

Literature Review of Women Experience in Prison

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Abstract - Women who are imprisoned are believed to have a higher vulnerability to experiencing mental disorders compared to male prisoners even though the rights and obligations of both are the same. Female prisoners have higher psychiatric morbidity than male prisoners, experiencing psychosis, emotional disturbances, and anxiety disorders. If we only focus on stressful events, then we cannot fully explain their experiences while in prison. The response to stress for each individual is different, and the way each individual deals with stress is also different. The purpose of this study is to find out what experiences happen to women who are imprisoned. The method used is literature review. A systematic search of the literature in the 2012-2022 range was conducted using the PubMed, Scopus EBSCO, and Google Scholar databases. Search keywords for the article include "Experience", Female or Woman", and "Inmate, or Offenders, or Prisoners, or Convicts, or Incarcerated Individuals"". The article has passed the PRISMA selection process. Obtained as many as 8 articles for analysis. The results of the study obtained several experiences of women who were imprisoned, such as experiences of PTSD, acts of self-injury, acts of violence, experiences of health status, experiences of self-isolation, and experiences of carrying out meaningful activities while in prison.

Keywords: Experience, Women, Prison

Abstrak - Perempuan yang dipenjarakan diyakini memiliki kerentanan yang lebih tinggi untuk mengalami gangguan jiwa dibandingkan dengan narapidana laki-laki meskipun secara hak dan kewajiban keduanya sama. Narapidana perempuan memiliki morbiditas psikiatri yang lebih tinggi dari pada narapidana laki-laki, dengan mengalami gangguan psikosis, gangguan emosi, dan kecemasan. Jika hanya berfokus pada peristiwa yang penuh dengan stres, maka kita tidak dapat menjelaskan secara utuh tentang pengalaman yang dialami mereka selama dipenjarakan. Respon terhadap stres tiap individu berbeda-beda, dan cara masing-masing individu mengatasi stres juga berbeda-beda pula. Tujuan dari penelitian ini adalah untuk mengetahui pengalaman apa saja yang terjadi pada wanita yang dipenjarakan. Metode yang digunakan ialah studi literatur. Pencarian sistematis literatur dalam rentang 2012-2022 dilakukan menggunakan database PubMed, Scopus EBSCO, dan Google Scholar. Kata kunci pencarian artikel meliputi "Experience", Female or Woman", dan "Inmate, or Offenders", or "Prisoners, or Convicts", or "Incarcerated Individuals". Artikel telah lolos alur penyeleksian PRISMA. Diperoleh sebanyak 8 artikel untuk dianalisis. Hasil penelitian didapatkan beberapa pengalaman wanita yang dipenjarakan seperti pengalaman PTSD, tindakan melukai diri, tindakan kekerasan, pengalaman status kesehatan, pengalaman isolasi diri, dan pengalaman melakukan kegiatan-kegiatan yang berarti saat dipenjarakan.

Kata Kunci: Pengalaman, Wanita, Penjara

1. INTRODUCTION

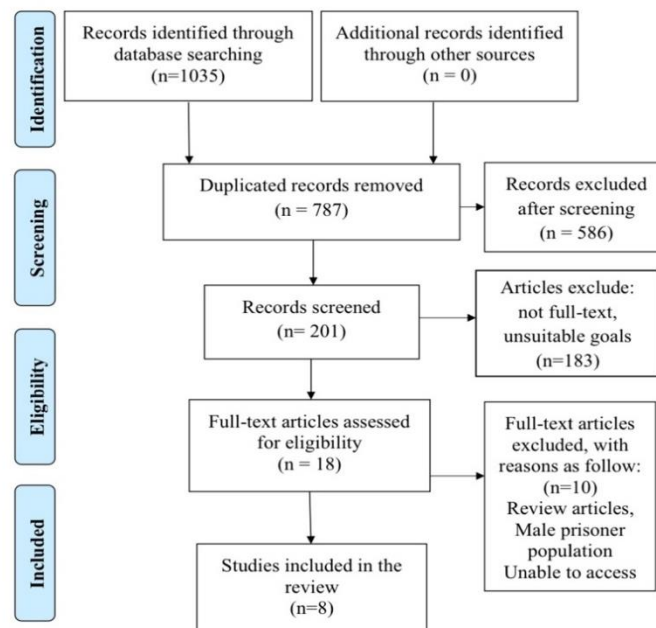
Prisoners or women live a new social life in an isolated prison environment, interacting with new people with different criminal backgrounds, and of course with different attitudes and behavior. This is a stressor for female prisoners, while health services, especially mental health services in prisons, are still inadequate (Ilmi, 2017). The length of the sentence also greatly influences prisoner stress (Riza & Herdiana, 2012). Apart from that, stigma from society is also a cause of stress for female prisoners. The stereotype of women in society is known as someone who is gentle, sincere and full of affection (Widiyastuti, 2004). However, when women enter prison, this changes to a stigma associated with cunning, crime, cruelty and violence (Andriany, 2008). The stigma obtained becomes a heavy burden for prisoners.

