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EXECUTIVE SUMMARY

The Corrections Health Service, the NSW Department of Health and Department of Corrective Services have successfully collaborated to conduct one of the most detailed inmate health surveys ever undertaken. The survey was initially recommended by the Report of the NSW Prison Medical Service Review Committee (Wilton, 1991) and was a key objective of the Corrections Health Service's Board. It is part of the continuing effort of the CHS to define the health profile of inmates and to provide health services appropriate to their needs. A pilot survey was conducted in 1995 and the final survey was completed in 1996. It will be used in the health planning process within the correctional system and will guide the allocation of available correctional health resources, as well as provide a stimulus and base for further research into many prison health issues.

As the report is based on a survey, its findings are from self report. It is thus indicative of the health of the inmate population rather than being a definitive statement on the health of the inmate population as a whole.

The project involved working with a number of organisations and bringing together a number of expert advisers to oversee the survey's general design and methodology and to provide specialist advice on the various component areas of the survey. The Acknowledgments section lists these organisations and experts.

A broad definition of health was chosen for the survey. This includes infectious diseases (eg: hepatitis, HIV, syphilis), life-style (eg: smoking, drug use, diet, exercise), mental health (eg: suicide, self-harm), dental health, as well as physical health.

The survey involved an intensive interview of a sample of 789 male and female inmates. This represented approximately 11% of full-time male inmates and 40% of female inmates. The sampling process over-sampled Aboriginal and elderly persons so that there would be sufficient numbers of these groups to separately describe their health status. These analyses have not yet been done. However, when considering the survey's grouped data, as given in this report, any influence of the increased numbers of these groups needs to be appreciated. Ascertaining this influence will require more detailed analysis of the survey's results for these groups than has been undertaken in this report.

All components covered by the survey are displayed in the report to show the extent of the survey and to encourage publications incorporating more detailed analysis of the data on many of the individual aspects of inmate health.

The report makes no comparisons between the health of the inmate population and the health of the general population. This is left for further study. Thus, as it stands, the report could be misconstrued as demonstrating that the health of the inmate population is considerably worse than the health of the general population whereas the truth may be quite different. Comparison of the health status of inmates with that of the general population or sub groups of inmates with selected groups in the community is required to set the findings of the report in this broader but necessary context. In this regard, many findings for inmates in the survey may be little different to those of the general

community or its various sub groups. In particular, intravenous drug users who are over-represented in correctional centres.

Some major findings of the report are:-

Musculoskeletal conditions (eg: back problems, arthritis) were the most commonly reported long term conditions in those males and females inmates who participated in the survey (see Table 21 on page 17).

40% of females and 27% of males had seen a dentist in the previous 12 weeks (see figure 20 on page 26).

Approximately one third of male inmates who participated in the survey, and approximately two thirds of the female inmates who participated in the survey tested positive for hepatitis C antibody (see figures 29 and 30 on page 31).

Only two of the 657 male inmates who participated in the survey, and only two of the 132 female inmates who participated in the survey, tested positive for HIV infection. All four cases had a previous positive test (see comments on page 32).

56% of female inmates who participated in the survey, and 80% of male inmates who participated in the survey stated that they had exercised in the four weeks prior to interview (see page 35 and accompanying tables and figures).

Approximately 50% of male and female inmates who participated in the survey reported that they had consumed, prior to imprisonment, quantities of alcohol which the World Health Organisation would rate as "harmful" (see figure 93 on page 60).

23.7% of female inmates who participated in the survey reported heroin use while in prison; 20.4% of males who participated in the survey reported heroin use while in prison (see table 79 on page 62). 76% of these females and 79% of these males had last injected over four weeks before interview.

Over 70% of inmates who participated in the survey reported that they were current smokers (see page 63).

16% of female inmates who participated in the survey and 17% of male inmates who participated in the survey, reported that they regularly gambled prior to imprisonment. Financing through crime was reported by 40% of male and 25% of female gamblers (see page 65).

Sixty four (48%) of female inmates who participated in the survey, and 103 (16%) of male inmates who participated in the survey, reported that an adult or older person involved them in some form of sexual activity before they were sixteen years old (see page 68 and table 92 on page 69).

31.5% of the male inmates who participated in the survey reported that they believed that the introduction of condoms in gaols would lead to more sexual assaults/rapes (see table 90 on page 68).

15.9% of female inmates who participated in the survey, and 6.7% of male inmates who participated in the survey, reported that they had been diagnosed by a doctor as suffering from depression; 2.3% of female inmates who participated in the survey and 2.6% of male inmates who participated in the survey reported that they had been diagnosed by a doctor as suffering from schizophrenia (see table 60 on page 51).

In interpreting these findings, it needs to be appreciated that many inmates spend relatively short periods in the correctional system. For most of these, their current health status reflects the continuation of their health status in the community and the level of care sought and provided there. For these persons the Corrections Health Service initiates the necessary treatment after reception into the correctional system. Thus, of interest is the health of persons as they enter the full-time correctional system compared with the health of persons who have lived in the full-time correctional system for some time. Again, this analysis has not yet been done.

A number of questions in the survey specified a time period, such as asking for aspects of health information "over the last year". The replies to these questions will include health problems arising prior to imprisonment in the case of many inmates and further analysis is needed to distinguish between health problems which arose prior to incarceration and health problems which arose after incarceration. The reader needs to bear this in mind when considering the report.

It is hoped that the release of the survey will result in many of these issues being addressed by researchers.

Dr Phillip Brown
Chief Executive Officer
CORRECTIONS HEALTH SERVICE

Mr Tony Butler
Public Health Officer
NSW DEPARTMENT OF HEALTH

RECOMMENDATIONS

(And Response To Recommendations)

Recommendation 1

- That the health issues identified by the health survey and inmates' comments therein be taken into consideration in the planning of services eg: demand for quit smoking campaigns, improved staff attitudes, immunisation and increased sunscreen availability.

Response: The survey was conducted by the Corrections Health Service to provide information for this purpose.

Recommendation 2

- That the data be used to assist in the setting of priorities for the allocation of existing health resources in the Corrections Health Services and in seeking enhancements to these.

Response: The survey was also commissioned for these purposes.

Recommendation 3

- That the epidemiological surveillance of infectious diseases be continued within the NSW correctional system.

Response: The system of epidemiological surveillance is being further developed.

Recommendation 4

- That resources be sought to produce a major report covering all aspects of the health survey giving a detailed breakdown of the data and incorporating statistical analysis.

Response: Funds will be sought for this purpose.

Recommendation 5

- That academic publications based on further analysis of special aspects of the survey data be encouraged.

Response: This was a major intent of the survey.

Recommendation 6

- That cross sectional and longitudinal surveys of inmates be developed to monitor trends in health status.

Response: These surveys will continue as required in selected areas.

Recommendation 7

- That the survey be further analysed for the health needs of sub-groups within the correctional system such as younger inmates, inmates with hepatitis, and overseas born inmates.

Response: Such analysis will be conducted in selected areas as required and funds will be sought for extension of analysis to other sub-groups.

Recommendation 8

- The preliminary report be made available to NSW inmates through the correctional centre clinics

Response: The report will be available at correctional centre clinics and inmate libraries for reference. A summary document will also be prepared.

Submissions should be addressed to:

Chief Executive Officer
NSW Corrections Health Service
Long Bay Correctional Complex
PO Box 150
Matraville NSW 2036
AUSTRALIA.

ACKNOWLEDGMENTS

The survey wishes to acknowledge the following individuals for assistance with the development and implementation of the survey, testing blood samples, and comments on the preparation of this document. The survey is particularly grateful to the advisory group who assisted in developing the project's methodology, Mr Ross O'Donoghue (NSW Health Department, AIDS/Infectious Diseases Branch) for providing encouragement and significant financial support to the project, and Ms Jammuna Bond (Nurse Unit Manager, Parramatta Correctional Centre) who assisted with project administration. The CHS Research and Ethics Committee also provided valuable input, particularly Professor Sandra Egger who assisted with ethical issues.

Advisory Group:

Mr Tony Butler (Public Health Officer, NSW Health Department), Dr Michael Levy (World Health Organisation Global TB Programme), Dr Phillip Brown (CEO, Corrections Health Service), Dr Jeremy McAnulty (Medical Epidemiologist, NSW Health Department), Dr Kate Dolan (Research Officer, National Drug and Alcohol Research Centre), Professor John Kaldor (Director, National Centre for HIV Research and Epidemiology), Ms Amanda Christensen (Public Health Consultant, CHS), Ms Claire Croumbie-Brown (Senior Policy Analyst, Aboriginal Health Branch), Ms Angela Todd (Senior Project Officer, Aboriginal Health Branch), Mr Gino Vumbaca (Manager, Prison AIDS Project).

Assistance with the Development of Specific Sections.

The questionnaire was developed by Mr Tony Butler and Dr Michael Levy. The following individuals provided input to the development of specific sections:

Infectious Diseases: Dr Michael Levy, Professor Adrian Mindel (Sydney Sexual Health Centre), Professor Basil Donovan (Sydney Sexual Health Centre), Dr Mark Ferson (South Eastern Sydney, Public Health Unit). **Mental Health:** Dr Phillip Brown - psychiatric history, suicide, self-harm, Professor Findlay-Jones (South Eastern Sydney AHS), Dr Bruce Lee (CHS) - Referral Decision Scale, Ms Lucy Burns (NSW Health Department) - smoking, drug & alcohol use. **Audiometry:** Dr Eric-LePage and Ms Norelle Murray (National Acoustic Laboratories). **Dental Health:** Professor Peter Barnard (Sydney University, School of Public Health Dentistry). **Injury:** Dr Cait Lonie (NSW Health Department). **Drug & Alcohol Use:** Dr Kate Dolan, Ms Lucy Burns (NSW Health Department).

The following CHS Employees Conducted the Interviews:

Mr Noel Donnellan, Ms Elsie Gwyther, Ms Glenyis Bolton, Mr Chris Marden, Mr Graham Ashton, Mr John Samaha, Ms Sarah Poole, Ms Inge Garvan, Ms Denise Folp, Mr Barry Hopkins, Ms Sue Cross, Ms Sharon Barton, Mr Michael Collins, Ms Mandy Palmer, Ms Diane Broomhall, Ms Glenda Aubrey.

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NSW Department of Corrective Services.
NSW Health Department:
AIDS/Infectious Disease Branch
Drug and Alcohol Branch
Aboriginal Health Branch
Mental Health Branch.

Blood Testing:

Dr Peter Robertson - Microbiology, Prince of Wales Hospital.

Dr Jenean Spencer - Prince Alfred Hospital, AW Morrow Gastroenterology and Liver Centre.

Ms Jeanette Spencer - ICPMR, Westmead Hospital.

Professor Yvonne Cossart - Infectious Diseases Department, Sydney University.

Preliminary Findings Report.

The following individuals provided editorial input and suggestions on certain sections of the preliminary findings document:

Ms Caitlin Taylor, Ms Michell Tremain, Dr Phillip Brown (psychiatric history, suicide, self-harm), Professor Robert Findlay-Jones (depression), Dr Kate Dolan (drug & alcohol use), Dr Barry Pascoe (asthma & respiratory function), Dr Michael Levy (tuberculosis), Dr Anne Sefton (women's health), Dr Cait Lonie (injury), Dr Jeremy McAnulty (infectious diseases), Dr Steven Conaty (blood pressure), Mr Simon Eyland (demographic details), Ms Edwina McCann (food & nutrition) Dr Stephen Colagiuri (blood sugar level).

Other contributors:

Ms Maria Hatzidimitris (CHS Administration), Dr Tony Sara (Sydney Hospital), Mr Kiam Lao (DOCS, Information Technology Branch), Mr Matthew Law (National Centre for HIV Epidemiology & Research), Julie Webb-Pullman, Harris Data Capture Pty.

INTRODUCTION

Background

Between May and August 1996, 789 male and female inmates at 27 New South Wales correctional centres participated in a cross-sectional health survey developed by the NSW Corrections Health Service and the NSW Health Department.

The overall aims of the study were to describe the health status of adult inmates, to identify factors associated with poor health status amongst inmates, to develop indicators allowing comparisons to be made with the health status of the general population, and to develop health goals and targets for the inmate population based on the findings.

Special emphasis was placed on determining the health status of Aboriginal and elderly inmates. Aboriginal inmates are over represented in the custodial system; approximately 14% of the NSW prison population is Aboriginal compared with approximately 1.4% of the NSW population. The health status of elderly inmates is also of increasing concern to health planners.

Ethics Approval

A rigorous ethics approval process was undertaken lasting approximately one year. The project was reviewed by two ethics committees, the NSW Department of Corrective Services Ethics Committee

and the NSW Corrections Health Service Research and Ethics Committee.

A detailed protocol was developed for the project, including obtaining the consent of prisoners, measures to ensure the confidentiality of data and blood test results, data publication, access to data, funding, and medical follow-up. The protocol was submitted to both ethics committees on a number of occasions and modified according to their recommendations.

Pilot Study

A pilot study was conducted in December 1995 to test the proposed screening instruments and to gauge inmates' reactions to the survey. Concern had been expressed about the length of the survey. There were also fears that sensitive questions relating to sexual abuse and drug history, would be adversely received by inmates. The pilot survey found that inmates were generally happy to divulge information about their health status, sexual abuse history and drug taking, and that the survey's length (approximately 1 hour) was not a problem.

For many inmates, the survey was the first time their health status had been investigated in such detail and their opinions canvassed regarding their health care

METHODOLOGY

Sample Frame

Approximately 6000 males and 300 females are held in full-time custody in NSW. Table 1 shows the sample frame chosen for males, male-Aboriginals and females by age. The older age group was defined as over 40 years for females and male-Aboriginals and over 45 years for males. The 40 year upper age limit was chosen with regard to the distribution of prisoners in the correctional system to ensure adequate subjects in each age category.

Table 1 : Sample structure

Table 1: Sample structur e.Age Group	Males *	Male** Aborigina ls	Females **
<25	150	80	30
25-40/45	150	80	60
40/45+	150	40	30
Total	450	200	120

[* Older age group defined as over 45yrs]

[** Older age group defined as over 40yrs]

All 27 gaols in NSW were included in the survey to avoid excluding certain groups of prisoners and biasing the survey. Table 2 shows some of the characteristics and security classification of the prisons at the time of the survey.

Table 2: Security rating and characteristics of NSW Prisons at the time of survey.

Gaol	Minimum Security	Medium Security	Maximum Security	Gaol Characteristics
Bathurst	*	*		Aboriginal inmates
Berrima	*			Special category inmates
Broken Hill		*		Aboriginal inmates
Cessnock	*			Industrial Centre
Cooma		*		Sex Offenders
Emu Plains	*			Female - prison farm
Glen Innes	*			Prison camp
Goulburn	*		*	Reception centre
Grafton		*		Aboriginal inmates
John Moroney	*			Working gaol
Junee	*	*		Private gaol / protection
Kirkconnell	*			Forestry camp
Lithgow			*	Industrial gaol
Long Bay Reception Centre			*	Reception prisoners
Long Bay Training Centre	*			Working gaol
Long Bay Remand Centre			*	Remand prisoners
Long Bay Hospital Complex			*	Sick inmates, including forensic patients
Maitland			*	High security / difficult inmates
Mannus	*			Forestry camp
Mulawa		*		Females
Norma Parker	*			Females / works release
Oberon	*			Forestry camp / Young Offenders
Parklea		*		Young offenders
Parramatta		*		Reception gaol
Silverwater	*			Fine defaulters / works release
St Helier's	*			Prison farm
Tamworth		*		Aboriginal inmates / Remand

Selection of Inmates

Several days prior to screening at each gaol, the NSW Department of Corrective Services (DOCS) Information Technology Branch provided a list of all inmates residing in NSW prisons stratified by age, sex, and Aboriginality. The sample was drawn as close as was feasible to

arrival at the gaol to minimise losing inmates due to transfers or release.

A random sample of inmates was generated from the master list using the SPSS software package. A list of reserves was also drawn to cover refusers and inmates who were unavailable for the survey.

Recruitment of Inmates

Randomly selected inmates were recruited either by: (a) clinic staff at the gaol one or two days prior to screening or (b) by the interview team on the day of the survey. This latter method was the more common way of recruiting inmates.

The following aspects of the survey were explained to potential participants:

- Participation was voluntary;
- There was no obligation to answer particular questions;
- All information collected would remain confidential;
- An anonymous identification code would be used on the questionnaires;
- Any illnesses identified would be referred to the gaol clinic for assessment;
- Written consent was required to be eligible for inclusion;
- A \$10 participation fee would be placed in the bank account of all participants.

At gaols with large number of Aboriginals, the co-operation of the Aboriginal community was facilitated through the Aboriginal elders in the gaol. Explaining the project to the elders and canvassing their support resulted in a high level of co-operation from the Aboriginal community.

Follow-up of Illness

A protocol was developed in the event that an illness was detected or there were concerns for the mental health or well-being of an inmate. Interviewers completed a specially developed referral form outlining the nature of the concern and the staff at the prison clinic. A number of referrals were made during the survey.

Response Rate

A number of inmates declined to participate in the project having been approached by the interview team; this group is referred to as 'refusers'. Reasons given for non-participation included disillusionment with 'the system', dislike of needles (necessary for blood collection), and imminent release. Inmates refusing to participate in the survey were replaced by an inmate from the list of reserves.

A number of inmates were called for the health survey but failed to attend on the day; this group is referred to as 'unavailable'. The protocol for dealing with this group was to try three times to locate the inmate, if they still failed to attend, a replacement was selected. Some of the reasons for non-attendance included court appearances, security classification interviews, transfers to other gaols, considered by custodial staff as 'too dangerous', suspected survey was testing for drugs, at work, deported, participation fee considered paltry, all day family visit, and attending a funeral.

Tables 3 to 5 indicate the number of inmates who declined to participate and those who were unavailable, classified by age, sex and Aboriginality.

The response rate was calculated as follows:

$$\frac{\text{Total Participants}}{\text{Total Participants} + \text{Total Refusers}^*}$$

(* excludes unavailable inmates)

The overall response rate was 90%. The individual response rates were 90% for females, 88% for male-Aboriginals and 91% for non-Aboriginal males.

Table 3: Male 'refusers' and 'unavailable'.

Age Group	Required Sample	Actual Sample	Refusers	% Refusers	Unavailable for Survey	% Unavailable
<25	150	150	15	33	38	30
25-45	150	161	14	31	42	33
45+	150	142	16	36	47	37
Total	450	453	45	100%	127	100%

Table 4: Male-Aboriginal 'refusers' and 'unavailable'.

Age Group	Required Sample	Actual Sample	Refusers	% Refusers	Unavailable for Survey	% Unavailable
<25	80	84	9	31	29	54
25-40	80	81	16	55	18	33
40+	40	39	4	14	7	13
Total	200	204	29	100%	54	100%

Table 5: Female 'refusers' and 'unavailable'.

Age Group	Required Sample	Actual Sample	Refusers	% Refusers	Unavailable for Survey	% Unavailable
<25	30	31	1	7	10	36
25-40	60	70	12	80	10	36
40+	30	31	2	13	8	28
Total	120	132	15	100%	28	100%

Interviewers

Interviewers were provided with training and briefed on the aims and objectives of the survey. The training involved familiarising staff with the mental and physical health screening instruments, and the use of the Otoacoustic Emission hearing test. Training in administering the Mantoux test was provided by a number of chest clinics in NSW.

An Aboriginal nurse working in the correctional health system assisted with recruiting and interviewing Aboriginal inmates and liaised with the Aboriginal elders in the prisons.

