HoPE

(Health of Prisoner Evaluation)

Pilot Study of Prisoner Physical Health and Psychological Wellbeing

Sharan Kraemer Natalie Gately Jenny Kessell

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EDITH COWAN UNIVERSITY

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Foreword

Prisons offer a unique opportunity to make positive interventions not only in relation to health issues but also to address the social determinants of ill health. Even with the limited knowledge we have had in regard to the health of WA's prisoners it is apparent that prisons concentrate patients with significantly greater levels of morbidity than most other environments. It is also apparent that this concentration of morbidity parallels deficits in housing, nutrition, employment, education and family structure and is multiplied dramatically by the blight of mental illness and drug and alcohol abuse. Western Australia is unequalled in the Western World in its incarceration rates of Aboriginal Australians, where inevitably these deficits are manifestly greater than for other Australians.

The HoPE study will bring an acknowledgement and greater understanding of the state of health not only of Western Australia's prisoners but also of the challenges facing those who are most likely to be incarcerated due to socio-economic and health factors.

Armed with that knowledge and understanding, progress to address the issues prior to offending must be a priority beside the creation of greater capacity within Prisoner Health Services.

Dr Ralph Chapman – Director of Health Services
Western Australian Department of Corrective Services

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Preface

The HoPE study has arisen out of a recognised need to have a regular assessment of prisoner health. The pilot HoPE questionnaire was designed to refine a comprehensive survey instrument, which eventually will be able to be applied on a statewide and national level every two years.

The results from the proposed ongoing research will provide information on trends of prison health, which will be able to be used to address both prisoner and community health needs.

The authors wish to acknowledge that the pilot study raised a number of issues outside those anticipated. These have been amended for future iterations of the survey.

One important consideration to acknowledge is that this is a 'self report' survey that reflects the views of the prisoners at the time of their interview.

It is acknowledged that when prisoners have concerns or comments there are multiple mechanisms by which these can be dealt with. These range from consulting with a peer mentor inside the prison to formal complaints to outside investigatory bodies such as the Ombudsman, the Corruption and Crime Commission and the Office of the Inspector of Custodial Services. The Policy Statement from the Administration of Complaints, Compliments and Suggestions (ACCESS) can be obtained from the Department of Corrective Services. The Department of Corrective Services Annual Report 2006/2007 also indicated that the Department received 362 prisoner grievances, all of which were resolved at Department level.

Finally, the information has been presented in graphic and tabular form and no inferences have been drawn or conclusions made by the authors.

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Finally, this project would not have been successful without the support from the prisoner participants. Therefore, the authors would like to sincerely thank the Peer Support prisoners who not only agreed to be interviewed, but also rallied around to get others to participate; and the prisoners themselves for their willingness to participate and for their honesty in answering sensitive questions.

Abbreviations

ACCESS	Administration of Complaints, Compliments and Suggestions
AHS	Australian Household Survey
AIHW	Australian Institute of Health and Welfare
ANCD	Australian National Council on Drugs
ATSI	Aboriginal and Torres Strait Islanders
BJMHS	Brief Jail Mental Health Screen
CJS	Community Justice Services
DCS	Department of Corrective Services
DCP	Department for Child Protection
DUMA	Drug Use Monitoring in Australia
ECU	Edith Cowan University
GRAMS	Geraldton Regional Aboriginal Medical Service
HoPE	Health of Prisoner Evaluation
NHMRC	National Health and Medical Research Council
NHS	National Health Survey
PCS	Prison Counselling Service
PSCE	post secondary correctional education
RARC	Research Applications and Review Committee (DCS)
REC	Research and Evaluation Committee (DCS)
SPSS	Statistical Package for the Social Sciences
TB	Tuberculosis
WA	Western Australia
WAAHIEC	Western Australian Aboriginal Health Information and Ethics Committee

Summary

This project was initially created as a pilot study to survey the health of prisoners in Western Australia. The initial idea for the survey arose from an Australian Institute of Health and Welfare [AIHW] report, which stated that *"although there are numerous sources of information on prisoners' health, they are fragmentary and have not been integrated… No national data collections currently exist [and] the collection of information about the health of prisoners remains sporadic, inconsistent and incomplete…"* (2006, p.24).

The report recognised that the identification of prisoner health issues at a state and national level is an important step in developing intervention programmes. Accordingly it recommended;

- the development of a regular national prisoner health survey, or consistent state surveys; and
- the regular reporting of national prisoner health indicator data.

The 2006 AIHW report additionally stated that *"information on the health of prisoners is necessary on several levels, primarily for monitoring, and meeting the health needs of this high-risk group. Good health information identifies areas for improvement, informs health service policy and planning, and allows assessment and evaluation of health care services and health policy outcomes."* (p.3)

The HoPE questionnaire combines both mental and physical health in one survey, which has now been trialled in two maximum security prisons in Western Australia for males and females, being Casuarina Prison and Bandyup Women's Prison. The survey numbers were managed to ensure that an adequate proportion of WA prison populations was maintained, with males, females, rural, metropolitan, Indigenous and non-Indigenous prisoners interviewed.

The questionnaire was constructed in such a way as to be able to provide information in discrete subject areas, which can both be separated to suit the needs of interested groups and be made available to agencies and bodies as a basis for their own further studies or for representations to funding bodies or healthcare providers.

The questionnaire included sections on;

- General health and wellbeing
- Dental health
- History of illness and vaccinations
- Exercise and injury
- Psychiatric and psychological history
- Suicide and self-harm
- Alcohol and gambling
- Contact with family
- Drug use and drug treatments
- Sexual behaviour and attitudes
- History of sexual assault, sexual abuse and sexual violence
- Smoking
- Tattooing and body piercing

Qualitative and quantitative responses were recorded throughout the questionnaire.

WHAT IS HOPE?

Pilot Study of Prisoner Physical Health and Psychological Wellbeing

Introduction

The large and growing populations in Australian prisons present a strong challenge to public health (Australian Bureau of Statistics, 2004). Many prisoners have poor health (Hobbs, Krazlan, Ridout, Mai, Knuiman & Chapman, 2006), which consequently affects the health and wellbeing of the wider public as prisoners move into and out of the general community. Studies in this area are intermittent, and cover a range of correctional facilities in a number of states (Butler & Milner, 2003; Hockings, Young, Falconer & O'Rourke, 2002; Vic. Dept of Justice, 2003). However, they are neither consistent, nor are they repeated, and therefore no trends or comparable findings can be shown. Whilst the benefits of a sound evidence base for matters relating to both the wider public and special interest groups has been recognised both in Australia and internationally, prisoners as a group remain a notable omission. There is no consistent or regular state or national health monitoring of prisoners although they are recognised as a high-risk group (AIHW, 2006; Grau, 2001).

The studies that have been completed, however, support the contention that many prisoners also come from disadvantaged backgrounds, with Indigenous Australians being strongly over-represented (Kariminia, Butler and Levy, 2007). Furthermore, the Australian Institute of Health and Welfare reported on a range of studies which show that inferior prisoner health is manifested in conditions such as higher levels of hepatitis C and other communicable diseases, a range of mental health disorders, substance abuse of both illicit and licit drugs, and a range of chronic diseases (Australian Institute of Health & Welfare, 2006). This is also supported by the Winnunga Nimmityjah Aboriginal Health Service Report (Poroch, 2007).

The AIHW Report highlighted the state of prisoner health in Australia and the opportunities for intervention. It recognised that the identification of prisoner health issues at a state and national level is an important step in developing intervention programmes. Accordingly, it recommended;

1. the development of a regulation national prisoner health survey, or consistent state surveys, and
2. the regular reporting of national prisoner health indicator data.

Furthermore, the Winnunga Nimmityjah Aboriginal Health Service Report (2007) recommended that further studies be undertaken to address the lack of empirical data for Aboriginal prisoner health-related issues.

The HoPE pilot study addressed these recommendations and this report is based upon the findings of the study. The study created a framework that combined both state prisoner health surveys and standardised health questionnaires into the comprehensive Health of Prisoner Evaluation (HOPE) survey. It is anticipated that this study will form the basis of a regular and consistent national prisoner health survey.

Background to Prisoner Health Surveys

The prison population in Australia has increased at a rate of over 40 percent between the decade of 1994 and 2004, despite a general population increase of only 15 percent (Australian Bureau of Statistics, 2004). But the small number of comprehensive prisoner health surveys that has been conducted in various states throughout Australia has been sporadic, irregular and incomplete (Grau, 2001).

The need to record and monitor the health of the general population is generally accepted and understood. Health care can be improved and developed by Governments that are informed of the current needs and trends of the Australian population and through community demand for accountability (AIHW, 2006). However, as prisoners are routinely excluded from most data-collection processes relating to the health and wellbeing of the general Australian population, prisoner health is often overlooked in government policy and decision making (AIHW, 2006).

As a result, there is no systematic assessment of prisoner health in Australia, although detailed datasets are available from some state-based surveys (Grau, 2001). The 2001 New South Wales Inmate Health Survey is currently the most comprehensive survey to have been conducted on prisoner health, with a similar survey conducted in Victoria in 2003 and other similar but less comprehensive surveys being conducted in other states (Grau, 2001). These surveys are examined below.

In 1996, the New South Wales Inmate Health Survey was conducted with the aim of providing an account of the general prisoner population in NSW and collecting information to assist in a detailed examination of the main areas pertinent to

prisoner health (Butler, 2001). A cross-sectional, random sample, stratified by sex, age and Aboriginality, was used to select 789 participants from 27 correctional centres throughout NSW (Butler, 2001). In NSW, approximately 9,500 people are incarcerated (Corporate Research, Evaluation and Statistics, 2008), so the 789 respondents represent a small percentage of the prison population (8.3%). This study found that, when compared with the health of the general population in NSW, the overall self-reported health of prisoners was poor in areas including chronic illness, recent health complaints, the mental health of female prisoners, and the general wellbeing of all prisoners (Butler, 2001).

A number of implications relating to the health care of prisoners were also identified, including the prevalence of drug use in prisons, a higher level of markers for viral hepatitis and other infectious diseases than those in the general community, and the unavailability of sterile injecting equipment to prisoners (Butler, 2001). This study suggested a need for healthcare planners to provide a continuum of care to prisoners from within prison and on release into the community (Butler, 2001). A limitation of the NSW survey, which is the most comprehensive prisoner health survey to date, is that average numbers of participants per correctional facility were relatively low and the results may not be able to be generalised for all prisoner populations. The HoPE Project ultimately seeks to gain funding support to aim for a higher number of interviewees per correctional facility in the interests of reliability and generalisability.

Butler and Milner (2003) administered an enhanced version of the 1996 survey in 2001, which included areas such as head injury, intellectual disability and mental illness (Butler & Milner, 2003). Rates of head injury in NSW prison populations were high, with 42 percent of prisoners having experienced unconsciousness or “blacking out” during their time in prison (Butler & Milner, 2003). Intellectual disability was also high, with 49 percent of prisoners determined either to have an intellectual disability or to be functioning in the borderline range (Butler & Milner, 2003). Approximately 46 percent of prisoners in the same study had been diagnosed by a doctor as suffering from a psychiatric problem at some point in their life (Butler & Milner, 2003). Approximately 20 percent of prisoners who were not currently receiving any psychiatric treatment or medication believed that they required treatment (Butler & Milner, 2003).

The study also included a referral decision scale for major depression, schizophrenia and manic depression (Butler & Milner, 2003). This scale was

designed to be administered by non-psychiatric staff and indicates a prisoner's need for further psychiatric assessment (Butler & Milner, 2003). Of the prisoners assessed, approximately 55 percent reached the referral criteria for major depression, approximately 30 percent required referral for schizophrenia, and approximately 20 percent reached referral criteria for manic depression (Butler & Milner, 2003). Although it must be noted that this scale has been designed to create false positives over false negatives, the results are indicative of a large number of undetected mental health problems within the prison system (Butler & Milner, 2003). Distinctions were made between the health issues of male and female prisoners, but the study overlooked comparisons between Indigenous and non-Indigenous prisoners – a recommendation made within the study for later studies (Butler & Milner, 2003) and an issue addressed in this current HoPE pilot study. Evidence provided by the NSW studies highlights the need for regular, systematic assessments to provide information for policymakers and healthcare organisations so that health issues can be addressed.

The 2002 Queensland Women Prisoners' Health Survey, undertaken by the Queensland Department of Corrective Services, was the first formal survey of the health status of Queensland prisoners (Hockings, Young, Falconer & O'Rourke, 2002). Its objective was to provide a comparison with the New South Wales prisoner health survey (upon which it was based) and to contribute to a national data collection on prisoner health (which still does not exist). The survey was conducted across all Queensland female custodial correctional centres, with a total of 212 participants - a representative sample of the Queensland female prisoner population (Hockings et al., 2002). The survey identified a need to conduct further prisoner health surveys in the future for both male and female prisoners nationwide (Hockings, et al., 2002). This HoPE pilot study has also addressed their recommendations.

The Victorian Health Status Study (2003), the first survey of the Victorian prison population, interviewed approximately 500 prisoners (15%) (Department of Justice, 2003). The results of this survey provided a rich database of information, enabling future planning to cater for more appropriate, needs-based services for prisoners (Department of Justice, 2003). In addition, the results of the survey were indicative of *"the prisoner population as an extraordinarily needy, unhealthy, and life-damaged cohort"* (Department of Justice, 2003, p.1). Prisoners reported a significantly higher level of hepatitis; asthma; depression; insomnia; dental problems; STDs; self-inflicted harm and injury; suicidal thoughts and attempts;

exposure to sexual, physical, and emotional abuse; and hospitalisation, than health reports for the general community (Department of Justice, 2003). As a result, Victorian prisoners were identified as being at the very high-risk end of the Victorian health spectrum and thus possessing distinct healthcare needs (Department of Justice, 2003). It was suggested that simply improving prison healthcare facilities to community standards would not necessarily be adequate given the extreme health concerns of prisoner populations, but rather that specially designed service provision may be needed (Department of Justice, 2003). The AIHW report (2006), the nation's authoritative source of information on patterns of health and illness, also identified that prisoners have special healthcare needs and therefore require greater understanding and attention.

These studies serve to highlight the health needs of prisoner populations. Each study has recommended ongoing surveying to reveal trends and provide an understanding of health issues. All studies have strongly recommended government intervention that will assist the health of prisoners and protect the community, to which prisoners ultimately return. This pilot study has addressed the limitations of previous surveys (through extensive consultation with their authors) and has support from the Western Australian Department of Corrective Services Health Division. It is the first part of a proposed ongoing national assessment of prisoner health, which has also gained support from other states' Corrections and Justice departments and from Aboriginal health bodies in Western Australia.

Mental Health

A review of Australian prison health literature exemplifies the prevalence of mental health disorders amongst prison populations (Butler, Andrews, Allnutt, Sakashita, Smith & Basson, 2006). Research shows that prisoners have higher rates of mental illness than members of the general population, but there is no data at the national level that measures the levels of mental illness of prisoners (Ogloff, Davis, Rivers & Ross, 2007).

Butler, et al. (2006) conducted a meta-analysis in 2001 comparing the psychiatric morbidity of prisoners with that of the general community. Prison data was obtained in an earlier study over a four-month period from a sample of 916 male and female prisoners in the New South Wales correctional system, who were assessed within 24 hours of admission (Butler et al., 2006). This data was

compared with that taken from 8,168 general community respondents of the 1997 Australian National Survey of Mental Health and Wellbeing (Butler, et al., 2006). Mental illness was measured using the Australian National Survey of Mental Health and Wellbeing interview, and prevalence within a 12-month period of 18 mental disorders was compared between both populations (Butler, et al., 2006). Across all major diagnostic categories, the prevalence of mental disorders in the prisoner sample exceeded the occurrence in the community (Butler, et al., 2006). The overall incidence of any psychiatric illness was 80 percent for prisoners and 31 percent for the community (Butler, et al., 2006). The study did not identify the causes of the over-representation of psychiatric morbidity of prisoners (Butler, et al., 2006). Investigating these results at a national level would provide a greater understanding of the mental health status of Australian prisoners compared with the wider community. This HoPE pilot study seeks to address this.

Drug Use

Research into drug use was conducted with 319 randomly selected male and female prisoners due for release in NSW within the two-month data collection period of the study (Kevin, 2005). The findings related to trends of offender drug-use prior to, and during, imprisonment and revealed that 17 percent of male participants injected drugs during their current term of imprisonment (Kevin, 2005). Furthermore, this study highlighted that imprisonment provides an opportunity for health care intervention with drug users, potentially improving post-release prospects (Kevin, 2005). A limitation was that it did not incorporate mental health measures for each respondent (Kevin, 2005). Therefore, an analysis and comparisons could not be made between the use of illicit drugs and the incidence of mental health disorders.

This research proved that injecting drug use occurs within prisons (Kevin, 2005). However, the Australian National Council on Drugs (2002) found that no Australian prison provided sterile injection equipment to prisoners. Some jurisdictions make bleach available to prisoners to be used to clean injecting equipment. However, whether bleach is an appropriate agent for cleaning injecting equipment in prisons is questionable (ANCD, 2002). This indicates a need for sterile equipment to be made available to prisoners nationwide (Butler, Boonwaat, Hailstone, Falconer, Lems, Ginley, Read, Smith, Levy, Dore & Kaldor, 2007; Dolan, 1996).

A study of 612 prison entrants from various prisons throughout Australia found, through questionnaires and blood testing, that 34 percent of participants had the

hepatitis C virus and 20 percent tested positive to the hepatitis B virus (Butler et al., 2007).

Another study found that 10 percent of prisoners injected drugs for the first time whilst incarcerated (Dolan, 1996). Therefore, the risk of the viruses being spread should be a major concern of prison authorities. In addition to the study conducted by Dolan (1996), the first comprehensive survey of prisoner health conducted in New South Wales in 1996 found that 69 percent of male prisoners and 64 percent of women prisoners reported sharing needles in prison (Butler, 1997). The literature clearly demonstrates that the health of prisoners is poor compared with that of the general community in all areas, but particularly in regard to infectious diseases (Butler & Milner, 2003). The sharing of needles is a problem for prison and health authorities, and there is a need to replicate these findings at a national level in order to create, and further enhance, a national dataset of prisoner health. This current HoPE pilot study addresses these issues and includes questions pertaining to drug use, first use, injecting and cleaning in its drug section.

Sexual Health

The sexual healthcare needs of prisoners, although often overlooked, is still an important area of health and one that needs to be addressed within the prison population (Bennett, 2000; Butler, Donovan, Levy & Kaldor, 2002). Furthermore, it is essential that appropriate attention be paid to the sexual health of prisoners, as a high proportion of prisoners return as general members of the community once released from prison (Grau, 2001).

A quantitative study by Heilpern (2005) found that of the 300 male prisoners aged between 18 and 25 who were surveyed in New South Wales, 77 (26%) reported having been sexually assaulted in prison. The possibility of the under-reporting of sexual assault in prison was highlighted in a similar study by Butler, Donovan, Levy and Kaldor (2002), which found that two percent of male prisoners, of a randomly selected sample, reported being subjected to non-consensual sex, yet 30 percent of the sample reported being aware of sexual assaults of other inmates within a 12-month period. The findings from this current study were similar. Therefore, it recommends that this disparity warrants further investigation. Sexual assault within prisons needs to be examined at a national level in order to establish approximate assault rates and to implement measures to correct this. Heilpern (2005) recommended Australia adopt measures from the Prison Rape Elimination

Act 2003 implemented in the United States. The rates of sexually transmitted diseases amongst prisoners are much higher than among the general population (Heilpern, 2005), which means that prisoners' sexual behaviour has implications for the spread of sexual diseases to the general population once offenders are released back into the community.

In 1998, condoms were made available to male prisoners in Western Australia, with dental dams and condoms being provided to female prisoners in 2001 (Bennett, 2000). The introduction of such measures in Western Australia demonstrated an acknowledgement by healthcare policymakers and planners that good sexual health is an important issue for incarcerated populations. In NSW during 1999, 30,000 condoms per month were distributed to 7,250 male prisoners (Butler, Donavan, Levy & Kaldor, 2002). The uses of condoms (i.e. for purposes other than sexual relations) were not recorded and thus the above figures can only be read as an estimation of the amount of sexual activity occurring in prisons.

There is a paucity of academic papers on the subject of female sexual activity. Bennett (2000) conducted a small, informal set of interviews with female prisoners from Bandyup Women's Prison in Western Australia that focused on issues relating to sexual relationships in prison. She found that prisoners generally agreed that women who had formed sexual relationships in prison gave little consideration to either general contagious diseases or sexually transmitted diseases (Bennett, 2000).

A national measure of sexual behaviour in prisons is needed for both male and female offenders in order to improve sexual health services for inmates. This area cannot be overlooked without having severe implications for the health and safety of the wider community; consequently, this HoPE pilot study will address these matters.

Indigenous Prisoners

Aboriginal prisoners represent approximately 22 percent of the total Australian prison population (Australian Bureau of Statistics, 2006; Krieg, 2006). In Western Australia, Aboriginal male prisoners represent 42 percent of the total prison population. These high levels remain a concern, as Indigenous Australians represent approximately 2.4 percent of the general population. In addition, Aboriginal offenders have higher rates of health problems in the areas of mental health; alcohol and drug dependency; hepatitis; diabetes; and general health

complaints such as asthma, back problems and poor eyesight (Kariminia, Butler & Levy, 2007; Krieg, 2006). This places an additional strain on prisoner health resources. In 2004-05, the Australian Bureau of Statistics conducted the National Aboriginal and Torres Strait Islander Health Survey (NATSIHS), measuring the health status of a sample of 10,439 remote and non-remote Aboriginal and Torres Strait Islander people (ABS, 2006). The survey determined that Indigenous members of the community also reported the most significant problems in the areas mentioned above (ABS, 2006). Although this survey indicated that Aboriginal health is not significantly poorer in prison than it is in the community, it must be highlighted that the NATSIHS included remote Aboriginal and Torres Strait Islanders who have minimal access to healthcare services.

Prison offers an opportunity to improve the health status of Indigenous offenders by addressing these issues and providing enhanced healthcare services to incarcerated offenders. The monitoring of Indigenous health in prisons at a national level will ensure that these health issues, which may affect the wider community as well as the offenders themselves, are addressed. This HoPE pilot study pays particular attention to issues relating to Indigenous health and has sought the support of Aboriginal elders and Aboriginal health bodies so that a comprehensive survey can be attained. This will provide meaningful data for policymakers and funding bodies.

Post Release

It is widely held that the general health of prisoners is poorer than that of the wider community (AIHW, 2006; Poroch, 2007). There is also a lack of information about the general health problems of released prisoners due to de-identification of statistics (Hobbs, Krazlan, Ridout, Mai, Knuiman & Chapman, 2006). Hobbs, et al., (2006) recently completed a study that compared the mortality of and the use of mental health services and hospitals by released prisoners with that of the general population and identified risk factors associated with each of these. Participants included 13,667 persons who were incarcerated in Western Australia between January 1, 1995, and December 31, 2001 (Hobbs, et al., 2006). During this study, 531 ex-prisoners died: 481 while living in the community and 50 while in custody (Hobbs, et al., 2006). Findings from this study showed that ex-prisoners have a much higher risk of death, higher hospital admission rates and higher rates of contact with mental health services than the general population (Hobbs, et al., 2006). Hobbs, et al., (2006) also identified that further research is required to

detail the range of mental health problems of prisoners so that appropriate assessments can be made and ongoing support can be arranged for offenders once released. A national health survey covering areas of mental health would help to achieve this.

Suicide / Self-Harm

Historically, suicide has been a leading cause of death in Australian prisons (McArthur, Camilleri & Webb, 1999). It occurs variously between 2.5 to 15 times more than in the general population (McArthur, et al., 1999). De Leo, Hickey, Neulinger and Cartor (2001), reported that for each suicide that occurs, five to six people are profoundly affected. Therefore, the high rate of suicide amongst released prisoners is an issue that is not only of great concern to prison authorities but also affects the wider community. This current HoPE study will monitor suicidal tendencies and thoughts, enabling mental health services to address this issue.

Measurements of self-harm among prison inmates indicated that for every suicide, there were 60 self-harm occurrences (McArthur, Camilleri & Webb, 1999). Some reports indicated that self-harm had become endemic in many correctional settings; however, very few studies to date have systematically examined prisoner self-harm (McArthur et al., 1999). This pilot study has examined self-harm by prisoners, furthering our understanding of this issue and enabling the future development of effective prevention and intervention programs, as well as assisting in identifying at-risk prisoners. Self-harm and suicide were delicate issues to broach in an interview with prisoners. Research has shown, however, that conversations about suicide with those individuals who are contemplating suicide has the effect of reducing the urgency of the ideation or the need to carry it out (Bongar, 1991). To examine the level of distress experienced by participants, each participant was asked his or her level of distress on a five-point Likert scale, where 1='not at all' and 5='extremely distressing'. Some found parts of the questionnaire to be embarrassing or mildly distressing; however, they did not want to terminate the interview. Furthermore, those who found the interview distressing commented that it was good to be able to talk about their issues. To ensure the safety of participants, a mental health professional was provided to debrief them. Interestingly, the reports from the mental health nurse revealed that prisoners found their interview to be a 'cathartic' experience that 'uplifted' them. For example, one participant commented that the interview was "better than a visit, because I get to talk about myself".

Prisoner Health – Impact on the Community

Prisoner health information is important for both prisoners and the wider community. Prisoners form an unintended natural community in which problems such as poor mental health can be readily created and/or diseases can be transmitted (Grau, 2001; Poroch, 2007). Ill health will impact the wider community when prisoners are released (Grau, 2001). The most significant elements of this impact are the cost to the public health system as released prisoners start accessing public health resources, and the risk of transmission/infection to family, friends and the wider community. For example, a large proportion of prisoners in South Australia are incarcerated for short-term sentences of between three and six months (Krieg, 2006). Therefore, it is important to consider the health issues of both the prisoners and the wider community into which they are released (Quilty, Levy, Howard, Barratt & Butler, 2004; Stewart, Henderson, Hobbs, Ridout & Knuiman, 2004). With the expansion of prison populations (Quilty et al., 2004), logically these health issues will only increase. Providing appropriate services for both prisoners and ex-prisoners can delay or prevent recidivism for some offenders, particularly offenders with a mental illness or drug and alcohol dependency issues (White & Whiteford, 2006).

Research in NSW in 2001 found that approximately 14,500 children under the age of 16 had experienced a parent being incarcerated during that year (Quilty et al., 2004). Further, it found that 60,000 children under the age of 16 had experienced parental incarceration at some stage throughout their life. This number represents 4.3 percent of all children in NSW and 20.1 percent of Indigenous children in NSW (Quilty et al., 2004). According to Kemper and Rivara (1993, as cited in Quilty et al., 2004), children who experience parental incarceration usually experience health, developmental and psychosocial difficulties. Therefore, improving the health status of incarcerated parents would ultimately improve the health outcomes for their children. This HoPE pilot study will provide the data to assist policymakers in areas such as child health and welfare.

Conclusion

In summary, there is a significant lack of ongoing research and data on prisoner health needs. This dearth has been recognised by the Department of Corrective Services, which has wholeheartedly supported the HoPE research project. Ongoing planning and funding allocations are impacted by the lack of ability to make comparisons between prisoners in different states, as methodology is problematic

and health definitions differ between studies and between states. Moreover, there is no facility to identify health trends due to the lack of systematic and ongoing data collection. The regular and consistent administration of the HoPE questionnaire at a national level will eliminate the methodological concerns previously mentioned; and will develop a set of results which will lead to the identification of health trends of prisoners. The data collected will be advantageous in terms of informing governments and assisting with the development of plans to address the healthcare needs of prisoners. This current project piloted the HoPE questionnaire and provides a snapshot of prisoner health in a representative sample of Western Australian prisoners.

THE STUDY METHODOLOGY

Pilot Study of Prisoner Physical Health and Psychological Wellbeing

Research Design

The HoPE pilot project sought to complete an audit of prisoner health in a small sample of Western Australian prisons. It made use of a self-report questionnaire modified in response to the problems identified in the New South Wales Inmate Health Survey by its author Associate Professor Tony Butler. This first phase aimed to construct a standardised instrument capable of being routinely administered on an annual basis across Australia. Previous research has indicated that there is no national health monitoring of prisoners, even though they are recognised as being a high-risk group. The prisoner population disproportionately includes a number of marginalised groups in Australian society, such as homeless people, the intellectually disabled, the mentally ill, injecting drug users and Aboriginal and Torres Strait Islander people.

The project was designed to fulfil three key tasks:

1. To develop a standardised instrument for use in the regular reporting of national prisoner health;
2. To complete a pilot prisoner health audit in a male and female Western Australian prison;
3. To provide useable information for government and major stakeholders.

The HoPE information that was collected measured different aspects of physical and mental health, and provides a baseline dataset to assist governments in the development of policy and evaluations around prisoner and community health.

Ethical Considerations

The HoPE Project adheres to the ethical guidelines of the NHMRC. Its findings will contribute to knowledge of the health of Australian prisoners and will provide a tool to monitor prisoner health in all Australian jurisdictions. This will build a comprehensive and longitudinal baseline dataset. The HoPE Project received ethical approval from the Edith Cowan University Human Research Ethics Committee, which ensured the protection of the welfare and the rights of human participants in the research. HoPE also received approval from the Western Australian Aboriginal Health Information and Ethics Committee (WAAHIEC) and the

Department of Corrective Services Research Applications and Review Committee (RARC). All requirements of these committees were strictly adhered to.

The HoPE Project was supported by the Office of Aboriginal Health, the Western Australian Department of Health, the Greenough Regional Aboriginal Medical Service (GRAMS) and the Aboriginal Health Council of Western Australia. Their support and assistance during the development stages was invaluable. The intellectual rights in the HoPE Project will remain with Edith Cowan University; however, access to and use of the findings are encouraged and can be negotiated with the researchers.

Participants

In order to determine the patterns of health across different genders, age groups, Indigeneity, prisons and sentence length, the research was conducted at Casuarina Prison (male metropolitan prison) and Bandyup Women's Prison (female metropolitan prison). The selection criteria were based on a quota sample representing a cross section of the prison population by gender and Indigeneity.

	Indigenous		Non-Indigenous		Total
Female	**21**	(38%)	**34**	(62%)	**55**
Male	**22**	(24%)	**69**	(76%)	**91**
Total	**43**	(29%)	**103**	(71%)	**146**

The participant sample was broken into the categories of Indigenous/non-Indigenous because the percentage of Indigenous people in Western Australian prisons far exceeds the Australia-wide figure of 26 percent. At the time of the survey, prison numbers in Western Australia were 3,800 males and females, both metropolitan and regional, including approximately 1,450 male Indigenous and 100 female Indigenous prisoners, which represents 41 percent of the prison population. This in turn is far greater than the percentage of Indigenous people within the broader Australian community, which the Australian Bureau of Statistics 2006 census shows to be 2.3 percent. Therefore, the number of Indigenous respondents does not reflect their current proportion of prisoner populations.

This firstly can be explained by the number of 'out of country' and traditional Indigenous respondents in metropolitan prisons who were reluctant to volunteer for and participate in the project. The prison superintendents and peer support staff advised the interviewing team that the percentage of Indigenous respondents would be far lower than their percentage of the prison population. This was

initially the case. However, it was found that the number of Indigenous volunteers increased over the collection period due to the positive 'word of mouth' comments from the first groups of other inmate participants.

A further barrier was the lack of male and Indigenous interviewers. This was recognised as a limitation from the outset, but due to time constraints and this being a pilot study, it was not able to be addressed. Future data collection for the HoPE Project will address these major concerns, and will adhere more closely to representative figures by using a larger interview team that includes a trained group of local Indigenous interviewers.

Despite these limitations, the interview team was commended by the Aboriginal Peer Support Workers for engaging such a large proportion of Indigenous offenders. Furthermore, the researchers were congratulated on securing the participation of regional and traditional elders, who were not expected to participate at all.

Of those who reported being Aboriginal or Torres Strait Islander, 32.6 percent were from the metropolitan area and 67.4 percent were from regional areas. Although the two prisons in the pilot study were metropolitan prisons, when respondents were asked where they lived in the year before going to prison, 22.6 percent said they were living in regional or rural areas.

Although the sample in this pilot study is not large and cannot be said to be generalised to the wider prison population, it was adequate to test the survey instrument, to gain understanding of the health issues for prisoners and to raise awareness among interested groups.

Materials

The materials included an introductory statement that explained the research and gained the participants' informed consent. A questionnaire was developed (in consultation with Associate Professor Tony Butler) and included a comprehensive list of questions examining topics such as:

- Socio-demographic profile
- Ethnic composition
- Family composition
- Physical health
- Mental health
- Sexual health, behaviour and attitudes
- Patterns of drug use
- Smoking history
- Tattoo history

Documents were prepared to justify the use of particular groups of questions or scales in the questionnaire. The questionnaire was specifically designed to address concerns about self-reported data. The interview technique was employed to overcome issues of language and literacy, to build rapport for sensitive questions, and to probe for more detailed answers (Fitzgerald & Cox, 2002). The questionnaire also asked a variety of closed and open-ended questions in order to allow the participants to expand their answers on areas of importance to them. Individual, step-by-step question specifications were developed to train interviewers. This is the basis for the development of all future training.

Procedure

The interviews were conducted by an experienced forensic interview team. This team was carefully selected from an existing pool of experienced interviewers currently used by the researchers in the Drug Use Monitoring in Australia (DUMA) Project at the East Perth Watchhouse. Training in the HoPE questionnaire was provided by the principal researchers. To maintain cultural sensitivity and awareness, extra training was provided by Mr Joseph Wallam – Community Liaison Officer at the Office of the Inspector of Custodial Services.

The procedure involved the interviewer explaining the research and inviting the potential respondent to participate. Verbal informed consent was obtained and respondents were advised that they were free to withdraw at any stage and could skip any questions they did not wish to answer. No monetary incentives were offered.

The process of interviewing the detainee involved the Liaison Officer bringing the person from their work area to the interview area. Once agreement had been obtained, the interviewer explained the study and answered any questions. When inviting prisoners to participate, an explanation was given that allowed the interviewer to:

- Stress the confidentiality of the study;
- Display courtesy to the respondent;
- Inform the participant that it was a University funded study;
- Explain that they were professional interviewers who did not work for the prisons, and that no identifiable information would be shared with the prison staff or any other agent of the criminal justice system;
- Inform the participant that the purpose of the study was to identify the health issues of people in the prison system;
- Inform the participant that they were free to withdraw from the study at any point in time;
- Answer any questions the participant may have had.

If the participant then gave informed consent, the interview proceeded. Informed consent was demonstrated through participation in the interview. Verbal consent was preferred due to diversity in language and literacy and the fear of identification through signatures. The interview was conducted in a secure and confidential room in the prison. As each interview was approximately 75 minutes in length, each participant was offered a drink and a biscuit.

Analysis

Analysis was performed using the Statistical Package for the Social Sciences (SPSS). Various forms of statistical techniques were employed in the data analysis phase depending on the research question being answered. Categorical data analysis techniques were used on the data to identify risk factors associated with various outcome variables. Data is published on the understanding that it is in aggregate

form and that individuals are not identifiable. The findings are presented in this report.

Limitations

The HoPE Pilot study encountered some limitations, most of which will be addressed in future editions. Some of the cells contained small numbers; for example, the Indigenous male responses. Ten Indigenous men were not asked the section on sexual health in order to respect cultural sensitivity, as recommended by the Indigenous Peer Support Officers. Therefore, only 12 Indigenous men completed this section.

A further barrier was the lack of male and Indigenous interviewers. This was recognised as a limitation from the outset, but due to time constraints and this being a pilot study, it was not able to be addressed. Future data collection for the HoPE Project will address these major concerns.

The HoPE respondents are not a truly representative sample of the prison population. Due to logistical constraints, it was not possible to randomly select prisoners for participation. Participation was voluntary and self selected. Peer Support mentors and officers distributed posters and pamphlets and promoted the project. The HoPE Project was able to interview nearly one-sixth of the inmates of Casuarina Prison (male) and over a third of the inmates from Bandyup Women's Prison (female). The HoPE results, however, may be skewed, as the participants were volunteers and generally not suffering from acute levels of distress. Under the ethical guidelines of this pilot project, those participants with acute mental health issues had already been excluded from participation by the Prison Counselling Service (PCS).

The interest among the inmates was such that the number of volunteers was far greater than the number of people who were actually interviewed. Prisoners in the Special Handling Unit or in protective custody were not available for interview. However, the researchers ensured that those in the special units, the infirmary and other sections were represented.

The HoPE questionnaire is designed to be a self-report measure, administered by experienced interviewers. Self-reported data is often criticised; however, research has demonstrated that it is useful as it can be more revealing and accurate about

specific matters personal to the interviewee (Del Boca & Darkes, 2003; Goldberg, Seybolt & Lehman, 2002; Harrison, 1997).

As this questionnaire is not a prison health audit, it sought to reveal past and present health issues in a vulnerable population that are not documented on prison medical health files. Therefore, it was deemed the most appropriate method for this current study.

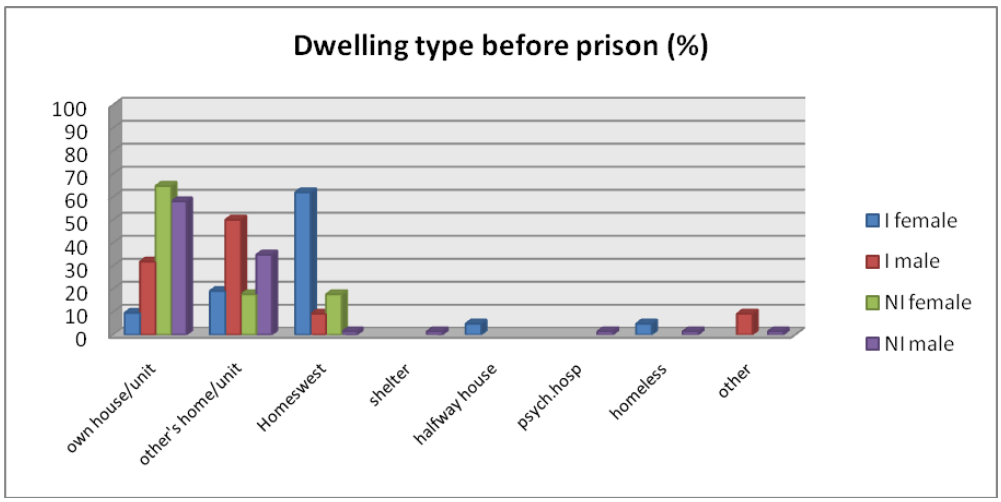
PARTICIPANT DEMOGRAPHICS

Pilot Study of Prisoner Physical Health and Psychological Wellbeing

Living arrangements before prison

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Own/rent home/unit	**2**	9.5	**7**	31.8	**22**	64.8	**40**	57.9	**71**	48.6
Others' home/unit	**4**	19.0	**11**	50	**6**	17.6	**24**	34.8	**45**	30.8
Homeswest	**13**	61.9	**2**	9.1	**6**	17.6	**1**	1.4	**22**	15.1
Shelter	-	-	-	-	-	-	**1**	1.4	**1**	0.7
Halfway House	**1**	4.8	-	-	-	-	-	-	**1**	0.7
Psychiatric Hospital	-	-	-	-	-	-	**1**	1.4	**1**	0.7
Homeless	**1**	4.8	**2**	9.1	-	-	**1**	11.4	**4**	2.7
Other	-	-	-	-	-	-	**1**	1.4	**1**	0.7
	21	100	**22**	100	**34**	100	**69**	100	**146**	100

Source: ECU HoPE Collection 2008 [computer file]



Source: ECU HoPE Collection 2008 [computer file]
'House/unit' includes owned/mortgaged/rented
'Other's house/unit' includes parents house
'Caravan park' and 'boarding house' was an option but received no responses

This study immediately highlights the plight of Indigenous people. Stability of home life is a notable factor in literature relating to reduced recidivism (Teilmann, 1976; Slomkowski, Rende, Conge, Simons & Conger, 2001; Wooldredge &

Thistlethwaite, 2002). A person's connectedness to his or her community and neighbourhood serves as a protective factor against recidivism (Wooldredge & Thistlethwaite, 2002). However, this HoPE research indicates that Indigenous people are more likely to be transient and/or live in unstable accommodation, which decreases the likelihood of building connections and maintaining relationships within the neighbourhood. Whilst non-Indigenous people are more likely to live in their own home, Indigenous females are most likely to live in Homeswest housing (64.7%) and to report higher levels of halfway housing or homelessness; and Indigenous men usually live in someone else's home or unit (50%).

This study did not examine the ownership status of those respondents who resided in their own house or unit, or whether they were paying a mortgage or were renting privately.

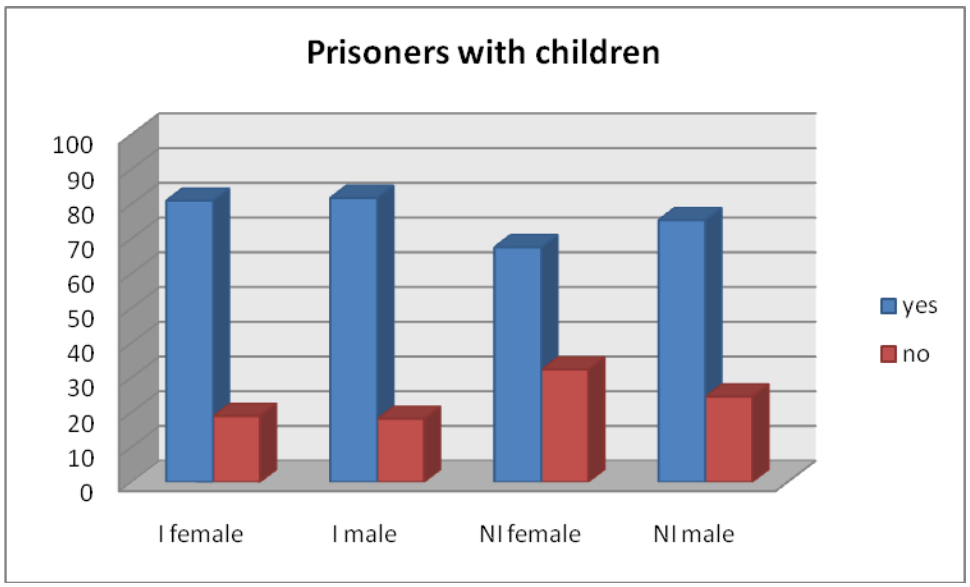
Current marital status

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Single	**9**	42.9	**8**	36.4	**11**	32.4	**27**	39.1	**55**	37.7
Partner	**1**	4.8	**3**	13.6	**3**	8.8	**3**	4.3	**10**	6.8
Defacto	**8**	38.1	**5**	22.7	**6**	17.6	**10**	14.5	**29**	19.9
Married	**1**	4.8	**4**	18.2	**5**	14.7	**9**	13.0	**19**	13
Separated	**-**	-	**1**	4.5	**3**	8.8	**5**	7.2	**9**	6.2
Divorced	**1**	4.8	**1**	4.5	**2**	5.9	**11**	15.9	**15**	10.2
Widowed	**1**	4.8	**0**	-	**4**	11.8	**4**	5.8	**9**	6.2
Total	**21**	100	**22**	100	**34**	100	**69**	100	**146**	100

Source: ECU HoPE Collection 2008 [computer file]

This question did not seek to uncover previous relationships or length of time of the current relationship, but simply caught a 'snapshot' of marital status at the time of imprisonment. Approximately one-third of respondents were either married or in de facto relationships; 45 percent were single, never having been married; and the remaining 23 percent were living apart as a result of divorce, separation or death of the partner. This contrasts with the 2006 ABS census data which showed that approximately 50 percent of Australians were married, 31 percent were single and only 17 percent were no longer married due to divorce, separation or widowhood. The difference between the marriage/de facto rates in the Australian population and the incarcerated population is notable.

Prisoners with children



Source: ECU HoPE Collection 2008 [computer file]

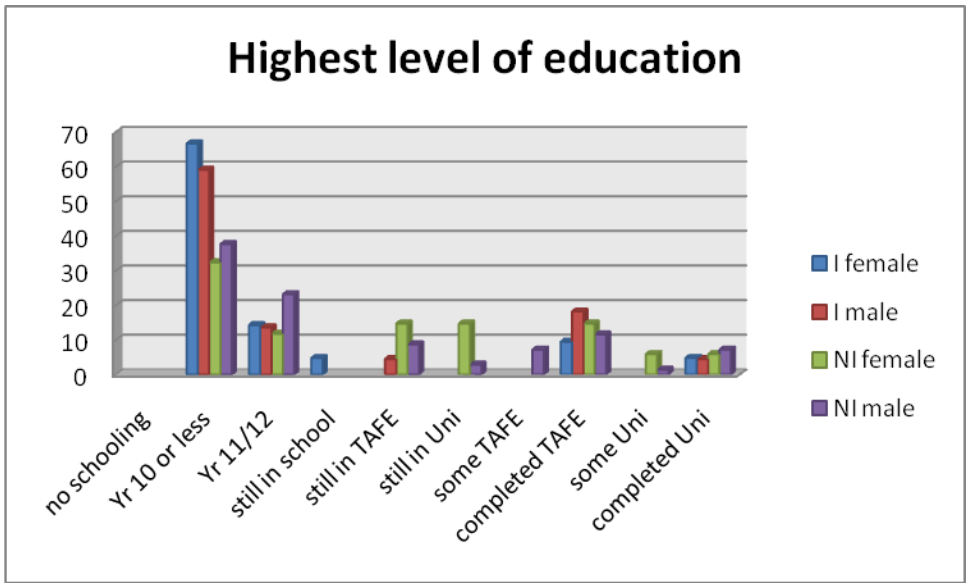
The matter of children, however, is more problematic. Over three-quarters of the men reported having children (75.8%), with an average of three children per father (ranging in age from one to 14). Eighty-four of these children (38.4%) were living with their father prior to his imprisonment. Seventy-three percent of the female prisoners reported having children, with an average of almost three children per mother (ranging from one to 10 children per woman). Fifty (46.7%) of these children were living with their mother prior to her incarceration. It must be noted that details were only recorded for the first six children, so estimations will be slightly lower than actual figures.

The HoPE questionnaire sought responses relating to step or adopted children as well as natural children. Given the large numbers of children that some respondents had either as biological, step or adopted children, it is a matter for consideration for the questionnaire to be modified to take these into account.

This area lends itself to further study. The entire area of relationships, family and children is also under investigation by the current researchers in a project titled “Collateral Damage”, which looks at the impact of incarceration on families.

Education levels of prisoners

Prisoners were asked to indicate the highest level of education they had completed.



Source: ECU HoPE Collection 2008 [computer file]

These figures are self-explanatory, but it is worth noting that the clustering of numbers in the University and TAFE categories do not show whether those prisoners started their further education while in prison or were continuing courses begun outside. The anecdotal conversations held with the participants revealed that most of the respondents actually began their further education whilst in prison. This is an important consideration, as a meta-analysis of research into post secondary correctional education (PSCE) concluded that there is a positive correlation (+0.31) between PSCE and recidivism reduction (Chappell, 2004; Steurer & Smith, 2003). The survey questionnaire will be modified to reflect education programs in prison.

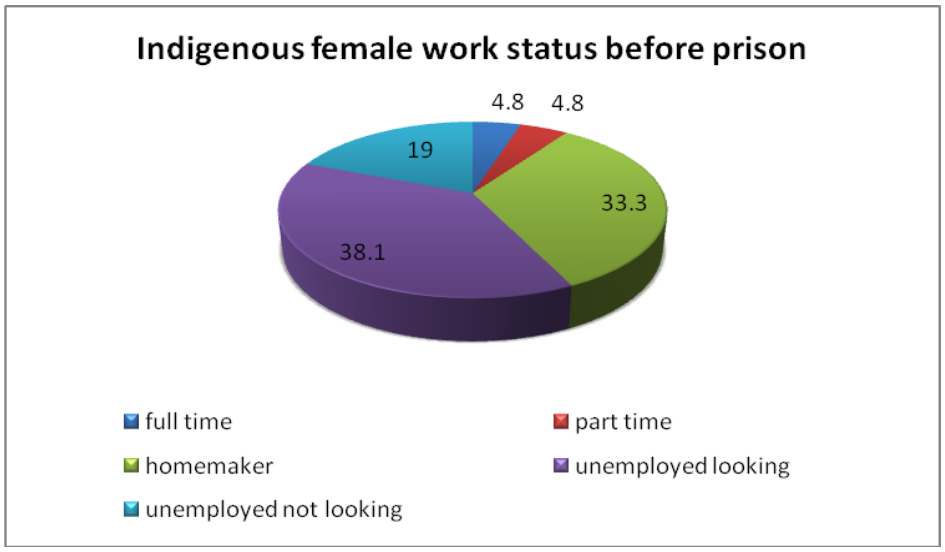
Across the board, most prisoners did not complete high school. This is problematic as research has indicated that offenders who graduate from high school are less likely to be involved in repeat offences (Sherman & Smith, 1992).

Work status before imprisonment

Prisoners were asked what their work status was prior to imprisonment.

