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Profile of Health of Incarcerated Women in the United States

ABSTRACT

Women make up an increasingly large contingent of the incarcerated population in the United States. While many studies have examined the health issues and needs among incarcerated women using small or local samples, little research has been conducted that is nationally representative of the health of incarcerated women across different types of correctional facilities. This report uses nationally representative survey data to examine the prevalences of different health conditions affecting the wellbeing of incarcerated women in jails, state prisons, and federal prisons. It is concluded that the majority of incarcerated women have experienced mental health issues within their lifetimes, and that there is a great need for health interventions for both physical and mental health of women in jails, who are much less likely to have received sufficient treatment or examination of any persisting health issues while incarcerated.

BACKGROUND

Incarcerated populations show markedly different health trends than their non-incarcerated counterparts. As assessed using the 2002 nationwide Survey of Inmates in Local Jails (SILJ) as well as the 2004 Surveys of Inmates in State and Federal Correctional

Facilities (SISCF/SIFCF), the prevalence of health issues in the national incarcerated population of both men and women was compared to the non-institutionalized population to show that incarcerated people are more likely to experience hypertension, asthma, arthritis, cervical cancer, and hepatitis than the general population (Binswanger et al., 2009).

While the majority of incarcerated individuals are men (Glaze, 2010), the amount of women joining the correctional population is growing rapidly. Between 2000 and 2008, the number of women incarcerated in state and federal prisons increased by 21.6%, while the amount of men in similar facilities increased by 15.6% during the same time period (Guerino et al., 2010). In jails, the population of incarcerated women grew by 0.5% from 2009 to 2011, while the amount of men in jails decreased by 0.5% (Minton, 2012). While there were 51,300 women in jails in 1996, by 2011 this population had risen by around 45%, to total over 93,000 women (Minton, 2012).

Research on the health of incarcerated women finds that that limited access to medical is likely prevalent and detrimental to health in both maximum-security women's prisons (Harner and Riley, 2013) and jails (Rose et al, 2014). Previous analysis of the 2002 SILJ indicates that that women incarcerated in jails have higher prevalences of all medical and psychiatric conditions as well as drug dependence excluding alcoholism (Binswanger et al., 2010). Furthermore, it is know that there are gender disparities experienced with regard to women in jail, who are more likely to experience poor health outcomes due to HIV contraction than their male counterparts (Meyer et al., 2010).

Access to reproductive healthcare for incarcerated women is often lacking (Mignon, 2016). A study of 725 women in a midwestern urban jail suggests that there is a strong need for

social work interventions to begin at jail intake to initiate trauma counseling and preventatively address issues surrounding homelessness, substance abuse, and mental illness (Fedock et al., 2013). In addition, abortion provision is often necessary to ensure proper healthcare for incarcerated women, this is not always available (Sufrin et al., 2009). While the health issues and needs of incarcerated women have been examined on many small-scales, a profile of the health of incarcerated women that examines and discusses the areas in greatest need of health intervention has not yet been created.

MATERIALS AND METHODS

This paper examines federal data from three different surveys that were given to incarcerated populations: the Survey of Inmates in Local Jails (SILJ), Survey of Inmates in State Correctional Facilities (SISCF), and the Survey of Inmates in Federal Correctional Facilities (SIFCF). These surveys, collected by the Bureau of Justice Statistics, are all incredibly similar, and many topics are covered through similar or identical questions. Containing questions on different topics such as race, socioeconomic status, criminal history, criminal offense information, and health, these surveys are valuable resources for the study of incarcerated populations. These surveys all have large, nationally representative samples, which is rare for otherwise incredibly restrictive research on incarcerated persons.

For this paper, data on the health of incarcerated women will be examined using all three surveys ($n_{\text{SILJ}} = 1,993$, $n_{\text{SISCF}} = 2,930$, and $n_{\text{SIFCF}} = 958$). Data from local jails (SILJ) is representative of the year 2002, while data from state and federal prisons (SISCF and SIFCF, respectively) is representative of the year 2004. As the amount of incarcerated women has grown

considerably in recent decades, the conclusions of this paper are only suggestive of the state of the health of incarcerated women in present day. This is a limitation not only for this paper, but for the knowledge of incarcerated populations in general, as this is the largest available dataset that is available to inform policies that might affect these populations.

