Mental Health Issues of Women Prisoners in Karachi Pakistan

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Abstract

The present research aimed at exploring the mental health issues of women prisoners in a Karachi jail. The data was collected using the convenience sampling method. A total of 16 women between the age ranges of 21 years to 60 years were interviewed for the research. A detailed clinical interview and a Mental State Examination were used to assess the mental health issues of the inmates. The following research questions were postulated for further exploration in order to firstly find out what are the types of mental health issues prevalent in women prisoners and secondly, to discover if there is a relationship between the type of crime committed and the nature of mental health symptoms present in women prisoners. The results show that the women prisoners had a total of 12 different symptoms. Out of these, the highest ranking symptoms were those of insomnia at 19%, aggression at 17%, tension defined as a subjective feeling of stress and worry at 16% and psychosomatic complaints at 14%. Symptom clusters show that neurosis is far more prevalent than psychotic conditions. The typology may thus be broadly categorized into three distinct groups of neurosis related to depression and its related features, borderline tendencies, and anxiety features. The results also indicate a link between this categorization and the type of crime committed. Other variables analysed included age and marital status. This research has implications for the designing of structured group interventions in the jail setting. Special programs should be made to address the unique psychological needs and issues of the women prisoners.

Key Words: Mental health, neurosis, depression, anxiety, borderline tendencies, women prisoners

Introduction

Mental health is one of God's greatest gifts to mankind. Conversely mental illness has debilitating effects not only on one's life but affects others in the environment as well. This becomes all the more detrimental to society at large if it assumes the form of a negative and hostile reaction towards the world. Society at large does not condone criminal acts and the perpetrators of such acts, are loathed and labelled as 'evil'. Third world countries rarely consider the possibility of a mental health issue while punishing a wrongdoer. There is endless debate even in other parts of the globe over the plea for insanity and its proper punishment, especially in cases of murder. The more brutal the crime is considered, the more severe its consequences are in the public eye.

Gender discrimination comes into play in societal perception of crimes committed by women. Cultural factors have their own role to play as in Third world countries like Pakistan, women are generally perceived as the weaker, subjugated and suppressed side and are thus more likely to receive a lighter sentence and obtain clemency on grounds of gender in context of the circumstances of the crime. The nature of the crime committed is also of immense importance here. Historically the nature of crimes committed by women has been diverse, but the population convicted of criminal offences has remained proportionately significantly smaller as compared to their male counterparts. Hence their importance has often been neglected. Women inmates and offenders convicted of serious crimes now constitute a still smaller but rapidly growing number around the globe as noted in a report by the National Institute of Justice in the United States of America (2000).

Certain common factors can be outlined with respect to prisoners in jail settings. Social exclusion in early life along with a greater incidence of mental health care needs, substance abuse and worse physical health are some of the common denominators in prisoners on the whole as shown by a literature review of 17 databases in England and Wales according to Harris, Hek, and Condon (2007). The same research also provides evidence that women prisoners have special needs as compared to the male population.

Disturbances in relationships early in life along with poor financial background and exposure to aggressive patterns of upbringing have generally been the most favoured psychosocial attributes for the making of an offender. Female convicts show a similar trend related to life circumstances. Some of the common predisposing factors linked with later life illegal activities by women include a history of domestic or partner abuse and even sexual assault(Richie, 1999), especially in the case of the women and girls who support drug habits with the sex trade, becoming victims as well as defendants in the process (Tsenin, 1999). Drug abuse prevalence rates are twice as high in females as compared to males, at 30% to 60% according to a study conducted on nearly 8,000 prisoners in UK (Fazel, Bains& Doll, 2006).

International data suggests a link between mental health issues and crimes committed by women. Some of these studies state nearly 80% female offenders as meeting the clinical criteria for at least one psychological disorder (Teplin, Abram & McClellan 1996, Jordan,Schlenger, Fairbank &Caddell 1996). Substance abuse disorder, depression and post traumatic stress disorder are some of the most common mental health problems (Bloom & Covington, 2008).

In the South Asian perspective, the study of female prisoners may provide a particular dilemma as is apparent in the Pul-e Charki prison study in Afghanistan (Atabay. 2007). Here half of them, according to the study do not fit the international definition of a criminal and many of them may be the victims of an unjust society; framed by male associates or forced to confess. They would therefore have entirely different needs and may suffer from diverse emotional issues.

