



female health needs in young offender institutions



Youth Justice Board
Bwrdd Cyflawnder leuenctid

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Front cover image posed by model.



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The summary of a health needs assessment for young women in young offender institutions

INTRODUCTION

In May 2005, the Youth Justice Board for England and Wales (YJB) commissioned a health needs assessment of 17-year-old young women held in young offender institutions (YOIs) in England and Wales*. The purpose of the research was to enable the YJB to advise local primary care trusts on what healthcare services should be provided in four new dedicated units for young women in the secure estate.

The full report on which this summary is based is available from the YJB website (www.yjb.gov.uk).

METHODOLOGY

The assessment aimed to identify what health factors were prevalent among the young women held in YOIs, comparing and contrasting the services and health care responses they received and examining the demands and perspectives of both health care recipients and professionals.

A literature review was carried out, and both quantitative and qualitative study methods were used, including:

- **a questionnaire to gather information from young women in prison about self-perceived health status**
- **interviews and focus groups with young women in YOIs, and a range of prison service healthcare and other professionals (such as custodial and criminal justice staff) who work with them.**

*YOIs are one of the three types of secure accommodation in which young people aged 10 to 17 can be placed. For more information on the secure estate for children and young people, see the YJB website (www.yjb.gov.uk)

QUANTITATIVE FINDINGS

Analysis of Home Office data indicated that the population of 17-year-old women in YOIs was around 100 at any given time.

HEALTH QUESTIONNAIRE

Background

In total, 73 young women (**83%**) completed a health questionnaire. All respondents were aged 17; the majority were born in the UK (**93%**) and described their ethnicity as white (**77%**). For most (**61%**), it was their first time in custody.

Overall, **41%** had been adopted or in foster care; **90%** had left education by age 17, and **27%** were employed before being sentenced to custody.

Physical and mental health and substance misuse

These young women scored less favourably on health status measures than both women in manual classes and adult UK women prisoners. **71%** of respondents had some level of psychiatric disturbance, which rose to **86%** when factoring in long-standing disorders. **36%** had self-harmed in the last month: the majority of these (**92%**) had cut themselves.

81% of respondents smoked, on average starting at age 12. **86%** drank alcohol before entering the secure estate, and **61%** exceeded the recommended weekly units for women. Most (**82%**) had used illegal drugs in the previous six months, with **72%** of these respondents using at least two substances.

In comparison with UK adult female prisoners, levels of smoking, harmful drinking and illegal drug misuse were broadly similar. However, a considerably larger proportion of these respondents had self-harmed in the last month.

Sexual health

Although **26%** of those interviewed reported three or more sexual partners in the last year, only **15%** had always used condoms. **23%** had been diagnosed with a sexually transmitted infection and **10%** had been paid for sex.

Service provision survey

Data were sought from each YOI holding 17-year-old young women, as well as from two secure training centres (for comparison), to determine current types and levels of health care provision. Data were in places incomplete and patchy, and should be regarded as a ‘snapshot’ best estimate of service provision.

The data indicated that:

- **levels of nursing provision were variable – specialist expertise in adolescent health was not universal (although there were some specialist nursing staff treating areas such as sexual health, substance misuse or smoking)**
- **all establishments had access to GPs, but availability varied across establishments**
- **availability of dentists and dental nurses was limited**
- **availability of mental health professionals was limited, and only one establishment had regular access to a counsellor**
- **access to specialist expertise in sexual health was limited (beyond that provided by nurses)**
- **access to social workers was limited (only one establishment had a full-time social worker)**
- **there were no health care officers, occupational therapists, speech and language therapists, physiotherapists or complementary therapists (such as acupuncturists or yoga instructors)**
- **none of the custodial officers had any specific health care training beyond that provided as part of standard officer training (except for a small number of designated first-aiders).**

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QUALITATIVE FINDINGS

Young women's perspectives

A number of key conclusions emerged from interviewing young women in the YOIs about their perceptions of health needs.

Their concepts of good health were in keeping with common beliefs (for example, physical fitness, good nutrition and being substance-free) and they stressed the immediate factors relating to their being in a secure establishment as health issues of concern (such as the quality of the food and the lack of opportunities to be active).

Self-harm emerged as a prominent issue which all young women confronted, either as self-harmers themselves or as witnesses to it.