This dataset was examined for the prevalence of persistent physical health issues, which are issues reported as presently affecting one's health. These issues include cancer, hypertension, diabetes, kidney issues, asthma, hepatitis, paralysis, brain injury (including stroke), heart issues, arthritis and rheumatism, cirrhosis, sexually transmitted diseases (STDs), dental issues, accidental injury while incarcerated, intentional injury while incarcerated, and influenza. After identifying the prevalence of these issues among women in jails, federal prisons, and state prisons, the examination rates for those currently experiencing each health issue were analyzed. These rates were used to indicate which specific health issues tend to be untreated or undertreated.

The prevalence of mental health diagnoses were also examined in these populations. Mental health issues include lifetime prevalence of anxiety disorders, depressive disorders, schizophrenia and psychotic disorders, personality disorders, post traumatic stress disorder (PTSD), bipolar affective disorder, and other mental health disorders. While the numbers examined include lifetime prevalence, the recency of diagnosis was examined as well. Furthermore, while not classified as psychiatrically diagnosed disorders in this survey, lifetime prevalence of one or more suicide attempts are examined, as is the prevalence of present drug addiction. Rates of prescription of mental health medication before and during incarceration are examined, as are rates of mental health treatment (as defined by the presence of mental health

counseling or examination while incarcerated). In addition, the prevalence of the feeling of mental health impairing daily functions is examined.

All analysis was done in the programming language R (R Core Team, 2017), and all programs used to analyze this survey data are on GitHub (Finkel, 2017).

RESULTS

The prevalences of present physical health issues among incarcerated women are shown in Table 1 (also Figure 1 in the Appendix which is a visual representation). The two most prevalent issues women have experienced while incarcerated are dental issues and influenza. Notably the majority of women in federal prisons (54.1%) report experiencing influenza while incarcerated. While 28.7% of women in jails reported experiencing dental problems while incarcerated, 47.1% of women in federal prisons and 47.8% of women in state prisons reported this.

Source	Physical Health Issue Prevalence (%)							
	Cancer	Hypertension	Diabetes	Kidney Issue	Asthma	Hepatitis	Paralysis	Brain Injury
Federal Prisons	0.94	21.71	6.05	7.72	13.99	4.80	1.46	3.34
State Prisons	2.25	16.31	4.98	6.55	18.36	9.28	1.54	3.48
Jails	2.36	13.75	4.01	8.78	19.37	4.82	1.40	3.41

Table 1. The prevalence of health issues among incarcerated women.

Source	Physical Health Issue Prevalence (%)							
	Heart Issue	Arthritis Rheumatism	Cirrhosis	STD	Dental Issues	Accidental Injury	Intentional Injury	Influenza
Federal Prisons	10.33	24.32	1.25	0.42	47.08	3.13	23.07	54.07
State Prisons	8.67	23.69	1.30	1.91	47.78	8.33	17.99	45.53
Jails	8.78	19.17	1.61	1.86	28.70	3.96	6.47	36.13

Table 1 (continued). The prevalence of health issues among incarcerated women.

Hypertension, asthma, and arthritis and rheumatism are also among the more prevalent conditions. Relative to federal and state prisons, both accidental and intentional injuries are much less prevalent in jails. Relative to federal prisons and jails, which both experience 4.8% prevalence of hepatitis, state prisons experience a 9.3% prevalence of the condition. However, most rates are ostensibly similar.

Source	Women Examined While Incarcerated by Persisting Health Issue (%)							
	Cancer	Hypertension	Diabetes	Kidney Issue	Asthma	Hepatitis	Paralysis	Brain Injury
Federal Prisons	88.89	93.27	91.38	64.86	88.81	80.43	85.71	68.75
State Prisons	68.18	90.38	89.04	56.77	83.09	80.15	66.67	70.59
Jails	25.53	56.20	67.50	28.00	44.56	27.08	25.00	32.35

Table 2. The examination rates among women experiencing persisting health issues.

