

Custody and Care: Mental Health Issues of Women in Prison

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Abstract:

Mental health is an integral part of health. International Human Rights Documents recognize mental health as a core component of the right to health. Mental illness can affect people of any age, race, sex, income or background. Yet, certain groups of people have higher rate of reported mental illness. A gender approach to mental health provides guidance to the identification of appropriate responses from the mental health care system, as well as from public policy. Women are particularly exposed to some of the factors that increase the risk of poor mental health because of the role and status that they particularly have in society. Prisons are part of society and reflection of society. Women in prison have higher levels of depression, anxiety, phobias, neuroses, self mutilation and suicide compared to the general population and male prisoners. The prevalence of mental health problems is often explained by the multiplicity of disadvantages and damage women prisoners are said to experience. Under this backdrop, this paper attempts to analyze and evaluate the health status of women under custody in the light of health care services provided to them. The paper is divided into five parts. The first part looks into the background of the problem. The second part presents a wider view on the health status of women prisoners. The third part gives a detailed view of common mental disorders among women prisoners. The fourth

part presents the availability of health care facilities in prisons. Finally, the fifth part presents conclusion by giving some suggestions to improve the situation of women prisoners.

Key Words:

Women Prisoners; Health Status; Health Care Facilities

Introduction:

Health is the level of functional or metabolic efficiency of a living organism. In human it is the general condition of a person's mind and body, usually meaning to be free from illness, injury or pain. The World Health Organization (WHO) 1946, defined health as "a state of complete physical, mental, and social well being and not merely the absence of diseases or infirmity" (Barry & Yuill, 2008). The WHO definition envisages three specific dimensions the physical, the mental, and social. As far as mental health is concern good mental health is the ability to respond to the many varied experiences of life with flexibility and a sense of purpose. The WHO describes mental health as "a state of well being in which the individual realize his or her own abilities can cope with the normal stress of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (<http://en.wikipedia.org/wiki/health>.) Mental health is an integral part of health. It is not just absence of mental illness. It consists of a broad scope of measurements of mental well being including depression, stress and self worth. Mental health is a serious problem in the world. (Barry & Yuill, 2008).

Mental illness can affect people of any age, race, sex, ethnicity or background. Yet, certain groups of people have higher rate of reported mental illness. It is much higher among the homeless, the incarcerated, and people living in poverty. (<http://bookstore.gpo.gov/products/sku/999-000-44443-5>). Health and autonomy have been defined as the two basic needs which are shared by all human beings. In a democracy,

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the means to health, as well as to autonomy, can be understood as an essential component of citizenship. The commission on social justice observed that the foundation of a free society is the equal worth of all citizenship; everyone should be entitled, as a right of citizenship, to be able to meet their basic needs, as well as to enjoy opportunities and life chances; and since all citizens are equal worth 'unjust' inequalities should be reduced and where possible eliminated. Thus public health policies are meant to ensure the best possible living conditions for all members of society, so that everyone can be healthy. Prisons are often forgotten in this question. This is despite the high numbers held in prisons in many parts of the world, the characteristics of prison populations and the disproportionate numbers of prisoners with serious health problems. (www.who.int/bulletin/volumes/89/9/10-082842/en/). Unfortunately, the proportion of women who are in prisons has grown at an alarmingly greater rate than men since 1990. More than half a million women and girls are held in prisons throughout the world, either as remand or sentenced prisoners. In Europe, about 100000 women and girls are in prison. Women constitute a very small proportion of the general prison population worldwide, usually between 2% and 9% of a country's prison population. (http://www.unodc.org/documents/commission/CNDS/Session51/Declaration_Kyiv_Women_60s_health_in_Prison.pdf).