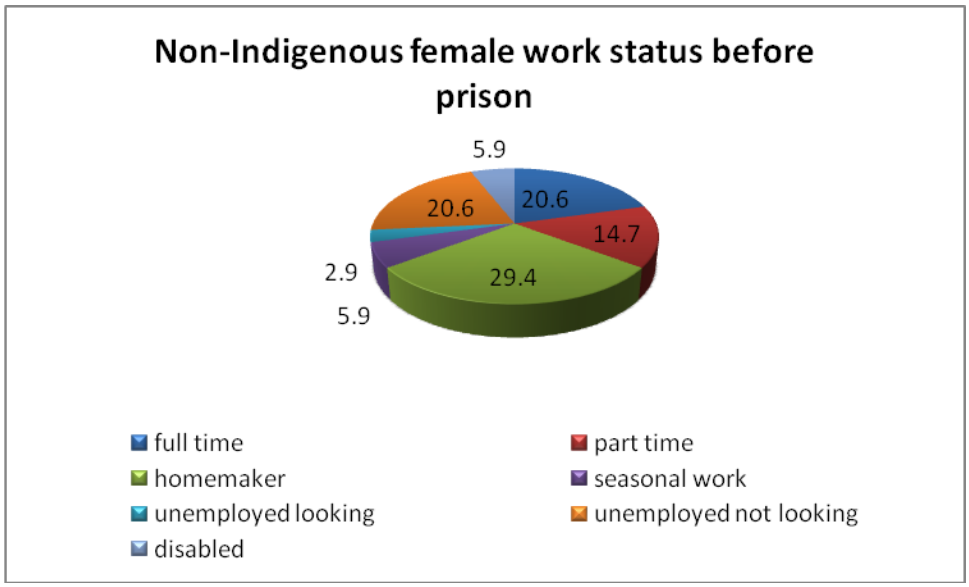
	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Full-time	**1**	4.8	**10**	45.5	**7**	20.6	**40**	58.0	**58**	39.7
Part time	**1**	4.8	**1**	4.5	**5**	14.7	**9**	13.0	**16**	11
Homemaker	**7**	33.3	**-**	-	**10**	29.4	**1**	1.4	**18**	12.3
On leave	**-**	-	**-**	-	**-**	-	**2**	2.9	**2**	1.3
Seasonal	**-**	-	**-**	-	**2**	5.9			**2**	1.3
Unemployed & looking*	**8**	38.1	**7**	31.8	**1**	2.9	**6**	8.7	**22**	15.1
Unemployed not looking*	**4**	19.0	**3**	13.6	**7**	20.6	**7**	10.1	**21**	14.4
Full time education	**-**	-	**1**	4.5	**-**	-	**-**	-	**1**	0.7
Retired	**-**	-	**-**	-	**-**	-	**-**	-	**0**	0
Disabled	**-**	-	**-**	-	**2**	5.9	**1**	1.4	**3**	2.1
**Other ** **	**-**	-	**-**	-	**-**	-	**3**	4.2	**3**	2.1
Total	**21**	100	**22**	100	**34**	100	**69**	100	**146**	100

Source: ECU HoPE Collection 2008 [computer file]
*looking/not looking for work **included illegal work only and never worked



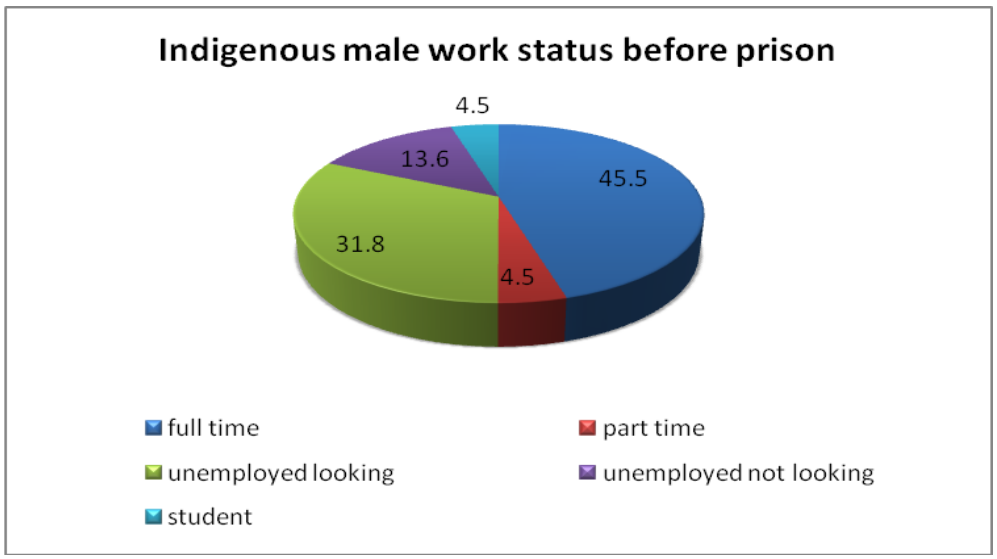
Source: ECU HoPE Collection 2008 [computer file]

In the period before coming to prison, 57.1% of Indigenous women reported that they were unemployed. Only half of this group were actively seeking employment. Over a third of Indigenous women (33.3%) reported they were full-time homemakers before coming to prison.



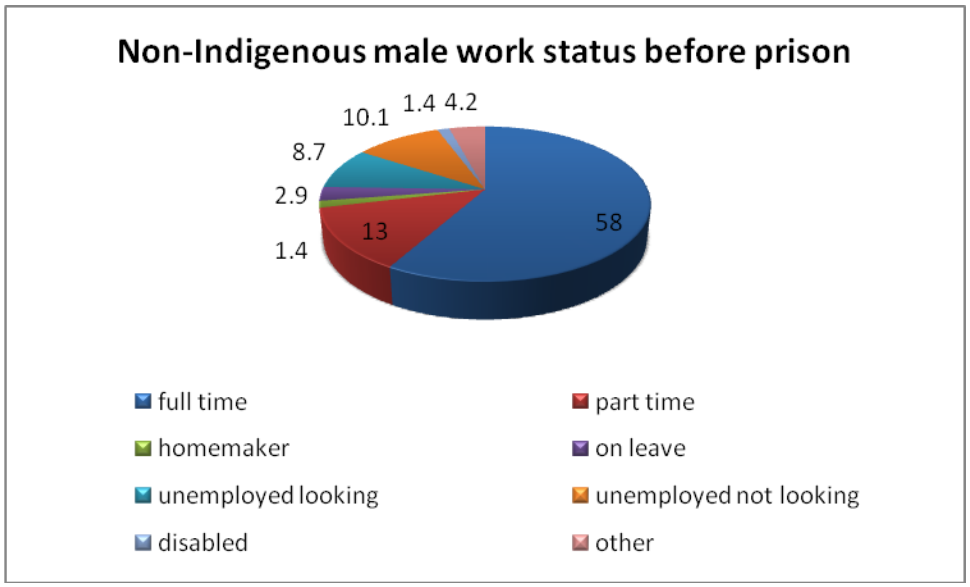
Source: ECU HoPE Collection 2008 [computer file]

In the period before coming to prison, nearly a quarter of non-Indigenous women reported that they were unemployed, with most of those not looking for work.
As in the case of Indigenous women, nearly a third classed themselves as full-time homemakers.



Source: ECU HoPE Collection 2008 [computer file]

45.5% of Indigenous men were engaged in full-time employment before coming to prison. However, nearly a third were unemployed and looking for work during the period before incarceration.



Source: ECU HoPE Collection 2008 [computer file]

58% of non-Indigenous men were working full-time before prison, with 13% working part-time. This indicates that nearly three-quarters of prisoners were engaged in some type of paid employment before incarceration.

Overall, 82.9% of respondents were employed in prison working in areas such as groundskeeping, peer support, metalwork, woodwork, construction or building, bricklaying, hospitality, textiles, cleaning, maintenance, stores, workshops, sport and recreation, library, printing or full-time education.

PHYSICAL HEALTH

Pilot Study of Prisoner Physical Health and Psychological Wellbeing

Health Status

This section of the questionnaire determined if the prisoner had ever been told by a doctor that they had any of the following conditions.

Allergies

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Current	7	33.3	4	18.2	11	32.4	22	31.9	44	30.1
Past	-	-	-	-	1	2.9	1	1.4	2	1.4
No	14	66.7	18	81.8	22	64.7	46	66.7	100	68.5
Total	21	100	22	100	34	100	69	100	146	100

Source: ECU HoPE Collection 2008 [computer file]

Access Economics (2007) found that Australians and New Zealanders report some of the highest levels of allergies in the world, with 4.1 million Australians (19.6% of the population) having at least one allergy, of whom 2.2 million (55%) are female and 1.9 million (45%) are male. Further, the Asthma Foundation of South Australia has said that allergies are on the increase, not only in Australia, but also throughout the world. It confirmed the claim from the Access Economics survey that in Australia and New Zealand, approximately:

- 1 in 3 people develop allergies at some time in their lives;
- 1 in 5 will develop atopic dermatitis;
- 1 in 6 will have an attack of hives (urticaria);
- 1 in 20 will develop food allergy; and
- 1 in 100 will have a life-threatening allergy known as anaphylaxis.

Of the four categories of respondents in the HoPE study, three are consistent with the national expectations for allergies. It is an interesting observation that Indigenous males suffer from allergies at a noticeably lower rate than does the wider Australian community. Further investigation is required to determine the underlying causes of these differences. Participants reported five major categories of allergies:

Food	5.5%
Bees	4.8%
Medication	11%
Hayfever/associated allergies	5.5%
Other	3.4%

Source: ECU HoPE Collection 2008 [computer file]

When considering the categories of allergies, the increased response to the bee allergy indicates that the incidence of anaphylactic reaction in the prison population (4.8%) is greater than in the general population (1%). However, the incidence of anaphylaxis in the general public is often under-reported (Yocum et al, 1999) and frequently not recognised by patients and physicians (Estelle & Simons, 2005). These categories are consistent with findings that indicate that the most common triggers are food, medication or insect sting (Yocum et al., 1999). This raises the question of whether prisoner health care has diagnosed the allergies, which has resulted in an increase in responses, or whether something within the prisons is contributing to the systems. Considering the increased numbers, healthcare professionals have recommended providing risk assessment, risk reduction strategies and anaphylaxis training (Estelle & Simons, 2005).

Arthritis

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Yes	**3**	14.3	**3**	13.6	**6**	17.6	**7**	10.1	**19**	13
No	**17**	81	**19**	86.4	**28**	82.4	**62**	89.9	**126**	86.3
DK	**1**	4.8	**-**	-	**-**	-	**-**	-	**1**	0.7
Total	**21**	100	**22**	100	**34**	100	**69**	100	**146**	100

Source: ECU HoPE Collection 2008 [computer file]

The literature from Arthritis Associations throughout Australia shows that the onset of arthritis typically occurs during the working age of 18 to 60, with women accounting for 60 percent of all those diagnosed. There are a number of risk factors for arthritis, which are all believed to be important; namely, family history, genetic factors and environmental triggers (Arthritis Western Australia, 2008). More than six million Australians were estimated to have had arthritis or a musculoskeletal condition in 2004-05 (AIHW, 2006), which represents 31 percent of the entire population. While the numbers in the HoPE data are not consistent with the numbers for the wider community of Australia or Western Australia, they are too small from which to draw conclusions.

Epilepsy or Seizures

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Yes	**1**	4.8	**-**	-	**1**	2.9	**5**	7.2	**7**	4.8
No	**20**	95.2	**22**	100	**33**	97.1	**64**	92.8	**139**	95.2
Total	**21**	100	**22**	100	**34**	100	**69**	100	**146**	100

Source: ECU HoPE Collection 2008 [computer file]

Respondents were specifically asked whether their last seizure was related to withdrawal from alcohol or drugs. Only one participant indicated that she was withdrawing from amphetamine use, indicating that the majority of seizures were health related.

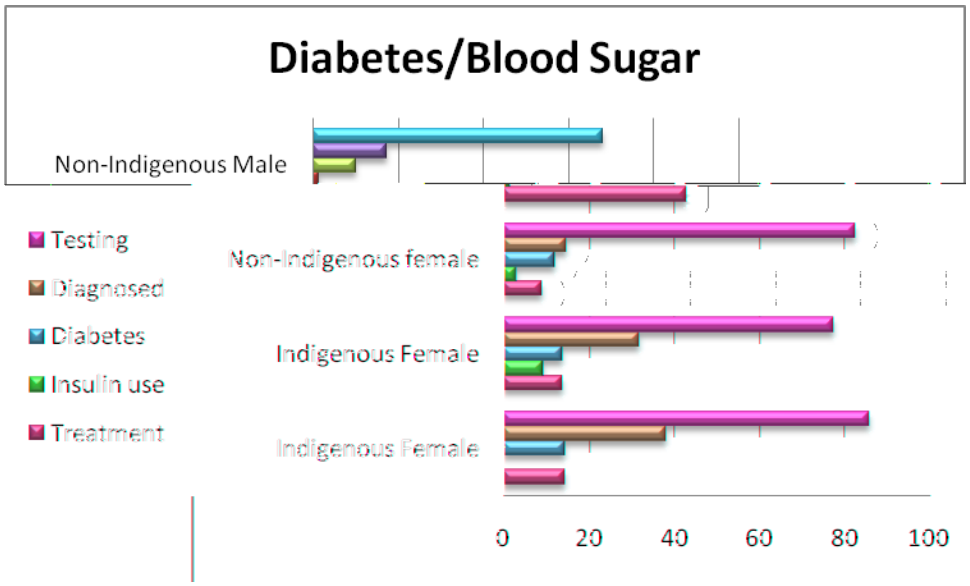
Diabetes and Blood Sugar

The blood sugar section was included to examine the level of diabetes within the prison population. The data included affirmative responses to determine whether participants had been tested, diagnosed and/or treated for blood sugar levels.

A limitation was noted whereby the Indigenous participants were not familiar with the term 'diabetes' but responded to 'blood sugar'. Therefore, the level of Indigenous respondents reporting diabetes may be underestimated. The terminology in the questionnaire has been amended for future use of the HoPE survey.

However, even with this underestimation, the level of diabetes within the general population is 3.5 percent (Australian Institute of Health and Welfare, 2006). Prisoners, however, are reporting the diagnosis of diabetes at 11.6 percent, which is more than three times higher than for the national population. It is estimated that for every person diagnosed in the general population, one goes undiagnosed (Barr et al., 2006). Therefore, the regular screening of prisoners could account for the higher level of detection within prison populations. These results have implications for the treatment of Type I and Type II diabetes. Diet and lifestyle factors impact on Type II diabetes. Therefore, further examination may be required in this area.

- Participants were asked whether they had received a blood sugar test in the last 12 months
- Participants were also questioned whether a doctor or nurse had told them they had high blood sugar
- Those who reported having high blood sugar were asked whether they had diabetes
- Those who had diabetes were asked whether they took insulin
- All respondents who had diabetes were asked about treatment



Source: ECU HoPE Collection 2008 [computer file]
Note: percentages shown are calculated on the number of individual respondents within each of the sub categories and not the total population

Asthma

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Current	**6**	28.6	**5**	22.7	**14**	41.2	**18**	26.1	**43**	29.5
Past	**1**	4.8	**2**	9.1	**1**	2.9	**4**	5.8	**8**	5.5
No	**14**	66.7	**15**	68.2	**19**	55.9	**47**	68.1	**95**	65
Total	**21**	100	**22**	100	**34**	100	**69**	100	**146**	100

Source: ECU HoPE Collection 2008 [computer file]
Note: percentages shown are calculated on the number of individual respondents within each of the sub-categories and not the total population.

A wide range of complex factors trigger asthma, including genetic, age and gender factors. Environmental triggers induce airway narrowing, with triggers including exercise, viral infections, irritants (such as smoking and other air pollutants), specific allergens (house dust mites and mould spores) and some food preservatives (Australia's Health, 2006).

Estimates based on the 2004-05 National Health Survey (NHS) findings indicate that over two million Australians currently have asthma (Australian Institute of Health and Welfare, 2007). This represents 10.2 percent of the Australian population, although the number is down from 11.6 percent in 2001. Males have a slightly lower prevalence (9%) than females (11.5%). In the HoPE survey, however, inmates were shown to suffer from asthma at far greater rates than the general population; that is, 43 percent of females and 25 percent of males. Indigenous females suffer from asthma at less than half the rate of non-Indigenous females. There are mixed reports about rates of asthma within Indigenous populations (Whybourne, Lesnikowski, Ruben & Walker, 1999; Williams, Gracey & Smith, 1997).

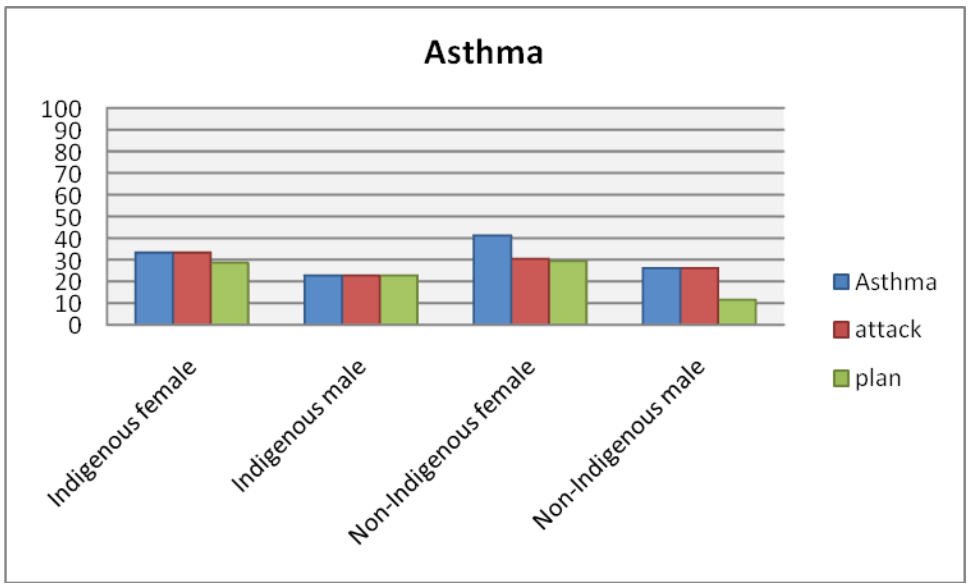
Furthermore, the incidence of smoking among asthma-suffering inmates is at around 50 percent for females. Smoking was very high among inmates of both prisons, so it would be reasonable to expect that the prevalence of asthma would be correspondingly high. Recent initiatives from the Western Australian Department of Corrective Services include non-smoking trials, where smoking is limited to very few areas of the prison. The aim is for inmates to reduce or cease their smoking, so future percentages for the incidence of asthma may be lower in WA.

Asthma Attack

Percentage of people diagnosed with asthma

Percentage of people suffering from attacks or difficulty breathing in previous 3 months

Percentage of people on a current asthma plan



Source: ECU HoPE Collection 2008 [computer file]

Back Problems

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Current	**10**	47.6	**5**	22.7	**13**	38.2	**28**	40.6	**56**	38.4
Past	**2**	9.5	**2**	9.1	**3**	8.8	**11**	15.9	**18**	12.3
No	**9**	42.9	**15**	68.2	**18**	52.9	**30**	43.5	**72**	49.3
Total	**21**	100	**22**	100	**34**	100	**69**	100	**146**	100

Source: ECU HoPE Collection 2008 [computer file]

Thirty-five percent of the general population report back pain or disorders (AIHW, 2008). This is consistent with the figures for current back pain sufferers from this survey.

Haemorrhoids (piles)

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Current	**2**	9.5	**-**	-	**2**	5.9	**1**	1.4	**5**	3.4
Past	**-**	-	**-**	-	**4**	11.8	**3**	4.3	**7**	4.8
No	**19**	90.5	**22**	100	**28**	82.4	**65**	94.2	**134**	91.8
Total	**21**	100	**22**	100	**34**	100	**69**	100	**146**	100

Source: ECU HoPE Collection 2008 [computer file]

According to the National Digestive Diseases Information Clearinghouse (2007), haemorrhoids affect around half of the adult population over the age of 50 and some pregnant women. The HoPE survey found that the incidence of haemorrhoids among prisoners was far lower than for the general population. However, no respondents were pregnant, and their average age was 37.29 years.

Cancer or Tumours

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Current	**1**	4.8	**1**	4.5	**3**	8.8	**4**	5.8	**9**	6.2
Past	**-**	-	**1**	4.5	**2**	5.9	**3**	4.3	**6**	4.1
No	**20**	95.2	**20**	90.9	**28**	82.4	**62**	89.9	**130**	89
Test	**-**	-	**-**	-	**1**	2.9	**-**	-	**1**	0.7
Total	**21**	100	**22**	100	**34**	100	**69**	100	**146**	100

Source: ECU HoPE Collection 2008 [computer file]

Categories of Cancers/Tumours	
Skin Cancer/Sun spots	26.7%
Prostate	13.3%
Testicular	6.7%
Cervical	20%
Ovarian	6.7%
Bowel	6.7%
Stomach	6.7%
Breast	6.7%
Tumours (unspecified)	6.7%

Source: ECU HoPE Collection 2008 [computer file]
One participant did not provide details of the cancer type.

In 2005, 22.7% of all male deaths and 15.8% of all female deaths in Australia were due to different types of cancers (AIHW, 2008).

The incidence of the cancer types across the prison community is the same as in the general community.

High Blood Pressure/Hypertension

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Current	**5**	23.8	**4**	18.2	**7**	20.6	**12**	17.4	**28**	19.2
Past	**2**	9.5	**1**	4.5	**3**	8.8	**6**	8.7	**12**	8.2
No	**14**	66.7	**16**	72.7	**24**	70.6	**51**	73.9	**105**	71.9
DK	**-**	-	**1**	4.5	**-**	-	**-**	-	**1**	0.7
Total	**21**	100	**22**	100	**34**	100	**69**	100	**146**	100

Source: ECU HoPE Collection 2008 [computer file]

Slightly less than one in five prisoners suffered from high blood pressure or hypertension at the time of the survey. These figures correspond to those for the general community. However, the HoPE questionnaire does not investigate whether a doctor has made a diagnosis of the condition, whether the prisoners are using medication for their condition or whether they just believe they have the condition.

Source: ECU HoPE Collection 2008 [computer file]
NB: Chest/Angina refers to chest/angina pain

Cardiovascular disease (CVD) has a connection with low social and economic circumstances and the overall impact of socio-economic disadvantage is high (AIHW, 2008). This suggests the need for further study of the HoPE data to make connections between those prisoners who were unemployed or looking for work (and would therefore be considered to be in the category of low socio-economic

status) and their rates of heart disease. Cardiovascular disease is rated the second highest (after cancer) disease burden in Australia, and is still the biggest killer because of the deaths it causes among the elderly (AIHW, 2008). The Australia's Health report of 2008 mentioned that the major preventable risk factors for CVD were smoking, high blood pressure, high blood cholesterol, insufficient physical activity, being overweight or obese, poor nutrition, and diabetes (AIHW, 2008). Smoking, physical activity and diabetes are mentioned within the HoPE survey, and the comparisons between the survey responses in this report and the national figures show the incidence of each of these risk factors within the prison population to be higher than for the general population. The non-smoking policy of the WA Department of Corrective Services is an attempt to reduce one of these triggers.

Eyesight

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Current	**7**	33.3	**3**	13.6	**20**	58.8	**33**	47.8	**63**	43.1
No	**14**	66.7	**19**	86.4	**14**	41.2	**36**	52.2	**83**	56.9
Total	**21**	100	**22**	100	**34**	100	**69**	100	**146**	100

Source: ECU HoPE Collection 2008 [computer file]

The results of this section may be compromised due to the way in which the questions are worded and the mixed interpretations of them. For example, some respondents replied that they needed spectacles and therefore reported that they had bad eyesight. Conversely, some replied that they had good eyesight because they were wearing glasses. Although it can be concluded that those wearing spectacles had previously been diagnosed with vision problems, these results can be confusing.

Gallstones

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Yes	**3**	14.3	**1**	4.5	**4**	11.8	**3**	4.3	**11**	7.5%

Source: ECU HoPE Collection 2008 [computer file]

This question provided a small number of positive responses when participants were asked about current and past gallstone problems. Information from the Gastroenterological Society of Australia states that because seven out of 10 people with gallstones do not have any symptoms, they are often unlikely to know that they have the problem; further, generally only one in 10 people with gallstones have symptoms so severe that they require surgery (2005). Therefore, it is not possible to compare the HoPE findings with Australia-wide data, because the question was not specific.

Peptic Ulcers

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Yes	**2**	9.6	**2**	9.1	**4**	11.8	**4**	5.8	**12**	8.2

Source: ECU HoPE Collection 2008 [computer file]

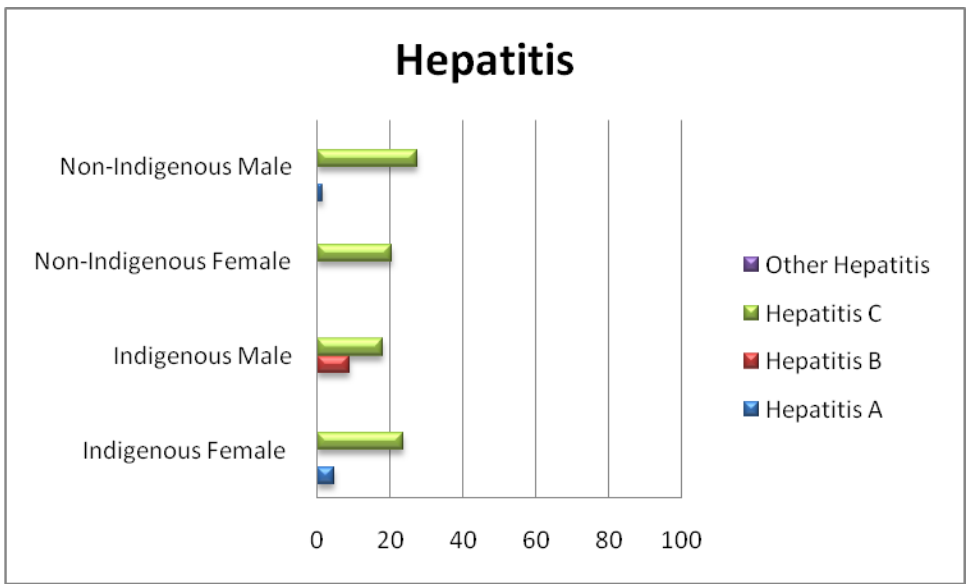
In the general community, there are a variety of causes of the outward symptoms of peptic ulcers, principal among these being the helicobacter pylori infection. This is common in 10 to 15 percent of the population at any one time (Gastroenterological Society, 2005). The fact that the sample group of respondents is outside this percentage is not indicative of anything other than a small sample size, and further study by interested researchers is recommended.

Hepatitis

Participants were asked whether their doctor had told them they had hepatitis A, B or C.

	Indigenous				Non-Indigenous				Total
	Female	%	Male	%	Female	%	Male	%	Total
Hep A	**1**	4.8	**-**	-	**-**	-	**-**	-	**1**
Hep B	**-**	-	**2**	9.1	**-**	-	**-**	-	**2**
Hep C	**4**	19	**4**	18.2	**7**	20.6	**19**	27.5	**34**

Source: ECU HoPE Collection 2008 [computer file]



Source: ECU HoPE Collection 2008 [computer file]

This graph shows a very high incidence of hepatitis in the prison population. The incidence of all forms of hepatitis in 2006 in the wider community was estimated as being close to 300,000 (AIHW, 2006), which represents slightly less than 1.5 percent of the population. The HoPE respondents had an extremely high rate of 25 percent.

Hepatitis A is transmitted through the faecal-oral route by contaminated food, water or unwashed hands. The prisons run education programs for all forms of hepatitis, covering basic hand-washing practices to assist in curbing the transmission of hepatitis A. The HoPE data shows that with the exception of a very small number of the non-Indigenous male group, the main group to be affected was Indigenous females.

Hepatitis B is a sexually transmitted infection as it is present in semen, vaginal fluids and blood. The virus has also been detected in saliva, urine and other body fluids such as breast milk in very small quantities. It is estimated that approximately 107,000 people living in Australia have been diagnosed with hepatitis B (Australian Government Department of Health and Ageing, 2006), with around 300 new cases diagnosed annually (AIHW, 2006) . Transmission can occur via direct blood-to-blood contact, unprotected sex and the sharing of injecting, tattooing or piercing equipment. The prisoner health programs conducted in the prisons also cover instructions for precautions that can be taken during sexual practices, such as using dental dams during sexual activity (WA Department of Health, 2005). Both the prisons included in the HoPE survey provided condoms and dental dams to prisoners. It is noteworthy that in the results of this HoPE study, hepatitis B appears to affect only Indigenous males.

Blood is the only bodily fluid capable of transmitting hepatitis C to another person, and the only way for the blood to go from one person to another is through broken skin (Hepatitis Council of WA). The Australian Household Survey found that 259,000 people were living with hepatitis C in 2004, with a new infection rate of 13,000 per year (AIHW, 2006). It has been claimed that more than 90 percent of new hepatitis C infections in Australia are attributed to unsafe injecting drug-use practices (Farrell, 2002). It only takes a microscopic amount of infected blood to get into a person's bloodstream for infection to take place (Hepatitis Council of WA). Hepatitis C can survive on an open-air surface for up to four days; however, inside a protected environment such as the barrel of a syringe, it may live up to 30 days (Franciscus, 2005). It is also possible to transmit hepatitis C through tattooing and piercing equipment (Hepatitis Council of WA). The spread of infection across all categories of respondents in the HoPE study appears to indicate that a common behaviour may be the source of infection.

The most reasonable explanations for the apparently high percentage of hepatitis in the prisons are that prisoners are regularly tested for hepatitis; their injecting, piercing and tattooing equipment cannot be properly cleaned; and that they may engage in unprotected sex. Prisoners within Western Australia and in other states have access to condoms and dental dams to prevent the spread of infection through sexual activity. The interviewers for the HoPE project found that every interviewee knew about the existence of the condoms and dental dams and was using them when the circumstances arose. Furthermore, prisoners undergo an education program about the spread of infectious diseases and so were able to

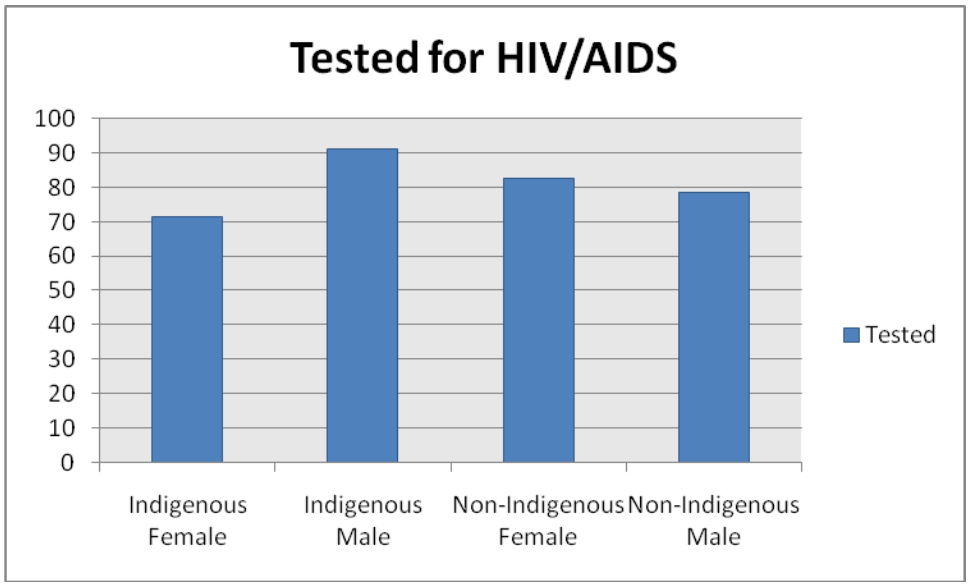
answer some questions about the transmission of hepatitis (see p.149). This then suggests that the incidence of hepatitis was high in the prison population for one of the other reasons and not due to ignorance.

Some prisoners were very knowledgeable about the topic of hepatitis. Various participants commented:

> *"…we need a tattoo shop in prison to stop the spread of diseases…"*
>
> *"…we need a needle vending machine in prison to stop inmates sharing them…"*

AIDS/HIV

Participants were asked whether they had ever had an HIV test for AIDS.

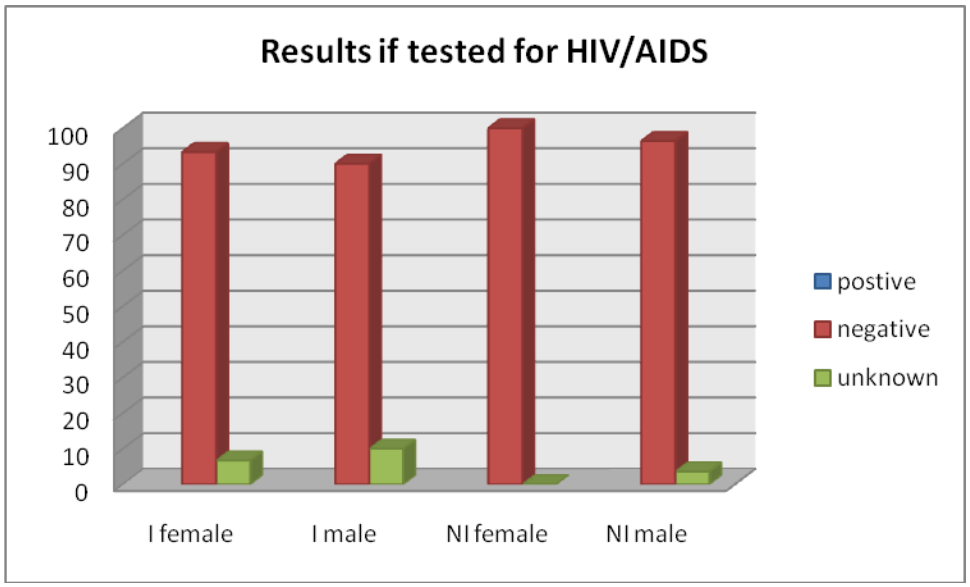


Source: ECU HoPE Collection 2008 [computer file]

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Yes	**15**	71.4	**20**	90.9	**28**	82.4	**55**	78.3	**118**	80.8
No	**6**	28.6	**2**	9.1	**6**	17.6	**14**	20.3	**28**	19.2
Total	**21**	100	**22**	100	**34**	100	**69**	100	**146**	100

Source: ECU HoPE Collection 2008 [computer file]

Those who answered that they had been tested for HIV/AIDS were asked the result of the test. The self-reported answers reflect that a high percentage of prisoners responded that they were HIV negative.



Source: ECU HoPE Collection 2008 [computer file]

Recent Health Complaints

This question provides a list of symptoms an individual may experience as a result of poor health. The list of symptoms is derived from the Darke Questionnaire, a symptom list which points to injecting drug use. For our purposes, this question seeks to identify common and less-common health complaints prisoners may be experiencing. Such symptoms can then be targeted in prison healthcare improvements.

Participants were asked whether they had experienced any health problems in the last **four weeks**. The following graph represents the total number of reported complaints, with some participants making multiple reports.

Health Complaint	I female (n=21)	I male (n=22)	NI female (n=34)	NI male (n=69)	Total
Breathing/Respiratory Persistent cough / coughing up phlegm / coughing up blood / wheezing / shortness of breath	8	8	18	23	**57**
Skin ailments/Cuts or bleeding/Bruising Bruising easily / cuts needing stitches / bleeding easily / jaundice / nose bleeds / skin infections	2	2	6	10	**20**
Genital pain/Problems Unusual discharge / rashes / prostate problems / irregular periods / period pain / miscarriage / morning sickness / lumps	4	0	4	1	**9**
Joint/Bone/Muscle problems Joint pains and stiffness / broken bones / muscle pain	12	12	26	35	**85**
Stomach/Bowel/Urinary ailments Poor appetite / nausea / vomiting / stomach pains/ constipation / diarrhoea / dark urine / pain on urination	13	1	23	20	**57**
Cardiovascular/Health problems Chest pains / heart flutters or racing	5	2	5	6	**18**
Other ailments Flu-like symptoms / sleeping difficulties / paranoia / head injury / dizziness or fainting / vision or hearing troubles / circulation problems / headaches	40	10	63	63	**176**
Total	**84**	**35**	**145**	**158**	**422**

Source: ECU HoPE Collection 2008 [computer file]

Illnesses and Disabilities

Participants were asked about illnesses or disabilities that may have troubled them for about **six months** or more. They were asked to identify the ailment, to describe how the ailment/s limited their activities and whether they had cut down on any activities in the previous two weeks because of this. Of the respondents, 45.9 percent reported having an illness or disability that had troubled them for about six months or more. Some respondents answered to more than one condition.

Category of illness or disability	I female (n=7/21)	I male (n=7/22)	NI female (n=16/34)	NI male (n=37/69)	Total
Neck / spine	-	-	3	14	**17**
Joint / bone / or muscle	4	4	4	13	**25**
Cardiovascular	-	-	2	3	**5**
Blood pressure	-	-	-	-	**-**
Bronchial	-	-	-	3	**3**
Eyesight / hearing	-	-	-	3	**3**
Cancer	1	1	-	1	**3**
Eating disorders	-	-	1	-	**1**
Diabetes	1	-	1	-	**2**
Mental health	2	-	2	4	**8**
Hepatitis	-	-	2	-	**2**
Dental	1	-	-	1	**2**
Skin	-	-	-	-	**-**
Headaches / migraines	-	1	2	-	**3**
Cold / flu	-	1	-	-	**1**
Stomach / bowel	-	-	3	4	**7**
Other	-	-	4	7	**11**
Total	**9**	**7**	**24**	**53**	**93**

Source: ECU HoPE Collection 2008 [computer file]

How did these illnesses/disabilities limit activities?

Effect of Illness/disability	I female (n=7; N=21)	I male (n=7; N=22)	NI female (n=16: N=34)	NI male (n=37: N=69)	Total
Pain	1	1	4	6	**12**
Movement	1	2	6	13	**22**
Participation	-	1	1	8	**10**
Strength	-	-	1	5	**6**
Motivation	-	-	1	-	**1**
Dietary	-	-	1	2	**3**
Concentration	-	-	-	-	**-**
Visual/Hearing	-	-	-	5	**5**
Change in sleep	-	-	1	3	**4**
Toileting	-	-	1	1	**2**
Other	-	2	9	14	**25**
Total complaints	**2**	**6**	**25**	**57**	**90**

Source: ECU HoPE Collection 2008 [computer file]

The HoPE survey asked the respondents who reported an illness/disability whether they had cut down on their activities in the previous two weeks due to these illnesses or disabilities.

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Yes	**3**	42.9	**4**	57.1	**8**	50	**17**	45.9	**32**	47.8

Source: ECU HoPE Collection 2008 [computer file]

% relates to those who reported that they had an illness or disabilities that had troubled them for six months or more; that is, of the 69 non-Indigenous men, 37 said they had illnesses, and 17 of these 37 (45.9%) reported they had cut down on activities in the past two weeks.

Hospital inpatient visits

Participants were asked whether they had been admitted to a general or psychiatric hospital as an inpatient; and, if so, whether they had stayed overnight or longer within the past 12 months. A total of 26 prisoners had spent time as an inpatient in hospital in the previous year. They spent an average of five nights in hospital (range = 1-21 nights).

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Yes	**4**	19	**4**	18.2	**6**	17.6	**12**	17.4	**26**	17.8
No	**17**	81	**18**	81.8	**28**	82.4	**57**	82.6	**120**	82.2
Total	**21**		**22**		**34**		**69**		**146**	100

Source: ECU HoPE Collection 2008 [computer file]

Main reason for hospital inpatient visit

Health Complaint	I female (n=4)	I male (n=4)	NI female (n=6)	NI male (n=12)	Total
Breathing/Respiratory Pneumonia / lung collapsed	-	-	2	1	**3**
Skin ailments/Cuts/ Bleeding/Bruising Removal of boils under arm	-	-	-	1	**1**
Genital pain/Problems Prostate removal/ pregnancy difficulties	2	-	-	1	**3**
Joint/Bone/Muscle problems plate removed / shoulder surgery / broken eye socket and fractured jaw / broken hand / broken foot / broken jaw	1	2	-	3	**6**
Stomach/Bowel/Urinary ailments Colostomy bag / burst appendix / gall bladder	-	1	2	-	**3**
Cardiovascular/Health problems Chest pains / heart flutters or racing/ burst blood vessel in heart	-	-	2	3	**5**
Cancer Chemotherapy / surgery	-	2	1	-	**3**
Drugs Withdrawal (amphetamine/heroin)	-	-	-	2	**2**
Mental health Stress related matters	-	1	-		**1**
Other ailments liver biopsy / stitches / cellulitis / beaten by TRG / sleep apnea / tooth abscess	1	-	-	5	**6**
Total	**4**	**6**	**7**	**16**	**33**

Source: ECU HoPE Collection 2008 [computer file]

The 26 participants who reported an overnight stay were asked whether the stay was in a prison, public or private hospital. Only one non-Indigenous female and one non-Indigenous male reported attending a private hospital. The rest of the admissions were to a public hospital. No prisoners stayed overnight in the prison hospital. These 26 participants reported a total of 33 overnight visits.

Participants were asked to rate the health care they received during their recent hospital admissions.

	Indigenous		**Non-Indigenous**		
	Female	Male	Female	Male	Total
Excellent	1	5	5	10	**21**
Fairly good	1	-	1	1	**3**
OK	1	-	1	2	**4**
Not too good	1	1	-	3	**5**
Not good at all	-	-	-	-	**0**
Total	**4**	**6**	**7**	**16**	**33**

Source: ECU HoPE Collection 2008 [computer file]

The use of colloquial terminology in the question choices, such as 'fairly good', 'not too good' etc was expected to create a problem with the interpretation of their meanings. However, there was no difficulty and all of the respondents understood them without any explanation.

Hospital outpatient visits

This question provides data on the number of prisoners who have required medical attention at a clinic or hospital in the past four weeks but were not admitted overnight. It obtains information about the number of times attended, the reasons for attending, the treatment (if any) required, the type of hospital attended, and the prisoners' opinions of the health care they received. From this, the number of prisoners requiring medical attention in a four-week period, as well as rate of medical attention, can be measured.

Participants were asked how many times they had visited casualty or the outpatient clinic at a hospital in the previous **four weeks** but did not stay overnight.

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Yes	**3**	14.3	**10**	45.5	**5**	14.7	**24**	34.8	**42**	28.8
No	**18**	85.7	**12**	54.5	**29**	85.3	**45**	65.2	**104**	71.2
Total	**21**	100	**22**	100	**34**	100	**69**	100	**146**	100

Source: ECU HoPE Collection 2008 [computer file]

There is considerable disquiet in the community that some people use the casualty department at public hospitals as a free alternative to the local general practitioner. A review of research in this area however indicates that only 1 in 10 people who enter casualty/emergency departments could be treated as GP patients elsewhere (Australasian College for Emergency Medicine, 2004).

Of the respondents, 28.76% had gone to the casualty department of the local public hospital in the previous month. This would have been for conditions that were unable to be treated by the resident or visiting doctor at the prison or would have occurred out of normal consulting hours. When asked about the number of visits, the responses ranged from once to 30 times. The average number of visits was three.

Main reason for outpatients visit

Health Complaint	I female (n=3)	I male (n=10)	NI female (n=5)	NI male (n=24)	Total 42
Breathing/Respiratory Asthma	-	2	-	2	**4**
Skin ailments/Cuts or bleeding/Bruising Wounds	-	3	-	6	**9**
Genital pain/Problems Mammogram/ultrasound/breast lump	2	-	1	-	**3**
Joint/Bone/Muscle problems Muscular/broken bones	-	9	-	9	**18**
Stomach/Bowel/Urinary ailments Colostomy bag/burst appendix/ gallbladder	-	-	-	-	**-**
Cardiovascular/Health problems Chest pains/heart flutters or racing /burst blood vessel in heart	1	-	2	3	**6**
Cancer Chemotherapy/ surgery	-	3	1	-	**4**
Drugs Withdrawal (amphetamine/heroin)	-	-	3	-	**3**
Mental health Stress-related matters	-	-	-	1	**1**
Other ailments Kidney disease/blood tests/check-up/hepatitis C	3	10	6	38	**57**
Total	**6**	**27**	**13**	**59**	**105**

Source: ECU HoPE Collection 2008 [computer file]

The 42 participants who reported visiting a casualty or outpatient clinic at a hospital on 105 occasions were asked what type of hospital they attended.

	Indigenous		Non-Indigenous		
	Female	Male	Female	Male	Total
Prison	**-**	**8**	**-**	**27**	**35**
Public	**3**	**11**	**6**	**12**	**32**
Private	**-**	**-**	**-**	**-**	**-**
Other	**-**	**-**	**-**	**-**	**-**
Total	**3**	**19**	**6**	**39**	**67**

Source: ECU HoPE Collection 2008 [computer file]

Participants were asked to rate the health care they received during their recent hospital admissions.

	Indigenous		Non-Indigenous		
	Female	Male	Female	Male	Total
Excellent	**1**	**6**	**4**	**17**	**28**
Fairly good	**1**	**7**	**1**	**7**	**16**
OK	**1**	**6**	**-**	**14**	**21**
Not too good	**-**	**-**	**-**	**1**	**1**
Not good at all	**-**	**-**	**1**	**-**	**1**
Total	**3**	**19**	**6**	**39**	**67**

Source: ECU HoPE Collection 2008 [computer file]

Prison Clinic

This question sought to identify the number of prisoners who either regularly attended the prison clinic or had attended for a medical reason in the past four weeks. It sought to identify whether medical attention was given by the prison clinic nurse or doctor, and the action/medical treatment that was given. This question identified rates of ailments requiring "in-house" medical attention.

Participants were asked whether they regularly received repeat prescription pills or medicines from the prison clinic.

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Yes	**9**	42.9	**7**	31.8	**20**	58.8	**41**	59.4	**77**	57.7
No	**12**	57.1	**15**	68.2	**14**	41.2	**28**	40.6	**69**	47.3
Total	**21**	100	**22**	100	**34**	100	**69**	100	**146**	100

Source: ECU HoPE Collection 2008 [computer file]

Participants were asked whether they had attended the prison clinic to see the ***NURSE*** about their health in the last four weeks. This question was designed to elicit answers for every type of visit to the nurse, and not just for pills or medicine. The nurse was the gateway for many other health services within the prison. A total of 96 prisoners had visited the prison clinic to see the ***NURSE*** in the previous four weeks. They had an average of 7.5 visits each (range = 1-116 visits).

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Yes	**11**	52.4	**13**	59.1	**24**	70.6	**48**	69.6	**96**	65.8
No	**10**	47.6	**9**	40.9	**10**	29.4	**21**	30.4	**50**	34.2
Total	**21**	100	**22**	100	**34**	100	**69**	100	**146**	100

Source: ECU HoPE Collection 2008 [computer file]

The nurse was the first point of contact for referrals to the doctor, to other medical services that the prison provided, or to the counselling services available within the prison. In some instances, the prison nurse was expected to perform a range of treatments similar to those offered by a nurse in a general practice; and in others, treatments usually provided by a practice nurse in remote or rural regions, where the availability of doctors is limited. Some of the treatment was related to a previous visit to the doctor and some visits were for the results of blood tests.

Main reason for prison clinic visit to see the NURSE

Health Complaint	I female (n=11)	I male (n=13)	NI female (n=24)	NI male (n=48)	Total (N=96)
Blood tests	5	1	5	14	**25**
Broken bones		1		1	**2**
Cancer		3		1	**4**
Cardiovascular	1		1	5	**7**
Check up	1		4	2	**7**
Cholesterol/BP	1	2		8	**11**
Cold and flu	1	2	1	2	**6**
Dental			1		**1**
Diabetes	1		5	6	**12**
Drug related					**0**
Headaches/migraines			6	3	**9**
Hepatitis				2	**2**
Lung/bronchial		2	1	2	**5**
Medication	1		2		**3**
Mental health			3	4	**7**
Operations/surgery					**0**
Other	4	1	14	10	**29**
Pain	2		4	3	**9**
Pregnancy related					**0**
Skin ailments	1			1	**2**
Sleeping problems	2			2	**4**
Smoking related		1		7	**8**
Stomach/bowel		1	2	2	**5**
Vaccinations/immunisation		1		1	**2**
Wounds/non broken bones	1	2	2	7	**12**
Total	**21**	**17**	**51**	**83**	**172**

Source: ECU HoPE Collection 2008 [computer file]

In this HoPE survey, there were a total of 15 referrals to the doctor, other medical services or the prison counselling services. Of all the respondents, two were told to go away because the clinic was too busy, and two were told to return only if the symptoms became worse. One respondent was given no treatment and one interviewee reported that the medical certificate provided by the nurse was torn up by the officer on the wing.

Action taken by nurse

Blood tests	Medication issued/managed/advice
Medical advice	Referral to doctor
General check ups	Issued sick notes
Blood sugar levels	Given oxygen
Treated wounded area	Given results
Referred to counselling service	Smoking cessation /Nicobate patches
Glasses adjusted	Sent away
Injections	Pain management
Peak flow testing	Dressed wound
Performed ECG	Checked eye sight
Blood pressure check	Urine test
X-ray	Stitches

Source: ECU HoPE Collection 2008 [computer file]

Generally, prisoners were satisfied by the treatment received from the nurses as well as the nurses' bedside manner. Many commented on the difficult job the nurses had working within the prison system and appreciated their good intentions. This is reflected in qualitative comments such as:

> *"…nursing staff do the best they can with the resources available and with the number of prisoners needing treatment…"*

> *"…nurses are good…they try their best…"*

As with every occupation, there are some complaints, with some negative comments:

> *"…some good nurses, some bad, some need to change their attitude…"*

> *"…nurses not properly trained – they think everyone is lying and drug affected…"*

In general, most negative comments were more about the system than about the individual nursing staff. Prisoners believed it took too long to get appointments, that once you got an appointment it could be cancelled without warning or rebooking, or that the health system was under pressure because of overcrowding and people were "*falling through the cracks*".

Participants were asked whether they had attended the prison clinic to see the ***DOCTOR*** about their health in the last four weeks.

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Yes	**12**	57.1	**10**	45.5	**24**	70.6	**38**	55.1	**84**	57.5
No	**9**	42.9	**12**	54.5	**10**	29.4	**31**	44.9	**62**	42.5
Total	**21**	100	**22**	100	**34**	100	**69**	100	**146**	100

Source: ECU HoPE Collection 2008 [computer file]

A total of 84 prisoners had visited the prison clinic to see the ***DOCTOR*** in the previous four weeks. They had an average of 1.7 visits (range = 1-6 visits).

