Women in NSW prisons and hepatitis C: towards a more gendered approach?

By Kat Armstrong and Linda Steele

Hepatitis C is a significant issue for women in prison. The Women in Prison Advocacy Network (WIPAN) argues that addressing the issues of women in prison with hepatitis C requires an approach which acknowledges the gendered nature of this phenomenon and is responsive to the social and practical needs of women with hepatitis C, both within prison and after release.

In New South Wales, as is the case internationally, men still represent the majority of prisoners, with women constituting only 7.5% of inmates in full-time custody in NSW. The 2009 Inmate Health Survey of NSW Prisoners reported that 45% of women prisoners tested positive to hepatitis C – a significantly higher prevalence rate than that found in male inmates (28%).

These findings reflect a consistent pattern of gender disparity in hepatitis C rates found in female prisoners in NSW, recorded since the first health survey of NSW inmates was conducted in 1996; similar hepatitis C gender disparities among prison populations has also been noted in other Australian states. Although data also suggests a substantial decline in hepatitis C rates in prisons for both men and women since 2001, hepatitis C prevalence figures inside correctional facilities remain alarmingly high – particularly for women inmates – when compared with the general population.

The over-representation of hepatitis C in female prisoners occurs in a context of a continuing growth in the proportion of women prisoners in NSW prisons. In 1982, female inmates in NSW represented only 3.8% of all inmates in full-time custody in NSW. This figure increased to 6.2% in 1990, rising to 7.5% in 2009. This phenomenon is also reflected in nationwide data – the number of sentenced males in prison increased by 275 (1%) from 30 June 2009, while sentenced females increased by 134 (8%) in the same period.

Notably, Aboriginal women are significantly over-represented in the NSW female prison population, representing 29.4% of all women in full-time custody, yet representing only approximately 2.1% of the NSW female population. Eileen Baldry noted in 2009 that Aboriginal women are ‘the most rapidly growing group in prison, having increased disproportionately against both Aboriginal males and non-Aboriginal females over the past two decades’.

Why an increase of women in prison?

The conclusion of the inquiry of the New South Wales Select Committee on the Increase in Prisoner Population was that most likely an ‘interaction of a matrix of factors’ was affecting both the flow of women into prison in NSW, their numbers and the median time they spent there. There are many
steps from a person’s actions to their imprisonment, and the nature of prison populations can be influenced by changes in a number of areas: criminal behaviour, legislation, policing, prosecution, conviction, sentencing and availability of appropriate correctional facilities. Given these influences, it is therefore difficult to identify any one cause for the increase in the proportion of women prisoners.\(^{13}\)

**Why is a gendered approach needed?**

The Women in Prison Advocacy Network (WIPAN) is concerned that due regard is not being paid to the causes and effects of the significant gender disparities in hepatitis C prevalence in the NSW prison population – the statistics and issues noted above are confirmed by WIPAN's own experiences, with many of WIPAN’s clients having tested positive to hepatitis C.

While all prisoners experience significant levels of disadvantage, women prisoners constitute a minority group with specific needs, both in prison and in the post-release period.\(^{14}\) Unfortunately, prison and post-release services remain largely male-centred in their approach and fail to address the specific needs of women.

The need for a women-centred approach is particularly necessary in the context of hepatitis C. 'Recent and ongoing research into psychological and social factors linked to hepatitis C infection continues to find results that differ along gender lines.'\(^{15}\) Although the national guidelines on hepatitis C in Australian custodial settings contain some important considerations for addressing hepatitis C in prison, the guidelines themselves are gender neutral and do not refer to gender-specific approaches or considerations.\(^{16}\)

**A complexity of issues: why are women prisoners disproportionately affected?**

There are numerous common features to the pathways that many women take through the criminal justice system – pathways often characterised by childhood abuse or domestic violence, substance use, poverty, homelessness and disability (notably mental illness).\(^{17}\) Clients of WIPAN have demonstrated the complex interrelationship between victimisation (particularly domestic and family violence), substance use, homelessness and criminalisation. One women ex-prisoner identified the following issues for women with hepatitis C in the prison system:

- High-risk activities related to homelessness, sex work, addiction and lack of education;
- Hepatitis C as part of a cycle or network of issues: addiction leads to homelessness, leads to prostitution for drugs, and unpaid prostitution for company or protection on the streets; and
- A lack of awareness and safe practices about hepatitis C. For example, hepatitis C can be passed on by sharing a spoon (not just needles), but a lot of people either are not aware of this or do not practice this safely regardless.

The recognition of these broader issues and the response to them is important because without appropriate support in prison (to address trauma, relationships, substance use and health issues), as well as post-release (to address housing and financial, family and ongoing health and substance use issues), women risk re-entering situations of victimisation and disadvantage.

