Open access • Journal Article • DOI:10.1136/JECH.2008.080713

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Nicola Douglas, Emma Plugge, Ray Fitzpatrick

Institutions: University of Oxford

Published on: 01 Sep 2009 - Journal of Epidemiology and Community Health (BMJ Publishing Group)

Topics: Imprisonment, Health promotion, Public health, Health education and Mental health

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Ms. Nicola Douglas
Researcher
Health Services Research Unit
Department of Public Health
University of Oxford
Old Road Campus
Headington
Oxford, OX3 7LF.

Dr. Emma Plugge
Senior Research Scientist
Department of Public Health
University of Oxford
Old Road Campus
Headington
Oxford, OX3 7LF.

Prof. Ray Fitzpatrick
Professor of Public Health and Primary Care
University of Oxford
Nuffield College
New Road
Oxford, OX1 1NF.

Corresponding Author & Guarantor: Nicola Douglas, Health Services Research Unit, Department of Public Health, University of Oxford, Old Road Campus, Headington Oxford, OX3 7LF. (01865) 289447. nicola.douglas@dphpc.ox.ac.uk

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Abstract

Background: Women prisoners tend to suffer poor health on a range of indicators. This study sought to explore women prisoners' perceptions of the impact of imprisonment on their health.
Methods: This qualitative study involved adult women prisoners in two closed local prisons. We conducted focus groups and individual interviews.
Results: Women prisoners reported that imprisonment impacted negatively upon their health. The initial shock of imprisonment, separation from families and enforced living with other women suffering drug withdrawal and serious mental health problems impacted upon their own mental health. Over the longer term, women complained of detention in unhygienic facilities by regimes that operated to disempower them, including in the management of their own health. Women described responses to imprisonment that were also health negating such as increased smoking, eating poorly and seeking psychotropic medication. However, imprisonment could also offer a respite from lives characterised by poverty, social exclusion, substance misuse and violence, with perceived improvements in health.
Conclusion: The impact of imprisonment on women's health was mixed but was largely perceived to be negative. Despite policy initiatives to introduce health promotion in prisons, there is little evidence of the extent to which this has been effective. The current policy climate in the UK makes it especially timely to examine the reported experience of women prisoners themselves about the impact of imprisonment on their health and to re-evaluate health promotion in women's prisons.

Keywords: women prisoners, health, qualitative

Introduction

The prison population in England and Wales currently stands at an all-time high of over 82,000, of which over 4,000 are women.[1] In 2006, almost 12,000 women were received into custody.[2] Prisoners in the UK tend to come from socially marginalised backgrounds where persistent health inequalities remain.[3,4,5] Studies report higher rates of mental ill health, problematic substance misuse, communicable diseases such as HIV and Hepatitis, smoking and long-standing illness or disability.[6,7,8,9] Women prisoners report higher rates of violent victimisation and ill health on a range of physical and mental health indicators.[10,11,12] Despite differences in detention practice, it is a picture seen in populations of women prisoners across Europe.[13,14,15]

In 2002, the UK government published a health promotion strategy for prisons in England and Wales based on a 'healthy settings' approach.[16] However, it is unclear what impact – if any – this has had on prisons and prisoner health. The much-welcomed Corston Review advocated holistic and integrated health and criminal justice solutions for women at risk of offending to reduce levels of imprisonment, and woman-centred custodial regimes for those who need to be detained.[17] However, the UK government has been criticised for delays in implementing the recommendations. [18,19]

Moreover, there is some ambiguity about what effect imprisonment has on health. Prison health programmes can potentially reach marginalised populations (e.g. injecting drug users, the homeless, the mentally ill, sex workers) who for reasons of poverty and social exclusion are less able to access to healthcare and prevention services in the community. Screening for infectious diseases, provision of primary care, drug treatment and access to mental health services are just some of the ways that this can be achieved, with linkages to community-based services also thought to be important.[20,21,22,23] Indeed, US researchers have suggested that a reduction in welfare services and the diversion of resources to penal institutions renders poor urban communities increasingly reliant on prison health and social services in the absence of alternatives.[24,25]