Physical Health Measurements

The survey was divided into two parts for logistical reasons: (a) blood samples,

Mantoux test and physical measurements and (b) physical and mental health questions.

The following physical measurements and tests were recorded for each inmate:

- Height;
- Weight;
- Peak flow;
- Blood pressure;
- Eye sight;
- Hearing;
- Blood sugar level;
- Mantoux tuberculin test for TB;
- Blood specimen;
- PAP smear (women only);
- Dental health assessment.

The PAP smears and dental examinations were completed on separate days to the main survey.

Physical Health Questionnaire

Following completion of the physical assessments, an interview lasting approximately one hour was administered covering physical and mental health issues.

This questionnaire covered illness and disability, use of medications, hospitalisations, sexual health, consultations with health professionals, injury, diet, exercise, and a self assessment of health status (SF-36).

A number of specific sections were included in the questionnaire covering women's health, Aboriginal health services, and men's health.

Mental Health Questionnaire

A number of existing assessment scales and some specially developed questions were included. These covered psychiatric history, suicide and self-harm, drug and alcohol use, and gambling. Sections on sexual health, smoking, child-abuse, and tattooing were also included in the mental health section.

The following standardised instruments were included in the mental health questionnaire:

- Beck Depression Inventory (Beck 1961);
- Beck Hopelessness Scale (Beck, 1974);
- Referral Decision Scale (Teplin, 1989);
- The World Health Organisation's Alcohol Use Disorders Identification Test - AUDIT (Saunders, 1993)

Blood Testing/Pathology

The serological screening included:

- HIV antibody;
- Hepatitis B core-antibody, and if positive:
 - Hepatitis B surface-antigen,
 - Hepatitis B e-antigen;
- Hepatitis C antibody, and if positive:
 - Hepatitis C RNA detection by PCR;
- Hepatitis G RNA detection by PCR;
- Syphilis;
- Herpes simplex type-2 virus;
- Cholesterol level.

Women only

- Rubella;
- Pregnancy;
- MCV and Haemoglobin;
- Chlamydia;
- PAP smear;
- Iron level.

Dental Assessment

The dental health assessment involved recording the Decayed, Missing and Filled Teeth Index (DMFT Index) for inmates. The DMFT index takes approximately 10 minutes per client and requires the dental officer to examine the mouth for decayed, missing, and filled teeth.

Prison dentists completed the DMFT; all dentists were briefed on the project by a professor of public health dentistry at Sydney University's Dental School and instructed on how to complete the index. The protocol used was taken from the Australian National Oral Health Survey (Barnard, 1993).

Data Presentation

Throughout the report, data is categorised by sex only.

Tables appearing in the report which have been formed by combining a series of individual questions show two columns of percentages. The first column represents the individual response expressed as a proportion of the total responses for the set of questions. The second column shows the individual response as a percentage of the male and female sample (657 and 132 respectively).

Caution should be taken when interpreting gender differences as the data has not been subjected to statistical significance testing. Furthermore, extrapolating to the wider prison community need to weight the data to allow for the over sampling of elderly and Aboriginals.

Further analysis is also required to distinguish between recent admissions to the correctional system and those who have been incarcerated for some time. For example, data relating to recent suicidal ideation may include episodes in the community as well as in prison.

DEMOGRAPHIC DETAILS

Region of Birth

The majority of inmates in the survey were Australian born; Table 6 shows the region of birth for the sample.

Table 6: Region of Birth

Region	Frequency	%
Australia & Oceania	624	79.1
Europe	44	5.6
Asia	43	5.4
America	17	2.2
Africa	2	0.3
Unknown	59	7.5
Total	789	100.0

Marital Status

Over half of the males with a known marital status had never been married compared with 34% of females (Table 7). Over one third of females were living in defacto relationships prior to imprisonment compared with 18% of males.

Table 7: Marital status.

Marital Status	Males		Females	
	Freq.	%	Freq.	%
Never Married	345	53.2	44	34.4
Married	107	16.5	16	12.5
Separated	34	5.2	6	4.7
Divorced	40	6.2	15	11.7
Widow	8	1.2	2	1.6
Defacto Married	114	17.6	45	35.2
Total	648	100	128	100

Most Serious Offence

Table 8 shows the most serious offence committed (MSO) by prisoners for the current sentence. Offences against property were the most common crime in both males and females. Fifteen percent of offences reported by males were for crimes of a sexual nature. Offences relating to drugs were the most serious crime reported by 16% of females and 11% of males.

Table 8: MSO for current sentence.

Offence Category	Males		Females	
	Freq.	%	Freq.	%
Property	153	23.4	43	33.6
Robbery	110	16.8	8	6.3
Sexual offences	99	15.2	6	4.7
Drug offences	69	10.6	20	15.6
Homicide	70	10.7	13	10.2
Assault	60	9.2	6	4.7
Driving	24	3.7	6	4.7
Fraud	20	3.1	9	7.0
Order breaches	19	2.9	8	6.3
Other	14	2.1	7	5.5
Unsentenced	15	2.3	2	1.6
Total	653	100	128	100

Security Classification

Each prisoner is classified by the correctional system for the purposes of security and developmental programmes into one of a number of categories (Table 9).

Table 9: Security rating of inmates.

Security Rating	Males		Females	
	Freq.	%	Freq.	%
A1 - Special High Risk	1	0.2	0	-
A2 - High Risk	56	12.4	4	4.6
B - Confined by Barrier	115	25.4	14	16.1
C1 - Confined Unless Accompanied by Officer	87	19.2	17	19.5
C2 - Not Always Confined But Requires Supervision	121	26.7	36	41.4
C3 - Not confined or Supervised	41	9.1	9	10.3
E1 - Escapee	3	0.7	-	-
E2 - B Classified Inmate	29	6.4	7	8.0
Total	453	100	87	100

Sample and Prison Population

Tables 10 and 11 compare the age, sex and Aboriginal structure of the survey sample with the general prison population. The mean age of the non-Aboriginal males was 35.6 years (range 18 to 77), for Aboriginal males 29.6 years (range 19 to 58), and for females 33.3 years (range 18 to 67).

Table 10: Age structure of sample.

Age	Total		Male		Male-Aboriginal		Female	
	n	%	n	%	n	%	n	%
18-25	273	34.6	153	19.4	89	11.3	31	3.9
25-45	304	38.5	157	19.9	77	9.8	70	8.9
40/45+	212	26.9	143	18.1	38	4.8	31	3.9
Total	789	100	453	57.4	204	25.9	132	16.7

Table 11: Age structure of prison population (Source: 1995 NSW Prison Census).

Age	Total		Male		Male-Aboriginal		Female	
	n	%	n	%	n	%	n	%
18-25	1645	25.8	1260	19.7	323	5.1	62	1.0
25-45	3863	60.5	3286	51.5	386	6.0	191	3.0
40/45+	876	13.7	751	11.8	64	1.0	61	1.0
Total	6384	100	5297	83.0	773	12.1	314	4.9

Tables 12 and 13 show the population of each individual correctional facility and the proportion of inmates sampled at each centre

Table 12: Male inmate population and survey sample by gaol.

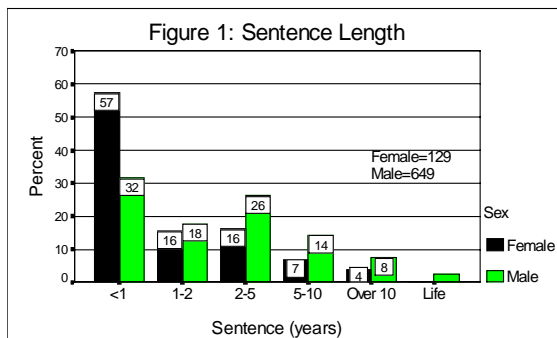
Gaol	Prison Population		Sample n	%	%
	N	%			
Bathurst	310	5.2	46	7.0	14.8
Berrima	63	1.0	6	0.9	9.5
Broken Hill	41	0.7	11	1.7	26.8
Cessnock	419	7.0	47	7.2	11.2
Cooma	161	2.7	23	3.5	14.3
Glen Innes	122	2.0	15	2.3	12.3
Goulburn	467	7.8	54	8.2	11.6
Grafton	241	4.0	30	4.6	12.4
Long Bay - Training Centre	378	6.3	34	5.2	9.0
John Morony	223	3.7	24	3.7	10.8
Junee	583	9.7	62	9.4	10.6
Kirkconnell	201	3.3	23	3.5	11.4
Long Bay -Hospital Complex	111	1.8	12	1.8	10.8
Lithgow	279	4.6	31	4.7	11.1
Maitland	213	3.5	12	1.8	5.6
Mannus	129	2.1	14	2.1	10.9
Oberon	96	1.6	14	2.1	14.6
Parklea	283	4.7	38	5.8	13.4
Parramatta	420	7.0	37	5.6	8.8
Long Bay - Remand Centre	347	5.8	39	5.9	11.2
Long Bay - Reception Centre	251	4.2	23	3.5	9.2
Silverwater	395	6.6	31	4.7	7.8
St Helier's	226	3.8	25	3.8	11.1
Tamworth	52	0.9	6	0.9	11.5
Total	6011	100	657	100	Average = 11.7%

Table 13: Female inmate population and survey sample by gaol.

Gaol	Prison Population		Sample n	%	%
	N	%			
Emu Plains	121	39.8	50	37.9	41.3
Mulawa	183	60.2	82	62.1	44.8
Total	304	100	132	100	Average = 43%

Sentence Length

Figure 1 shows the sentence length for the inmates sampled. Sentence length was calculated by subtracting the admission date and the earliest release date. The average sentence length for males was 3.58 years and 2 years for females. Over 50% of females had sentences of less than one year compared with 32% of males. Sixteen males (2%) were serving life sentences.



Time in Gaol when Interviewed

Figure 2 shows the length of time served by inmates at the time of the interview. Almost three quarters of females and half the males had served under one year at the time of interview.

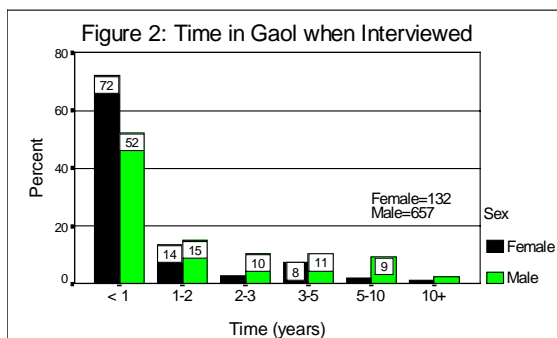
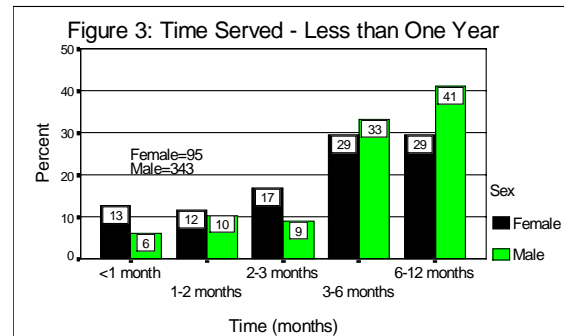


Figure 3 shows the length of time served (in months) for those inmates who had been in gaol for less than one year. The majority of this group had been in prison for between three and twelve months when interviewed. Thirteen percent of females and 6% of males in this group had been in gaol for less than one month at the time of interview.



Employment Status

Over three quarters of females and 50% of males stated they were not employed in the six months prior to reception into gaol. Table 14 shows the different types of benefits that were received by the inmates prior to imprisonment.

The mean length of time on benefits or a pension was 50 months for females and 34 months for males.

Table 14: Benefits and Pensions claimed.

Benefit	Males			Females		
	Freq.	% Benefits	% Males*	Freq.	% Benefits	% Females*
Unemployment Benefit	210	69.8	32.0	30	33.3	22.7
Invalid Pension	41	13.6	6.2	11	12.2	8.3
Sickness Benefit	29	9.6	4.4	14	15.6	10.6
Age Pension	6	2.0	0.9	1	1.1	0.8
Carers Pension	3	1.0	0.5	3	3.3	2.3
Parents Pension	2	0.7	0.3	30	33.3	22.7
Widows Pension	1	0.3	0.2	1	1.1	0.8
Job Search	4	1.3	0.6	-	-	-
Young Homeless	5	1.7	0.8	-	-	-
Total	301	100		90	100	

(* calculated as % of all males [n=657] and females [n=132])

Twenty eight (21%) females and 286 (43%) males stated they had been in employment in the six months prior to imprisonment. Male responders were most commonly employed as labourers and trades people, whereas female employment was spread across a variety of occupations (Table 15).

Table 15: Occupation prior to imprisonment.

Occupation	MALE		FEMALE	
	Freq.	%	Freq.	%
Miscellaneous Labourers	28	10.1	1	3.6
Building Tradesperson	27	9.7	1	3.6
Miscellaneous Tradesperson	27	9.7	1	3.6
Construction/Mining Labourers	25	9.0	-	-
Agricultural Labourers	24	8.7	2	7.1
Trades Assistant/Factory Hand	21	7.6	1	3.6
Road/Rail Transport Driver	9	3.2	1	3.6
Mobile Plant Operator	9	3.2	-	-
Managing Supervisors (Sales)	8	2.9	-	-
Vehicle Tradesperson	8	2.9	-	-
Business Professionals	7	2.5	1	3.6
Food Tradesperson	7	2.5	1	3.6
Other Metal Tradesperson	6	2.2	-	-
Cleaners	6	2.2	2	7.1
Electrical Tradesperson	5	1.8	-	-
Specialist Managers	4	1.4	1	3.6
Farmers/Farm managers	4	1.4	-	-
Sales Representative	4	1.4	-	-
Self Employed (unspecified)	4	1.4	2	7.1
Building Professionals	3	1.1	-	-
Artists and Related Professions	3	1.1	2	7.1
Police/Army	3	1.1	-	-
Miscellaneous Para-professional	3	1.1	-	-
Miscellaneous Clerks	3	1.1	2	7.1
Miscellaneous Salesperson	3	1.1	2	7.1
Other	26	9.4	8	28.6
TOTAL	277	100	28	100

Prison Employment

Inmates have the opportunity to work whilst in gaol. Table 16 shows that 109 (83%) of females and 483 (73%) males were engaged in some form of prison work

Table 16: Occupation in gaol.

Occupation	MALES		FEMALES	
	Freq.	%	Freq.	%
Sweeper	78	16.1	9	8.3
Maintenance	70	14.5	4	3.7
Textiles	55	11.4	10	9.2
Kitchen/Cook	33	6.8	6	5.5
Garden/Farm/Nursery	31	6.4	32	29.4
Clerical	29	6.0	4	3.7
Metal Shop	27	5.6	-	-
Timber Shop	27	5.6	-	-
Education	24	5.0	12	11.0
Upholstery	20	4.1	-	-
Printer	13	2.7	-	-
Community/Bush Gang	11	2.3	-	-
Aboriginal Worker	10	2.1	1	0.9
Storeman/Packer	10	2.1	-	-
Laundry	9	1.9	3	2.8
Cleaner	9	1.9	3	2.8
Electrician	8	1.7	-	-
Craft Worker	6	1.2	-	-
Electrical Manufacturer	4	0.8	-	-
Barber	3	0.6	-	-
Motor Shop	2	0.4	1	0.9
Recreation	2	0.4	-	-
Headsets	-	-	18	16.5
Cafe	-	-	4	3.7
Other	2	0.4	2	1.8
Total	483	100	109	100

¹ Prisoner trusted to conduct domestic duties in clinics, administration areas etc.

Education Level

Table 17 outlines the level of education achieved. Approximately half the responses of both males and females indicated they had no qualifications. Almost 2% of male and female responders had received no schooling.

Table 17: Education Level.

Education Level	MALES		FEMALES	
	Freq.	%	Freq.	%
No Qualifications	310	50.7	54	47.0
School Certificate	129	21.1	27	23.5
Trade Certificate	74	12.1	5	4.3
Higher School Certificate	39	6.4	7	6.1
Tertiary Degree-incomplete	30	4.9	6	5.2
Tertiary Degree-complete	14	2.3	4	3.5
No Schooling	11	1.8	2	1.7
Professional (other)	5	0.8	10	8.7
TOTAL	612	100	115	100

Attendance at Institutions

Almost one quarter of females and one third of males had attended a Juvenile Detention Centre (Table 18).

Table 18: Attendance at institutions.

Institution	MALES			FEMALES		
	Freq.	% Institutions	% Males*	Freq.	% Institutions	% Females*
Juvenile Detention Centre	200	75.8	30.4	32	72.7	24.2
Boys/Girls Home	60	22.7	9.1	11	25.0	8.3
Removed from Parents	2	0.8	0.3	1	2.3	0.8
Remand Centre	1	0.4	0.2	-	-	-
Concentration Camp	1	0.4	0.2	-	-	-
Total	264	100		44	100	

(* calculated as % of all males [n=657] and females [n=132])

Living Situation/Tenure

The majority of males and females had lived in rented accommodation immediately prior to gaol (Table 19). Proportionately fewer males than females had no fixed address before coming into prison

Table 19: Living situation prior to gaol.

Accommodation	MALE		FEMALE	
	Freq.	%	Freq.	%
Renting	334	54.5	70	61.9
Own Home/Family	224	36.5	31	27.4
Unsettled	32	5.2	3	2.7
No Fixed Address	12	2.0	8	7.1
Caravan	11	1.8	1	0.9
Total	613	100	113	100

PHYSICAL HEALTH

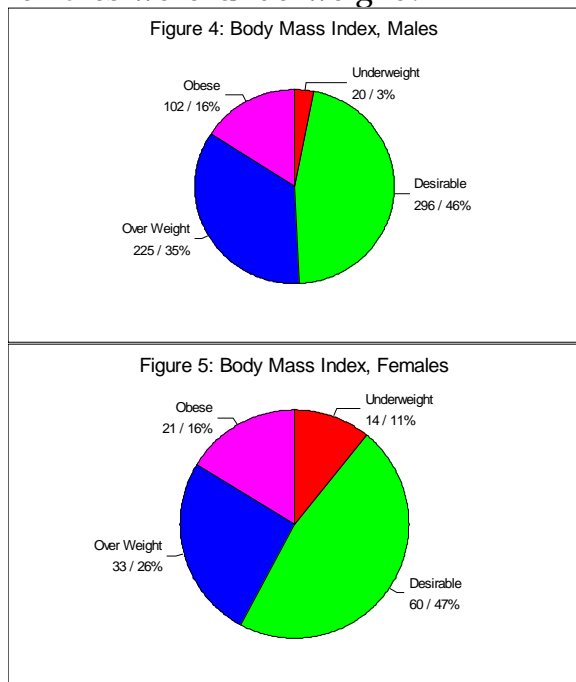
Anthropometric Measurements

The mean height of male inmates was 175cm (range = 128 to 198) compared with 163cm (range = 144 to 181) for females.

The average weight of the males was 80.8kg (range = 47 to 165) and 67.4kg (range = 39 to 112) for females.

Body Mass Index (BMI) enables people to be classified into four internationally recognised groups: 'underweight' (BMI: < 20), 'desirable' (BMI: 20-25), 'overweight' (BMI: 25-30), and 'obese' (BMI: > 30). Figures 4 and 5 show the BMI for males and females by group.

