

# Psychological well-being of Incarcerated women in J&K

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**ABSTRACT--***Women in penitentiary create a small section of the number of Women convicts who pass through the criminal justice's system each year. Their delinquencies often come at great cost to society, their kin and themselves. However, Women criminals do not pose a peril to society, most have multiple intricate requirements and many are caught in a detrimental cycle of exploitation, victimisation and felonious. Operational imprisonment severely affects the psychological well-being of women prisoners. Due to low prevalence of female delinquency there is less importance to research on this field. There is insufficient data and research on the problems of women convicts, thus this paper is an attempt to study psychological health of incarcerated women. The reviewed literature indicates that there is a high rate of serious mental health problems among imprisoned women, particularly among those who are associated with drug abuse, psychosis, affective disorder, obsessive-compulsive disorder and post traumatic stress. This paper will help in suggesting specific programmes for women offenders that its effectiveness will focus on higher risk of crime committed by women.*

**Keywords--***Psychological, Wellbeing, Women, Incarceration, Depression.*

## I. INTRODUCTION

Women form a very small section of the general penitentiary populace worldwide. Bergh et al., (2011) stated that around 10 million people are held in penal institutions. Almost half of the world prison population is imprisoned in three countries: China, the Russian Federation and the United States of America, even though their total populations amount to only one quarter of the world population (Bergh et al., 2011). Walmsley, (2006) highlighted that World-widely women prisoners, the highest is in Hong Kong China (22 %), followed by Myanmar (18 %), Thailand (17%), Kuwait (15%), Qatar and Vietnam (both 12%) (Walmsley, 2006). In context of India, as per most recent data available from the end of 2015, there are 4,19,623 persons in jail in India, of which, 17,834 (about 4.3%) are women. Of these, 11,916 (66.8%) are under trial prisoners. A majority of female inmates are in the age group of 30-50 years (50.5%), followed by 18-30 years (31.3%). Of the total 1,401 prisons in India, only 18 are exclusively for women, housing 2,985 female prisoners (Ministry of Women and Child Development Government of India, 2018 a). In 2016, over 3 lakh women were arrested for crimes under the Indian Penal Code (IPC) and Special and Local Laws (SLL). A large number of these women were arrested for crimes under the Prohibition Act, for cruelty by relatives of husband and rioting etc. The overall number of crimes by women has been relatively consistent over the past decade or so. There is a relatively consistent pattern over the last 15 years, with the number of women arrested for various offences remaining between 3-3.6 lakh. While this number is

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relatively large, only a proportion of arrested women are incarcerated in prison, either following conviction or under trial (Ministry of Women and Child Development Government of India, 2018 b). Nevertheless, not only are their figures increasing in tandem with the rise in the general custodial populace in many nations, but studies in some countries have shown that the number of woman convicts is growing at a faster rate than that of male inmates. Women constitute a susceptible group in penitentiaries, due to their gender. Although there are substantial differences in their conditions in different countries, the causes for and intensity of their susceptibility and analogous requirements, a number of factors are common to most. These includes: the defies they face in accessing justice on an equal basis with men in many countries, their disproportionate victimization from sexual or somatic exploitation preceding to incarceration, a high level of psychological healthcare requirements, frequently as a outcome of domestic violence and sexual exploitation, their extreme level of drug or alcohol addiction, the high level of distress incarceration causes to women, which may lead to psychological complications or worsen prevailing psychological infirmities, sexual exploitation and violence against women in penitentiary, the high possibility of having caring accountabilities for their kin, children and others, gender-specific healthcare necessities that cannot sufficiently be met, post-prison victimization, stigmatization and abandonment by their relatives (Atabay, 2008).

## **II. WOMEN'S PSYCHOLOGICAL HEALTH IN PRISON**

Psychological Health of inmates in penitentiaries is highly traumatic. Not surprisingly, there are advanced stages of emotional suffering among imprisoned women than in other women who are not in prison or jail (Lindquist and Lindquist, 1997). Stress issues can often be linked to a past of child abuse and negligence, as well as the abrupt environment in which individual females are placed (Goldkhule, 1999; Messiina & Grella, 2006). Similarly, Harner and Riley, (2013) found that the stress associated with a history of trauma can produce medical glitches that become clearer or are exacerbated by incarceration. Women with serious mental illness have been found to have more of all types of victimization as well as longer criminal records than those without an abuse history (Johson et al. 2013; Jordon et al. 1996). Both severe and chronic victimization can predict psychological health issues during confinement (Lynch et al. 2012). Some females bring their psychological problems into the penitentiary with them while other women develop psychological problems as a result of their confinement (James & Glaze, 2006). Confinement of a woman in prison is a stigma for a woman and her family. Deplorable conditions in jail, separation from family and feelings of abandonment make their situation even worst. Women prisoners were badly affected by the environmental problems; they continuously lived in a state of terror and distress. Violent behaviour, torture, abuses verbal and physical both, insecurity made the jail environment more miserable and depressing for women prisoners (Ali & Shah, 2011).