However, critics argue that by its inherent nature, imprisonment is contradictory to improving human health. They argue that the ethos and experience of imprisonment, the increased control and surveillance that prison-based health programmes represent, the prioritisation of criminal justice aims over health interventions and the stigmatising attitudes and poor practice of prison healthcare providers make highly problematic the claims of those who argue for the health promoting potential of prisons.[26,27,28, 29,30]

One sector of opinion that is often missing from the debate is that of prisoners themselves. Those UK studies that have examined prisoners' perspectives on the impact of imprisonment have tended to focus on the experience of males.[31,32] This paper reports women prisoners' perceptions of the effects of imprisonment on their health and well-being and the implications for custodial and healthcare practice.

Methods

Participants and Setting

The study was conducted in two local women's prisons in England receiving remand and sentenced prisoners in 2005. Six focus groups were run within prison healthcare centres and twelve interviews were conducted on prison units. Both researchers involved were female and no prison or other staff were present. Participants were assured of confidentiality and anonymity, subject to the provisos that we were required to report to prison authorities disclosures of

intention to self-harm, harm another, to escape or if child protection concerns were raised. Ethical approval was granted by the South-East Multi-centre Research Ethics Committee.

Potential participants were identified using the Local Inmate Directory (LIDS). To include women with sufficient experience of imprisonment, only those detained for at least one month were eligible to participate. Eligible women were approached by the researchers (prison staff were not involved) and provided with a written information sheet and verbal explanation. Most of those recruited had previously participated in a related questionnaire study and were known to the researchers.[33] Written informed consent was obtained from each woman before each group/interview.

Thirty-seven women were recruited to the focus groups using purposive sampling (see figure 1).[34,35] Extensive periods of fieldwork identified a range of important prisoner constituencies within the two establishments. The inclusion of these groupings in the study enabled us to ensure that women of different ages, ethnicities, nationalities and conviction status were involved, gathering a broad range of perspectives on research questions. We also carried out a further 12 individual interviews. We used this mixed approach in order to benefit from the potentially generative processes of dialogue that a group dynamic can provide, while also enabling individual women to discuss issues too sensitive or personal to be explored in a focus group. Eleven interviewees were British born, one was Irish. Four were Black (African or African-Caribbean), eight were white. They ranged in age from 19 to 46.

Focus Groups and Interviews

Focus groups and interviews were guided by a prepared semi-structured schedule, (topic guide) which aimed to explore women's perceptions of 'health' and 'healthiness'; health problems of women in prison; personal health status prior to imprisonment; impact of imprisonment on health; experiences of prison healthcare services and recommendations for service development. Groups ran for one-and-a-half to two hours, with a refreshment break. Interviews were approximately 30-60 minutes. All discussions were tape recorded and fully transcribed.

Analysis

Our aim was to identify women's own assessments of the impact of imprisonment upon their health. We elected to conduct a simple thematic analysis that would allow us to provide useful information for policy makers and practitioners in the prison setting in a responsive and timely way.[36] After familiarising ourselves with the transcribed interviews and focus groups we (ND and EP) coded the recorded speech, categorising and collating major themes and sub-themes within the data to form coherent patterns. We also searched for deviant cases. We then reviewed and discussed our interpretations, resolving the

few minor differences in coding that emerged during this process. We were unable to verify our interpretation with the participants, as most had been released or transferred. However, we were able to review and refine our interpretations with key professional stakeholders at a feedback meeting.

Figure 1: Focus group composition

- Group 1: British African-Caribbean women = 5 participants
- Group 2: Young offenders (21 and under) = 11 participants
- Group 3: Jamaican women = 3 participants
- Group 4: Sentenced prisoners = 6 participants
- Group 5: African women = 7 participants
- Group 6: Problematic drug misusers = 5 participants
- Total=37 women, aged 17-50.

