



# Easily forgotten: Elderly female prisoners☆☆☆



Violet Handtke<sup>\*</sup>, Wiebke Bretschneider, Bernice Elger, Tenzin Wangmo

*Institute for Biomedical Ethics, University of Basel, Basel, Switzerland*

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## ABSTRACT

Women form a growing minority within the worldwide prison population and have special needs and distinct characteristics. Within this group exists a smaller sub-group: elderly female prisoners (EFPs) who require tailored social and health interventions that address their unique needs. Data collected from two prisons in Switzerland housing women prisoners were studied. Overall 26 medical records were analyzed, 13 from EFPs (50+ years) and for comparison 13 from young female prisoners (YFPs, 49 years and younger). Additionally, five semi-structured interviews were conducted with EFPs. Using the layer model of vulnerability, three layers of vulnerability were identified: the “prisoner” layer; followed by the layer of “woman”; both of which are encompassed by the layer of “old age.” The analysis of these layers resulted in three main areas where EFPs are particularly vulnerable: their status of “double-minority,” health and health-care access, and their social relations. Prison administration and policy-makers need to be more sensitive to gender and age related issues in order to remedy these vulnerabilities.

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## Introduction

Female prisoners constitute between 2% and 9% of the total prison population in about 80% of prison systems worldwide (Walmsley, 2006). In Switzerland, females form 5.2% of the prison population (Bundesamt für Statistik, 2013b), which is comparable to the median level in Europe (4.4%) and lies between other western European countries such as Lichtenstein (0%) and The Netherlands (8.8%) (Walmsley, 2006). Despite being a minority among prisoners, their number is not only rising but rising at a greater rate than their male counterparts (van den Bergh, Gatherer, Fraser, & Moller, 2011). While countries and correctional systems in which female prisoners are detained may vary, their general characteristics described in the literature paint a distinct picture of the

“typical” female prisoner (Fair, 2009). However, for the small sub-group of female prisoners, namely elderly female prisoners (EFPs),<sup>1</sup> it is not known how age influences this picture and if they require different types of interventions.

### The “typical” female prisoner

The “typical” female prisoner is convicted for a non-violent crime, accordingly serves shorter sentences (van den Bergh et al., 2011), and is less likely to be a recidivist. Additionally, she usually hails from a socioeconomically disadvantaged background, often with no educational qualification, and belongs to a minority group (Lewis, 2006). It is likely that she has experienced physical and/or sexual abuse, has been a victim of exploitation, and suffers from drug and alcohol abuse. Compared to male prisoners and women living in the community, a typical female prisoner has higher rates of mental health problems, often meeting the diagnostic criteria for a lifetime mental disorder, as well as a greater prevalence of chronic diseases and worse physical health (Fair, 2009). Due to poor access to health-care prior to incarceration and risky lifestyle

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\* Corresponding author at: University of Basel, Institute for Biomedical Ethics, Bernoullistr. 28, 4056 Basel, Switzerland. Tel.: +41 61 267 17 89; fax: +41 61267 17 80.

E-mail addresses: [v.handtke@unibas.ch](mailto:v.handtke@unibas.ch) (V. Handtke), [Wiebke.bretschneider@unibas.ch](mailto:Wiebke.bretschneider@unibas.ch) (W. Bretschneider), [b.elger@unibas.ch](mailto:b.elger@unibas.ch) (B. Elger), [tenzin.wangmo@unibas.ch](mailto:tenzin.wangmo@unibas.ch) (T. Wangmo).

<sup>1</sup> In this article we will use the following abbreviations: EFP for “elderly female prisoner” and YFP for “young female prisoner”.

behaviors influenced by socioeconomic conditions (Harris, Hek, & Condon, 2007), she is a high user of prison health-care services (WHO, World Health Organisation, 2009).

We also know that a female prisoner is often the sole carer for her children and other dependents (Fair, 2009). Therefore, her imprisonment can severely impact family structure. Finally, due to their small number, prisons designated for women are scarce and may be located in remote regions, thus adding another burden as she and her family would have fewer opportunities to remain in touch (Ginn, 2013; van den Bergh et al., 2011).

Institutional factors further deteriorate her position as a prisoner. First, female prisoners continue to be incarcerated in prisons designed for young male prisoners, who form the bulk of the prison population (Lewis, 2006; van den Bergh et al., 2011). This means that security standards are higher than necessary (Fair, 2009). Second, personnel working with female offenders are often not specifically trained to respond to the social and health needs of this population (Lewis, 2006). Third, how reproductive health concerns are addressed in these prisons varies significantly (van den Bergh et al., 2011). Simply put, the needs of female prisoners derived from the above description of the “typical” female prisoner are not taken into account in most of the current prison structures.