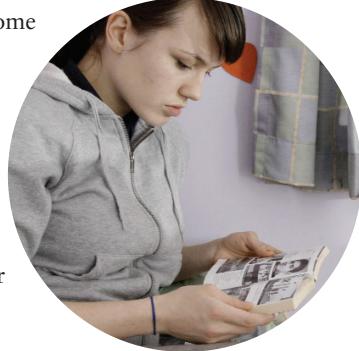
Well, I've never tried but I always thought of it. I just try to occupy myself rather than, you know like, think about what I don't want to think about sometimes. But I've been to a lot of prisons and self-harm is a massive, massive issue.

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Issues around self-care also emerged, with some young women commenting that others had problems with personal hygiene in particular.

Substance misuse was not prominently raised, although it was recognised that for those with problems, access to treatment was essential. The idea of smoke-free units was a contentious one, with views expressed both for and against.

The young women bemoaned the severe lack of access to ophthalmic and dentistry treatment and complained of long waiting times and repeated requests for treatment.



Well, I have to sit close to the TV if I'm watching the TV in English, and the staff have commented on how close I sit to my paper when I'm writing ... And my teeth, it's just – I can't eat chocolate because it's too sensitive and the holes are giving me so much pain. But it's like every time I comment to staff, they say 'oh, fill in the forms.' So you fill in a form and still nothing happens ... I must have put in about six, seven applications since I've been here and it's just really getting frustrating.

The young women tended to be more concerned about teenage pregnancy than sexually transmitted infections, although the need for cervical screening was raised.

I would say every girl in here has had sex except one. There's only one virgin on the whole unit. We're a bunch of 17-year-old girls! At the end of the day, we should be taught so much more ...

Professional perspectives

Professionals involved in this assessment stressed that it was essential to understand the extreme vulnerability of many of the young women, who often faced social exclusion, family breakdown, and abuse and neglect of various types.

So they've gone from one abuse to another. They've experienced a lot of domestic violence, sexual abuse, physical abuse, very emotional abuse from a parent or parents. Been disowned by their families, started taking drugs at very early ages, got caught up with men that they thought were there to protect them and help them, and perhaps – not all – have led them into prostitution. You know, there's no self-worth, there's no boundaries.

Findings strongly indicated the need for better mental health support to address anxiety, mood disorders, emotional volatility, abuse recovery and self-harm, as well as opportunities to develop emotional well-being, self-esteem and behavioural restraint.

Lack of ‘life-skills’ in relation to self-care was also noted, manifested in inadequate nutrition and poor personal hygiene. Routine primary care and dental and optical health had often been missed. Disrupted schooling also often meant that health education was lacking.

Widespread substance misuse among the young women was an inescapable fact. Although the need for detoxification was not thought to be high, demands for more psychotherapeutic interventions addressing the root causes of substance misuse were called for.



Their drug, alcohol and substance misuse issues are very much tied in to their psychological health needs and their responses to dealing with trauma – drugs and alcohol being good quick fixes at easing emotional pain.

Concerns about risky sexual lives and various forms of sexual exploitation led professionals to identify sexual health, sexual empowerment and negotiation skills as a key need among the young women.

Overall, professionals noted the (sometimes extreme) health needs, and demanded more and better quality assessment and services to meet those needs, with attention paid to minimising delay and bureaucratic barriers. Services should be holistic, multi-faceted, young person-centred and employ motivated staff with the necessary specialist skills in working with vulnerable young women.

A related concern was throughcare, where it was recognised that more needed to be done to ensure ongoing access to health care provision during transition back into the community.

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CONCLUSIONS

To our knowledge, this study is the only comprehensive needs assessment regarding the health of young women in YOIs in the UK. It highlights the extreme vulnerability of this group, who suffer the consequences of multiple forms of abuse, neglect and social exclusion, and of whom over **40%** are previously looked-after, and **90%** have left school before the age of 17.

Social exclusion, deficient health education and lack of self-care skills are manifested in poor mental and sexual health and extensive substance misuse. This study (along with others) found that, young women in YOIs fared less favourably on health indicators than adult female or young male prisoners.

The fact that these young women are twice as likely to have recently self-harmed as adult female prisoners is a shocking statistic requiring urgent and concerted intervention.

We are not unrealistic about the magnitude or complexity of the task facing the new units in enabling these young women to build productive and fulfilling lives. However, responding to their often extreme health needs must be at the heart of their mission.

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