Results

Participants described various ways in which prison had impacted upon their health and well-being. This included the immediate shock and disorientation of imprisonment, isolation from their families and the longer term implications for their physical and mental health. However, the impact was not uniform and there were important differences between women. A previous history of chaotic drug misuse and violent victimisation was an important distinction.

Shock and Fear

Women were keen to convey to us their stark sense of shock, disbelief and isolation on reception to prison. There were the commonly reported concerns about separation from families and friends, in particular, worries about who was taking care of children and/or dependent relatives. Women were also afraid and anxious about what awaited them inside prison. Fears of intimidation, bullying and violence were reported, often coupled with experiences of other women in distress that they found frightening and disturbing. This included witnessing difficult detoxifications, epileptic seizures, self-harm and other mental health problems, all of which they felt took a toll on their own mental health.

"You've got a lot on your mind, you're a mother, you're locked away and your children have been taken away from you, you've nothing, you're nursing a wound inside you. That's a pain that no pain relief – no painkiller can kill." Focus group 5

"Coming in prison I should have had someone to counsel me about the whole prison system and whatever because I've just come in here, I would kill myself if I wasn't mentally strong. Because I've never been in this environment before and I was in a room with three heroin users plus someone who is coming off crack

and I was the only person in there who has never ever taken drugs and the first time I've ever seen someone fit was in front of me." Focus group 2

Disempowerment

Over the longer term, women struggled to adjust to a profound loss of personal autonomy and what appeared to them to be the inconsistent application of prison rules. This required adaptation to a situation where even the most mundane decisions were now in the hands of prison officials and where they might be transferred at a moment's notice, with the resultant loss of friendships, routine and outside contacts. This put considerable psychological stress on women; anxiety and extreme frustration were common reactions. However, for some women, the removal of such responsibility could also represent a respite from the struggle to cope with difficult and chaotic lives outside prison.

"When you're in here life's like, it's like your hands are tied, everything's taken away from you so it's like you're constantly relying on other people, which does take a lot of stress away but then, in a way, it disables you to a certain point because you've got to rely on people for everything. You've got to rely on someone to open that door for you, do you know what I mean, to – for your dinner to be there." Interviewee H6

This sense of disempowerment further extended to the routine tasks of health maintenance. Often, women had been responsible not only for maintaining their own health but that of children and other family members prior to imprisonment and now found that even basic self-care and self-medication was denied.

"You can't even get Ibuprofen. You can go to the shop - your child could go to a shop and buy you Ibuprofen, yeah, but the nurses are going on like it's cocaine to give you." Focus group 2

Resilience and Coping Difficulties

Given the psychological stresses of imprisonment – separation from families, loss of control of their own lives and living in proximity to those with severe mental illness or other significant health needs - women perceived that coping with imprisonment was a testament to their emotional strength. Indeed, resilience was a sign of good mental health for these women. However, others described struggling to cope, leading to depression and at its most extreme, suicide attempts. Several women also gave vivid accounts of having witnessed successful suicides during other sentences and the enduring psychological trauma of this.

"To be in the prison and not to have killed ourselves do you know what I mean?...I think I'm just strong to be in this jail and still be here." Focus group 1

[After witnessing a suicide] "I was mad, I hated the officers, I hated the nurses, I hated – I just went mad, I wouldn't eat, I wouldn't – you know... I didn't sleep well. All month, you know, I just keep seeing - and then I start hearing things like, I start hearing that my kids were crying, I started – I was in another world, you know." Focus group 5

Hygiene and Cleanliness

Women also discussed a range of environmental features of prison life that impacted upon their health. Despite efforts by the prison authorities to address the problems, women complained of unclean facilities and several accounts of vermin infestation were reported. Although stories of mice unexpectedly encountered in shoes and wardrobes were often told with resigned humour, it was clear that the women were disgusted by the evidence of vermin present in the areas where they ate, slept and stored their personal food items. Women also felt that more should be done by prison authorities to prevent the spread of infestations.