Source	Women Examined While Incarcerated by Persisting Health Issue (%)							
	Heart Issue	Arthritis Rheumatism	Cirrhosis	STD	Dental Issues	Accidental Injury	Intentional Injury	Influenza
Federal Prisons	70.71	72.53	83.33	75.00	73.61	83.26	80.00	67.95
State Prisons	72.44	63.11	76.32	69.64	85.14	84.63	76.23	67.32
Jails	32.00	26.70	34.38	40.54	46.33	57.36	44.30	44.03

Table 2 (continued). The examination rates among women experiencing persisting health issues.

Table 2 (whose information is also represented visually by Figure 2 in the appendix) documents what percentage of women experiencing a particular physical health issue while incarcerated have been examined for it. There is a clear trend among every single physical health issue that women in jails always less likely to have experienced medical attention for any particular persistent health issue. For example, while at least 80% of women in federal and state

prisons who have hepatitis have received medical attention with regard to the condition, just over 27% of women in jails have received similar treatment.

Source	Mental Health Issue Prevalence (%)								
	Anxiety	Attempted Suicide	Depression	Schizophrenia	Personality	PTSD	Bipolar	Drug Dependence	Other
Federal Prisons	13.57	17.75	27.87	2.09	5.85	8.98	12.63	28.29	1.88
State Prisons	16.42	28.63	37.34	6.76	9.73	13.92	23.96	47.88	2.66
Jails	18.06	26.04	35.02	5.67	8.58	11.14	20.07	18.87	2.86

Table 3. The prevalence of mental health issues among incarcerated women.

Table 3 and 4 (represented by Figures 3 and 4 in the appendix as well) indicate that the majority of incarcerated women have either been diagnosed with psychiatric disorders or attempted suicide within their lifetimes, or are currently drug dependent. While 52.7% and 58.1% of women in federal prisons and jails report this, 72.4% of inmates in state prisons. This difference may be driven by the high prevalence of drug dependency among women in state prisons (47.9%) as compared with jails and federal prisons (18.9% and 28.3%, respectively).

Across all populations, depression is the most common mental health issue, and it is experienced by over a third of women in jails and state prisons, and over a quarter of women in federal prisons. Among women with a lifetime prevalence of any psychiatric disorder diagnoses, the majority of diagnoses took place within 2 years prior to survey administration across all populations (Table 5). Other mental health issues with high lifetime prevalences include bipolar disorder, anxiety disorders, and attempted suicide.

Source	Mental Health Information (%)				
	Any Issue	Medication When Admitted	Medication Since Admitted	Feels Impaired	Received Treatment
Federal Prisons	52.71	12.00	25.37	6.16	19.52

State Prisons	72.39	16.72	30.44	10.44	26.14
Jails	58.05	16.76	19.57	14.50	9.83

Table 4. Additional information of the mental health of incarcerated women.

Source	Time of Mental Health Diagnosis			
	< 6 months	6 months – 1 year	1 – 2 years	2+ years
Federal Prisons	27.25	20.96	20.36	31.44
State Prisons	30.54	14.22	15.67	39.57
State Prisons	32.85	18.34	15.07	33.75

Table 5. Recency of psychiatric diagnosis among incarcerated women with psychiatric disorders.

Table 4 shows that after admittance to correctional facilities, all groups are more likely to be currently taking psychiatric medication, although this change is smaller in jails. In federal and state prisons, there are more women who have received treatment than report feeling impaired by poor mental health on a daily basis. Conversely, women in jails are more likely to feel impaired by mental health and less likely to have received treatment while incarcerated.