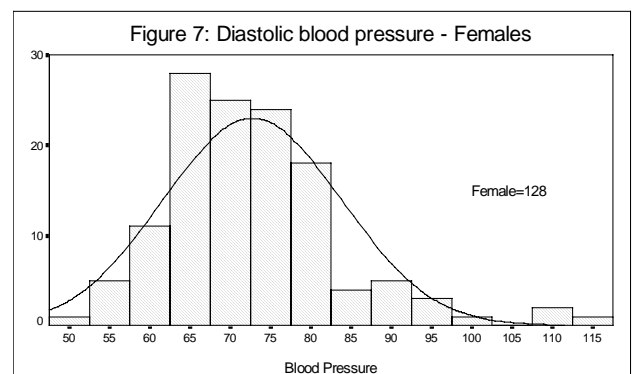
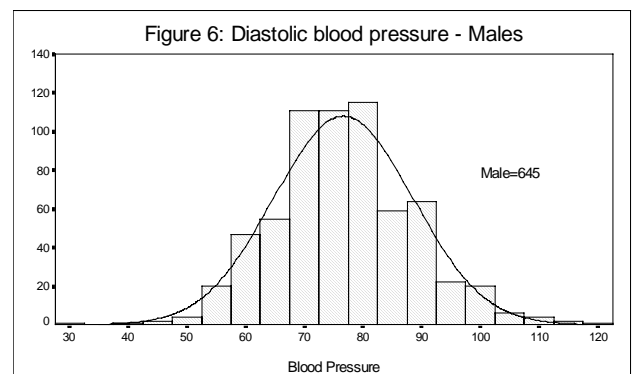
These data indicate that the BMI was 'desirable' for almost half the males and females screened (Figures 4 and 5). Sixteen percent of both males and females were 'obese'. Proportionately more males were 'overweight' and more females were 'underweight'.



Blood Pressure

Blood pressure was measured using an OMRON Blood Pressure Monitor (M1). Two readings were taken per inmate. Readings were taken whilst seated using the left arm whenever possible.

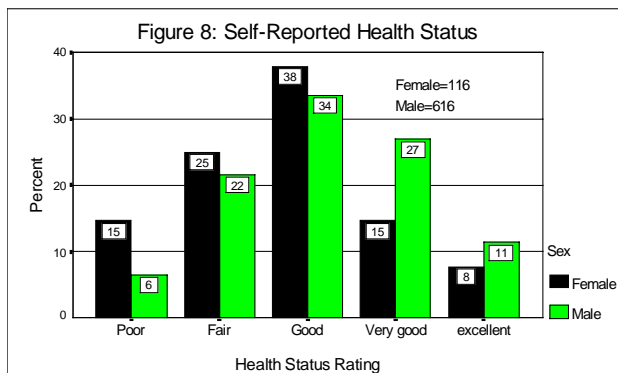
Figures 6 and 7 show the diastolic blood pressure for the males and females. Nine females (7%) and 74 (11%) males had diastolic blood pressure levels over 90 which is considered to be high.



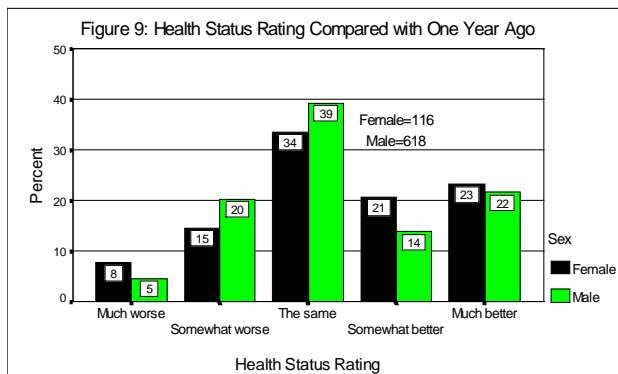
SELF-ASSESSMENT OF HEALTH

Self-Reported Health Status

The majority of inmates rated their health as 'good', 'very good' or 'excellent'. Proportionately more males rated their health in categories indicating good health compared with females (Figure 8). Females tended to rate their health as 'poor' or 'fair' compared with males.



When asked to rate their current health status compared with one year ago, approximately three-quarters of both sexes felt their health status was 'the same' or 'better', the remainder rated their health as 'worse' (Figure 9).



The Short Form Health Survey (SF-36)

The SF-36 measures health status by incorporating measures of well being and normal functioning for both physical and mental health (Ware, 1994). The instrument generates eight multi-item

scales measuring physical functioning, role limitations resulting from physical and mental illness, bodily pain, general health, vitality, social functioning, and mental health. The SF-36 has been validated across a number of settings allowing comparisons to be made across different populations.

Scores for the SF-36 range from 1 to 100, with higher scores indicating better health. Overall, males tended to give a better self assessment of health status than females.

Distributions of scores for physical functioning, physical role limitations, bodily pain, social functioning and emotional role limitations were skewed towards 'better health' for both sexes. Figures 10 to 17 show these dimensions of health as measured by the SF-36.

In assessing physical functioning in performing tasks, 34% of female and 56% of male responders had a score of 96 or higher suggesting that men more readily assess themselves as able to undertake vigorous activity than women (Figure 10).

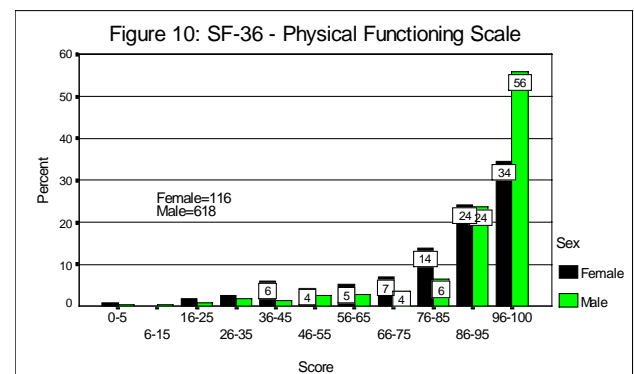
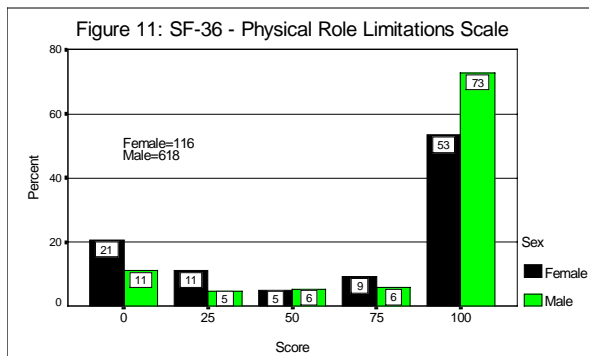
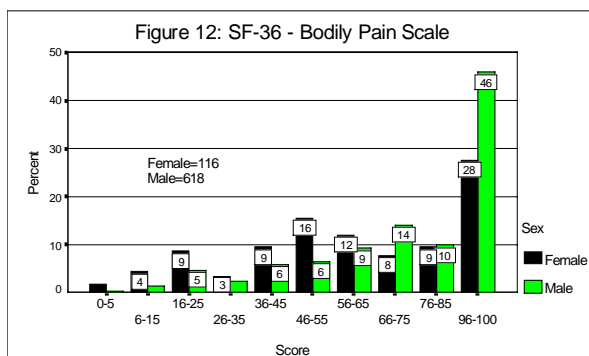


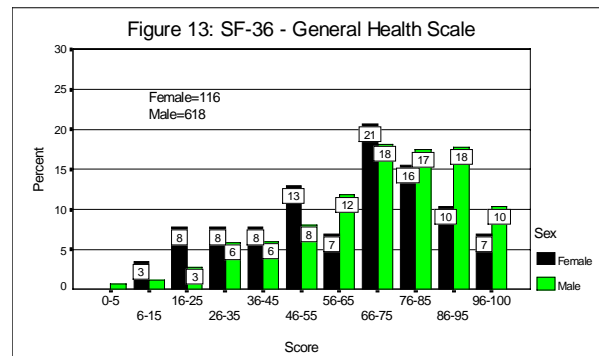
Figure 11 shows the extent of limitations to work and other daily activities as a result of physical health problems. Fifty three percent of females and 73% of male responders were not limited by physical illness. Twenty one percent of women and 11% of men scored zero on this scale, assessing themselves as having significant problems with work and activities due to physical illness.



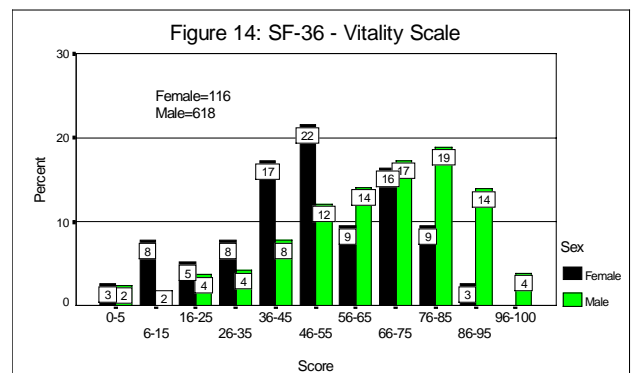
Twenty eight percent of female responders experienced no bodily pain which limited them in any way compared with 46% of males (Figure 12).



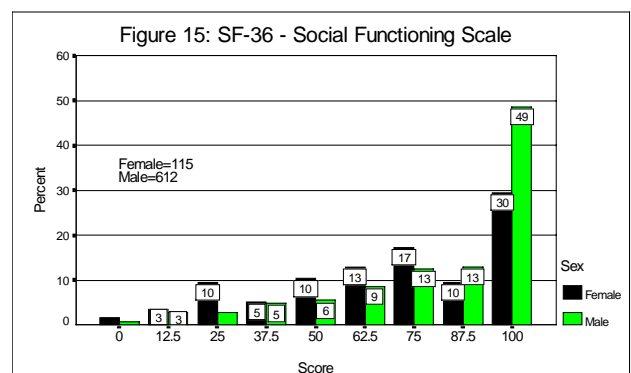
The general health scale evaluates personal health ranging from poor and likely to get worse, to excellent. Seven percent of females and 10% of males assessed their health as generally excellent (Figure 13).



The vitality scale is a measure of energy levels and tiredness. Female responders assessed themselves as having lower vitality compared with males (Figure 14). Twelve percent of women and 37% of men had scores of over 75 indicating high vitality.



Social functioning measures the impact of physical and emotional health problems on social activities. Thirty percent of females and 49% of males did not have any social limitations imposed by physical or emotional health problems (Figure 15).



Limitations to work and other daily activities resulting from emotional difficulties showed a similar pattern to the physical role limitations scale. Fifty three percent of females and 73% of males incurred no limitation as a result of emotional health problems (Figure 16). However, 24% of females and 14% of males indicated that they were unable to carry out work and daily activities normally because of poor emotional health status.

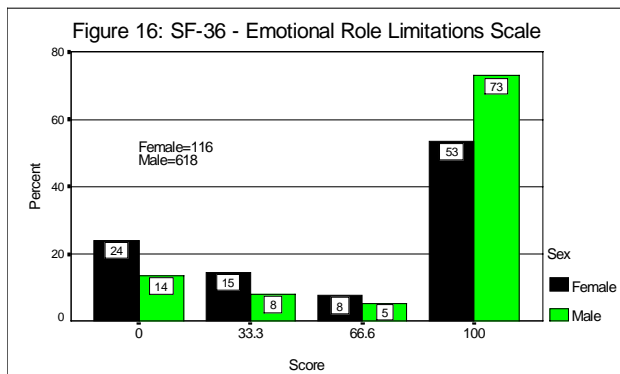
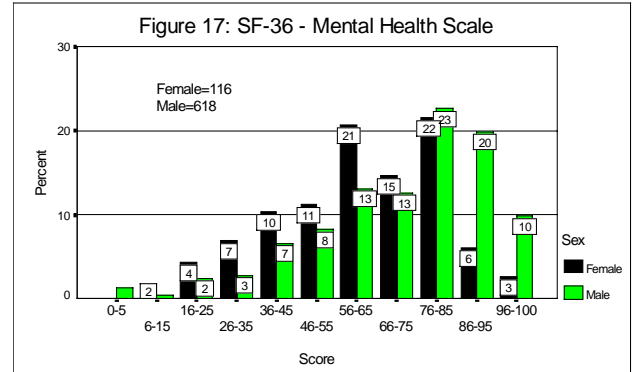


Figure 17 shows self-assessed mental well-being. The majority of responders had scores over 56 indicating positive mental health.



CHRONIC DISEASES

Medically Diagnosed Conditions

Inmates were asked whether they had ever been diagnosed by a doctor with any of the conditions outlined in Table 20. Poor eye sight and back problems were commonly reported by both males and

females. Almost half of the females reported they had hepatitis C.

Twenty nine percent of females and 20% of males reported heart problems (this included high blood pressure, angina, heart murmur, and palpitations).

Table 20: Selected health problems reported by inmates.

Condition	Males			Females		
	Frequency	% Conditions	% Males*	Frequency	% Conditions	% Females*
Poor Eyesight	227	19.7	34.6	53	13.8	40.2
Back Problems	167	14.5	25.4	45	11.7	34.1
Hepatitis C	139	12.1	21.2	61	15.8	46.2
Heart Problems	135	11.7	20.5	38	9.9	28.8
Asthma	108	9.4	16.4	47	12.2	35.6
Arthritis	93	8.1	14.2	27	7.0	20.5
Hepatitis B	61	5.3	9.3	26	6.8	19.7
Peptic Ulcers	56	4.9	8.5	14	3.6	10.6
Haemorrhoids	45	3.9	6.8	21	5.5	15.9
Prostate Problems	27	2.3	4.1	-	-	-
Epilepsy	23	2.0	3.5	14	3.6	10.6
Cancer	21	1.8	3.2	14	3.6	10.6
Gall Stones	18	1.6	2.7	10	2.6	7.6
Diabetes	17	1.5	2.6	8	2.1	6.1
Hepatitis A	16	1.4	2.4	7	1.8	5.3
Total	1153	100		385	100	

(* calculated as % of all males [n=657] and females [n=132])

Long-Term Illness and Disability

Fifty two (39%) females and 197 (30%) males stated they had a long-term illness or disability. Long-term was defined as an illness or condition which had been present for six months or more (Table 21).

Participants could identify up to three long-term diseases or disorders. The

coding scheme is based on the International Classification of Diseases (ICD).

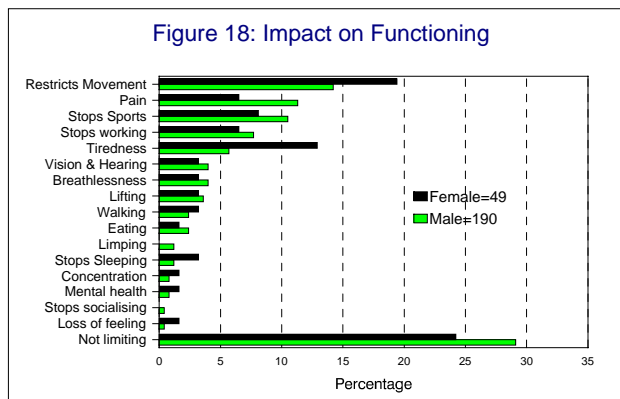
Diseases of the musculoskeletal system and connective tissue were the most common long-term illnesses for males and females. Diseases of the digestive system were higher in females compared with males (11% cf. 3%).

Table 21: Long term illness and disability

Disease/Disorder	MALES			FEMALES		
	Frequency	%	%	Frequency	%	%
		Disease	Males*	Disease	Females*	
Dis. Musculoskeletal System & Connective Tissue	86	33.5	13.1	15	23.1	11.4
Dis. Nervous/Sensory Organs	30	11.7	4.6	8	12.3	6.1
Injury/Poisoning	28	10.9	4.3	3	4.6	2.3
Symptoms/Ill Defined Conditions	24	9.3	3.7	5	7.7	3.8
Dis. Digestive System	20	7.8	3.0	14	21.5	10.6
Mental Disorders	15	5.8	2.3	4	6.2	3.0
Dis. Respiratory System	13	5.1	2.0	5	7.7	3.8
Dis. Circulatory System	13	5.1	2.0	2	3.1	1.5
Dis. Skin & Tissue	8	3.1	1.2	1	1.5	0.8
Dis. Genito-Urinary System	6	2.3	0.9	4	6.2	3.0
Dis. Endocrine, Metabolic & Nutritional System	5	1.9	0.8	2	3.1	1.5
Infectious/Parasitic Diseases	4	1.6	0.6	-	-	-
Disability NEC	3	1.2	0.5	-	-	-
Neoplasms	2	0.8	0.3	1	1.5	0.8
Health Action	-	-	-	1	1.5	0.8
Total	257	100		65	100	

(* calculated as % of all males [n=657] and females [n=132])

Figure 18 outlines the limiting effect, if any, of the illness on functioning. The most commonly reported impact on functioning for both sexes was 'movement restrictions'. Tiredness was more commonly reported by females compared with males.



Over 40% of females and 34% of males reported that the long-term illness had caused them to cut down on some of their activities in the previous two weeks.

Recent Symptoms and Health Complaints

Table 22 shows the frequency of symptoms and health complaints

reported by inmates in the past four weeks (adapted from Darke et al, 1995). These cover recently experienced cardio-respiratory, genito-urinary, psychological & neurological, gastrointestinal, injection related, general, and specific women's health symptoms. The three most common symptoms experienced by both males and females were headaches, sleeplessness and tiredness.

Overall, proportionately more females experienced health problems compared with males. In many cases, there was a two to three fold difference between the female and male reporting rate (eg: self-harm, stomach pains, vomiting, fears for safety, bruising easily, night sweats, and nausea).

Over half the females reported tiredness, headaches, and sleeplessness. Thirty four percent of females reported painful or irregular periods during the past four weeks and 4 (3%) reported having a miscarriage.

Table 22: Recent symptoms and health complaints

Symptom	Males			Females		
	Frequency	% Symptoms	% Males*	Frequency	% Symptoms	% Females*
Headaches	242	7.3	36.8	74	6	56.1
Sleeplessness	228	6.9	34.7	63	5.1	47.7
Tiredness	212	6.4	32.3	72	5.8	54.5
Coughing Phlegm	180	5.4	27.4	39	3.2	29.5
Joint Pains	163	4.9	24.8	40	3.2	30.3
Forgetfulness	145	4.4	22.1	42	3.4	31.8
Teeth Problems	143	4.3	21.8	34	2.8	25.8
Sore Throat	130	3.9	19.8	24	1.9	18.2
Muscle Pains	123	3.7	18.7	45	3.7	34.1
Shortness of Breath	121	3.6	18.4	41	3.3	31.1
Eye Trouble	119	3.6	18.1	27	2.2	20.5
Persistent Cough	119	3.6	18.1	27	2.2	20.5
Appetite Loss	118	3.6	18.0	40	3.2	30.3
Wheezing	101	3.0	15.4	32	2.6	24.2
Ear Trouble	87	2.6	13.2	15	1.2	11.4
Dizziness	87	2.6	13.2	29	2.4	22.0
Night Sweats	84	2.5	12.8	33	2.7	25.0
Chest Pain	83	2.5	12.6	26	2.1	19.7
Weight Loss	73	2.2	11.1	24	1.9	18.2
Numbness	67	2.0	10.2	30	2.4	22.7
Stomach Pains	58	1.7	8.8	40	3.2	30.3
Fever	50	1.5	7.6	14	1.1	10.6
Constipation	48	1.4	7.3	35	2.8	26.5
Nausea	47	1.4	7.2	37	3	28.0
Bruising Easily	44	1.3	6.7	29	2.4	22.0
Bleeding Easily	39	1.2	5.9	13	1.1	9.8
Heart Flutters	38	1.1	5.8	19	1.5	14.4
Swollen Glands	34	1.0	5.2	13	1.1	9.8
Tremors	33	1.0	5.0	20	1.6	15.2
Fears for Safety	32	1.0	4.9	15	1.2	11.4
Bruising	26	0.8	4.0	18	1.5	13.6
Diarrhoea	24	0.7	3.7	11	0.9	8.3
Wanting to Self-Harm	23	0.7	3.5	10	0.8	7.6
Vomiting	22	0.7	3.3	27	2.2	20.5
Broken Bones	20	0.6	3.0	3	0.2	2.3
Swollen Ankles	20	0.6	3.0	12	1	9.1
Nose Bleeds	18	0.5	2.7	14	1.1	10.6
Head Injuries	17	0.5	2.6	1	0.1	0.8
Overdose	15	0.5	2.3	6	0.5	4.5
Painful Urination	15	0.5	2.3	8	0.6	6.1
Blackouts	14	0.4	2.1	4	0.3	3.0
Hearing Voices	14	0.4	2.1	5	0.4	3.8
Stitched Cuts	13	0.4	2.0	5	0.4	3.8
Abscesses	12	0.4	1.8	4	0.3	3.0
Coughing Blood	7	0.2	1.1	4	0.3	3.0
Jaundice	5	0.2	0.8	2	0.2	1.5
Rash Around Genitals	3	0.1	0.5	2	0.2	1.5
Fits/Seizures	2	0.1	0.3	3	0.2	2.3
Discharge from Genitals	2	0.1	0.3	5	0.4	3.8
Irregular Periods	-	-	-	46	3.7	34.8
Painful Periods	-	-	-	45	3.7	34.1
Miscarriages	-	-	-	4	0.3	3.0
Total	3320	100		1231	100	

(* calculated as % of all males [n=657] and females [n=132])

MEDICATION

Medication

Table 23 shows medications taken in the past two weeks. Analgesics were taken by half of the males and almost two thirds of females.

percent of females and 8% of males reported taking methadone. Females reported a higher use of psychiatric medication than males (23.5% cf. 7.8%).