Women who are imprisoned are believed to have a higher vulnerability to experiencing mental disorders compared to male prisoners even though their rights and obligations are the same (Ardilla, 2013). Several studies also prove that female prisoners appear to experience more difficulties and are more susceptible to depression as a symptom of mental disorders (Ardilla, 2013). The results of research conducted by the University of New South Wales (2005) found that female

prisoners had higher psychiatric morbidity than male prisoners, experiencing psychosis, emotional disorders and anxiety. In addition, many female prisoners display antisocial behavior and lose realistic expectations due to negative self-acceptance (Budiarti, 2014). If we only focus on stressful events, we cannot fully explain the experience of stress, because the experience of stress varies from one individual to another. Each individual's response to stress is different, and the way each individual handles stress is also different. What is the experience of female perpetrators being caught and entering a correctional institution (LP). This research aims to explore the life experiences of women in prison.

2. METHODS

This research method uses literature study. Electronic databases used to search for literature: Pubmed, Scopus, EBSCO, and Google Scholar to identify peer literature. Researchers select literature obtained from various search engines that have been mentioned previously based on predetermined keywords. The literature obtained will be selected according to the inclusion and exclusion categories of the study. Then the articles found will be screened on the abstract, and full text. Finally, 8 relevant articles were analyzed further. The article selection process is explained in detail with the Preferred Reporting of Items for Systematic Reviews and Meta-analyses (PRISMA) Statement (Rethlefsen & Page, 2022).



3. RESULT AND DISCUSSION

From the results of searching for articles via electronic databases, namely PubMed, Scopus, EBSCO, and Google Scholar, 8 articles were obtained that were in accordance with the specified topic. All articles are in English. The article is qualitative research originating from various countries such as the United States, England, the Netherlands and Portugal. The eight articles discuss women's negative and positive experiences while incarcerated.

Women's experiences of PTSD in prison

Women who enter prison not only have mental and physical health problems, but also often experience a history of victimization and trauma (Gilfus, 2002). It can cause long-term mental health disorders, including post-traumatic stress disorder (PTSD) (American Psychiatric Association, 2000). PTSD (post-traumatic stress disorder) or post-traumatic stress disorder is a mental disorder

that appears after someone experiences or witnesses a traumatic or very unpleasant event. PTSD is an anxiety disorder that makes sufferers remember traumatic events. Some traumatic events that can trigger PTSD are war, accidents, natural disasters, and sexual harassment (Kamah, 2020).

Prisons are often the mental health provider of last resort for trauma victims, making it critical for mental health professionals and other policymakers to understand the nature and scope of women's exposure to trauma prior to incarceration, as well as their physical and mental health symptoms while incarcerated. Incarcerated women have a high prevalence of experiences that can lead to PTSD, including physical and sexual victimization, witnessing abuse of family members, and violence due to drug use (Greene et al., 2000, in Harner et al., 2015). Based on research conducted by Harner et al., (2015) on imprisoned women, it shows that PTSD is a mental health problem that many women face in prison, with almost half of the sample experiencing PTSD. The types of trauma they experienced were accidents, disasters, non-sexual harassment (perpetrated by people they knew/perpetrated by strangers), sexual harassment (perpetrated by people they knew/perpetrated by strangers), sexual contact on women under 18 years of age, experiencing torture, experiences of having previous imprisonment, and other trauma (witnessing acts of violence, including domestic violence, murder, suicide, animal abuse, molestation, gang rape, kidnapping, and forced prostitution). Women with moderate to severe PTSD symptoms were more likely to experience sexual assault by a stranger and report suffering from a life-threatening illness. Women with severe PTSD symptoms were more likely to report experiencing abuse.