Rationale of study

Conceptually, the idea of mental health issues being voiced by women prisoners raises a number of questions and among them the foremost is related to causality. This research does not seek to establish a cause and effect relationship between symptoms and crimes committed or even its inverse but seeks parallels between the nature of the crime and the symptoms reported at the time of the clinical interview after the inmates have spent a number of months in jail. This study has been designed keeping in mind the unique mental health needs of women prisoners serving their sentences or under pre-trial custodial remand. According to Drapalski, Youman, Stuewig and Tangney (2009), in a study to discern the gender differences in the symptoms of mental illness, prior treatment history and treatment seeking behaviour, women reported far more clinically significant symptoms of anxiety, somatic concerns, trauma related symptoms and borderline personality disorder than men. However, the last two are also reportedly common symptoms in men.Women were also more likely to seek help and participate actively in jail based intervention programs. Hence it can be used to reaffirm the need for interventions in a jail setting and to establish programs in jails in the long run that can help those prisoners who are suffering from a mental health concern or illness.

Method

Objectives

The objective of the present study is to explore themental health issues of women prisoners

Research Questions

This research aims to answer the following questions: 1) What are the types of mental health issues prevalent in women prisoners and 2) Is there a relationship between the type of crime committed and the nature of mental health symptoms present in women prisoners.

Operational Definitions of Variables

Mental Health

Mental Health is the idea of health asdefined by the World Health Organization as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. (WHO Factsheets, 2011).

Instrument

Clinical Interview: A clinical interview was conducted to assess the women's current mental state, find out basic demographic information, presenting complaints and the problem related history.

MentalStateExamination: The MSE was conducted as a part of the clinical interview and was used to assess the women's orientation, sleep, attention, perception, thought, affect, and behavior including speech, motor movements, mannerisms and posturing.

Sample

The sample was collected by using purposive sampling and the women prisoners who had committed the crime themselves were included. The young girls and women, who had been brought up in the jail due to a crime committed by their mothers, were not involved in the research. The sample initially consisted of 17 women prisoners; however, 1 was excluded from the sample later as she had not committed any crime and was residing in the jail since the past 12 years with her mother who was the original perpetrator of the crime. The sample was collected from the women's jail section of one jail only in Karachi, Pakistan.

Procedure

The data was collected during the period of 1 month from a women's jail located in Karachi. Permission for data collection was obtained from the Home Department Sindh, followed by I.G. Sindh and the Superintendant Jail. Verbal consent was taken from the women prisoners. The women contacted were part of the Victim Offender Rehabilitation Peacemaking program (VORP). A psychological assessment cell was established by the Institute of Professional Psychology, Bahria University in the jail premises as part of this program and screening was done as part of the process. The women prisoners were selected from a group of 70 resident prisoners at the time of assessment by the jail authorities.Clinical interviewsand mental status examinations were conducted individually with the respondents to assess the nature and presence of any mental health issues faced by them.

Results

Table 1

Table 1 showing the Frequency distribution and Percentage of the Types of Mental Health Symptoms in a Sample of Women Prisoners (N = 16)

Symptoms of Mental Health Issues	FrequencyPercentage	
Aggression	8	17
Insomnia	9	19
Crying spells	4	08
Severe guilt	2	04
Psychosomatic complaints	7	14
Tension	8	16
Suicidal attempts	1	02
Helplessness	2	04
Hallucinations	3	06
Self harming	3	06
Low mood	1	02
Insecurity	1	02

Table 1 shows the frequencies and percentages of the various mental health symptoms discovered in the women prisoners interviewed for the sample. A total of 12 different symptoms were found out of which the symptoms of insomnia (19%), aggression (17%), tension defined as a subjective feeling of stress and worry (16%) and psychosomatic complaints (14%) rank highest.

Graph 1

Pie chart showing the types and percentage of mental health issues prevalent in a sample of women prisoners residing in a jail in Karachi