#### *Elderly female prisoners*

Among female prisoners, elderly female prisoners (EFPs) deserve special attention due to their advanced age and the changes associated with it (Reviere & Young, 2004). They constitute a “minority within a minority” and while it is recognized that female prisoners and older prisoners have special needs, the combined needs of EFPs are rarely addressed (Leigey & Hodge, 2012). Only few studies are available on EFPs and even fewer from Europe. Views of EFPs on health-care and social relations in prison have been explored in three studies (Aday & Farney, 2014; Krabill & Aday, 2007; Wahidin, 2005). One quantitative study addresses the mental health of EFPs (Lindquist & Lindquist, 1997), and two others, respectively, functional impairment (Williams, Lindquist, Sudore, Strupp, Willmott, & Walter, 2006) and somatic health (Lindquist & Lindquist, 1999). A literature review on the health of EFPs underscores the necessity to better address health needs of EFPs (Reviere & Young, 2004). Two articles compare somatic and mental health between older male and female inmates (Kratcoski & Babb, 1990; Leigey & Hodge, 2012). As a result of the very limited existing knowledge on EFPs, programs and policies for this group are almost non-existent amounting to “malign neglect” (Leigey & Hodge, 2012).

Using data from Switzerland, this study highlights the vulnerabilities of EFPs in their current context of imprisonment. Demographically in Switzerland the proportion of female prisoners was 370 of a total number of 7072 prisoners in 2013 (Bundesamt für Statistik, 2013b) and like their counterparts elsewhere, they are mainly sentenced for non-violent crimes (Bundesamt für Statistik, 2013a). To fill in the existing research gaps, this article explores why EFPs require specific social and health interventions based on an analysis of their layers of vulnerability (Luna, 2009) and suggests what can be done to address these vulnerabilities.

#### *Layers of vulnerability*

As a group, female prisoners are often deemed vulnerable (Ginn, 2013; Lindquist & Lindquist, 1997; Plugge, Douglas, & Fitzpatrick, 2008). This vulnerability is mostly, if not all, derived from one or more of the features described above. However, the concept of vulnerability is used as a label for all female prisoners, without qualifying which specific features of being a prisoner and being a woman contribute to it. The layer model of vulnerability developed by Luna (2009) offers a better way to conceptualize different factors that make female prisoners in general and EFPs in particular vulnerable. Rather than simply stating that EFPs are vulnerable and thus considering it to be a permanent and categorical condition, identifying relevant features that add to the overall vulnerability better reflects the complexity of the issue and rightly considers the social circumstances that influence vulnerability (Luna & Vanderpoel, 2013). It is a flexible and dynamic model as it takes into account different dimensions of the problem, subdividing it into layers that can be tackled individually despite their interrelatedness.

The concept of vulnerability has predominantly been discussed in research ethics and is used as a label to mark an entire population's vulnerability, such as children in the 1978 Belmont report. In light of the criticism raised against this concept (Kipnis, 2001; Levine, Faden, Grady, Hammerschmidt, Eckenwiler, & Sugarman, 2004), this article chooses to forgo applying the adjectival label of “vulnerable” to this population to avoid engaging in paternalism or stereotyping. Rather, we consider an inclusive definition of vulnerability, namely EFP's risk of harm to multiple dimensions such as health and well-being where circumstances or the context “makes or renders someone vulnerable” (Luna, 2009). Models based on layers of vulnerability have proven useful in informing policies and regulations concerning migrant workers and vulnerable young people (Sargeant & Tucker, 2009; Victorian Government Department of Human Services, 2010). Thus, based on the goal of this study, we utilize this framework of layers of vulnerability to interpret our data.

#### **Method**

The data from a larger national project examining the health-care situation of older prisoners in Switzerland are used for this manuscript. This project collected both qualitative and quantitative data of older inmates and quantitative data of younger prisoners located in two of the three language regions of the country. Here, only data from female prisoners are presented.

#### *Setting*

In Switzerland, there are two prisons that house female prisoners with long-term sentences, one each in the German- and French-speaking regions. The total capacity of both prisons for female prisoners combined is 151 places. Ethics committee approval was sought and obtained for the study.

#### *Participants*

The two prisons housed a total of 19 EFPs (50+ years), of which 13 agreed to participate. The age of 50 years was chosen

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