Table 1. Data Extraction

No.	Authors, Year	Country	Design	Sample	Results
1.	Harner et al., 2015	USA	Qualitative study	387	Participants reported high levels of impaired physical and mental health conditions. Women with more severe PTSD symptoms used prison mental health services more than women with milder symptoms or no PTSD.
2.	Kottler et al., 2018	UK	Qualitative study	5486	The risk of committing acts of violence and/or self-harm is higher in women who spend more time in prison (more than 3 years).
3.	Pogrebin and Dodge, 2012	USA	Qualitative study	300	Prison life reveals overt behavior and underlying structural tensions that create an atmosphere of fear and violence. Additionally, attitudes of indifference between inmates and correctional staff often contribute to fostering an environment of neglect.
4.	van Ginneken, et al., 2018	Netherlands	Quantitative study	4.938	Experiences of violence and fear of being a victim in prison are associated with reduced well-being where the results of this study show a significant

					difference ($\alpha < 0.5$).
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5.	Alves et al., 2016	Portugal	Qualitative study	15	The research results show that the work of these stakeholders with detained women could be improved if clinics took into account the impact of adverse experiences on health, the difficulties faced in adapting to prison, and the changing roles among these women, which seems especially dangerous for those who are mothers. As a final point, clinical teams should continue to pay special attention to consumers and chronic patients to maximize the positive impact of prisons on the health of both risk groups.
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6.	Bove & Tryon, 2018	USA	Qualitative study	13	The results showed that when incarcerated women shared their stories with others, a healing space was created that encouraged the retelling of negative self-concepts. Through their transformation from inmates to teachers, mentors, and advocates, the women who participate in "Stories of Change" help build more positive identities and remember long-forgotten potential and abilities. Women are able to shed the criminal label in an effort to change their self-concept, initiating fundamental changes in attitudes and identity that can lead to a sustained cessation of crime.
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7.	Nowotny et al., 2014	USA	Quantitative study	491	Women with CCOD (co-occurring SMI and substance use disorder) differed from women without CCOD with respect to incarceration history. Women also report high levels of exposure to familial risks. Specifically, 62 percent had a family member who used drugs growing up, 72 percent had a family member who was incarcerated, 14 percent had a parent who gave them drugs

					growing up, and 31 percent had a parent who gave them alcohol growing up. Women with CCOD were significantly more likely to have family members who used drugs growing up (72.1% vs. 59.4%, $p < 0.001$) and to have parents who gave them drugs (21.2% vs. 11.4 %, $p < 0.01$) or alcohol (37.5% vs. 29.0%, $P < 0.10$) before age 16 years.
8.	Sumter et al., 2018	UK	Qualitative study	65	Women don't have as many rights in prison as I expected! There are always negative and positive sides to every place and situation. Women need to be heard, we don't have a voice. Many women are deprived of the goods and services they are accustomed to as they are stripped of most of their worldly possessions by the Prison Service as soon as they enter the facility.

Violent Behavior and Self-Injuries in Female Prisoners

Safe prisons are the government's top priority (National Offender Management Service, 2015) but the reality is that levels of violence, self-harm and deaths from murder and suicide in prisons are increasing sharply (Ministry of Justice, 2016). According to research by Hawton (2014), around 5% of the prison population in England are women and around 50% have committed acts of self-harm. Suicide rates in UK prisons are much higher among women than men in the UK and elsewhere (Fazel, Ramesh, & Hawton, 2017).

Women who self-harm and commit violent acts spend longer in prison than women who self-harm or commit violent acts alone. Their age tends to be younger. They also have a greater likelihood of being imprisoned more than once, committing drug abuse, and committing other criminal acts (Kottler et al., 2018).