Current research on the issue of women prisoners and hepatitis C is largely grounded in health disciplines and has not drawn upon research in criminology, feminism or the social sciences concerning the social, political and cultural context of women’s imprisonment, women’s sexuality and women’s health. This can result in a real failure to appreciate the broader factors that characterise the issue of hepatitis C in prison.

Another women ex-prisoner, who had tested positive to hepatitis C and spoke to WIPAN about her experiences in custody did not feel that the current approaches to hepatitis C were adequate and made the following observations:

- Women in prison continue to be at risk of hepatitis C because of the drugs and needles that come into the prison system. Although there are very few needles coming into the prisons, the ones that do get through are being used over and over again by lots of women. Depending on what prison you are in and/or what section, there is not always access to bleach for rinsing needles; and
- Alcohol and other drug (AOD) programs for women in prison are only available for sentenced women with a release date and/or who are being set up with parole. In any case, not all sentenced women get access to these programs. This means that women on remand cannot engage in an AOD program. Also AOD programs are group programs and many women will not go to them because they are paranoid about opening up or cannot share honestly due to the responses of other prisoners. (The woman in this example said she would not go to the clinic due to staff name calling and what she described as an abuse of power, which left her feeling inadequate). An AOD counsellor should be available to all women prisoners, in all prisons on a regular, one-to-one basis.

The need for realistic acknowledgement of the ‘poverty of prisons’ has been suggested by McCabe who argues that ‘there is a need to educate women

continued overleaf

Unfortunately, prison and post-release services remain largely male-centred in their approach and fail to address the specific needs of women.
to inject and tattoo safely with their limited resources. Other researchers share this view. Dolan, for example, suggests prisons should facilitate safer injecting or non-injecting routes of administration. It remains a crucial component of our understanding of the issues for women to have open dialogue with women prisoners so that we are well-positioned to learn from their lived experience and to help to inform future solutions.

Action – what is required?

WIPAN believes that no prisoner should exit prison unhealthier than when they entered. We also believe that women in prison should have the right to access health services equivalent to those available throughout the general community. It is detention from society that is the penalty applied to the prisoner, not the conditions under which they are detained.

Given the sharing of drug injecting equipment, the risk of a women prisoner contracting a blood borne viral infection (such as hepatitis C or HIV/AIDS) continues to exist, increasing the possibility of a prisoner leaving the prison of detention with a poorer state of health than when they entered. If prisons are to achieve the goal of providing a higher standard of prisoner rehabilitation and staff safety, the introduction of a needle and syringe program (NSP) must be pursued to minimise the risks to both Corrections Officers and prisoner health and rehabilitation outcomes.

Various countries have effectively operated needle and syringe programs in their correctional facilities: including Switzerland, Germany, Spain, Luxembourg, Iran and Portugal. Overall, prisons with NSPs have not resulted in increased drug use, have not caused security or safety concerns, and have reduced the risk of needle stick injuries to prison staff. Evaluations have shown that NSPs actually make prisons safer. NSPs also result in more people accessing drug treatment, (Royal Australasian College of Physicians).

WIPAN strongly suggests that hepatitis C and women in prison should be seen and treated as a gender issue, in research, policy development and service delivery. These complex social issues involved in women prisoners’ experiences of criminalisation and of hepatitis C require targeted services specifically for women prisoners.

As stated, there should be particular attention to the issues and needs of Indigenous women, women from culturally and linguistically diverse backgrounds, and women with a disability. Most importantly, researchers, policy makers and service providers need to be receptive to the voices of women prisoners themselves.

WIPAN believes that if women prisoners are to be effective in making responsible and positive choices, they should be given a voice and allowed to play a vital part in finding the best outcomes for their overall situations.

References

4 Ibid.

For example, according to NSW Department of Health data for Hepatitis C notifications in NSW residents for the period 1 October 2009 – 30 September 2010, 2,781 males and 1,667 females had been notified as having Hepatitis C, females thus representing 37.5% of the total notifications for this period: NSW Department of Health, Hepatitis C Notifications in NSW Residents: Available at: http://www.health.nsw.gov.au/data/diseases/hepc.aspx (accessed at 1 December 2010).

7 Corben, S., op. cit., 68.
9 Corben, S., op. cit., 22.

11 Ibid.

Kat Armstrong is an Executive Committee member of the Women in Prison Advocacy Network (WIPAN). She is an ex-prisoner who, since her release in 2003, has been mentoring other women caught in the criminal justice system and advocating for change and policy/law reform. Linda Steele is an Executive Committee member of the Women in Prison Advocacy Network. She is currently a PhD candidate at the University of Sydney researching in the area of defendants with cognitive impairment.