

Future directions for the health of incarcerated women in BC

Services such as addictions treatment and counseling for psychiatric illness are especially important for female offenders and must be made more available in all correctional facilities that house women.

ABSTRACT: When looking for ways to improve the health of incarcerated women in BC, lessons can be learned from Nova Scotia, where the provincial Ministry of Health is responsible for delivering health care to provincial inmates, and from research undertaken through the WHO Health in Prisons Programme. These lessons include recognizing that incarcerated women have different needs than male inmates and that more needs to be done to address gender inequalities in prison services.

Prison health care in Nova Scotia

By Robert Strang

Nova Scotia has a population of 940 000; less than 25% of BC's 4.5 million population. In 2001 the Central Nova correctional facility opened in Nova Scotia in the same location as the East Coast Forensic Hospital, bringing the number of provincial correctional facilities to six (five adult and one youth). At that time, the deputy ministers for health and justice agreed that the Ministry of Justice would provide the security for the forensic hospital and the provincial correctional facilities, and that the Ministry of Health, through the Capital District Health Authority (CDHA), would provide health care for prisoners in adult provincial correctional facilities, and for young offenders in the Nova Scotia Youth Facility through the IWK Health Centre. An independent review of health services in corrections by the Department of Health identified the need for additional equipment and physicians, and funding was provided to meet this need.

Today the CDHA provides health services for Nova Scotia and operates the QEII, the largest teaching hospital and adult academic sciences centre

in the Maritimes. In affiliation with Dalhousie University, QEII provides training for physicians, nurses, and social workers. The CDHA also hires and guides the conduct of all corrections health care staff for each of Nova Scotia's adult correctional centres, where on any given night a total of 550 adults are in custody. The Central Nova facility alone has the capacity for 224 male and 48 female offenders.

The results of an unpublished 2003 survey undertaken by the Provincial Offender Health Services in Nova Scotia to explore the health needs of the corrections population are consistent with published data from other jurisdictions. The mean age of the survey participants was 32 years; 80% were between 20 and 49 years; 60%

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reported that they used illicit drugs; over 50% were daily users, and 61% wanted to stop using drugs. Almost 50% of participants reported that they had emotional problems; 32% had made suicide attempts; and 94% reported feelings of hopelessness.¹ When health services for corrections were taken over by the CDHA in 2003, the existing health policies were found to be appropriate; however, there were limited resources for implementation. After 2003, health care staffing was increased and community partners in the CDHA collaborated to provide additional programs.

One example of these new programs is a mental health clinic developed by a community outreach mental health service and delivered by two community mental health nurses hired for the corrections program. This mental health team runs a weekly clinic, with 45 to 50 inmates attending each clinic. The mental health team also uses the same software used by community mental health programs, allowing patient records to be accessed from the community. In addition, there is regular communication with community clinicians, who are welcome to visit their incarcerated patients. This enables incarcerated women to receive treatment that was requested or initiated in the community while they were in prison, and allows for follow-up after they are released from prison.

Other health initiatives include:

- Clinics for female inmates focusing on women's health, including prenatal and postnatal care, conducted by a nurse practitioner employed by the IWK Health Centre.
- An expanded methadone maintenance program that promotes continuity of care for women returning to the community after incarceration.
- An infectious diseases clinic, which is held at the correctional centre once a month.

The provision of health care services in provincial correctional facilities by the CDHA in Nova Scotia has been found to improve the continuity of care for men and women as they move from prison into the community. Although an initial investment in

The prison environment itself can be a barrier to learning.

resources was necessary, the improved health and well-being of the corrections population reduce health care costs and rates of recidivism in future.

International research findings

By Brenda van den Bergh and Alex Gatherer

The imprisonment of women raises important and difficult issues for all societies. The results of 3 years of research on women in prison, undertaken by the Quaker Council for European Affairs and Quaker United Nations Office, makes it clear that the struggle for gender equality has far to go, that human rights needs are not always met, and that social injustices are part of the problem in several countries.¹ A study completed jointly by the WHO Health in Prisons Programme² and the United Nations Office on Drugs and Crime resulted in the 2009 publication of a background paper containing the Kyiv Declaration on Women's Health in Prison.³ This was followed in 2011 by the publication of practical checklists and guidance notes for policymakers and prison management and health staff.⁴

Characteristics of women in prison

Many of the difficulties faced by prisoners are the same for men and women. However, women in prison share characteristics that greatly influence their needs and underpin some of their specific challenges. Of these, three predominate:

Women prisoners are a minority. In virtually every society, women constitute a small proportion of the total prison population; in about 80% of prison systems worldwide, the proportion of women varies between 2% and 9%, with a median of 4.3% in 2006.⁵ Prisons have usually been built and are run to cope with the needs of the majority, namely men. Furthermore, the small numbers of imprisoned women mean that there are usually fewer prisons available for them. This results in women frequently being imprisoned far away from their homes, leading to difficulties for women wishing to maintain their family ties. The majority of women in prison are convicted for nonviolent property or drug-related crimes, for which they serve relatively short sentences.¹ There is seldom a need for the high levels of prison security that women too often face.