Main reason for prison clinic visit to see the DOCTOR

Health Complaint	I female (n=12)	I male (n=10)	NI female (n=24)	NI male (n=38)	Total (N=84)
Blood tests	1			6	**7**
Broken bones		1		1	**2**
Cancer		3	1		**4**
Cardiovascular			2	2	**4**
Check up	1		4	1	**6**
Cholesterol/BP		2		1	**3**
Cold and flu				1	**1**
Dental			1	1	**2**
Diabetes		1	1		**2**
Drug related				2	**2**
Headaches/migraines					**0**
Hepatitis			2	5	**7**
Lung/bronchial		1	2	2	**5**
Medication	4		7	4	**15**
Mental health			6	1	**7**
Operations/surgery					**0**
Other	5	4	10	8	**27**
Pain	2		1	7	**10**
Pregnancy related					**0**
Skin ailments		1		1	**2**
Sleeping problems	2		1	2	**5**
Smoking related				2	**2**
Stomach/bowel	1		3	2	**6**
Vaccinations/immunisation		1			**1**
Wounds/non broken bones			1	7	**8**
Total	**16**	**14**	**42**	**56**	**128**

The respondents reported that on eight occasions, the doctor had made referrals to other medical services. Five interviewees also reported that they had received no treatment, one because the prison clinic lacked the necessary equipment and four people did not specify. A further two were placed on the waiting list for treatment. These findings are general because no specific information was given and no follow-up questioning can take place because the data has been de-identified.

For the female prison, there appeared to be little difference between the attitudes towards the medical staff of the Indigenous and non-Indigenous respondents. The main comments appeared to be about the lack of staffing, which impacted on the times the clinic was available, delays in getting medical attention or treatment and problems with getting referrals to outside specialists.

In the male prison, the only difference between the attitudes towards the medical staff of the Indigenous and non-Indigenous respondents was that medical staff were accused of being racist by some Indigenous respondents.

> *"…some medics are really racists and will give white boys treatment they've just told aboriginal boys they can't give them."*

Of major concern was that the system appeared to be too slow and it took too long to see a doctor, and that the time between requesting treatment and the actual consultation was unsatisfactory. Many prisoners believed that this was because the prison was overcrowded.

> *"…appointments are cancelled and take too long to be seen again."*

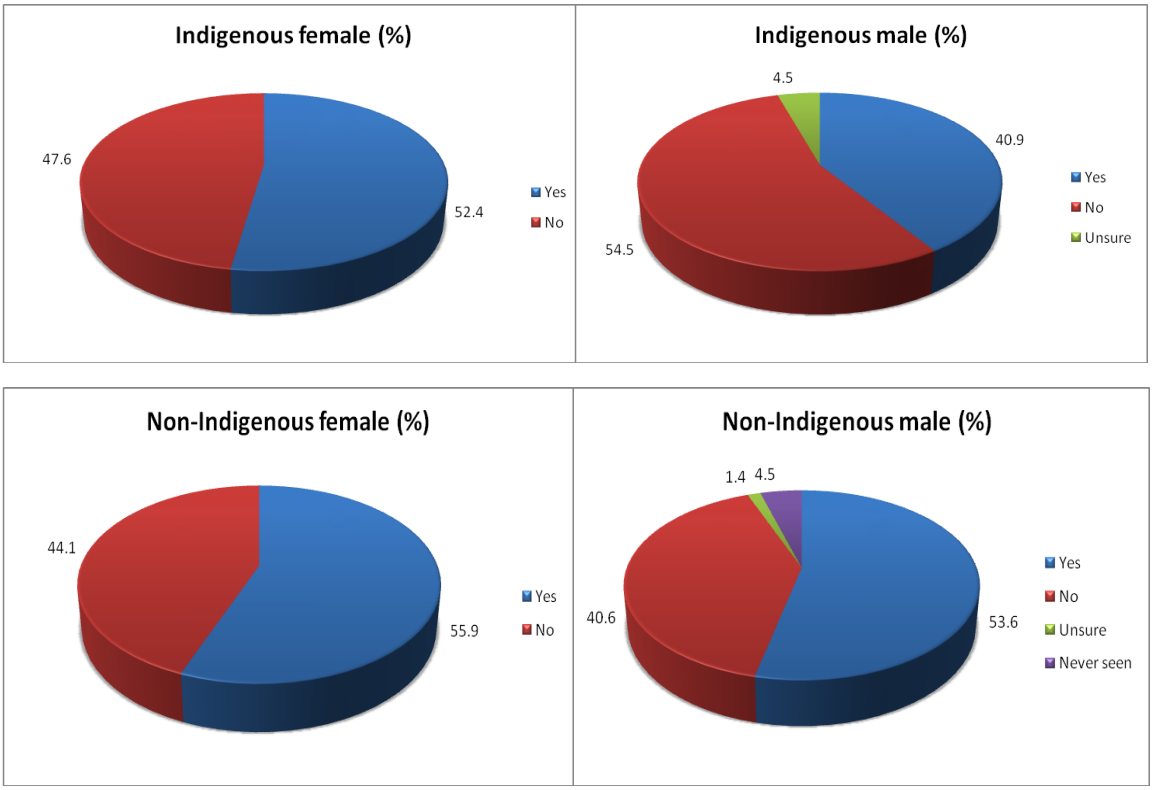
One specific comment about a particular set of circumstances relates to bedridden or dependent patients.

> *"There is not enough medical staff and there are more male nurses needed. Patients are left in dirty nappies and not taken out of bed often enough."*

> *"…night nurses left me soiled, despite knowing."*

Privacy and Confidentiality

Prisoners were asked: "When you see medical staff in the prison clinic do you think you have enough privacy?"



Source: ECU HoPE Collection 2008 [computer file]

In both the male and female prisons, the lack of privacy was of particular concern. This generated complaints such as:

"…medical privacy depends on what room you get. With doctors you get privacy, with nurses you don't."

Participants were asked whether they were sure that information was kept confidential.

Fifty-five respondents believed that the information they gave to the medical staff was not kept confidential. Of those, 54 provided grounds for their belief.

Gossip between medical staff	3.7%
Information able to be accessed by all medical staff	3.7%
Information able to be accessed by non medical staff	3.7%
Lack of privacy	5.6%
Medical staff share information with non medical prison staff	35.2%
Medical staff speak about prisoners medical issues in front of other prisoners	11.1%
Medical information eg. files, left laying around	9.3%
Personal files or medical files misplaced/lost	3.7%
Staff unprofessional or untrustworthy	3.7%
Other	20.4%

Source: ECU HoPE Collection 2008 [computer file]

Many of the responses supplied by interviewees stem from the openness of the consulting area and the use of notice-boards, communal work areas and communal recordkeeping. There were many criticisms about access to medical records, which they believed were left out in the open where other prisoners and guards could see them.

> *"The medical staff pull the day's worth of files rather than just one patient at a time – means everyone else can see yours."*

Some respondents were worried about what could be overheard by other prisoners and guards. There were concerns about the disregard for patient confidentiality.

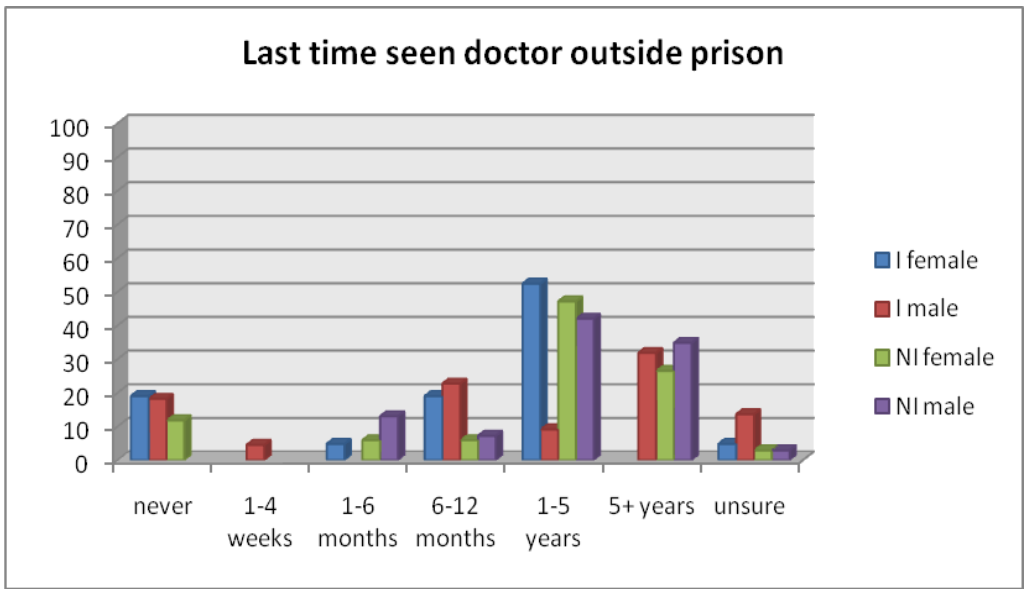
> *"…nurses were very unprofessional – they make rude and derogatory comments about patients they have just seen and you can clearly hear them."*

The gender of medical staff also arose in both prisons, with respondents requesting more same gender doctors and nurses to treat them in sensitive or personal matters. However, there was a general understanding that the health system had improved since 2005 and they believed delays were due mainly to understaffing, overcrowding and a lack of equipment.

Additional Medical Information

This question identified the health care that prisoners were receiving prior to being incarcerated. This question will result in data that can provide comparisons between the rate at which prisoners are seeking prison health care and the rate they sought health care in the community.

Visits to the doctor in the community across Australia are generally for the same types of complaints as those experienced by the prisoners. Approximately 85 percent of Australians see their GP at least once a year (AIHW, 2008). HoPE participants were asked when they last saw a local doctor about their own health ***OUTSIDE*** of prison.



Source: ECU HoPE Collection 2008 [computer file]

No conclusions can be drawn about this data as the length of time in jail was not taken into consideration. The question has been modified for future use.

Reason for seeing doctor in the community

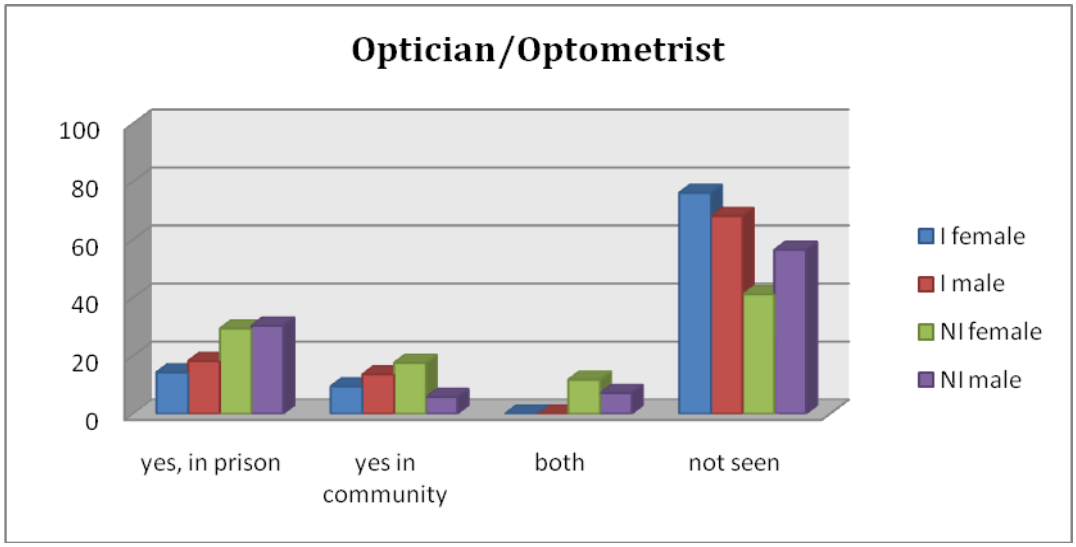
Participants were asked to detail the main illness, condition or reason they saw the doctor about the LAST time they attended in the community. Reasons included:

Medication prescription/advice/checks and reviews	Blood test results
Vaccinations	Ultrasounds
Eye tests	Reassurance
General assessments	Test results
Heart checks	Pap smears
Blood pressure	Weight management
Follow up treatment organisation	Request testing
Referrals	Urinalysis

Source: ECU HoPE Collection 2008 [computer file]

Other Health Services

The following section indicates the responses to the question of whether the participants had seen other health professionals in the last **TWELVE MONTHS**. Results need to be interpreted with caution as no distinction is made between long-term prisoners and new prisoners. Therefore, those who have been in prison for over a year would not have had the opportunity to access health services in the community. It needs to be borne in mind that the services in prison are available free of charge, which may account for their use. Some services are provided onsite within the prison and others require the prisoner to be transported to them. This can affect the numbers accessing the services. Some services are not generally provided in the community but are provided in the prison, such as the mental health nurse.



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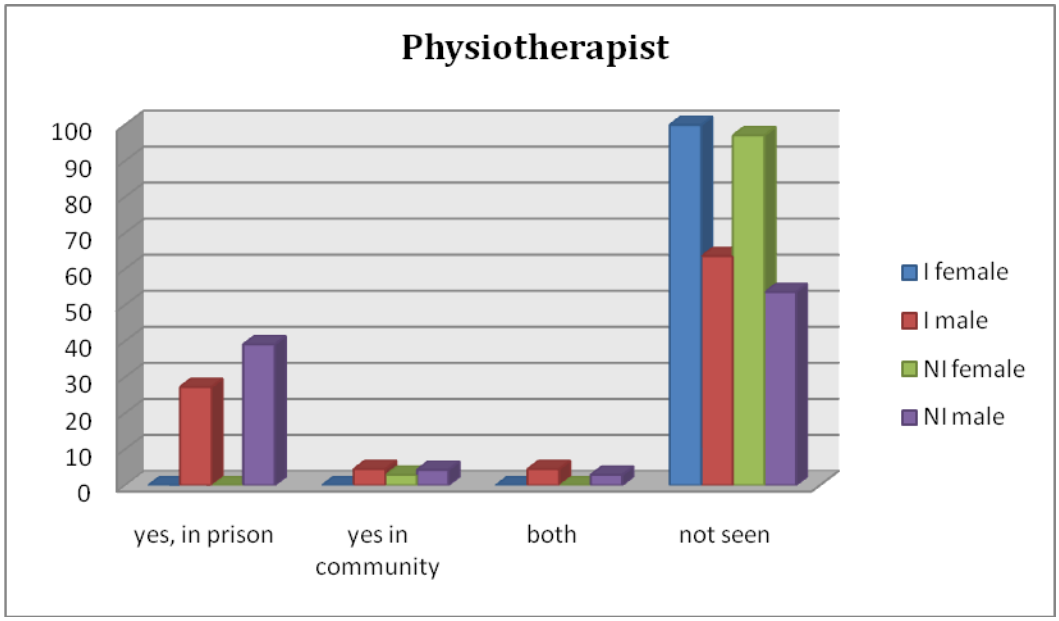

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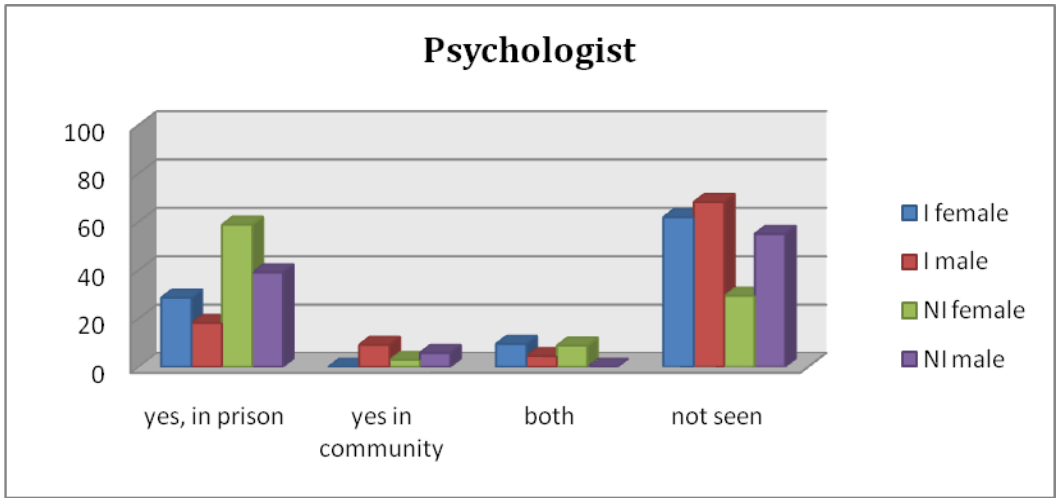

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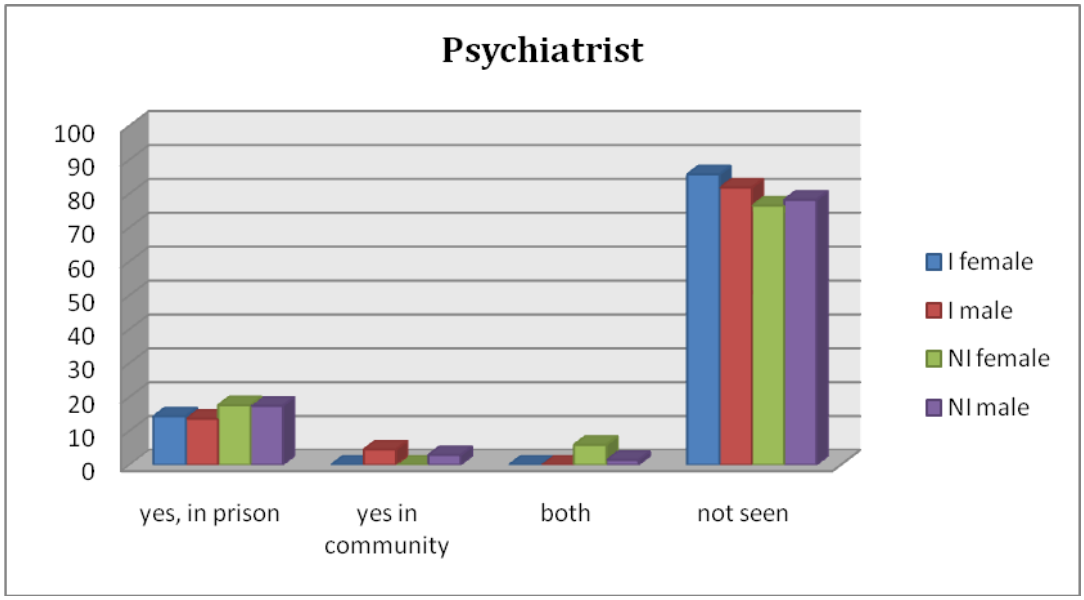

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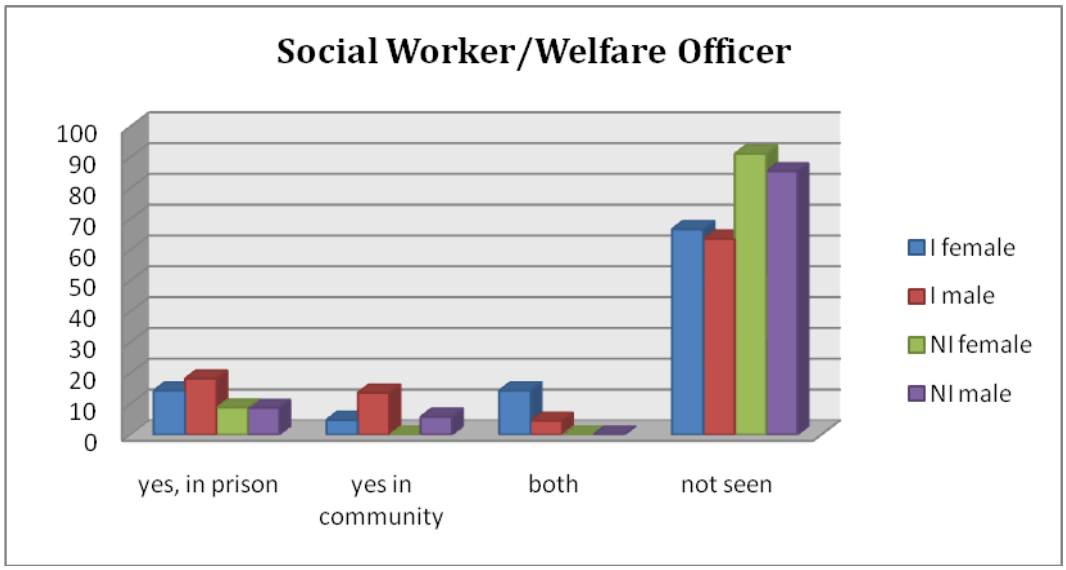

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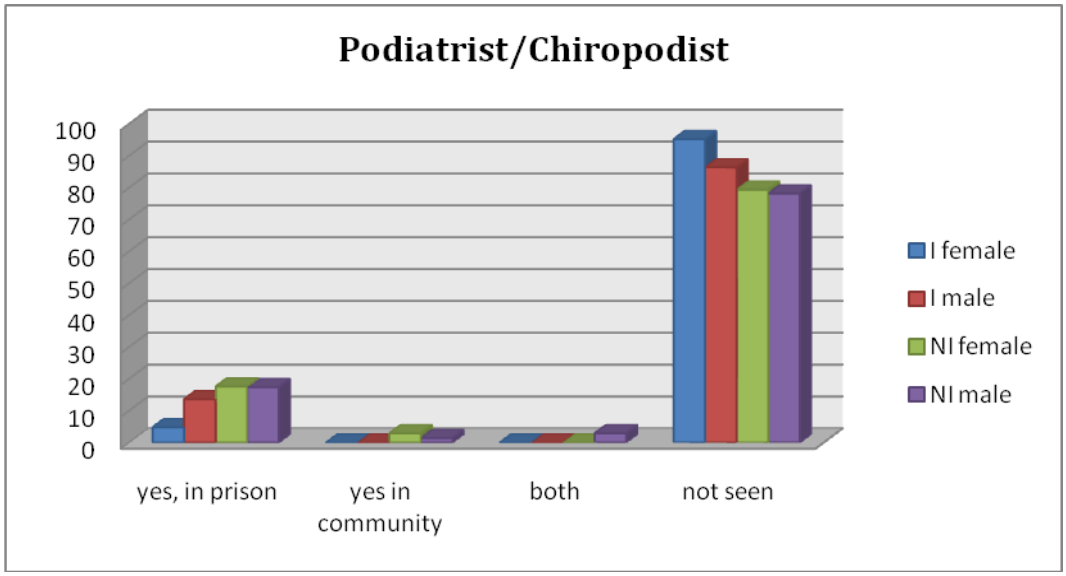

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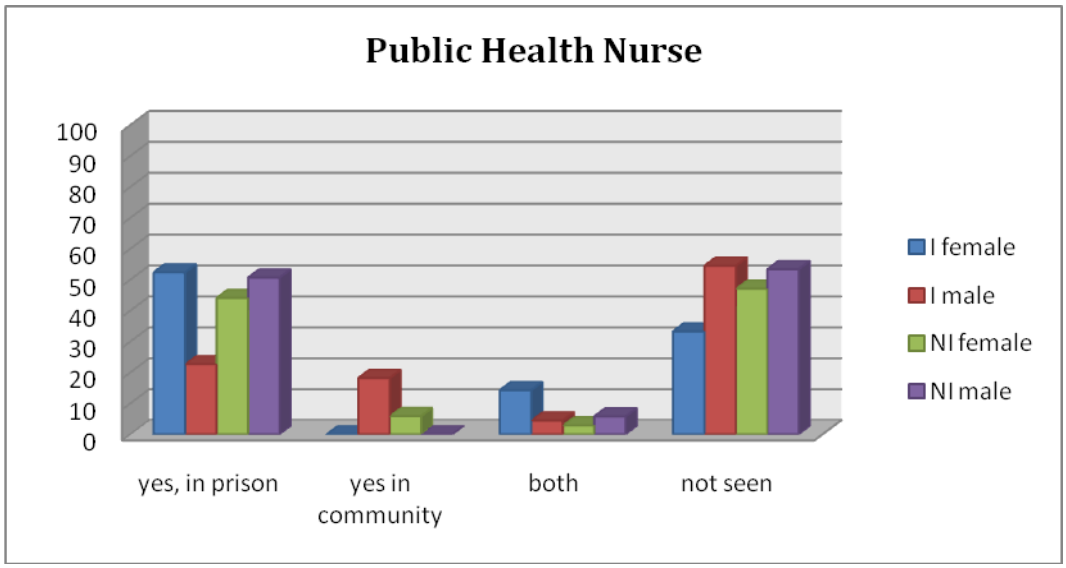

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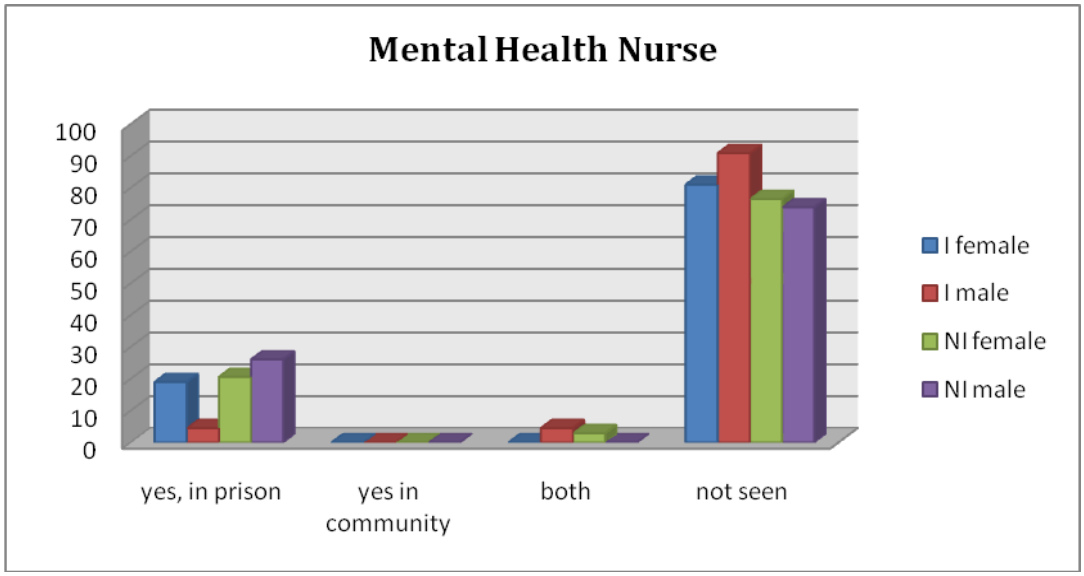

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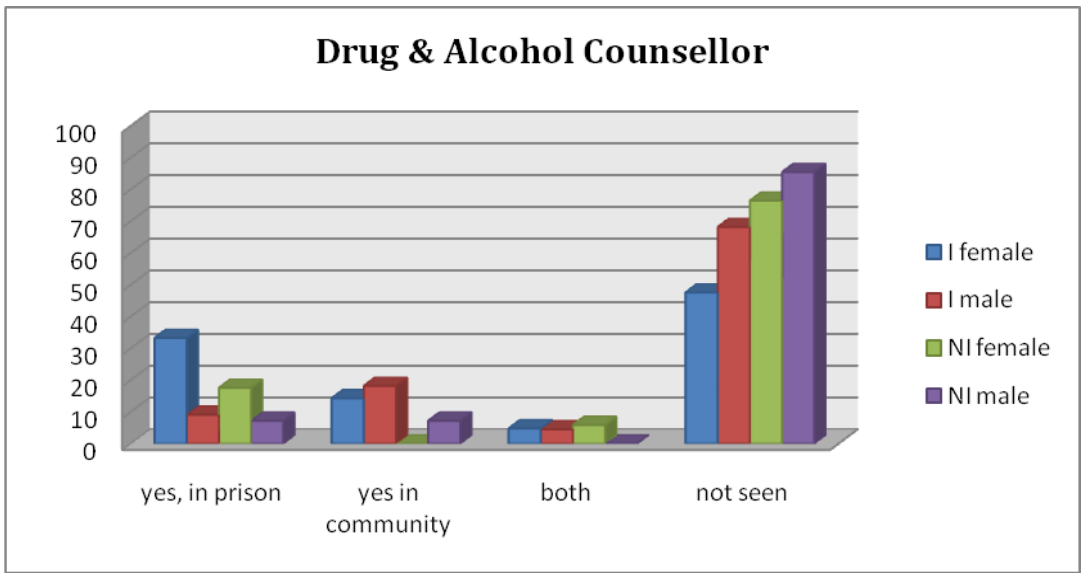

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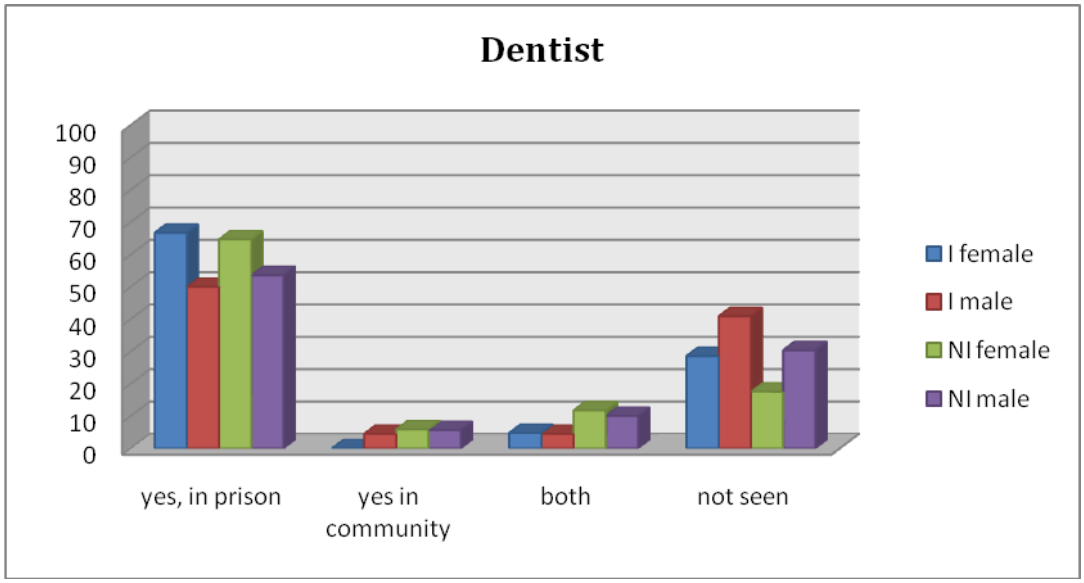

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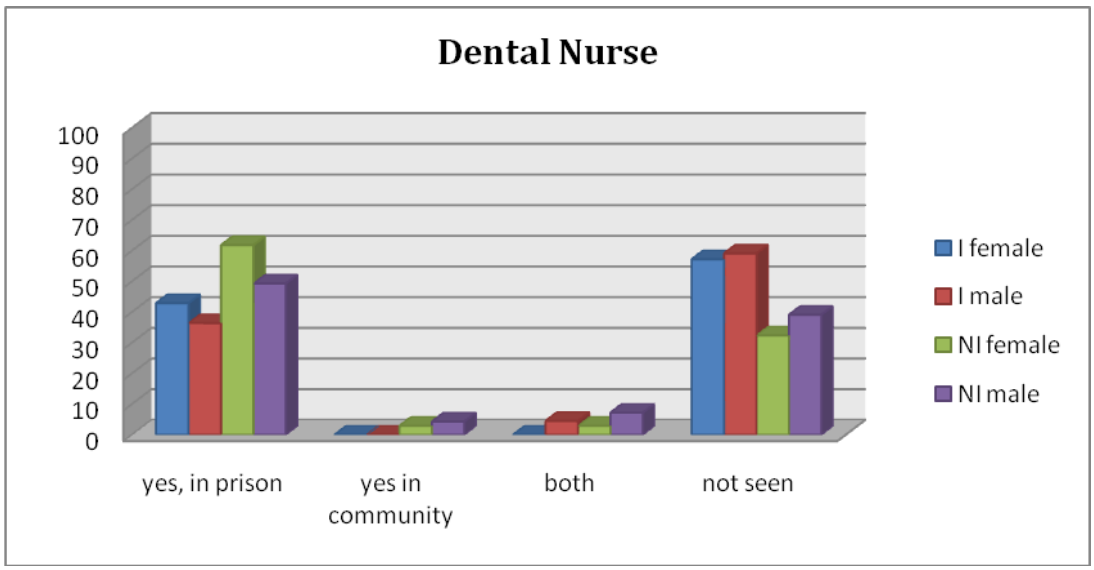
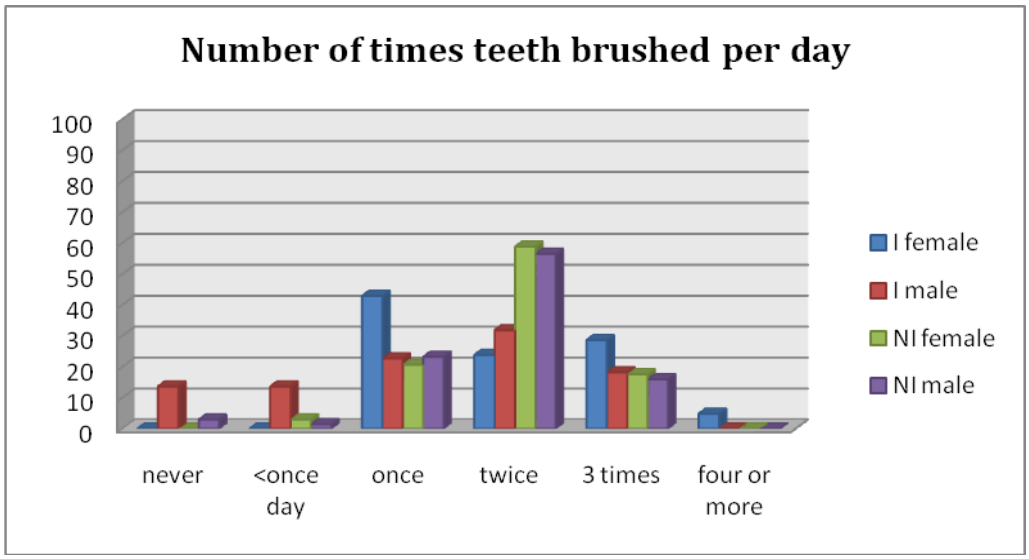


Source: ECU HoPE Collection 2008 [computer file]

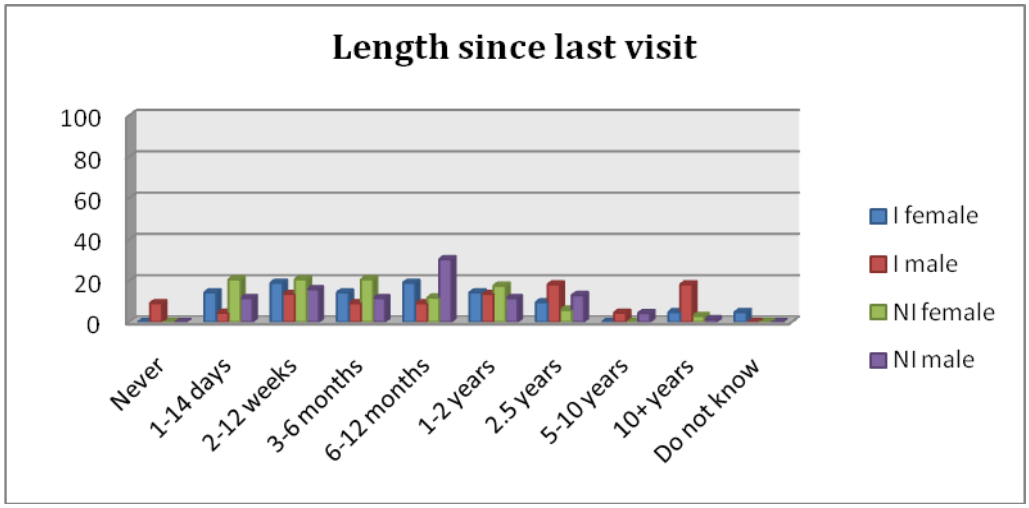
Dental Health

Research has identified that prisoners have a high number of dental problems (Department of Justice, 2003). This section addresses the issue of dental hygiene by investigating the type and rate of dental treatment received and required.



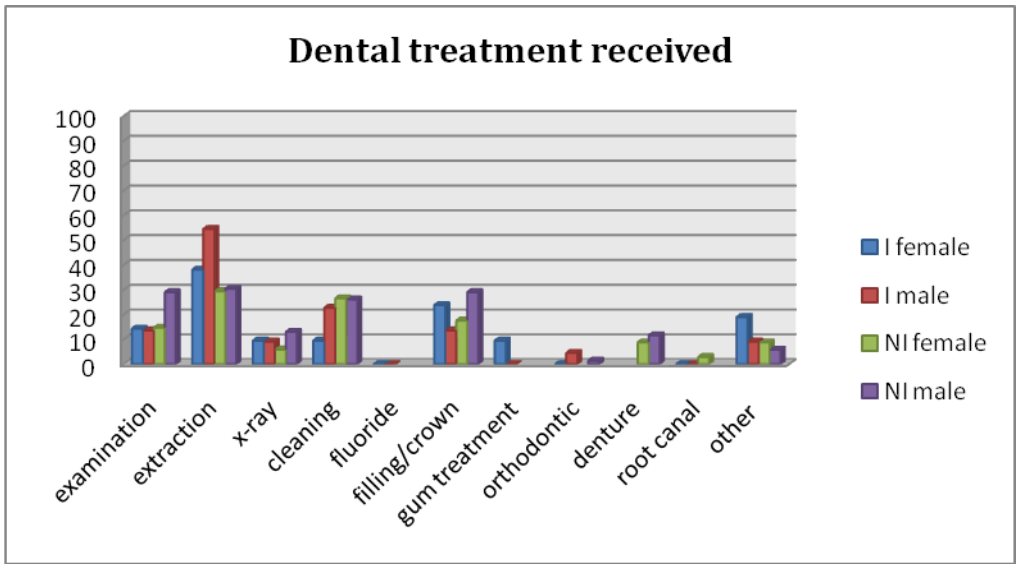
Source: ECU HoPE Collection 2008 [computer file]

Participants were asked how long it had been since they last saw anyone about their teeth, dentures or gums.



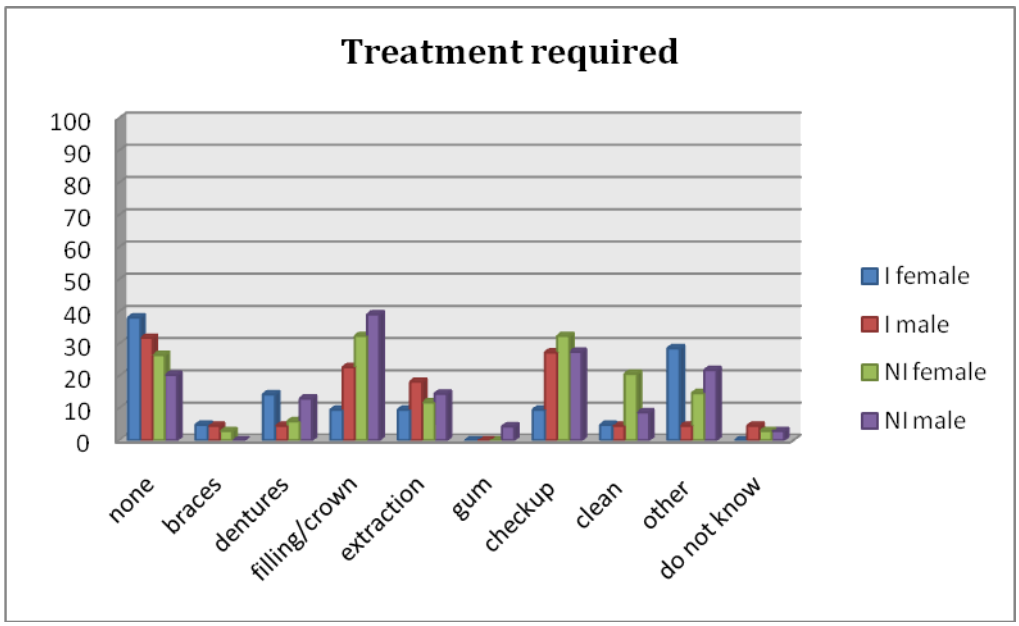
Source: ECU HoPE Collection 2008 [computer file]

Participants were asked what treatment they received at their last visit to the dentist.



Source: ECU HoPE Collection 2008 [computer file]

Participants were then asked to indicate if they thought they required further dental treatment; and, if so, the treatment needed.



Source: ECU HoPE Collection 2008 [computer file]

In the community, nearly one-fifth of Australians have gum disease and one-quarter have untreated dental decay (AIHW, 2008). The dental health of Indigenous people is far worse than that of other Australians (AIHW, 2008). Overall, the most common complaint by prisoners was about the length of time needed to see the dentist and the lack of follow up treatment:

> *"…told there is an 8 year waiting list…only 4 years in the community…for replacement false teeth despite my family willing to pay."*
>
> *"…put in forms regarding a dentist visit for approximately 3 years and nothing has happened."*
>
> *"…all teeth were removed in November* [2007] *and still waiting for a follow up appointment…"* [comment made June/July 2008]

There were numerous complaints that when they did see the dentist, there was a preference for extractions. This is contrary to reports that community dentists prefer to treat decay with fillings instead of extractions (AIHW, 2008).

> *"….mainly just pulls teeth..."*
>
> *"…the dentist is only interested in pulling teeth…"*
>
> *"…prison dentist only worried about pulling teeth…"*
>
> "...very hard to get minor treatment such as fillings..."

Overall, comments were very negative about the dental services. Unfortunately, no information was collected on the dental health of prisoners before they came to prison. This means that it cannot be determined whether the large number of reported extractions is due to poor dental health before incarceration and, therefore, that no alternative treatment is possible. Further studies arising from the HoPE Research will investigate and address these limitations.

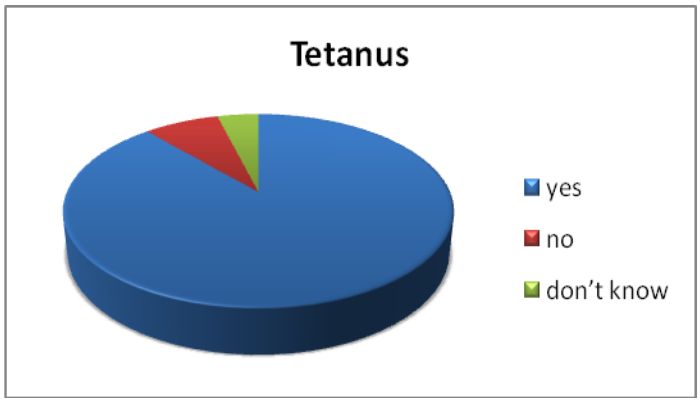
Given some of the negative comments about the services, the authors investigated the mechanisms to address complaints. A range of policies and procedures was identified through which a prisoner can raise a grievance. These are available through a number of channels. Further iterations of the HoPE questionnaire will investigate whether prisoners are aware of these policies; and, if so, whether they have accessed them for these complaints.

Immunisation (including TB)

Research has determined that blood-borne viruses such as hepatitis have a high occurrence in prison populations (AIHW, 2006). Prison also provides an opportunity for contagious diseases such as German measles and tuberculosis to spread rapidly. This question identifies the number of prisoners who have received vaccinations against preventable diseases. Pie charts show total numbers, with a breakdown into the four major categories in the proceeding tables.

Tetanus

Tetanus is caused by bacteria and has an incubation period of one to 21 days. It enters the bloodstream through open wounds and affects the nervous system, causing such symptoms as muscle spasms; trismus (lockjaw); difficulty breathing and talking; and stiffness or pain in the shoulders, back and neck. Tetanus can be prevented by immunisation (Department of Health and Ageing, 2008).



Out of the total number of participants who reported having a tetanus injection, half had received their immunisation within the past 10 years.

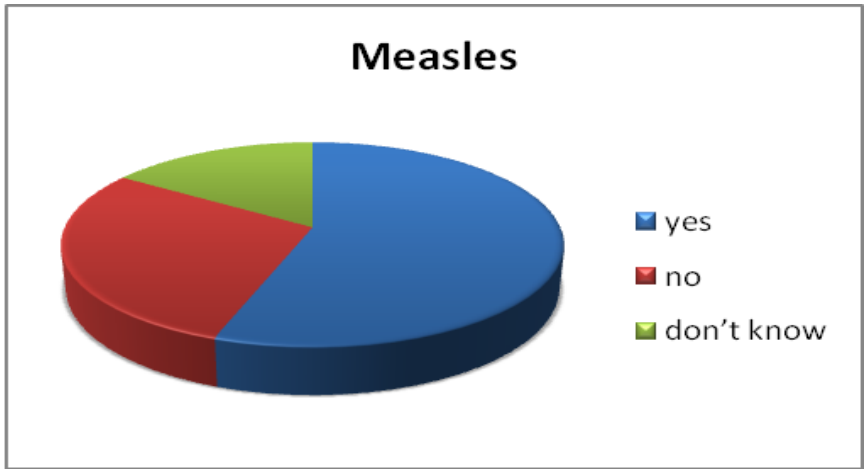
Source: ECU HoPE Collection 2008 [computer file]

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Yes	**17**	81	**17**	77.3	**28**	82.4	**67**	97.1	**129**	88.4
No	**2**	9.5	**4**	18.2	**4**	11.8	**2**	2.8	**12**	8.2
Unsure	**2**	9.5	**1**	4.5	**2**	5.9	**-**	-	**5**	3.4
Total	**21**	100	**22**	100	**34**	100	**69**	100	**146**	100

Source: ECU HoPE Collection 2008 [computer file]

Measles

Measles is a highly infectious airborne disease causing a rash, fever, cough, and cold and flu-like symptoms, with complications that can lead to brain damage or death. Measles can be prevented by immunisation (Dept of Health and Ageing, 2008).



Source: ECU HoPE Collection 2008 [computer file]

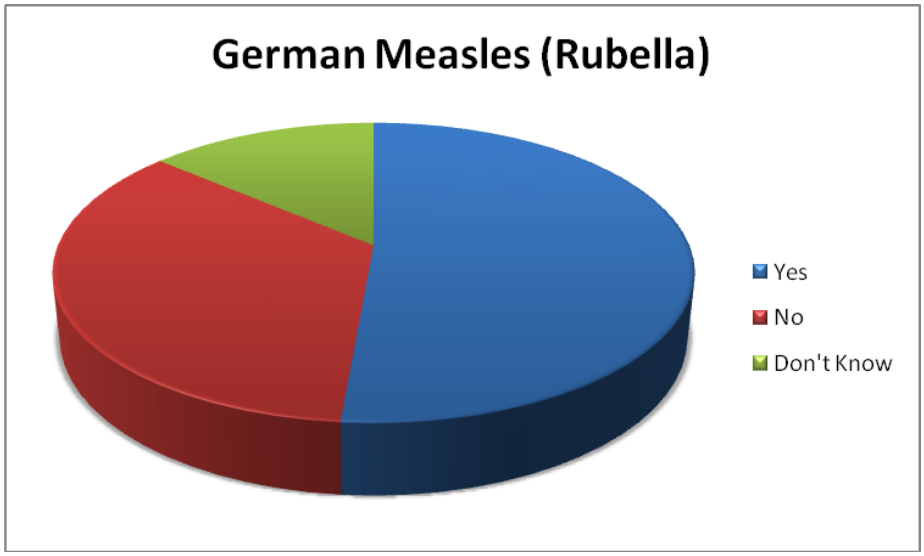
Slightly more than one quarter of respondents had not had a measles vaccination. The vaccination program can only be effective in the prevention of the spread of a disease if 95% of the population is immunised (Durrheim, Kelly, Ferson & Featherstone 2007).

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Yes	**12**	57.1	**4**	18.2	**24**	70.6	**41**	59.4	**81**	55.5
No	**6**	28.6	**15**	68.2	**8**	23.5	**14**	20.2	**43**	29.5
Unsure	**3**	14.3	**3**	13.6	**2**	5.9	**14**	20.3	**22**	15
Total	**21**	100	**22**	100	**34**	100	**69**	100	**146**	100

Source: ECU HoPE Collection 2008 [computer file]

Rubella (German measles)

German measles is an airborne virus causing a rash, swollen glands and joint pain, with rare complications that can lead to brain damage. Infection in the first trimester of pregnancy can cause severe abnormalities and mental retardation to the unborn child. Rubella can be prevented by immunisation (Dept of Health and Ageing, 2008).



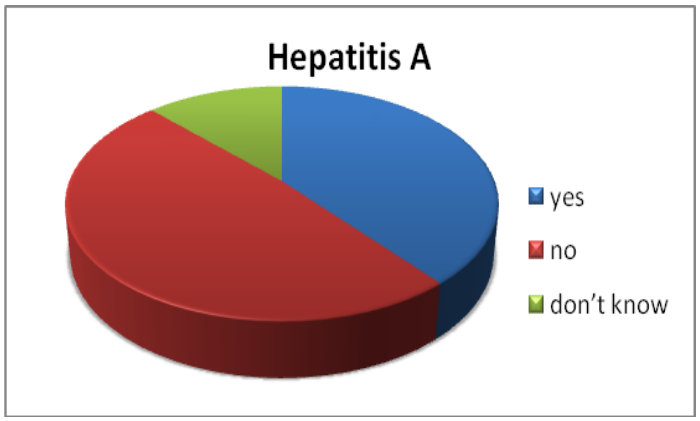
Source: ECU HoPE Collection 2008 [computer file]

The Rubella vaccination is free and given to teenage girls in the early years of secondary school. Of the female respondents, 74.5% reported having the vaccination. Importantly, nearly a third of Indigenous women missed out on receiving this preventable disease vaccination. This is a matter that warrants further investigation.

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Yes	**14**	66.7	**2**	9.1	**27**	79.4	**32**	46.4	**75**	51.4
No	**6**	28.6	**16**	72.7	**7**	20.6	**22**	30.8	**51**	34.9
Unsure	**1**	4.8	**4**	18.2	**-**	-	**15**	21.7	**20**	13.7
Total	**21**	100	**22**	100	**34**	100	**69**	100	**146**	100

Source: ECU HoPE Collection 2008 [computer file]

Hepatitis

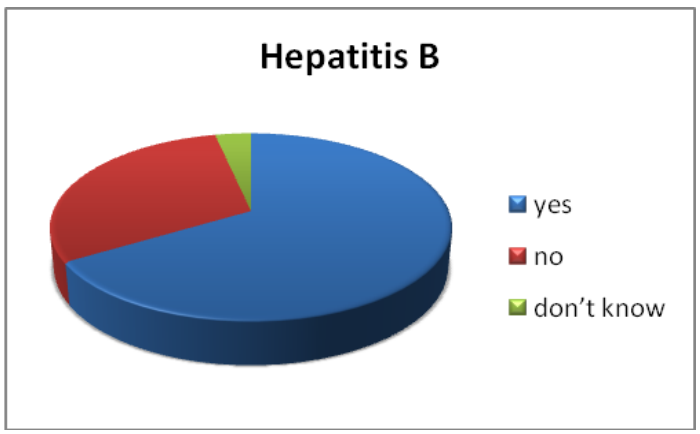


Source: ECU HoPE Collection 2008 [computer file]

Only two non-Indigenous male participants did not receive the full course of three injections. A further four were still receiving the course. Some people may have been unsure whether they received the vaccination, as the hepatitis A & B vaccination can now come in a combined injection (Twinrix).