"I don't comb my hair because I have mine in dreadlocks so I can't. There's no Derbac or Lyclear. You know, if I was at home and I thought the kids had nits, I'd just give myself a treatment just to make sure that I didn't have them." Focus group 4

Activity and Nutrition

Both establishments had facilities for exercise and some women used and appreciated them but there were disincentives in the way that establishments were run that limited the exercise that women took. In some cases facilities were inadequate, in others women felt compelled to choose between working (which was important in providing much-needed money) and going to the gym.

"If you're in prison for a long period of time, you can't afford not to have a job, unless you've got, like, people on the outside supporting you. But you do need at least 15, 20 pound a week in prison, to, just to live, just for phone calls and toiletries and stuff. So therefore you have to work, so if you have to work or take education classes, you cannot go to the gym." Focus group 4

Related to the lack of exercise was the general sense of boredom and aimlessness that many women described. Many women wanted to work or attend education but reported that there were insufficient jobs and that education became tedious when the curriculum was repeated to accommodate the high turn-over of inmates. The remedies that many women turned to – overeating, increased smoking and seeking psychotropic medication – were recognised by many as compromising their health. A carbohydrate-rich diet

combined with 'comfort' eating led to significant weight gain for some women; an issue that most women commented on. One woman humorously described other inmates as "bouncing around like Teletubbies" but there were serious consequences, not only in terms of the physical effects of obesity but also for women's self-image and self-esteem.

"Now it's boredom, and boredom is where you eat a lot, you want more medication to zonk you out, so by nine o'clock yeah, you are ready to go to bed coz there ain't nothing on telly and you're bored shitless…That's all it is. That's why a lot of people want more and more medication, coz they are so bored. There's nothing constructive in prison." Interviewee H2

"If you don't feel, if your body, if you don't feel right in yourself weight-wise, you feel low in yourself." Focus group 4

Differential Impact

One important finding from the study was the way in which these impacts affected women differently. Former chaotic drug misuse was a critical distinction whereby prison provided an enforced respite from addiction and associated health neglect. Women with substance misuse problems commented that the period of their imprisonment allowed them 'space' to comprehend the reality of how their addiction had affected their health and the changes that they had observed.

"You don't really notice because you can have ten people telling you how bad you look, but when you look in that mirror you don't see what they see. That's the thing, people that use drugs have got to cross that boundary to see what other people see. You can have not slept all week but you don't notice the black circles under your eyes, the anaemic look in your face, how hollow your face looks – you don't notice that." (Interviewee H7)

"I've put weight on. Because I'm not smoking crack my chest has cleared up. You know, I can bounce out of bed now instead of dragging myself out of bed and thinking, 'I've got to get a bit of gear, I can't function without it'. I can function, I can get out of bed and function, and it sounds like a little thing but it's not, it is a really big thing." (Interviewee H11)

It became clear that for many of these women, their prior health status was directly linked to their offending, so that acquisitive crime was engaged in to finance chronic addiction or mental health problems motivated their offences. For some women, prison offered an opportunity to get the help that they needed. Better nutrition, a stable routine and an opportunity to access healthcare and drug treatment services were important opportunities.

"Being in here is waking up to face things that I've got to face up to, because if I'd done that beforehand then I probably wouldn't have been here. So in a way I'm sort of like, blaming myself and wishing that I'd got this sorted, otherwise I wouldn't be here now." (Interviewee H13)

"I did want to get off it [alcohol] because, I mean, it was getting to the stage where I was getting cramps, I was getting the shakes, and you do get to the stage where you drink so much that you don't even get drunk.' (Interviewee H12)

Sexual abuse, exploitation and domestic violence were often a feature of these women's lives. By separating women from their partners imprisonment could offer a respite from the abuse.

