The Impact of Homelessness and Incarceration on the Health of Women

Louanne, Keenan, PhD1, Cybele Angel, RN, MA3, 4, Rebecca Martell, CACII, RCS1, Diane Pyne, RN, MHS3,4, Ametta Singh, BMBS1,3, Rubeena Ahmed, MD1,3, Margery Schmit, RN, MHS3,4, Violet Shepard, CHR1,4, Debbie Fawcett, CCG5, Rabia Ahmed, MD (Infectious Diseases)1,3

1 Faculty of Medicine & Dentistry, 2 Boyle McCauley Health Services, 3 Alberta Health Services, 4 Edmonton Remand Centre, 5 Faculty of Rehabilitation Medicine, 6 The Mustard Seed

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%; [41-60]18%; [61-60] 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

SURVEY RESULTS

<table>
<thead>
<tr>
<th>Number of Children</th>
<th>Pregnancies Women Had</th>
<th>Children Women Had</th>
<th>Children Lived with Mom Prior to Jail</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>17%</td>
<td>26%</td>
<td>59%</td>
</tr>
<tr>
<td>1</td>
<td>9%</td>
<td>20%</td>
<td>14%</td>
</tr>
<tr>
<td>2</td>
<td>15%</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td>3</td>
<td>11%</td>
<td>15%</td>
<td>7%</td>
</tr>
<tr>
<td>4</td>
<td>15%</td>
<td>14%</td>
<td>3%</td>
</tr>
<tr>
<td>5 or more</td>
<td>33%</td>
<td>11%</td>
<td>3%</td>
</tr>
</tbody>
</table>

Health Problems %
- Addiction/Substance Abuse
- Problems with health
- Mental Health issues
- Inpatient problems
- Headaches/Migraines
- Problems with period
- Stomach/Intestinal problems

Education Level %
- Grade 6 or less
- Between grade 7 - 9
- Between grade 10 - 12
- Finished grade 12 / GED
- College or Trade School
- University

Home After Release %
- My home or apartment
- Renting house
- With family or friends
- At partner’s home / apartment
- Hostel
- City Shelter
- On the street
- Don’t know

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 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.”

STABLE & SUPPORTIVE HOUSING

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 to criminality: “The woman 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, every years.

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