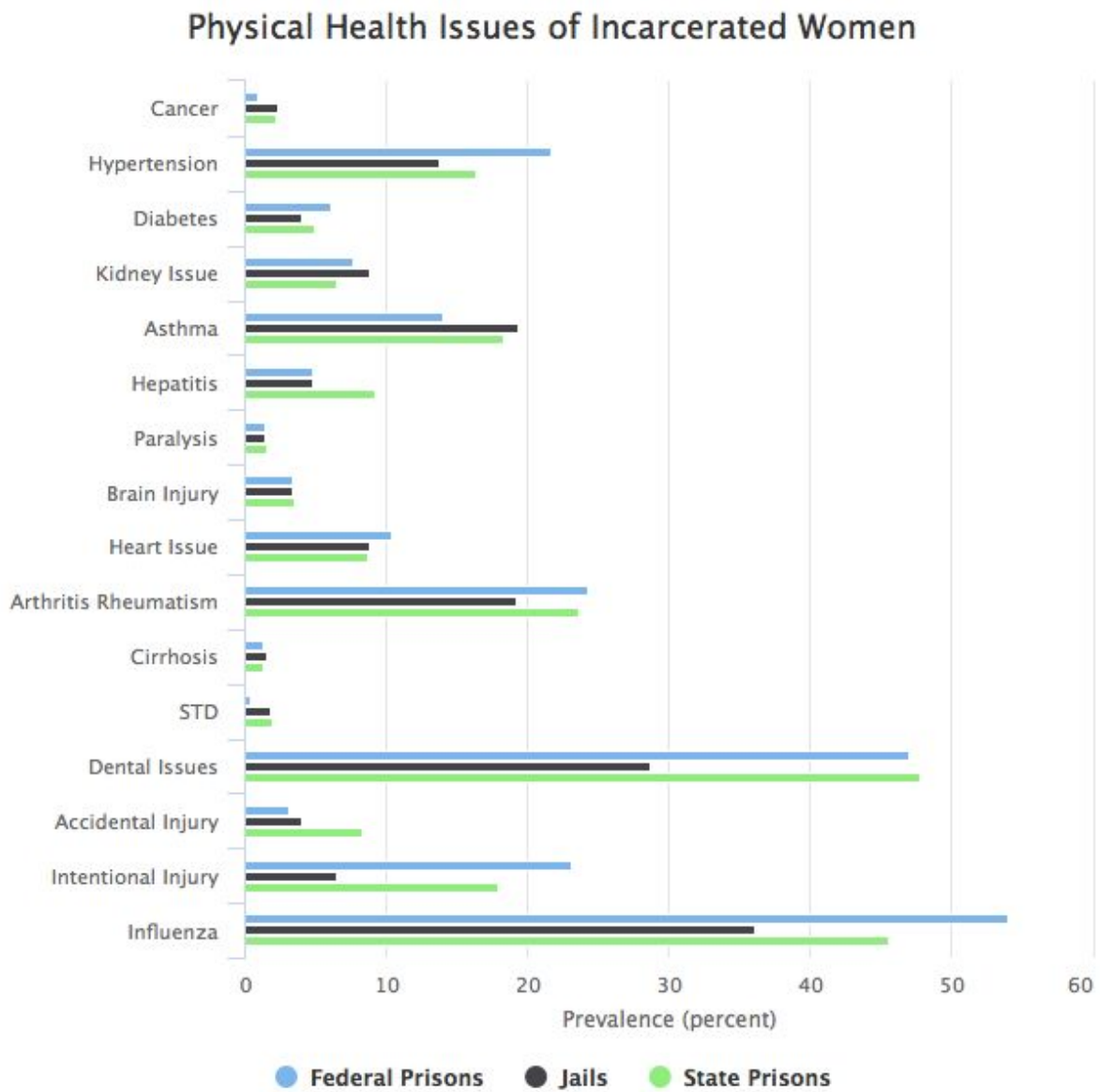
DISCUSSION

This report demonstrates the high prevalence of mental health issues across different populations of incarcerated women, and highlights the lack of care received by women in jail in particular. While women incarcerated in jails share similar prevalences of physical health issues to women incarcerated in state and federal prisons, they are drastically less likely to have been examined for these issues. The same is true for the treatment of mental health issues in jails. Notably, the majority of incarcerated women have experienced in their lives. There are high instances of several physical health issues among incarcerated women as well, such as hypertension and dental issues.

There are several limitations of both the surveys used in data collection and what can be inferred from them. The surveys used consist of self-reporting question, and the health-related questions are not necessarily reflective of an individual's medical history. Furthermore, while women have a specific profile of health needs that men do not, such as reproductive health needs, the survey was largely designed to be unisex and does not contain questions that ask whether or not an incarcerated woman has adequate access to hygiene products, prenatal care in pregnancy, or any specific routine preventative examination. Another large limitation that potentially reduces current applicability of the data is the age of the information: jail data is from 2002, while state and federal prison data is from 2004. While the SISCF was most recently conducted in 2016, the data is not yet available.