Douglas et al. (2009) highlighted that while the emphasis is most often on the health complications and strain of imprisonment on women, for other women confinement can provide a break from a grim daily survival. That is, for some women imprisonment serves to bring some relief from protracted poverty, ferocity, and victimization (Douglas et al. 2009). High levels of anxiety and depression and behaviour problems among women prisoners are also related with feelings of loss and insufficiency (Carlson, 2001). Surely there is the possibility that psychological health problems that existed before imprisonment can get worse without suitable treatment. With few

psychological health resources to go around, women can be made to feel in competition with other women for these services (Harner & Riley, 2013). Superior consideration to meet psychological well-being needs can outcome in less strain for women convicts. In fact, this can decrease the anxiety levels of correctional team and contribute to a less traumatic custodial atmosphere. Curriculums designed to address psychological well-being issues in imprisoned women must also report child care matters, particularly whether the association should continue and then ways to maintain the relationship. Psychological well-being agendas need to offer inclusive services geared toward female's needs with an understanding of their credentials and preceding lives (Mignon, 2016).

Fazel et al. (2016) mentioned that there are more than 10 million individuals in prison at any given time with more than 30 million circulating through each year. Research has consistently shown that prisoners have high rates of psychiatric disorders, and in some countries there are more people with severe mental illness in prisons than psychiatric hospitals. Despite the high level of need, these disorders are frequently under diagnosed and poorly treated (Fazel et al. 2016). Cauffman's research on female convicts discloses that the woman criminals have a high rate of psychological health problems. There is a need of gender specific treatment, which can be efficiently deal heath catastrophe of the female offenders. Victimization during childhood or adolescence is a risk factor for both male and female offending but is a stronger predictor among females (2004). Haney, (2006) explained that the sexual injury of the imprisoned women is a human rights issue, as well as psychological consequences of the imprisonment on them have a deep impact. In this case the women prisoners should get proper medical care and psychological treatment. Health condition of women gets poorer in the prison due to absence of proper medical care facility. However, Fazel, (2011) highlighted that Mental disorders and infectious diseases are more common in prisoners than in the general population. High rates of suicide within prison and increased mortality from all causes on release have been documented in many countries. The contribution of prisons to illness is unknown, although shortcomings in treatment and aftercare provision contribute to adverse outcomes. Callahan, (2004) underlined that generally the prisoners themselves perceived prisoners as a psychologically deviant group with frequent drug and alcohol abuse and other mental problems. Thus, it is in this context, that the paper will focus on assessing mental health of women convicts and help in setting specific programmes for women offenders so that its effectiveness will focus on higher risk of crime committed by women and try to decrease effects of trauma that appear to contribute women's reoffending.

### **III. PREVALENCE OF MENTAL HEALTH AMONG WOMEN OFFENDERS**

Studies have shown that the prevalence of mental disorders is higher among prisoners than in the general population (Butler et al. 2005 and Gunter et al. 2008). Lamb et al. (1999) estimated prevalence of severe mental illness among prisoners range between 10 and 15 percent, compared to 2 percent in the general population. Teplin et al. (1996) points out that the prevalence of mental disorders among prisoners was three to four times higher than in the general population. Furthermore, this difference was even higher among women prisoners for all mental disorders. The most common mental disorders observed by depression, substance abuse, and post-traumatic stress disorder. In addition, approximately 81 percent of women prisoners in Chicago had experienced some kind of psychiatric disorder. Similarly, Brinded et al. (2001) revealed a high prevalence of mental problems, particularly those associated with drug abuse, psychosis, affective disorders, obsessive-compulsive disorder and post traumatic

stress. Reed, (2003) demonstrated that nine out of every 10 prisoners had a mental disorder and revealed quite alarming prevalence rates for particular disorders: 10 percent of men and 14 percent of women (psychosis); 59 percent of men and 76 percent of women (neurosis); 58 percent of men and 36 percent of women; attempted suicide (alcoholism); 2 percent in the last week, and 25 percent of women over the last year. Irías, (1999) found that the overall prevalence rate of mental disorders among prisoners was 43.7 percent. Bloom and Covington, (2008) highlighted that the depression is the mental health problem that victims of trauma are most likely to develop. Navpreet, (2016) found that the proportion of elder inmates (age 30 years & above) with psychiatric morbidity was significantly higher as compare to younger inmates. Psychiatric morbidity was found to be more among women from rural background 75 percent, employed 60 percent, illiterate 60 percent, from lower socioeconomic class 57.5 percent, living in joint families.

#### IV. CONCLUSION

In conclusion it can be said that the prevalence of mental disorders is higher among prisoners than in the general population. Particularly those associated with drug abuse, psychosis, affective disorders, obsessive-compulsive disorder and post traumatic stress. There is a need of gender specific treatment, which can be efficiently deal health catastrophe of the female offenders. Victimization during childhood or adolescence is a risk factor for both male and female offending but is a stronger predictor among females. Treatment curriculum should be revised and reviewed to address women's concerns and challenges holistically, with a concern towards co-occurring maladies, histories of exploitation, ill-treatment and the extent and nature of their addiction issues. An increased focus on educational and employment programs for women prisoners could yield positive and meaningful gains in post realise employment and increased financial independence for them. Health care facilities of inmates should be equivalent in comparison with other individuals in the society, with a parallel pattern of psychiatric morbidity. Basic and moral education should be given to them in order to bring positive change in their attitude towards society.

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