The Impact of Homelessness and Incarceration on the Health of Women

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INTRODUCTION

OVERVIEW

- Female inmates have a high incidence of mental illness, substance abuse, sexually transmitted infections, and healthcare needs relating to reproductive health and intimate partner violence. This "protected population" is one of the most under-studied populations in healthcare because of the history of in appropriate research on inmates.
- Our "Participatory-Action" study explored the health-seeking experiences, perceptions of risk, and the medical, mental health, and housing needs of females during incarceration and post release. We included the female inmates wisdom within the data analysis process, which informed changes to the process of transitioning women into communities.
- The Aboriginal population is over representation within correctional facilities in Canada, so our Aboriginal team members guided us to be respectful of the sacredness of the women's stories and shared knowledge.

METHODOLOGY

PARTICIPATORY ACTION RESEARCH

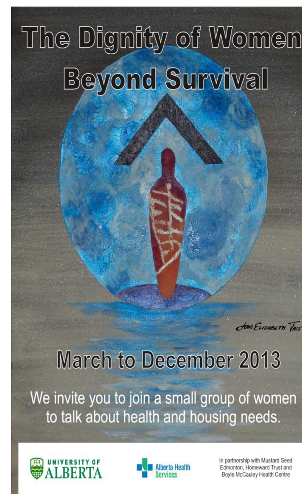
a) An information poster, designed by Aboriginal artists, was placed throughout the correction facility Structured survey: 100 female inmates

b) The survey asked personal questions about health and housing needs and experiences; personal safety; challenges/risks during and after release
(Aboriginal - 59%; White - 34%; Other – 7%)
(Age: [18-30] 55%; [31-49] 23%; [41-50]18%; [51-60] 4%)

c) Focus groups were conducted during incarceration: 4 groups (21 female inmates)
(Aboriginal: 62%; White – 19%; Other 19%)
(Age: 32.4 ; Range 20 - 49)

d) Semi-structured individual interviews to validate priorities pre/post-release

e) All participants received a $10 gift bag



Sharing Stories

- *Trustworthy environment:* Women provided insights concerning health, homelessness and incarceration.
- *Peer dynamics:* Regulated by inviting the women to talk only when they held the talking cloth
- *Openness:* The women revisited earlier questions, respectfully disagreed, and shared alternative opinions: This confirmed the facts and brought out the meaning behind their stories.
- *Determination:* Despite delays with 3 ethics boards and institutional lockdowns, the team persevered.

SURVEY RESULTS

Number of Children	Pregnancies Women Had	Children Women Had	Children Lived with Mom Prior to Jail
0	17%	26%	59%
1	9%	20%	14%
2	15%	14%	14%
3	11%	15%	7%
4	15%	14%	3%
5 or more	33%	11%	3%

