

<b>Reference</b>	PH 4/7/2
<b>Title</b>	Thematic Report "Women's Health in Prison" – content outline
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<b>Summary / Note</b>	-
<b>Requested action</b>	For information

Status: 20 October 2007

### Content Outline

- I. Remarks
- II. Preface/ Foreword
- III. Definitions

#### **1. Executive Summary and Recommendations**

#### **2. A general overview on Women in Prison in the Northern Dimension Area: based on statistical data**

**2.1 Geographical overview** of women prisons in ND (map): pre-trial detention centres and correctional institutions, characteristics of the institutions

**2.2 Classification** of women in prison by country, number and distribution of female prisoners by centre and classification (high, medium, low, open, unclassified)

**2.3. Characteristics** of women in prison: age, social background, prisoners as mothers, ethnic background, indigenous background

#### **3. Women's health issues in prison**

Major problems that have to be addressed: adequate treatments, disease prevention and health promotion, statistics

**3.1 Somatic illnesses:** chronically non-communicable diseases, heart and lung diseases, diabetes, cancer, epilepsy, hepatitis (B/C), drug related illnesses (tobacco, alcohol, illicit drugs), dentistry

- Good practice example from the region<sup>1</sup>

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<sup>1</sup> Good practice models might be taken from Russia: Archangelsk/ Murmansk, Task Force on Baltic Health, Ilguciema prison Riga/ Latvia

**3.2 Mental and psychiatric illnesses:** depression(e.g. post partum), suicide and self-harming, borderline syndrome, stress related mental diseases, schizophrenia, bipolar disorder, insomnia, post traumatic stress disorder (PTSD), phobia, addiction (tobacco, alcohol, illicit drugs, anabolic steroids), anxiety, Attention Deficit Hyperactivity Disorder (ADHD)

- Good practice example from the region

**3.3 Women specific illnesses:** absence of or abnormal menorrhoea caused by substance use/ withdrawal or covered pregnancy, (high-risk) pregnancy, births and abortions, gynaecological diseases, remote damages after long time sexual abuse, sexually transmitted infections (Trichomoniasis, Chlamydia, Gonorrhoea), HIV/AIDS and other blood borne viruses, higher rates in specific forms of cancer (breast, ovarian, abnormal PAP smears often undetected, no breast or/ and pelvic exams)

- Good practice example from the region

**3.4 Others** as i.e.:

- Psychological regression, Infantilism (recidivism)
- Brain damages
- Dyslexia, illiteracy
- Mobbing, stalking, trafficking
- Children in prison, pre- and postnatal care, parenting service
- Family quality time
- Young females/ juveniles
- Indigenous women
- Transgender and homosexual females
- Refusal of treatment
- (sexual and/ or physically/ psychological) violence/ abuse
- Eating disorders (anorexia, bulimia)
- Overcrowding
- Aging
- Nutrition and Diet

-Good practice example from the region

#### **4. The written standards: Human rights and prisons**

4.1 United Nations Standard Minimum Rules for the Treatment of Prisoners (SMR)

4.2 Committee of Ministers of the Council of Europe, European Prison Rules (EPR), revised 2006

4.3 European Prison Rules (EPR) and gender Critique

4.4 The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT)

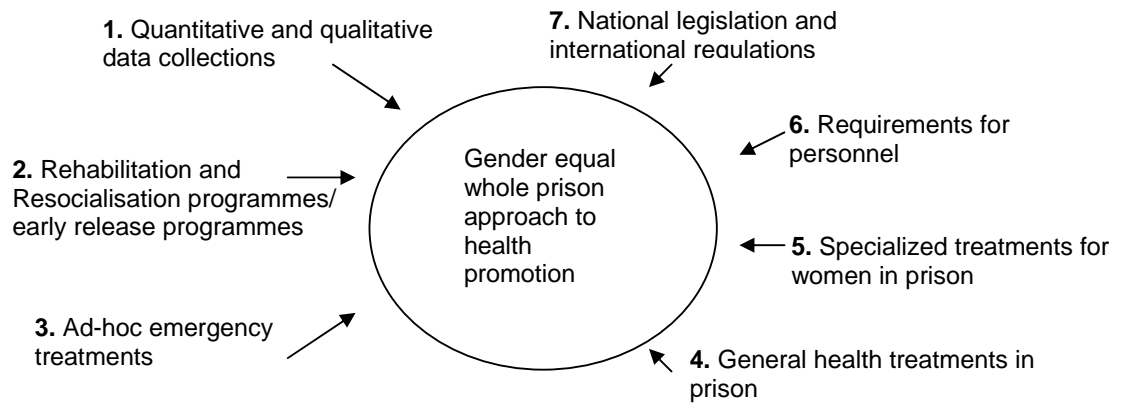
4.5 Moscow Declaration on Prison Health as a Part of Public Health (WHO Regional Office, 2003)

