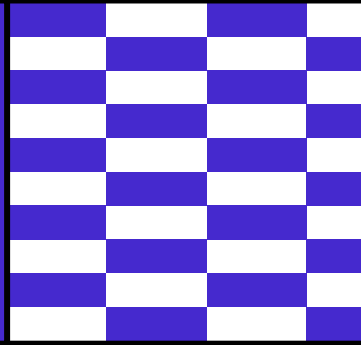
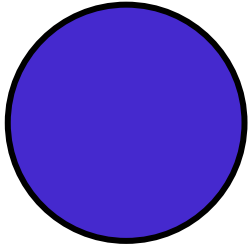
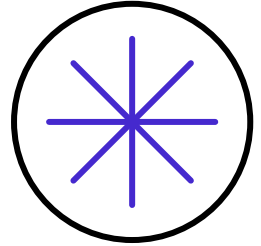


# Incarcerated Women's Mental Health Issues

By: Jordan Lewis



The slide features several decorative geometric elements. In the top-left corner, there is an orange square containing a blue circle with eight black radial lines. Below this is a horizontal band with a black and white zigzag pattern. In the bottom-left corner, there is a black square containing a vertical stack of five white circles, with the second circle from the top being orange. On the right side, there is a black square with a small orange circle, followed by a blue square with a white sunburst pattern, and finally an orange square with a black circle at the bottom.

# Criminalization of mental illness

Everyone who has an untreated mental condition who's arrested for a crime is dangerous and putting them in jail is the safest way to keep the community safe.

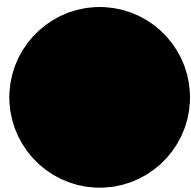


# Women in Jail/Prisons

Women are the fastest growing correctional population in the country.



- The number of women in jail grew from under **8,000** in 1970 to nearly **110,000** in 2014.
- Nearly **80%** of women in jail are mothers, and most are single parents.
- Serious mental illness (SMI)—including major depression, bipolar disorder, and schizophrenia—affects **32%** of women in jails.
  - More than double that of jailed men
  - More than six times that of women in the general public





# Women in Jail/Prisons cont.



- Nearly  $\frac{2}{3}$  of incarcerated women in jail are women of color
  - Black: **44%**
  - Hispanic: **15%**
  - Other racial/ethnic backgrounds: **5%**
- **21%** of transgender woman
- Many women in jail are there for low-level offenses.
  - Property offenses: **32%**
  - Drug offenses: **29%**
  - Public order offenses: **21%**



# Trauma & Mental Health of Women **BEFORE** Incarceration

Experienced  
sexual violence

86%

77%

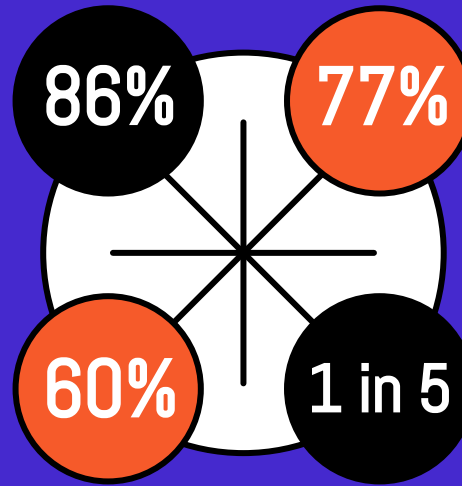
Experienced  
partner violence

Experienced  
caregiver  
violence

60%

1 in 5

Experienced SMI,  
PTSD, and  
substance use  
disorder





# Mental Health Effects of Incarceration

## Living in Constant Fear

Many women describe fearing for their personal safety because they never know who you are being put in a cell with.

## Pregnancy

Many women face **postpartum depression** due to immediate separation from their child after giving birth.

Overstepping boundaries during their birth.

## Stress

Mainly due to lack of control over their own lives and with common institutional issues and procedures.

## Abusive Treatment

Officers cuss at them, call them the R-word, and can do whatever they want.

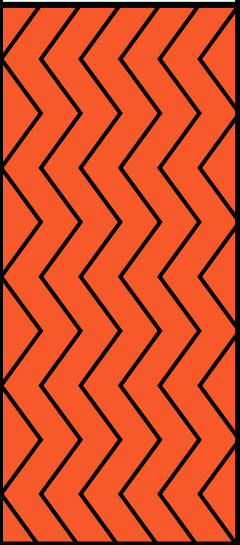
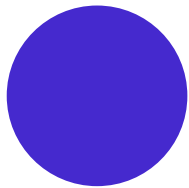
Many women are scared to report disrespectful or abusive treatment because they can get additional punishment.

