



Original article

Characteristics and Health Needs of Veterans in Jails and Prisons: What We Know and Do Not Know about Incarcerated Women Veterans

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ABSTRACT

Purpose: The majority of U.S. veterans in prisons and local jails are men, but incarcerated women veterans remain an important and understudied group.

Methods: This study reported differences in sociodemographic, health, and criminal justice characteristics using Veterans Affairs (VA) administrative data on a national sample of 30,964 incarcerated veterans (30,440 men and 524 women) who received outreach from the VA Health Care for Reentry Veterans program between 2007 and 2011.

Results: Descriptive statistics and multivariable logistic regressions determined gender and racial differences in this population. Compared with incarcerated veterans who were men, incarcerated women veterans were younger ($d = 0.68$), had significantly lower lifetime arrests (AOR, 0.65; $p < .001$; 99% CI, 0.49–0.87), and were less likely to have been incarcerated for a violent offense (AOR, 0.47; $p < .001$; 99% CI, 0.35–0.63). Notably, 58% of women were of reproductive age. Women were more likely to have reported eye problems, hypertension, chronic obstructive pulmonary disease, and seizure disorder, and were more likely to receive a preliminary diagnosis of mood disorder than men. Women were more likely to have received VA benefits, used VA health care before, and be willing to use VA services after release. A few important differences emerged when stratified by race.

Conclusions: These findings suggest that incarcerated women veterans are interested in VA health care services, but there is lack of information about women's health needs through the Health Care for Reentry Veterans program. The inclusion of Health Care for Reentry Veterans screening questions about women's health issues may support the VA's interests to better engage women veterans in care.

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Concerns about criminal behavior and incarceration of U.S. veterans have been mounting for more than three decades. The U.S. Bureau of Justice Statistics estimated in 2011 and 2012 that

181,500 veterans, or 8% of all incarcerated individuals, were serving time in correctional facilities such as federal and state prisons and local jails (Bronson, Carson, Noonan, & Berzofsky, 2015). The large majority of these incarcerated veterans were men; however, there were also more than 1,800 women veterans who remain an important and understudied group. Although proportionately the population of incarcerated women veterans is small, their presence is illustrative of the need for gender-sensitive programming focused on their discharge from the correctional setting and successful reintegration with their communities.

There are gender differences in reported medical conditions among general prisoner populations. For example, whereas

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federal and state prisoners who are men reported a higher occurrence of tuberculosis than women, women reported higher rates of arthritis, asthma, hypertension, hepatitis, heart problems, kidney problems, diabetes, stroke, cancer, and sexually transmitted diseases (Marushak, 2008). In a separate study, the most common types of cancer related to death among incarcerated men were non-Hodgkin lymphoma, lung, liver, or colon cancer, whereas the most common types of cancer related to death among incarcerated women were lung, breast, and cervical cancers (Mathew, Elting, Cooksley, Owen, & Lin, 2005). For women involved in the criminal justice system, history of sexually transmitted infection has been found to be significantly associated with cervical cancer (Binswanger, Mueller, Clark, & Cropsey, 2011; Kelly, Hunter, Daily, & Ramaswamy, 2017).

There are few data on gender differences in health among incarcerated veterans, but several studies have examined veterans who are involved in the criminal justice system (who may not necessarily be incarcerated) and the general patient population who use Veterans Affairs (VA) health care services. Women veterans involved in the criminal justice system have been found to have a higher prevalence of mental health disorders (88% vs. 76%) and a lower prevalence of substance use disorders (58% vs. 72%) compared with veterans who are men (Finlay, Binswanger, et al., 2015). Comparatively, in studies of general VA health care patients, patients who are women have been found to have a higher likelihood for eating disorders, depression disorders, dissociative disorders, personality disorders, acute stress disorders, anxiety disorders, adjustment disorders, and bipolar disorder than patients who are men, and patients who are men have been found to have a higher likelihood for post-traumatic stress disorder, schizophrenia, conduct disorders, alcohol use disorders, and drug use disorders (Frayne et al., 2014; Maguen, Ren, Bosch, Marmar, & Seal, 2010).

