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## Who cares about the health of former female prisoners?

**Donna-Marie Bloice**

Central Queensland University

### Abstract

Australian prisons contain an over-representation of the most marginalized groups of society, including women. Female prisoners typically suffer from poor health issues such as chronic diseases, mental health issues, communicable diseases and are amongst those who do not access timely health care.

The women have commonly had poor life experiences including trauma, abuse and exposed to violence, which is a particular problem for Aboriginal and Torres Strait Islander women.

The social determinants of crime are similar to those of health whereby most people in prison come from an underprivileged background, resulting too commonly in criminal behaviours.

It is not uncommon for prisoners to view Offender Health Services as their regular health facility due to the cycle of recidivism. There is a significant body of international research surrounding the health of prisoners, although there is very little evidence or knowledge around former prisoner's health literacy or health service use once leaving the correctional facility.

The study aims to provide data to support the need for continuity of care for women recently released from prison and suggest strategies to best support them.

This qualitative study intends to listen to the experiences of former female offenders over a two-year period. These responses will provide answers to what contributes to missing planned follow up health care.

Good day to you all and thank you for allowing me to speak at this conference to share my research ideas with you and do better together to address unacceptable health inequities experienced in rural Australia, particularly by Aboriginal and Torres Strait Islander people.

I would first like to acknowledge the Muwinina people as the traditional owners of this land on which we stand today and pay respect to those who have passed before us.

## Introductions

I would like to introduce myself. My name is Donna Bloice and I am a Clinical Nurse working at Townsville Correctional Centre in North Queensland. I have a background in generalist nursing and midwifery with a focus on women's health and community care. I have worked in the aged care sector and have been blessed to have found a combination of all of my nursing passions working with prisoners—of all groups—yes, I even surprised myself, but after almost 9 years, I think this will be my retirement job.

## What do correctional nurse do?

People often ask me what we do—well, I am part of a team of nurses, doctors, a midwife and dentists, optometrist and podiatrist who provide primary health care to men and women offenders. This is a unique environment and we work under two government departments, namely, the Department of Corrections and Queensland Health. It may surprise you to learn that these two departments work independently and as far as working with prisoners, we see the patient and not the offender. While not every prisoner is a patient, we provide health assessments to every new offender as they are received into corrections. Many are already on medications and some find out that they are pregnant or are Hepatitis C positive or have a sexually transmitted disease following routine screening assessments. In addition, once we diagnose a health issue we endeavour to educate the woman on management and of course promote healthy lifestyle and exercise.

## Jail nursing

Jail nurses were formerly employed by Corrections until 2008. Now we are employed by the local Hospital and Health Services attached to the district each prison sits under. We belong to Townsville Hospital and Health Service in North Queensland.

There are now 3 female prisons in Queensland. In 2018, a third centre was opened as a women's prison in South East Queensland. With the campaign to clean up the streets leading up to the Commonwealth Games last year—we felt the impact of offenders coming to jail in the dozens each day. We saw a rise of 10% in female offenders across Australia last year (Australian Bureau of Statistics, 2017). This resulted in a very public campaign of overcrowding and an increase to staff and other prisoner's safety due to sharing cells and women living in confined spaces for periods of time. This took its toll on everyone and finally the burden of excessive numbers eased as catchments were more clearly defined. For example, if you were to commit a crime North of Mackay, you are likely to be sent to Townsville as the only female prison in the North of Queensland. The other two female centres are located at Brisbane and Gatton in the South-East.

Townsville's catchment is enormous geographically but still only represents around one fifth of the female offender population in Queensland, so I joke, that it is quite the boutique prison with approximately 200 women inside the centre and around 40 who are accommodated at the low custody farm which is on the prison campus. In addition, there are a further 10 ladies who are accommodated at the work camp in Bowen and these women work hard. They assist the local council with heavy jobs and help with clean up after natural disasters, which we have had our fair share of in our region over the few couple of years.

## Children in prison

Many people are surprised that there are children in prisons. There are currently 8, ranging between birth and 4 years old. We have pregnant girls at any given time and a very busy midwife who visits weekly with 15 pregnant women at our busiest last year. This number varies and at one time we had 3 generations in Townsville Women's Correctional Centre with the grandmother and the pregnant mum. This infant was removed by Child Safety after birth but most women keep their children with them. It is still considered best for the child that they stay with mum—even in prison.

So, our current catchment comprises an extensive geographical area from Mackay up to the most northerly tip of Australia.

So, after my day job, I am a PhD student with Central Queensland University. My research is aimed towards providing better follow up health care for women prisoners once they leave the correctional centre. In many instances, we diagnose the women with a health issue and they frequently do not follow up on release from prison to their communities. For example, Type 2 diabetes or hypertension. My research question relates to asking the women **how they access health care in their community; what factors affect their access; and what health care services would enable them to follow up?** This is a qualitative study which I plan to implement this July and will follow 20 women after release at 6 months, 12 months, 18 months and 2 years post release.