Proportionately more females than males had taken medication. Thirty

Table 23: Medications taken in past two weeks

Medication	MALES			FEMALES		
	Frequency	% Medications	% Males*	Frequency	% Medications	% Females*
Analgesics	320	32.9	48.7	81	24.0	61.4
Skin	80	8.2	12.2	25	7.4	18.9
Vitamins/Minerals	60	6.2	9.1	23	6.8	17.4
Stomach	59	6.1	9.0	19	5.6	14.4
Antibiotics	53	5.4	8.1	14	4.1	10.6
Methadone	51	5.2	7.8	39	11.5	29.5
Psychiatric Medication	51	5.2	7.8	31	9.2	23.5
Asthma	51	5.2	7.8	21	6.2	15.9
Cough	41	4.2	6.2	2	0.6	1.5
Tranquillisers	40	4.1	6.1	18	5.3	13.6
Sleeping Tablets	36	3.7	5.5	16	4.7	12.1
Blood Pressure	32	3.3	4.9	4	1.2	3.0
Allergy	26	2.7	4.0	13	3.8	9.8
Heart	17	1.7	2.6	4	1.2	3.0
Laxatives	16	1.6	2.4	17	5.0	12.9
Anti-Epileptics	13	1.3	2.0	9	2.7	6.8
Other Diabetic Medication	8	0.8	1.2	-	-	-
Angina Patches	7	0.7	1.1	-	-	-
Anti-Coagulants	7	0.7	1.1	1	0.3	0.8
Insulin	6	0.6	0.9	1	0.3	0.8
Total	974	100		338	100	

(* calculated as % of all males [n=657] and females [n=132])

Non-Prescribed Medication

Inmates were also asked whether they had consumed any of the above medications which had not been prescribed by a doctor (Table 24).

Sixteen (12%) females and 70 (11%) males stated they had taken medication which they had acquired from other inmates or bought. Inmates could specify more than one non-prescribed medication. Analgesics were the most commonly taken non-prescribed drugs for males and females.

Table 24: Non-prescribed medication taken in the past two weeks.

Medication	MALES			FEMALES		
	Frequency	% Medications	% Males*	Frequency	% Medications	% Females*
Analgesic Medication	50	50.5	7.6	4	22.2	3.0
Psycholeptic Medication	11	11.1	1.7	1	5.6	0.8
Allergy Medication	3	3	0.5	-	-	-
Anxiety/Depression Med.	1	1	0.2	2	11.1	1.5
Heart/Blood Pressure Med.	1	1	0.2	-	-	-
Asthma Medication	1	1	0.2	-	-	-
Arthritis Medication	1	1	0.2	-	-	-
Other Medication	31	31.3	4.7	11	61.1	8.3
Total	99	100		18	100	

(* calculated as % of all males [n=657] and females [n=132])

HEALTH SERVICES UTILISATION

Hospital Inpatient Visits

Thirty three females (25%) and 113 (17%) males stated they had been admitted to a hospital in the previous twelve months for an overnight stay or longer. In the case of multiple hospitalisations, the three most recent visits were included.

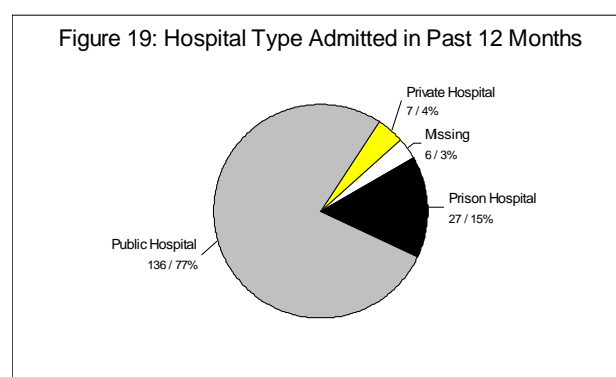
The leading cause of hospital admissions for males was injury and poisoning (22% of all admissions) (Table 25). Thirty seven percent of all female hospital admissions were for mental conditions compared with 20% of all male admissions. Diseases of the digestive system also represented a significant proportion of hospital admission for both males and females.

Table 25: Causes of admission to hospital in the past 12 months.

Cause of Admission	MALES			FEMALES		
	Frequency	% Admissions	% Males*	Frequency	% Admissions	% Females*
Injury/Poisoning	29	21.8	4.4	4	9.3	3.0
Mental Disorder	27	20.3	4.1	16	37.2	12.1
Dis. of Digestive System	16	12	2.4	9	20.9	6.8
Dis. of Circulatory System	11	8.3	1.7	1	2.3	0.8
Dis. of Musculoskeletal System & Connective Tissue	11	8.3	1.7	1	2.3	0.8
Symptoms & Ill Defined Conditions	11	8.3	1.7	-	-	-
Dis. of Skin & Tissue	6	4.5	0.9	3	7	2.3
Disability NEC	4	3	0.6	1	2.3	0.8
Dis. of Respiratory System	3	2.3	0.5	-	-	-
Dis. of Genito-Urinary System	2	1.5	0.3	4	9.3	3.0
Neoplasms	2	1.5	0.3	1	2.3	0.8
Dis. of Nervous/Sensory Organs	2	1.5	0.3	1	2.3	0.8
Dis. of Endocrine/Metabolic & Nutritional	2	1.5	0.3	-	-	-
Dis. of Blood Forming Organs	1	0.8	0.2	-	-	-
Unspecified	6	4.5	0.9	1	2.3	0.8
Other	-	-	-	1	2.3	0.8
Total	133	100		43	100	

(* calculated as % of all males [n=657] and females [n=132])

Three quarters of all admissions were to public hospitals and 15% were to the prison hospital (Figure 19).



Casualty/Out-Patient Visits

Inmates were asked the reason for visiting casualty or out-patient clinics in the previous four weeks. The three most recent admissions were recorded in the case of multiple visits.

Forty two (32%) females and 41 (6%) males stated they had visited a casualty

or out-patients department in the previous four weeks. Health actions including check-ups, x-rays, and diagnostic testing were the most common reasons for hospital visits. Injury and poisoning were the second most common reason for visiting a casualty or out-patients department in males and females (Table 26).

Table 26: Reasons for visiting casualty or out-patients in the past four weeks

Casualty/Outpatient Visits	Males			Females		
	Frequency	% Visits	% Males*	Frequency	% Visits	% Females*
Health Action	19	38.0	2.9	25	41.0	18.9
Injury & Poisoning	10	20.0	1.5	8	13.1	6.1
Dis. of the Circulatory System	4	8.0	0.6	-	-	-
Dis. of the Digestive System	4	8.0	0.6	5	8.2	3.8
Neoplasms	3	6.0	0.5	-	-	-
Dis. of the Skin & Tissue	2	4.0	0.3	-	-	-
Disability NEC	2	4.0	0.3	-	-	-
Mental Disorder	2	4.0	0.3	4	6.6	3.0
Symptoms & Ill Defined Conditions	2	4.0	0.3	4	6.6	3.0
Dis. of the Muscoskeletal System & Connective Tissue	1	2.0	0.2	5	8.2	3.8
Dis. of the Nervous & Sensory Organs	1	2.0	0.2	4	6.6	3.0
Dis. of the Endocrine, Metabolic & Nutritional System	-	-	-	1	1.6	0.8
Dis. of the Respiratory System	-	-	-	2	3.3	1.5
Dis. of the Genito-Urinary System	-	-	-	3	4.9	2.3
Total	50	100		61	100	

(* calculated as % of all males [n=657] and females [n=132])

Regular Clinic Attendances

Inmates were asked about regular attendances at the prison clinic for health related issues. Up to three reasons per inmate could be specified for regular attendances.

Regular usually refers to daily medication pick-up or monitoring a health problem. Seventy seven (58%)

females and 268 (41%) males reported regularly attending the prison clinic, the reasons are shown in Table 27.

Approximately 21% of females and 6% of males visited the clinic regularly for methadone treatment. Four males (1%) regularly attended for insulin therapy. Five females (4%) stated they attended for hormone replacement therapy.

Table 27: Reasons for regularly visiting the prison clinic.

Reason for Clinic Attendance	Males			Females		
	Frequency	% Attendances	% Males*	Frequency	% Attendances	% Females*
Unspecified Medication	126	44.7	19.2	42	48.3	31.8
Other Medication	62	22.0	9.4	4	4.6	3.0
Methadone	36	12.8	5.5	28	32.2	21.2
Pain Killers	23	8.2	3.5	1	1.1	0.8
Psychiatric Medication	14	5.0	2.1	2	2.3	1.5
Sleeping Tablets/Tranquillisers	12	4.3	1.8	5	5.7	3.8
Insulin	4	1.4	0.6	-	-	-
Skin Cream	3	1.1	0.5	-	-	-
Monitor Blood Pressure	1	0.4	0.2	-	-	-
Monitor Blood Sugar	1	0.4	0.2	-	-	-
Hormone Replacement Therapy	-	-	-	5	5.7	3.8
Total	282	100		87	100	

(* calculated as % of all males [n=657] and females [n=132])

Casual Clinic Attendances

In addition to regular visits to the clinic, inmates were asked whether they had attended for one-off consultations in the four weeks prior to interview. Inmates could nominate more than one reason for presenting to the clinic.

Overall, seventy eight (59%) females and 287 (44%) males had visited the clinic in the previous four weeks.

Males made a total of 515 visits to the clinic (0.78 visits per male) and females made 165 visits to the clinic (1.25 visits per female). Table 28 shows the range of presenting conditions reported by inmates.

The most common reasons for male visits to the health clinic were headaches (10.2%) and influenza (9.5%). Females regularly attended the clinic for blood tests (10.6%) and headaches (8.3%).

Table 28: Casual clinic presentations in the past four weeks

Illness/Condition	MALES			FEMALES		
	Frequency	% Illnesses	% Males*	Frequency	% Illnesses	% Females*
Headache	67	13.0	10.2	11	6.7	8.3
Influenza	49	9.5	7.5	6	3.6	4.5
Other Musculoskeletal Problems	36	7.0	5.5	9	5.5	6.8
Dental Problems	36	7.0	5.5	8	4.8	6.1
Blood Tests	21	4.1	3.2	14	8.5	10.6
Common Cold/Cough	20	3.9	3.0	2	1.2	1.5
Back Trouble	19	3.7	2.9	4	2.4	3.0
Preventive Measures	17	3.3	2.6	3	1.8	2.3
Check-Up/Examination	16	3.1	2.4	6	3.6	4.5
Other Digestive Problems	12	2.3	1.8	6	3.6	4.5
Ear Problems	12	2.3	1.8	6	3.6	4.5
Dislocation/Sprain	11	2.1	1.7	1	0.6	0.8
Insomnia	10	1.9	1.5	3	1.8	2.3
Other Skin & Tissue Problems	10	1.9	1.5	2	1.2	1.5
Undefined Injuries	10	1.9	1.5	1	0.6	0.8
Skin Rash	8	1.6	1.2	-	-	-
Tension, Nervousness	7	1.4	1.1	5	3.0	3.8
Other Eye Problems	7	1.4	1.1	4	2.4	3.0
Chest Pain	7	1.4	1.1	1	0.6	0.8
Constipation	6	1.2	0.9	-	-	-
Asthma	6	1.2	0.9	3	1.8	2.3
Open Wound	6	1.2	0.9	2	1.2	1.5
Other Respiratory Problems	5	1.0	0.8	4	2.4	3.0
Alcohol & Drug Dependence	5	1.0	0.8	3	1.8	2.3
Tinea	4	0.8	0.6	-	-	-
Heart Problems	4	0.8	0.6	-	-	-
Fractures	4	0.8	0.6	-	-	-
Other Mental Disorders	4	0.8	0.6	6	3.6	4.5
Sinusitis	4	0.8	0.6	3	1.8	2.3
Arthritis/Rheumatoid Arthritis	4	0.8	0.6	3	1.8	2.3
Hypertension	4	0.8	0.6	2	1.2	1.5
Ulcer	3	0.6	0.5	-	-	-
Missing Limbs	3	0.6	0.5	-	-	-
Abdominal Pain	3	0.6	0.5	5	3.0	3.8
Hernia	3	0.6	0.5	3	1.8	2.3
Local Swelling	3	0.6	0.5	2	1.2	1.5
Skin Cancer	3	0.6	0.5	1	0.6	0.8
Other	66	12.8	10.0	36	21.8	27.3
Total	515	100		165	100	

(* calculated as % of all males [n=657] and females [n=132])

Table 29 shows the actions taken by clinic staff in response to clinic attendances. The most common action for both males and females was to administer some form of medication to

the inmate. The proportion of cases where 'no action' was taken was higher in females compared with males (19% cf. 4%).

Table 29: Health action taken by prison clinic staff.

Action Taken	MALES			FEMALES		
	Frequency	% Actions	% Males*	Frequency	% Actions	% Females*
Medication	252	51	38.4	53	32.3	40.2
Referral to Doctor	76	15.4	11.6	21	12.8	15.9
Counselling	28	5.7	4.3	8	4.9	6.1
No Action	26	5.3	4.0	25	15.2	18.9
Treatment	26	5.3	4.0	9	5.5	6.8
Blood test	24	4.9	3.7	19	11.6	14.4
Referral to Specialist	9	1.8	1.4	6	3.7	4.5
Referral for Other Treatment	9	1.8	1.4	4	2.4	3.0
Blood Pressure Taken	8	1.6	1.2	4	2.4	3.0
Referral to Hospital	8	1.6	1.2	3	1.8	2.3
Test Results	7	1.4	1.1	5	3	3.8
ECCG	5	1	0.8	3	1.8	2.3
Review of Condition	5	1	0.8	2	1.2	1.5
Physiotherapy	4	0.8	0.6	-	-	-
Oxygen	3	0.6	0.5	1	0.6	0.8
Observation	1	0.2	0.2	-	-	-
Other action	3	0.6	0.5	1	0.6	0.8
Total	494	100		164	100	

(* calculated as % of all males [n=657] and females [n=132])

GP Consultations

Table 30 shows the length of time since the last consultation with a doctor regarding a health matter. The majority of female responders (93%) had consulted a doctor in the previous six months compared with 71% of males. A higher proportion of males compared with females had not consulted a doctor for three or more years (8.5% cf. 2.7%).

Table 30: Time since last visit to doctor.

Visit to Doctor	MALES		FEMALES	
	Freq.	%	Freq.	%
6 Months	403	71.2	104	92.9
Over 1 Year	87	15.4	5	4.5
Over 2 Years	28	4.9	-	-
3-5 Years	32	5.7	2	1.8
Over 5 Years	16	2.8	1	0.9
Total	566	100	112	100

Ninety one (69%) females and 440 (67%) males stated their last consultation with a medical practitioner had been in prison.

Use of Allied Health Professionals

Table 31 shows the utilisation of other health professionals in the previous four weeks. Overall, proportionately more females had consulted other health professionals compared with males. Social workers, psychologists and drug and alcohol workers were the most commonly consulted allied health professionals in males and females. One quarter of females and 8% of males had seen a psychiatrist in the previous four weeks.

Table 31: Consultations with allied health professionals.

Health Professional	MALES			FEMALES		
	Freq.	% Health Prof.	% Males*	Freq.	% Health Prof.	% Females*
Social Worker	188	20.6	28.6	62	17.4	47.0
D&A Worker	156	17.1	23.7	48	13.5	36.4
Psychologist	138	15.1	21.0	48	13.5	36.4
Dentist	126	13.8	19.2	36	10.1	27.3
Dental Nurse	94	10.3	14.3	26	7.3	19.7
Psychiatrist	54	5.9	8.2	33	9.3	25.0
Public Health Nurse	56	6.1	8.5	32	9.0	24.2
Optometrist	45	4.9	6.8	18	5.1	13.6
Mental Health Nurse	24	2.6	3.7	21	5.9	15.9
Physiotherapist	19	2.1	2.9	17	4.8	12.9
Podiatrist	14	1.5	2.1	15	4.2	11.4
Total	914	100		356	100	

(* calculated as % of all males [n=657] and females [n=132])

Comparative Use of Community and Prison Health Services

Inmates were asked to compare their use of health services in gaol with community consultations. Almost half of the males reported increased consultations in gaol with a nurse

compared with the community (Table 32). Males tended to report seeing psychiatrists, optometrists and specialists less in gaol compared with the community. Females reported seeing optometrists and specialists less in gaol compared with the community.

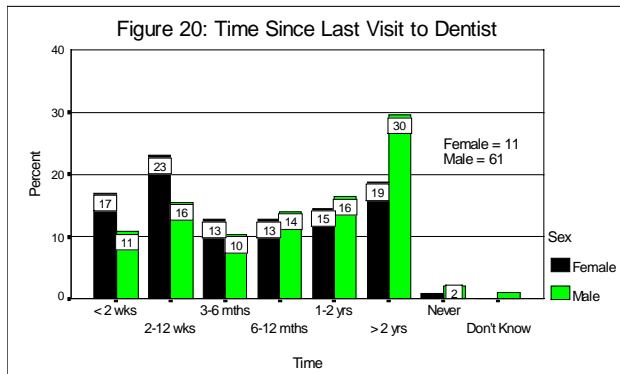
Table 32: Utilisation of health professionals in prison and the community.

