

# National Resource Center on Justice Involved Women

## Jail Tip #6: Assess Women's Healthcare Needs

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Accompanying the increase in numbers of women in local jail facilities over the past several years are significant healthcare issues that are unique to women (i.e., reproductive and gynecological issues) or that occur with significant frequency for women during their lives. Although many health-related issues are common to both genders, incarcerated women report histories of alcohol and drug abuse, sexually transmitted infections and other chronic medical disorders, sexual and physical abuse, and mental illness, including posttraumatic stress disorder (PTSD) and depression, at rates higher than those of incarcerated men.<sup>1</sup>

Assessing, prioritizing, and addressing the myriad healthcare issues presented by justice involved women can be a significant challenge for jail leadership and staff. Yet, meeting the medical needs of inmates is necessary from an ethical standpoint.<sup>2</sup>

This tip sheet highlights important healthcare considerations for women in jails and offers some tips for improving the provision of women's healthcare services in jail settings.

### What Are the Issues?

**Gynecological and Reproductive Health.** The majority of incarcerated women are less than 50 years old<sup>3</sup> and therefore have specific reproductive health issues, including pregnancy, that must be addressed in jail policy and practice. For instance, consider the following:

- It is estimated that 5 to 10% of women who enter correctional facilities are pregnant, with the rates believed to be higher in jail settings.<sup>4,5</sup> The majority of pregnancies are considered high risk because of women's substance abuse, exposure to violence, unsafe living environments, poor nutrition, and lack of prior medical care.
- A woman experiencing a healthy pregnancy goes through significant physiological changes and requires additional nutritional needs.<sup>6</sup> Symptoms such as vaginal bleeding, abdominal pain, or headaches can be signs of serious pregnancy complications and need to be evaluated expeditiously.<sup>7</sup>
- Detoxification from opioid use complicates pregnancies, as it endangers the fetus and the woman. Opiate substitution therapy is necessary; however, it is not uniformly available in custodial settings.<sup>8</sup>
- Women who have recently given birth are at higher risk for postpartum depression and psychosis because of their high prevalence of underlying mental health disorders and the emotional trauma of being separated from their newborns.<sup>9</sup> This depression can contribute to women's negative behavior and emotional affect during booking and the period of incarceration.

**This tip sheet is one in a series.**  
**For more tip sheets, visit <http://cjinvolvedwomen.org/jail-tip-sheets/>.**

**Sexually Transmitted Infections (STIs).** Women entering correctional facilities—especially younger women—have higher rates of STIs than men. In 2010, 1.9% of women in prison were known to have HIV versus 1.4% of men.<sup>10</sup> A Rhode Island study found that 33% of women tested positive for an STI at admission.<sup>11</sup> High rates of HIV/AIDS and STIs among women in the justice system result from limited access to preventive health services; risky behaviors with substances, including the use of dirty needles; unprotected sex; commercial sex work; and sexual assault.

**Sexual, Physical, and Emotional Abuse.** It is estimated that 67 to 79% of women in jail have experienced physical or sexual abuse.<sup>12,13</sup> Research continues to emerge regarding the contribution of abuse histories to psychological problems such as depression, stress and anxiety disorders, learning problems, substance abuse (with its attendant physical health problems), behavioral disorders of violence, and impulsivity with women in the justice system.<sup>14</sup> Histories of sexual abuse or assault may also contribute to women's lack of trust and inhibit the ability of professionals to elicit the information necessary to effectively treat health conditions.

**Alcohol and Drug Use.** Women report higher rates of substance dependence than men.<sup>15</sup> A 2002 Bureau of Justice Statistics study on a national sample of jails revealed that 69% of women entering jails met the criteria for substance dependence or abuse.<sup>16</sup> In a more recent study of a large sample of women from jails in five states, substance use disorders (SUDs) were the most commonly occurring disorders, with 82% of the sample meeting criteria for lifetime drug or alcohol abuse or dependence.<sup>17</sup>

**Mental Health.** Related to SUDs is the fact that justice involved women report greater incidences of mental health problems and serious mental illness (SMI) than do justice involved men.<sup>18,19</sup> Major depression and bipolar disorder are among the most common SMIs for women.<sup>20</sup> In fact, in a recent study of women in jails across five states, SMI, PTSD, and SUDs were found at elevated rates and were directly associated with the onset of criminal behavior among women in jail. These mental health problems were often associated with experiences of childhood and adult victimization.<sup>21</sup>

**Nutrition, Diet, and Eating Disorders.** Ensuring that women eat balanced diets and are receiving the proper nutrition is critical to maintaining their health and preventing disease. However, correctional diets are generally designed with male inmates in mind—often with a focus on cost containment over nutrition. In a recent study, female prisoners were less likely than male prisoners to be overweight (35% vs. 47%, respectively), but female prisoners were more likely than male prisoners to be either obese or morbidly obese (43% vs. 27%, respectively).<sup>23</sup> This may be due in part to inadequate work and recreational activities for women, as well as the high rates of medications prescribed for women. Another significant concern among justice involved women is the high prevalence of eating disorders, such as anorexia and bulimia, which are estimated to be two to three times higher in women than in men,<sup>24</sup> and can be fatal if unaddressed.<sup>25</sup>