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Yes	**6**	28.6	**9**	40.9	**13**	38.2	**29**	42	**57**	39.1
No	**11**	52.4	**11**	50.0	**16**	47.1	**33**	47.8	**71**	48.6
Unsure	**4**	19.0	**2**	9.1	**5**	14.7	**7**	10.1	**18**	12.3
Total	**21**	100	**22**	100	**34**	100	**69**	100	**146**	100

Source: ECU HoPE Collection 2008 [computer file]



Source: ECU HoPE Collection 2008 [computer file]

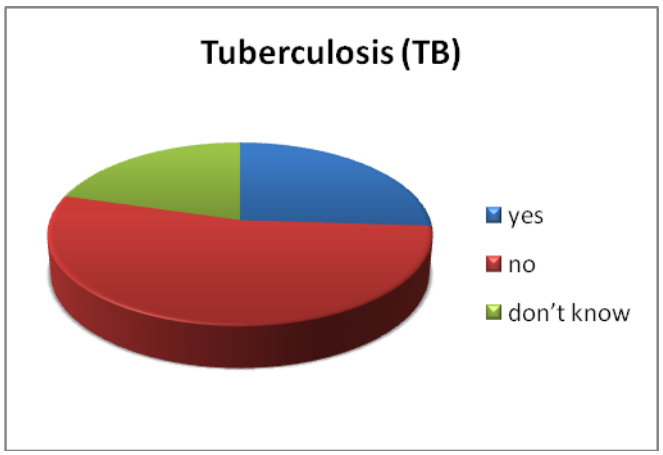
Only seven participants did not receive the full course of three injections. A further four were still receiving the course. The only incidence of hepatitis B in the HoPE data was in Indigenous men.

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Yes	**14**	66.7	**11**	50	**29**	85.3	**43**	62.3	**97**	66.4
No	**6**	28.6	**10**	45.5	**5**	14.7	**23**	33.3	**44**	30.2
Unsure	**1**	4.8	**1**	4.5	**-**	-	**3**	4.3	**5**	3.4
Total	**21**	100	**22**	100	**34**	100	**69**	100	**146**	100

Source: ECU HoPE Collection 2008 [computer file]

Tuberculosis (TB)

Although uncommon in Australian prisons, tuberculosis is a rapidly spreading, highly contagious lung disease that can result in the delay of prisoner movements within and between prisons. This question sought to identify the number of prisoners who have been in contact with the disease or been tested for the disease, and the year in which this occurred.



Source: ECU HoPE Collection 2008 [computer file]

Tuberculosis cases still occur in Australia, although they are rare (AIHW, 2008). The infection rate is disproportionately high in some groups; namely Indigenous Australians and immigrants (AIHW, 2008). No Indigenous respondents in the HoPE survey had ever had TB, although most are not immunised against the disease. Only 15.8% of the respondents had ever been tested and only one person, a non-Indigenous male, reported ever having had TB.

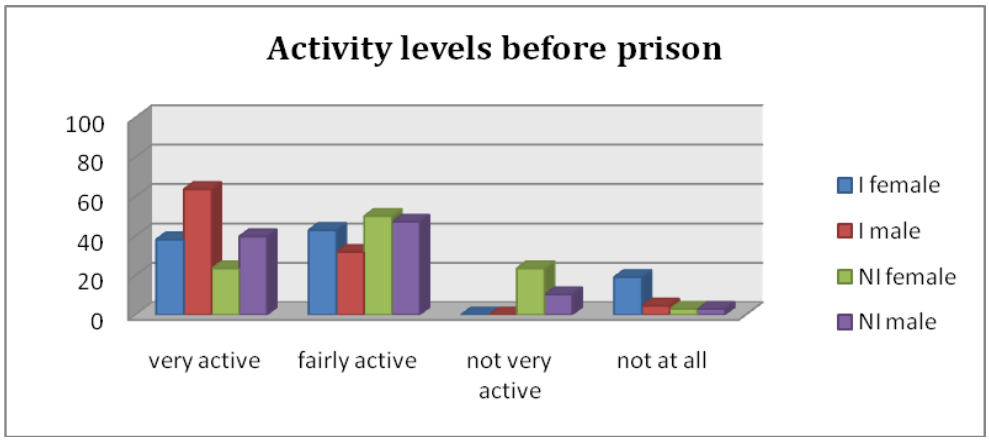
	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Yes	**4**	19.0	**1**	4.5	**11**	32.4	**22**	31.9	**38**	26
No	**14**	66.7	**18**	81.8	**15**	44.1	**31**	44.8	**78**	53.4
Unsure	**3**	14.3	**3**	13.6	**8**	23.5	**16**	23.2	**30**	20.6
Total	**21**	100	**22**	100	**34**	100	**69**	100	**146**	100

Source: ECU HoPE Collection 2008 [computer file]

Exercise

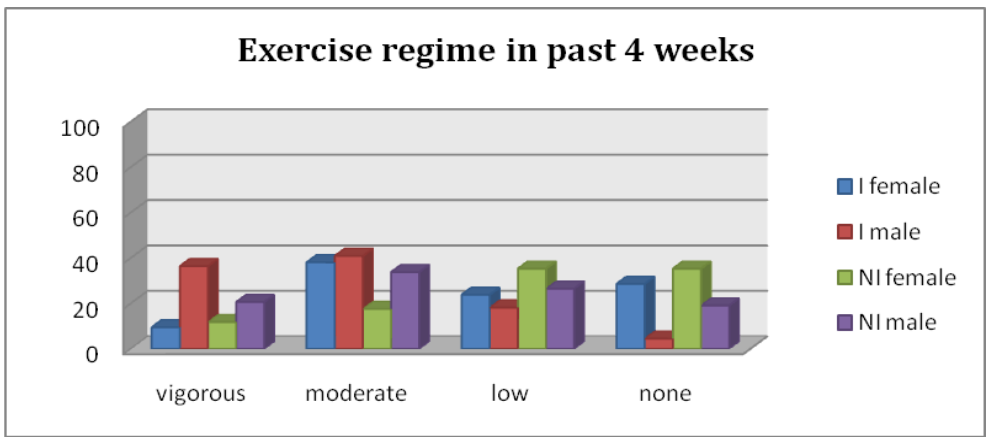
Exercise and quality of health is a well-known correlate. This question identified the level of exercise that prisoners were engaging in compared with levels prior to imprisonment. It investigated whether prison provided adequate exercising opportunities. Prisoners were asked whether they engaged in the activities on offer and whether they believed further physical activities were required. Furthermore, they were asked their opinion about their weight.

Participants were asked about their activity levels in the year before they came to prison.

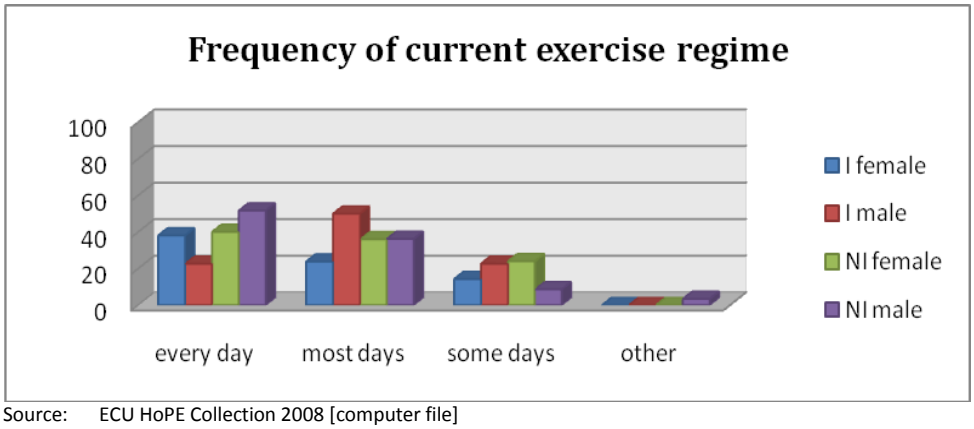


Source: ECU HoPE Collection 2008 [computer file]

Participants were asked to describe their exercise regime in the past four weeks.

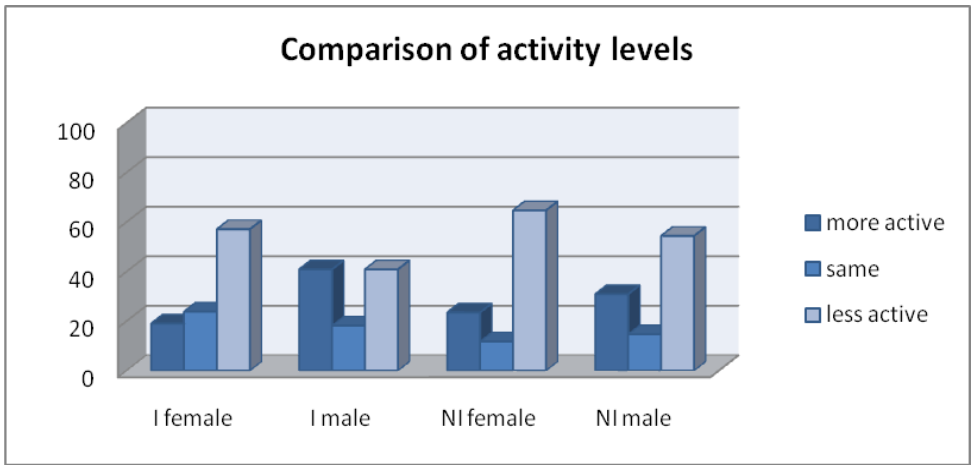


Source: ECU HoPE Collection 2008 [computer file]



Source: ECU HoPE Collection 2008 [computer file]

Participants were asked to compare their current activity levels with those prior to incarceration. Many participants believed that their current level of activity was less than before imprisonment.



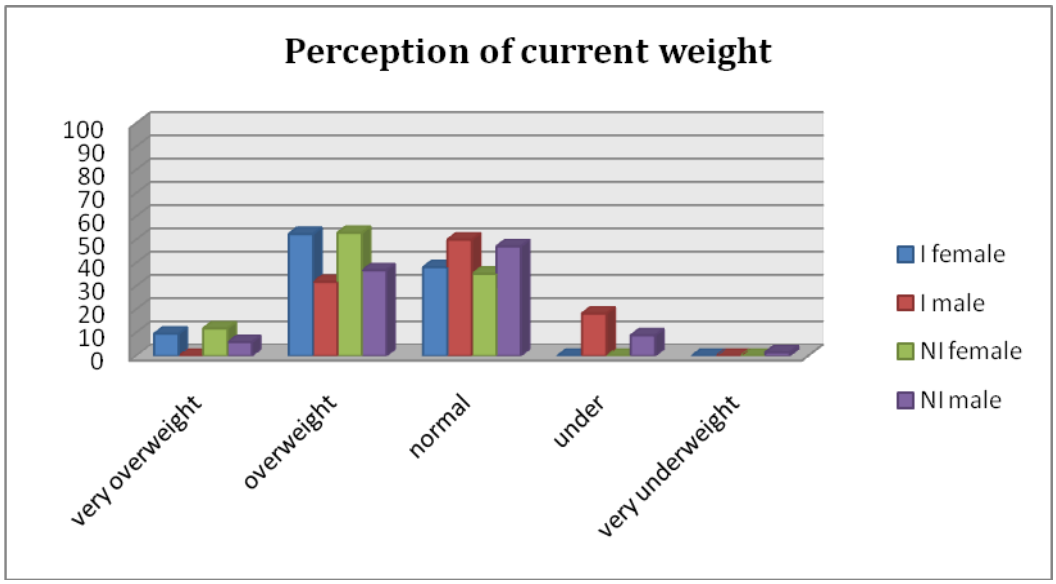
Source: ECU HoPE Collection 2008 [computer file]

Participants were then asked to explain why their activity levels were different.

More time/motivation/ability	Less time/motivation/ability
Increased due to drug use reduction	Decreased due to drug use reduction
Exercise good way to use time	Work duties take too much time
More facilities or room to exercise	Not enough facilities or room
Active person	Inactive person
Active occupation in prison	Less active occupation in prison
	Medication-related effect
	Personal choice – did not want to
	Injury or health-related effect
	No age-appropriate exercise facilities

The Indigenous females all mentioned that the absence of a large area like a football oval was the reason their exercise level was low. At the female prison, there was a small area for outdoor exercise, which did not allow for the running activities and ball games that they were used to. They all mentioned regret over the loss of the ability to play football. Gymnasium equipment is available on a roster basis for those people who are interested, but the majority of the Indigenous respondents did not favour its use.

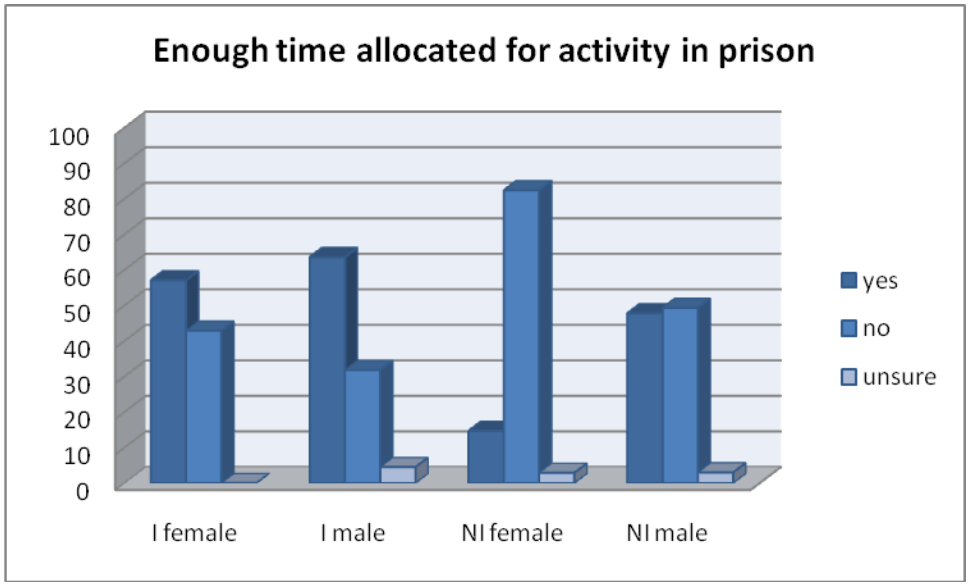
Participants were then asked about their weight.



Source: ECU HoPE Collection 2008 [computer file]

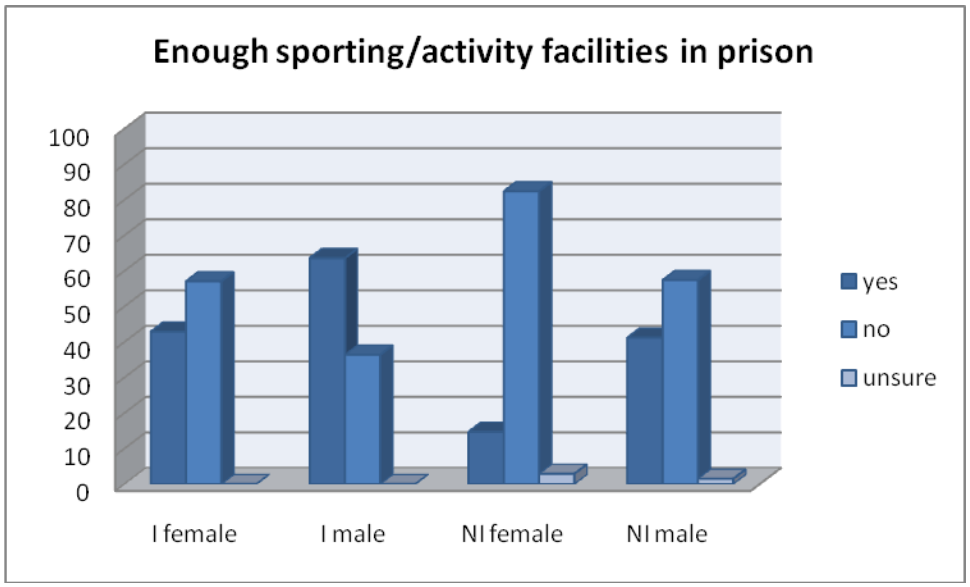
The responses from the female interviewees about their perceptions of their weight is in keeping with the national figures reported by the National Health Survey of 2004/5. This survey found that about half of Australian adults perceive themselves to be overweight or obese; with 2.5 million adults (both males and females) thinking that they are obese, and 4.9 million adults believing themselves to be overweight (AIHW, 2008). The perceptions of the men in the HoPE study correlated with the national figures, which showed that fewer men perceived themselves to be overweight or obese. This is in contrast to the actual measured statistics from the Australian Diabetes, Obesity and Lifestyle (AusDiab) study, which showed that 67 percent of men were overweight or obese compared with only 52 percent of women (Barr et al., 2006).

Participants were asked to indicate whether they thought there was enough time allocated to sporting activities in the prison.



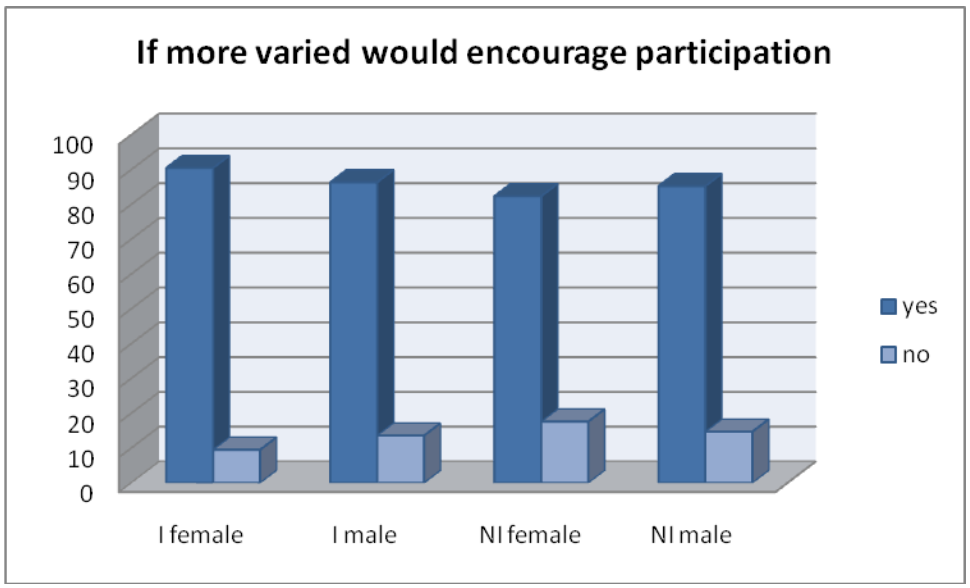
Source: ECU HoPE Collection 2008 [computer file]

Participants were then asked to indicate whether they thought there were enough sporting/physical activity facilities in prison.



Source: ECU HoPE Collection 2008 [computer file]

Participants were asked whether, if more and varied activities were available, they would participate in them.



Source: ECU HoPE Collection 2008 [computer file]

Physical activities wanted

Football	Snooker	More weight machines
Rugby	Table tennis	Martial arts
Basketball	Darts	Larger tennis courts
Soccer	Badminton	Improved gym equipment
Cricket (indoor/outdoor)	Volleyball	Squash
Bike riding	Boxing	Swimming
Access to an oval or another oval	Craft	Tai Chi
Archery	Pilates	Golf
Softball	Dancing	Age-appropriate facilities
Bootcamp	Structured fitness classes	Walking tracks
Team sports	Remedial exercise	Yoga

Source: ECU HoPE Collection 2008 [computer file]

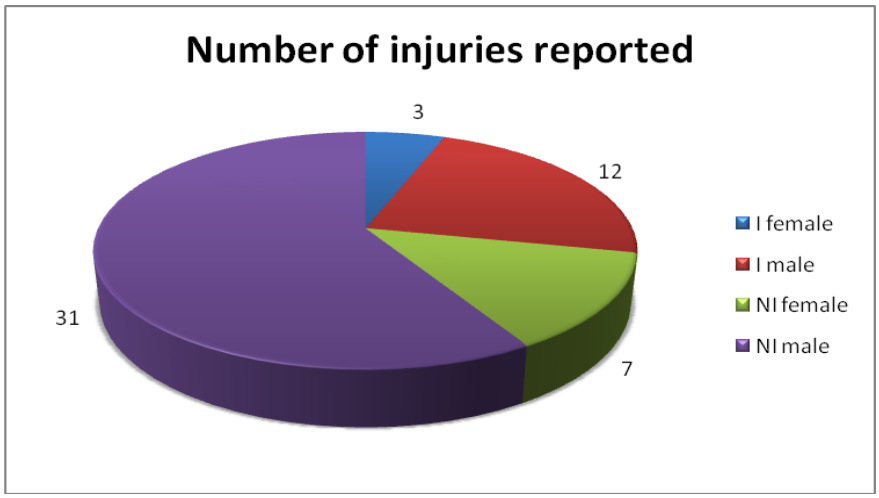
The respondents were very constructive with their suggestions for the types of physical activities they wanted. The responses above were the total range from all interviewees and no frequencies have been provided, although the figures are available.

Additional comments included that there was no free access to equipment or sporting activities, because the use of the oval and the equipment was on a roster basis. Some respondents wanted to use the oval whenever they had recreation time, rather than having to wait for their specific rostered days. Interestingly, although some had asked for darts and archery, they understood why they would not be considered appropriate in a prison environment.

Injury

This question identified the type, cause and extent of the injury, the location the injury occurred at, and the resulting treatment. Figures report numbers not percentages.

Injuries (excluding accidents) in a contained environment, such as a prison, should be preventable. This question will help provide data that may serve as a preventative factor by contributing to an understanding of the circumstances surrounding prisoner injury.



Source: ECU HoPE Collection 2008 [computer file]

Overall, 30.1% (44) had an accident or injury that needed medical attention in the previous three months. These 44 respondents accounted for 53 injuries.

There were 49 reports of injuries occurring within prison.

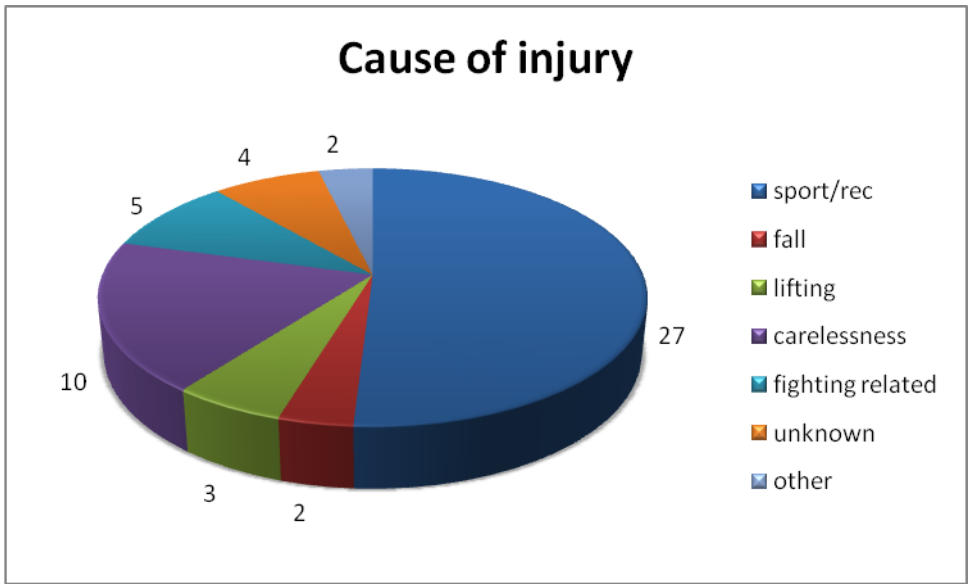
Four out of six intentional assaults took place in prison.

Type of Injury

	Indigenous		Non-Indigenous		Total
	Female	Male	Female	Male	
Bone*		4	2	7	**13**
Wounds	1	2		2	**5**
Muscle**	1	4	4	8	**17**
Back	-	-	1	7	**8**
Eye				2	**2**
Bruising				2	**2**
Other	1	2		3	**6**
Total	**3**	**12**	**7**	**31**	**53**

Source: ECU HoPE Collection 2008 [computer file]

* includes breaks, fractures, and dislocations ** includes ligaments, tendons, sprain etc.



Source: ECU HoPE Collection 2008 [computer file]

Injuries took place at various locations throughout the prison, and no specific site was identified. All but two respondents received medical treatment, ranging from surgery to attendance by doctors and/or nurses, and various medical treatments (ultrasound, painkillers).

MENTAL HEALTH

Pilot Study of Prisoner Physical Health and Psychological Wellbeing

Psychiatric History

Research has suggested that 46 percent of prisoners have been diagnosed by a doctor as suffering from a psychiatric problem at some point in their lives (Butler & Milner, 2003). This section measured the psychiatric history of prisoners. It identified the type of problem diagnosed, any resulting admissions to a psychiatric hospital, and the current use of psychiatric medication. It also questioned participants about further treatment or counselling they had received and their perceived need for treatment or counselling.

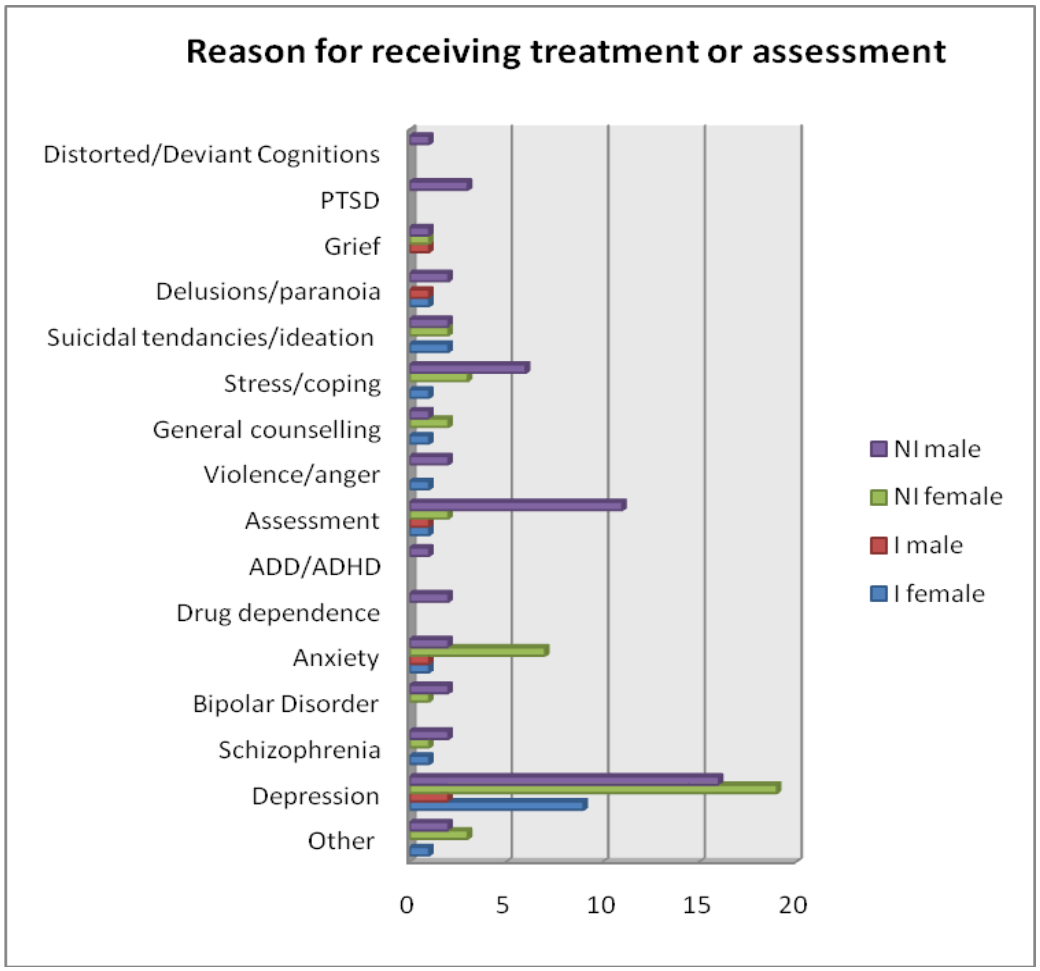
Participants were asked whether they had ever received treatment or assessment by a doctor, psychiatrist, psychologist or counsellor for an emotional or mental problem.

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Yes	**12**	57.1	**6**	27.3	**27**	79.4	**47**	68.1	**90**	61.6
No	**9**	42.9	**16**	72.7	**7**	20.6	**22**	31.9	**56**	38.4
Total	**21**	100	**22**	100	**34**	100	**69**	100	**146**	100

Source: ECU HoPE Collection 2008 [computer file]

The HoPE sample indicates a high response for assessment or treatment for an emotional or mental problem, especially within non-Indigenous participants. In Western Australia, it is common practice within the Community Justice Services (CJS) to request a psychological assessment. Therefore, the high number of mental health assessments could be as a result of contact with the CJS. However, it should be noted that mental health issues are generally more prevalent amongst an offending population.

Participants who responded 'yes' to the question of whether they had received treatment or assessment for an emotional or mental problem were asked to identify the mental or emotional problem.



Source: ECU HoPE Collection 2008 [computer file]
Nb: please note total axis = 20%.

The HoPE sample shows that as with the general population, mental health disorders such as depression are the most prevalent (AIHW, 2005). The 2007 National Survey of Mental Health and Wellbeing of Adults (SMHWB) found rates of depression in the community to be 5.3 percent of males and 7.1 percent of females, which is lower than the HoPE sample. In contrast, the SMHWB (2007) found anxiety in the general population to affect 11 percent of males and 18 percent of females, which is a much higher rate than for the HoPE sample. This is an area for more consideration, which would benefit from comparing prison records and diagnoses.

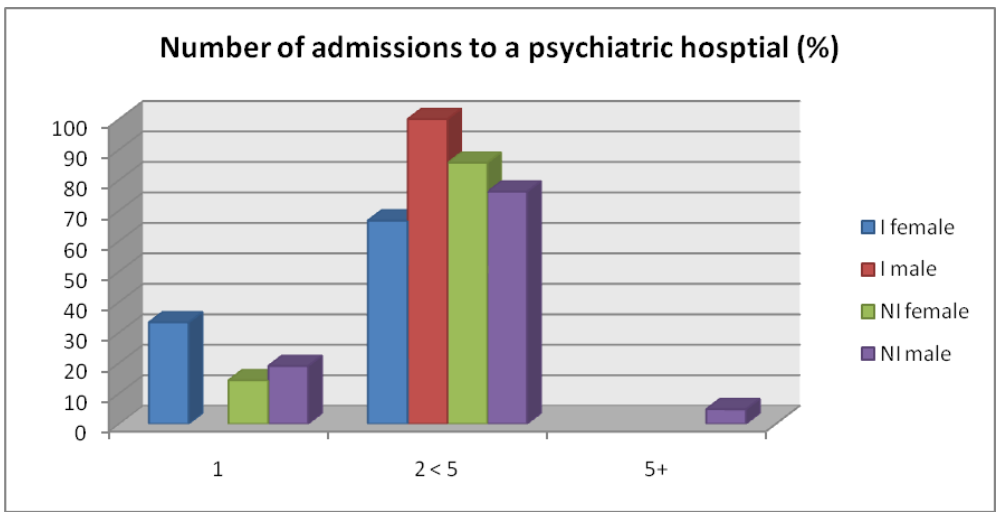
Participants who ***had*** received some sort of assessment or treatment, were asked whether they had ever been admitted to a psychiatric unit or ward in a hospital.

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Yes	**3**	14.3	**2**	9.1	**7**	20.6	**21**	30.4	**33**	22.6
No	**9**	42.9	**4**	18.2	**20**	58.8	**26**	37.7	**59**	40.4
Total	**12**	57.1	**6**	27.3	**27**	79.4	**47**	68.1	**92**	63

Source: ECU HoPE Collection 2008 [computer file]
NB: Percentages are of the total participant population (N=146)

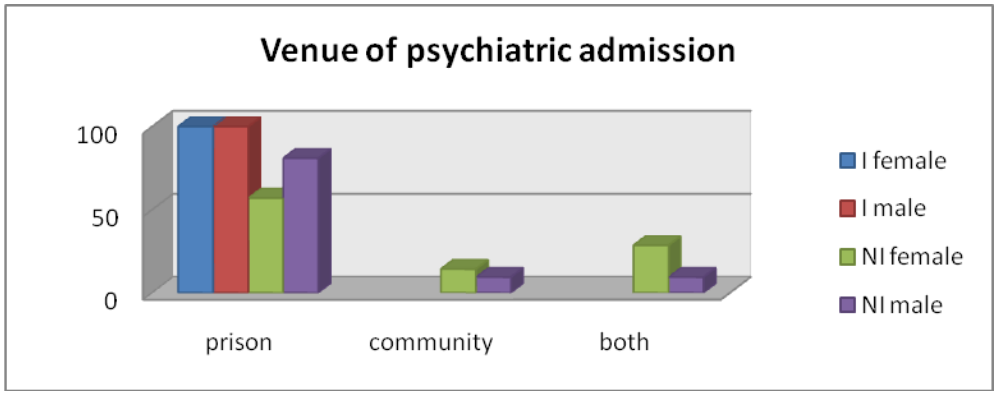
The AIHW Report (2005) found that in the community, there were 22.6 admissions per 1,000 Aboriginal and Torres Strait Islanders, compared with 9.4 admissions per 1,000 other Australians. When specialised psychiatric care was taken into consideration, the difference between the two groups decreased; however, the rate of admission was still almost double that of other Australians (10 per 1,000 for Aboriginal and Torres Strait Islanders compared with 5.6 per 1,000 other Australians) (AIHW, 2005). This is in contrast with the HoPE self-report survey, which found that almost half of the non-Indigenous males who had been assessed had been hospitalised. Care needs to be taken with this conclusion due to the small number of Indigenous respondents.

Participants who had been admitted to a psychiatric ward or unit in a hospital were asked how many admissions they had had. Responses ranged from one admission to 45 admissions.



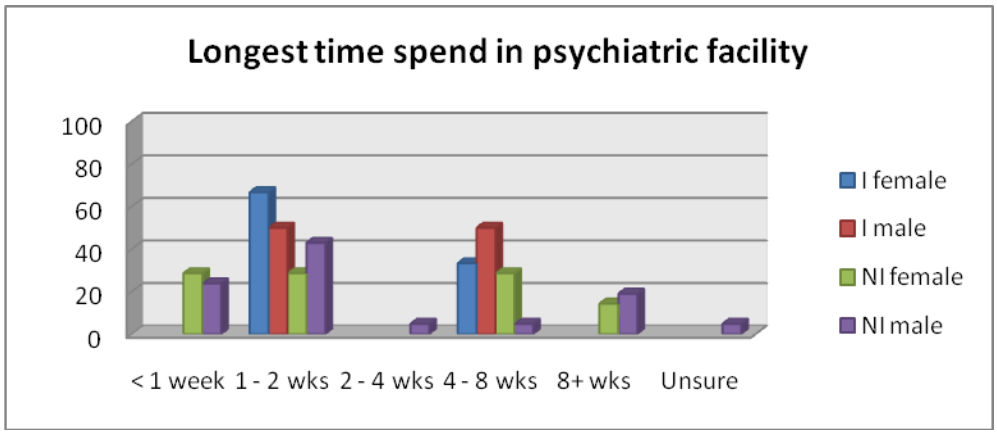
Source: ECU HoPE Collection 2008 [computer file]

Respondents were asked whether these admissions were in prison, the community, or both.



Source: ECU HoPE Collection 2008 [computer file]

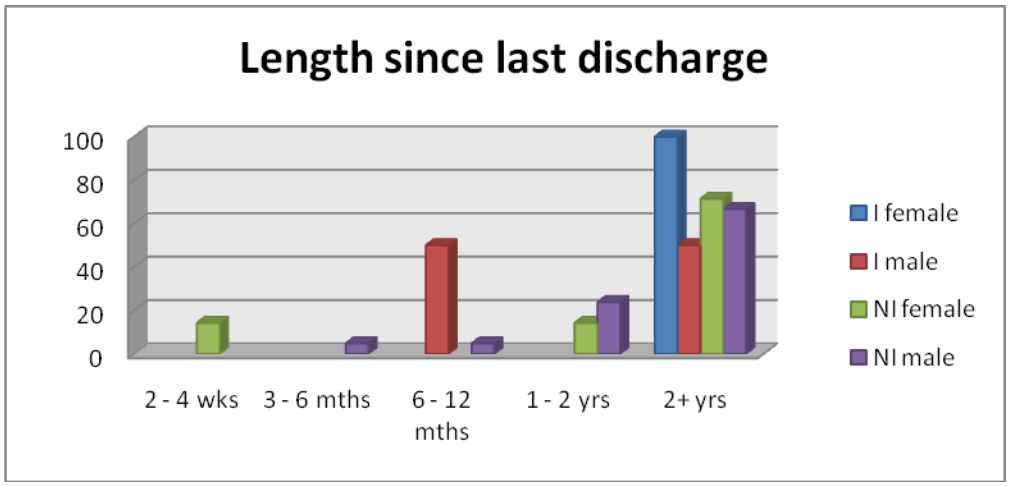
Respondents were asked to think about their longest admission and to report how long they spent in the psychiatric unit or ward.



Source: ECU HoPE Collection 2008 [computer file]

The AIHW found that Indigenous people in the general population had a shorter stay on average when hospitalised for a mental health-related matter if specialised psychiatric care was not needed (4.6 days compared with 8.5 days for all other Australians). However, this may be due to issues such as a lack of facilities in remote areas (AIHW, 2005). The above table suggests that incarcerated Indigenous people are more likely to spend longer periods in a psychiatric unit or ward than Indigenous peoples who are not incarcerated. The same can be said for non-Indigenous inmates, with the majority of this group also spending longer periods admitted to a psychiatric unit or ward than the national average.

Participants were questioned about the length of time since they had been discharged from their most recent visit to a psychiatric unit or ward.



Source: ECU HoPE Collection 2008 [computer file]

All respondents were asked whether they were currently taking prescribed psychiatric medication:

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Yes	**5**	23.8	**-**	-	**14**	41.2	**17**	24.6	**36**	24.66
No	**16**	76.2	**22**	100	**20**	58.8	**52**	75.4	**110**	75.34
Total	**21**	100	**22**	100	**34**	100	**69**	100	**146**	100

Source: ECU HoPE Collection 2008 [computer file]

Of those who answered 'yes' to taking prescribed psychiatric medication, the type of medications included anti-depressants, minor tranquilisers, psycho-stimulants and anti-psychotics. Some respondents were prescribed more than one type of psychiatric medication. Additionally, no Indigenous males reported taking prescribed medication for a psychiatric condition.

For the period of 2004-2005, the Australian Bureau of Statistics (ABS) National Health Survey (NHS) found that 19 percent of adults in the general population had used some form of medication to assist their mental wellbeing in the fortnight prior to the NHS interview (ABS, 2006). Apart from Indigenous males, other categories of respondents reported higher percentages of current use of psychiatric medication.

All participants were asked whether they were currently receiving any other forms of treatment or support for an emotional or mental problem.

Indigenous females

Out of 12 who had **ever** received treatment or assessment for an emotional or mental health problem, six (50%) were currently receiving treatment.

- 3 - receiving counselling from the Prison Counselling Service
- 2 - PPP Holyoake – Prison to Parole Programme
- 1 - reported receiving support from her *"own sister girls"*

Indigenous males

Out of six who had ever received treatment or assessment for an emotional or mental health problem, two (33%) were currently receiving treatment.

- 2 - counselling and support from prison psychologist

Non-Indigenous females

Out of 27 who had ever received treatment or assessment for an emotional or mental health problem, 15 (55%) were currently receiving treatment.

- 12 - receiving counselling from the Prison Counselling Service
- 1 - SAMS (Support & Monitoring System)
- 1 - Counselling with prison doctor
- 1 – Ruah (psychosocial and recovery support for individuals with a mental illness)

Non-Indigenous males

Out of 47 who had ever received treatment or assessment for an emotional or mental health problem, six (13%) were currently receiving treatment.

- 1 - prison psychiatrist
- 1 - SARC (Sexual Assault Resource Centre)

- 3 - receiving counselling from the Prison Counselling Service
- 1 - Social Worker

While rates of current treatment appear low within the prison sample, comparatively the SMHWB found that of those in the community with a lifetime mental disorder, 72.5 percent of surveyed males and 59.3 percent of surveyed females did not access any mental health service for their problem at all, let alone engage in continued treatment.

Suicide

Suicide has been acknowledged as a leading cause of death in Australian prisons, occurring at a rate 2.5 to 15 times more than in the general population (McArthur, Camilleri & Webb, 1999). This question identified suicidal ideation and tendencies of prisoners, and the effect imprisonment had on the frequency of suicidal thoughts or behaviour. The number of suicide attempts was examined, as well as the methods or means to do so.

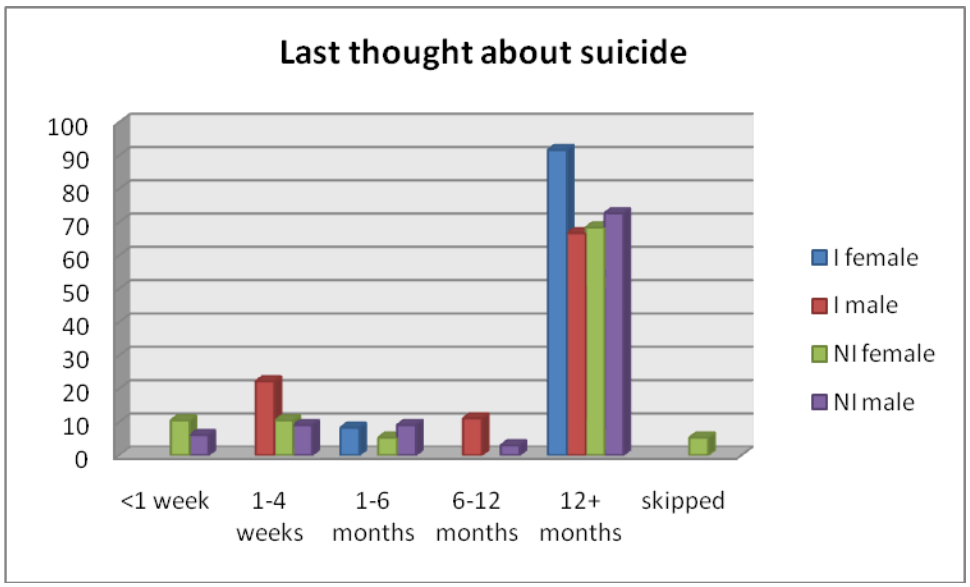
Participants were asked a screening question to determine whether they were comfortable talking to the interviewer about suicide. All but two respondents (Indigenous males) felt comfortable enough to answer the suicide section of the questionnaire. The two who felt uncomfortable skipped this section entirely. Therefore, the total number of Indigenous male respondents for this section was 20.

Participants were asked whether they had ever had thoughts about committing suicide. Overall, 51.4 percent had ***THOUGHT*** about committing suicide.

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Yes	**12**	57.1	**9**	40.9	**19**	55.9	**34**	49.3	**74**	51.4
No	**9**	42.9	**11**	50	**15**	44.1	**35**	50.7	**70**	48.6
Total	**21**	100	**20**	100	**34**	100	**69**	100	**144**	100

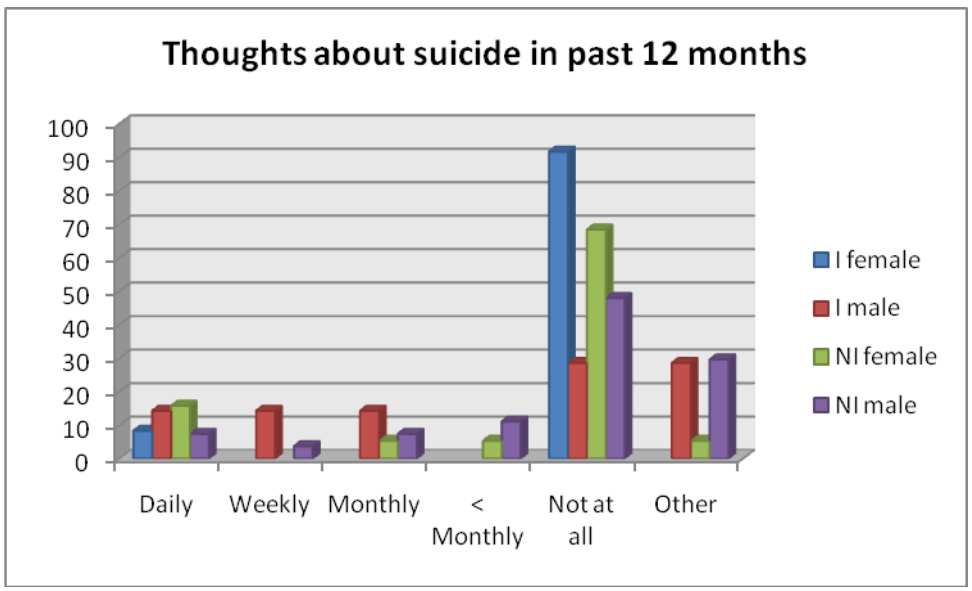
Source: ECU HoPE Collection 2008 [computer file]
NB: Two Indigenous males declined to answer the suicide section and percentages have been adjusted

Participants who had answered 'yes' were asked when they last thought about suicide.



Source: ECU HoPE Collection 2008 [computer file]

If participants had reported ever having ***THOUGHT*** about committing suicide, they were asked how often they had had such thoughts in the past year.



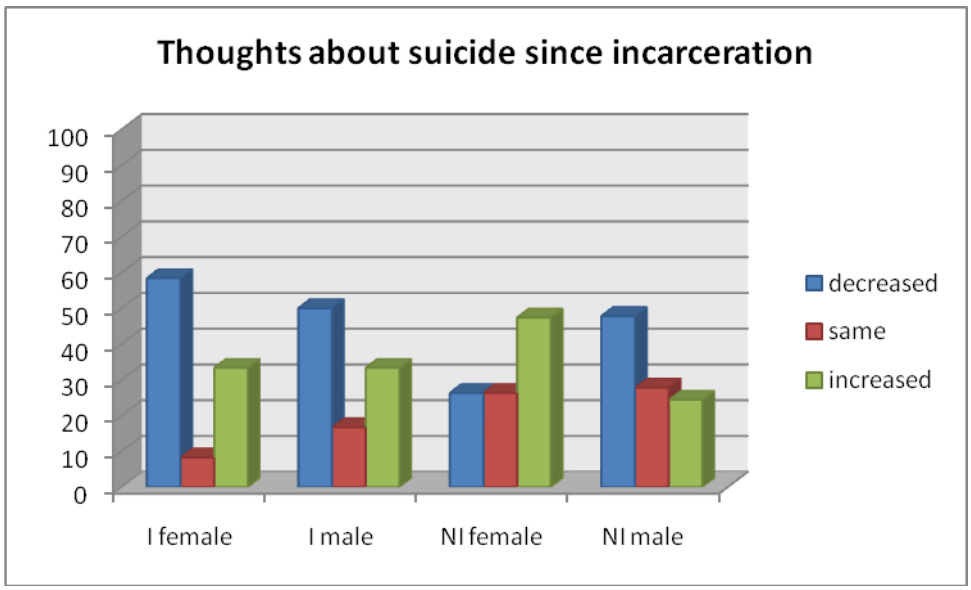
Source: ECU HoPE Collection 2008 [computer file]

Those who had ever THOUGHT about suicide were asked whether their thoughts had changed since incarceration.

Thoughts about suicide since incarceration

	Indigenous		Non-Indigenous		Total	
	Female	Male	Female	Male	Total	%
Decreased	**7**	**3**	**5**	**14**	**29**	43.9
Same	**1**	**1**	**5**	**8**	**15**	22.7
Increased	**4**	**2**	**9**	**7**	**22**	33.4
Total	**12**	**6**	**19**	**29**	**66**	100

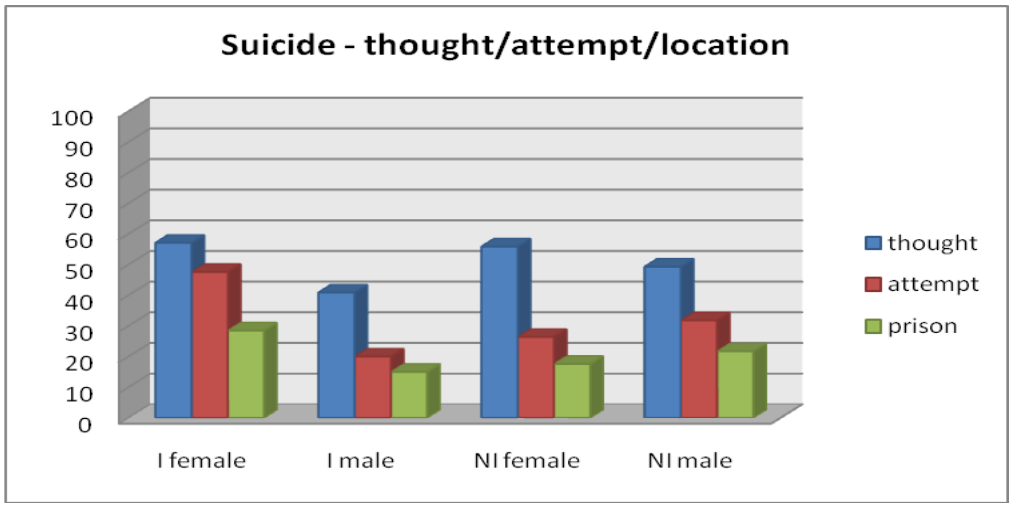
Source: ECU HoPE Collection 2008 [computer file]
NB: three Indigenous and five non-Indigenous males declined to answer this question
Percentages are of those who had ever thought about suicide, not the total number of participants



Source: ECU HoPE Collection 2008 [computer file]

Interestingly, apart from non-Indigenous females, all other categories of respondent reported that their thoughts of suicide had decreased since incarceration.