"We were living at my boyfriend's mum's house so it was a stable home. It was alright to a certain extent, but he used to beat me a lot so I wasn't that healthy…coming to jail gave me a break." Focus group 1

However, it is important not to stereotype women prisoners or over-generalise past histories of chaotic substance misuse and violence. Some women were keen to stress that their lives prior to imprisonment should not be characterised in this way and their assessment of the impact of imprisonment on their health was less positive.

"Before I came into prison I always had a healthy diet…My weight was always about 9½ stone, quite right for my height and age. I played tennis, you know, went to work…Here there's just inactivity, bad diet, no fresh air. I think it really impacts upon you." Focus group 4

Discussion

Generally, women in this study felt that prison compromised their physical health with inactivity and poor diet. Mental health was threatened by the initial shock of imprisonment, tedium, separation from family and the impact of living in close quarters with women who were withdrawing from drugs, self harming and suffering severe mental health problems.[37] Separation from family, especially children, adversely affects the mental health of female prisoners and is implicated in why women are more likely to break the rules in prison than men, with a range of support needs for imprisoned parents identified.[38,39]

The tense, noisy, dynamic atmosphere was especially intimidating for new inmates.[40] Indeed, the historical picture of women's prisons as less violent with kinship style bonding to mitigate the 'pains of imprisonment' is being challenged.[41] Women in this study described the prison social environment as intensely isolating and intimidating.

Neither was the physical environment conducive to good health with unclean facilities and reports of vermin infestation. In some instances, the women described a prison environment very much at odds with the concepts of prison 'decency' and the 'health promoting prison' that the prison service seeks to promote. [42,43,44]

However, the picture was complex and some women were able to identify positive consequences of imprisonment for their health. The fact that prison provided shelter, regular food, enforced abstention from (or reduction in) illicit drugs and/or separation from abusers should not be overlooked. An (imposed) respite from 'risky' lives that compromise health can have benefits for the health of women prisoners.[45] Condon, et al, similarly reported that prisoners with the lowest standard of self-care outside prison can experience health improvement.[46] Other studies have identified beneficial health outcomes of imprisonment, including during pregnancy.[47,48,49,50] Indeed, commentators have long voiced their suspicions that sentencing authorities order custody in some cases 'for the woman's own good' in the absence of appropriate health and social care in the community.[51,52] However, this cannot be regarded as satisfactory in meeting women's needs in either social or economic terms.[53]

Implications

Maeve describes how women prisoners, already often disempowered by histories of sexual and physical abuse, then find themselves subject to a 'baffling paramilitary structure of strangers' that further disempowers them through a series of bodily 'humiliations' and 'degradation ceremonies' (e.g. strip searching, photographing, cataloguing possessions) rendering them as objects to be documented, counted and controlled.[54] Undoubtedly, the women in this study felt the profound loss of control over their lives following imprisonment as a powerfully negative influence on their health. Yet self-empowerment and control are central tenets of health promotion theory and practice.[55] As Maeve notes, taking responsibility for health requires freedom but…"ultimately, women could not be responsible for what they could not control".[56] In many ways, the factors that women perceived as compromising their health in prison would seem to be inherent in the process of imprisonment: powerlessness and loss of autonomy, isolation from one's family and friends and enforced living with people not of one's choosing and its attendant problems.

As well as lack of autonomy, our findings were in accord with Nurse et al in that women in our study perceived poor staff attitudes, lack of activity and 'tedium' as negative influences on their health.[57] It should not be beyond the abilities of prison administrators to design prison regimes that respect the dignity of inmates, provide sufficient employment, activity and exercise for those women able to engage with it and a diet of nutritional value. In the 21st century no prisoner should be held in unclean facilities with vermin present. HMPS has an

agenda on 'decency' and an inspection system designed to monitor progress, however, the responses of women in our study suggested that problems remained.[58]

Responding to the health needs of prisoners is an especially challenging and difficult task. Research consistently finds that prisons are compensating for (or playing 'catch-up') for the chronic health need and neglect that many women prisoners experience, with tangible benefits for some women.[59,60,61] There is also an important modernisation programme in progress in England and Wales seeking to address the deficiencies of the past.[62] There is much hope that a reorientation of criminal justice responses will result in greater diversion of women away from prison. However, whilst increasing numbers of women continue to be imprisoned, our findings suggest that more could be done to alleviate and minimise the 'pains of imprisonment' and to capitalise upon the opportunity to work with women prisoners to improve their health.