Health Care for Reentry Veterans Program

The Health Care for Reentry Veterans (HCRV) program was developed as a national effort to serve veterans in prisons with outreach and prerelease assessments; referrals and linkages to medical, mental health, and social services; and short-term case management assistance on release (U.S. Department of Veterans Affairs, 2017). It is important to note that the VA is not authorized to provide direct health care services to incarcerated veterans, but can provide services to aid their reentry and to link veterans to VA services. The HCRV program consists of outreach specialists who establish contact with incarcerated veterans and facilitate access to a wide range of care options for veterans upon their release from incarceration, with the ultimate goal of reducing and preventing homelessness and criminal recidivism. At the end of 2013, HCRV specialists were providing outreach to veterans at 81% of adult state and federal correctional facilities (Finlay, Stimmel, et al., 2015). Thus, given the current role of HCRV, this study informs on the known and potentially unknown health characteristics among incarcerated veterans, particularly women veterans.

Methods

Data and Sample

This retrospective study examined VA administrative data on 30,964 incarcerated veterans (30,440 men and 524 women) based on information obtained by HCRV specialists in face-to-face

interviews. These incarcerated veterans had at least one visit with the HCRV program between 2007 and 2011. Data on sociodemographic characteristics, criminal history, clinical status, homelessness history, and service needs were collected from a structured assessment form used by HCRV specialists (Tsai, Rosenheck, Kaspro, & McGuire, 2013a, 2013b). Bulk administrative HCRV data across sites were sent to the principal investigator, and use of the data for purposes of research was approved by the institutional review board at the VA Connecticut Healthcare System.

Assessments

Sociodemographic characteristics

Information was collected about age, gender, race/ethnicity, marital status, employment pattern of the previous 3 years (i.e., unemployed, regularly employed full time or part time, irregularly employed full time or part time, or other), any homelessness history in the previous 3 years (no/yes), military service period, and combat exposure (i.e., whether she or he had received hostile or friendly fire in a combat zone [no/yes]). Because this study was focused on incarcerated women veterans, age was also dichotomized by reproductive age (adults <45 years of age vs. adults ≥45 years of age).

Criminal justice history

Veterans reported age at first arrest and the number of times she or he had been arrested in their lifetime as juveniles and adults before their current incarceration. The number of arrests was dichotomized into “less than 10 arrests” and “10 or more arrests.” The type of offense related to the current incarceration was classified into two categories (nonviolent vs. violent). Violent offenses include murder, manslaughter, assault, or robbery; nonviolent offenses include property offenses (e.g., burglary, motor vehicle theft, stolen property, or arson) and drug offenses (e.g., possession or trafficking); other nonviolent offenses include public order offenses (e.g., weapons offense, prostitution, public intoxication, or driving under the influence), probation or parole violation, or other unspecified offenses.

Health-related characteristics

Veterans were asked whether they had any serious medical problems (no/yes) and any specific medical problems such as: oral/dental problems, eye problems (other than glasses), hypertension, heart or cardiovascular problems, chronic obstructive pulmonary disease (COPD) or emphysema, tuberculosis, gastrointestinal problems, liver disease, seizure disorder, orthopedic problems, significant skin problems, traumatic brain injury, and diabetes. Veterans were asked for any VA service use in the past 6 months as well as their interest and willingness to participate in any of five different VA services (no/yes): psychiatric or substance abuse treatment, medical services, residential treatment services, social or vocational assistance, and case management services. HCRV specialists provided recommendations for a preliminary medical treatment referral (no/yes) and also provided preliminary diagnoses of psychiatric disorders, including alcohol use disorder, substance use disorder, schizophrenia, mood disorders, personality disorders, post-traumatic stress disorder from combat, and adjustment disorders based on their interviews with veterans.

VA service-connected disability compensation

Veterans were asked about whether they had VA service-connected disability compensation owing to either a

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