Utilisation Professional	MALES						FEMALES					
	More		Same		Less		More		Same		Less	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Nurse	318	48.4	167	25.42	122	18.57	41	31.06	36	27.27	40	30.3
Dentist	200	30.44	214	32.57	196	29.83	41	31.06	30	22.73	46	34.85
D&A Counsellor	195	29.68	206	31.35	162	24.66	39	29.55	31	23.48	42	31.82
Psychologist	187	28.46	202	30.75	174	26.48	36	27.27	39	29.55	36	27.27
Doctor	170	25.88	246	37.44	196	29.83	36	27.27	36	27.27	46	34.85
Psychiatrist	122	18.57	237	36.07	189	28.77	34	25.76	38	28.79	42	31.82
Optometrist	112	17.05	261	39.73	202	30.75	23	17.42	42	31.82	43	32.58
Specialist	85	12.94	273	41.55	220	33.49	26	19.7	39	29.55	43	32.58

DENTAL HEALTH

Dental Health

Figure 20 shows that 40% of females had visited the dentist in the last 12 weeks compared with 27% of males. One percent of females and 2% of males had never been to a dentist.



Thirty seven percent of females and 49% of males had not been to the dentist in the past 12 months (Figure 21). The remainder had been at least once in the past 12 months.

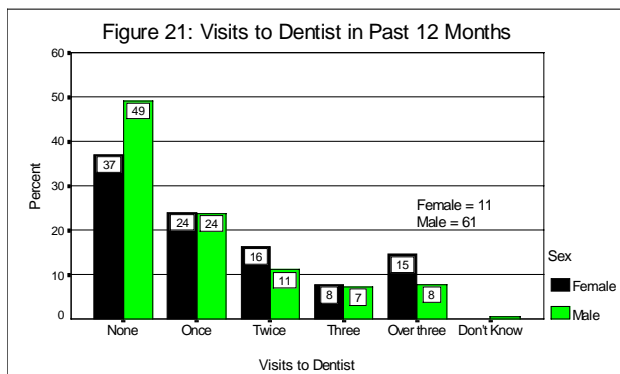
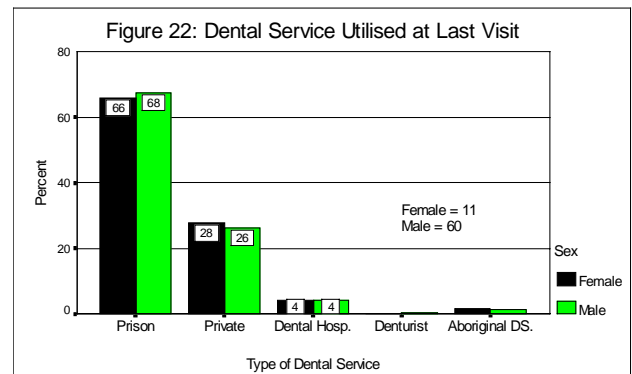


Figure 22 shows that the last dental consultation had occurred while in prison for approximately two-thirds of males and females.



Over 90% of males and females had brushed their teeth at least once during the previous day. Females were more likely than males to have brushed their teeth two or more times during the previous day (Figure 23).

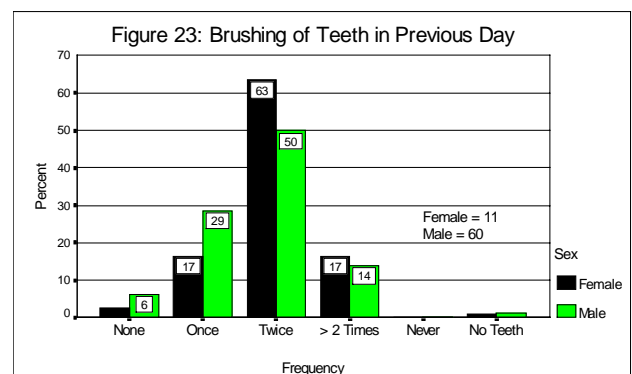


Table 33 shows the different types of treatment received at the last dental visit. Excluding examinations, dental crowns (37% of males and females) and extractions (approximately 30% of males and females) were the most commonly reported dental treatments in males and females.

Table 33: Dental treatment at last consultation.

Treatment	MALES			FEMALES		
	Freq.	% Treatment	% Males*	Freq.	% Treatment	% Females*
Dental Examination	405	31.0	61.6	87	31.8	65.9
Dental Crown	246	18.8	37.4	50	18.2	37.9
Dental Extraction	184	14.1	28.0	40	14.6	30.3
Dental x-ray	165	12.6	25.1	30	10.9	22.7
Dental Clean	151	11.5	23.0	29	10.6	22.0
Dental Construction	67	5.1	10.2	17	6.2	12.9
Fluoride Treatment	49	3.7	7.5	14	5.1	10.6
Gum Treatment	32	2.4	4.9	3	1.1	2.3
Dental Orthodontics	9	0.7	1.4	4	1.5	3.0
Total	1308	100		274	100	

(* calculated as % of all males [n=657] and females [n=132])

Eighty four females (64%) and 408 (62%) males reported needing some form of dental treatment. Dental check-ups and fillings were the most common dental requirement in males and females (Table 34).

Table 34: Dental treatment required.

Treatment	MALES			FEMALES		
	Freq.	% Treatment	% Males*	Freq.	% Treatment	% Females*
Check-up	274	34.2	41.7	58	28.0	43.9
Fillings	187	23.3	28.5	56	27.1	42.4
Extraction	93	11.6	14.2	26	12.6	19.7
Dentures	92	11.5	14.0	25	12.1	18.9
Gum Treatment	73	9.1	11.1	21	10.1	15.9
Clean / Polish	54	6.7	8.2	14	6.8	10.6
Braces	19	2.4	2.9	6	2.9	4.5
Bridging work	10.0	1.2	1.5	1	0.5	0.8
Total	802	100		207	100	

(* calculated as % of all males [n=657] and females [n=132])

HEARING TEST

Click Evoked Otoacoustic Emission Test

Hearing was assessed using click-evoked otoacoustic emissions (CEOAE). This test procedure is quick, painless and objective; it does not rely on the individual to respond to auditory stimuli.

Data were collected on 516 males and 119 females. The data were analysed alongside the National Acoustic Laboratory's normative CEOAE database of 2500 individuals comprising some 13,000 records.

Comparisons were carried out in a variety of ways. Three differing indices are used to characterise the CEOAE record from one ear; high values indicate low ear damage, low values indicate extensive accumulated ear damage.

The line represented by solid squares in the following two charts are the mean values for male and female prisoners compared with the normative Australian population with no known ear pathology (line immediately above [stars]). Other lines shown in the plots represent the means \pm one standard deviation, and the maximum and minimum values in the Australian population.

The male and female inmate population on average has lower values of each

index than exists for the Australian population, taken as a whole or on an age-distributed basis (Figures 24 and 25). Both males and females sit lower than the means for the corresponding population groups.

Figure 24

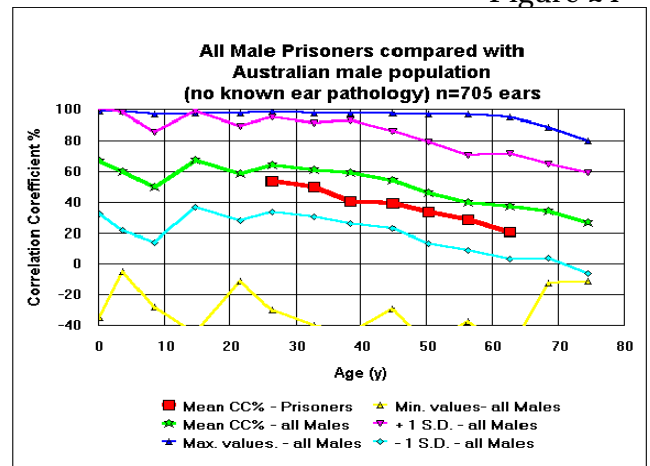
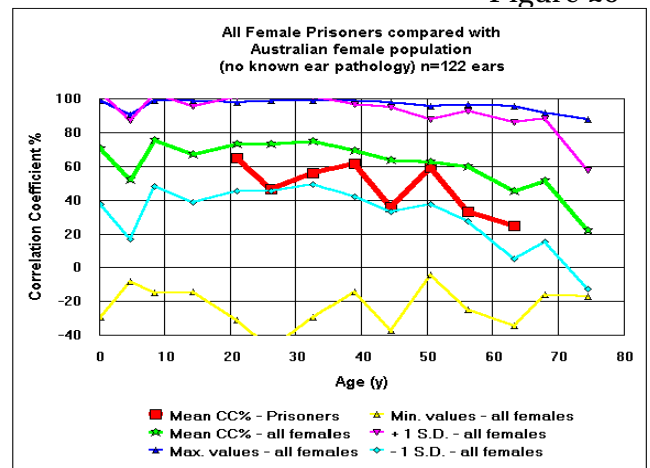


Figure 25



ASTHMA and LUNG FUNCTION

Asthma

Forty seven (36%) females and 108 (16%) males reported they had been diagnosed with asthma at some time in their life. Twenty eight females (21%) and 47 (7%) males stated they had experienced breathing difficulties or had an asthma attack in the previous three months (Table 35).

The majority of males and females reporting asthma attacks had experienced between one and four episodes in the three months prior to interview.

Table 35: Asthma attacks/breathing difficulties in previous three months.

Asthma Attacks	MALES		FEMALES	
	Freq.	%	Freq.	%
1-4	39	83.0	20	71.4
4-8	2	4.3	3	10.7
8-12	0	0.0	0	0.0
over 12	6	12.8	5	17.9
Total	47	100	28	100

Table 36 indicates that 22% of females and 43% of males had not measured their respiratory function with a peak flow meter in the previous 12 months. Sixty percent of females and 22% of males reported measuring their breathing with a peak flow meter once in the previous year.

Table 36: Use of peak flow meter in past year.

Peak Flow	MALES		FEMALES	
	Freq.	%	Freq.	%
Never	45	42.9	9	22.5
Once	23	21.9	24	60.0
Weekly	6	5.7	1	2.5
Monthly	8	7.6	2	5.0
Quarterly	12	11.4	3	7.5
Half Yearly	11	10.5	1	2.5
Total	105	100	40	100

The most commonly reported asthma management plan was to take medication (Table 37). A number of inmates stated they had more than one strategy for coping with asthma.

Table 37: Asthma management plans.

Asthma Plan	MALES		FEMALES	
	Freq.	%	Freq.	%
Medication	69	90.8	32	97.0
Exercise	4	5.3	-	-
Quit Smoking	2	2.6	1	3.0
Relaxation	1	1.3	-	-
Total	76	100	33	100

Salbutamol was the most commonly reported asthma medication in both males and females (Table 38).

Table 38: Asthma medications.

Medication	MALES		FEMALES	
	Freq.	%	Freq.	%
Salbutamol	67	73.6	29	65.9
Beclamethasone	14	15.4	9	20.5
Dipropionate				
Budesonide	3	3.3	3	6.8
Sodium Cromoglycate	2	2.2	-	-
Theophylline	2	2.2	1	2.3
Terbutaline	1	1.1	-	-
Ipratropium Bromide	1	1.1	2	4.5
Other	1	1.1	-	-
Total	91	100	44	100

A small proportion of people with asthma reported problems receiving treatment associated with the condition. The majority of these were concerned with accessing equipment eg. peak flow meters (Table 39).

Table 39: Problems encountered by people with asthma.

Problems	MALES		FEMALES	
	Freq.	%	Freq.	%
Equipment Problems	6	66.7	5	55.6
Poor Clinic Service	2	22.2	4	44.4
Environment too Cold	1	11.1	-	-
Total	9	100	9	100

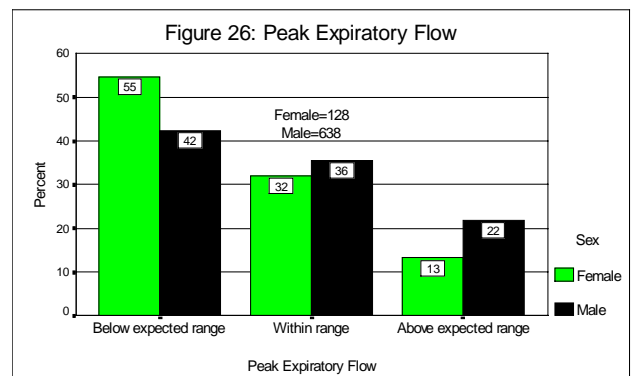
Respiratory Function (PEF)

Peak Expiratory Flow (PEF) was measured using a AIRMED mini-Wright Peak Flow Meter. Results were recorded in L/min. Three readings were recorded, the highest reading was used in the analysis.

The average PEF reading was 365L/min for females and 537L/min for males. The average PEF reading for male smokers was 538L/min compared with 511L/min for non-smokers and 368L/min for female smokers compared with 378L/min for non-smokers.

Expected PEF varies with sex, age and height. The expected PEF was calculated using summary equations for lung volumes and ventilatory flows for adults aged 17-80 years (Quanjer et al, 1993).

The responders were grouped according to whether they fell into the expected ranges based on their sex, age and height. Figure 26 shows that 55% of females and 42% of males had a PEF below the expected range reflecting an inhibited respiratory function. Approximately one third of males and females had a PEF within the expected range.



DIABETES and BLOOD SUGAR

Diabetes/Blood Sugar

Overall, 36% of the sample stated they had received a blood sugar test in the previous 12 months. Some of these reports may have included the test given as part of the survey.

Fifteen (11%) females and 23 (3.5%) males had previously been told by a doctor they had high blood sugar. Eight (6.1%) females and 17 (2.6%) males had been told by a doctor that they had diabetes.

One female and six males were receiving insulin injections and were also on a special diabetic diet. A further two males were taking tablets for diabetes. Two females stated they were on a special diabetic diet.

Two males reported they had encountered problems obtaining the special diabetic diet whilst in gaol.

Blood Sugar Level

Blood sugar levels were recorded using an AMES Glucometer-3, blood glucose meter (Bayer Diagnostics). This instrument does not diagnose diabetes, but rather it indicates the body's blood sugar level. If the level is outside the 'normal' range, then further investigation may be required.

Five (4%) females and 28 (4%) males had blood sugar levels over 7.8mmol/L. The guidelines for this apparatus indicate that readings over this level are in the high blood sugar range and requires further investigation.

The National Diabetes Survey (SANDS) recommends that 6.1mmol/L is the level used to identify individuals for further testing. Using this threshold rather than the 7.8mmol/L level, 29 (22%) females and 123 (19%) males had blood sugar levels requiring further investigation

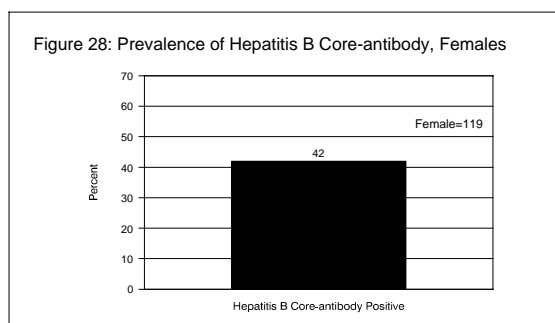
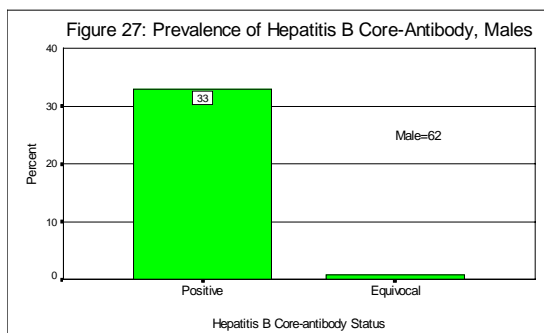
INFECTIOUS DISEASES

The survey screened for a number of infections including sexually transmitted diseases, hepatitis B, C and G, and tuberculosis.

Hepatitis B

All inmates were tested for hepatitis B core-antibody which indicates past exposure to HBV. Positive subjects were further tested for hepatitis B surface-antigen to indicate current infectiousness.

Figures 27 and 28 show the prevalence of hepatitis B core-antibody was higher in the female group compared with males.



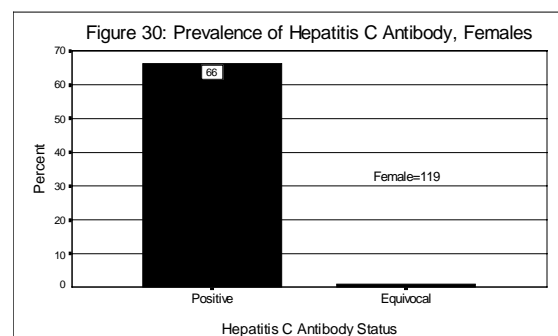
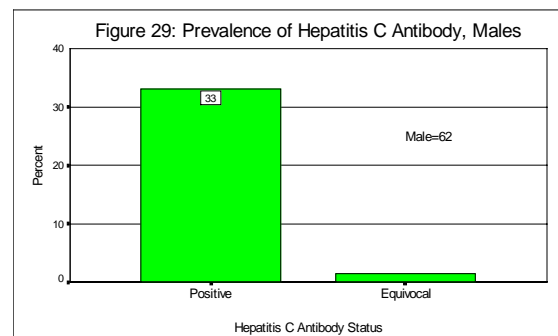
Of the 208 (32%) males testing positive for hepatitis B core-antibody, 22 (11%) were also hepatitis B surface-antigen positive. One male tested positive for hepatitis B e-antigen indicating a high degree of infectiousness.

Of the 55 hepatitis B core-antibody positive females, 1 (2%) tested positive for hepatitis B surface-antigen.

Hepatitis C

Past exposure to the hepatitis C virus was determined by the presence of hepatitis C antibodies. Inmates testing positive for hepatitis C antibodies were screened for the presence of hepatitis C RNA using a Polymerase Chain Reaction (PCR) test.

Approximately one third of all males screened tested positive for hepatitis C antibody compared with 66% of females (Figures 29 and 30).

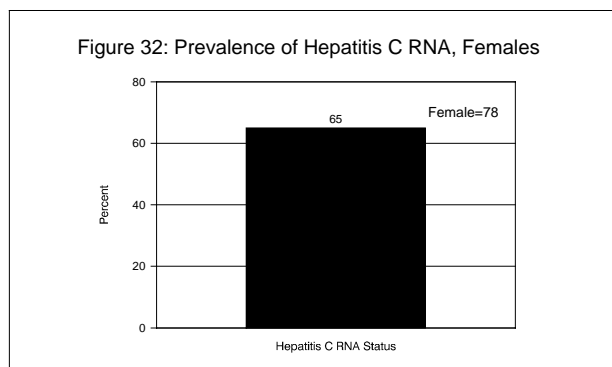
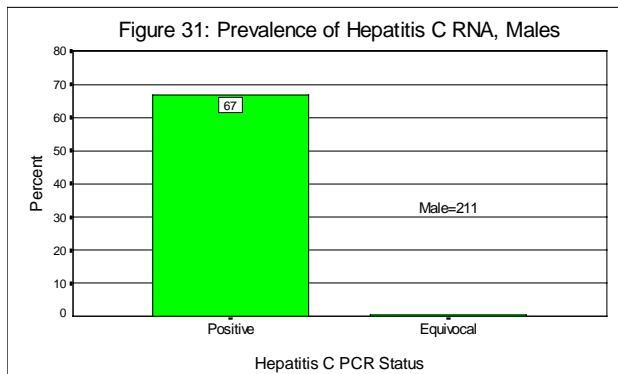


Of the 79 females testing positive for hepatitis C antibodies, 68 (86%) had a history of injecting drugs compared with 209 (81%) males.

Inmates self-reported much lower levels of both hepatitis B and C than was detected through serological screening indicating either a poor response to the self-report question or high levels of previously undiagnosed hepatitis B and C.