Health Status of Women Prisoners:

Incarcerated women face multiple serious health concerns before, during and after their incarceration. These health concerns generally relate to their mental health and addictive behaviors, sexual and reproductive health, infectious, and chronic diseases. Female inmates have higher rates of illness than men for infectious diseases, respiratory and digestive conditions, genitourinary disorders, headaches, ear disease, and skin and musculoskeletal diseases. Women in prison frequently come from deprived backgrounds,

and many have experienced physical and sexual abuse, alcohol and drug dependence and inadequate health care before imprisonment. The poor health status of incarcerated women reflects the inequalities that exist in the social, political, and economic structures of the larger society. Incarceration itself may negatively impact the health of female inmates (Arriola, et al., 2006). Historically women have been underrepresented in all levels of criminal justice system. This underrepresentation of woman has resulted in criminal justice system created by males for males in which the diverse needs of women are forgotten and neglected. They are treated less well than men while their gender-specific needs have been ignored. In comparison to prisons for men, rules within women's prisons tend to be greater in number and pettier in nature. Women prisoners are commonly cited for disciplinary offences that are typically ignored within male institutions, and while they are less violent than their male counterparts, they appear to receive a greater number of disciplinary citations for less serious infractions (Braithwaite, 2006).

Common Mental Disorders among Women Prisoners:

It is well established that the prevalence of mental health problems among prisoners is significantly higher than in the community. Furthermore, women prisoners are known to have higher rates of mental illness, personality disorders (especially Borderline Personality Disorder), anxiety disorders, depression and poor self esteem compared with male prisoners. A study conducted on the mental health needs of women prisoners in Victoria found that 66% of women in prison had a mental disorder (excluding a drug and alcohol disorder) compared with 16.5% of women in the general population. These were mostly anxiety disorders, depressive disorders and personality disorders ([http://www.sistersinside.com.au/media/NTwo_men%20prisons%20PDF .pdf](http://www.sistersinside.com.au/media/NTwo_men%20prisons%20PDF.pdf)). There are no significant differences between the numbers of men and women who experience a mental

health overall, but some problems are more common in women. Women are more likely to have been treated for a mental health problem than men (29% compared with 17%). This reflects women greater willingness to acknowledge that they are troubled and need support. Women are particularly exposed to some of the factors that increase the risk of poor mental health because of the role and status that they particularly have in society (http://www.mentalhealth.org.UK/help_informatiopl/mental_health_a_z/w/women/pdf).

Imprisoned women are subjected to intrusive searches and extensive surveillance that can be exacerbate trauma associated with prior experiences of abuse and increases the risk of self harm. Levels of self harm and suicide are higher in female prisons than in the male prisons, even though level of suicide in the community is higher among men, and there are high levels of drug problems among women in prison. Many women arrive in prison after years of unhealthy, women victimization and drug use and as their age in prison become more vulnerable to the rigors of incarceration. As a consequence, women enter in prison as socially marginal at best, having suffered from personal stress, trauma, and fear in many stages of their lives. The exposure to the stressors of prison life frequently makes them sicker and more costly to manage. In consequences they pose specific challenges to the prison system regarding custody rehabilitation and release. Study revealed that women entering in prison developed one or more mental disorders. (Malloch & MacIver, 2013).

Mood Disorders: Research shows that women are at greater risk for depression than are men, especially during the reproductive years. Women are to be more likely than men to experience the onset of depression following a stressful event involving self or others. The incarceration of women represents a particularly exacerbating event for mood disorders, defined as conditions “that have a disturbance in mood as predominant feature”. Social research indicates that depression in

women is triggered by situations that are characterized by humiliation and entrapment and that this occurs in relation to ‘a typical events’ the prevalence of violence against women is alarmingly high. Women compared to men are at greatly increased risk of being assaulted by an intimate: physical, sexual and psychological violence is related to high rates of depression and co morbid psychopathology, including post traumatic stress disorder (PTSD), dissociative disorders, phobias, substance use and sociality. The high incidence of sexual violence against girls and women has suggested that female victims make up the single largest group of those sufferings from post traumatic stress disorder. A nationwide survey of rape in the US, found 31 percent of rape victims developed PTSD at some point in their lives compared with 5 per cent of non-victims

(http://www.who.int/mental_health/media/en/242.pdf).