Health Conditions Before Prison and the Impact of Prison on Health: Views of Women Prisoners

The prison population in Portugal consists of 13,490 inmates, of which 760 (6%) are women. In the study, incarcerated women were largely characterized by their pre-incarceration health risks such as addiction, trauma, prostitution, and homelessness, as well as their complex disease burden. While in prison, vulnerability resulting from these pre-prison health risks interacts with prison characteristics, access and quality of health services, as well as experiences of serving time and being incarcerated, contributing to a variety of health outcomes (Douglas, Plugge, & Fitzpatrick, 2009; Harner & Riley, 2013b ; Nurse, Woodcock, & Ormsby, 2003; Plugge et al., 2008).

This study showed that participants with chronic illnesses and substance abuse, as well as prisoners, who had lived in poor conditions before incarceration, reported benefits to their health status since entering prison. According to Douglas et al. (2009) related to the positive impact of prison on drug addiction and women with a history of victimization. However, the data obtained contradict the results of Condon et al. (2007) on the negative impact of prison on chronic patients.

As mentioned by participants with chronic illnesses, the severity of health care assistance provided in prisons, highlighting the management and treatment of chronic conditions and frequent contact with doctors, may be one possible explanation for this. These aspects promote the tracking of inmates' health, increasing their compliance, thereby, contributing to the improvement of their health.

As in Harner and Riley's (2013) study, women with mental illness and women without prior pathology did not report positive effects of prison on their mental health. The first stated that their mental health was as bad or worse than before they were detained, while the second pointed to prison-related anxiety as a risk factor for their health. This may be due to gaps in health services due to the high prevalence of mental illness in prisons, stressful environments, and/or isolation. Plugge, Yudkin, and Douglas (2009) reported isolation from family as a variable that negatively impacts prisoners' mental health. Because of women's central role in family routines, when they are detained, they feel forced to leave their families, resulting in high levels of grief and suffering and increasing the deterioration of their mental health.

The Power of Storytelling: The Experiences of Women in Prison Share Their Stories

Women are the fastest growing prison population in the United States (Gilham, 2012). Incarcerated women have been characterized as having significant mental health needs and intense social stigma (Kelly, Cheng, Spencer-Carver, & Ramaswamy, 2013; Wilson, 2013). They are one of the most invisible and misunderstood populations in American society (Fryer, 2006; Girshick, 1999; Talvi, 2007) and are disproportionately poor women of color (Gilham, 2012).

The results of this research show the deep feelings of isolation experienced by female prisoners. Participants reported feeling disconnected from society, from their loved ones, and most importantly, from their true selves. Women are relational creatures, and their primary motivation in life is to develop relationships with others (Bloom et al., 2005; Covington & Bloom, 2006). Consequently, their physical exclusion from society is reflected by internal magnification of shame, low self-esteem, and emotional isolation (Mahoney & Daniel, 2006; Wilson, 2013). As a result, women in prison often adopt a negative and shameful sense of self that is perpetuated by socially constructed ideas about what it means to be incarcerated (Wilson, 2013).

This research shows that storytelling is a gender-responsive antidote to the suffering experienced by incarcerated women. "Stories of Change" allows women to connect and connect with others. Relational culture theory emphasizes the importance of relationships in women's lives, and how they influence their sense of self and self-esteem (Bloom et al., 2005). Mahoney and Daniel (2006) argue that the development of new and empowering narratives "can be a primary vehicle for helping multi-problem female inmates become more effective."

Incarcerated women deserve the opportunity to create a future where they are valued and respected as human beings. This study supports research documenting the stigma faced by incarcerated women (Kelly et al., 2013; Wilson, 2013) and the utility of storytelling as a restorative therapy technique for stigmatized populations (Enck, 2015; Geiger & Fischer, 2005; Mahoney & Daniel, 2006; Wilson, 2013).

Female prisoners can be given opportunities through storytelling, this is done to change their negatively constructed identity and self-concept. This type of cognitive transformation has been linked to desistance from criminal behavior and provides further evidence to the idea that storytelling may be considered an important therapeutic intervention for incarcerated women (Giordano et al., 2003; Giordano et al., 2002).