#### Gender Responsive Approaches to Women with Substance Use Disorders

The Substance Abuse and Mental Health Services Administration (SAMHSA) has identified issues that are considered gender responsive and critical to the assessment and treatment of women with substance use disorders, including the following:

- Women exhibit different physical responses than men as a result of substance use.
- Women have greater susceptibility to, as well as earlier onset of, serious medical problems and disorders related to substance abuse.
- Women present with specific health and medical needs, including gynecological and reproductive health issues.
- Women exhibit higher rates of co-occurring disorders than men.
- Women are more likely to have experienced trauma and violence and use substances to cope with the abuse.<sup>22</sup>

**Chronic Health Conditions.** Among prisoners and jail inmates, females are more likely than males to report ever having had a chronic health condition. About two-thirds of the females in jails (67%) report having a chronic condition, compared to about half of the males (48%). In addition, 20% of females in jail report ever having had an infectious disease, compared to 13% of males.<sup>26</sup> While women may present with

conditions similar to those of men (i.e., cancer, hypertension, arthritis, asthma, cirrhosis of the liver<sup>27</sup>), chronic conditions that are more prevalent for women include heart disease, certain cancers (such as breast, lung, and gynecological), chronic lower respiratory diseases, stroke, Alzheimer's disease, and diabetes.<sup>28</sup>

### **Action Steps Jail Leadership and Staff Can Take to Address Women's Healthcare Needs<sup>29</sup>**

#### **1. Use intake and booking as an opportunity to identify the healthcare needs of women.**

- Conduct a brief mental health screening, such as the Brief Jail Mental Health Screen, in addition to a medical screening to surface the need for additional assessments.
- Provide routine opt-out testing for HIV for all women, especially women who are confirmed pregnant.
- Offer pregnancy testing, within 48 hours of admission, for all women at risk for pregnancy.
- Institute a quick screening for eating disorders, such as the SCOFF Eating Disorder Questionnaire, as part of intake.

#### **2. Institute gender appropriate clinical and operational practices.**

- Follow clinical practice guidelines for withdrawal from intoxication, acknowledging the special management of pregnant inmates with opioid use disorders.
- Conduct regular pelvic examinations and Pap smears for women of child-bearing age.
- Ensure that women who are confirmed pregnant receive prenatal care throughout their stay.
- Modify standard custodial routines in order to supply pregnant women with additional food, assign them to a lower bunk, and ensure they receive only light-duty work assignments.
- Do not use restraints on pregnant women unless absolutely necessary.<sup>30</sup>
- Screen women who deliver while in custody or who enter a facility within one year of childbirth for, and educate them about, their high risk for postpartum depression and psychosis.
- Considering the known benefits of early mother–infant attachment, facilitate contact visits for mothers with their infants.

#### **3. Provide family planning counseling.**

- Provide women who are confirmed pregnant with prenatal counseling that includes planning for their unborn children—whether they desire abortion, adoptive service, or to keep the child.
- Provide nondirective contraception counseling, access to emergency contraception, and continuation of current contraceptive method while incarcerated.
- Build partnerships with public health organizations and women's healthcare providers to provide or supplement healthcare services and family planning counseling.

**This document is one in a series of tip sheets developed by the NRCJIW to facilitate the implementation of gender informed approaches in jail settings. These tip sheets were developed based on recommendations from the Women in Jails Summit held in October 2014. For additional resources on this topic or to access additional tip sheets, visit <http://cjinvolvedwomen.org/jail-tip-sheets/>.**