Strengths and Weaknesses

The study is one of the first of its kind to examine women's experiences of the impact of imprisonment on their health in broad terms. The focus group method offered several distinct advantages to the study: it does not discriminate against those who cannot read or write and encourages participation from those reluctant to be interviewed on their own, or who feel they have nothing to say.[63] These are important concerns in research with women prisoners where difficulty with basic skills is common and various other forms of social exclusion are well documented.[64,65] Moreover, advocates suggest that the method can be useful when there is a 'gap' (or power differential) between participants and decision makers and when a 'friendly', respectful research method is required (Morgan, 1998). Using both focus groups and individual interviews, offered women different ways to participate, although in practice we observed no significant differences in the material gathered through focus groups and interviews. By involving a range of key prisoner groups and using 'respectful' methods that took account of factors that might otherwise have limited women's participation, we were able to gain a comprehensive picture of women's views and experiences.

However, with a rapid turnover of prisoners, we were unable to return to participants to validate our analysis (although we did so with a group of prison professionals). We were also conscious that we were in part asking women to comment upon institutions detaining them against their will, which is unlikely to engender positive responses. However, we have no reason to believe they gave us misleading accounts and their perceptions of health were in keeping with generally held social norms.[66]

The study also presents only the concerns and perceptions of women prisoners and not those of the staff within HMPS and the NHS. Reviewing our conclusions with prison professionals highlighted the intensely contested nature of interactions between inmates and prison professionals and their own perceptions of the ways in which prisoners were implicated in the problems identified.

Conclusions

In examining the impact of imprisonment on health, it is important not to lose sight of what women prisoners themselves have to say. The majority in this study perceived imprisonment as having a negative and unwelcome impact on their health. At best it offered only a respite from difficult lives characterised by poverty, social exclusion, drug abuse and victimisation.

New UK government policy will shortly set out the strategic vision for improving offender health. Policy initiatives such as the Government's response to the Corston Review and forthcoming Department of Health offender health strategy make it timely to re-energise and re-evaluate health promotion efforts in women's prisons to develop more realistic approaches that take the views and experiences of women prisoners into account.[67,68]

What is already known on this topic
Prisoners tend to suffer poverty and social exclusion, with considerable health inequalities evident.
Women prisoners tend to report higher rates of physical and mental ill health on a range of indicators, as well as elevated levels of violent victimisation.
Research has begun to explore the ways in which imprisonment impacts upon health but this has tended to focus on the experience of male prisoners.
What this study adds
Focus groups and individual interviews were an effective and 'inclusive' method for gathering the perceptions of women prisoners about the impact of imprisonment on their health.
Imprisonment was largely perceived as having a negative effect on health. Women described the initial shock and disorientation of imprisonment, their sense of disempowerment and other ways in which regimes were health-negating to both physical and mental health.
The impact of imprisonment was varied. Imprisonment offered a respite to some women with histories of chaotic drug misuse and violent victimisation which impacted positively upon their health.

Acknowledgements

Ethical approval was granted by the NHS South East Multi-Centre Research Ethics Committee. The University of Oxford is grateful to the King's Fund for providing a grant to help with the cost of this study. Any views expressed in this paper are those of the authors and not necessarily those of the King's Fund. The research was conducted independently of the funding body.

Competing Interests

All authors declare that the answer to the questions on the competing interest form - http://resources.bmj.com/bmj/authors/checklists-forms/competing-interests) are all No and therefore have nothing to declare.

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