The **aim** of this study is to develop strategies to promote access to and engagement with health services, after their release from prison.

The **objectives** of this study are to:

- Ascertain specific factors which influence access to health services for former female prisoners.
- Identify the barriers to accessing health care in this group.
- Determine existing health strategies already in place targeted towards this group of female former prisoners.
- Provide recommendations for enhancing existing services in relation to access to care and continuity of care from prison to mainstream health care services.

## Background to the study

In order to understand what affects the health decisions of this group, I undertook an integrative literature review and found that Australian prisons contain an over-representation of the most marginalized groups of society (Abbott, Davison, & Hu, 2017). It is generally observed that prisoners suffer from poor health issues, chronic health conditions and typically do not access timely health care (Stürup-Toft, O'Moore, & Plugge, 2018). There is an overwhelming agreement in the literature that the health needs of prisoners are of concern (Abbott et al., 2017; Kinner & Forsyth, 2016; Stürup-Toft et al., 2018) and I share this view completely. Many women involved in the criminal justice system are found to suffer from mental health disorders, chronic diseases, substance misuse and poor sexual health (Abbott, Magin, & Hu, 2016; Bristow et al., 2011). There is also an overwhelming number of women who return to prison repeatedly, which is also apparent in the current literature and again this is observed in my current role. This is known as recidivism in our world.

Women moving through the criminal justice system have commonly had poor life experiences including trauma, abuse and exposed to violence (Bristow et al., 2011; Lloyd et al., 2015). Women prisoners form 8% of the Australian prisoner population (Australian Bureau of Statistics, 2017)(ABS) with an estimation of total health expenditure in Australia for 2016–2017, being \$170 billion (Australian Institute of Health and Welfare, 2018) (AIHW). The current cost to Australian tax payers is \$109 500 per year per prisoner (Ginnivan, Butler, & Withall, 2018). Therefore, it is now crucial for more preventative health resources to be in place to not only minimise ill-health for this group and to ensure appropriate use of limited government funds.

## Frustrations of the current system

Generally, we diagnose any health issues and commence a management plan of medications and investigations. However, the women are often incarcerated for only a short time. Offender Health Services are restricted to managing the health needs of women currently incarcerated. Once they have been released, very often they will not attend for their booked colposcopy or endocrine appointment for example and with waiting lists as they are across the country, it is not unexpected that clinics do not chase people. So many women are lost to follow up and miss out on essential health care.

Following the literature review, I found four themes that emerged and resonated with my own observations: **chronic health and recidivism; emergency department usage, women's issues and health literacy**. I will discuss each of these themes in more depth and these also align with a particular key theme of this conference which aims to bridge the divide in health outcomes for people living outside the major cities of Australia.

## Chronic health and recidivism

Chronic health conditions are disproportionately present amongst incarcerated people with a cumulative burden of multiple chronic diseases adding to premature ageing (Greene, Ahalt, Stijacic-Cenzer, Metzger, & Williams, 2018). Incarceration enables an opportunity to screen and manage health issues (Rich et al., 2014) and with enforced remission from tobacco, alcohol and illicit drugs, can also be viewed as imposed rehabilitation.

The social determinants of crime are similar to the social determinants of health, whereby most people in prison come from an underprivileged background (Stürup-Toft et al., 2018). The research data states that most prisoners experience poor housing conditions or homelessness and a poor level of education. This, in combination with high levels of unemployment and reports of adverse childhood experiences, contribute to adult reoffending behaviours with associated poor health (Carroll, Kinner, & Heffernan, 2014). Therefore the growth in prisoner population has widespread consequences for society and it is reasonable to question that if the emphasis was on recovery, self-care, and assisted reintegration by supportive measures, there may be a reduction in recidivism (Lloyd et al., 2015).

According to the literature, women do not prioritise their health needs once released from prison and return to their old lifestyles, often resulting in reoffending behaviours and their return to prison (Ahmed, Angel, Martell, Pyne, & Keenan, 2016). Approximately 1 in 12 prisoners in Queensland in 2017 was female and 63.6% of current prisoners have had a previous adult incarceration (Australian Bureau of Statistics, 2017).

Medication compliance is under reported in the research which surprised me, given we currently have 61% of the female prisoner population in Townsville taking medication. Medication compliance is vital to good health outcomes while health education and understanding of one's own health and how to self-manage are good predictors of healthier individuals (Stürup-Toft et al., 2018). However, prisoners are not permitted to manage their own chronic conditions as correctional health staff take responsibility for medicating and monitoring but are expected to manage once released. It has been identified that 80% of prisoners leave prison with a diagnosis of at least one chronic health condition which will require ongoing primary health care (Hadden et al., 2018). These health conditions are both existing and new diagnoses of chronic diseases.