## Separation from family

One of the most difficult parts of incarceration for many women is separation from their children.

## Sexual Victimization

Between 2009 and 2011, women, represented **7%** of the incarcerated population, but **22%** were victims of inmate-on-inmate sexual victimization and **33%** were victims of staff-on-inmate victimization.



# Issues with Mental Health Services in Prison

## Crisis-Oriented Model

Only focusing on inmates who were homicidal or suicidal.

## Lack of providers

Women only receive an appointment for about **15** minutes to discuss their problems because of such a long list.

## Wrong Medications

Women are given the wrong medications leading to symptoms such as vomiting or worsening their symptoms.

## Lack of access to health-related resources

Many women feel powerless because they do not have the resources to understand their medical and mental health conditions.



# Post Incarceration Syndrome

**Institutionalized  
Personality  
Traits**

**Antisocial  
Personality  
Traits**

## **Definition**

A mental disorder that occurs in individuals either currently incarcerated or recently released.

**Social-Sensory  
Deprivation  
Syndrome**

**PTSD**

**Substance  
Abuse  
Disorders**



# Other Mental Health Outcomes

## Improved

**O1**

Access to the right medication, being “clean”, having the opportunity work their issues with MH providers, being away from violence, being closer to God, and allowing time to heal old wounds and adapt to the prison environment.

## No Change

**O2**

Some identified they didn’t suffer from any mental health issues prior to or during incarceration. Mental health was relatively the same in that they still experienced mental health issues; however, the nature of them changed due to incarceration.

## Observation

**O3**

Impact of imprisonment on mental health is likely more fluid in nature, with women’s own physical health, social support, access to resources, maturity level, and life experiences playing significant roles in their immediate perceptions of mental health.



# Trauma-Informed Framework

## Four principles:

1. Understanding trauma
2. Understanding the survivor
3. Understanding available services
4. Understanding the service relationship

Avoid categorizing survivors as one-dimensional figures with symptoms, and instead focus holistically, striving to understand woman and her symptoms in the context of her life experiences.

Survivors benefit from service relationships that are collaborative in nature and allow them to be recognized as contributors to their plans of care.



# Discussion Questions

In what ways, could the prison system improve mental health services for incarcerated women?

How do you think we can increase the number of mental health providers in prisons?

Do you think there should be programs in place for mother's to spend time with their children before giving them away? OR Be able to keep their children while in prison?

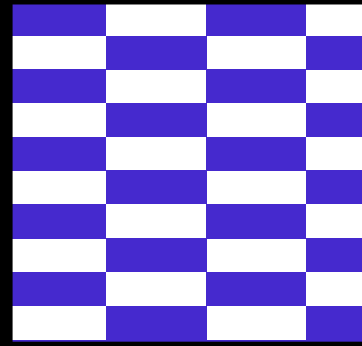
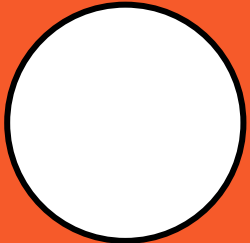
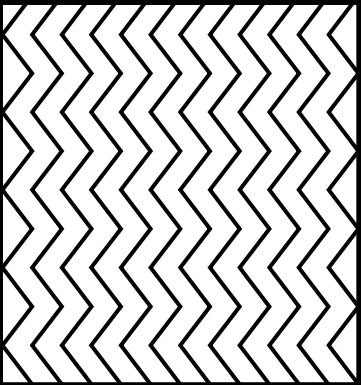
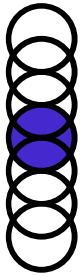
Should the policies and procedures be different for women than men? Why or why not?

What is an effective way to educate the women on different medical and mental conditions to be more informed?

Do you think it is possible to decriminalize mental illness?

# CONCLUSION

- Need a trauma-based training program targeting all professionals in the jails/prisons
- Referring to women by their name instead of the inmate identification number
- Prison officials should thoroughly examine existing policies and procedures from the perspective of both gender and trauma
- Also, actively identify situations that could possibly need new trauma-informed policies
  - Especially relevant for mental health interventions for victims and bystanders, such as violent events in the institution, medical emergencies, and institutional suicides





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