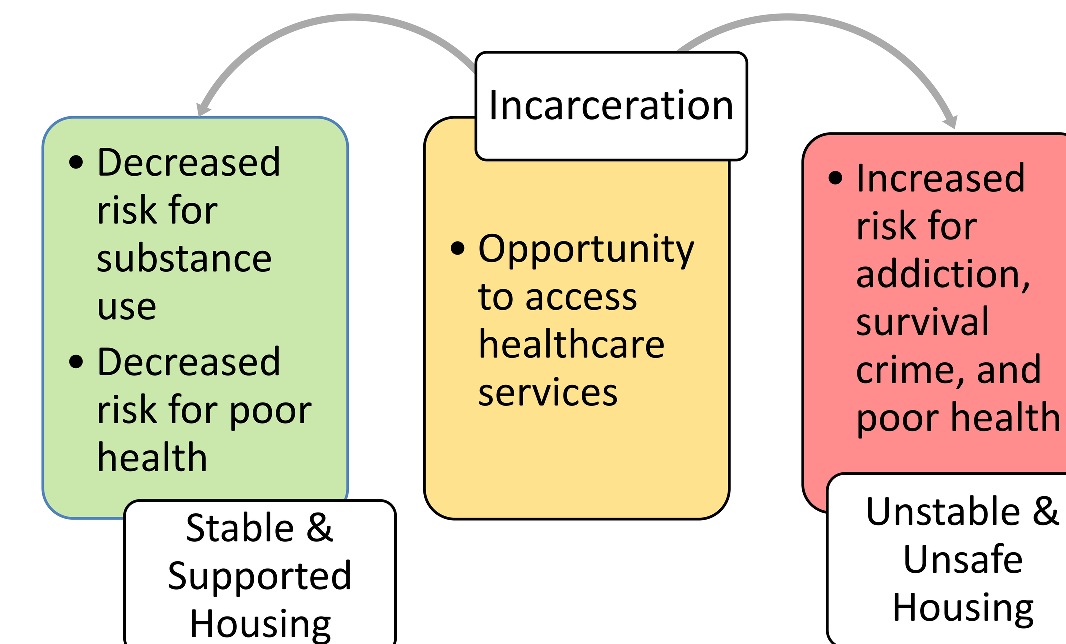
Health Problems	%
Addiction/Substance Abuse	80
Problems with teeth	59
Mental Health Issues	57
Bone/Joint problems	49
Headaches/Migraines	49
Problems with period/ Menstrual cycle	29
Stomach/Intestinal problems	16
STI/STD	14
Asthma	17
Health Disease/Stroke	6
High blood pressure	5
Sexual/ Reproductive Issues	4
COPD/Emphysema	4
Diabetes	2

Education Level	%
Grade 6 or less	1
Between Grade 7 - 9	14
Between Grade 10 -12	51
Finished Grade 12 / GED	19
College or Trade School	11
University	3

Home After Release	%
My home or apartment	27
Rooming house	3
With family or friends	33
At partner's home / apartment	3
Hotel	1
City Shelter	3
On the street	3
Don't know	27

WOMEN'S WISDOM

HEALTH AND HOUSING ISSUES



QUALITATIVE RESULTS

Incarceration

Women spoke about surviving in the community and considered medical and mental health low priorities. They suggested non-judgmental healthcare staff with specific expertise with "street people", that provide basic health education to aid transitioning into community. Incarceration provided a structured environment:

"I think it [incarceration] gives us time to look at us and our needs. Because when we are out there, we don't prioritize ourselves, we don't look at our needs. But here, we have lots of time to focus on us. In here we see where we lack, what we need. When we are out there nobody really looks at us."

Stable & Supportive Housing

These women need homes near public transportation, health services, and away from "triggers". Female mentors and support groups upon release can provide "retraining" that is not limited to a few months:

"If they had a safe environment to go to it would be a lot easier. They'd have somewhere, stable, they could call home. Where we don't have to worry about if we're going to be thrown out by 3 o'clock in the morning by some crack head, drunk."

Unstable & Unsafe Housing

Without a safe and stable home to return to, the women are at an increased risk of relapse into addiction and recidivism into criminality:

"The women don't have a home … … they get caught and they come in here [jail] because they didn't have a place to begin with and they don't have a place to go to when they leave… It's just like an endless circle."

DISCUSSION

The collective voices of this vulnerable population of women provides housing, health, and public safety stakeholders insights into the reality of the cycle of homelessness, poor health, survival crime, and substance abuse that women being released from incarceration face when they do not have adequate resources.

They continue to suffer from health disparities, social exclusion, and marginalization. Sustainability of any health intervention is contingent on discharge-planning programs, which allows linkage to community-based health and housing systems among released inmates.

RECOMMENDATIONS

Health Promotion and Education:

A community-based participatory resource manual should be developed describing common procedures within the correctional facility, including how to access currently available health care and housing resources.

Incarcerated Women's Health Program:

A women's health clinic to address gender specific health care, health promotion and education programs, and continuation of care for mental illness, substance abuse, sexually transmitted infections, reproductive health, menopause, mammograms, and intimate partner violence, which began during incarceration.

"Housing First" for Women's Health:

A housing first model for the transition into the community to evaluate the impact of poor health outcomes and re-incarceration rates. Support must be maintained for an extended period, even years.

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