Anxiety Disorders and Major Thought Disorders: The National Institute of Mental Health’s Epidemiological Catchment Areas study showed that anxiety disorders had the highest overall prevalence rate among mental disorders with a lifetime prevalence of 14.6%, and women are affected by them more than men (Newkirk, 2006). Generalized anxiety disorder Schizophrenia is a group of mental disorders characterized by major disturbances in thought, perception, emotions and behavior. As many as 5 per cent of inmates may have schizophrenia, a rate up to five times greater than the rate found in the general population. Bipolar disorder or manic depression is a mood disorder that includes a number of variation and subtypes. Generally individuals with bipolar disorder experience serious mood swings, episodes of mania that alternate with episodes of deep depression. During mania episodes people display high levels of energy and little need for sleep. Mania often occurs with substance abuse, bipolar disorder is to affect up to 6 % of the prison population. Major depression is a mood disorder that generally occurs as an episode or series of

episodes of every severe depression. People suffering from major depression may not only exhibit a depressed mood but may appear to lose interest in life's activities and the lethargic or fatigued. Persons suffering from major depression are at increased risk for suicide and may be preoccupied with thoughts of death. Some studies show that depression may affect up to 9 % of the prison population. Anxiety disorders are a group of mental disorders characterized by intense states of apprehension or anxiety or by maladaptive behavior designed to relieve anxiety. Anxiety disorders include generalized anxiety and panic disorders, phobic and obsessive compulsive disorders, social anxiety disorder and post-traumatic stress disorder. Generalized disorder affects about 6 % of the prison population, but post-traumatic stress disorder is more common particularly among women offenders (<https://s3.amazonaws.com/static.nicic.gov/library/018604.pdf>).

Post-traumatic Stress Disorder: It is one of the anxiety disorders that are more prevalent among incarcerated women than in the general populations because of the incidence of abuse prior to incarceration. Butterfield et al (2002) noted that traumas such as rape or physical injury are associated with an 8.5 fold increase in developing post-traumatic stress disorders compared with other types of trauma. Other risk factors include a history of severe and repeated trauma, lack of social support, minority status, poor education, history of psychiatric illness and negative parenting childhood abuse (Newkirk, 2006). In a Metro State Prison in Atlanta, Georgia, lack of awareness among inmates also lead to their mental illness. The prison inmates concealed their psychiatric symptoms and their need for treatment because they mistakenly believed that being on the mental health caseload will negatively affect their living arrangements as well as post entail for parole and for transfer to another facility. Hence treatment is delayed and unnecessary suffering is experienced by the prison inmate (Robinson & Thompson, 2006). As women are at far greater risk for

depression compared to men, therefore women are at greater risk for suicide attempts. Depression is also common among women who have substance abuse or dependence in their history and depressing environments, poor food, and inadequate health care, physical or verbal aggression. Lack of purposeful activity, lack of privacy, lack of opportunities for quiet relaxation and reflection aggravate mental distress. The availability of illicit drugs can compound emotional and behavioral problems in prisons. Reactions of guilt or shame, anxiety of being separated from family and friends and worries about the future also compound such mental distress (http://www.academia.edu/1185394/2.prison_and_health).

In a study it has been found that elderly first times were frequently found to be anxious, depress and to experience incarceration as a form of psychological trauma. Anxiety conditions, common in older adults include phobia, anxiety disorder characterize by excessive worrying or nervous tension and post-traumatic stress disorder (PTSD). The elderly inmates with mental health problems would face many re-entering challenges, including paying for daily living expenses and medical and psychiatric care, and find safe housing and social support (www.aca.org/fileupload/177/ahaidar/1_cox_lawrance.pdf).

Health Care Facilities in Prisons:

Prison is not the right place for people who are mentally ill. Their care should be the concern of management. Keeping mentally ill people in prison makes prison life more difficult for everyone in the institution: staff and other prisoners, as well as the prisoner who is mentally ill. (<http://www.sistersinside.com.au/media/NTwomen%20prison%20PDF.pdf>). It is generally accepted that women's health care needs in prison both physical and mental are more various and complex than men's. Although women and men in prison face similar health

problems, for example, substance misuse, mental illness and communicable diseases, there is a significant difference in the nature, intensity and complexity of the problems in the gender groups. Women are also likely to have additional and different needs not only with respect to maternity care and gynecological health but also to psychological health and a greater incidence of past or recent abuse whether physical, emotional or sexual in nature. The idea that women in prisons have more health problems than men is perhaps reached by the fact that they have a far greater expressed need for medical care than men, as approximately 20% of women prisoners ask to see a doctor or nurse each day, more than twice the figure for male prisoners. However, this statistic could be misleading as it may only indicate that women are more willing to seek help than men, not that they necessarily have more health problems. European Committee for the Prevention of Torture or Degrading Treatment or Punishment Standards (CPT) noted that particular care is required to ensure that women deprived of their liberty are held in a safe and decent custodial environment and accommodation for women prisoners should be physically separate from that occupied by any men being held at the same establishment: Women should have an access to equal range of activities to men and should not be pushed into those deemed suitably female. The CPT also establish standard for the gender specific health care of women prisoners, in relation to menstruation pre and post natal care and access to reproductive services including abortion (Malloch & MacIver, 2013).

In most settings (including prisons) where women receive health care, the psychological issues are not addressed although these issues may have a major impact on the overall health of women. In the controlled environment of a correctional facility, these psychological influences are even greater because the woman has almost no control of anything in her environment. This lack of attention to psychological issues also leads to exacerbation of physical health

problems. These problems may present as nonspecific pain and a sense of uneasiness. The histories of trauma and subsequent substance abuse often lead to the development of disabling mental illness. When women present to the medical staff with these problems, they are often overlooked because clinicians become desensitized and take on correctional jargon that “they just want attention” (Braithwaite, 2006).

Suggestions:

The public health implications of sub-standard health care in prison continue to grow as correction institutions, educators and community bodies fail to properly address health care issues involving prisoners. Although prisons are not normal health care settings, prisoners undeniably have health care needs that must be addressed. Prisons can provide a corrective and rehabilitative role only if the issue of health of prisoners adequately addressed. In order to assure that the unique health needs of incarcerated women are met, it is important that correctional facilities are equipped with appropriate information, staff and resources (Braithwaite, 2006).

- Women’s hygiene and health needs including mental health must be appropriately met. Health screening should include issues of pregnancy, menstruation, reproduction, transmitted disease and addiction, histories of sexual and violent abuse and taking these issues into account, gender and culturally specific health and mental health care provided.
- Strip searches must only be carried out by appropriately trained female staff and where possible alternative should be provided e.g. screening methods so as to avoid the harmful psychological and possible physical impact of invasive body searches.
- Pregnant women and nursing mothers must not be subject to the punishment of the solitary confinement, nor should

physical restraint be used during labor or child birth.

- Support should be available for women who disclose sexual or other abuse. Women should be included on inspections and other monitoring teams.
- Visits between mothers and children are encouraged and should allow for open contact.
- Mental health need should not result in women placed in higher security level facilities solely on other basis. Regimes should provide balanced and comprehensive range of activities. Options such as home leave are encouraged to facilitate the transition from prison and gender specific support should be offered when women leave.

Conclusion:

If incarcerated women reflect the failure of society to provide a group of citizens the kind of opportunities and protection that they deserve, then the question becomes whether the experience of incarceration is one of that contributes to improving their lives. Incarceration is not only to protect society from offenders, where this is felt to be needed, but to rehabilitate them such that once they leave jail, they are better prepared to function as good citizens, good parents, and generally good people. It is certainly true that women in prison are more likely to receive health care and even quality health care for substance abuse mental health problems, infectious diseases, and chronic diseases than women from this same group in the general population. Therefore incarceration provides a potential opportunity for women in this group to receive access to the kind of care that was denied them in the general population. However, there are many women who are not able to take advantage of this opportunity, because correctional facilities vary widely in terms of the services that they offer, and the qualities of these services. And, almost invariably, when women are discharged or released from prison, they are not likely to

receive the continuity of care or involvement in protection of their health that they received in prison. It is the case that the majority of incarcerated women will return to society; by and large, they do not serve life sentences. Thus it is crucial that all efforts are made to prepare these women for reentry into society and not have them return to the circumstances that led them to prison.

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