Hepatitis C RNA Detection

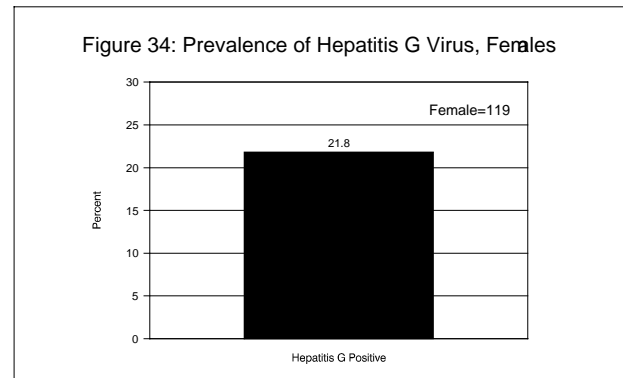
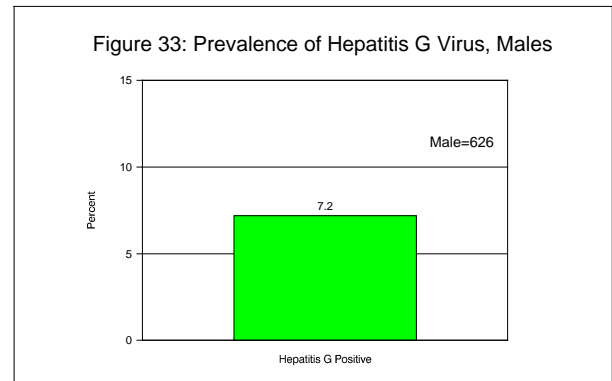
Inmates testing positive for HCV antibodies were also screened for the presence of HCV RNA using PCR test. Over 60% of the males and females screened using PCR were positive, indicating a high proportion of inmates with hepatitis C antibodies are also viraemic (Figures 31 and 32).



Hepatitis G RNA Detection

Screening kits were made available for the recently identified hepatitis G virus (HGV); the long-term sequela of this particular infection are unknown.

Figures 33 and 34 show relatively low levels of HGV were found in both males and females compared with the other hepatidities. HGV was detected in 26 (22%) females and 45 (7%) males.

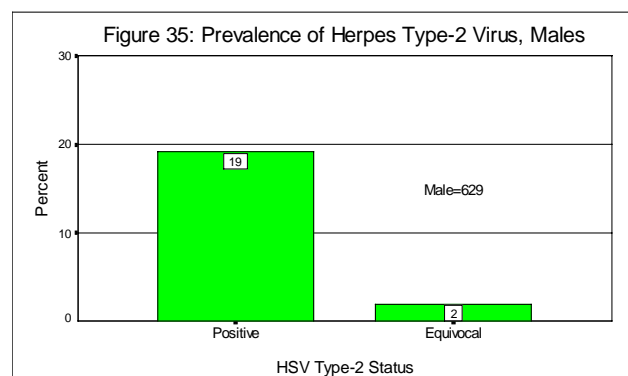


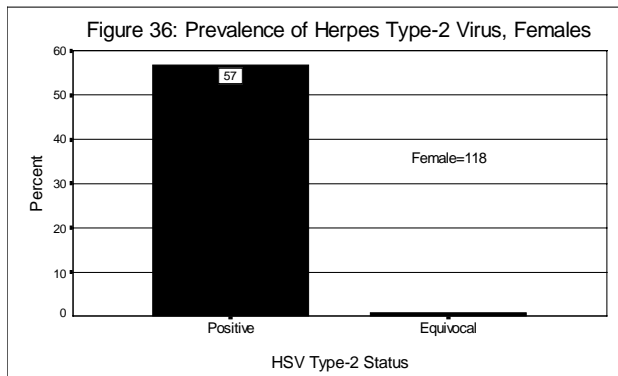
HIV

Two males (0.3%) and two females (1.5%) tested positive for HIV infection. All four cases of HIV infection had had a previous positive HIV test.

Herpes Simplex Type-2 Virus (HSV-2)

Sixty seven (51%) females tested positive for HSV-2 compared with 121 (18%) males (Figures 35 and 36).





Syphilis

All sera were tested for syphilis using both rapid plasma reagin (RPR) and *Treponema pallidum* particle agglutination (TPPA) tests. Sera that were positive on either test were confirmed using fluorescent treponemal antibody (absorption) (FTA[Abs]) test .

Six females (5%) and 24 (1%) males who responded to the questionnaire reported a past history of treatment for syphilis. Of those reporting a past history of syphilis, only 2 (33%) females and 6 (25%) males had a positive TPPA test; all confirmed by a positive FTA[Abs] test. As the TPPA and FTA[Abs] tests remain positive indefinitely after treatment, those who tested negative may have completed the questionnaire incorrectly or they may have been previously misdiagnosed. All inmates with serologically confirmed past syphilis had non-reactive or weakly reactive RPR tests, suggesting adequate treatment with no re-infections.

A further 2 females and 8 males were positive on the RPR test but negative on both TPPA and FTA[Abs] testing: a serological profile indicating a biological false positive result. One male was positive on the TPPA test but negative

on all other tests. Six (55%) of these inmates with apparently biological false positive results reported a history of injecting drug use.

One (1%) female and 12 (2%) males had confirmed positive (TPPA plus FTA[Abs]) tests for syphilis with no history of prior diagnosis. All of these men had non-reactive or weakly-reactive RPR results suggesting late latent infections or previous (possible inadvertent) treatment for syphilis.

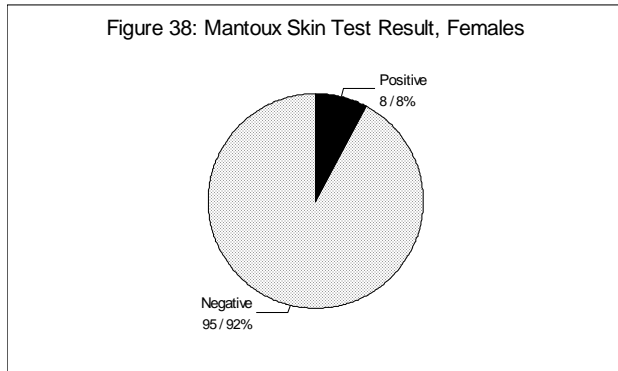
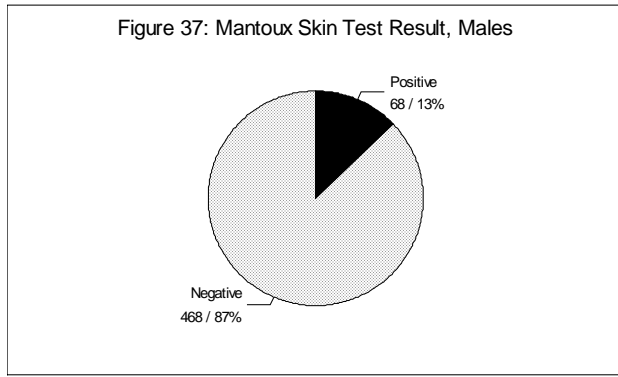
In summary, previously undiagnosed latent syphilis was found in 1% of the women and 2% of men. There was little evidence of infectious syphilis. False positive syphilis test results were common and a self-reported history of previous infection was often unreliable.

Tuberculosis (TB)

A Mantoux skin test was used to determine infection with *Mycobacterium tuberculosis*. Inmates were injected intradermally with a 1ml solution of CSL Human Tuberculin PPD. Seventy-two hours later, the reaction was read by trained staff using the ball point method.

Inmates with a reaction greater than 10mm were classified as 'positive' and referred to a chest clinic for a chest x-ray. Reactions of 15mm and above in those inmates reporting having had a BCG vaccination were classified as 'positive'.

Proportionately more males were Mantoux positive compared with females (Figures 37 and 38).



Of the 76 Mantoux positive inmates, 47 (62%) were born in Australia and Oceania, 15 (20%) were European, 6 (8%) were of Asian origin, 4 (5%) were from

the Americas and 4 (5%) were of unknown origin.

Rubella

Female inmates were screened for rubella to determine susceptibility to the virus. Eight women (6%) had a rubella HAI level less than 10 of whom three had a negative Rubella Latex test. These data indicate that the level of immunity amongst female inmates is approximately 98%.

Chlamydia

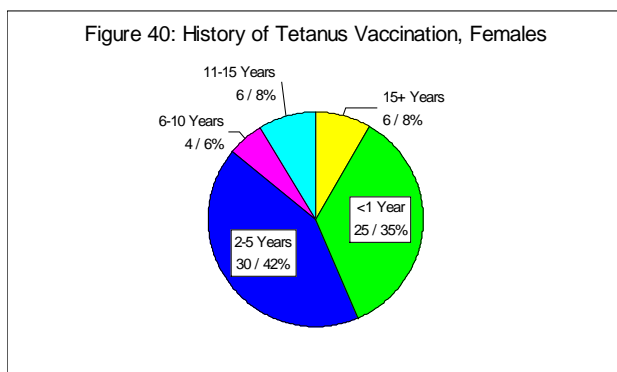
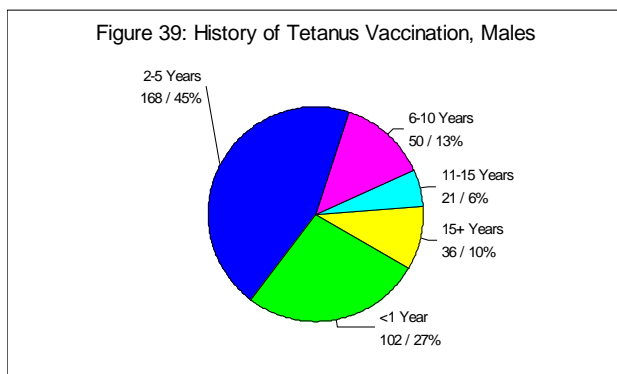
Chlamydia was not detected in any of the thirty-five women who undertook a cervical smear as part of the survey or for whom results were available from testing conducted in the previous 12 month period.

VACCINATION HISTORY

Tetanus Immunisation

Approximately 80% of males and females reported having received a tetanus injection at some time during their life. Over three quarters of male and female responders had been vaccinated in the previous five years.

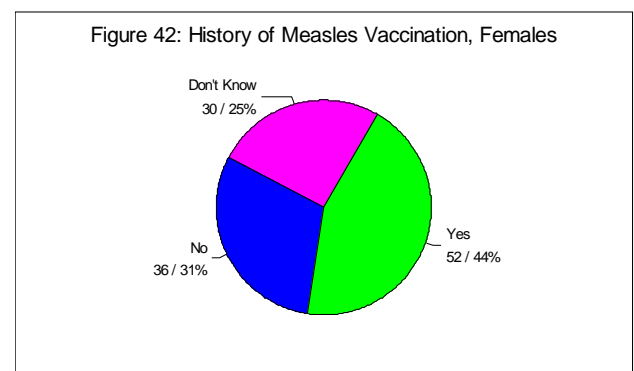
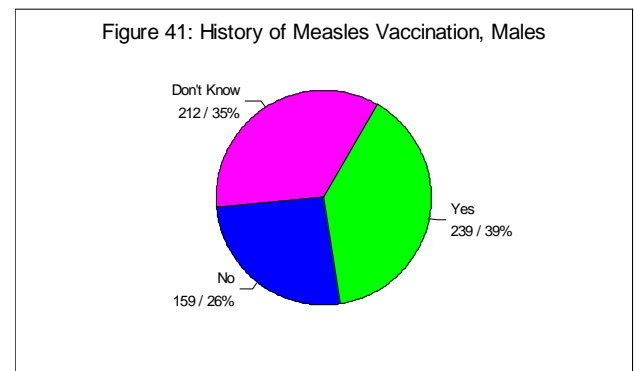
Fifty seven males and 12 females reported being vaccinated against tetanus more than 10 years ago (Figures 39 and 40).



Twelve (9%) females and 39 (6%) males stated they had never received a tetanus vaccination.

Measles Immunisation

Approximately 40% of males and females reported they had been immunised against measles. A slightly higher proportion of females than males reported not being immunised against measles (Figures 41 and 42). Over one quarter of responders were unsure if they had ever been vaccinated.



Hepatitis B Immunisation

Sixty six (50%) females and 226 (34%) males stated they had received an injection against HBV at some time in the past. When asked whether they had completed the vaccination schedule, proportionately more male (70%) responders stated they had received the full course compared with females (58%) (Table 40). More females (29%) were currently undergoing the HBV course than males (12%).

Table 40: Completion of HBV vaccination schedule.

Completed Vaccination	MALES		FEMALES	
	Freq.	%	Freq.	%
Yes	156	70.3	38	57.6
No	32	14.4	5	7.6
Currently Receiving	27	12.2	19	28.8
Don't Know	7	3.2	4	6.1
Total	222	100	66	100

Rubella Immunisation

Women were asked whether they had been vaccinated against rubella (German measles).

Seventy five women (57%) said they had been immunised against rubella, 22 (17%) said that they had not, and 19 (14%) were unsure.

FITNESS and SUN PROTECTION

Exercise

Inmates were asked whether they had exercised in the previous four weeks, which types of exercise they had undertaken, and for how long.

Seventy four (56%) females and 527 (80%) males stated they had exercised in the four weeks prior to interview. Table 41 shows the different forms of exercise reported by inmates.

Vigorous walking was the most common form of exercise undertaken by inmates; 52% of males and 43% of females reported having walked at least once in the previous 4 weeks. A common form of exercise in prison is to walk vigorously around the yard or perimeter fence of the gaol. Aerobics and circuit training exercises were the second most common form of activity. Exercises such as tennis and exercise biking were less common and depend on availability at the various gaols.

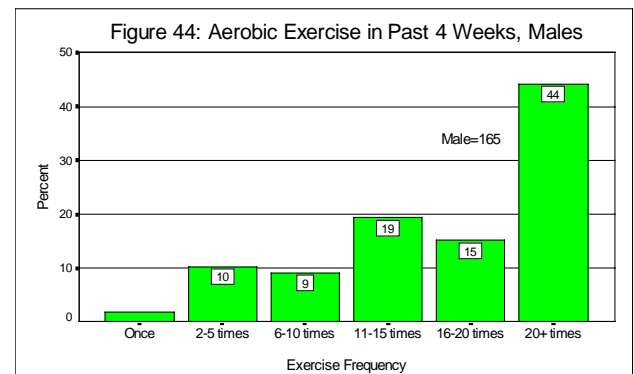
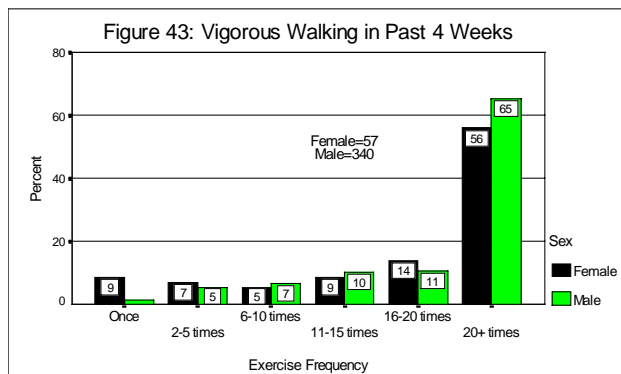
Table 41: Forms of exercise reported by inmates.

Exercise Type	MALES			FEMALES		
	Frequency	% Exercises	% Males*	Frequency	% Exercises	% Females*
Vigorous Walking	340	25	52	57	37	43
Aerobics/Circuit Training	314	23	48	35	23	27
Weights	230	17	35	18	12	14
Soccer/Football/Cricket	181	13	28	6	4	5
Tennis	116	8	18	2	1	2
Jogging	111	8	17	4	3	3
Basketball/Netball	35	3	5	11	7	8
Exercise Bike	29	2	4	15	10	11
Other Exercise	22	2	3	6	4	5
Total	1378	100		154	100	

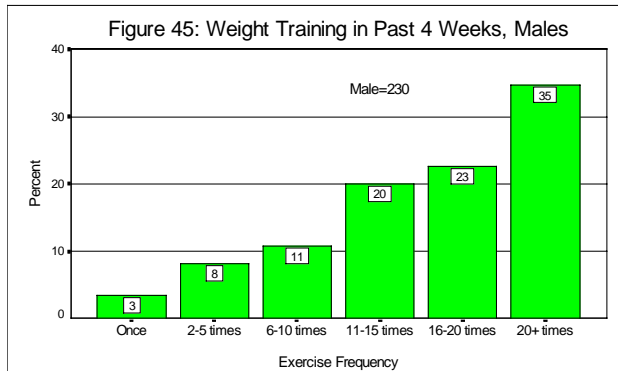
(* calculated as % of all males [n=657] and females [n=132])

In the 4 weeks prior to the survey 57 (43%) females and 340 (52%) males had participated in vigorous walking. Over 50% of male and female responders had walked for more than 20 times (Figure 43).

Figure 44 shows the frequency of participation in aerobic exercise for males in the last 4 weeks. Almost 50% had done aerobic exercise 20 or more times. By comparison, 22 (17%) females reported aerobics or circuit training, 50% of whom had participated 10 or fewer times.



Over one third of males had weight trained in the previous 4 weeks compared with 18 (14%) females. Thirty five percent of males had trained more than 20 times in the previous 4 weeks (Figure 45).



One hundred and eleven males had jogged in the past 4 weeks, almost one third of whom had done so over 20 times (Figure 46). Only four females reported jogging as a form of exercise.

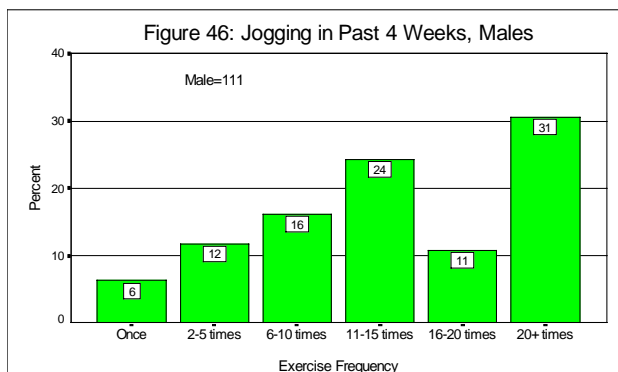
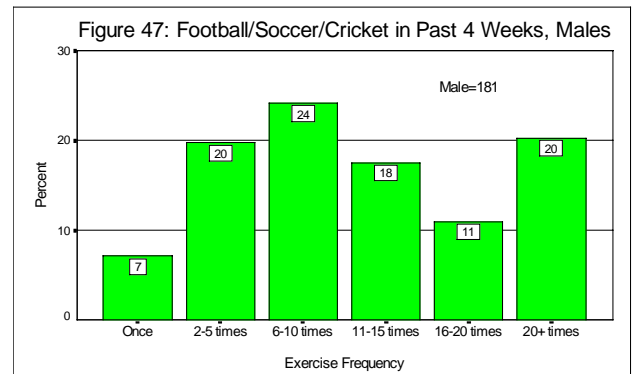
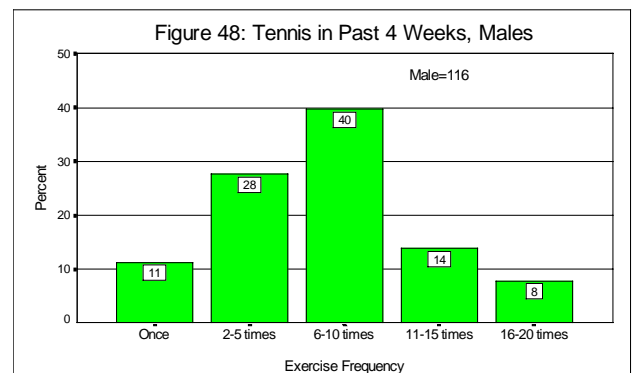


Figure 47 shows that 181 males had played either football, soccer or cricket in the previous 4 weeks, 73% of whom had played at least 6 times. Six females reported having played at least one of these games.