Women prisoners have different health needs. Female prisoners have more and different health needs than their male counterparts. These range from issues of normal female functions, such as menstruation, to reproductive health issues (including pregnancy), to complex mental health needs (including posttraumatic stress disorder, depression, and self-harming behavior).³ Women in prison are very likely to have experienced violence and abuse prior to their imprisonment, yet they seldom find themselves in a facility with staff able to understand them and give them the support necessary after such traumatic experiences.

Women prisoners have different home and family responsibilities.

Many women in prison have dependent children. It is not clear how many children are affected by their mother's imprisonment, as data are poorly collected. One of the most challenging decisions that authorities have to make concerns what to do with the children involved. Suitable facilities, such as special mother-and-baby units allowing infants to stay with their mothers at least for a period, are becoming more and more available. However, both options—admitting children to prison or separating them from their mothers (and often accommodating them in state institutions or foster care)—are likely to damage the children. Decisions have to be made in the best interests of the child, something that is often very difficult to assess.

Lack of equivalent services for women

National governments are responsible for providing health services to prisoners, and international human rights recommendations state that the care provided in prisons should be equivalent to the care available in the community. There are, however, considerable variations worldwide regarding the health care services available for women in prison.

In most countries, the responsibility for providing prison health care lies with the Ministry of Justice or the Interior instead of the Ministry of Health. This may have a major influence on what is or can be provided to prisoners. The difficulty of recruiting professional health staff for work in prisons and ensuring the quality of health services in isolation from community health services are just two of the challenges. The Moscow Declaration on Prison Health as Part of Public Health stresses the importance of strong links and collaboration between

prison health and public health services.⁶ If these vital links are lacking or too weak, problems of equivalence and continuity of care are unavoidable.

Need for action

Availability of a wide range of services is essential for dealing with prisoners' health needs. For women in prison some services are of particular importance, including drug-dependence treatment and psychological support to help cope with posttraumatic stress disorders, self-harming behavior, and profound feelings of inadequacy. The impact of imprisonment, of separation from children and family, and of confinement in a male-dominated environment with few facilities dedicated to women's requirements results in needs that only a minority of prisons can actually meet.

Social justice requires that everyone be treated fairly, without prejudice. The minority status of women in prison has been accepted for too long as justification for not correcting the gender bias that still exists in many prisons. If prisons can address gender inequalities and support health protection and promotion for women, much can be achieved while women are imprisoned and after their release.

Conclusions

The high cost of imprisoning women in financial, social, and health terms strongly suggests that women should only be sentenced to prison when all other alternatives are unsuitable or unavailable.³ Until fewer women are incarcerated, there are some steps that can be taken immediately to improve the current situation.

First, policymakers and senior managers in the prison service should understand the basic differences between the needs of women and men, and ensure that prisons are able to provide for women's fundamental health needs, and make education, employ-

ment, and recreation programs suitable for women available. Second, all staff working with incarcerated women should receive training in gender sensitivity and learn about the different pathways men and women follow to crime. Third, staff should be encouraged to keep up to date on international recommendations, human rights requirements, and standards of care.

The changes needed will require political awareness and a serious commitment to gender equity and social justice.

Competing interests

None declared.

References

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Did you just leave prison?

Are you looking for:

- safe and stable housing?
- peer and community support?
- a doctor or a dentist?
- information about food and exercise?
- an outreach worker?

Contact the following organizations for your next steps

Women in2 Healing
1-877-8-4WOMAN
<http://www.womenin2healing.org>

Elizabeth Fry Society
1-888-879-9593

Collaborating Centre for Prison Health and Education
www.familymed.ubc.ca/ccphe/resources/resource-database
A database of health and social resources for women prison leavers.

Canadian Institutes of Health Research
vancouver foundation

Figure. Patient handout

Source: Collaborating Centre for Prison Health and Education. A handout for patients who are women prison leavers. Accessed at <http://ccphe.familymed.ubc.ca/resources/health>.

6. World Health Organization Europe. Moscow declaration on prison health as part of public health. Accessed 18 October 2012. www.euro.who.int/en/what-we-do/health-topics/health-determinants/prisons-and-health/publications/moscow-declaration-on-prison-health-as-part-of-public-health.

Additional reading

van den Bergh BJ, Gatherer A, Fraser A, et al. Imprisonment and women's health: Concerns about gender sensitivity, human rights and public health. *Bull World Health Organ* 2011;89:689-694. **BCMJ**

This handout (see **Figure**) can be copied by physicians and given to female patients who were formerly incarcerated. The organizations listed—Women in2 Healing, the Collaborating Centre for Prison Health and Education (CCPHE), and the Elizabeth Fry Society—all work to enhance the social well-being and reintegration of women into their families and communities after incarceration. The CCPHE provides an up-to-date database of listings for various health, education, and social resources available to women during the first 72 hours after their release from correctional institutions in British Columbia. Women in2 Healing is a participatory research group that seeks to empower women emotionally, spiritually, mentally, and physically. Similar support is available from the Elizabeth Fry Society, which provides women with information about counseling, transitional housing, and other social resources. Physicians can also help women who have been incarcerated by using the Ten Tips for Physicians available at <http://ccphe.familymed.ubc.ca/resources/health>.