Participants who had reported ever thinking about suicide were asked if they had ever ***ATTEMPTED*** suicide. Almost half of participants who had thought about suicide had gone on to attempt it, and the majority of these last attempts were in prison.



Source: ECU HoPE Collection 2008 [computer file]

A total of 44 prisoners reported that they had ever attempted suicide. They had an average of six attempts (range = 3-50) with some not coded as they responded: several times (n=14); don't know (n=10); and many times (n=1). Participants were asked what method they used the last time they attempted suicide.

	Indigenous		Non-Indigenous		Total
	Female	Male	Female	Male	
Hanging	4		3	6	13
Overdose	1	1	3	5	10
Firearms		1		1	2
Slash/stab	5	1	1	8	15
Gas		1		1	2
Electrical				2	2
Poison	1		1	2	4
Strangulation			1		1
Other			2	2	4
Total	11	4	11	27	53

Source: ECU HoPE Collection 2008 [computer file]

This entire area of suicide in prison warrants further attention, as the results can be confusing. In summary, those who had ever ***THOUGHT*** about suicide had thought about it less often since coming to prison. Yet when questioning those who had ***ACTUALLY*** attempted suicide, it was found that more than two-thirds of their last attempts had been in prison. The HoPE questionnaire has been modified to take this into account for future data collections.

Self-harm

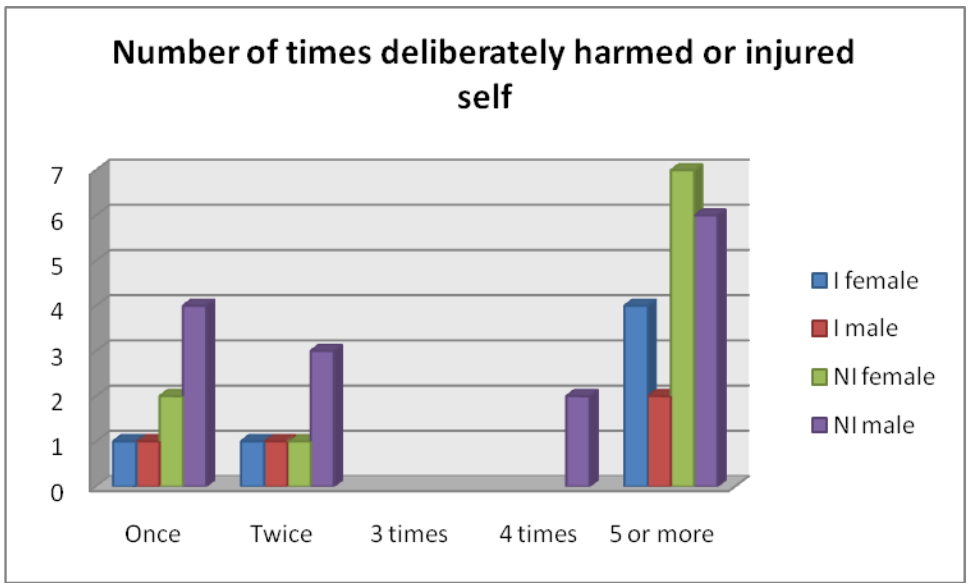
Very few studies to date have examined prisoner self-harm (McArthur, Camilleri & Webb, 1999). This question addressed this shortage of data by investigating the frequency of self-harm by prisoners, and the method and reasons behind self-harming. It is intended to examine self-harm tendencies of prisoners in order to enhance understanding of the behaviour and to enable the future development of effective prevention and intervention programs.

Participants were asked, excluding suicide attempts, whether they had ever deliberately harmed or injured themselves.

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Yes	**6**	28.66	**4**	18.2	**10**	29.4	**15**	21.7	**35**	24
No	**15**	71.4	**18**	81.8	**23**	67.6	**54**	78.3	**110**	75.3
Skipped	**-**	-	**-**	-	**1**	2.9	**-**	-	**1**	0.7
Total	**21**	100	**22**	100	**34**	100	**69**	100	**146**	100

Source: ECU HoPE Collection 2008 [computer file]

Participants were asked to indicate how many times they had deliberately harmed themselves.



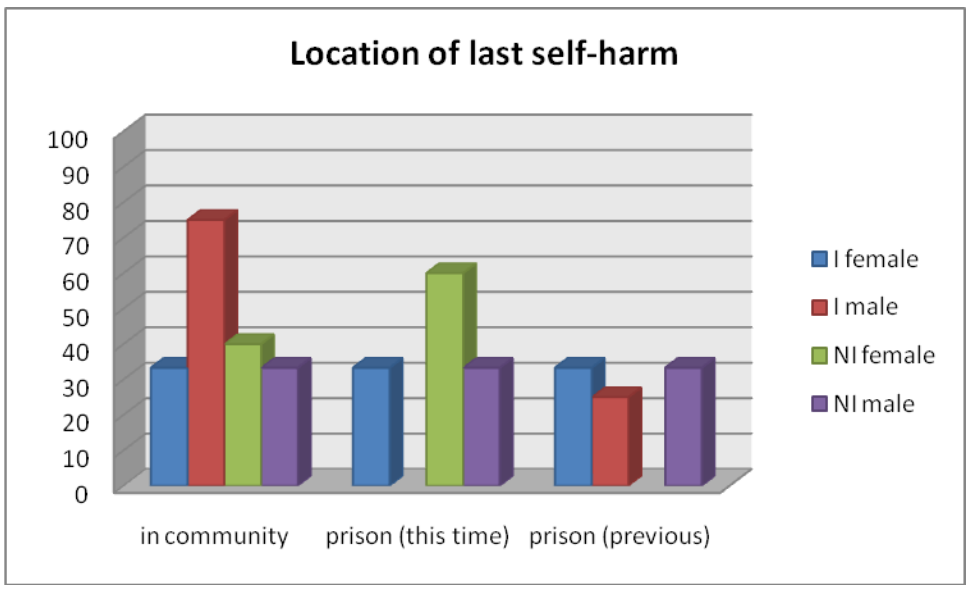
Source: ECU HoPE Collection 2008 [computer file]

Participants were asked to indicate how they had harmed themselves on the ***LAST*** occasion.

	Indigenous		Non-Indigenous		Total
	Female	Male	Female	Male	
Refusing food/water				1	**1**
Slashing/cutting	4	2	7	10	**23**
Burning			1	1	**2**
Hanging				1	**1**
Biting				1	**1**
Blunt force	2	1	1		**4**
Binge eating			1		**1**

Source: ECU HoPE Collection 2008 [computer file]

The methods used by inmates may indicate the availability of objects able to achieve self-harm in comparison with what is available to the general population. While cutting or slashing required some form of tool or weapon, it appears such objects are available. Blunt force requires no such tools, and inmates reported using means such as banging their head against a wall, smashing their hand, throwing themselves down stairs and even biting themselves (one male inmate reported biting his own finger off) to inflict injury.



Source: ECU HoPE Collection 2008 [computer file]

More needs to be asked about the history of self-harming to build a more complete picture. This has been amended in the HoPE questionnaire.

Reasons for self-harming

Females

Indigenous females
To get help
To relieve tension
To make others listen
Frustration, felt tricked by DCP, lost children
Fit of rage
To cope with grief
To feel pain, to feel something

Non-Indigenous females
To relieve tension
To stop the pain inside
Fit of rage
To relieve/stop pain
Didn't like myself at the time
Hurt self so that other people couldn't
Confused growing up
Made me feel better
I love it – personal thing

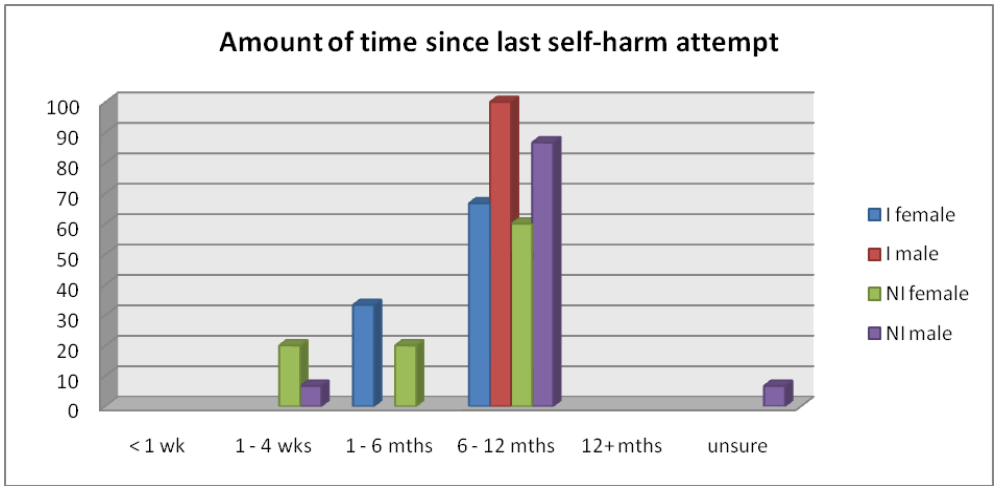
Males

Indigenous males
To relieve tension
Too many worries
Jealousy
Frustrated at being locked up

Non-Indigenous males
To relieve tension
To get what I wanted
To move jails
Experimenting
To regain control over self
To stop friend from self-harming
Couldn't function properly
Fit of rage
Don't know
Because of the verdict from court
It was the date committed crime
Curiosity
To get back at mother

Source: ECU HoPE Collection 2008 [computer file]

Respondents were asked how long ago their last self-harming occurred.



Source: ECU HoPE Collection 2008 [computer file]

Self-harming, as with suicide, presents a challenge for prisons as they deal with behaviour that is potentially life threatening (McArthur, Camilleri & Webb, 1999). Data from the HoPE Project supports previous research findings and suggests that incidents of self-harm exist among those interviewed. Importantly, many inmates who self-harmed were likely to have done so in the community on the last occasion, suggesting that these behaviours or mental health problems were in existence before incarceration.

Mental Health Screen

This question comprises a scale that is designed to be administered by non-psychiatric staff, which indicates a prisoner's need for further psychiatric assessment (Butler & Milner, 2003). Research has identified a large number of undetected mental health problems within the prison system (Butler & Milner, 2003) and the inclusion of this tool will contribute to further information on the mental health of prisoners. The Brief Jail Mental Health Screen (BJMHS) indicates whether an individual has recent or acute symptoms associated with schizophrenia, bipolar disorder or major depression (Steadman et al., 2005). It is used as a screening device upon entry to prisons in some states in the USA and has been validated as having greater reliability and validity than a similar measure – the Referral Decision Scale (Steadman et al., 2005).

The Brief Jail Mental Health Screen was developed by Policy Research Associates Inc and is an efficient mental health screen that aids in the early identification of severe mental illnesses and other acute psychiatric problems during the prison intake process. This is not a diagnostic tool, but it identifies detained individuals who should be referred for further mental health evaluation. Based on their responses to the screen, the following number of prisoners met the requirements of referral for further assessment.

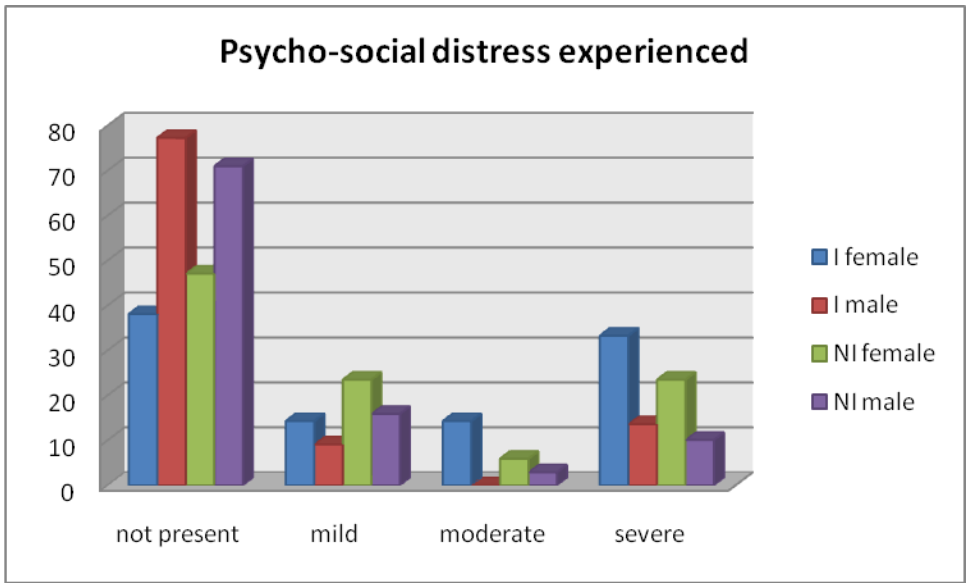
	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Yes	**12**	57.1	**7**	31.8	**11**	32.4	**20**	29	**50**	34.3
No	**9**	42.9	**15**	68.2	**23**	67.6	**49**	71	**96**	65.7
Total	**21**	100	**22**	100	**34**	100	**69**	100	**146**	100

Source: ECU HoPE Collection 2008 [computer file]
For the purpose of the report the answers to numbers '7' or '8' of the scale were excluded to protect against false positives

Kessler Psychological Distress Scale

The Kessler-10 (K10) measure is a 10-item self-report questionnaire intended to yield a global measure of 'psychosocial distress' based on questions about the level of anxiety and depressive symptoms in the most recent four-week period (Kessler et al, 2003; NSW Department of Health, 2002). It has been used in this questionnaire to establish the level of psychological and emotional distress experienced by prisoners. This can then be used to contribute to the development of mental health interventions within the prison healthcare system.

It is recognised that recently-admitted prisoners may show higher distress levels than other prisoners. This is calculated by adding up numbered responses to reflect the current levels of distress experienced by the individual, with the lowest number indicating low levels of distress and the highest severe levels.



Source: ECU HoPE Collection 2008 [computer file]

This tool is normally used to monitor the distress of individuals already in care, rather than to identify the presence of a disorder. It is likely that the responses of individuals will change from week to week, so the scores that each individual returns will only be a reflection of their distress at that particular moment in time. This would help a practitioner to build a picture of a trend of distress levels for the patient; however, it may not be appropriate in this circumstance. The HoPE results may be skewed because the participants were volunteers and generally not

suffering from acute levels of distress. Under the ethical guidelines of this pilot project, those participants with acute mental health issues had already been excluded from participation by the Prison Counselling Service (PCS). For further explanation of these limitations please refer to the Methodology section.

Importantly, the Kessler-10 measure is widely used, including in the Australian National Survey of Mental Health and Wellbeing (SMHWB), which enables a comparison between the general population and those in prison. Results from the 1997 SMHWB show that 68 percent of the general community scored under 15 percent, with no psychosocial distress evident. Results from HoPE are thus similar in this category for both Indigenous and non-Indigenous males. However, when looking at severe levels of psychosocial distress, only three percent of the general population scored above 30 (Andrews & Slade, 2001). In comparison with the HoPE data, incarcerated Indigenous females are more than 11 times more likely to experience severe psychosocial distress than the general population. Non-Indigenous females are almost eight times more likely, Indigenous males over four times more likely and non-Indigenous males over three times more likely to experience psychosocial distress than the general population. However, due to the small sample size on which the HoPE data is based, caution must be used when interpreting these comparisons. Further research with a larger prison population will enable a more reliable position to be established.

Interestingly, when administering this section of the questionnaire, female prisoners suggested that these questions did not really tap into their levels of anxiety and depressive symptoms. They commented that they were not asked about 'stress', which was far more significant to them than the 'distress' measured by this scale. This was a common theme amongst both Indigenous and non-Indigenous woman who were worried about their children and finances whilst incarcerated. This is under consideration for future issues of the HoPE questionnaire.

ADDICTIVE BEHAVIOURS

Pilot Study of Prisoner Physical Health and Psychological Wellbeing

Alcohol

The Alcohol Use Disorders Identification Test (AUDIT) screening instrument was included as the first 10 questions of the Alcohol section in the questionnaire. The AUDIT is described as a very reliable and simple screening tool sensitive to the early detection of risky and high-risk (hazardous and harmful) drinking. Some problems arose in relation to questions which rely on the categorisation of 'never' to 'daily' and future HoPE research will examine rewording this scale with 'none of the time' to 'all of the time'.

For the purposes of the questionnaire, the statement "how often do you have six or more drinks on one occasion" was replaced with "[MALES] how often did you have five or more drinks on one occasion"; and "[FEMALES] how often did you have three or more drinks on one occasion" as per the Australian guidelines of risky alcohol consumption (National Health and Medical Research Council, 2001). Alcohol is a well-known contributing factor to poor health, and its link to criminal behaviour is well documented. Sections A-J of the AUDIT determined the levels of alcohol use in the 12 months prior to imprisonment. Sections K-N were included to determine alcohol consumption in prison and problematic alcohol use in the respondent's family.

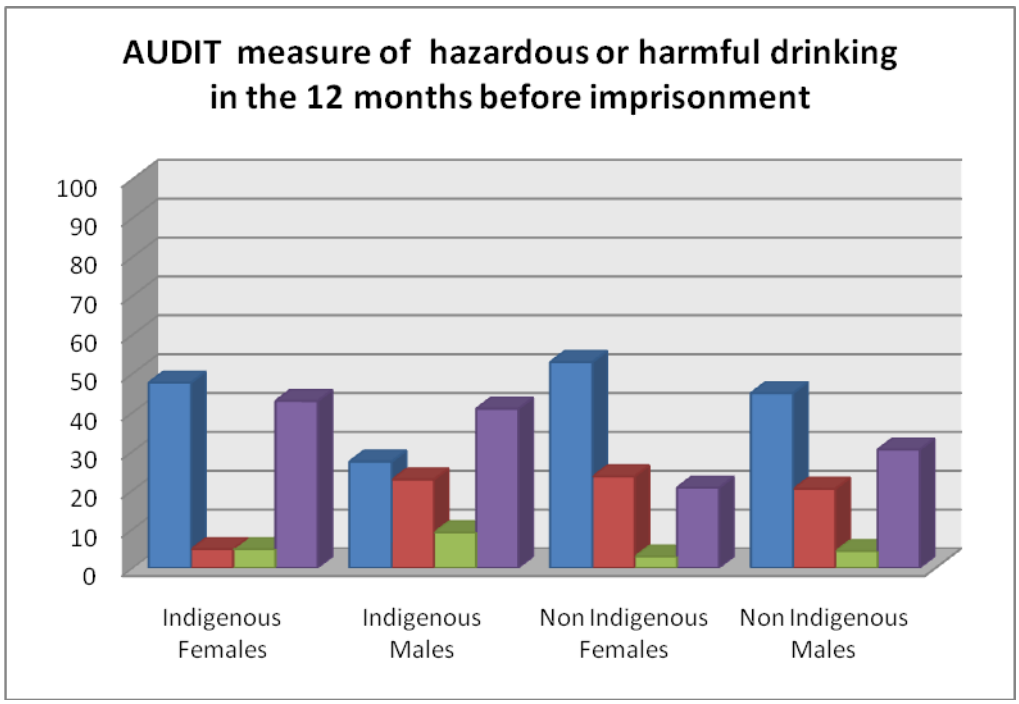
Participants were asked to comment on their drinking habits in the year before they went to prison. Participants were shown a colour copy of the Standard Drink Guide, and care was taken to ensure correct drink sizes were recorded.

1 standard drink =

- 2 middies of low alcohol beer
- 1 middy of ordinary beer
- 1 small glass of wine
- 1 small glass of fortified wine
- 1 nip of spirits (30ml)
- Just less than a bottle of pre-mix spirits

(Standard Drink Guide)

The results of the AUDIT scale show a predominantly bimodal distribution, which indicates that prior to imprisonment participants were likely to be consuming alcohol at low-risk or risky levels that are likely to produce alcohol dependence.



Source: ECU HoPE Collection 2008 [computer file]

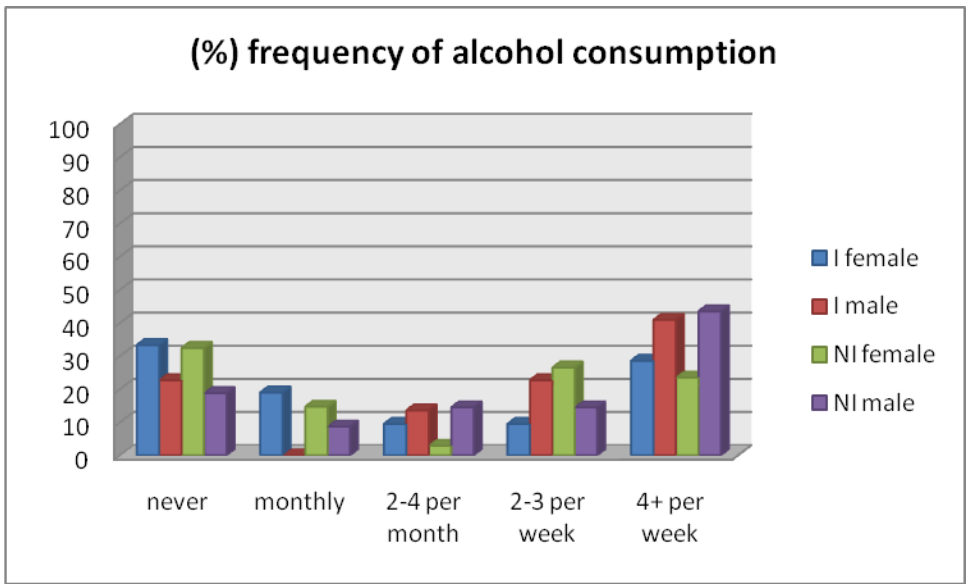
- Low risk of harm
- Moderate risk of harm
- Drinking that will eventually result in harm
- Definite harm and likely to be alcohol dependent

The following charts and graphs represent a breakdown of the individual questions.

Participants were asked how often they had a drink containing alcohol.

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Never	**7**	33.3	**5**	22.7	**11**	32.4	**13**	18.8	**36**	24.7
Mthly/less	**4**	19.0	**-**	-	**5**	14.7	**6**	8.7	**15**	10.3
2-4/mth	**2**	9.5	**3**	13.6	**1**	2.9	**10**	14.5	**16**	10.9
2-3/wk	**2**	9.5	**5**	22.7	**9**	26.5	**10**	14.5	**26**	17.8
4+/wk	**6**	28.6	**9**	40.9	**8**	23.5	**30**	43.5	**53**	36.3
Total	**21**	100	**22**	100	**34**	100	**69**	100	**146**	100

Source: ECU HoPE Collection 2008 [computer file]

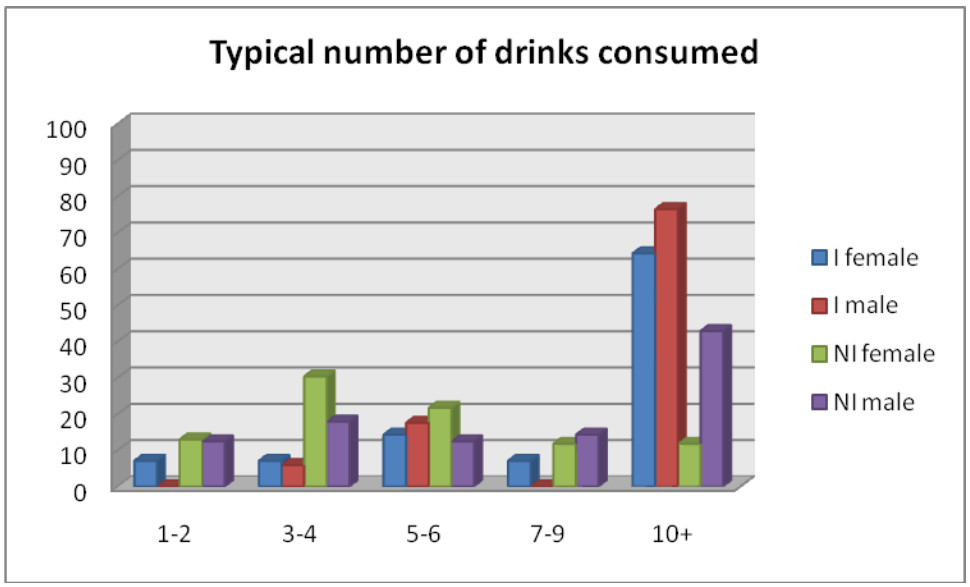


Source: ECU HoPE Collection 2008 [computer file]

The participants who reported consuming alcohol in the 12 months prior to incarceration were asked **how many drinks containing alcohol they had on a typical day when they were drinking.**

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
1 – 2	**1**	7.1	**-**	-	**3**	13	**7**	12.5	**11**	10
3 – 4	**1**	7.1	**1**	5.9	**7**	30.4	**10**	17.9	**19**	17.3
5 – 6	**2**	14.3	**3**	17.6	**5**	21.7	**7**	12.5	**17**	15.5
7 – 9	**1**	7.1	**-**	-	**4**	11.8	**8**	14.3	**13**	11.8
10+	**9**	64.3	**13**	76.5	**4**	11.8	**24**	42.9	**50**	45.4
Total	**14**	100	**17**	100	**23**	100	**56**	100	**110**	100

Source: ECU HoPE Collection 2008 [computer file]
NB: Total percentages refer to participants who consumed alcohol in the 12 months before imprisonment only

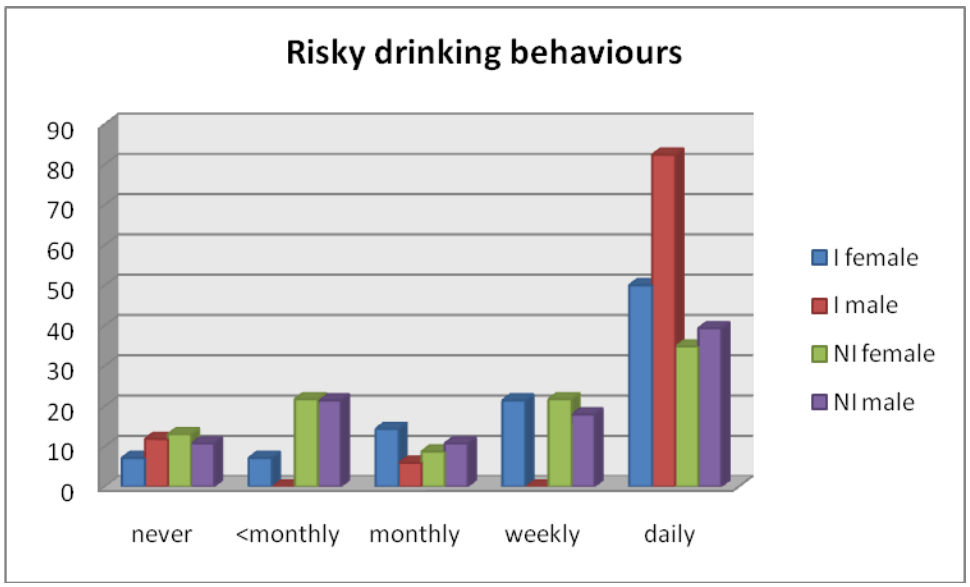


Source: ECU HoPE Collection 2008 [computer file]

The participants who reported consuming alcohol in the 12 months prior to incarceration were asked **"[MALES] how often did you have five or more drinks on one occasion"; and "[FEMALES] how often did you have three or more drinks on one occasion".**

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Never	**1**	7.1	**2**	11.8	**3**	13	**6**	10.7	**12**	10.9
<Monthly	**1**	7.1	**-**	-	**5**	21.7	**12**	21.4	**18**	16.4
Monthly	**2**	14.3	**1**	5.9	**2**	8.7	**6**	10.7	**11**	10
Weekly	**3**	21.4	**-**	-	**5**	21.7	**10**	17.9	**18**	16.3
Daily	**7**	50	**14**	82.4	**8**	34.8	**22**	39.3	**51**	46.4
Total	**14**	100	**17**	100	**23**	100	**56**	100	**110**	100

Source: ECU HoPE Collection 2008 [computer file]
NB: Total percentages refer to participants who consumed alcohol in the 12 months before imprisonment only

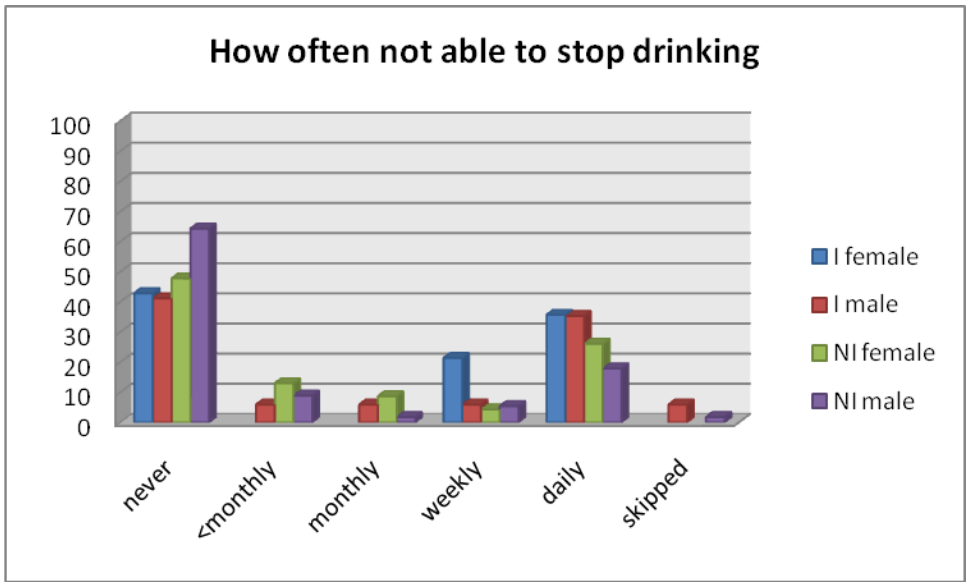


Source: ECU HoPE Collection 2008 [computer file]

The participants who reported consuming alcohol in the 12 months prior to incarceration were asked **how often they were not able to stop drinking once they had started.**

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Never	**6**	42.9	**7**	41.2	**11**	47.8	**36**	64.3	**60**	54.6
<Monthly	**-**	-	**1**	5.9	**3**	13	**5**	8.9	**9**	8.2
Monthly	**-**	-	**1**	5.9	**2**	8.7	**1**	1.8	**4**	3.6
Weekly	**3**	21.4	**1**	5.9	**1**	4.3	**3**	5.4	**8**	7.3
Daily	**5**	35.7	**6**	35.3	**6**	26.1	**10**	17.9	**27**	24.5
Skipped	**-**	-	**1**	5.9	**-**	-	**1**	1.8	**2**	1.8
Total	**14**	100	**17**	100	**23**	100	**56**	100	**110**	100

Source: ECU HoPE Collection 2008 [computer file]
NB: Total percentages refer to participants who consumed alcohol in the 12 months before imprisonment only

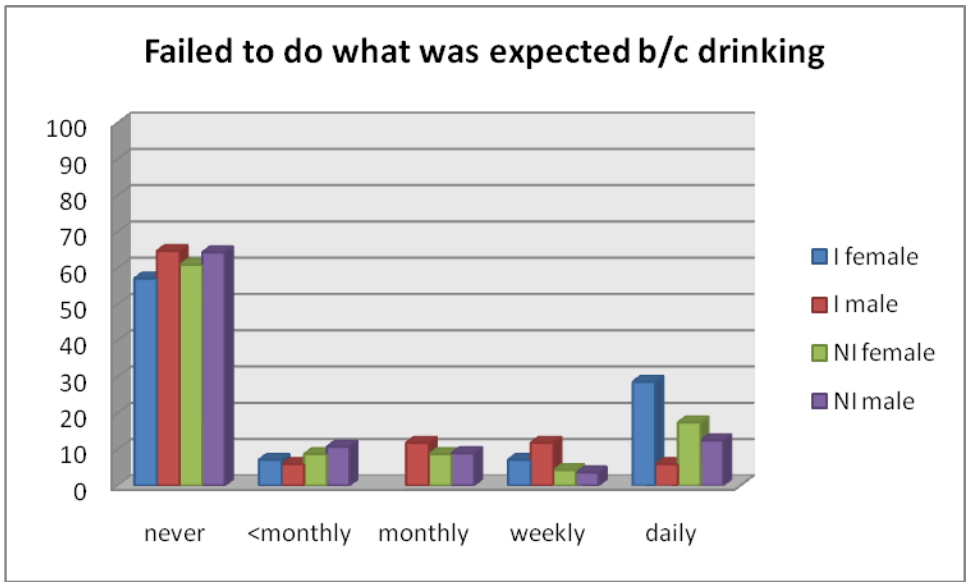


Source: ECU HoPE Collection 2008 [computer file]

The participants who reported consuming alcohol in the 12 months prior to incarceration were asked **how often they had failed to do what was expected of them because of drinking.**

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Never	**8**	57.1	**11**	64.7	**14**	60.9	**36**	64.3	**69**	62.7
<Monthly	**1**	7.1	**1**	5.9	**2**	8.7	**6**	10.7	**10**	9.1
Monthly	**-**	-	**2**	11.8	**2**	8.7	**5**	8.9	**9**	8.2
Weekly	**1**	7.1	**2**	11.8	**1**	4.3	**2**	3.6	**6**	5.5
Daily	**4**	28.6	**1**	5.9	**4**	17.4	**7**	12.5	**16**	14.5
Total	**14**	100	**17**	100	**23**	100	**56**	100	**110**	100

Source: ECU HoPE Collection 2008 [computer file]
NB: Total percentages refer to participants who consumed alcohol in the 12 months before imprisonment only

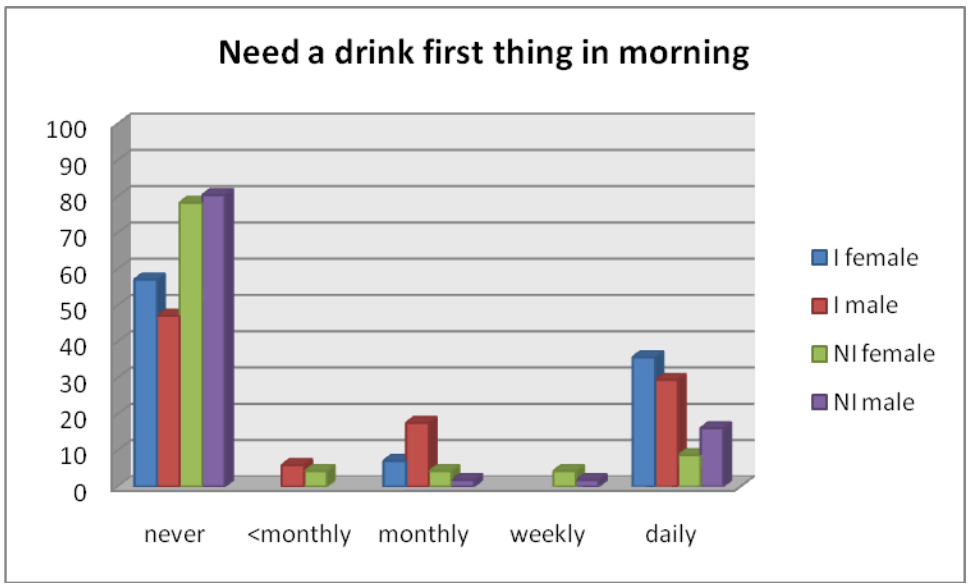


Source: ECU HoPE Collection 2008 [computer file]

The participants who reported consuming alcohol in the 12 months prior to incarceration were asked **how often they needed a first drink in the morning to get themselves going after a heavy drinking session.**

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Never	**8**	57.1	**8**	47.1	**18**	78.3	**45**	80.4	**79**	71.8
< Monthly	**-**	-	**1**	5.9	**1**	4.3	**-**	-	**2**	1.8
Monthly	**1**	7.1	**3**	17.6	**1**	4.3	**1**	1.8	**6**	5.5
Weekly	**-**	-	**-**	-	**1**	4.3	**1**	1.8	**2**	1.8
Daily	**5**	35.7	**5**	29.4	**2**	8.7	**9**	16.1	**21**	19.1
Total	**14**	100	**17**	100	**23**	100	**56**	100	**110**	100

Source: ECU HoPE Collection 2008 [computer file]
NB: Total percentages refer to participants who consumed alcohol in the 12 months before imprisonment only

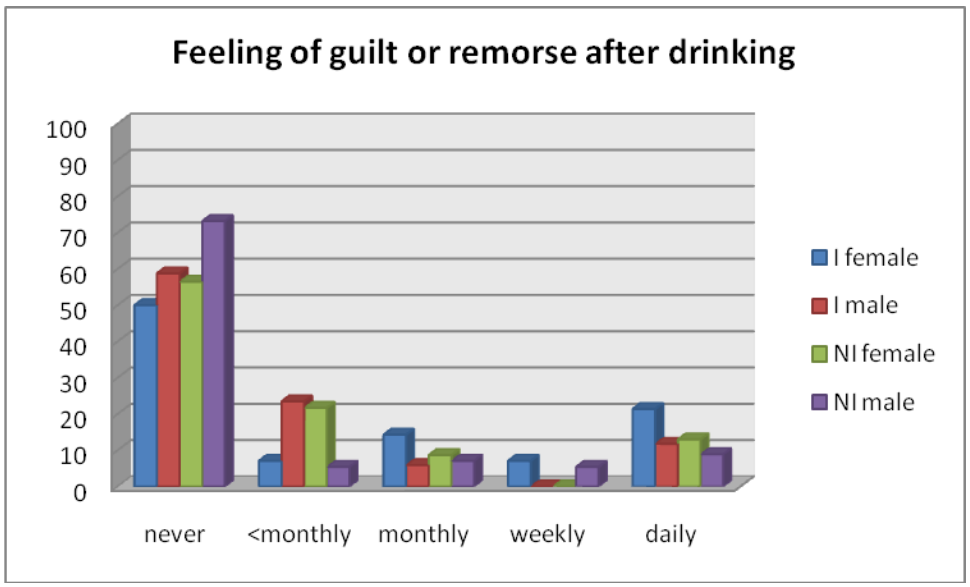


Source: ECU HoPE Collection 2008 [computer file]

The participants who reported consuming alcohol in the 12 months prior to incarceration were asked **how often they felt guilt or remorse after drinking**.

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Never	**7**	50	**10**	58.8	**13**	56.5	**41**	73.2	**71**	64.5
< Monthly	**1**	7.1	**4**	23.5	**5**	21.7	**3**	5.4	**13**	11.8
Monthly	**2**	14.3	**1**	5.9	**2**	8.7	**4**	7.1	**9**	8.3
Weekly	**1**	7.1	**-**	-	**-**	-	**3**	5.4	**4**	3.6
Daily	**3**	21.4	**2**	11.8	**3**	13	**5**	8.9	**13**	11.8
Total	**14**	100	**17**	100	**23**	100	**56**	100	**110**	100

Source: ECU HoPE Collection 2008 [computer file]
NB: Total percentages refer to participants who consumed alcohol in the 12 months before imprisonment only

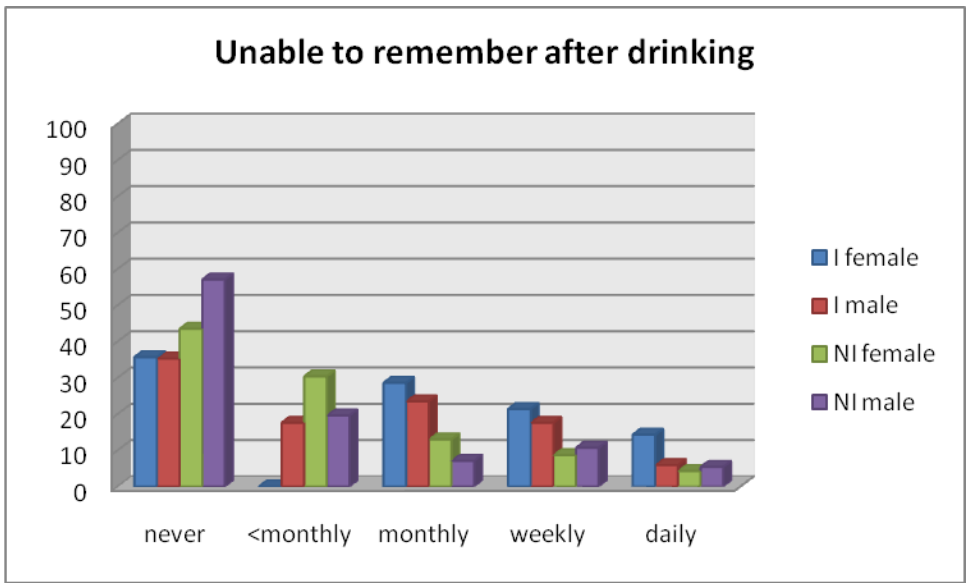


Source: ECU HoPE Collection 2008 [computer file]

The participants who reported consuming alcohol in the 12 months prior to incarceration were asked **how often they were unable to remember what happened the night before because they had been drinking.**

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Never	**5**	37.5	**6**	35.3	**10**	43.5	**32**	57.1	**53**	48.2
< Monthly	**-**	-	**3**	17.6	**7**	30.4	**11**	19.6	**21**	19.1
Monthly	**4**	28.6	**4**	23.5	**3**	13	**4**	7.1	**15**	13.6
Weekly	**3**	21.4	**3**	17.6	**2**	8.7	**6**	10.7	**14**	12.7
Daily/Almost Daily	**2**	14.3	**-**	-	**1**	4.3	**3**	5.4	**6**	5.5
Don't know	**-**	-	**1**	5.9	**-**	-	**-**	-	**1**	0.9
Total	**14**	100	**17**	100	**23**	100	**56**	100	**110**	100

Source: ECU HoPE Collection 2008 [computer file]
NB: Total percentages refer to participants who consumed alcohol in the 12 months before imprisonment only

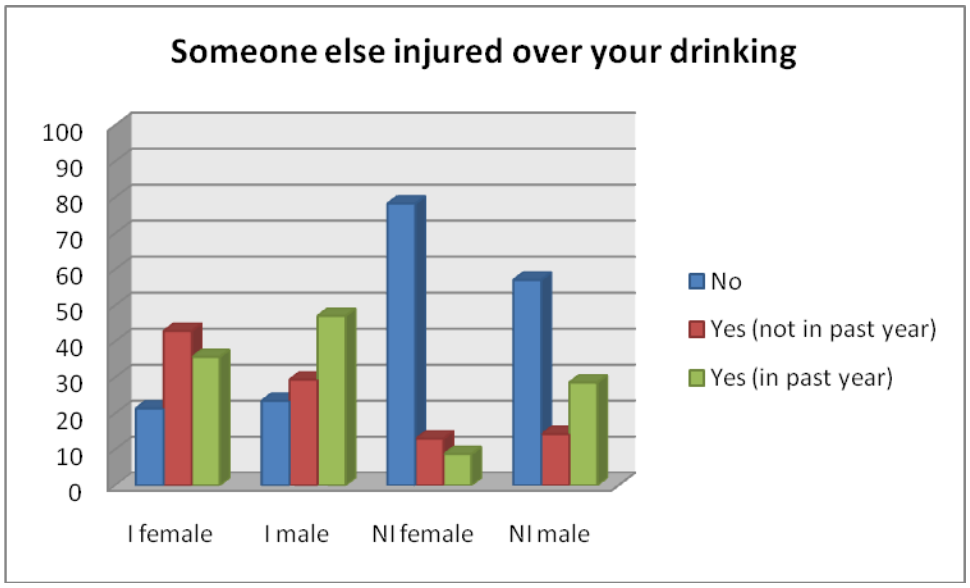


Source: ECU HoPE Collection 2008 [computer file]

The participants who reported consuming alcohol in the 12 months prior to incarceration were asked **if they or someone else had ever been injured as a result of their drinking.**

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
No	**3**	21.4	**4**	23.5	**18**	78.3	**32**	57.1	**57**	51.8
Yes > 1yr	**6**	42.9	**5**	29.4	**3**	13	**8**	14.3	**22**	20
Yes < 1yr	**5**	35.7	**8**	47.1	**2**	8.7	**16**	28.6	**31**	28.2
Total	**14**	100	**17**	100	**23**	100	**56**	100	**110**	100

Source: ECU HoPE Collection 2008 [computer file]
Yes > 1 yr = more than one year before prison
Yes < 1 yr = less than one year before prison
NB: Total percentages refer to participants who consumed alcohol in the 12 months before imprisonment only

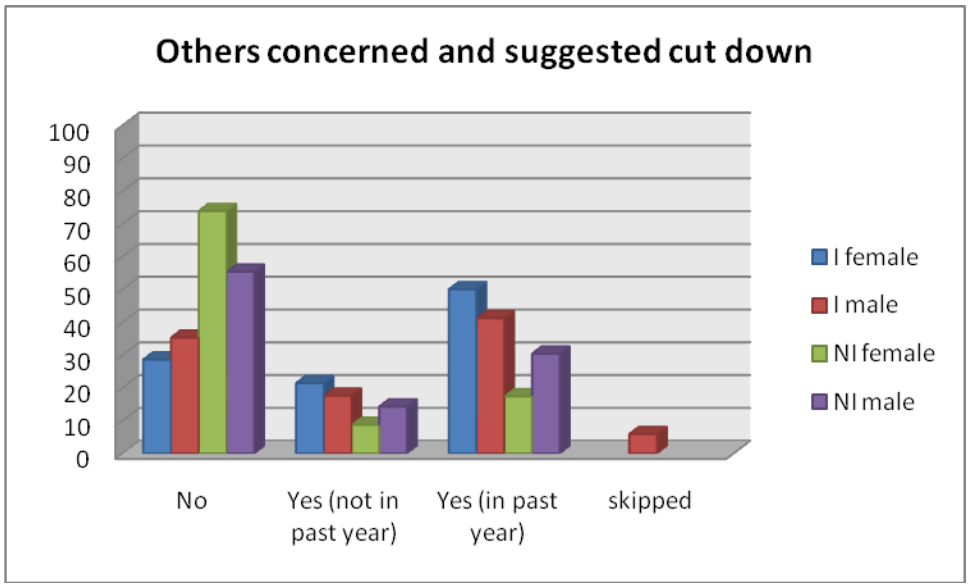


Source: ECU HoPE Collection 2008 [computer file]

The participants who reported consuming alcohol in the 12 months prior to incarceration were asked **whether a relative, friend, doctor or other health worker had been concerned about their drinking or suggested they cut down.**

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
No	**4**	28.6	**6**	35.3	**17**	73.9	**31**	55.4	**58**	52.8
Yes > 1yr	**3**	21.4	**3**	17.6	**2**	8.7	**8**	14.3	**16**	14.5
Yes< 1 yr	**7**	50	**7**	41.2	**4**	17.4	**17**	30.4	**35**	31.8
Skipped	**-**	-	**1**	5.9	**-**	-	**-**	-	**1**	0.9
Total	**14**	100	**17**	100	**23**	100	**56**	100	**110**	100

Source: ECU HoPE Collection 2008 [computer file]
Yes > 1 yr = more than one year before prison
Yes < 1 yr = less than one year before prison
NB: Total percentages refer to participants who consumed alcohol in the 12 months before imprisonment only

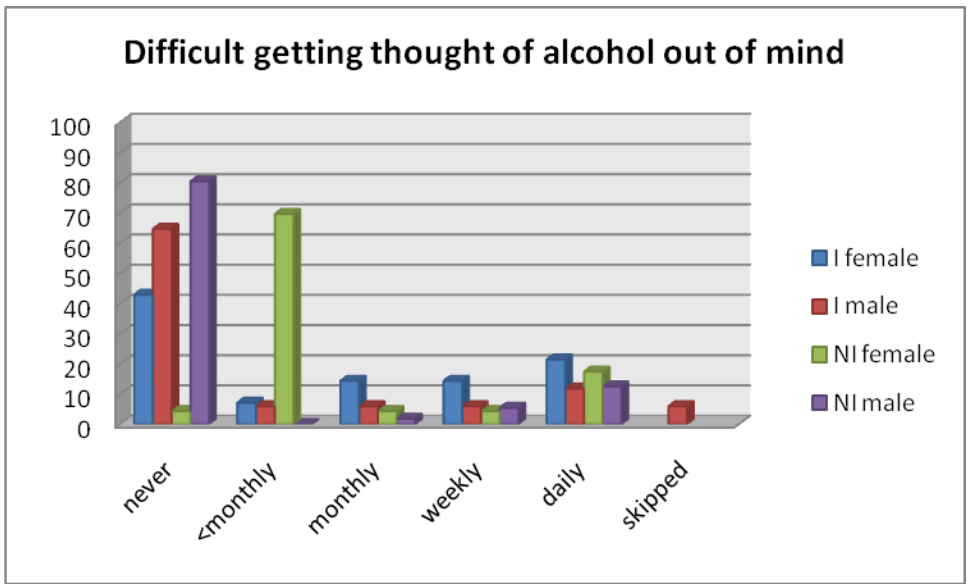


Source: ECU HoPE Collection 2008 [computer file]

The participants who reported consuming alcohol in the 12 months prior to incarceration were asked **how often they found it difficult to get the thought of alcohol out of their mind.**

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Never	**6**	42.9	**11**	64.7	**1**	4.3	**45**	80.4	**63**	57.3
< Monthly	**1**	7.1	**1**	5.9	**16**	69.6	**-**	-	**18**	16.4
Monthly	**2**	14.3	**1**	5.9	**1**	4.3	**1**	1.8	**5**	4.5
Weekly	**2**	14.3	**1**	5.9	**1**	4.3	**3**	5.4	**7**	6.4
Daily/Almost Daily	**3**	21.4	**2**	11.8	**4**	17.4	**7**	12.5	**16**	14.5
Skipped	**-**	-	**1**	5.9	**-**	-	**-**		**1**	0.9
Total	**14**	100	**17**	100	**23**	100	**56**	100	**110**	100

Source: ECU HoPE Collection 2008 [computer file]
NB: Total percentages refer to participants who consumed alcohol in the 12 months before imprisonment only

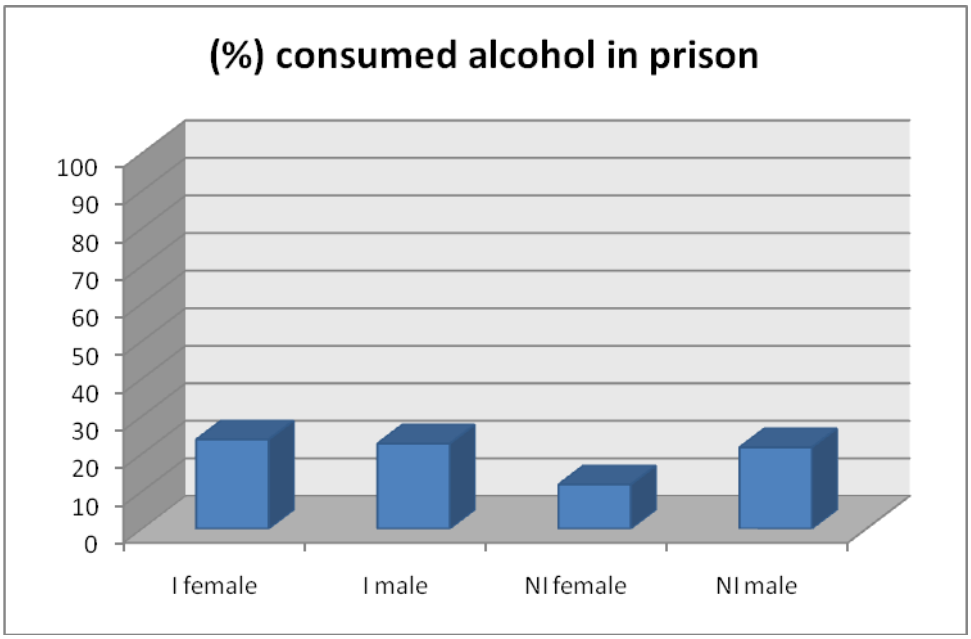


Source: ECU HoPE Collection 2008 [computer file]

Regardless of whether the participant had reported consuming alcohol in the 12 months prior to incarceration, they were asked whether **they had ever consumed alcohol in prison.**

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Yes	**5**	23.8	**5**	22.7	**4**	11.8	**15**	21.7	**29**	19.9
No	**16**	76.2	**17**	77.3	**29**	85.3	**52**	75.3	**114**	78.1
Skipped	**-**	-	**-**	-	**1**	2.9	**2**	2.9	**3**	2
Total	**21**	100	**22**	100	**34**	100	**69**	100	**146**	100

Source: ECU HoPE Collection 2008 [computer file]



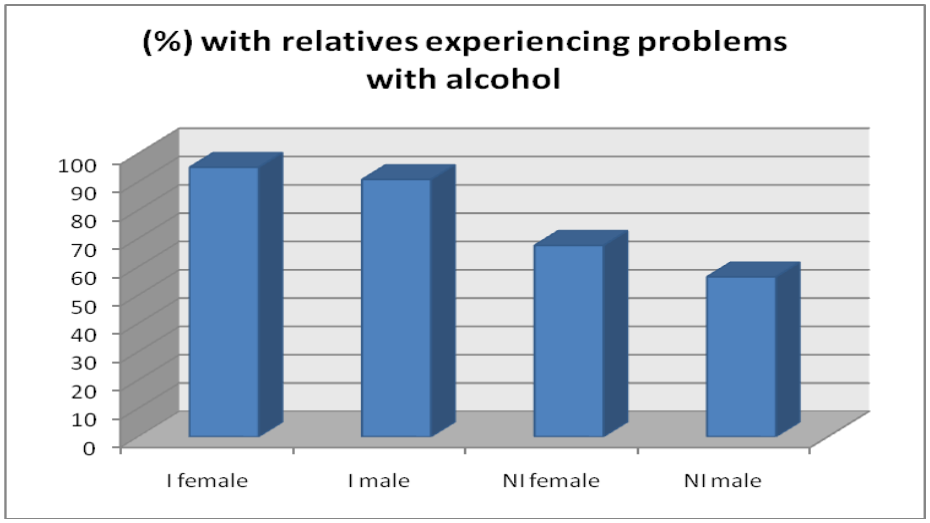
Source: ECU HoPE Collection 2008 [computer file]

Of those who reported they had drunk alcohol in prison, all said that they had drunk either monthly or less than monthly, apart from one non-Indigenous male who stated he consumed alcohol in prison weekly.