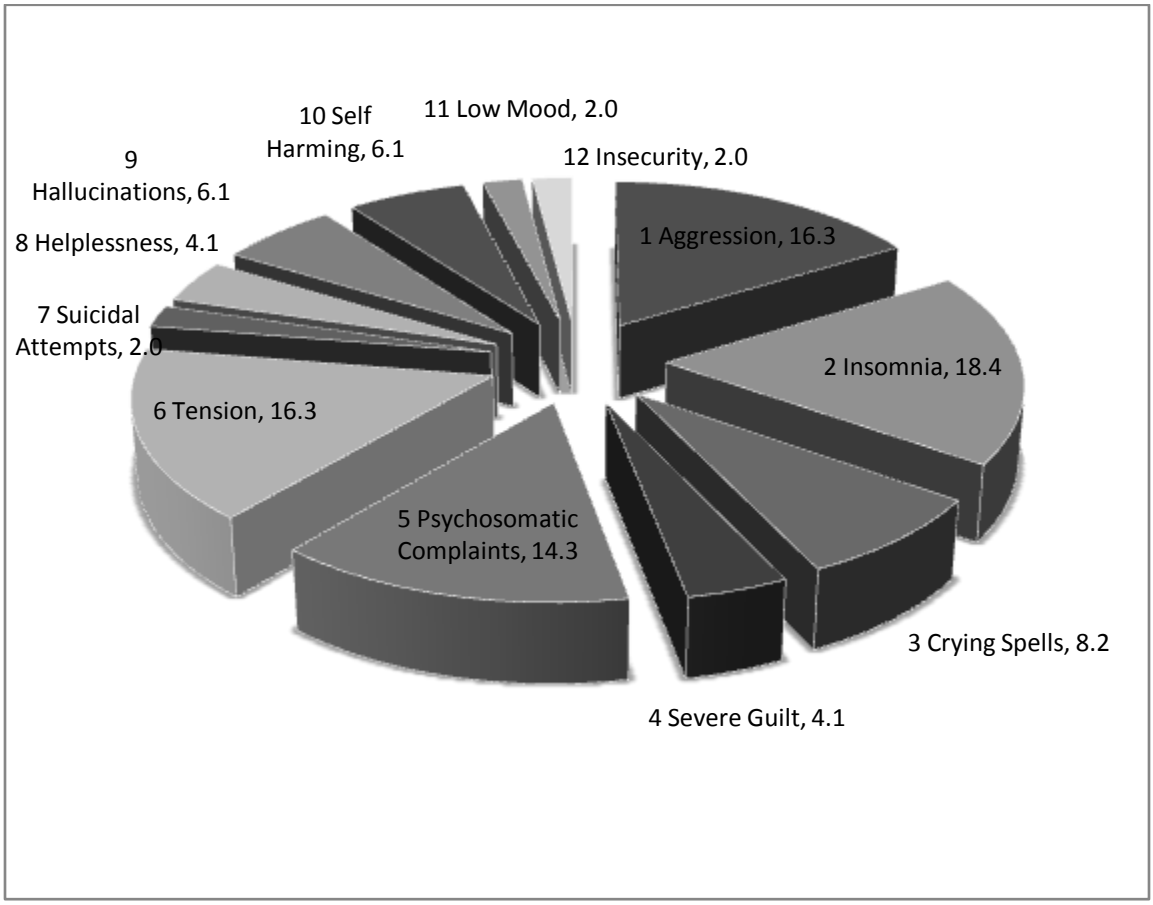


Table 2

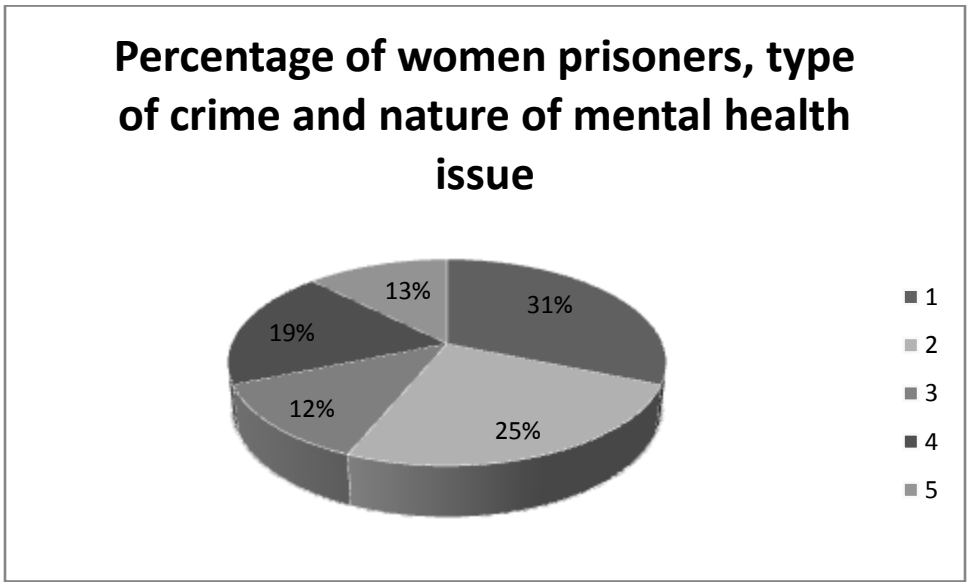
Table 2 showing the Types of Crime Committed and the Nature of Mental Health Issues in a Sample of Women Prisoners (N = 16)