The experiences and socialization of women in prison

Women generally report that institutional adjustment is more difficult than male inmates for a variety of reasons. Women tend to value privacy more than men and as a result, experience greater difficulty adjusting to community life and the degrading nature of body searches. In addition, women often worry about being abandoned by their families and partners and worry about the loneliness they may experience after being released.

Women in prison experience an unparalleled sense of isolation. Adding to the pain of imprisonment for women are the frustration, conflict, and guilt of being separated and unable to care for their children. According to Crawford (2018), as a result of imprisonment, female parents often experience feelings of hopelessness and depression. Incarcerated women state that these emotions appear to be common, even on the part of female inmates who believe they were inadequate as parents when they were children. lives with her children at home. Further anxiety arises due to fear of losing custody. In some states, authorities used prison sentences to deprive women of their parental rights.

Family separation

Most of the women described extreme difficulties in their efforts to regain custody of their children. The parent of a woman being released on parole must demonstrate that she has steady employment, can support her children financially, has a permanent and appropriate residence, and is no longer involved in any criminal activity. Clearly, these criteria present insurmountable obstacles for some women seeking to regain custody. For female prisoners in this study, being separated from their children caused considerable stress, along with threats to their self-esteem. The most difficult aspect of being in prison was voiced by one respondent who seemed to represent a representative opinion for women who leave their children behind.

Another major concern for parents of female prisoners in this study was the reliance of their children's fathers to be responsible for them during their incarceration. There are cases where the husband takes responsibility for their children, but leaves his imprisoned partner for another woman. Clearly, these circumstances cause great distress to incarcerated women. The feeling of abandonment becomes very real.

It seems that being the parent of an incarcerated woman comes at a cost. Costs include not seeing your children or, if visits are permitted, having limited contact. In some cases, prisoners' parents may suffer the consequences of state mediation. The loss of personal relationships outside of one's husband or children is one of the most difficult aspects of imprisonment and is seen by many women as the most painful part of prison life.

Meaningful activities

Participating in prison activities can relieve boredom and help inmates pass the time (Gonçalves et al., 2015). In some cases, activities may even be experienced as meaningful and potentially useful after release. Some work in prison can be considered meaningful as inmates develop skills and are given responsibilities, including more freedom to move around the prison (De Jong et al., 2015). Helping other prisoners, for example as a 'listener', can be used as an opportunity to grow and give back (Van Ginneken, 2016). Other meaningful activities may be creative in nature, which may be a way to maintain (or reconstruct) a sense of identity, engage in peaceful resistance to loss of autonomy, and overcome trauma (Digard and Liebling, 2012; Cox and Gelsthorpe, 2012; Cheliotis, 2012).

3. CONCLUSION

From the results of a review of several literatures, there are various experiences of women in prison. These experiences are like PTSD experiences. The types of PTSD experienced are accidents, disasters, non-sexual harassment (perpetrated by people known/perpetrated by strangers), sexual harassment (perpetrated by people known/perpetrated by strangers), sexual contact on women under 18 years of age, experiencing torture, experience of being imprisoned. previous trauma, and other trauma (witnessing acts of violence, including domestic violence, murder, suicide, animal abuse, molestation, gang rape, kidnapping, and forced prostitution). Other experiences include acts of self-injury (burning oneself, cutting/scratching body parts, hanging oneself, hitting one's head against a wall, strangling oneself, overdosing on drugs, and swallowing items that are not normally swallowed) and acts of violent behavior (assaulting, committing barricading, fighting, setting fire, threatening and insulting others). Further experience is that there is an improvement in the health conditions of prisoners with chronic diseases and substance abuse after being imprisoned due to the

high level of health care provided in prison by doctors. Then there is the experience of deep isolation experienced by incarcerated women who feel cut off from society, from their loved ones (husband, children, family), and from their true selves. The next experience of female prisoners is participating in activities in prison to relieve boredom by developing skills and being given responsibility, being given the freedom to move around the prison, being a listener for other prisoners, creative activities, worship activities, and sports activities.