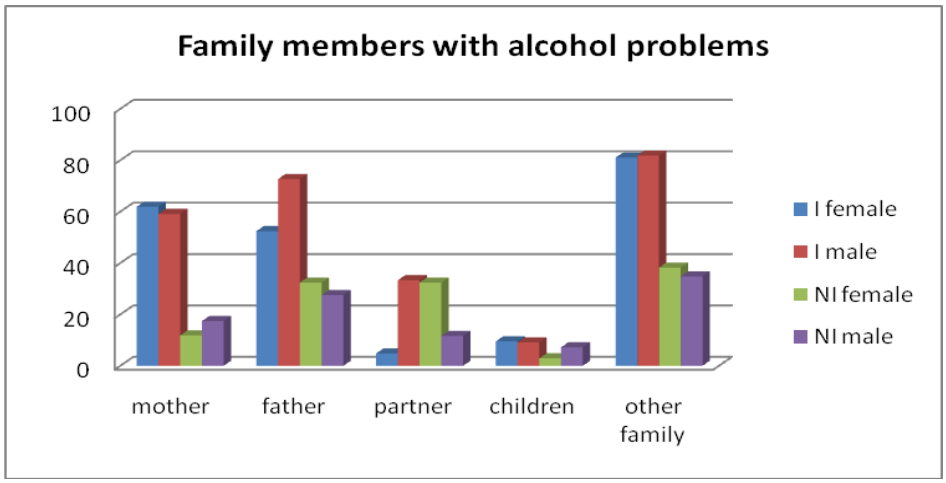
Regardless of whether participants had reported consuming alcohol in the 12 months prior to incarceration, they were asked **whether they felt that any of their relatives had ever had problems in areas such as family, health, work or the law due to their use of alcohol.**

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Yes	**20**	95.2	**20**	90.9	**23**	67.6	**39**	56.5	**102**	69.9
No	**1**	4.8	**2**	9.1	**11**	32.4	**26**	37.7	**40**	27.4
Skipped	**-**	-	**-**	-	**-**	-	**4**	5.8	**4**	2.7
Total	**21**	100	**22**	100	**34**	100	**69**	100	**146**	100

Source: ECU HoPE Collection 2008 [computer file]



Source: ECU HoPE Collection 2008 [computer file]



Source: ECU HoPE Collection 2008 [computer file]

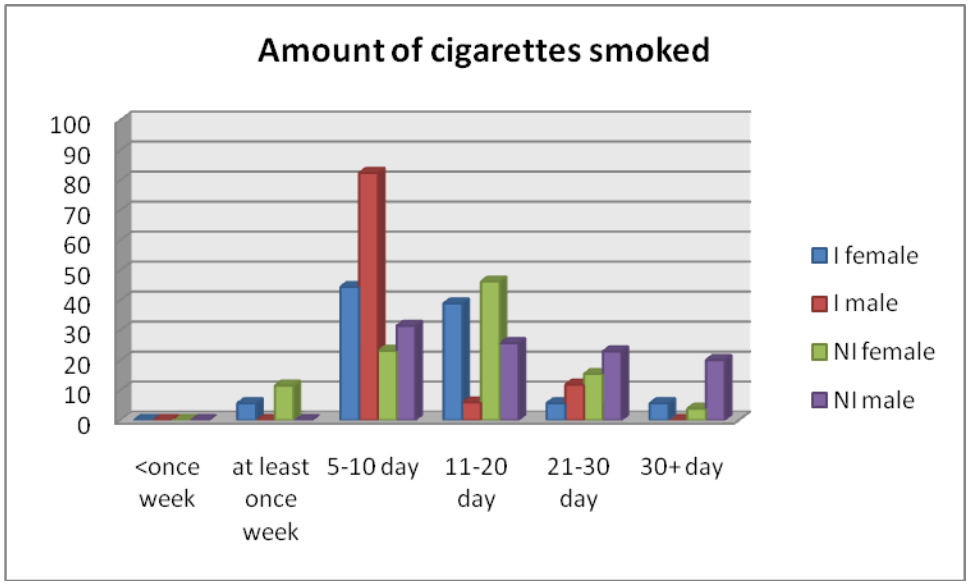
Smoking

Smoking is well documented as having adverse effects on health. This question gained information on the smoking habits of prisoners. It also examined the respondents' attitudes towards smoking, whether their smoking rate had changed since imprisonment, and whether the respondent planned to quit smoking, and when.

Participants were asked whether they had ever smoked a full cigarette. Eighteen (three Indigenous females, five Indigenous males, eight non-Indigenous females and 34 non-Indigenous males) out of the 146 people had never smoked a full cigarette and were omitted from the smoking section.

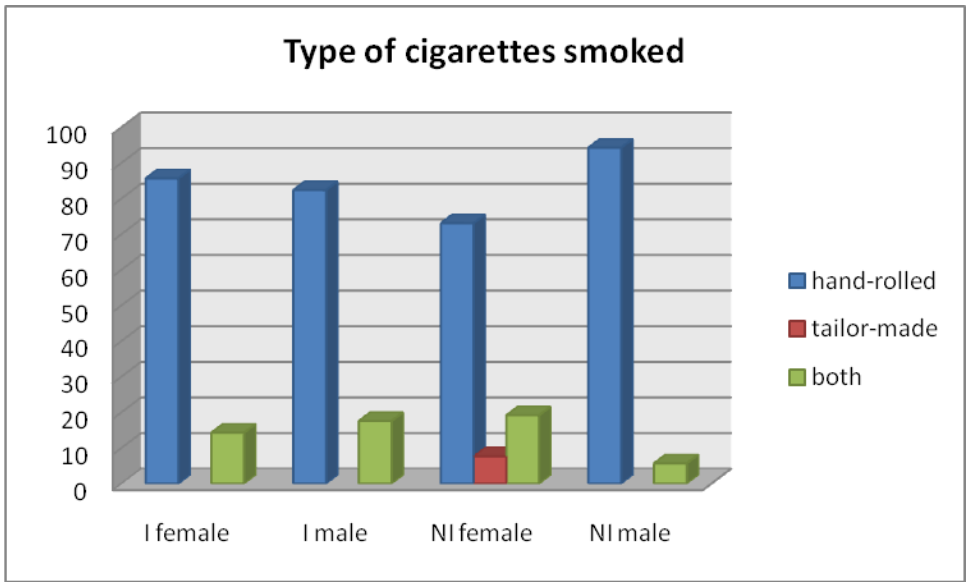
There was no significant difference between gender or Indigeneity in regard to the age of first smoking a cigarette (m=15 years). Of those who had smoked a full cigarette, 82.8 percent had smoked within the last 12 months and 74.2 percent considered themselves to be a smoker. The following graphs represent responses from those who consider themselves to be smokers.

Participants who considered themselves to be smokers were asked to **describe their current use of tobacco or cigarettes.**



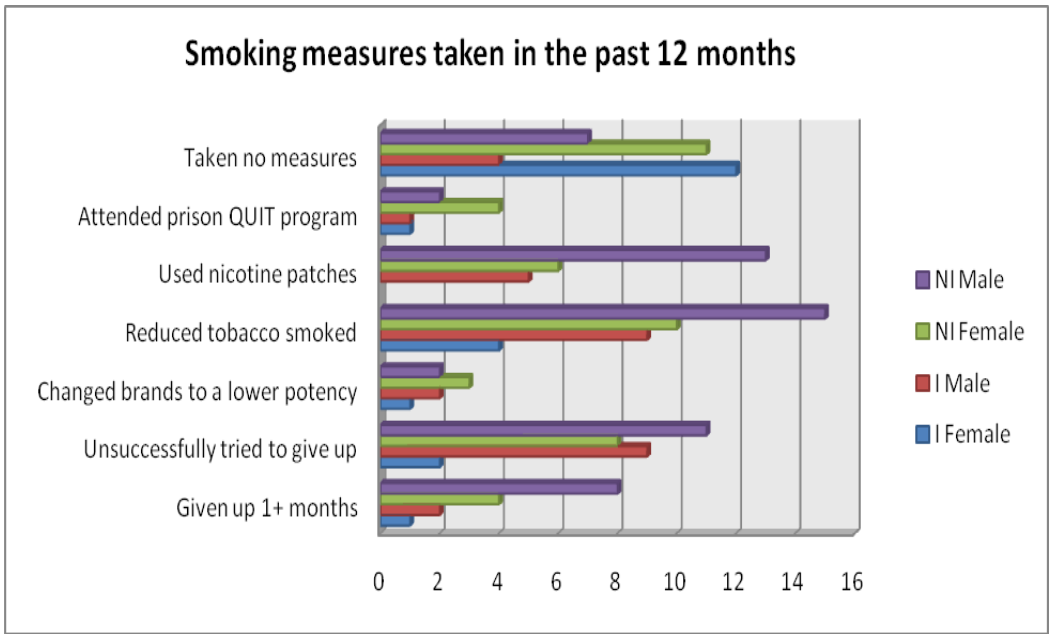
Source: ECU HoPE Collection 2008 [computer file]

Participants who considered themselves to be smokers were asked whether they **smoked hand-rolled or tailor-made cigarettes.**



Source: ECU HoPE Collection 2008 [computer file]

Participants who considered themselves to be smokers were asked **whether they had taken any measures to give up smoking in the previous 12 months.**



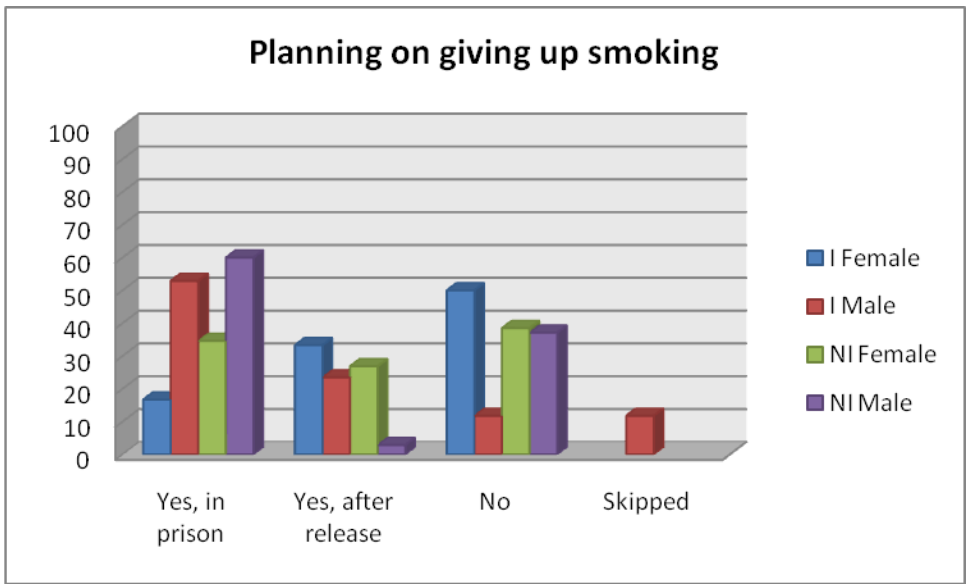
Source: ECU HoPE Collection 2008 [computer file]
Respondents could select more than one measure, and thus frequencies are reported rather than percentages.

An Indigenous female commented: *"you shouldn't have to pay for nicotine patches when giving up smoking...",* and a non-Indigenous male said: *"...it's very difficult to get support for quitting smoking from medical staff. Nicotine patches are very hard to get."*

Participants who considered themselves to be smokers were asked whether they were **planning on giving up smoking.**

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Yes*	**3**	16.7	**9**	60	**9**	34.6	**21**	60	**42**	44.7
Yes**	**6**	33.3	**4**	26.7	**7**	26.9	**1**	2.9	**18**	19.1
No	**9**	42.9	**2**	13.3	**10**	38.5	**13**	37.1	**34**	36.2
Total	**18**	100	**15**	100	**26**	100	**35**	100	**94**	100

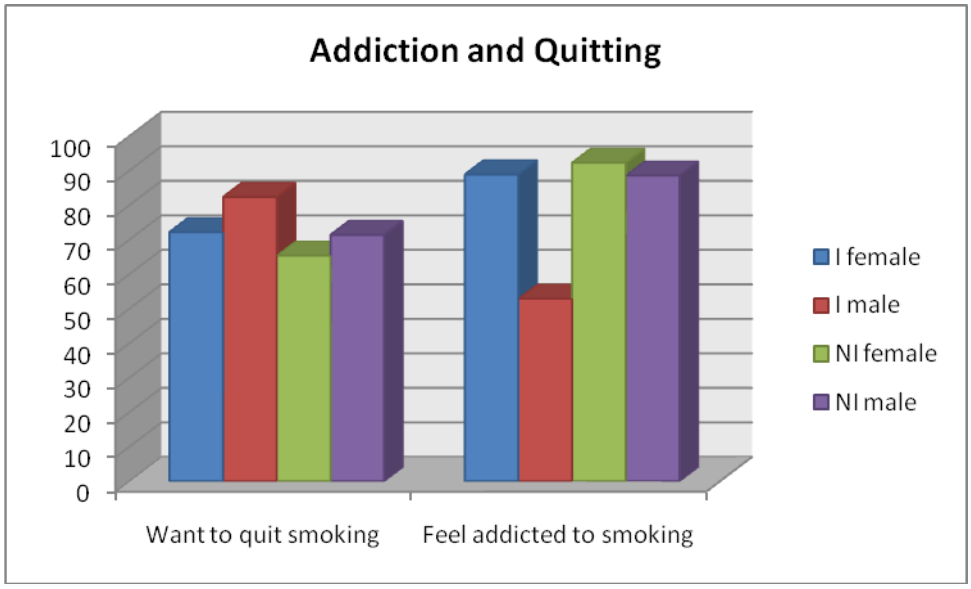
Source: ECU HoPE Collection 2008 [computer file]
*Yes, whilst in prison
**Yes, after release from prison
NB: Total percentages refer only to participants who considered themselves smokers



Source: ECU HoPE Collection 2008 [computer file]

Two Indigenous males did not answer this question and percentages in the table have accounted for this.

Participants who considered themselves to be smokers were asked whether they **wanted to quit smoking and whether they felt addicted to smoking.**



Source: ECU HoPE Collection 2008 [computer file]

Participants who wanted to quit smoking were asked whether they required assistance to help them cease. Responses indicated that 76.9 percent of Indigenous females, 20 percent of Indigenous males, 70.6 percent of non-Indigenous females, and 61.5 percent of non-Indigenous males wanted help. However, others commented that:

> *"…[they] don't want quitting smoking enforced,"*
>
> *"...banning smoking in prison will create problems. It's not fair for smokers."*
>
> *"...smoking shouldn't be banned in prison, luxuries are taken away as it is."*

Smoking before prison

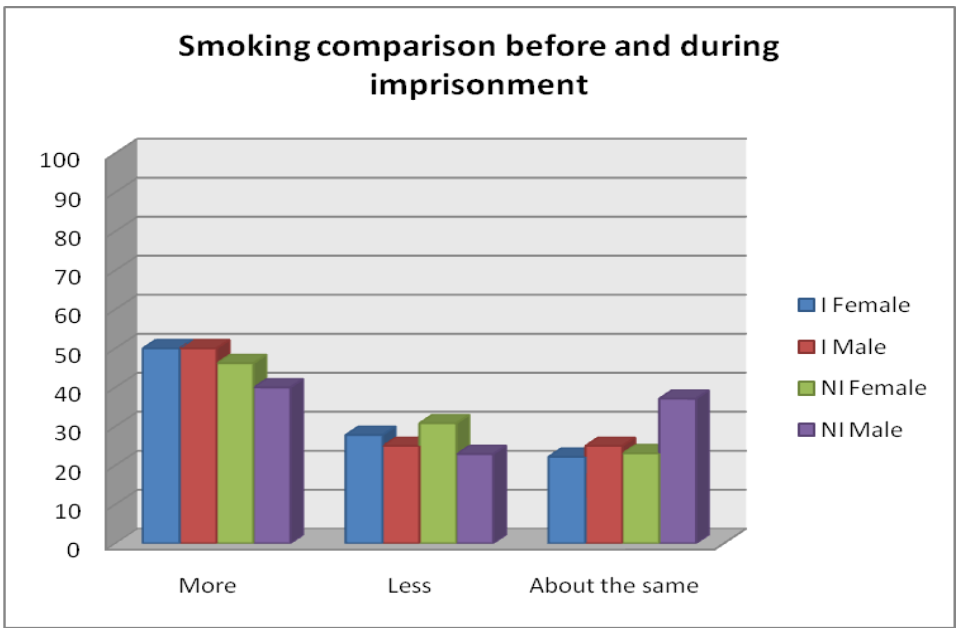
Of the respondents, 93.8 percent had smoked in the 12 months prior to imprisonment.

Participants who considered themselves to be smokers were asked whether their **smoking habits had changed since imprisonment.**

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
More	**9**	50	**8**	50	**12**	46.2	**14**	40	**43**	45.3
Same	**4**	22.2	**4**	25	**6**	23.1	**13**	37.1	**27**	28.4
Less	**5**	27.8	**4**	25	**8**	30.8	**8**	22.9	**25**	26.3
Total	**18**	100	**16**	100	**26**	100	**35**	100	**95**	100

Source: ECU HoPE Collection 2008 [computer file]
NB: Total percentages refer only to participants who considered themselves smokers

Participants were asked to indicate whether they were smoking, more, about the same or less since coming to prison.

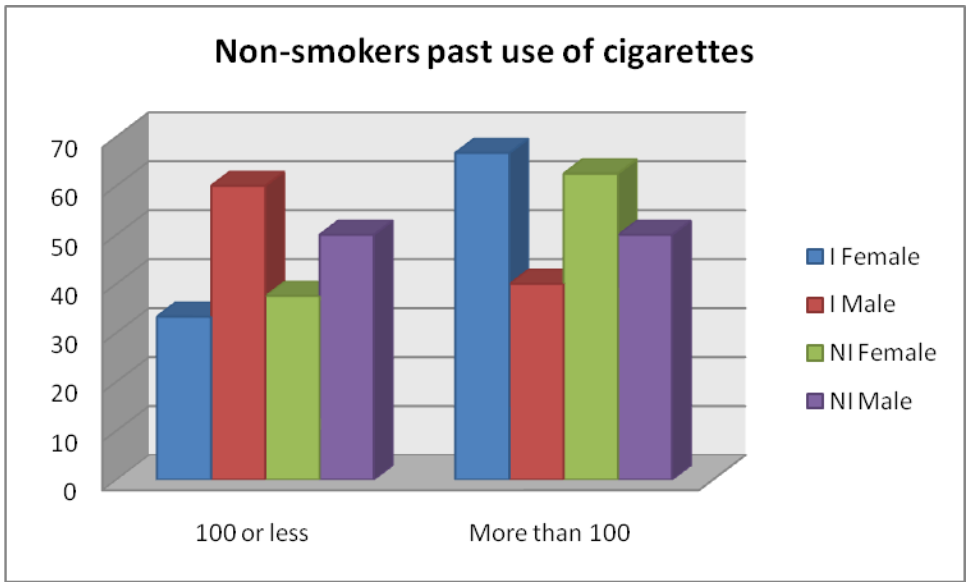


Source: ECU HoPE Collection 2008 [computer file]

One Indigenous male did not answer this question and percentages have thus been adjusted.

Non-Smokers

Participants who considered themselves to be non-smokers were asked how many cigarettes they had smoked in their entire lives.



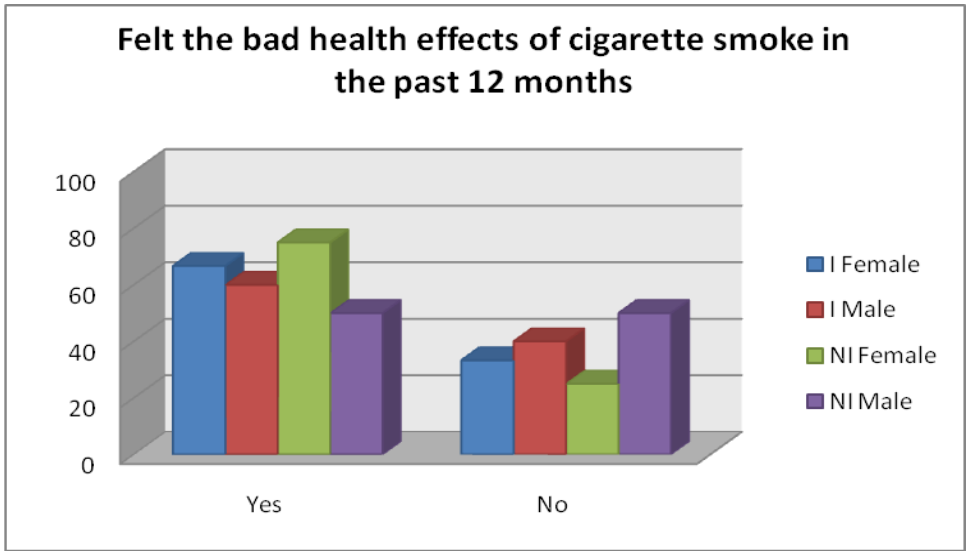
Source: ECU HoPE Collection 2008 [computer file]

Participants who considered themselves to be non-smokers were asked whether they currently shared a cell, unit or dorm with a smoker.

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Yes	**2**	66.7	**3**	60	**6**	75	**17**	50	**28**	56
No	**1**	33.3	**2**	40	**2**	25	**17**	50	**22**	44
Total	**3**	100	**5**	100	**8**	100	**34**	100	**50**	100

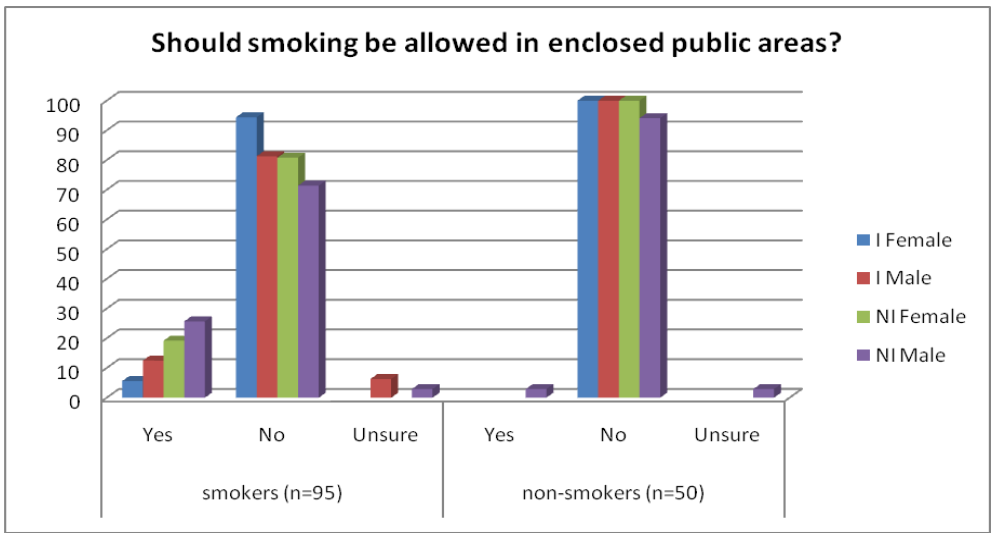
Source: ECU HoPE Collection 2008 [computer file]
NB: Total percentages only refer to participants who considered themselves non-smokers

Non-smokers were asked whether they had felt any bad health effects from the cigarettes of other people, apart from just disliking the smoke, within the last 12 months.



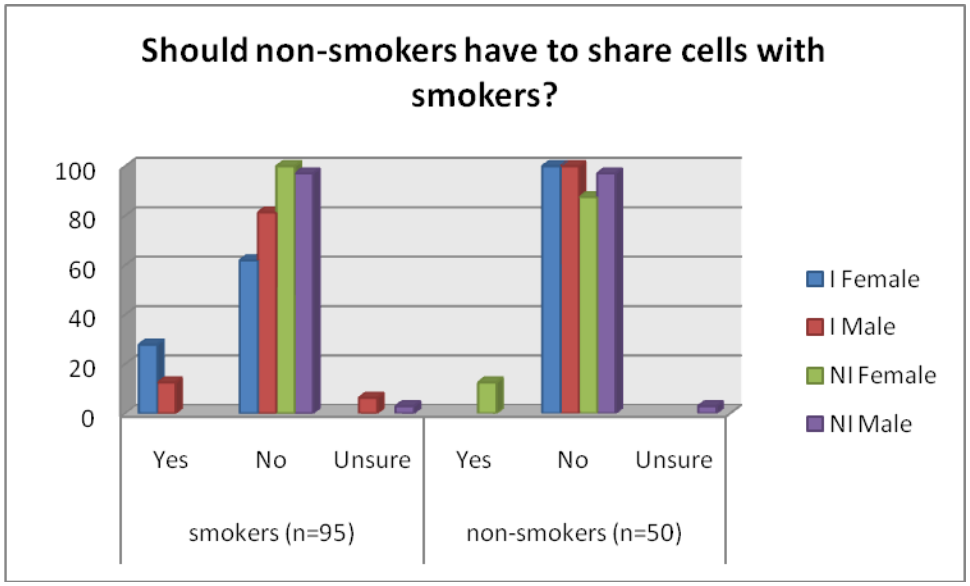
Source: ECU HoPE Collection 2008 [computer file]

Smoking and non-smoking participants were asked whether they thought smoking should be allowed in enclosed public areas in prison; for example, work place, study areas, waiting areas and visiting rooms. One smoker chose not to answer this section and the percentages have been altered accordingly.

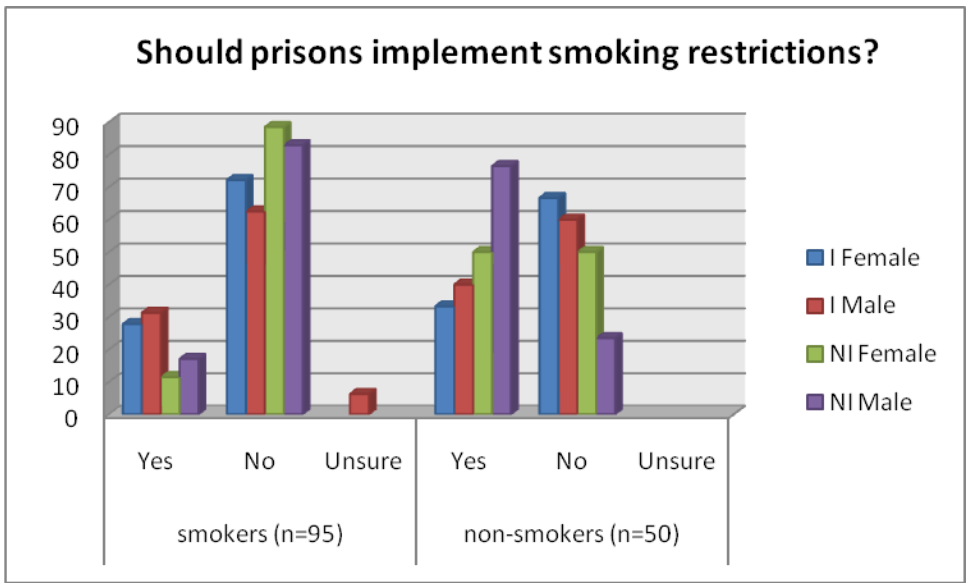


Source: ECU HoPE Collection 2008 [computer file]

Unsurprisingly, most non-smokers were opposed to smoking in enclosed public areas in prison. Smokers in general also agreed with this concept; however, some smokers commented that it would be good to be able to smoke in the visiting areas.



Source: ECU HoPE Collection 2008 [computer file]



Source: ECU HoPE Collection 2008 [computer file]

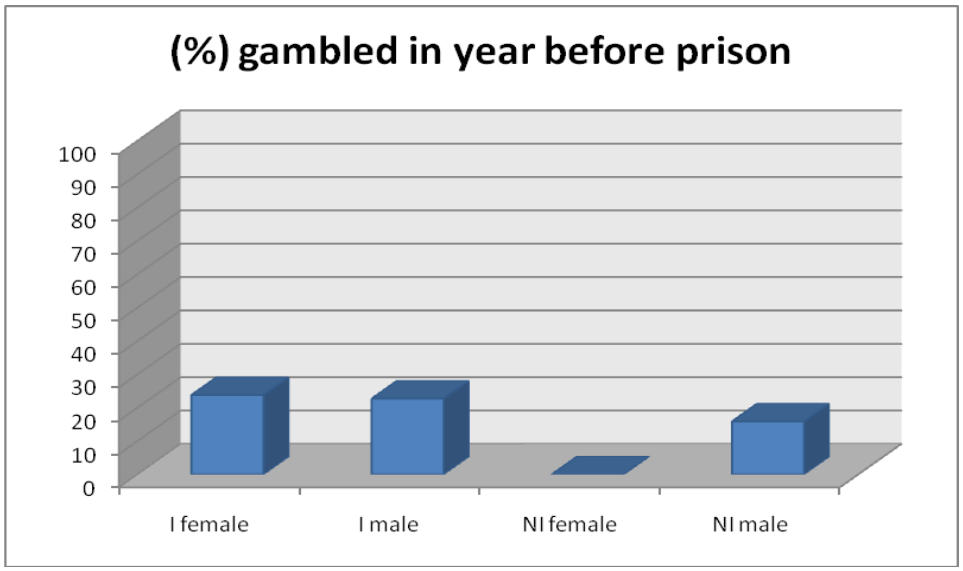
A high percentage of non-smokers did not agree with the implementation of smoking restrictions in prison. The most common reason given for this view was that they did not want to mix with grumpy and bad-tempered smokers who were being "forced to stop". Another common comment was that it took away individuals' rights to choose.

Gambling

This section sought to establish the presence and rate of gambling within prison, items gambled, and the effect of any such gambling. It also established whether respondents had sought help for a gambling problem in the past, or whether they require assistance in doing so. Rates of gambling in the Western Australian community are relatively low due to the absence of formal gambling venues. Gambling in prison, however, is considered a normal pastime.
Participants were questioned whether they regularly gambled (three or more days a week) in the 12 months before prison.

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Yes	**5**	23.8	**5**	22.7	**-**	-	**11**	15.9	**21**	14.4
No	**16**	76.2	**17**	77.3	**34**	100	**58**	84.1	**125**	85.6
Total	**21**	100	**22**	100	**34**	100	**69**	100	**146**	100

Source: ECU HoPE Collection 2008 [computer file]



Source: ECU HoPE Collection 2008 [computer file]

Participants who reported gambling regularly in the 12 months prior to imprisonment were asked how much they spent on gambling per week.

Source: ECU HoPE Collection 2008 [computer file]

Indigenous men

Five Indigenous men gambled regularly in the 12 months prior to imprisonment. Two of these men felt that this had contributed to their current imprisonment. They played cards, TAB and footy tipping. Two used paid employment, two used their government pensions and one used crime to finance their gambling. Only two thought that it had caused them a problem and only one went back to win every time he gambled. None actually felt they had a gambling problem, although two wanted to stop but felt they could not. Two gambled more than they intended, three had other people criticise their gambling and felt guilty about it. Some borrowed money to pay for gambling from the household money, their spouse or other relatives. However, no-one reported having ever borrowed money and not paid it back. Only one had borrowed from a financial institution to pay back a gambling debt.

Indigenous woman

Five Indigenous women had gambled regularly in the 12 months prior to incarceration, but none of these felt it had contributed to their current imprisonment. Types of gambling included going to the casino, playing cards and

betting at the TAB. Two women used their government pensions, two used crime to finance their gambling and one used her parents' money. Four thought it had caused them a problem, two went back to win every time they gambled and two went back about half the time. One felt she had a current gambling problem and two said that they had had a problem with gambling in the past. Three gambled more than they intended, only one had other people criticise her gambling, but three actually felt guilty about it. Some borrowed money to pay for gambling from the household money, their spouse or other relatives. Two women reported that they had borrowed money and had not paid it back. Only one had borrowed from a financial institution to pay back a gambling debt.

Non-Indigenous men

Eleven non-Indigenous men gambled regularly in the 12 months prior to incarceration. Of these, three felt it had contributed to their current imprisonment. They gambled in the casino, on horse racing, at the TAB and at bingo. Three had used paid employment, one used government benefits and 10 had used crime to pay for their gambling. Seven said that it had caused them problems, six went back to win money every time they lost and two people said they went back to win money most of the time that they lost. Six felt that they currently had a gambling problem, with three saying they had had a problem in the past. Ten had gambled more than they intended to, and nine had had their gambling criticised. Seven felt guilty about gambling and four wanted to stop but did not feel they could. Five argued with people in relation to gambling. Only two had borrowed money (from a relative), and both reported having paid it back.

Non-Indigenous women

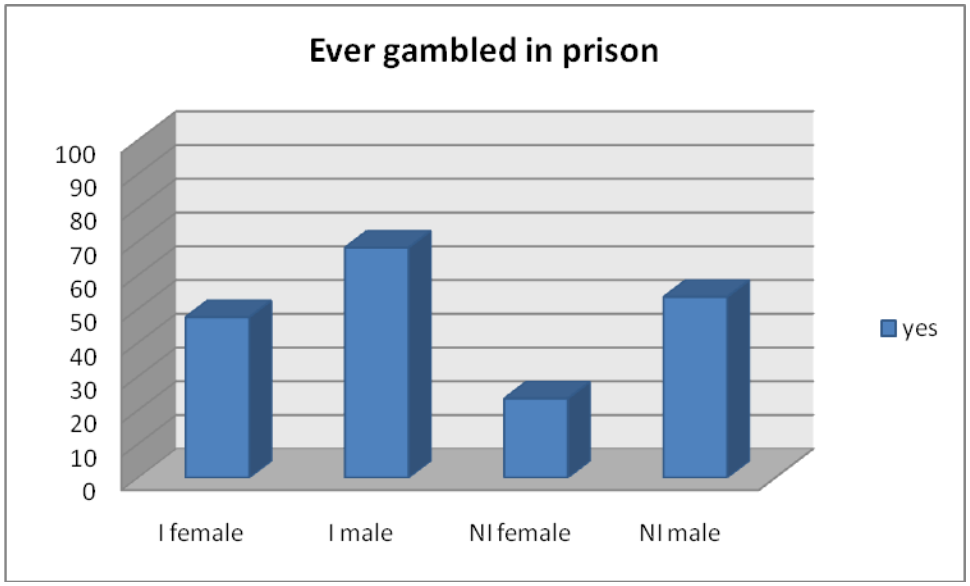
Non-Indigenous women did not report having gambled in the 12 months prior to imprisonment.

Gambling in Prison

Regardless of their gambling status in the 12 months prior to incarceration, all participants were asked whether they had ever gambled in prison.

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Yes	**10**	47.6	**15**	68.2	**8**	23.5	**37**	53.6	**70**	47.9
No	**11**	52.4	**7**	31.8	**26**	76.5	**32**	36.4	**76**	52.1
Total	**21**	100	**22**	100	**34**	100	**69**	100	**146**	100

Source: ECU HoPE Collection 2008 [computer file]



Source: ECU HoPE Collection 2008 [computer file]

Participants were asked about the type of gambling they engaged in within the prison.

Football	Rummy	Horses
Basketball	Cards	Reality TV shows
Rugby	Sports	Fighting

Source: ECU HoPE Collection 2008 [computer file]

Participants were asked what they played for the last time they gambled within the prison.

Spends	Personal items	Toiletries
Money	Tobacco	Cans of coke
Food/drinks	Noodles	Who makes coffee
Chocolate	Lollypops	

Source: ECU HoPE Collection 2008 [computer file]

Nine people felt gambling in prison had caused them to get into trouble. This included three Indigenous and one non-Indigenous females, and one Indigenous and four non-Indigenous males. The types of troubles that gamblers reported included being charged with gambling (one Indigenous female), having their cards removed and having the game broken up by guards (non-Indigenous females). All men were given lectures and told to "stop it" by the prison guards. One non-Indigenous male got into trouble for 'flogging' an inmate for not paying a gambling debt.

ILLICIT DRUGS

Pilot Study of Prisoner Physical Health and Psychological Wellbeing

Drug use

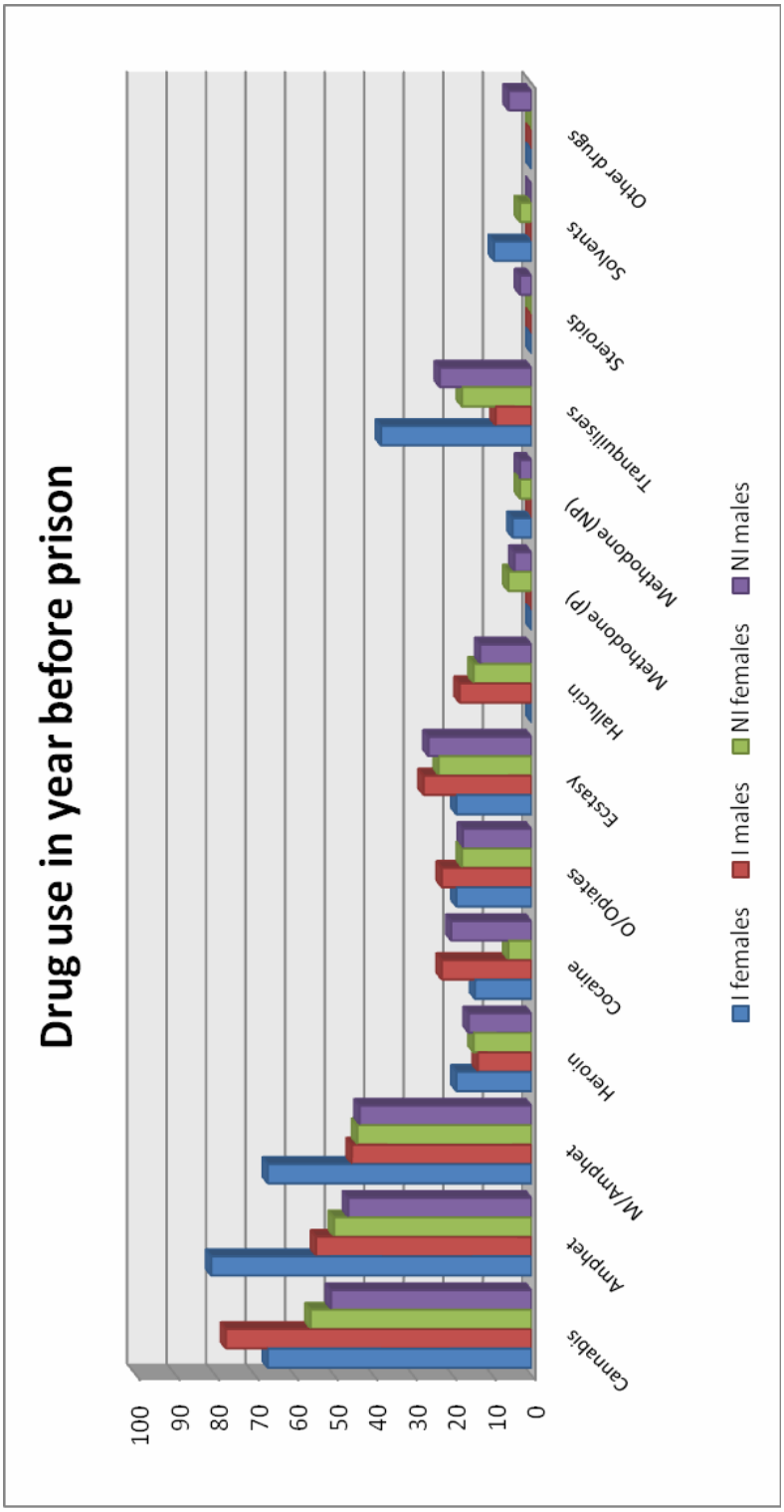
In 2004, one in 10 sentenced prisoners was incarcerated for drug-related offences (AIHW, 2004). The 2003 Drug Use Careers of Offenders (DUCO) study determined that two-thirds of female prisoners reported using an illicit drug in the six months prior to their arrest, and 55 percent were classified as dependent on drugs (AIHW, 2004). This question sought to establish the history of drug use in the prison population, the presence of drug use within the prison, and whether the respondents believed they were dependent on any drug.

Participants were first asked to indicate whether they had tried 13 categories of drugs. Percentages of participants who had tried each category of drug are reported.

Drug type	I female (n=21)	I male (n=22)	NI female (n=34)	NI male (n=69)	Mean (%)
Cannabis	95.2	86.4	79.4	78.3	84.8
Amphetamines	85.7	59.1	64.7	63.8	68.3
Methamphetamine	71.4	54.5	52.9	52.2	57.7
Heroin	52.4	40.9	32.4	36.2	40.8
Cocaine	38.1	31.8	29.4	47.8	36.7
Other Opiates	42.9	31.8	26.5	33.3	33.6
Ecstasy/Designer Drugs	23.8	40.9	52.9	53.6	42.8
Hallucinogens	28.6	45.5	58.8	56.5	47.3
Methadone (prescribed)	4.8	0	20.6	14.5	9.9
Methadone (non-prescribed)	9.5	4.5	5.9	8.7	7.1
Tranquilisers	61.9	22.7	32.4	36.2	38.3
Steroids	0	4.5	0	5.8	2.5
Solvents/petrol sniffing	38.1	9.1	8.8	8.7	16.1
Other	4.8	4.5	0	13.0	5.5

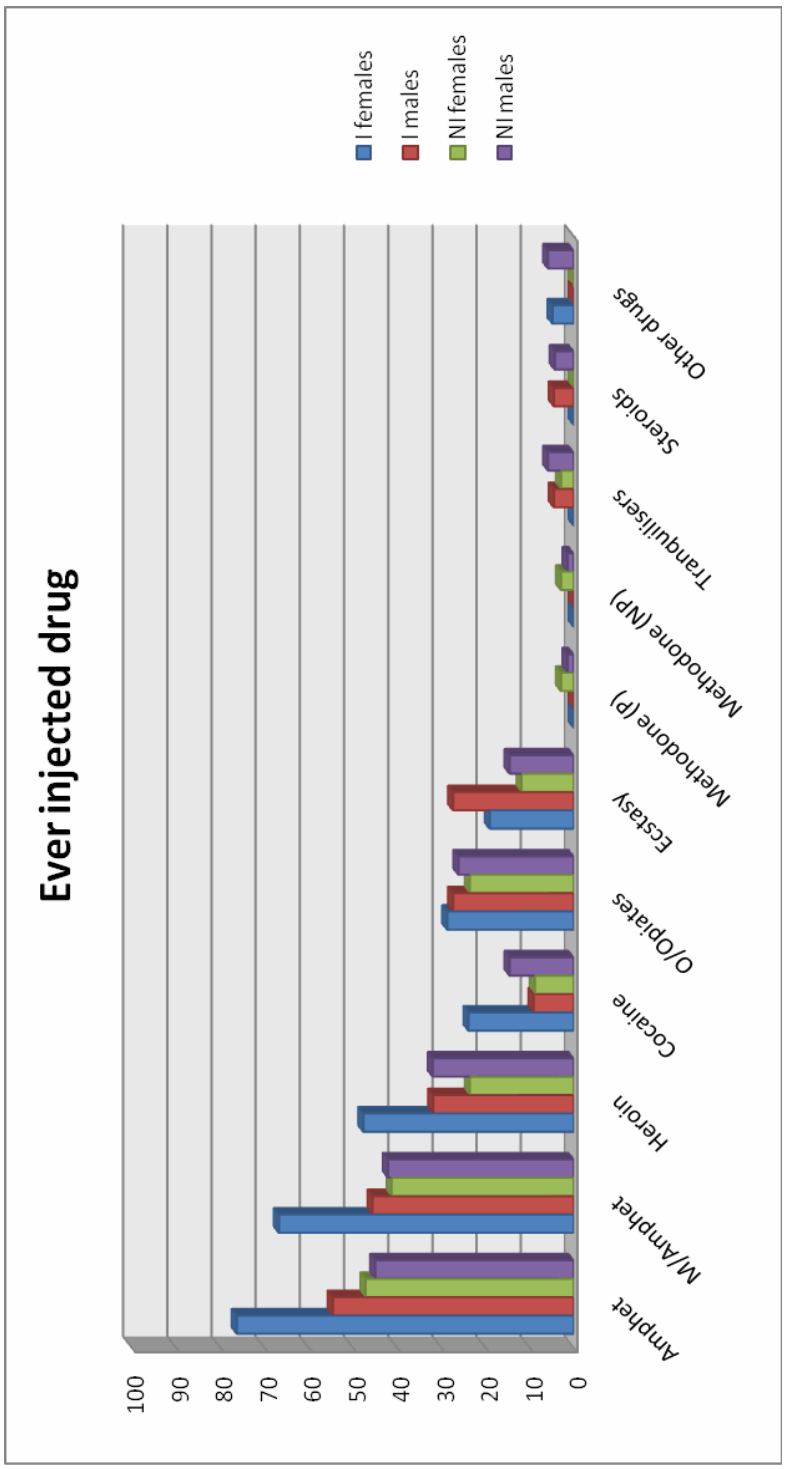
Source: ECU HoPE Collection 2008 [computer file]

Participants were then asked whether they had ever taken any of the 13 categories of drugs in the 12 months before they came to prison. When considering poly-drug use, prisoners used on average between two and four drugs in the 12 months prior to imprisonment. Further analysis needs to be undertaken to provide a complete picture of the types of drug combinations used.