Type of crime committed	Frequency (C)	Symptoms	Frequency (S)	Nature of Mental Health Issue
Murder	5	Aggression	2	Depression and its related features
		Insomnia	3	
		Crying spells	3	
		Guilt	3	
		Psychosomatic (headaches)	2	
		Tension	2	
		Suicidal attempt	1	
		Helplessness	1	
		Hallucinations	1	
Kidnapping for ransom	4	Aggression	3	Borderline tendencies
		Insomnia	2	Psychotic features
		Crying spells	1	
		Psychosomatic (fainting spells)	1	
		Tension	1	
		Hallucinations	2	
		Self harming	2	
Drug Trafficking	2	Aggression	1	Borderline tendencies
		Insomnia	1	
		Psychosomatic (arm numbness)	1	
		Self harming	1	
		Insecurity	1	
Robbery	3	Aggression	1	Anxiety features
		Insomnia	1	
		Psychosomatic (general)	1	
		Tension (home)	2	
		Helplessness	1	
		Low mood	1	

Table 2 shows the most common and easily identifiable crimes committed by the women prisoners in the population sample. Data from 2 of the women prisoners has been excluded from this table as having insufficient information regarding the crime committed. Frequency (C) shows the number of women imprisoned due to a certain type of crime while Frequency (S) shows the number of reported symptoms for the corresponding Frequency (C). The Nature of Mental Health Issues is the resultant condensation, of reported mental health symptoms, obtained through an analysis of the data. Depression and its related features, borderline tendencies and anxiety features form the main set of symptoms whereas psychotic features occur as associated features of neurotic complaints.

Graph 2

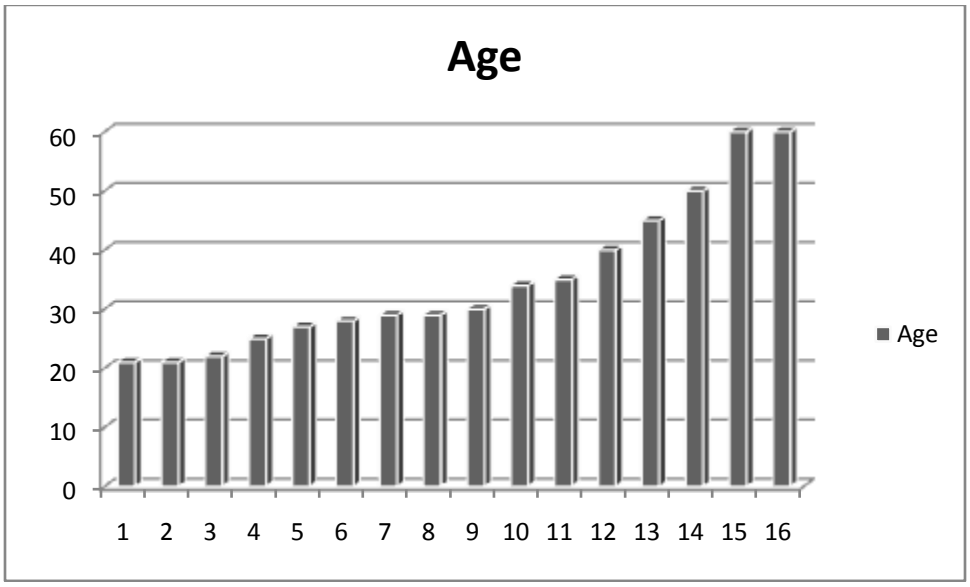
Pie chart showing the percentage of women prisoners according to the type of crime committed and the nature of their mental health issue (N = 16)



Graph 2 shows the percentage wise distribution of the values given in Frequency (C) of Table 2. Here 1 represents 31% females who committed murder and present with the symptoms of depression and its related features, 2 stands for 25% of the females who were incarcerated for kidnapping for ransom and have borderline tendencies and psychotic features, 3 represents 12% of the females who were held in drug trafficking and present with borderline tendencies, 4 shows 19% of the females who indulged in robbery and 5 shows 13% of the females with unidentified crimes due to lack of information and resistance on the part of the females.