One hundred and sixteen males (18%) had played tennis in the past 4 weeks; over 60% of whom had played more than 6 times (Figure 48). Two women reported playing tennis between 2 and 5 times.



Fifteen (11%) females and 29 (4%) males had used an exercise bike in the last 4 weeks. This form of exercise was uncommon amongst inmates.

Only 12 (9%) females and 35 (5%) males reported playing either basketball or netball. Other forms of exercise reported included boxing, tai chi, volleyball and yoga.

The duration of exercise varied between inmates and exercise type. Table 42 shows the mean time and range by exercise type by sex. Across all sports, females exercised less than males.

Table 42: Time spent exercising in past 4 weeks.

Exercise Type	MALES		FEMALES	
	Mean Time (mins)	Range (mins)	Mean Time (mins)	Range (mins)
Tennis	76	10-300	60	60
Soccer/Football/Cricket	75	10-210	53	20-90
Weights	63	8-480	44	10-120
Vigorous Walking	61	5-360	60	10-420
Aerobics	56	5-280	50	5-180
Other Exercise	55	10-360	49	10-120
Basketball/Netball	51	15-120	51	20-120
Jogging	45	7-180	25	4-60
Exercise Bike	41	2-240	30	5-120

Eighty six males (13%) and 44 (33%) females reported that they had not exercised in the past four weeks (Table 43). Health problems and laziness were the most common reason for not exercising. Over 10% of reasons for not exercising were work related.

Table 43: Reasons for not exercising in past four weeks.

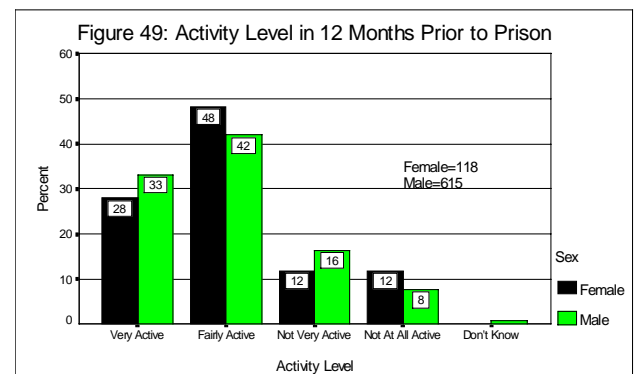
Reason	MALES		FEMALES	
	Freq.	%	Freq.	%
Health Reasons	32	37.2	11	25.0
Too Lazy	29	33.7	18	40.9
Busy - Work	11	12.8	5	11.4
Protection*	6	7.0	5	11.4
Too Tired	4	4.7	4	9.1
Busy - Legal Matters	2	2.3	-	-
Too Old	1	1.2	-	-
Stopped/Standover*	1	1.2	-	-
*				
Don't Need To	-	-	1	2.3
Total	86	100	44	100

* When an 'at risk' inmate either requests or is recommended to be taken out of mainstream prison population for his/her own safety.

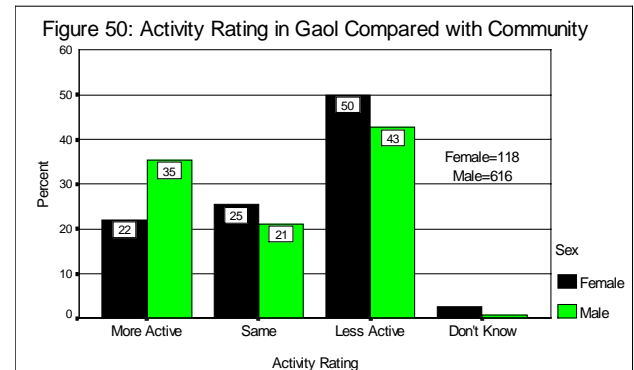
** When one inmate intimidates or physically threatens another inmate in order to obtain a desired property or favour.

Inmates were asked to rate their activity level in the 12 months before imprisonment on a scale ranging from 'very active' to 'not at all active'. Figure 49 shows that 75% of male responders and 76% of females rated themselves as either 'very active' or 'fairly active'.

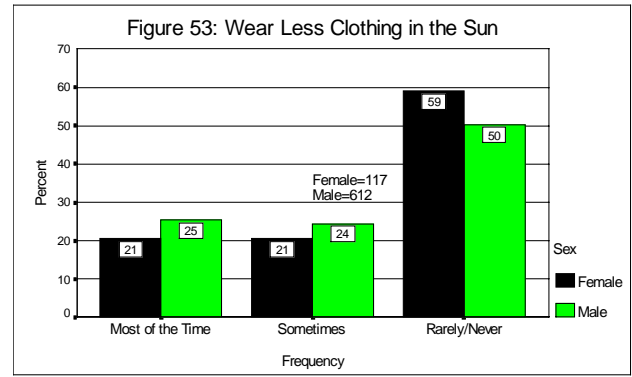
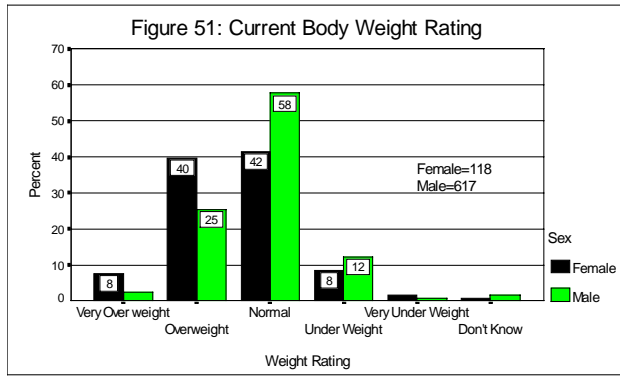
Approximately one quarter of male and female responders reported they were 'not very active' or 'not at all' active'.



Inmates were also asked to compare their current activity level with the level before imprisonment (Figure 50). Half the females and 43% of males reported they were less active than before gaol. Proportionately more male responders rated themselves as 'more active' than before coming into prison compared with females (35% cf. 22%).



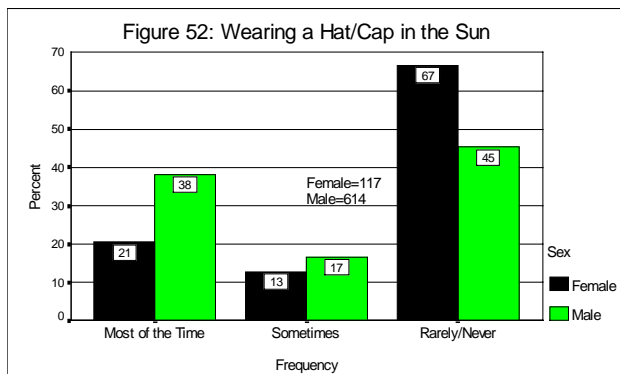
More male responders (58%) felt their weight was 'normal' compared with females (42%) who were more likely to assess themselves as 'overweight' (Figure 51). Proportionately more males (12%) felt they were 'underweight' than females (8%). A small proportion of females (2%) and males (1%) thought they were 'very under weight'.



Sun Protection

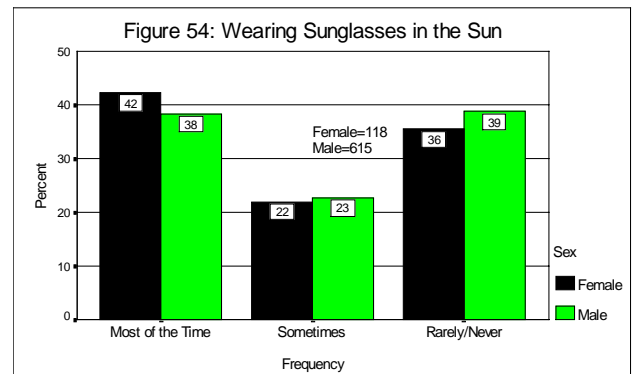
Inmates were asked whether they took measures to protect themselves from the harmful effects of the sun. Figures 52 to 55 show some of the protective measures taken by inmates in the previous 12 months.

Figure 52 shows that male responders were more likely to wear hats 'most of the time' when in the sun compared with females. Sixty seven percent of females and 45% of males 'rarely/never' wore hats whilst in the sun.

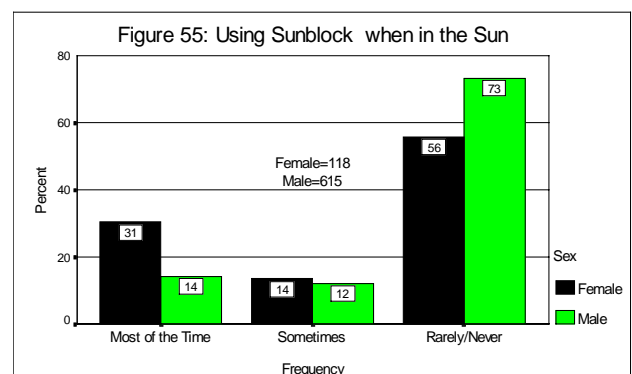


Approximately half of the female and male responders 'rarely/never' wore less clothing when in the sun (Figure 53). Over 20% of females and 25% of males deliberately wore less clothing 'most of the time' when in the sun.

Figure 54 shows that over one third of females and males 'rarely/never' wore sunglasses in the sun. Forty two percent of females and 38% of males wore sunglasses 'most of the time'.



Fifty six percent of females and 73% of males 'rarely/never' used sunscreen (Figure 55). Females were more likely to use sunscreen 'sometimes' or 'all of the time' compared with males.



Twenty seven (20%) females and 207 (31%) males said they did not have access to sunscreens. Table 44 shows reasons given for not using sunblock for those who specified a reason. A number of inmates stated they had access to sunscreen but the cost was prohibitive.

The most common reason for not using sunblock in males (27%) was lack of knowledge regarding availability; 35% of females who stated that sunblock was not available reported encountering problems trying to access it.

Table 44: Reason for not using sunblock.

Problems Accessing Sunblock	MALES		FEMALES	
	Freq.	%	Freq.	%
Unaware of Availability	50	26.7	6	26.1
Not Requested	39	20.9	6	26.1
Can't Afford It	31	16.6	1	4.3
Never Use It	25	13.4	-	-
Refused It	16	8.6	-	-
Don't Need It	14	7.5	1	4.3
Can't be Bothered	10	5.3	1	4.3
Problems Accessing It	2	1.1	8	34.8
Total	187	100	23	100

Figure 56 shows the length of time spent in the sun per day. The chart shows that 71% of male responders spent over two hours per day in the sun compared with 56% of females.

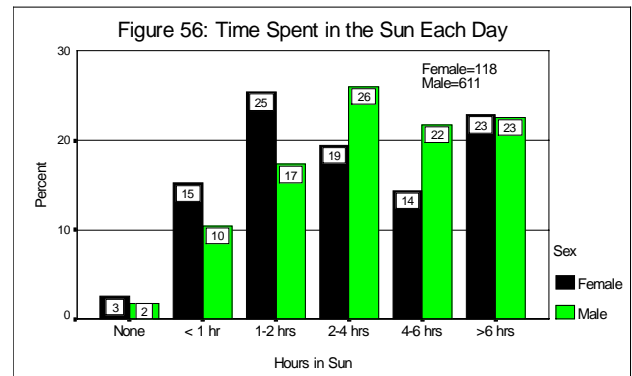
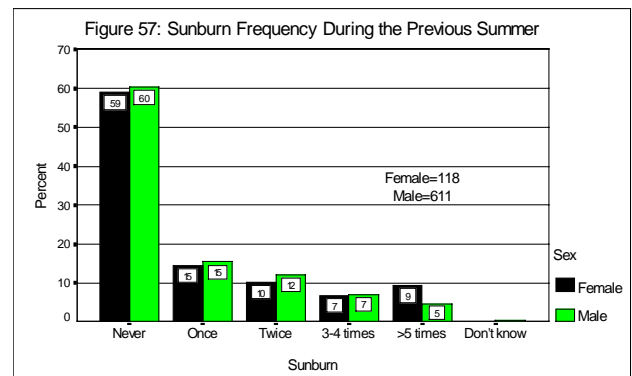
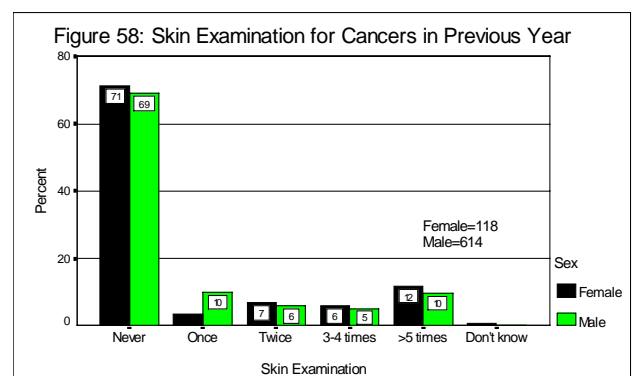


Figure 57 shows that approximately 60% of male and female responders were not burnt by the sun during the previous summer.



The majority of inmates had not examined their skin for changes or abnormalities in the previous twelve months (Figure 58).



DIET and NUTRITION

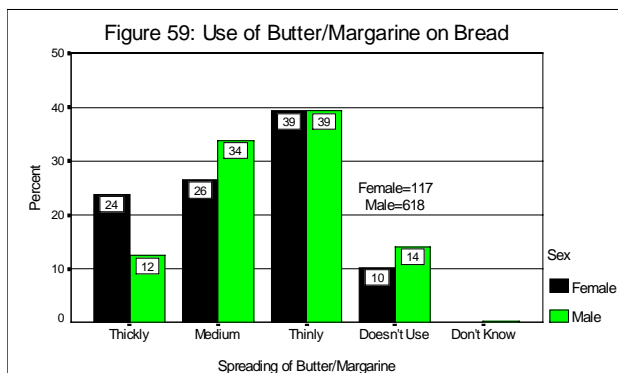
Diet and Nutrition

Information was collected on the consumption of various food items and attitudes towards the prison diet.

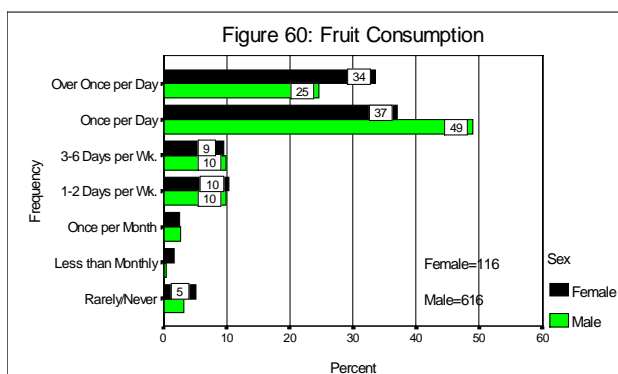
Approximately half of males and females stated that they usually added salt to their food.

Approximately 80% of male and female responders added a sweetener to their tea and coffee.

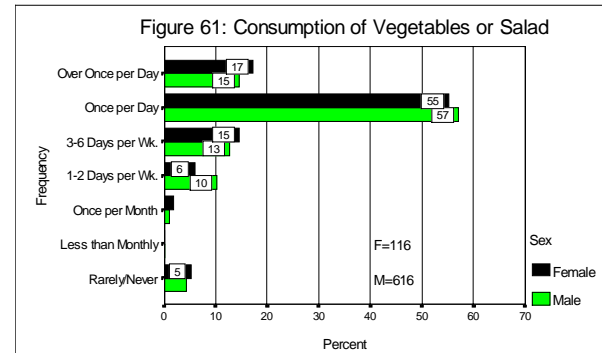
Females were twice as likely as males to spread butter or margarine thickly on bread (Figure 59). Thirty nine percent of both males and females spread butter or margarine thinly on bread.



Approximately 70% of male and female responders consumed at least one piece of fruit each day (Figure 60).



Salad was consumed at least once per day by approximately 70% of males and females (Figure 61).



Proportionately more of the male responders consumed fries every 1-2 days compared with females (Figure 62).

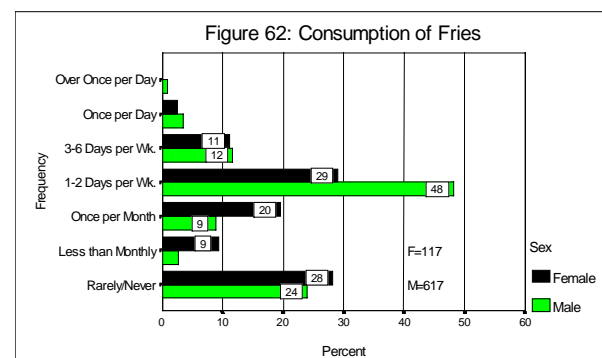
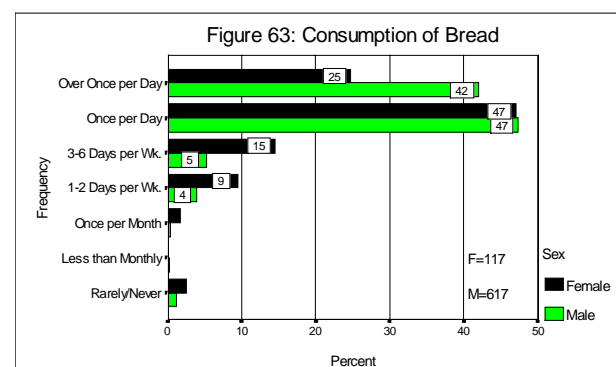
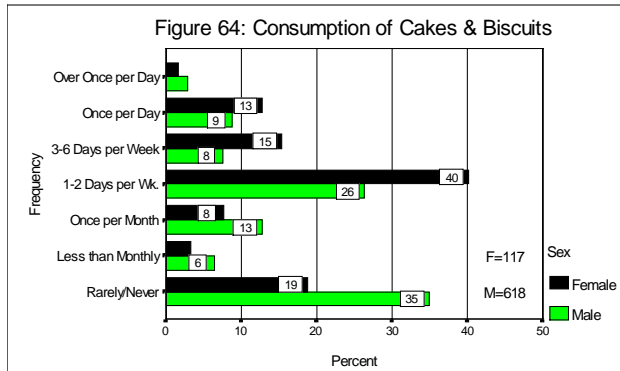


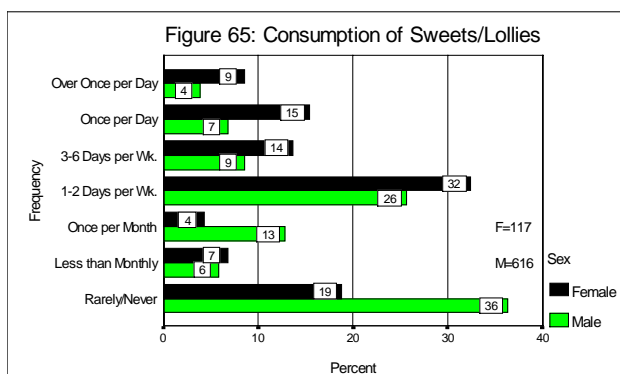
Figure 63 shows that 72% of females and 89% of males ate bread at least once a day.



Females reported a greater propensity than males to consume cakes or biscuits (Figure 64). Males were more likely than females to report consuming cakes and biscuits rarely or never.



Females were more likely than males to report consuming sweets and lollies one to two days per week or more often (Figure 65). Males were more likely than females to consume sweets rarely or never.