**Notes**

1. Binswanger, I. A., Merrill, J. O., Krueger, P. M., White, M. C., Booth, R. E., & Elmore, J. G. (2010). Gender differences in chronic medical, psychiatric, and substance-dependence disorders among jail inmates. *American Journal of Public Health, 100*, 476–482. <http://dx.doi.org/10.2105/ajph.2008.149591>
2. National Commission on Correctional Health Care (NCCHC). (2001). *Correctional health care: Guidelines for the management of an adequate delivery system*. Retrieved from National Institute of Corrections website: <http://static.nicic.gov/Library/017521.pdf>
3. Guerino, P., Harrison, P. M., & Sabol, W. J. (2011). *Prisoners in 2010* (NCJ 236096). Retrieved from Bureau of Justice Statistics website: <http://www.bjs.gov/content/pub/pdf/p10.pdf>
4. Maruschak, L. M. (2006, November). *Medical problems of jail inmates* (NCJ 210696). Retrieved from Bureau of Justice Statistics website: <http://www.bjs.gov/content/pub/pdf/mpji.pdf>
5. Clarke, J. G., Hebert, M. R., Rosengard, C., Rose, J. S., DaSilva K. M., & Stein, M. D. (2006). Reproductive health care and family planning needs among incarcerated women. *American Journal of Public Health, 96*, 834–839. <http://dx.doi.org/10.2105/ajph.2004.060236>
6. American College of Obstetricians and Gynecologists. (2011). *Health care for pregnant and postpartum incarcerated women and adolescent females*. Committee Opinion No. 511. *Obstetrics and Gynecology, 118*, 1198–1202. <http://dx.doi.org/10.1097/aog.0b013e31823b17e3>
7. Sufrin, C. (2014, November). *Pregnancy and postpartum care in correctional settings*. Retrieved from National Commission on Correctional Health Care website: <http://www.ncchc.org/filebin/Resources/Pregnancy-and-Postpartum-Care-2014.pdf>
8. NCCHC. (2014, October). *Women's health care in correctional settings*. Retrieved from <http://www.ncchc.org/women's-health-care>
9. Ibid.
10. Maruschak, L. M. (2015, March). *HIV in prisons* (NCJ 238877). Retrieved from Bureau of Justice Statistics website: <http://www.bjs.gov/content/pub/pdf/hivp10.pdf>
11. Willers, D. M., Peipert, J. F., Allsworth, J. E., Stein, M. D., Rose J. S., & Clarke, J. G. (2008). Prevalence and predictors of sexually transmitted infection among newly incarcerated females. *Sexually Transmitted Diseases, 35*, 68–72. <http://dx.doi.org/10.1097/olq.0b013e318154bdb2>
12. Fickensher, A., Lapidus, J., Silk-Walker, P., & Becker, T. (2001). Women behind bars: Health needs of inmates in a county jail. *Public Health Reports, 116*, 191–196. [http://dx.doi.org/10.1016/s0033-3549\(04\)50033-x](http://dx.doi.org/10.1016/s0033-3549(04)50033-x)
13. Greenfeld, L. A., & Snell, T. L. (2000, October). *Women offenders* (NCJ 175688). Retrieved from Bureau of Justice Statistics website: <http://www.bjs.gov/content/pub/pdf/wo.pdf>
14. Benedict, A. (2014). *Using trauma-informed practices to enhance safety and security in women's correctional facilities*. Retrieved from National Resource Center on Justice Involved Women website: <http://cjinvolvedwomen.org/wp-content/uploads/2015/09/Using-Trauma-Informed-Practices-Apr-141.pdf>
15. James, D. J., & Glaze, L. E. (2006, September). *Mental health problems of prison and jail inmates* (NCJ 213600). Retrieved from Bureau of Justice Statistics website: <http://www.bjs.gov/content/pub/pdf/mhppji.pdf>
16. Karberg, J. C., & James, D. J. (2005, July). *Substance dependence, abuse, and treatment of jail inmates, 2002* (NCJ 209588). Retrieved from Bureau of Justice Statistics website: <http://www.bjs.gov/content/pub/pdf/sdatji02.pdf>
17. Lynch, S. M., DeHart, D. D., Belknap, J., & Green, B. L. (2012, September). *Women's pathways to jail: The roles & intersections of serious mental illness & trauma*. Retrieved from Bureau of Justice Assistance website: [https://www.bja.gov/Publications/Women\\_Pathways\\_to\\_Jail.pdf](https://www.bja.gov/Publications/Women_Pathways_to_Jail.pdf)
18. James & Glaze, 2006.
19. Steadman, H. J., Osher, F. C., Clark Robbins, P., Case, B., & Samuels, S. (2009). Prevalence of serious mental illness among jail inmates. *Psychiatric Services, 60*, 761–765. <http://dx.doi.org/10.1176/appi.ps.60.6.761>
20. Lynch et al., 2012.
21. Ibid.
22. Substance Abuse and Mental Health Services Administration. (2015). *Substance abuse treatment: Addressing the specific needs of women—A Treatment Improvement Protocol: Tip 51*. Retrieved from <http://store.samhsa.gov/shin/content//SMA15-4426/SMA15-4426.pdf>
23. Maruschak, L. M., Berzofsky, M., & Unangst, J. (2015, February). *Medical problems of state and federal prisoners and jail inmates, 2011–12* (NCJ 248491). Retrieved from Bureau of Justice Statistics website: <http://www.bjs.gov/content/pub/pdf/mpsfpi1112.pdf>
24. Hudson, J. I., Hiripi, E., Pope, H. G., Jr., & Kessler, R. C. (2007). The prevalence and correlates of eating disorders in the National Comorbidity Survey Replication. *Biological Psychiatry, 61*, 48–58. <http://dx.doi.org/10.1016/j.biopsych.2006.03.040>
25. Schoenly, L. (2014, March 25). *Caring for women in prison: Eating disorders*. Retrieved from <http://essentialsofcorrectionalnursing.com/2014/03/25/caring-for-women-in-prison-eating-disorders/>
26. Maruschak et al., 2015.
27. Ibid.
28. Centers for Disease Control and Prevention. (2015, July 10.) *Leading causes of death in females, United States, 2013*. Retrieved from <http://www.cdc.gov/women/lcod/2013/index.htm>
29. Some recommendations are adapted from NCCHC's standards for health services described in the position statement *Women's Health Care in Correctional Settings*: <http://www.ncchc.org/women's-health-care>.
30. For more information, see <http://cjinvolvedwomen.org/wp-content/uploads/2015/09/Best-Practices-Use-of-Restraints-Pregnant.pdf>.

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