Given these limitations, these surveys do contain a wealth of data on health due to their national representativity and large sample sizes. The analysis of health data in this report may be useful to inform health interventions and to assess where resources are most needed. In particular, there is a need for health care on every type of health issue, both mental and physical, in women's jails. High prevalence of mental health issues also suggest a need for interventional health services in all incarcerated populations, especially jails.

APPENDIX



Source: 2002 SILJ, 2004 SISCF & SIFCF

Figure 1. The prevalence of health issues among incarcerated women.

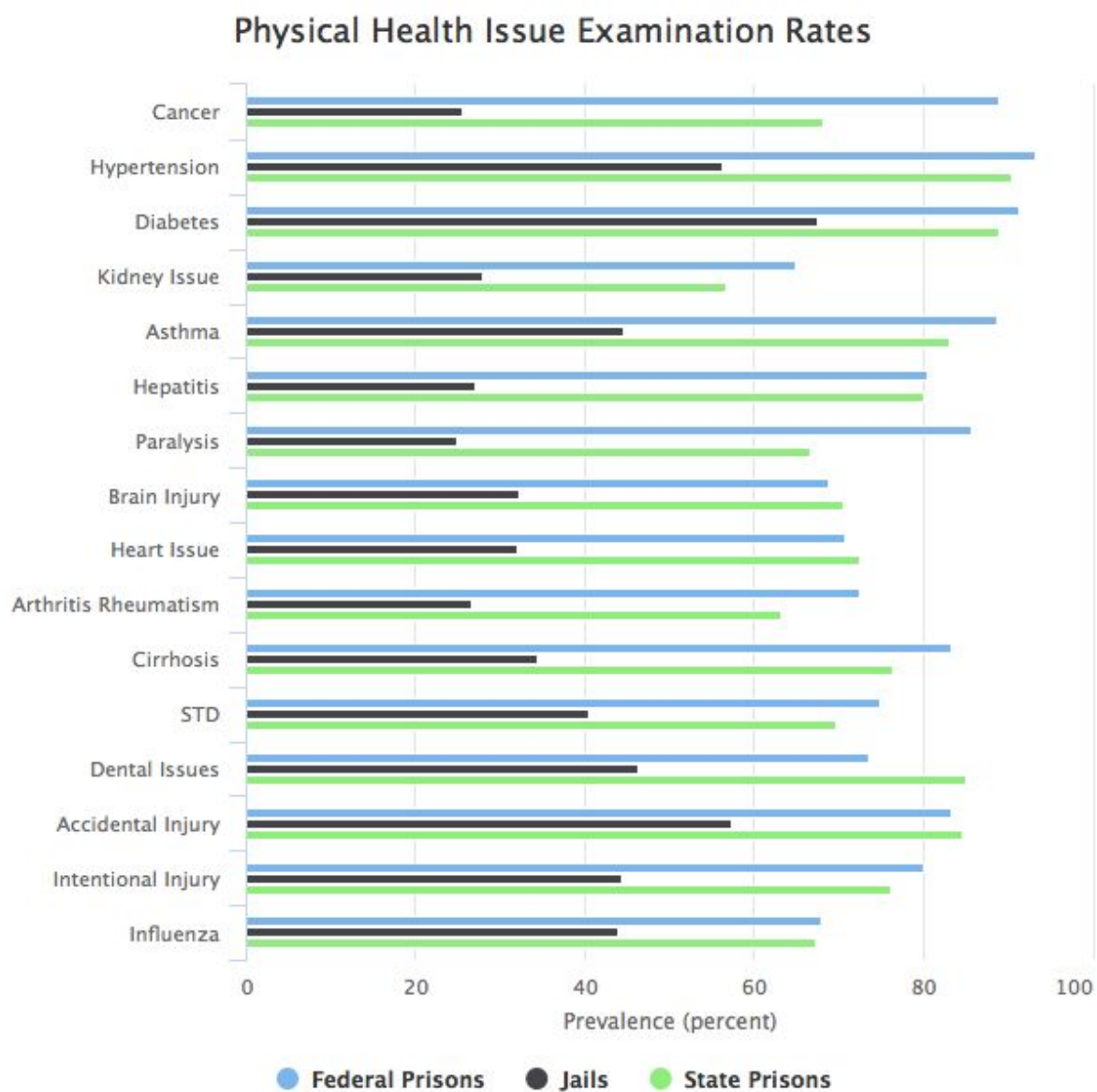
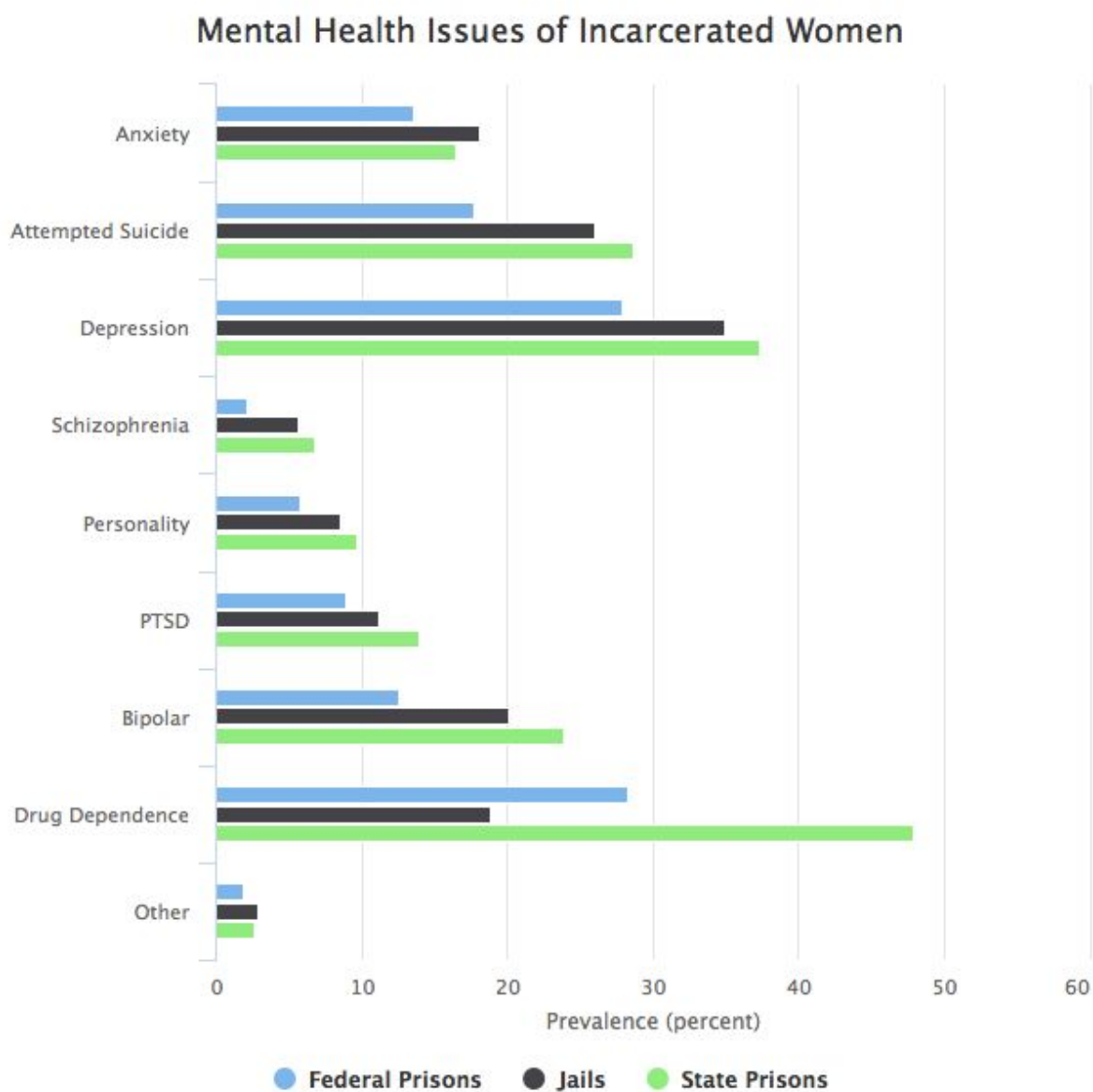


