

Health in the context of women in prison: old problems and new concerns.*

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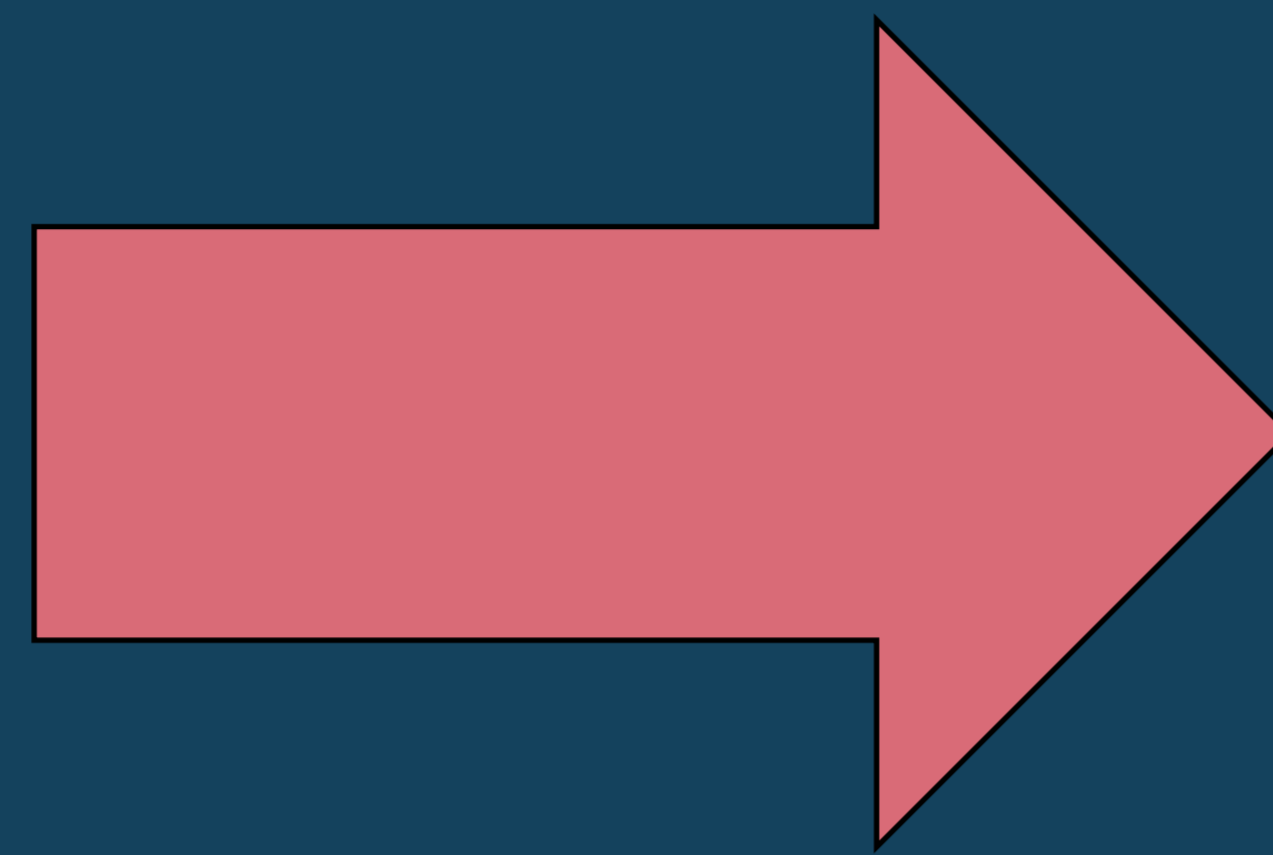


OLD PROBLEMS
 (from the literature)

1. Gynaecological disorders
2. Need of obstetric care
3. Need of paediatric care / vaccination
4. Psychological disorders
5. Previous victimization experiences

(e.g., Chesney-Lind, 1997; Carlen, 1983, 1987; Almeda, 2003; Pollock, 1998)

Lack of responses to SPECIFIC HEALTH PROBLEMS of women and children pointed out as one of the most relevant traditional problems of female imprisonment.



In Portugal, in the last decade, most of these problems have been solved with the construction of prisons for women and with the improvement of the old facilities. Nevertheless, new concerns must be considered.

NEW CONCERNS
 (from empirical data) (*)

(*) Method: Two studies were developed to understand life trajectories and prison experiences of incarcerated women (Matos, 2008; Matos et al., 2010). Research data were collected through the analysis of the case files of 49 young women (STUDY A) and 175 foreign women (STUDY B) detained in Portuguese prisons, and were submitted to statistical treatment. Then, qualitative data were collected through in-depth interviewing with women inmates and the qualitative material that emerged from the interviews was analysed under grounded theory principles.

Drugs as a major issue but also as a minor health problem

- Drugs are nuclear in female criminality (Matos, 2008).
- In fact, more than 80% of women in Portuguese prisons are detained for drug-related crimes (Study A + Study B).
- Despite these data, women in prison seem to be distant from the stereotype that relates drug abuse and crime.
- Only 14,5% of the foreign women and 34,7% of young women in prison relate hard drugs' use (Matos et al, 2010; Matos, 2008).

Although drugs are closely linked to female prison population, drug abuse doesn't seem to represent a significant health problem in this context.

High prevalence of psychotherapy / medication

- Before imprisonment the percentage of women who took medication was about 10%. However this figure rises to 44% after detention (Matos, 2008).
- The medication taken in prison consists essentially of antidepressants, "calming" or "sleeping" pills, which the female inmates describe as a great help to "support the fact that they are held."
- Nearly half of the women in prison (Study A – 45.2%; Study B – 41%) benefit from psychotherapy (Matos et al, 2010). Psychotherapy is more common among women who receive visits (50.4%) than among those who don't (29.8%) (Matos, 2008).

Is medication used to respond to women's health problems, or is it used as a control mechanism by the prison system?

Is the high prevalence of psychotherapy an adequate clinical response, or is it a consequence of a stereotyped representation of women who commit crimes as mentally ill?

Different discourses about abuse experiences

- Among women who were previously victims of abuse, we can identify multiple discourses and attitudes towards it.
- In fact, while some women still present themselves as victims, others seem to have integrated that experience (Matos, 2008).

Previous abuse experiences must be considered when health issues of female imprisonment are discussed. Nevertheless, there must be multiple answers to the problem of abuse depending on the way women integrated it.

To conclude, we mustn't forget that women in prison present multiple life trajectories.

[E.g., Women with heterogeneous and intense criminal experiences vs. women detained for a unique criminal act; women from disruptive families vs. women from normative family contexts; women from different places and diverse cultural contexts (Matos, 2008; Matos et al., 2010).]

Therefore, female inmates' common health problems should be considered along with the recognition that **EACH WOMAN IN PRISON HAS INDIVIDUAL PATHS AND NEEDS.**

References

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