#### **5. Measurement of good health care in women's prison**

5.1 Based on measuring indicators of performance in health care (Fraser 2007: 27)

5.2 Custodial and non-custodial measures (UN Office on Drugs and Crime 2006:27-28)

## 6. Recommendations and requirements for prevention, treatment and care



### **1. Quantitative and qualitative data collections**

- Data collection and disaggregated (aggregated) data on women in prison
- Measuring performance in prison health care for women
- Development of indicators for status of women's health in prison

### **2. Rehabilitation and Resocialisation programmes/ early release programmes**

- Rehabilitation centres/ resocialisation plans: vocational and education training, work in prison as part of social well-being
- Supportive group service for all inmates to cope with separation from children/ family, to build-up inmate support networks, to solve issues of parenting and realizing the involvement of the inmate in the children's lives
- Implementation of "Partnerships for Health" (WHO Health in Prisons Guide 2007)
- Special rehabilitation and resocialisation for women cause they experience stigmatizations of imprisonment more than men (UN Office on Drugs and Crime, the Prison System 2006:27)

### **3. Ad-hoc emergency treatments**

- Obligatory first assessment of each prisoner as the basis for primary care in prison (see also table 4.2 Fraser 2007:30); screening of disease history/ anamnesis: is the inmate a danger for him-/ herself for others?
- Suicide prevention coordinator
- Inventing health care type hatches in all doors or unrestricted observation, most of all for incoming new prisoners
- Detoxification should be proceeded in an inpatient setting with 24 hrs health care provision
- Alcohol withdrawal should at least take 7 days

### **4. General Health treatments in prison**

- Prevention plans and vaccination programmes
- Health education programmes and harm reduction measures
- Standardized health information material, medical brochures (illustrated)
- Easy access to health services, consultations and regular screenings
- Invention of a three level care system: intensive phase, second phase and outpatient phase
- Implemented hygienic standards and rules: needle/ syringe exchange, distribution of condoms, lubricants, other forms of contraceptive, provision of disinfecting tablets or bleach, maintenance therapy/ substitutions therapy (methadone, codeine etc.)
- Offer and demand balanced health care packages
- Correctional based substance abuse intervention programmes
- Regular assessments and implemented measurements on performance in prison health care
- Promotion of health treatment in prison in order to improve the standing of prison health in general and to animate inmates to use it; to avoid refusal of treatment caused by suppression of others;
- Implementation of 12 step Minnesota model for drug abuse treatment

### **5. Specialized treatment for women in prison**

- Hygienic and well-equipped health stations in prison: sanitary and washing facilities, contraceptives, morning-after pills, sanitary napkins, tampons, safe disposal arrangements for blood-stained articles, sanitary and washing facilities
- Physiotherapy (?)
- Employment of practitioners with skills on women and/ or young females who are sensitive to particular conditions of these groups, including the care of young children
- Pregnant women or nursing mothers should not be imprisoned – non-custodial measures are to be taken into account (Tokyo Rules)
- Supporting differentiation policy, to separate sick women or women in special treatment programmes from other inmates
- Quality time with the family
- Family planning and family care programmes
- Gynaecology and reproductive health
- Short term treatments

## **6. Requirements on personnel**

- Gender awareness raising in trainings and education for prison health personnel in a leadership role
- Rules and principles for equivalent health care in prison for women/ healthy prison environment (Catering arrangements, conditions of hygiene, heating, lighting and ventilation, work and recreation arrangements, mental hygiene)
- Adequate number of well educated professional (female) prison (health) staff
- Extended (medical) staff trainings and guidance, e.g. to understand suicidal behaviour in good time
- Female (women's) prison directors, female health care director

## **7. National legislation and international regulations**

- Enhancing comparability of prison systems (EU)

As the thematic report stressed and defined some major research gaps concerning women's health in prison there is a need to follow up on certain questions and issues and accordingly develop projects within the field of prison health, e.g.

- Mental health of women in prison
- Indigenous women in prison
- Non-custodial measures for women with special needs
- Vocational training and education programmes for women with focus on resocialisation after release, post-release planning and service provision
- Standardized health information material, medical brochures (illustrated) for inmates