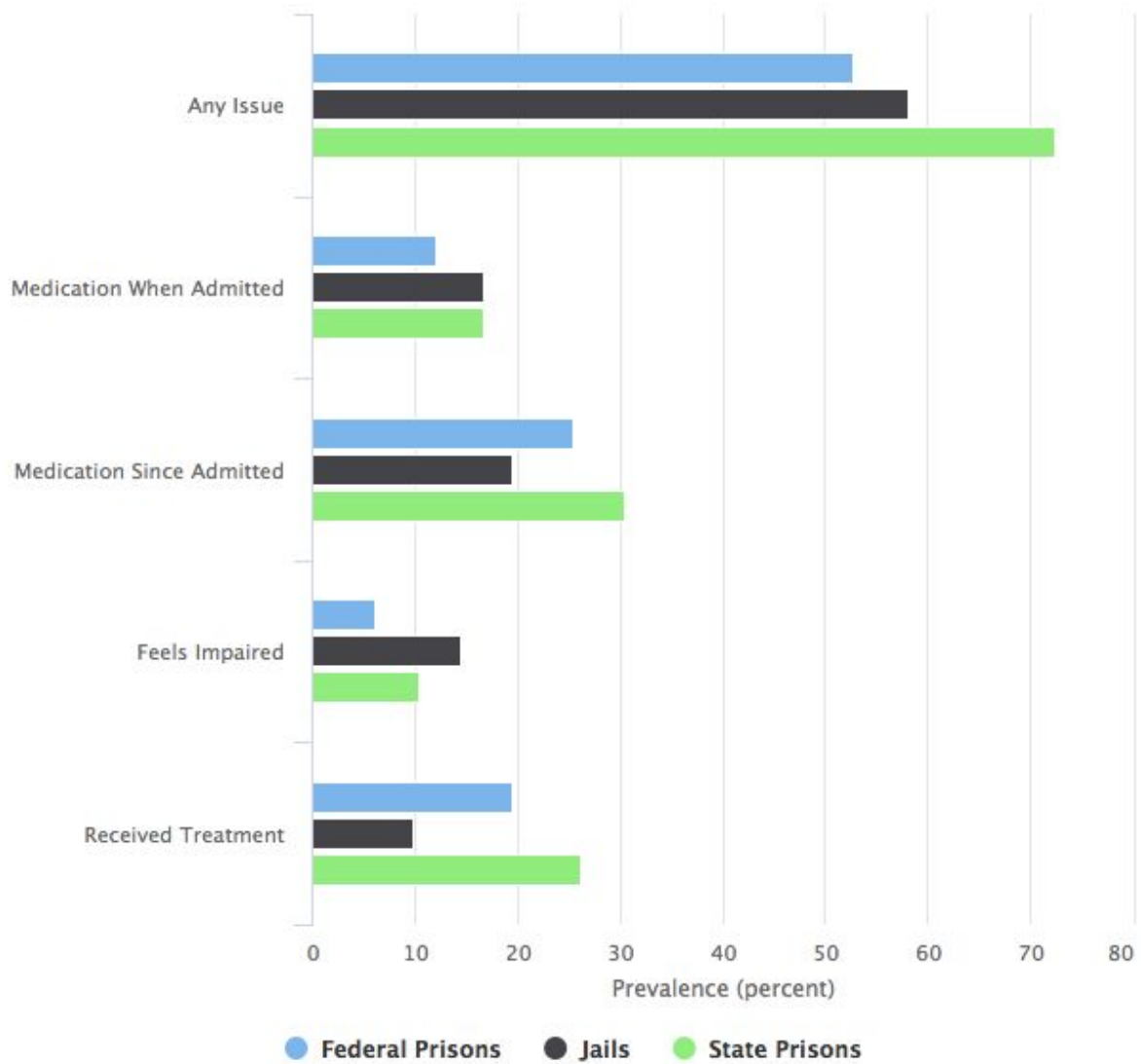
Figure 2. The examination rates among women experiencing persisting health issues.



Source: 2002 SILJ, 2004 SISCF & SIFCF

Figure 3. The prevalence of mental health issues among incarcerated women.

Mental Health Treatment Among Incarcerated Women



Source: 2002 SILJ, 2004 SISCF & SIFCF

Figure 4. Additional information of the mental health of incarcerated women.

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