Prisoners are generally a transient group of health care recipients (Pont et al., 2018) and are entitled to the same health services as you and I irrespective of custodial status in Australia. Once an offender is released to liberty, with a diagnosis of a chronic disease, they are expected to possess skills in navigating health systems, attending pharmacies and understanding medication practices, without formal health education (Hadden et al., 2018).

### Emergency Department usage

There is a large body of evidence in the literature which demonstrates that prisoners typically suffer from multiple conditions and are more complex to manage (Abbott et al., 2016; Baldry, 2011; Stürup-Toft et al., 2018). In addition there are various theories relating to the reliance on Emergency Department (ED) presentations to manage crisis health issues when released (Greene et al., 2018). The most common causes for ED presentations include pain management and not knowing what else to do in the event of a health crisis or feeling unwell (Humphreys, Ahalt, Stijacic-Cenzer, Widera, & Williams, 2018). Many of the reasons for hospitalisations are reported to be for injuries, infections, viral and parasitic diseases; in addition to behavioural and mental health disorders. There are no differences in data between Aboriginal and Torres Strait Islander peoples and non-Aboriginal former prisoner's presentations to hospital but a common theme in the literature recommends a more pro-active approach towards improving access to long term primary health care in the community for Aboriginal and Torres Strait Islander former prisoners (Lloyd et al., 2017). I strongly agree with the findings in the literature which recommends pre-release interventions to promote health literacy and target services to ensure adequate management of chronic disease and avoid emergent care (Hadden et al., 2018). It is my intention through this research that we can introduce a case management or nurse navigator model of care towards discharge planning for the women and build a case for the men too. Female prisoners are socially vulnerable and have diverse health needs. Many have communicable diseases which pose public health concerns and have a prevalence for using EDs and not attending for routine monitoring and education (Humphreys et al., 2018).

### Women's issues

Women prisoners have very different needs to men and have much shorter sentences for mainly less violent crimes (Baldry, 2011). These repeated shorter sentences of less than one year can disrupt any positive engagement with the women's home, family and community, resulting in a form of institutionalisation from spending weeks in high security accommodation, with no work or earnings (Baldry, 2011). I am deeply concerned for the physical and mental decline of women in detention, who return to their families and are expected to cope with this adjustment, alone (Baldry, 2011).

It is a common theme in the literature that many women prisoners have come from disadvantaged backgrounds, often experiencing truancy and expulsion at school; isolation and neglect from their

parents; transitioning between various foster parents; often in contact with police at an early age; with parents who themselves have been in custody (Baldry, 2011). I have found that many women continue this cycle of homelessness, domestic and sexual violence and financial hardship. For women returning from prison, they are often returning to a life with no choice but to reoffend to survive. There is a disproportionate incidence of trauma survivors in female prisons resulting from intimate partner violence, peer-group victimization, dating violence and rape and these issues not only affect the woman but also her children (Donelle, Hall, & Benbow, 2015).

## Health literacy

Traditionally, health literacy has been viewed as one's own capacity to promote or inhibit health and I support the idea which suggests that while patients are accountable for their own health, some groups of people such as former women prisoners, should not be stigmatised for not achieving optimal health if there is a flaw in the health care system. For example, lack of services, resources or the knowledge to navigate and source health care which is a common issue for the women of North Queensland and other rural areas who have to travel significant distances for tertiary health care. I firmly believe that there needs to be an improved emphasis on social determinants of health and not simply the physical determinants of health.

## Discussion

The limited literature available agrees that there is a pressing need for further research of former female prisoners re-entering their communities regarding their health and social requirements. There is a clear need to address health disparities including chronic health and mental health including substance misuse disorders which place this population at risk of negative health outcomes, self-harm and recidivism. I hope I have provided some interesting insights into the health status of female prisoners in Australia and identified processes for continuity of care once released.

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## Presenter

**Donna-Marie Bloice** is currently employed as a clinical nurse at Townsville Women's Correctional Centre by Townsville Offender Health Service, Townsville Hospital and Health Services. Her work involves health assessments and coordinating the health management of women entering and residing at Townsville Prison. This involves referrals to Townsville Hospital and follow-up care from visiting health professionals. She has been a prison nurse for nine years and is passionate about person-centred and primary health care. Donna-Marie recently enrolled in a PhD at the School of Nursing and Midwifery and Social Sciences, CQU, with the intention of researching the aforementioned group of women once released from TWCC. She is Scottish and moved to Queensland in 2003 with her beautiful family. They are now citizens and consider Townsville home.