Graph 3

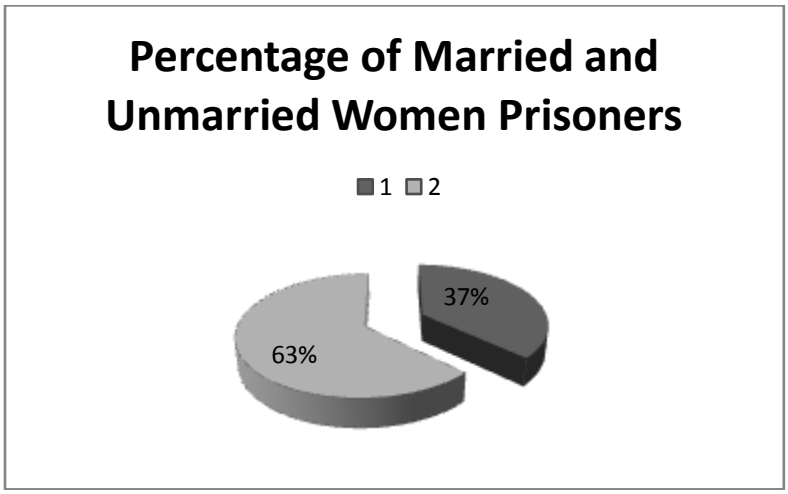
Bar graph showing the ages of the women prisoners interviewed for the study (N = 16)



Graph 3 shows the ages of the women prisoners who participated in the study. The ages of the women are represented on the Y-axis where it can be observed that nine of the women fall into the below thirty age group and the remaining seven fall in the thirty to sixty years age bracket.

Graph 4

Pie chart showing the percentage of married and unmarried women prisoners (N = 16)



Graph 4 shows that only 37% of the women prisoners are married and the majority of 63%of the women prisoners are unmarried.

Discussion

Mental health issues surrounding the prisoners and the prison environment have long been a neglected aspect in the study of criminology in Pakistan. While, analysts have come up with their own sets of assumptions regarding female offender psyche and its correlates in a number of different contexts, research data has been limited. The current study has obtained answers to two questions related to the types of mental health issues prevalent in women prisoners and towards developing an understanding of the existence of any relationship between the type of crime committed and the nature of mental health symptoms present in women prisoners. The results show that the most common mental health issues in women prisoners belong to the neurotic rather than psychotic conditions. The typology may thus be broadly categorized into three distinct groups of neurosis related to depression and its related features, borderline tendencies, and anxiety features. Neurosis has been found to be a continuing cause of concern prevalent in significantly higher numbers of females than males in prisons, with sleep issues being most prominent (O'Brien, Mortimer, Singleton & Meltzer, 2001). In this study, 18.4% women present with insomnia and sleep disturbances which are higher than other symptoms present in this sample.

The nature of mental health symptoms can be linked to the type of crime committed. Women offenders committing murder appear with predominant symptoms of depression including but not limited to insomnia, guilt and crying spells. Those presenting with severe guilt reported general distress and reduction in daily life functions such as routine religious activities that would culminate eventually in crying spells. In such cases it was the nature of the crime and the memories associated with it rather than the consequences of the crime committed that contributed to the depression of these women. The women who were involved in kidnapping for ransom presented with more aggression than females who committed murder. The presence of self harming behaviour along with tension and disturbed relationship history reflects borderline tendencies. Similar trends can also be seen in those women who were convicted for Trafficking drugs yet the incidence is lower. However the data for drug trafficking women here is insufficient to draw any inferences with certainty as the occurrence of symptoms is sketchy and shows variability.

Women offenders involved in robbery and other related street crimes showed predominantly anxiety related symptoms with a greater incidence of tension related to their financial and family circumstances at home. They were worried mostly about their children and the effect of their own absence from home on the rest of the family. Married women in jail on the whole have been found to experience tension along with other physical and mental health issues (Harris, Hek& Condon, 2007) and consequently separation from children and family continues to be a source of concern for policy makers. Majority of mothers included in this survey and in the one conducted by Harris et al (2007) reported feelings of loneliness, insomnia, symptoms of depression and tension coupled with worry about their children and coping problems in the jail setting.