REFERENCES

- American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders- Text Revision (4th ed.). Washington, DC: Author
- Alves, J., Maia, Â., & Teixeira, F. (2016). Health Conditions Prior to Imprisonment and the Impact of Prison on Health: Views of Detained Women. *Qualitative Health Research*, 26(6), 782–792. <https://doi.org/10.1177/1049732315617217>
- Bove, A., & Tryon, R. (2018). The Power of Storytelling: The Experiences of Incarcerated Women Sharing Their Stories. *International Journal of Offender Therapy and Comparative Criminology*, 62(15), 4814–4833. <https://doi.org/10.1177/0306624X18785100>
- Fazel, S., Ramesh, T., & Hawton, K. (2017). Suicide in prisons: An international study of prevalence and contributory factors. *Lancet Psychiatry*, 4, 946–52
- Gilfus, M. E. (2002). Women's experiences of abuse as a risk factor for incarceration. National Online Resource Center on Violence Against Women. Retrieved from http://new.vawnet.org/Assoc_Files_VAWnet/AR_Incarceration.pdf
- Harner, H. M., Budescu, M., Gillihan, S. J., Riley, S., & Foa, E. B. (2015). Posttraumatic stress disorder in incarcerated women: A call for evidence-based treatment. *Psychological Trauma: Theory, Research, Practice, and Policy*, 7(1), 58–66. <https://doi.org/10.1037/a0032508>
- Hawton, K., Linsell, L., Adeniji, T., Sariaslan, A., & Fazel, S. (2014). Self-harm in prisons in England and Wales: An epidemiological study of prevalence, risk factors, clustering, and subsequent suicide. *The Lancet*, 383(9923), 1147–1154.
- Kamah, A. (2020). Gambaran Post Traumatic Stress Disorder pada korban Konflik di Patani Thailand Selatan [Universitas Raden Intan Lampung]. In *Universitas Negeri Raden Intan*. <https://doi.org/10.1016/j.jnc.2020.125798%0Ahttps://doi.org/10.1016/j.smr.2020.02.002%0Ahttp://www.ncbi.nlm.nih.gov/pubmed/810049%0Ahttp://doi.wiley.com/10.1002/anie.197505391%0Ahttp://www.sciencedirect.com/science/article/pii/B9780857090409500205%0Ahttp://>
- Kottler, C., Smith, J. G., & Bartlett, A. (2018). Patterns of violence and self-harm in women prisoners: characteristics, co-incidence and clinical significance. *Journal of Forensic Psychiatry and Psychology*, 29(4), 617–634. <https://doi.org/10.1080/14789949.2018.1425475>
- Ministry of Justice. (2016). Safety in custody statistics england and wales; deaths in prison custody to September 2016. Assaults and self-harm to June 2016. Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/562897/safety-in-custody-bulletin.pdf
- National Offender Management Service. (2015). NOMS Business Plan 2014-2015, [Internet]. Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/302776/NOMS_Business_Plan_201415.pdf
- Nowotny KM, Belknap J, Lynch S, DeHart D. Risk profile and treatment needs of women in jail with co-occurring serious mental illness and substance use disorders. *Women Health*. 2014;54(8):781-95. doi: 10.1080/03630242.2014.932892. PMID: 25204664; PMCID: PMC4224671.
- Rethlefsen, M. L., & Page, M. J. (2022). PRISMA 2020 and PRISMA-S: common questions on tracking records and the flow diagram. *Journal of the Medical Library Association: JMLA*, 110(2), 253.
- Belknap J (2014) Invisible woman: Gender crime and justice. Nelson Education.
- Abbott, P., Magin, P., Davison, J., & Hu, W. (2017). Medical homelessness and candidacy: Women transiting between prison and community health care. *International Journal for Equity in Health*, 16(1). <https://doi.org/10.1186/s12939-017-0627-6>.
- Ginneken V, F.J.C. E, Palmen H, Bosma AQ, Nieuwbeerta P, Berghuis ML. The Life in Custody Study: the quality of prison life in Dutch prison regimes. *J Criminol Res Policy Pract*. 2018;4(4):253-268. doi:10.1108/JCRPP-07-2018-0020
- Pogrebin MR, Dodge M. Women's accounts of their prison experiences: A retrospective view of their subjective realities. *J Crim Justice*. 2012;29(6):531-541. doi:10.1016/S0047-2352(01)00115-5