*. Possible explanations for these improved outcomes might be that prison provides food and shelter, moderates the use of drugs and alcohol, prevents strenuous activity, protects women against abusive partners and ensures access to antenatal care. However, imprisoning pregnant women when the majority have not committed a violent crime and therefore pose little risk to the public is ethically questionable. While the evidence that indicates that imprisonment may have benefits for the physical health of the mother and baby, imprisonment also presents many challenges to pregnant women. Imprisoned mothers are more stressed, anxious and depressed than the general population *(30,31)*.

Dental health

Prisoners have significantly greater oral health needs than the general population and have often had very limited contact with dental health care services in the community. Many prisoners enter prison with dental health problems requiring urgent treatment. High levels of alcohol consumption, smoking and substance use all contribute to poor oral health. A survey in 2002 in the United Kingdom (Scotland) concluded that the severity of tooth decay was considerably worse in the prison population than in the community, especially for female prisoners *(32)*. Providing appropriate dental services is an essential part of prison health services and must be guaranteed for all women prisoners.

Children of women in prison

Many women in prison are mothers and usually the sole or primary carers for their children. This results in large numbers of children being institutionalized when women are imprisoned, since the fathers often fail to care for the child(ren). In Europe, it is estimated that about 10 000 children under the age of two years are affected by their mothers' imprisonment every day. For instance, in the United Kingdom, a national study showed that in 85% of the cases the father does not look after the child when the mother is imprisoned *(20)*. The imprisonment of a mother may have a traumatic and lasting effect on both mother and child, in part due to great distress because of the separation together with a range of emotional and psychosocial problems, and also because they are less likely than imprisoned men to have someone in the family looking after their child and are more likely to lose their housing and children as a result of their imprisonment.

In many countries, babies born to women in prison can stay with their mothers in prison. Very young children may often accompany their mothers into prison, up to the age of three years on average in Europe. This age limit varies considerably across countries in Europe, with a maximum of six years old.

Most countries where children are allowed to stay with their mothers in prison have special mother-and-baby units, where mother and child can stay together.

Children of imprisoned women have not committed a crime and should not suffer as if they had done so. The lives of the children who live in prison should be as good as the lives they would have led outside in the community, including good nutrition and decent playing areas. It should be possible for these children to leave the prison at any time if this is considered to be in their best interests.

Difficult problems and dilemmas arise both from accommodating children in prisons and separating them from their mothers. It is vital that in all decisions made concerning a child of an imprisoned woman, the best interest of the child is the primary consideration.

Organization of health care for women in prison

The specific needs of women are often not met by prison systems, which have been largely designed by and for

men. Women in prison need free access to a full range of gender-specific health services. There should be explicit recognition that women and men are different and that equal treatment of men and women does not result in equal outcomes.

The standards which should define a health care system for women prisoners are laid down in the United Nations Rules for the treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules) (33). These standards can be summarized as follows.

1. Imprisonment of women should always be a last resort. Suitable non-custodial alternatives shall be made available whenever possible.
2. Medical screening on entry should include comprehensive screening to determine primary health care needs. It should also determine: sexually transmitted or blood-borne diseases including HIV; mental health care needs; the reproductive health history of women prisoners and related health issues; the existence of drug dependency and sexual abuse and other forms of violence suffered prior to admission.
3. Medical confidentiality must be respected, including the right not to share information and to undergo screening related to reproductive health history.
4. Children accompanying women prisoners shall also undergo health screening and shall receive health care at least equivalent to that in the community.
5. Gender-specific health care services at least equivalent to those available in the community shall be provided to women prisoners.
6. Comprehensive mental health care and rehabilitation programmes shall be made available for women prisoners.
7. Programmes to prevent and treat HIV/AIDS shall be responsive to the specific needs of women, including prevention of mother-to-child transmission.
8. Specialized treatment programmes for women substance abusers shall be provided.
9. Strategies and support to prevent suicide and self-harm among women prisoners shall be part of a comprehensive policy of mental health care for women prisoners.
10. Women prisoners shall receive information and education about all relevant preventive health care measures.

Gender-sensitive training for staff working with woman prisoners must take into account the specific vulnerability and health care needs of woman prisoners. Continuity of care is particularly important for women, who are often on very short sentences but whose physical and mental health needs are long-term (5).

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