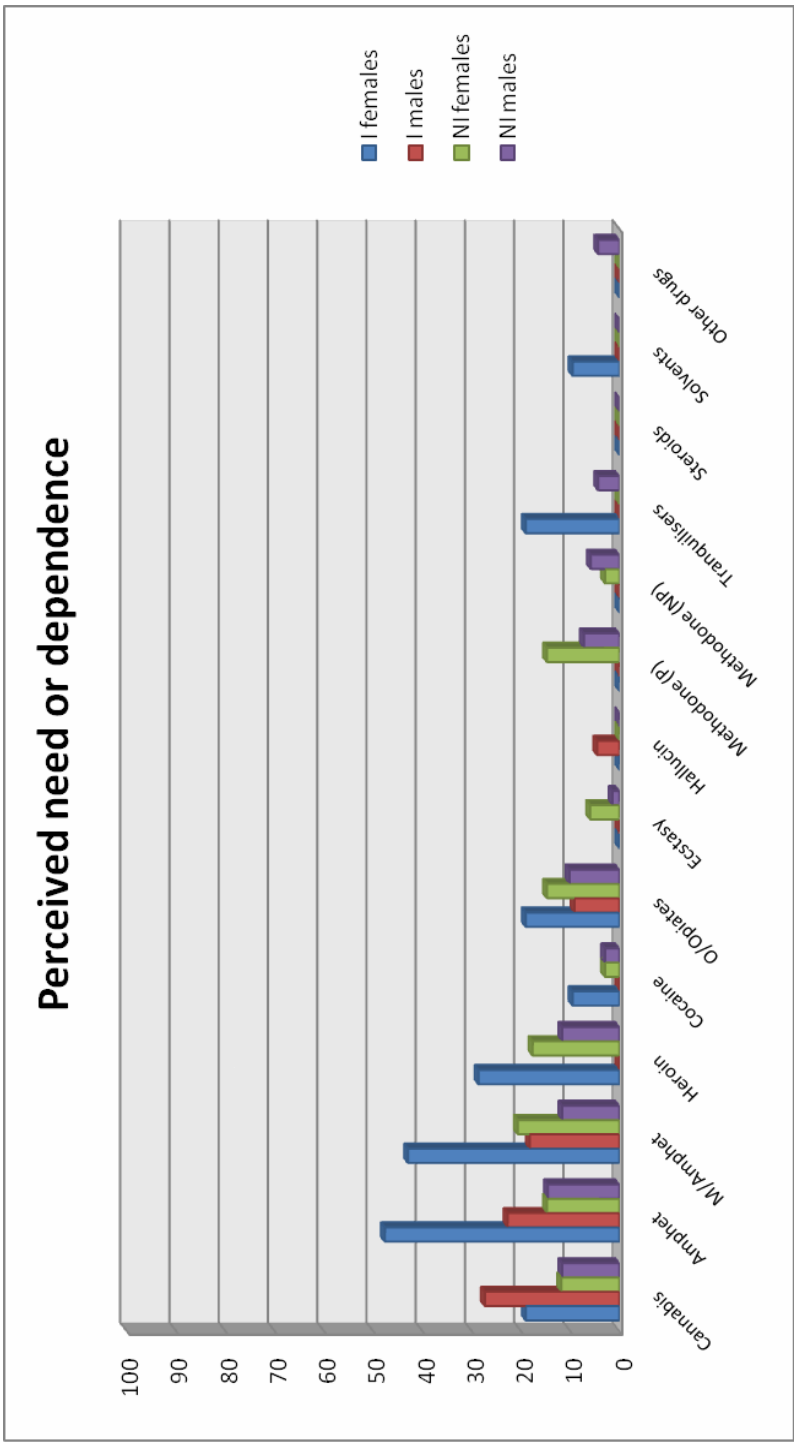
Source: ECU HoPE Collection 2008 [computer file]

Participants were asked whether they had ever injected drugs.



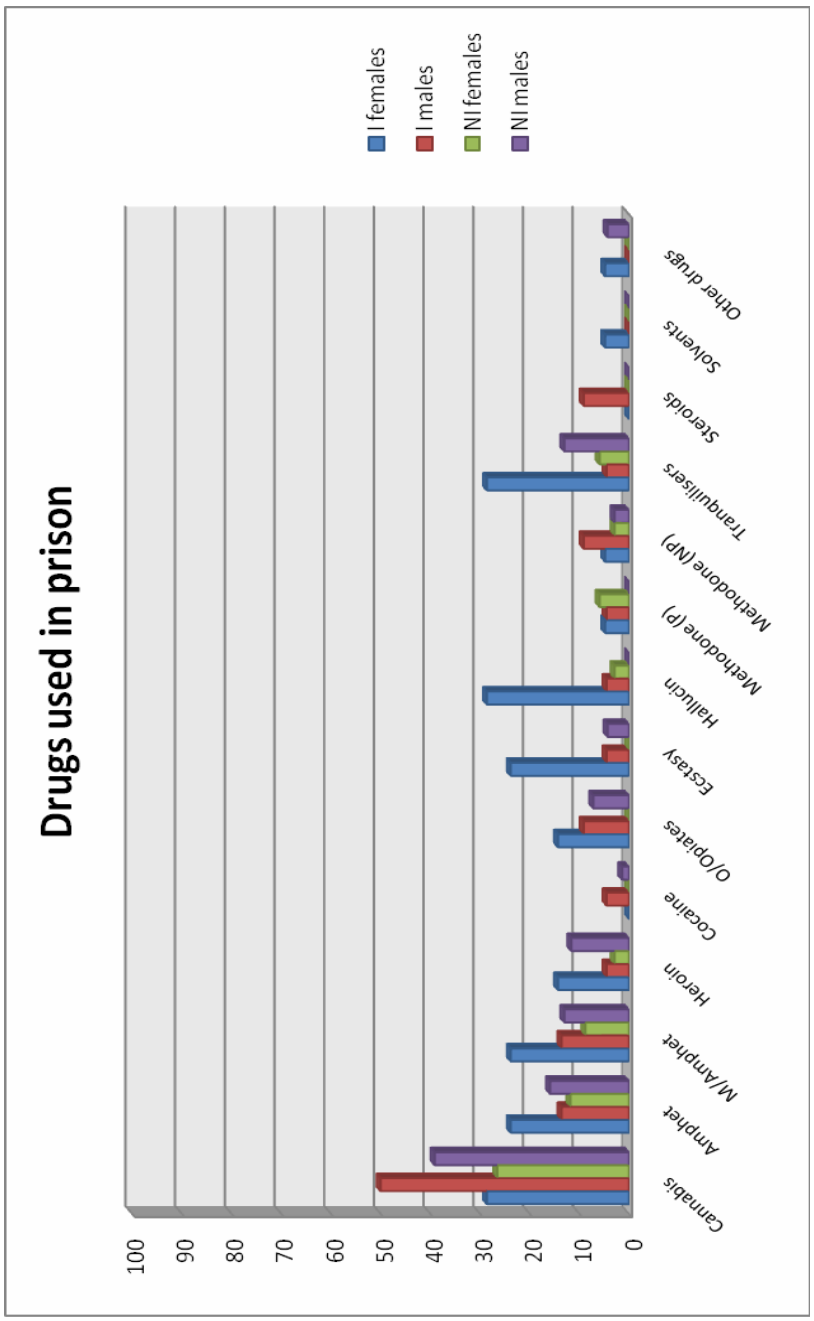
Source: ECU HoPE Collection 2008 [computer file]

Participants were asked whether they ever felt that they needed or were dependent on the drugs they had taken.



Source: ECU HoPE Collection 2008 [computer file]

Participants were asked whether they had ever taken any of the 13 categories of drugs ***in prison***. A total of 45.2 percent (n=66) of people reported using drugs in prison, although the question did not determine whether this was during a previous sentence or their current sentence. Out of those who had used drugs in prison, 21 prisoners reported injecting drugs in prison the last time they injected.



Source: ECU HoPE Collection 2008 [computer file]

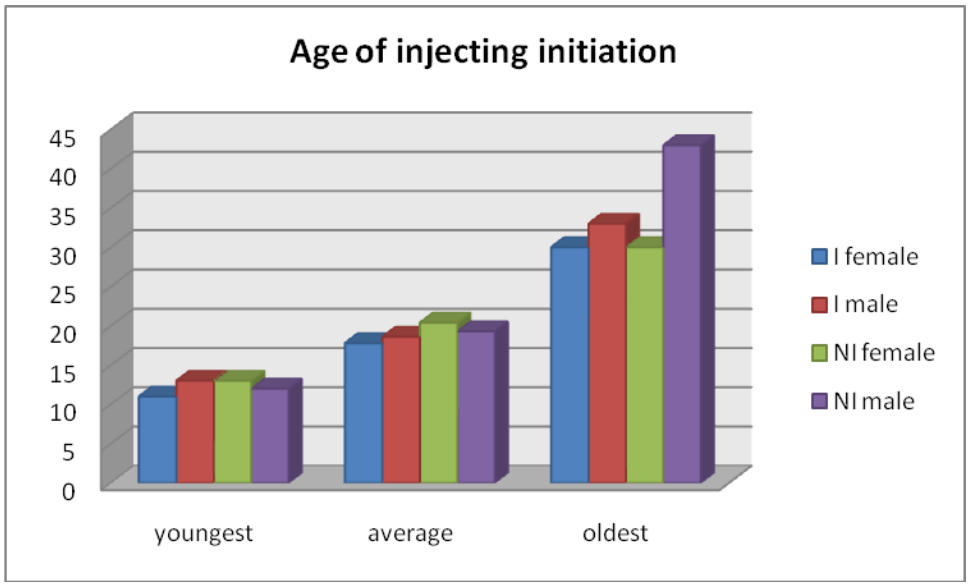
Injecting Behaviours (including cleaning)

This question follows logically from the previous question, and sought to establish the amount of drug injecting that respondents had engaged in. Blood-borne viruses can be transmitted via the sharing of needles, and this question established the rate at which injecting equipment is shared, whether equipment is cleaned, and how many different people shared the same injecting equipment both prior to, and during, imprisonment. If participants answered 'yes' for injecting drugs in the previous drug section (n=79; 54.1%), they were asked the injecting drug questions.

Participants who reported injecting drugs were asked how old they were when they ***first*** injected drugs.

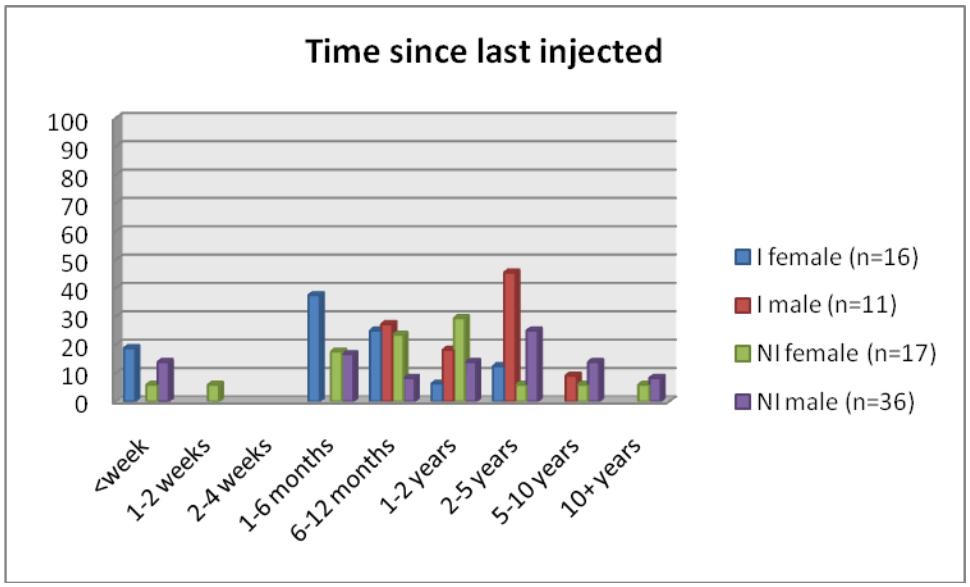
	Youngest (years)	Average (years)	Oldest (years)
I female	11	17.8	30
I male	13	18.6	33
NI female	13	20.4	30
NI male	12	19.3	43

Source: ECU HoPE Collection 2008 [computer file]



Source: ECU HoPE Collection 2008 [computer file]

Participants who reported injecting drugs were asked how long it was since they last injected.



Source: ECU HoPE Collection 2008 [computer file]

Participants who reported injecting drugs were asked whether the last time they injected was in prison.

	Indigenous		Non-Indigenous		Total	
	Female	Male	Female	Male	Total	%
In prison	6	3	1	11	21	14.4
In community	10	8	16	24	58	39.7
Do not inject	5	11	17	34	67	45.9
Total	21	22	34	69	146	100

Source: ECU HoPE Collection 2008 [computer file]

Using full strength bleach (minimum 5.25 percent sodium hydrochloride) to clean injecting fits improves the chances of avoiding transmission of hepatitis C (Australasian Society for HIV Medicine, 2008). As bleach is not available to prisoners in WA for use in cleaning drug-injecting equipment, this question seeks to determine whether respondents have access to any cleaning products in prison and whether they attempt to clean their equipment prior to use. This is an important factor to determine, as a reduction in blood-borne diseases is necessary to improve the health of prisoners.

Cleaning injecting equipment	I female (n=6)	I male (n=3)	NI female (n=1)	NI male (n=11)
Injected in prison during the past month	3	0	1	6
How many times shared needle even if it was cleaned	4	2	0	6
How many people used needle first even if cleaned	3	2	0	6
Did you share spoon	4	1	0	6
Did you share water	0	0	0	10
Did you share filter	4	0	0	4
Did you share tourniquet	2	0	0	3
Did you share drug	3	2	0	7
Did you share solution/mix	4	0	0	6
Last time shot up in prison, was needle cleaned before use	6	3	1	10
Ever bought a clean needle and syringe in jail	1	1	0	8
Total	34	11	2	72

Source: ECU HoPE Collection 2008 [computer file]

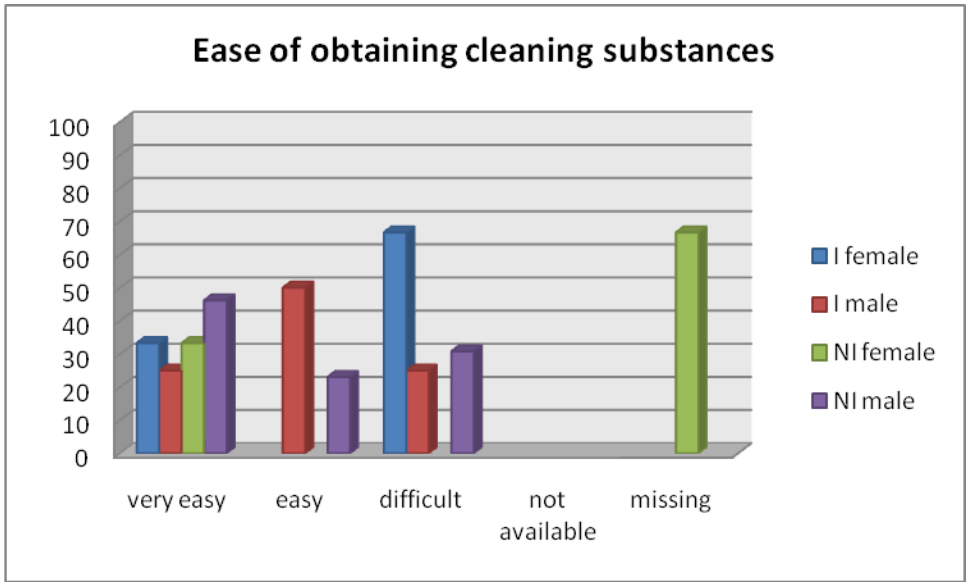
One non-Indigenous male reported not cleaning the needle as he did not have time and there were no cleaning products available. Another non-Indigenous male suggested that the prison provide a needle vending machine to prevent inmates sharing needles.

In the month before coming to prison, 24 injecting drug users did not use a new needle or injecting equipment. The remaining 55 injecting drug users obtained a new, sterile needle from the needle exchange or chemist.

Ten prisoners (two Indigenous women, two Indigenous men, three non-Indigenous women and three non-Indigenous men) reported taking a drug other than cannabis in jail to avoid a dirty urine test.

All respondents were asked whether they had ever tried to clean fits or injecting equipment whilst in prison. Overall, 17.8 percent of prisoners reported they had (six Indigenous women (28.6%), four Indigenous men (18.2%), three non-Indigenous women (8.8%) and 13 non-Indigenous men (18.8%). Respondents used bleach, water or a combination of bleach and water, with one person reporting using AJAX.

The 26 respondents who reported that they had tried to clean fits or injecting equipment in prison were asked how easy it was to obtain cleaning substances.



Source: ECU HoPE Collection 2008 [computer file]

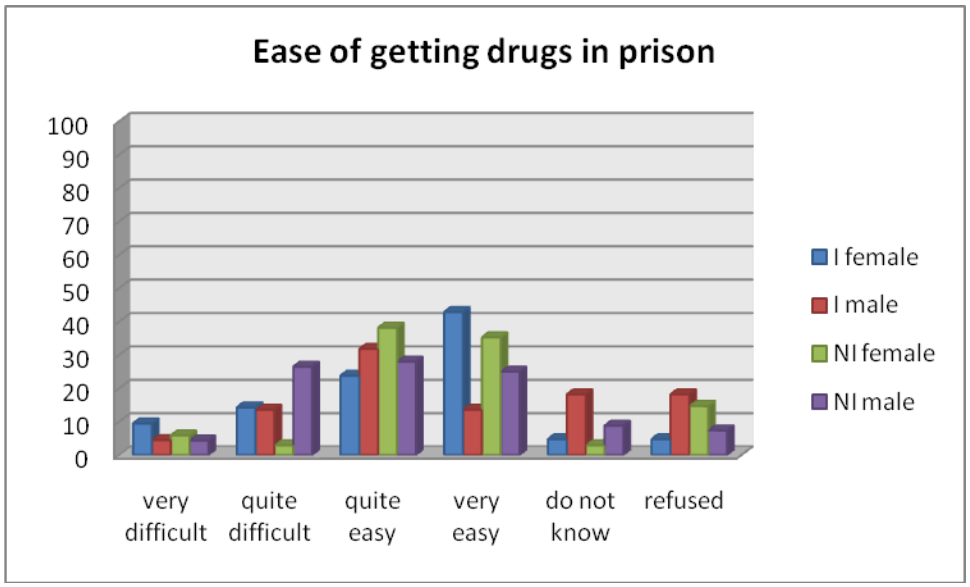
If prisoners responded that it was difficult, they were asked to specify why. Responses included that they had to steal bleach, that it was in locked cupboards, or that they had to know someone who had access to it and pay for it. Some responded:

> *"...guards do not want you cleaning fits."*
>
> *"...cleaning substances seen as potential weapon."*
>
> *"...charged if caught with cleaning substances."*

Drug Awareness and Attitudes

This question established the respondents' knowledge of transmitting blood-borne viruses, their perception of the ease of obtaining drugs in prison, and also whether the respondents' behaviour that resulted in their imprisonment was drug related.

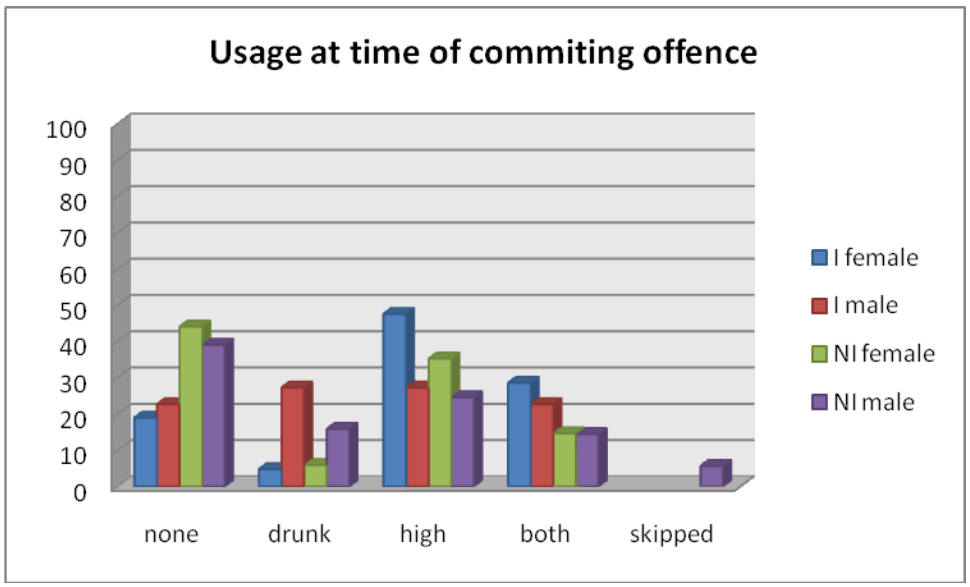
Regardless of whether they reported using drugs in prison, all participants were asked how easy they thought it was to get drugs in prison.



Source: ECU HoPE Collection 2008 [computer file]

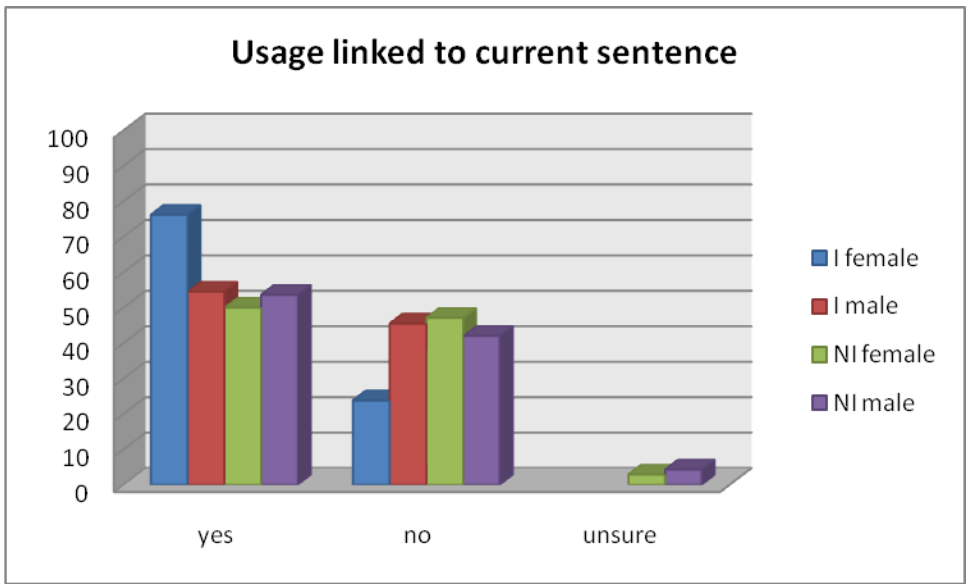
Interestingly, 10 percent (n=15) of the participants refused to answer this question.

Participants were asked whether they were using drugs or alcohol at the time of committing the offence for which they were imprisoned.



Source: ECU HoPE Collection 2008 [computer file]

After considering the above question, participants were then asked whether they thought that the use of drugs or alcohol was linked to their current sentence.



Source: ECU HoPE Collection 2008 [computer file]

Participants were asked to list three ways through which they could catch hepatitis C, a blood-borne virus associated with sharing drug injecting equipment. The responses were as follows:

- 19 out of 21 Indigenous women (90.5%) could identify three ways in which hepatitis C could be caught.
- 17 out of 22 Indigenous men (77.3%) could identify three ways in which hepatitis C could be caught.
- 19 out of 34 non-Indigenous women (55.9%) could identify three ways in which hepatitis C could be caught.
- 55 out of 69 non-Indigenous men (79.7%) could identify three ways in which hepatitis C could be caught.

The high levels of prisoner knowledge about the spread of blood-borne viruses may be due to the prison education program about the spread of infectious diseases. A common belief among respondents was that Hepatitis C is passed through saliva. Research, however, indicates that this is unlikely and may only occur if the person with the virus has a viral load over one million and if both parties involved have gum disease (Cutler, 2007).

Drug Treatment

This question sought to establish whether respondents had been treated for drug abuse problems in the past, or had overdosed as a result of their drug problem. It also determined whether respondents believed that they needed to be on a drug-treatment program whilst in prison. This will inform authorities about whether the prisoner treatment programs are adequate in meeting prisoner demand, and whether prisoners are acknowledging their need to be treated for substance abuse issues.

If the respondents answered 'yes' to any drugs in the drug grid, they were asked questions on drug treatment.

Drug Treatment	I female (n=20/21)	I male (n=19/22)	NI female (n=27/34)	NI male (n=56/69)
Ever been on methadone programme	2	0	7	10
Currently on methadone programme	1	-	2	2
On methadone programme immediately before jail	-	-	3	-
Think they should be on methadone programme	2	-	2	1
Ever been on Naltrexone	2	0	3	6
Ever been on Buprenorphine (Subutex)	2	0	3	9
LAAM (Levo-Alpha-Acetylmethadol)	0	0	0	3
Ever sought help or treatment for a drug problem	11	3	10	25
Sought help prior to coming into prison	7	1	8	19
Sought help since coming into prison	7	2	3	7
Think they need help to quit drugs	11	4	5	9
Ever overdosed or become unconscious from drug use	8	4	8	22
Treated with Naloxone (Narcan) for overdose	2	2	4	5

Source: ECU HoPE Collection 2008 [computer file]

One Indigenous male and seven Indigenous women overdosed in the community, and one woman in both the community and in prison. Twenty-one non-Indigenous males and eight non-Indigenous women overdosed in the community.

One Indigenous female and one non-Indigenous male had ever overdosed in prison.

CONTACT WITH FAMILIES

Pilot Study of Prisoner Physical Health and Psychological Wellbeing

This question measured the rate of family/friend contact with prisoners within the past four weeks. Gaining this information can allow correlates to be made between prisoner health and the level of outside contact they receive. It also asked the respondents' attitudes towards the amount of contact they received to determine whether respondents wanted more or less contact than their normal level. The question identified which family members visited and/or contacted the prisoner in order to determine patterns amongst prisoner support networks, which may be valuable for sustaining prisoner health upon release.

One-third of participants (33%) had received no visits in the past month, 25 percent received on average at least one visit per week, 23 percent received at least one visit per fortnight, and 18 percent had received one visit. Such visitation rates were normal for 81.5 percent of the participants. Thirty-nine percent stated that visitation rates were low or non-existent because of distance. Overall, the majority of prisoners (59%) were happy with the contact they had with their family and friends, although 40 percent would have liked to receive more frequent visits and contact.

Nearly half (47.6%) of the Indigenous females and 45.5 percent of the Indigenous males received no visits in the past four weeks, and for 85 percent of these respondents, this was normal. Common reasons for this were that family or friends lived too far away to visit. Only one Indigenous female and male received no contact by letter or phone in the past two weeks. Sixty-six percent of Indigenous women and 59.1 percent of Indigenous men had contact four or more times in the past two weeks, and this was a normal amount of contact for them to have.

For non-Indigenous prisoners who received no visits, living too far away was the most prominent reason.

Overwhelmingly for non-Indigenous males, the most common contacts were with their children and their friends, each at 27.5 percent.

For females, both Indigenous and non-Indigenous, the most common contact was with their mother, closely followed by their children.

For Indigenous men, the most common contact was with their spouse/partner.

Relationship of common visitors/phone call recipients to prisoner

	Indigenous				Non-Indigenous			
	Female		Male		Female		Male	
	Visit	Phone	Visit	Phone	Visit	Phone	Visit	phone
Partner/spouse	9.5	14.3	13.6	50	23.5	20.6	20.3	26.1
Children	19	28.6	9.1	22.7	35.3	47.1	27.5	37.7
Mother	19	57.1	18.2	27.3	41.2	44.1	18.8	31.9
Father	9.5	14.3	9.1	9.1	17.6	14.7	15.9	14.5
Brother/sister	19	38.1	9.1	31.8	26.5	26.5	18.8	26.1
Family	28.6	23.8	9.1	31.8	29.4	23.5	13	23.2
Ex-partner	-	-	9.1	-	-	-	1.4	-
Friends	-	9.5	18.2	31.8	20.6	20.6	27.5	33.3

Source: ECU HoPE Collection 2008 [computer file]
NB: phone contact also includes letters or written contact
(This table lists percentages of people who mentioned receiving visits or phone/letter contact. It will not add up to 100% as some people listed multiple answers). Phone calls in the last two weeks, visits in the last four weeks.

- 40 percent of Indigenous men would have liked more contact with significant others, whilst 59.1 percent reported they would like the same contact arrangements.
- 52.4 percent of Indigenous women would have liked more contact with significant others, whilst 42.9 percent reported they would like the same contact and 4.8 percent wanted fewer visits.
- 41.2 percent of non-Indigenous women wanted more contact, while 58.8 percent wanted it to stay the same.
- 34.8 percent of non-Indigenous men wanted more contact, while 63.8 percent wanted it to stay the same. One participant wanted fewer visits.

Reasons for wanting more contact was associated with positive connotations; for example, *"I like to see them", "I miss them",* and *"time goes quicker when I receive visits"*.

Reasons for wanting the level of contact to stay the same or be less were associated with negative connotations; for example, *"it is too hard when they leave"*, *"nothing to talk about"* and a general acceptance that getting to prisons is sometimes difficult because of transport and/or limitations imposed by the prison.

SEXUAL HISTORY & SEXUAL HEALTH

Pilot Study of Prisoner Physical Health and Psychological Wellbeing

Condoms & Dental Dam Use

This question began the subject of sexual health within the HoPE questionnaire and has direct relevance to questions relating to the presence of blood-borne viruses. Research has determined that sexual activity occurs within the prison environment and thus access to, and use of, condoms and dental dams may help to minimise the rate of blood-borne virus transmission (Bennet, 2000; Butler, Donovan, Levy & Kaldor, 2002). This question examined whether prisoners used condoms within their sexual activities prior to imprisonment. It ascertained their justifications for not using condoms, which may provide a possible area for education programs. It also determined whether prisoners accessed condoms or dental dams, and whether abuse of this access is occurring.

It must be noted that there are limitations to the Indigenous male responses. Ten Indigenous men were not asked the section on sexual health in order to respect cultural sensitivity, as recommended by the Indigenous Peer Support Officers. Therefore, the number of Indigenous men interviewed for this section was 12. All participants were reminded that their answers would remain confidential and that they could skip to the next section at any time.

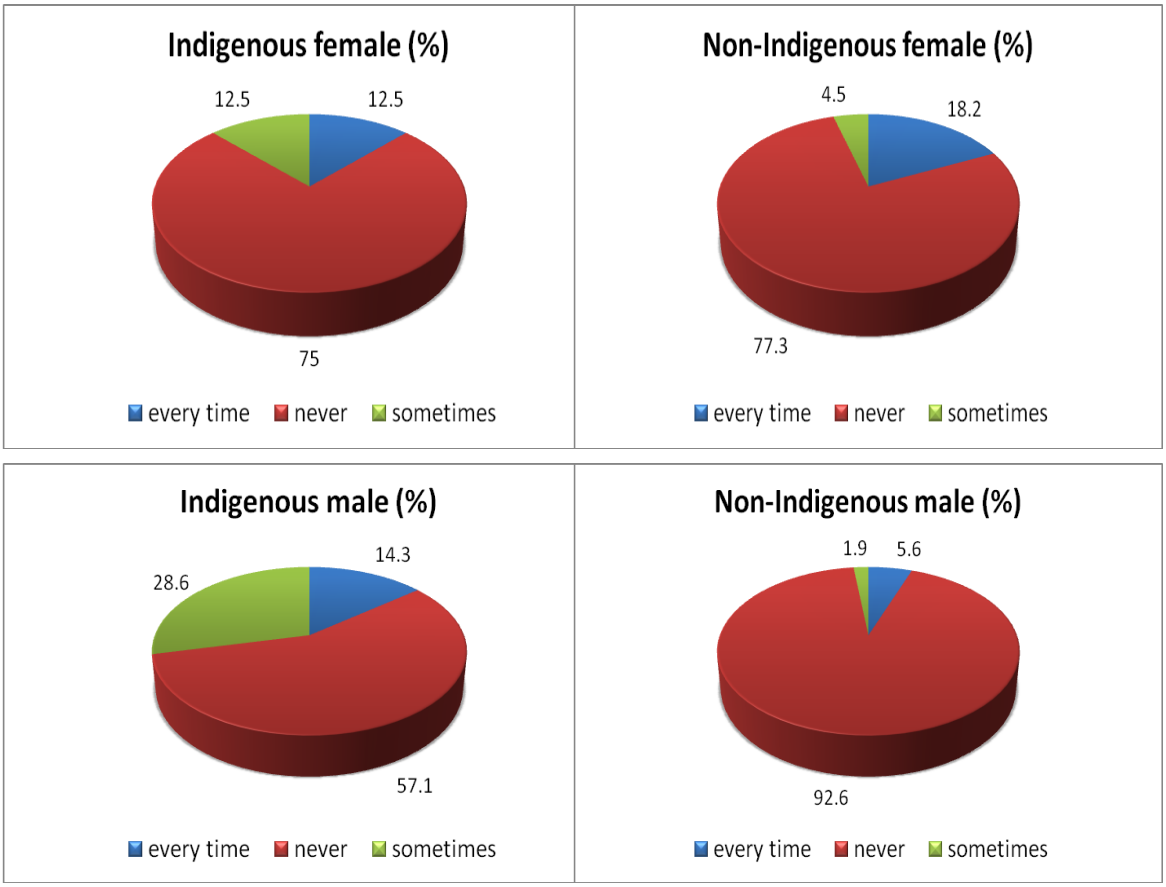
Before prison

Participants were asked to describe their sexual activity in the 12 months prior to imprisonment.

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
None	2	9.5	1	4.5	5	14.7	7	10.1	15	10.3
None – partner in prison	1	4.8	-	-	2	5.9	-	-	3	2.1
Casual sex partner	2	9.5	4	18.2	5	14.7	7	10.1	18	12.3
Regular partner	15	71.4	5	22.7	18	52.9	42	60.9	80	54.8
Casual & regular	1	4.8	2	9.1	4	11.8	12	17.4	19	13
Not answered	-	-	10	45.5	-	-	1	1.5	11	7.5
Total	21	100	22	100	34	100	69	100	146	100

Source: ECU HoPE Collection 2008 [computer file]

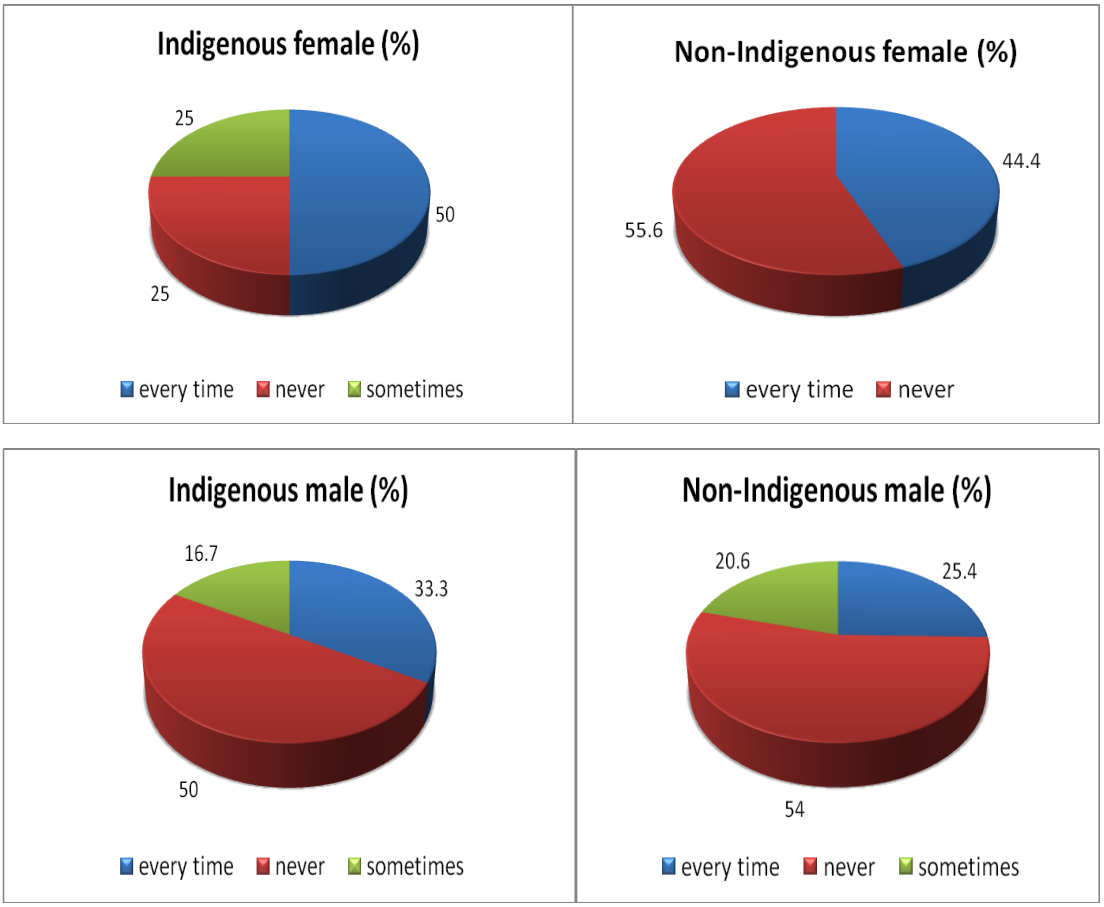
Participants who reported engaging in sexual activity with a regular partner were then asked whether they used condoms with their regular sexual partners in the 12 months before incarceration.



Source: ECU HoPE Collection 2008 [computer file]

The most common reason for not using a condom with a regular partner was that they believed it was not necessary with a *regular* partner. Others commented that they believed their partner was 'safe' and free from STD's. Non-Indigenous men also commented that condoms affected the quality of sexual intercourse and they preferred not to wear them. Interestingly, 16.7 percent of non-Indigenous women reported that their partners refused to wear them.

Participants who reported engaging in casual sex were then asked whether they used condoms with their casual sexual partners in the 12 months before incarceration.



Source: ECU HoPE Collection 2008 [computer file]

The most common reason for not using a condom with a casual sexual partner was that condoms affected the quality of sexual intercourse or they preferred not to wear them. The second most common reason was that they were not considered, it was a spur of the moment event, or they were not available.

In prison

Participants appeared to be well aware that condoms and dental dams were available in prison. However, the wording of the following question may have in fact questioned their knowledge of whether they were aware that it was a requirement of the Department of Corrective Services to provide these, rather than whether they knew they were available.

The question read: "Are you aware that it is a policy of the DCS to provide:

MALES – male inmates with condoms
FEMALES – female inmates with dental dams?"

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Yes	**21**	100	**11**	50	**27**	79.4	**55**	79.7	**114**	78.1
No	**-**	-	**1**	4.5	**7**	20.6	**12**	17.4	**20**	13.7
Not answered	**-**	-	**10**	45.5			**2**	2.9	**12**	8.2
Total	**21**	100	**22**	100	**34**	100	**69**	100	**146**	100

Source: ECU HoPE Collection 2008 [computer file]

The wording of this question has been corrected for further collections.

Participants were asked whether they had tried to get condoms/dental dams in prison.

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Yes	**6**	28.6	**-**	-	**5**	14.7	**4**	5.8	**15**	10.3
No	**15**	71.4	**12**	54.5	**29**	85.3	**63**	91.3	**119**	81.5
Not answered	**-**	-	**10**	45.5	**-**	-	**2**	2.9	**12**	8.2
Total	**21**	100	**22**	100	**34**	100	**69**	100	**146**	100

Source: ECU HoPE Collection 2008 [computer file]

Male participants clarified that they did not try to access prison condoms or dental dams as they did not need them - they were not sexually active in prison.
Female participants also reported that they were not sexually active in prison. The sexually active females reported that they did not use them or that their female partner did not want to use them.

All participants apart from two non-Indigenous females believed that it was easy to get condoms/dental dams in prison. The two who mentioned difficulty reported that the machines were often empty or broken, or were in rooms that were locked.

Over half of both categories of females reported knowing that condoms and dental dams were used for things other than sex. For males, only a third knew of others using condoms for things other than sex.

The most common response to the usage of condoms or dental dams for things other than sex was that they were used to store their hand-rolled cigarettes or to hide or store drugs in the tins the dental dams came in. Other responses include masturbatory purposes in men, using the lubricant and the condom to make a false vagina. They were also used for making balloons or playing jokes or pranks.

Sexual History & Sexual Health

This section examined the sexual health, behaviour and attitudes of prisoners. High-risk sexual behaviour (such as prostitution) is correlated with other high-risk behaviour, particularly drug use and offending (Perkins, 1991). This question determines a respondent's history of sexual behaviour, and his or her resulting sexual health. Participants were asked various questions about their sexual history that required minimal responses.

Sexual History	**I female (n=20)**	**I male (n=12)**	**NI female (n=27)**	**NI male (n=56)**
Mean age of first consensual sex	15	13.8	15	14
Age of partner at first consensual sex	19.6	15	18	16
12 months prior to prison, number of sexual partners	1	2	1	2
Number of sexual partners in lifetime (median)	10	20	7.5	13
Ever engaged in sex work	4	2	4	7
Ever paid someone else for sex	3	3	0	36
Ever had pelvic inflammatory disease PID	1	NA	-	NA
Ever had bacterial vaginosis or gardnerella	1	NA	1	NA
Ever had candidiasis / thrush	12	NA	20	NA
Ever had trichomoniasis / "trike"	-	NA	1	NA
Ever had gonorrhoea (clap)	6	1	-	2
Ever had genital warts	1	1	1	2
Ever had genital herpes	2	-	-	2
Ever had chlamydia	4	2	7	6
Ever had pubic lice or crabs	3	2	1	12
Ever had syphilis (pox)	2	2	-	-
Ever had urethritis or NSU	1	-	1	-
Ever had cold sores/oral herpes	-	1	4	12

Source: ECU HoPE Collection 2008 [computer file]

Participants were asked about their first consensual experience of vaginal or anal sex. Indigenous women reported that they had their first consensual sexual encounter at an average age of 15 (range 11-28 years). This was similar to the responses of non-Indigenous women, who also reported first having sex at an average age of 15 years (range 13-19 years). Indigenous men who answered the questions on sexual history (n=12) reported that their first consensual sex occurred between the ages of 13 and 15 years old (average age 13.8 years). The mean age was similar for non-Indigenous men (average age 14 years; age range 7-25 years).

Indigenous women reported their first consensual sexual partner was 19.5 years old (range 13-54). Most first consensual vaginal or anal sexual encounters were heterosexual (Indigenous females 100%, non-Indigenous females 94.1%, Indigenous males 100%, non-Indigenous males 97%).

Current sexual status

	I female (n=20)	I male (n=12)	NI female (n=34)	NI male (n=67)
Heterosexual	60.3	100	67.6	95.5
Homosexual	22.2	-	8.8	-
Bisexual	17.3	-	23.6	4.5

Source: ECU HoPE Collection 2008 [computer file]

Participants were asked to report on their sexual partners in the 12 months prior to incarceration. Indigenous women had on average one sexual partner in the 12 months prior to incarceration (range 0-20). Indigenous men reported on average two sexual partners (range 0-7). One participant reported having 851 partners in the 12 months prior to incarceration, which skewed the results. After removing the outlier, non-Indigenous females reported an average of one sexual partner (range 0-8 or 0-851 including outlier). Non-Indigenous men reported on average 1.8 partners (range 0-15 or 0-50 including outlier).

Participants were asked how many partners they had had anal, vaginal or oral sex with in their lifetime. Removing those who reported previous sex work (ie. prostitution), Indigenous women reported between three and 500 previous partners, with a mean of 58.2 and a median of 10. Indigenous men reported between one and 40 previous sexual partners, with both a mean and median of 20 partners. Non-Indigenous women reported between one and 30 previous sexual partners, with a median of 7.5 and a mean of 11.25. Non-Indigenous men

reported a range of between one and 200 sexual partners, with a median of 13 and a mean of 27.2.

Respondents who had been sex workers reported that they had had between four and 6,300 previous sexual partners. *The respondent who reported 6,300 sexual partners calculated the number by multiplying the number of years she had been a sex worker by the average number of new clients per year*. This outlier was removed from the general question as her number skewed the results. Four Indigenous women, four non-Indigenous women, seven non-Indigenous men and two Indigenous men reported previously working as sex workers. Most had been working in the profession for less than five years, with two reporting only engaging in sex work once, and two non-Indigenous males working for more than five years.

Twenty-five percent of Indigenous men and over 50 percent of non-Indigenous men had ever paid for sex. Indigenous men reported paying for sex between one to 10 times, and non-Indigenous men reported paying for sex between one and 270 times, all of which were heterosexual encounters. In contrast, no non-Indigenous women and only 14 percent (n=3) of Indigenous women reported paying for sex, though only ever once.

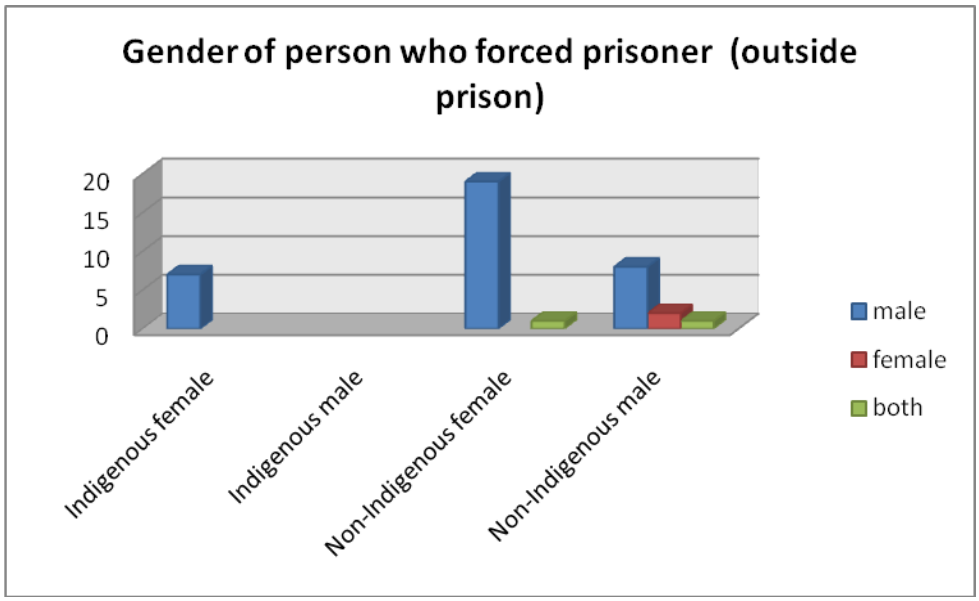
Participants were asked whether they had ever been forced or frightened by a male or female into doing something sexually that they did not want to ***outside prison***.

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Yes	**7**	33.3	**-**	-	**20**	58.8	**13**	18.8	**40**	29.4
No	**13**	61.9	**12**	100	**14**	41.2	**54**	78.3	**93**	68.4
Refused	**1**	4.8	**-**	-	**-**	-	**2**	2.9	**3**	2.2
Total	**21**	100	**12**	100	**34**	100	**69**	100	**136**	100

Source: ECU HoPE Collection 2008 [computer file]

NB: 10 Indigenous men were not questioned due to cultural sensitivity and percentages are adjusted to reflect this

Respondents who reported ever being forced or frightened into doing something sexually that they did not want to were asked the gender of the perpetrator.



Source: ECU HoPE Collection 2008 [computer file]

Respondents were asked whether they had ever had a sexual experience with a male or a female when they did not want to because they were drunk or high at the time. Six Indigenous women, two Indigenous men, 12 non-Indigenous women and 15 non-Indigenous men had had a sexual experience that they did not want to because they were drunk or 'high' at the time.

Sexual health awareness

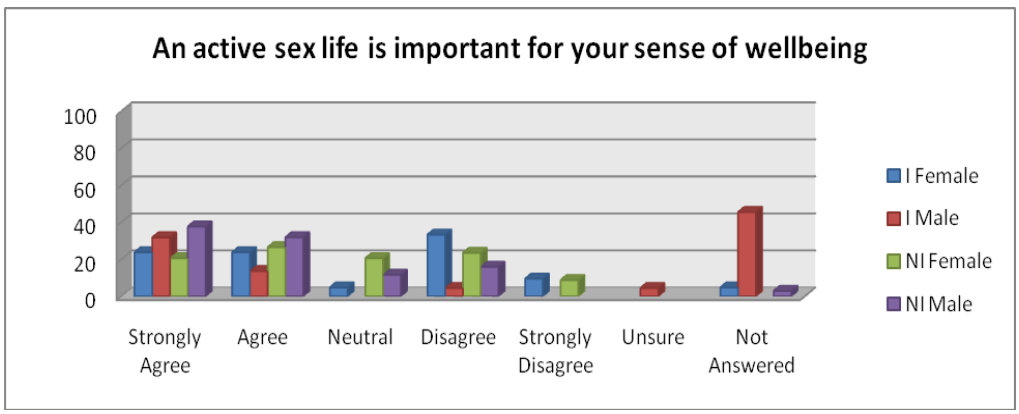
The following statements on sexually transmitted diseases were asked of the respondents, to which they answered true or false. The percentage of **correct** answers is outlined below:

Sexual health statement	I female (N=21)	I male (N=12)	NI female (N=34)	NI male (N=69)
Chlamydia affects only women	**47.6%** (n=10)	**75%** (n=9)	**70.6%** (n=24)	**71%** (n=49)
Chlamydia can lead to infertility in women	**61.9%** (n=13)	**33.3%** (n=4)	**82.4%** (n=28)	**65.2%** (n=45)
Once a person has caught genital herpes they will always have the virus	**57.1%** (n=12)	**50%** (n=6)	**73.5%** (n=25)	**60.9%** (n=42)
Cold sores and genital herpes can be caused by the same virus	**61.9%** (n=13)	**66.7%** (n=8)	**76.5%** (n=26)	**63.8%** (n=44)
AIDS only affects gay/homosexual men	**90.5%** (n=19)	**100%** (n=12)	**97.1%** (n=33)	**94.2%** (n=65)
You can tell who might have a sexually transmitted infection just by looking at them	**76.2%** (n=16)	**75%** (n=9)	**94.1%** (n=32)	**87%** (n=60)

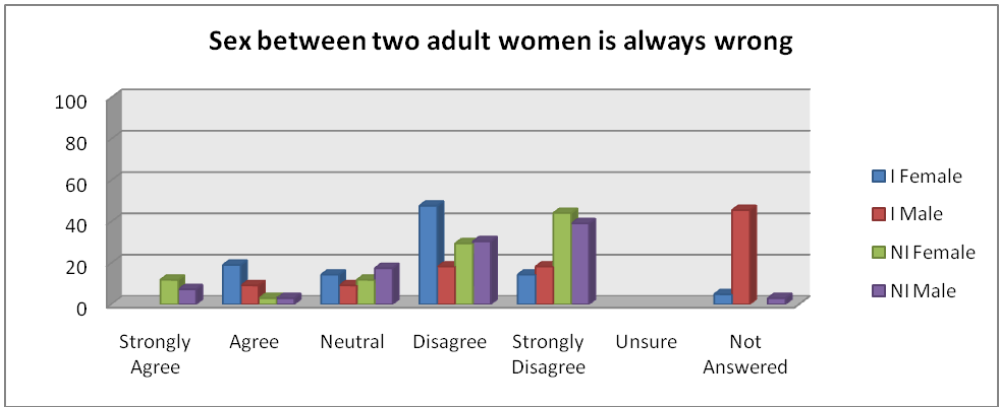
Source: ECU HoPE Collection 2008 [computer file]

Sexual attitudes

Participants were read a number of statements and asked to rate how much they agreed or disagreed on a 5-point Likert Scale ranging from 'strongly agree' to 'strongly disagree'.