Psychosomatic complaints alone showed the greatest incidence of any relationship to the type of crime committed with headaches and pain in the region above the shoulders being related to women who committed murders, fainting spells related to those who kidnapped for ransom, numbness in arms related to trafficking drugs and a host of general psychosomatic complaints related to street crimes and other occurrences. Psychosocial variables affecting the women prisoners suffering from a mental health issue have not been focussed on in this study. In a longitudinal study conducted on a lower socioeconomic group sample of at risk females who had suffered victimization, mainly of a sexual nature in childhood, Widom (1999) found that they were likely to have developmental trajectories showing antisocial and delinquent tendencies peaking in their mid-twenties. About 8% of the sample continued their criminal stance well into adulthood. She discovered that these girls and women had lacked traditional social controls in their childhood and adolescence. Deficits in achievement, cognitive ability and psychosocial skills necessary for successful interaction were also seen in such cases. Another trigger of the onset of delinquency was seen in the childhood instances of running away as a bid to escape an abusive environment.

Psychosocial variables such as the age and marital status of the females are of particular interest here. The results show that nine of the sixteen females are below thirty years of age.Various researchers have attempted to understand the developmental pathways of the criminal mind and there seems to be a strong correlation between young adults and crime. Ellis and Walsh (2000) find that the testosterone levels in females peak between 20 to just before 40 years of age. These levels are often linked to a subsequent rise in aggression among other variables. Hence it comes as no surprise that twelve out of the total sixteen females are in the same age group as the testosterone active age group members. A review of the female prisoners in jails in UK also coincides with these findings with 62% of the females being under 30 years of age (Marshall, Simpson & Stevens, 2000). Incidentally the majority of the women, that is 63%, are unmarried. While this may be linked to the relatively young age, in a country like Pakistan where girls are generally married off in the lower income communities as soon as possible after puberty, this is a significant percentage.

Recommendations

Understanding symptom dynamics and developing interventions focussing on preventive health care related to female prisoners could lead to better coping styles in the at risk population of female offenders. This would help in a subsequent reduction in repetitive criminal behaviour.Atabay (2007) quotes Rule 59 of the United Nations Standard Minimum Rules, while defining imprisonment as an act of protecting society against crime citing that the prison

> *'... should utilize all the remedial, educational, moral, spiritual and other forces and forms of assistance which are appropriate and available, and should seek to apply them according to the individual treatment needs of the prisoners.'*

This research suggests that benefits could be obtained from the setting up of remedial and educational programs that involve both individual and group therapy for each of the symptom clusters with a focus on improving coping strategies. Dealing with depression after committing a murder, focussing on positivity and gaining inner strength in the process might be controversial keeping in mind the anti-punitive aspects of the process but it just may be one of the humanitarian aspects of a reform based jail setting. Group therapy interventions for females with borderline tendencies may be based on Dialectical Behaviour Therapy and its skill based modules. These would help work with the symptoms of aggression, self harming or risky behaviour that has been noted here in many females involved in kidnapping and ransom cases and in drug trafficking. Stress and anxiety are the main symptoms of females involved in robbery, and financial issues appear to be the major cause for concern to them. They need to be taught vocational skills such as weaving or the much requested tailoring, as is the case in the Pul-e Charki women's jail in Afghanistan (Atabay, 2007).

In this manner, skill development would help them earn their livelihood. They would also benefit emotionally in support groups that are solution focussed in nature. All these measures would also help in indirectly addressing the incidence of insomnia, tensions and psychosomatic symptoms being faced by a relatively larger majority of females in the jail setting. It is hoped that these programs if implemented and maintained on a regular basis, would help in the process of social reintegration byincreasing the emotional stability of the imprisoned females. It may thus indirectly affect the future incidence of antisocial acts committed by them.

Limitations

A detailed clinical interview and Mental State Examination are the main instruments utilized in this study and no other standardised measures have been applied. Instruments for the assessment of clinical symptoms such as the Minnesota Multiphasic Personality Inventory, Urdu version could be used in future for a quantifiable research. In addition this research focuses on the symptoms of a sample of women interviewed in only one jail in Karachi. In order for the findings to be generalized, it is necessary for the sample size to be increased. Future researches could include data taken from different cities in order to construct standardised programs designed on a national level.

Male offenders have not been included in this study. Inclusion of a matched sample of males could help understand the comparative aspects of gender based crime related psychological symptoms. In future the longitudinal follow up, if possible, would greatly help in understanding the dynamics behind different crimes and those who commit them.

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