Source: ECU HoPE Collection 2008 [computer file]



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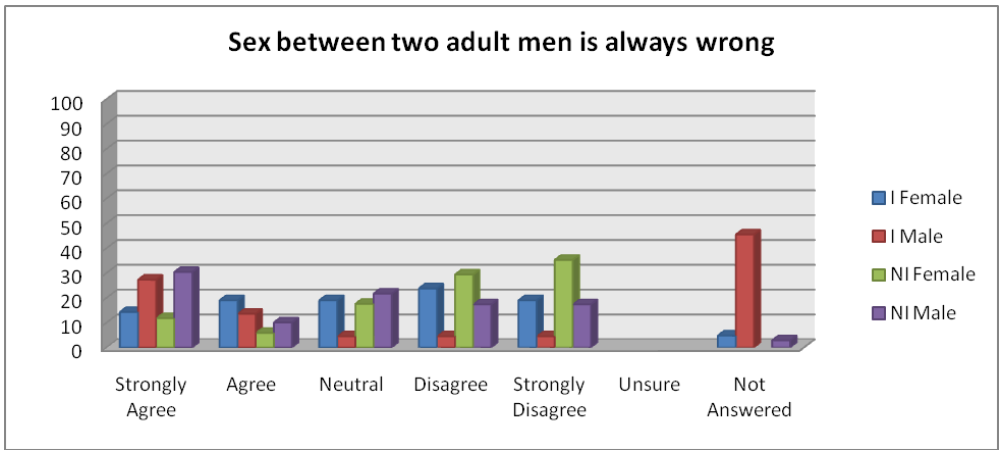

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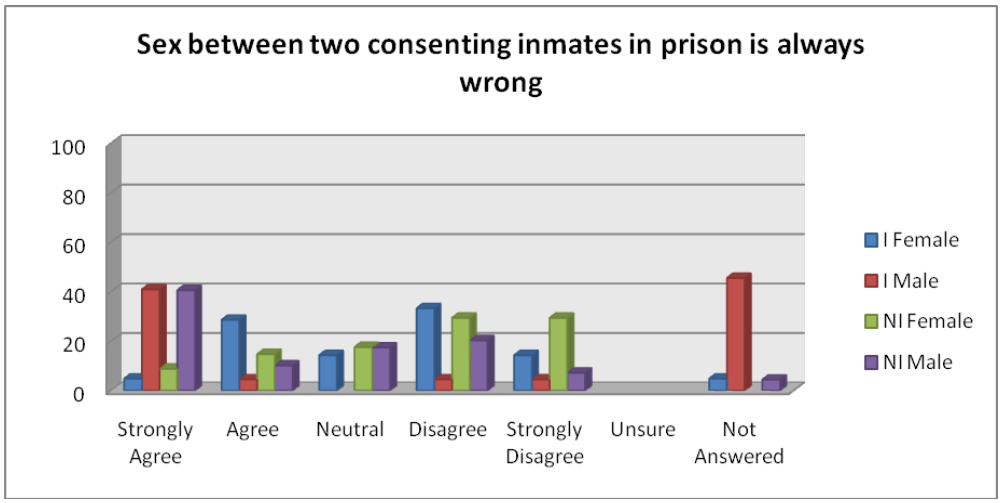

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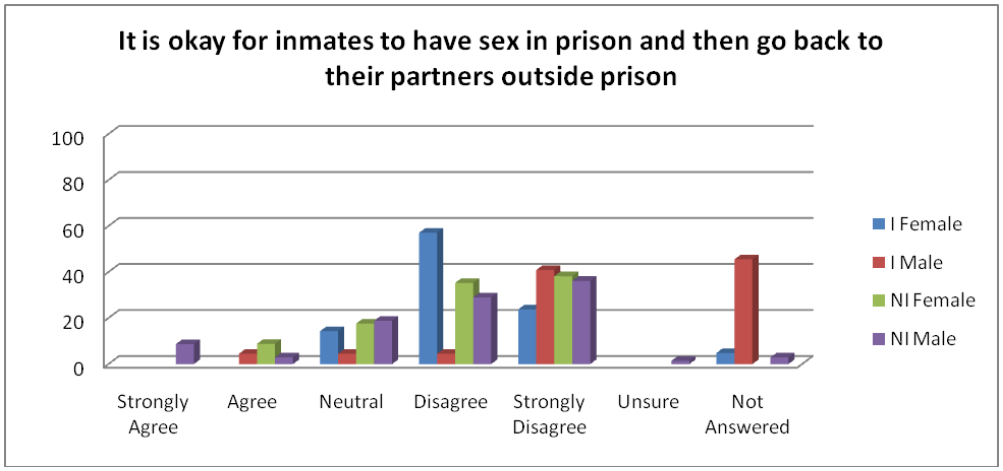

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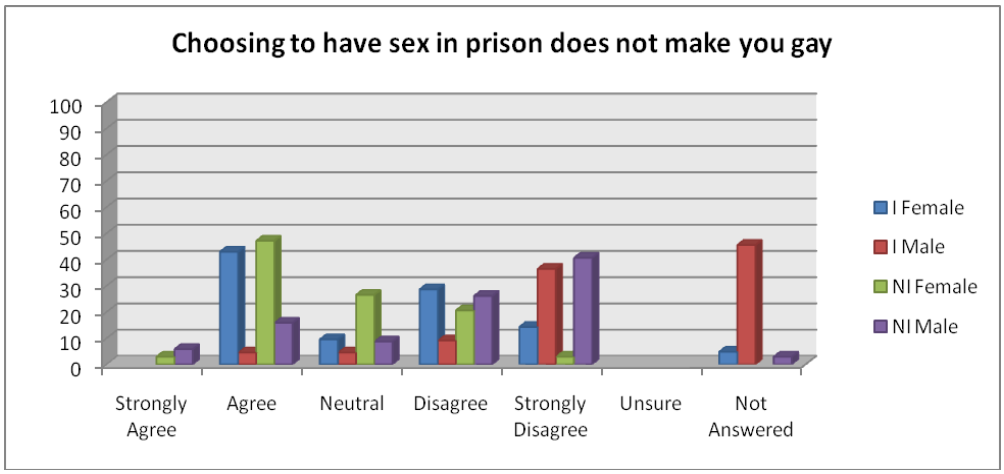

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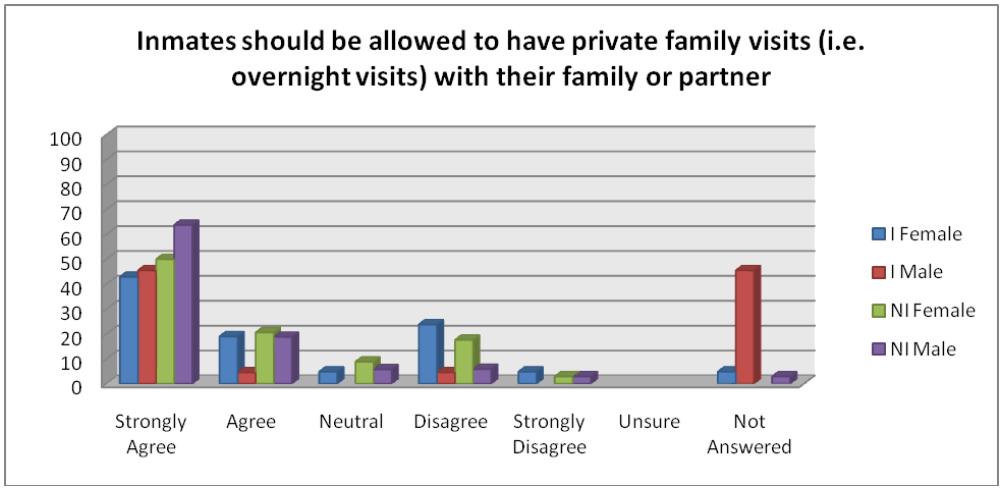


Source: ECU HoPE Collection 2008 [computer file]

Respondents were asked whether they would feel comfortable seeing a Public Health nurse for any sexual health reasons. Examples included for reasons such as physical examinations and tests for sexually transmitted illnesses or HIV, or to get more information on sexual health.

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Yes	**19**	90.4	**11**	50	**28**	82.4	**60**	87	**118**	80.8
No	**1**	4.8	**1**	4.5	**5**	14.7	**7**	10.1	**14**	9.6
Unanswered	**1**	4.8	**10**	45.5	**1**	2.9	**2**	2.9	**14**	9.6
Total	**21**	100	**22**	100	**34**	100	**69**	100	**146**	100

Source: ECU HoPE Collection 2008 [computer file]

Respondents were then asked if they did see a Public Health nurse, what would be their gender preference for the nurse.

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Male	**1**	4.8	**3**	13.6	**3**	8.8	**8**	11.6	**15**	10.3
Female	**13**	61.9	**4**	18.2	**23**	67.6	**7**	10.1	**47**	32.2
Either	**5**	23.8	**5**	22.7	**8**	23.5	**52**	75.4	**70**	47.9
Neither	**1**	4.8	**-**	-	**-**	-	**-**	-	**1**	0.7
Unanswered	**1**	4.8	**10**	45.5	**-**	-	**2**	2.9	**13**	8.9
Total	**21**	100	**22**	100	**34**	100	**69**	100	**146**	100

Source: ECU HoPE Collection 2008 [computer file]

Sexual Behaviour & Experiences in Prison

This question sought to establish the prevalence of consensual and non-consensual sexual contact occurring in prison. It also examined the reasons behind sexual contact (both consensual and non-consensual), the respondent's fear of being sexually assaulted, and the general details surrounding sexual assaults within the prison. This question has implications relating to the transmission of blood-borne and sexually transmittable diseases, as well as the mental and emotional health of respondents.

Prisoners were asked about sex in prison or situations they might have been in. First, participants were asked whether, during any of the time they had spent in prison, they had ever had any consensual or non-consensual sexual contact, including touching, with another inmate. No Indigenous men disclosed having sexual contact with another inmate in prison.

	Indigenous				Non-Indigenous				Total	
	Female	**%**	**Male**	**%**	**Female**	**%**	**Male**	**%**	**Total**	**%**
Yes	**8**	38.1	**-**	-	**11**	32.4	**3**	4.3	**22**	15.1
No	**13**	61.9	**10**	45.5	**23**	67.6	**64**	92.8	**110**	75.3
Not asked	**-**	-	**12**	54.5	**-**	-	**2**	2.9	**14**	9.6
Total	**21**	100	**22**	100	**34**	100	**69**	100	**146**	100

Source: ECU HoPE Collection 2008 [computer file]

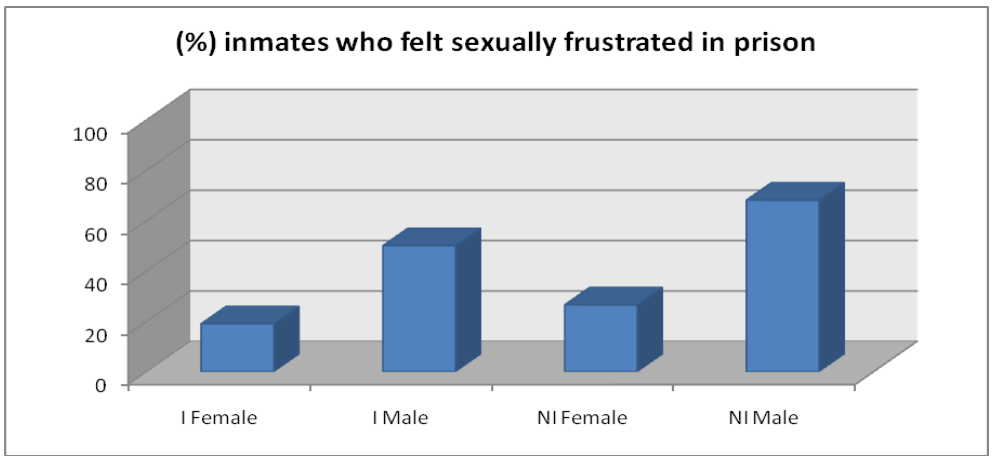
Participants who reported having sexual contact in prison where asked how much time they had spent in prison before their first sexual contact with another inmate. Indigenous women reported an average of 36 months or a median of eight months (range one month to 11 years). Non-Indigenous women reported an average of 22 months or a median of six months (range 0-11 years). Non-Indigenous men averaged 40 months, with a median of 10 months (range 1-11 years) before their first sexual encounter with another inmate in prison.

Sexual behaviour in prison	I female (N=8)	I male (N=0)	NI female (N=11)	NI male (N=3)
Sexual contact during the first time in adult prison	6	-	11	2
Consensual sexual contact	8	-	9	3
Average number of sexual partners in prison	7	-	2	2

Source: ECU HoPE Collection 2008 [computer file]

Most inmates (regardless of Indigeneity or gender) had sex in prison for pleasure or intimacy, with only one Indigenous female reporting she had consensual sexual contact with another inmate to avoid being physically or sexually assaulted by someone else (ie. for protection). Only two non-Indigenous women reported having non-consensual sexual contact, but did not specify why.

Participants were asked whether they had ever felt sexually frustrated whilst in prison.



Source: ECU HoPE Collection 2008 [computer file]
NB: Only 10 Indigenous males responded to this question

Some male respondents had much to say on this topic.

> *"...give prisoners pornographic magazines and KY gel to relieve stress and tension..."*

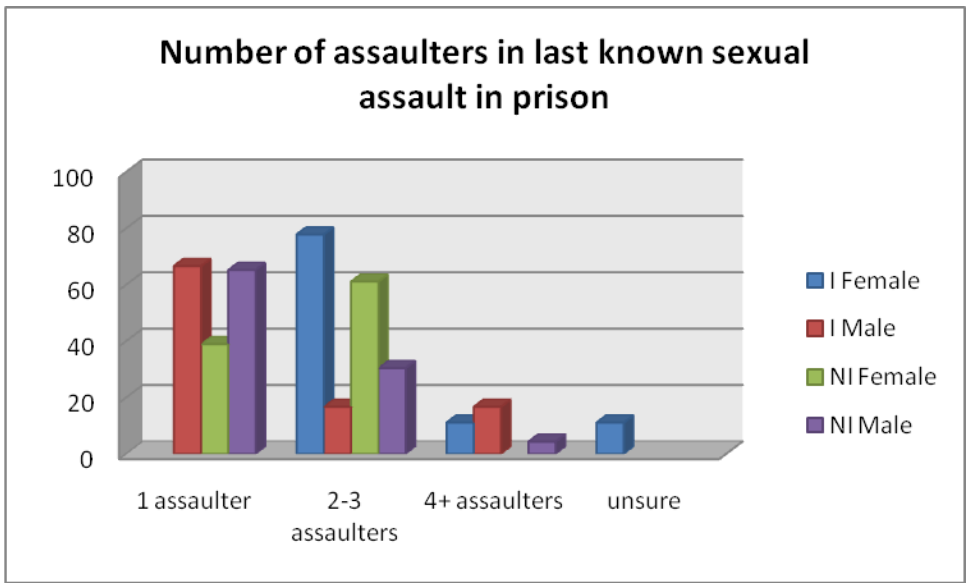
> *"...more conjugal visits with the family as it helps relationships stay together..."*

> *"...healthy to have conjugal visits in prison and to sell mild 18+ pornography to reduce sexual frustration..."*

Sexual Assaults

Regardless of Indigeneity, approximately half of the women and a third of the men were aware of sexual assaults taking place in prison. In both cases the number of sexual assaults that inmates were aware of ranged from one to 10. Similarly, approximately half of all assaults that prisoners were aware of occurred within the last six months. The remaining cases either happened more than six months ago or the respondents were unsure of their occurrence. The majority of known assaults occurred in cells, although the showers (1), toilet block (2), workplace (1), classroom (2) and common area (1) were also cited.

Participants were asked the number of perpetrators in the last known sexual assault they were describing.



Source: ECU HoPE Collection 2008 [computer file]

Participants were asked whether they had ever been sexually harassed or threatened with sex by another inmate. Twelve Indigenous males were not asked the question to respect issues of cultural sensitivity, as advised by the Aboriginal Peer Support officers. The remaining Indigenous males did disclose sexual harassment or threat. One non-Indigenous male had another inmate stand over him with the intention of performing fellatio.

Three Indigenous women reported harassment; one was punched because she did not consent to sex and two reported unwanted touching, fondling and comments.

Four non-Indigenous females reported receiving unwanted touching, kissing, advances and oral sex. One also reported being stalked inside prison.

One Indigenous man, one non-Indigenous man, two Indigenous women and two non-Indigenous women were currently frightened or worried about being sexually assaulted in prison. Furthermore, one non-Indigenous woman and one Indigenous man believed that they might have frightened or forced another inmate into doing something sexual that they did not want to.

After the sexual behaviour section, participants were asked whether they wished to be referred to the prison Sexual Assault and Risk Centre for help with any matters they had discussed. Only one non-Indigenous female wished to be referred which was followed up by the interviewer.

History of Sexual Assault (before and after age 16)

This question was designed to address the occurrence of sexual assault prior to, and after, the age of 16. It was included in the questionnaire in order to gain a body of information on the number of prisoners who had this history, and the extent of abuse they suffered.

Sexual assault before age 16

	Indigenous				Non-Indigenous				Total	
	Female	%	Male	%	Female	%	Male	%	Total	%
Yes	**12**	57.1	**3**	13.6	**16**	47.1	**17**	24.6	**48**	32.9
No	**8**	38.1	**7**	31.8	**17**	50	**51**	73.9	**83**	56.9
Refused*	**1**	4.8	**1**	4.5	**1**	2.9	**1**	1.5	**4**	2.7
Not asked**	**-**	-	**11**	50	**-**	-	**-**	-	**11**	7.5
Total	**21**	100	**22**	100	**34**	100	**69**	100	**146**	100

Source: ECU HoPE Collection 2008 [computer file]
*refused refers to those who were asked the question and did not want to answer
**Not asked refers to those who were not asked the question to respect cultural sensitivity

Participants reported unwanted sexual events such as touching and fondling, oral sex, penetration and rape. There were also reports of gang sexual assaults. Half of the sexual events occurred on one occasion. For the rest, the events were more frequent or continuous. The prisoner at the time of these assaults was generally at the age of 10-11 years (58%), with a range from three years old to 15 years old. The age of the perpetrator ranged from 16 to 35, with two participants not knowing the age due to the fact that they were children and the attacker was an 'adult'. Three-quarters of perpetrators were over the age of 20 years. Only one Indigenous female reported having not known the perpetrator of her sexual assault. All perpetrators were male. A quarter of these attacks happened whilst in the care of the perpetrator.

With the exception of Indigenous men whose numbers are too small to be statistically accurate, approximately half of the prisoners had been sexually assaulted before the age of 16 years.

Indigenous females:

Twelve Indigenous women (57.1%) reported being sexually assaulted at least once before the age of 16 years. The questionnaire catered for multiple events per respondent. Descriptions of the assaults included performing and receiving oral sex; sexual penetration/rape; unwanted touching/fondling; and gang sexual assaults. Eight of these assaults occurred once, and seven occurred more than once or were frequent or ongoing. One respondent did not disclose how often the assaults had occurred.

The age range of the women when they were assaulted was three to 15 years, and the age of the perpetrator ranged from 16 to 50 years, with one woman reporting the assault being carried out by an adolescent of undetermined age. All the women except one knew the perpetrator, either as a family member, friend, or friend of a relative. All perpetrators were male. In one-third of all incidents, the Indigenous female was in the care of the person who committed the assault at the time it occurred. In eight of the assaults, the women told someone, and in three incidents only, the perpetrator was charged. Other outcomes of telling someone about the assault included 'nothing being done', 'finding out it was part of the family history', not being believed, and receiving counselling.

Indigenous males:

Of the 22 Indigenous males interviewed, 11 were not asked this section due to cultural sensitivity. One chose to skip this section. Of the 10 remaining respondents, three Indigenous males reported being sexually assaulted before the age of 16. One of these men was groomed by his aunt, and had his uncle join in the assault. This respondent did not wish to disclose any further details. The two Indigenous men who completed the section reported that they were aged eight and 13 at the time of the assault, and the perpetrator in both cases was their 16-year-old foster sister. One of these men was trapped in a room and assaulted. The other did not disclose details of the assault. In one of the cases, the perpetrator was meant to be caring for the child at the time of the assault. Neither Indigenous male told anyone about the assault either at the time or until this time.

Non-Indigenous females:

Sixteen non-Indigenous women reported being sexually assaulted before the age of 16. Types of assault included anal or vaginal penetration/rape; unwanted touching/fondling; and oral sex. In two of these incidents, the woman was either attacked in public or kidnapped. Four of the incidents were a one-off occurrence; 17 were frequent or ongoing. The age range of the women when they were assaulted was from one year of age through to 13 years of age (average age of eight years). The perpetrators' age ranged from 12 to 50 years. In all cases except two the perpetrator was known to the victim, either as a friend, relative or family friend. Eight of the assaults occurred when the females were in the care of the perpetrator. In 16 cases, they told someone (either a family member, a welfare authority or police) about the assault. One female was removed from her home through a court intervention; two women were not believed; in three cases nothing happened as a result; four women spoke about the assaults later in their lifetime and hence had no outcome; and two women reported that the assaults stopped as a result, with one perpetrator going to jail.

Non-Indigenous males

Seventeen non-Indigenous men reported experiencing sexual assault before the age of 16 years. Details of the assaults included being made to perform fellatio, being sodomised, and unwanted touching. Three of the incidents occurred once and 17 were frequent or ongoing. The age when they were assaulted ranged from four to 15 years. The age of the perpetrator ranged from 14 to 60 years (average age of 34 years). One male reported that he had consented to the sexual activity with his aunt at the time, when he was nine years old. In all cases except one, the males reported knowing the perpetrator, either as a family member, friend, family friend, priest or teacher. In 14 cases, the perpetrator was male. In the remaining five cases, they were female. For 14 of the assaults, the male was in the care of the perpetrator at the time. Sixteen of the assaults were reported to someone either at the time or later. Most commonly, the people told were psychologists, parents, police, other family members or social workers/welfare workers. Three men reported that speaking about the assault had helped them move on; five men reported no outcome from telling someone; and three perpetrators were charged.

Sexual assault after age 16

	Indigenous				Non-Indigenous				Total
	Female	%	Male	%	Female	%	Male	%	Total
Yes	**6**	28.5	**1**	4.5	**13**	36.2	**6**	8.7	**26**
No	**14**	66.6	**9**	41	**20**	58.8	**62**	89.9	**105**
Refused*	**1**	4.5	**1**	4.5	**1**	2.9	**1**	1.4	**4**
Not asked**	**-**	-	**11**	50	**-**	-	**-**	-	**11**
Total	**21**	100	**22**	100	**34**	100	**69**	100	**146**

Source: ECU HoPE Collection 2008 [computer file]

*Refused refers to those who were asked the question and did not want to answer

**Not asked refers to those who were not asked the question to respect cultural sensitivity

Indigenous females:

Six Indigenous females reported being sexually assaulted after the age of 16. The reported assaults included anal and vaginal rape and being forced to perform oral sex. One participant reported anal and vaginal rape as part of a violent abduction. Three of these assaults were one-off attacks, with the other four being frequent or ongoing. The women were aged between 16 and 39 years when the attacks occurred, with the perpetrator aged between 21 and 35 years, and one assault being conducted by multiple people in a "gang attack". In two assaults the perpetrator was unknown or had no relationship to the victim. In all other assaults, the perpetrator was a relative and/or a friend of the family. All sexual assaults were conducted by men, and only five assaults were spoken about either at the time or later. Three assaults were reported to the police or the Sexual Assault Resource Centre after imprisonment. Three assaults were disclosed to family members. Only one perpetrator was incarcerated for the offence and one perpetrator committed suicide. No other outcomes were reported.

Indigenous males

One Indigenous male reported being sexually assaulted in a "gang assault" after the age of 16. He reported that this occurred more than once, when he was 17 years of age. The age of the perpetrator/s was reported to be approximately 23 years, and one was a female "friend" of the victim. The male did not disclose the assault to anyone until this current interview.

Non-Indigenous females

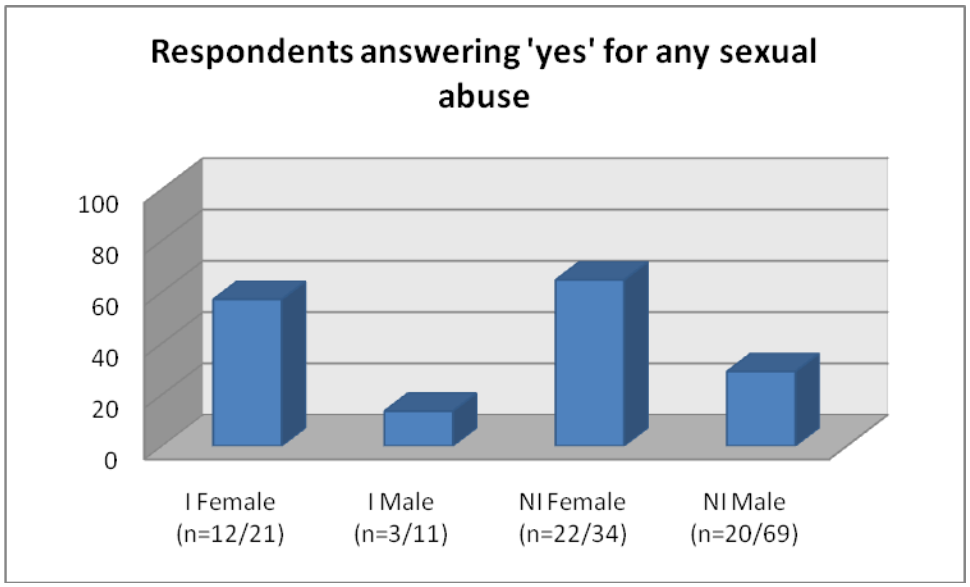
Thirteen non-Indigenous females reported being sexually assaulted after the age of 16 years. Assaults included anal and vaginal rape. On multiple occasions this was accompanied by violence, torture, more than one perpetrator and/or abduction. One woman reported that she was forced into sex work in order to pay off drug debts. Six assaults were reported as one-off occurrences; eight were reported as frequent or ongoing; one woman did not wish to disclose these details. The age of the women at the time of the assault ranged from 16 to 40 years, with the age of the perpetrator ranging from 17 to 40 years. One woman stated she gave consent to the assault at the time. Four of the incidents were reported as occurring with someone with whom the women had no relationship; one reported her attack was perpetrated by 'bikies'; six were by the women's partners; one was by an ex-partner; and two were by a friend. Eight of the sexual assaults were disclosed either at the time, or later. Three participants reported the assault to the police; two disclosed to a counsellor some time after the assaults; two told a friend; and one did not reveal her assault. The results of the disclosure included 'no outcome'; the person they reported to did not care; receiving support or counselling; and removal from the situation.

Non-Indigenous males

Six non-Indigenous males reported being sexually assaulted after the age of 16 years. One male stated it occurred when he first 'got to jail'; another male stated the assault was perpetrated by a room mate and seven of the room mate's friends; and the remaining males did not wish to detail their experiences. Three men, however, stated the assaults occurred once, and two males reported they were frequent or ongoing. Their age range at the time of the assault was 16 to 18 years, although one male was 54 years at the time. For those who could describe the age of the perpetrator (all but one male), the age range was between 35 and 52 years. One male stated the assault was consensual at the time, and all men except two reported that they knew the perpetrator/s. In all cases except one, the perpetrator was male, and four men reported disclosing their assault to a relative, doctor or counselling service either at the time or later. As a result of the disclosure, of the four males who provided further details, one male was not believed, one stated that disclosure had offered relief and two males reported no outcome as a result.

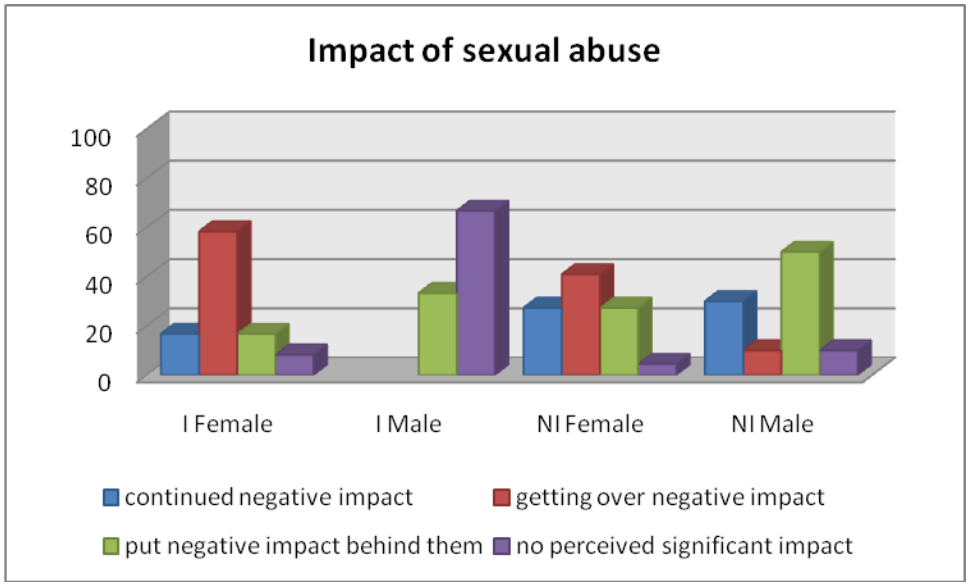
Experience and Impact of Sexual Abuse and Violence

The experience of childhood sexual abuse has been found to continue to negatively affect the victim's life, with ongoing depression and anxiety and a greater likelihood of being re-victimised (Beitchman, Zucher, Hood, daCosta, Akman & Cassavia, 1992). Research on incarcerated offenders has found unusual patterns of sexual arousal and histories of victimisation (Finkelhor, 1994). This question measured the number of prisoners who had been involved in a violent relationship in the past. This will create statistics enabling prison populations to be compared with the general public.



Source: ECU HoPE Collection 2008 [computer file]
Nb: 50% (n=11) of Indigenous males were not asked the question to respect cultural sensitivity

For those who answered that they had been victims of sexual abuse, participants were given four statements that best reflected how the experience of abuse had affected their lives.



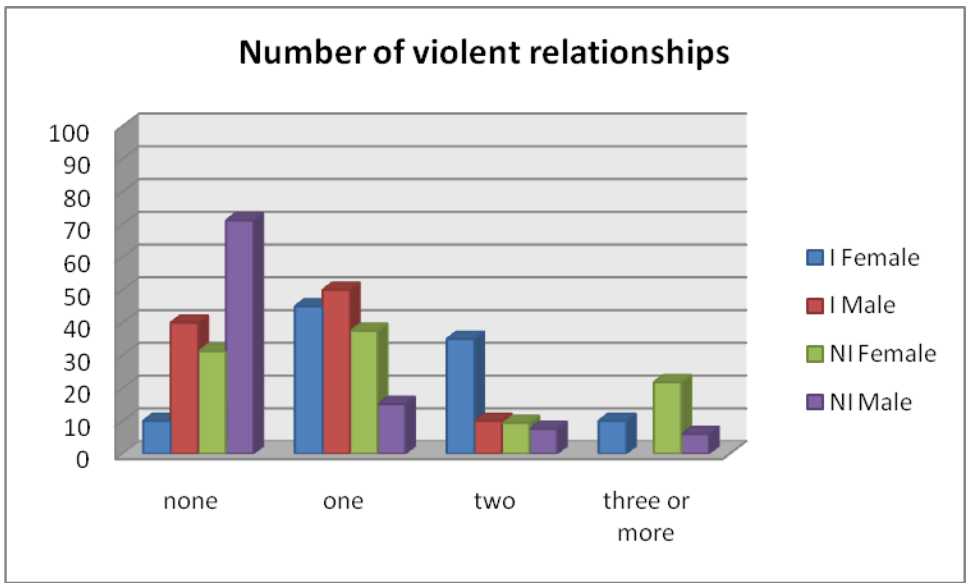
Source: ECU HoPE Collection 2008 [computer file]

Participants were asked whether, since of the age of 16, any man or woman, including their current partner, had ever had vaginal or anal sex that involved any of the following:

Experience of sexual violence	I female (N=12)	I male (N=3)	NI female (N=22)	NI male (N=20)	Total
Other person used weight or size to immobilise	5	1	11	3	**20**
Other person used threats of violence	9	1	12	4	**26**
Other person used actual violence eg. hitting or weapon	11	2	13	8	**34**
Need counselling or support to help with abuse issues	3	-	9	10	**22**

Source: ECU HoPE Collection 2008 [computer file]

All participants were asked whether they had ever been involved in a violent relationship; and, if so, how many.



Source: ECU HoPE Collection 2008 [computer file]

Of significant note is the very small number of Indigenous females who reported ***not*** having been involved in a violent relationship.

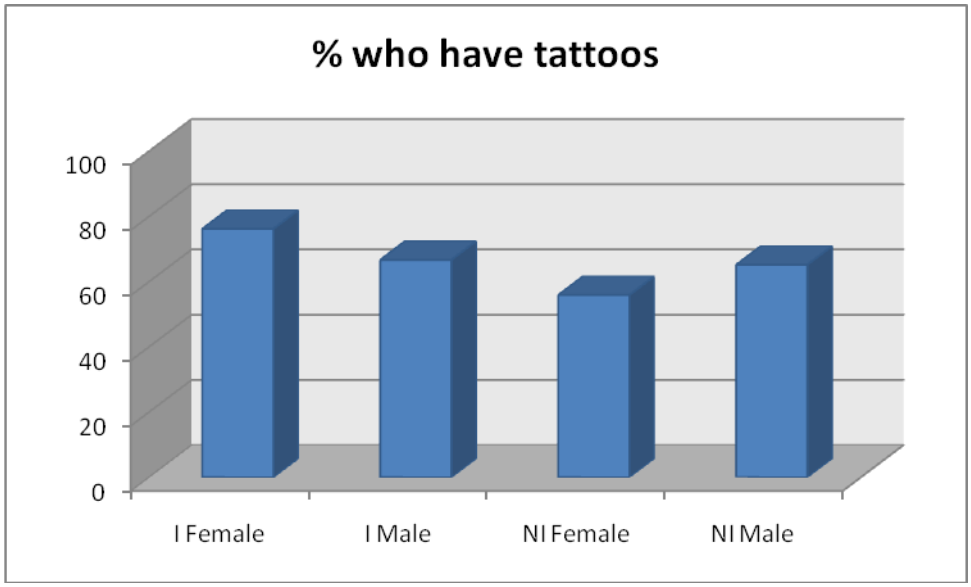
It must be noted that a significant number of women (Indigenous and non-Indigenous) have experienced sexual abuse (70%), that it continues to negatively affect their lives, and that they have experienced an adult sexually violent relationship. Furthermore, they are more likely to have multiple violent relationships.

Tattooing

Pilot Study of Prisoner Physical Health and Psychological Wellbeing

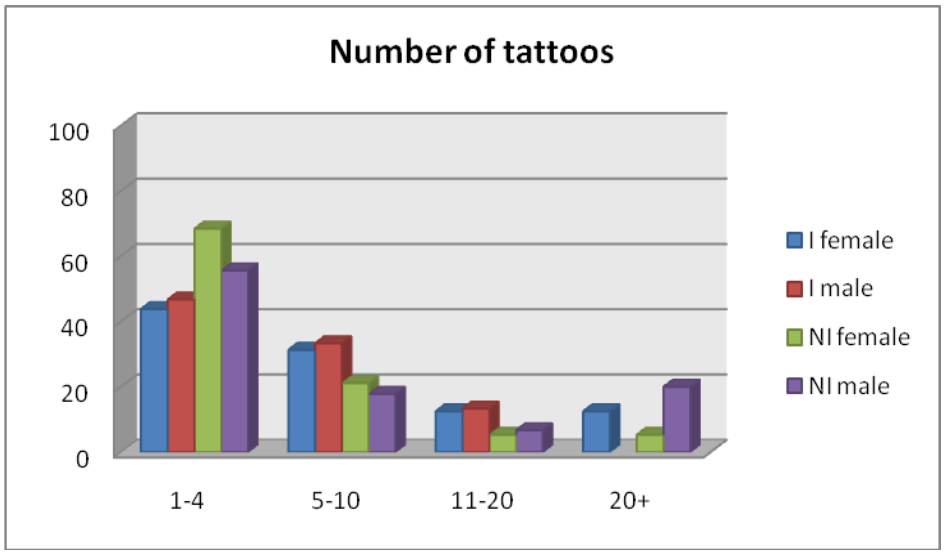
Tattooing is now widely practiced throughout Australia. However, the use of non-professional/unlicensed tattoo artists increases the potential for blood-borne viruses such as HIV and hepatitis to be transmitted (Makkai & McAllister, 2001). Tattooing is institutionalised but illegal in Australian prisons. Therefore, the likelihood of unsterile equipment being used is high (Hockings, Young, Falconer & O'Rourke, 2002). Makkai & McAllister (2001) found that the cleaning of tattooing equipment is less common than for injecting equipment, and that tattoo needles are often shared. This question examined the number of prisoners with tattoos, and whether these were obtained through a professional or non-professional tattoo artist in the prison or the community. This will help establish the risk of blood-borne virus transmission or other health problems, including infections, associated with tattooing that occurs within the prisons.

Participants were asked whether they had any tattoos.



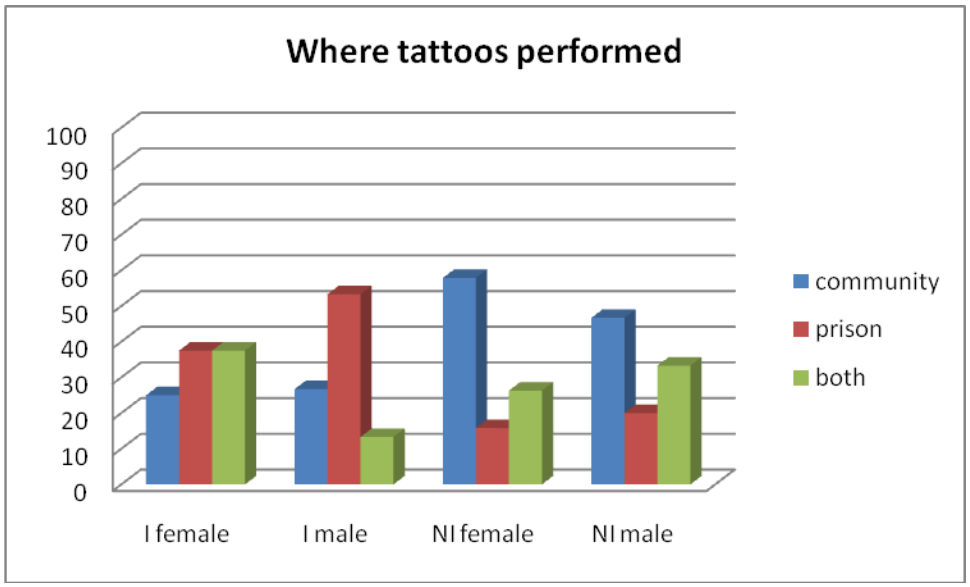
Source: ECU HoPE Collection 2008 [computer file]

Participants who reported having a tattoo were asked how many.



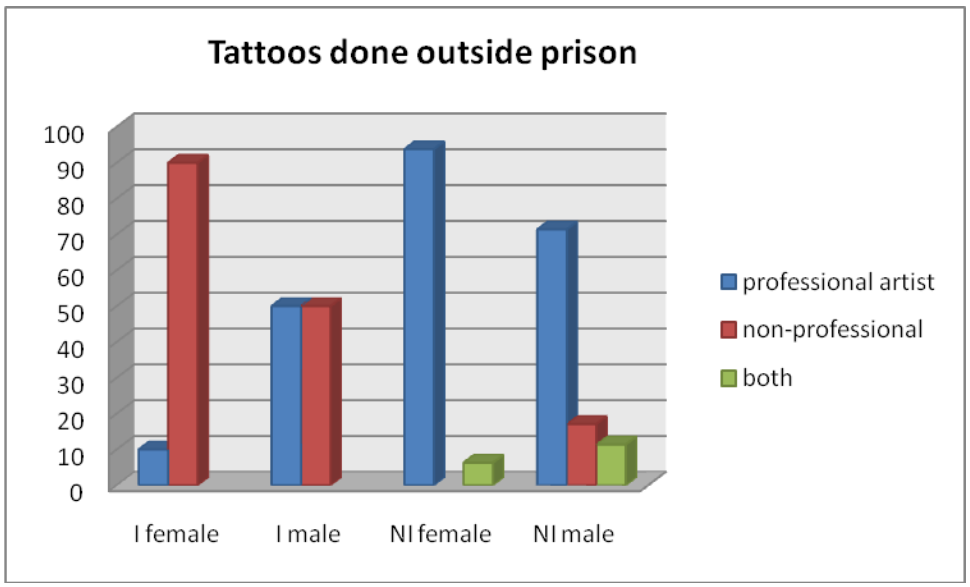
Source: ECU HoPE Collection 2008 [computer file]

Participants who reported having a tattoo were asked where they had acquired the tattoo.



Source: ECU HoPE Collection 2008 [computer file]

Participants who reported having acquired their tattoo outside prison were asked whether it was performed by a professional tattoo artist.



Source: ECU HoPE Collection 2008 [computer file]

Prisoners were questioned about non-professional tattooing. Generally, most people believed that these non-professionals had cleaned the equipment prior to use, with the exception of one non-Indigenous male and one Indigenous female.

Prisoners were then asked about the tattooing performed inside prison.

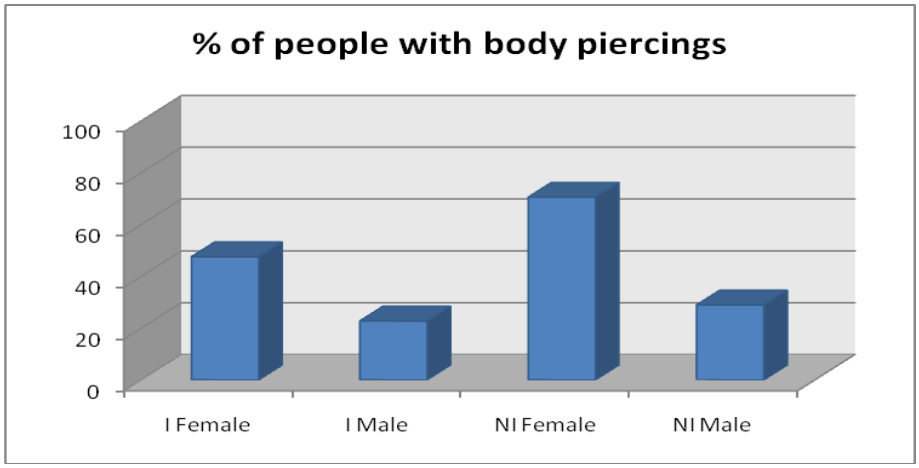
All females, regardless of Indigeneity, believed the equipment used to perform tattooing inside prison was cleaned. One non-Indigenous male reported that the equipment had not been cleaned, and one Indigenous male reported 'not knowing' if the equipment was cleaned.

Cleaning agents such as bleach, detergent, turpentine and antiseptic solution were cited as the common ways in which equipment was cleaned. Boiling water, burning needles and using new equipment were also reported.

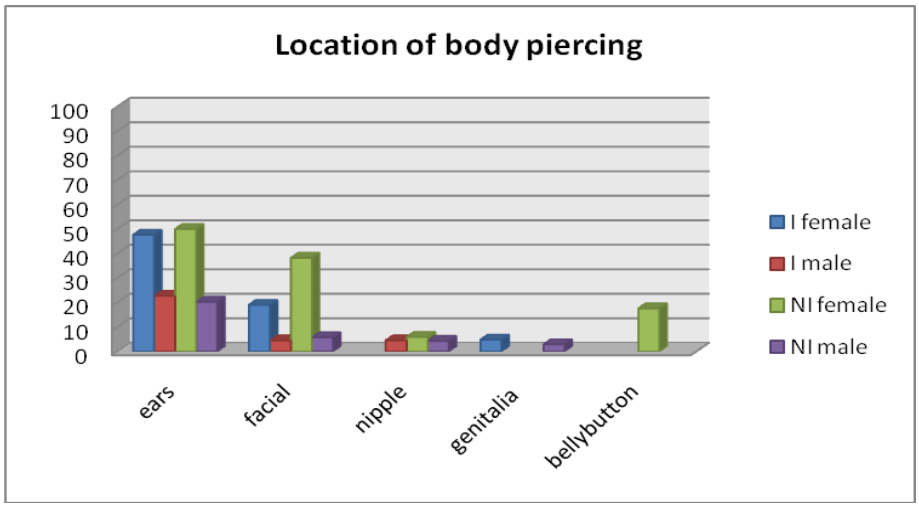
BODY PIERCING

Pilot Study of Prisoner Physical Health and Psychological Wellbeing

Body piercing is currently the fastest growing form of body decoration worldwide (Makkai & McAllister, 2001). Like tattooing, non-professional administration can result in blood-borne virus transmission and infection. This question aimed to establish the prevalence of body piercing occurring both in the community and in the prison by non-professionals. It also determines whether prisoners have other body art, jewellery or implants, as such practices can put an individual at risk for blood-borne viruses.



Source: ECU HoPE Collection 2008 [computer file]



Source: ECU HoPE Collection 2008 [computer file]
Nb: Facial includes eyebrows, lips, chins, labret, tongue.
Nb: percentages may not add up to 100 as multiple piercings could be selected

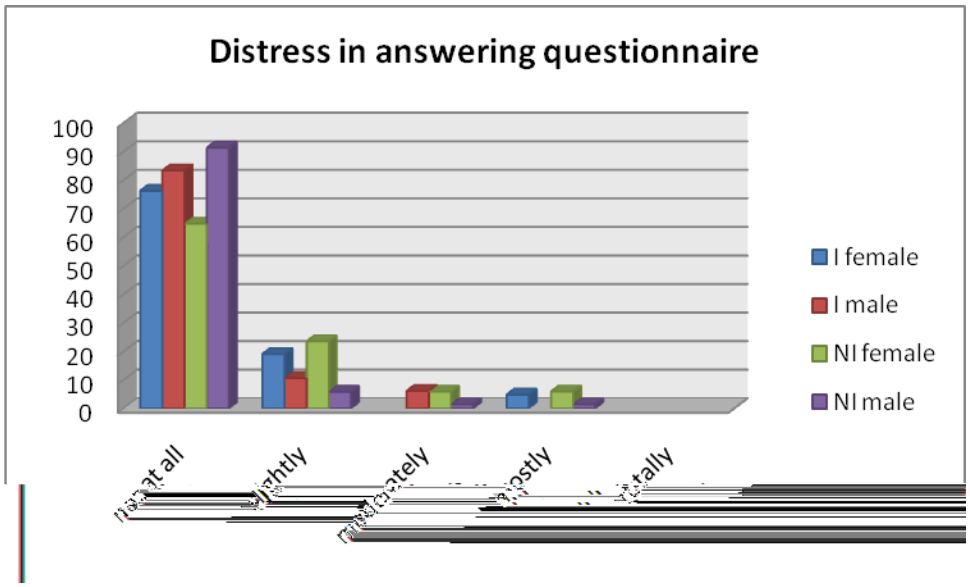
Only one Indigenous male reported having a piercing done in prison. He reported that the equipment had been cleaned with a lighter flame. No respondents reported having any other type of body art, jewellery or implants.

HONESTY & DISTRESS

Pilot Study of Prisoner Physical Health and Psychological Wellbeing

Participants were asked to indicate how honest they had been in answering the questions. Interestingly, this question prompted some participants to think about their responses and to alter answers to more accurately reflect the truth. Two individuals reported that they considered they had not been *'totally honest'* in the sexual assault section – both refused the offer to revisit the section and said that they 'did not lie', they just did not want to answer those questions. Therefore, this did not constitute dishonesty, but may result in an underreporting of the sexual assault figures of this HoPE survey.

Participants were asked how distressing it was for them to answer this questionnaire.



Source: ECU HoPE Collection 2008 [computer file]

Most prisoners were comfortable answering even the sensitive questions. Some found parts of the questionnaire to be embarrassing or mildly distressing. However, they did not want to terminate the interview. Those who found the interview distressing commented that it was good to be able to talk about these issues and that they had found the process cathartic.

One of the conditions of research approval from the Department of Corrective Services Research and Evaluation Committee (REC) was that each participant was to be debriefed by a prison mental health nurse after the interview and before they returned to the general prison population. The mental health nurse

reiterated that participants found the process to be helpful and beneficial. There were several points in the questionnaire that asked whether the respondent required counselling or help with a particular issue. Many reported that they were already receiving counselling. Approximately five people asked to be referred on for physical or mental health issues.

Concluding Comments

With the completion of the HoPE pilot project, the authors are updating and modifying the questionnaire in preparation for extending the study state-wide. It is anticipated that participants from the remaining metropolitan prisons and all regional prisons will be surveyed at the completion of this process.

Preparation is also underway to form collaborate partnerships with researchers across Australia with the aim of implementing the HoPE questionnaire on a national basis.

The need for an ongoing, consistent and national survey of prisoner health is well known. This HoPE pilot study is the beginning of a process towards meeting this need.

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