Comments on Prison Food

Inmates were asked their opinions on the food provided to them in gaol. Forty eight females (36%) and 395 (60%) males said they were unhappy with the prison food. Up to three comments per inmate were recorded on food and food related issues.

The majority of comments were critical of the food provided; however 9% of males and 6% of females were satisfied with the food (Table 45).

The main criticism for males was that the food was not prepared properly whilst females were more concerned about the quality of the food and the lack of variety. Approximately 17% of females stated they could prepare their own food; this may explain them having fewer criticisms than males.

Comments varied between gaols, some inmates were happy with the food at their current gaol but were critical of the food at other correctional facilities.

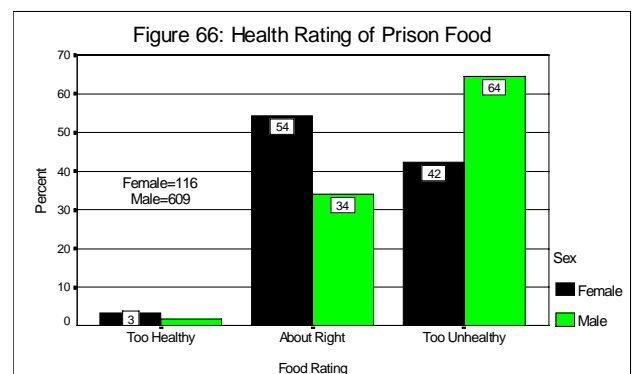
Table 45: Comments on prison food and diet

Comment	MALES			FEMALES		
	Frequency	% Comments	% Males*	Frequency	% Comments	% Females*
Not Cooked Properly	184	19.9	28.0	12	8.8	9.1
No Variety	103	11.1	15.7	14	10.3	10.6
Poor Quality	92	9.9	14.0	16	11.8	12.1
Too Fatty/Oily	89	9.6	13.5	3	2.2	2.3
Lacks Nutrition/Unhealthy	73	7.9	11.1	8	5.9	6.1
Portions Too Small	67	7.2	10.2	9	6.6	6.8
Food Satisfactory	57	6.2	8.7	8	5.9	6.1
Tasteless	57	6.2	8.7	1	0.7	0.8
Cold	36	3.9	5.5	4	2.9	3.0
Not Enough Milk	26	2.8	4.0	-	-	-
Can Prepare Own Food	17	1.8	2.6	22	16.2	16.7
Need More Fruit / Vegetables	17	1.8	2.6	16	11.8	12.1
Good Current Gaol/Poor Elsewhere	16	1.7	2.4	-	-	-
Not Consistent	16	1.7	2.4	2	1.5	1.5
Better Than Nothing	14	1.5	2.1	2	1.5	1.5
Unhygienic	14	1.5	2.1	2	1.5	1.5
Culturally Appropriate Food	12	1.3	1.8	-	-	-
Unsatisfactory At Current Gaol	6	0.6	0.9	-	-	-
Allows Weight Gain	4	0.4	0.6	-	-	-
Feels Sick After Eating	4	0.4	0.6	-	-	-
High In Cholesterol	3	0.3	0.5	-	-	-
Meat Boiled	3	0.3	0.5	-	-	-
Can't Eat When Hungry	3	0.3	0.5	4	2.9	3.0
Bad At Weekend	3	0.3	0.5	1	0.7	0.8
More Meat Required	2	0.2	0.3	-	-	-
Eats Better Inside Than Out	2	0.2	0.3	1	0.7	0.8
Too Spicy	1	0.1	0.2	-	-	-
Portions Too Big	1	0.1	0.2	-	-	-
Good Quality	1	0.1	0.2	3	2.2	2.3
Good Portions	1	0.1	0.2	1	0.7	0.8
Food Improved Over Last 20 Years	1	0.1	0.2	1	0.7	0.8
No Cheese	-	-	-	2	1.5	1.5
Too Much Meat	-	-	-	2	1.5	1.5
Nourishing	-	-	-	1	0.7	0.8
Buys Extra Food To Supplement Diet	-	-	-	1	0.7	0.8
Total	925	100		136	100	

(* calculated as % of all males [n=657] and females [n=132])

Inmates were asked to comment on the health value of the food received in gaol. Healthy food was defined to be low in fat, salt and sugar, and high in fibre.

Males were more likely to rate prison food as 'too unhealthy' compared with females (Figure 66). Females were more likely to say that prison food was 'about right' in terms of its health value.



Food Purchases

Inmates are able to buy their own food from the 'buy up' list should they wish to do so and can afford it. Ninety eight (74%) females and 479 (73%) males stated they purchased food items from

the prison buy up list. Up to three food items were recorded for each inmate.

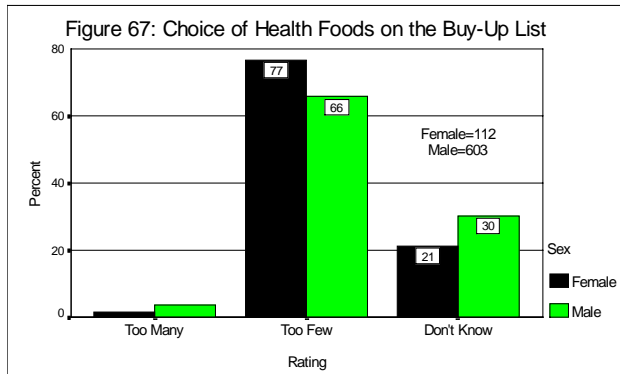
The most commonly purchased food items for males were eggs, noodles and meat; lollies/sweets and biscuits/cakes were preferred by females (Table 46).

Table 46: Foods purchased by inmates from the buy-up list.

Purchases	MALES			FEMALES		
	Frequency	% Purchases	% Males*	Frequency	% Purchases	% Females*
Eggs	148	11.5	22.5	5	1.9	3.8
Noodles	144	11.2	21.9	21	7.8	15.9
Meat	134	10.4	20.4	2	0.7	1.5
Lollies	123	9.6	18.7	52	19.3	39.4
Pasta/Rice	121	9.4	18.4	15	5.6	11.4
Drinks	99	7.7	15.1	35	13	26.5
Biscuits/Cakes	88	6.8	13.4	24	8.9	18.2
Vegetables	79	6.1	12.0	5	1.9	3.8
Seafood	66	5.1	10.0	9	3.3	6.8
Milk	46	3.6	7.0	19	7.1	14.4
Cheese	35	2.7	5.3	11	4.1	8.3
Cereal	30	2.3	4.6	6	2.2	4.5
Chips	29	2.3	4.4	13	4.8	9.8
Bread	20	1.6	3.0	5	1.9	3.8
Milo	20	1.6	3.0	4	1.5	3.0
Condiments	18	1.4	2.7	4	1.5	3.0
Spreads	17	1.3	2.6	1	0.4	0.8
Coffee/Tea	11	0.9	1.7	6	2.2	4.5
Cans of Soup	10	0.8	1.5	-	-	-
Crackers	9	0.7	1.4	13	4.8	9.8
Honey	9	0.7	1.4	2	0.7	1.5
Butter/Margarine	6	0.5	0.9	2	0.7	1.5
Pancakes	5	0.4	0.8	1	0.4	0.8
Nuts	4	0.3	0.6	2	0.7	1.5
Pizza	3	0.2	0.5	1	0.4	0.8
Hommus	2	0.2	0.3	-	-	-
Dips	2	0.2	0.3	-	-	-
Fruit	2	0.2	0.3	2	0.7	1.5
Flour/Wheat Germ	2	0.2	0.3	1	0.4	0.8
Soya Milk	1	0.1	0.2	-	-	-
Vitamins	1	0.1	0.2	-	-	-
Sugarine	1	0.1	0.2	-	-	-
Asian Foods	-	-	-	8	3	6.1
Total	1285	100		269	100	

(* calculated as % of all males [n=657] and females [n=132])

Inmates were asked whether they felt there were enough health foods available on the buy up list. Healthy foods were defined as high in fibre and low in fat, salt and sugar. Figure 67 indicates the majority of males and females thought there were 'too few' healthy items available for purchase.



Special Diets

Twenty four (18%) females and 54 (8%) males stated they were on special diets. Table 47 shows the different types of special diets provided to inmates.

Table 47: Special diets.

Diet Type	MALES		FEMALES	
	Freq.	%	Freq.	%
Fat Free/Low Cholesterol	15	27.8	5	20.8
Pork Free	7	13	-	-
Vegetarian	23	42.6	12	50
Diabetic	6	11.1	3	12.5
High Protein	2	4	-	-
Gluten Free	1	2	-	-
Pregnancy	-	-	1	4.2
Soft Foods	-	-	2	8.3
High Fibre	-	-	1	4.2
Total	54	100	24	100

Twenty three males (43% of those on a special diet) and 9 (37%) females stated they had encountered problems receiving the special diet (Table 48). Respondents could specify multiple problems.

Inmates were asked whether they felt there were enough health foods available on the buy up list. Healthy foods were defined as high in fibre and low in fat, salt and sugar. Figure 67 indicates the majority of males and females thought there were 'too few' healthy items available for purchase.

The most commonly reported problems for males was the kitchen forgetting to prepare the food. Difficulty in the approval process was a common problem reported by females.

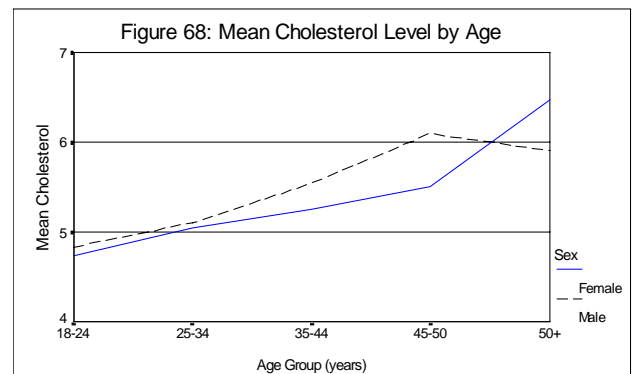
Table 48: Problems receiving special diets.

Problem	MALES		FEMALES	
	Freq.	%	Freq.	%
Kitchen forgets	10	38.5	1	11.1
Problems Approving Application	7	26.9	4	44.4
No Reason Specified	3	11.5	2	22.2
Portions too Small	2	7.7	2	22.2
Problems When Moving Gaols	1	3.8	-	-
Only Available in Lifestyles Unit*	1	3.8	-	-
Food Stolen by Inmates	1	3.8	-	-
Not Supplied at Gaol	1	3.8	-	-
Total	26	100	9	100

* A special unit for people with HIV/AIDS at Long Bay Gaol.

Cholesterol Level

Cholesterol levels increased with age in both males and females (Figure 68). Between 18 and 50, males had higher levels compared with females; however, in the over 50 group the female cholesterol level is higher.

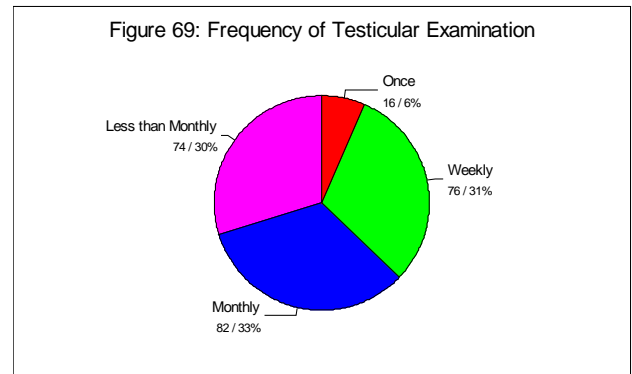


MEN'S HEALTH

Testicular Examination

Males were asked whether they had ever conducted a testicular examination for abnormal lumps. Over 50% of males reported they had never examined their testicles. Of the 272 (41%) men who reported examining themselves, 248 specified the frequency of examination (Figure 69).

Almost two thirds of those who had examined themselves did so either weekly or monthly. A small proportion (6%) had examined themselves only once.



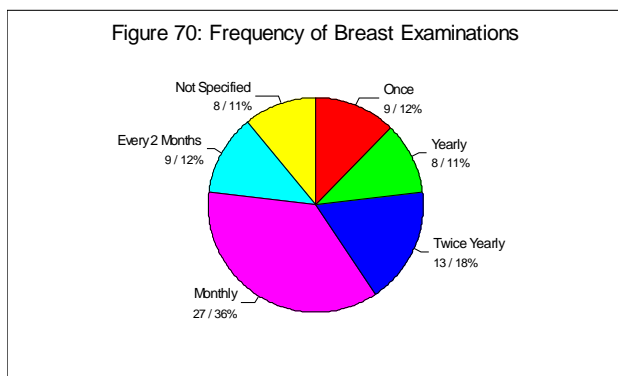
Almost 50% of males reported that they did not know the correct technique for testicular examination.

WOMEN'S HEALTH

Breast Examination

Seventy four women (56%) said they had examined their breasts for lumps or abnormalities at some time in the past. Figure 70 shows the frequency of breast examination.

Twenty seven (36%) female responders reported examining their breasts on a monthly basis; 9 (12%) had examined their breasts only once.



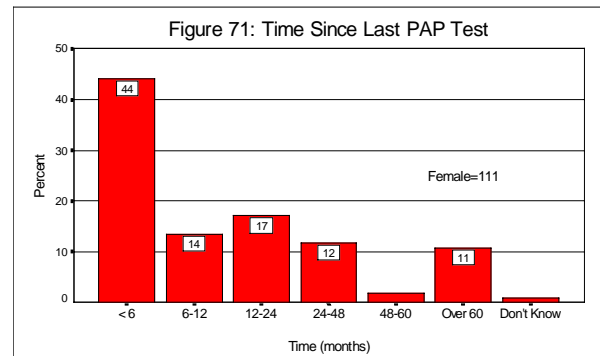
Forty one (31%) women stated they did not know how to examine their breasts properly and 55 (42%) requested further information on the correct technique for breast examination.

Cervical Smear

Of the 132 women surveyed, 67 (51%) either consented to having a PAP smear or results were available from screening in the previous twelve months. Twenty seven (40% of those tested) had abnormal smears.

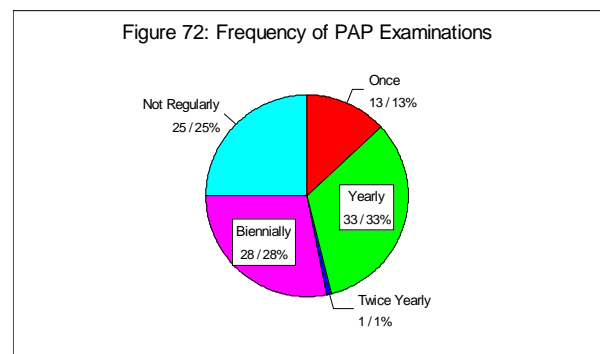
PAP Examinations

Over 80% of females stated they had undergone a PAP smear at some time in the past. Forty four percent of responders had undergone a PAP smear in the last six months (Figure 71).



Sixty eight (61% of those undergoing PAP tests) reported their last PAP test was normal, 27 (24%) had abnormal smears and 16 (14%) did not know the result.

The regularity of PAP tests is shown in Figure 72. Thirty three percent of responders had a yearly PAP test, 28% had an examination every two years, and 13 (13%) had undergone one test only.



Iron Level

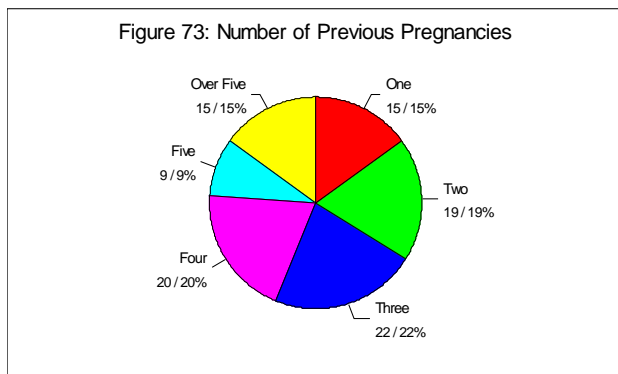
Eight females (6%) had mean cell volume (MCV) levels of less than 80fl indicating iron deficiency anaemia, thalassaemia trait or abnormal haemoglobin. Five females, had haemoglobin (Hb) levels below 11.5g/dL (the lower limit of normal) despite having a normal MCV. Further investigation is required to determine the reason for this.

Pregnancy

Three females (2%) were found to be pregnant. One woman suspected she was pregnant, the survey confirmed that she was.

Previous Pregnancies

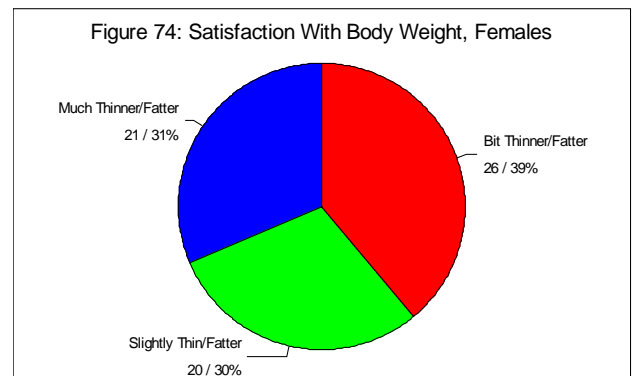
One hundred females (76%) reported a previous pregnancy (Figure 73). Over half had been pregnant between one and three times; 15% reported over five pregnancies. The mean age at the birth of the first child was 19.7 years (range = 12 to 32 years).



Forty nine women (49% of those with previous pregnancies) said they had miscarried and 43 (43%) had undergone abortions.

Body Weight/Shape

Sixty nine (52%) women stated they were unhappy with their weight; approximately one third of responders wanted to be 'much thinner/fatter' (Figure 74).



Six women (5%) said they had induced vomiting in the previous four weeks to control their body weight or shape. Of these, two reported daily vomiting, whilst the others had made themselves sick between 2-8 times in the previous four weeks. One female reported taking laxatives to control her weight/body shape.

Physical, Emotional and Sexual Abuse

Women were asked whether they had been abused by their partner or spouse in the twelve months prior to imprisonment. Seventy five women (57%) reported the various forms of abuse outlined in Table 49. Responders could report more than one type of abuse. The most common form of abuse was verbal; 10% was of a sexual nature.

Table 49: Types of abuse reported by females.

Type of Abuse	Freq.	% Abuse	% Females
Verbal Abuse	64	30.2	48.5
Physical Assault	53	25.0	40.2
Family Contact Stopped	43	20.3	32.6
Money Withheld	30	14.2	22.7
Sexual Assault	22	10.4	16.7
Total	212	100	

Injury

Inmates were asked to describe whether they has sustained any injuries in the previous three months. This could include injuries which may have occurred prior to incarceration. Inmates could specify up to four separate injury occurrences.

Overall, 87 (13%) males reported at least one injury compared with 23 (17%) females. The types of injuries reported are shown in Table 50.

The most common injury reported by males were sprains and strains (23%); 32% of all injuries reported by females were for lacerations.

Table 50: Types of injuries reported in past three months.

Injury	MALES			FEMALES		
	Frequency	% Injury	% Males*	Frequency	% Injury	% Females*
Sprain or Strain	26	23	4.0	9	22	6.8
Laceration/Cut	25	22.1	3.8	13	31.7	9.8
Fracture	19	16.8	2.9	5	12.2	3.8
Contusion	11	9.7	1.7	8	19.5	6.1
Burn or Corrosion	6	5.3	0.9	2	4.9	1.5
Other Injury	6	5.3	0.9	2	4.9	1.5
Dislocation	5	4.4	0.8	-	-	-
Injury of Unspecified Nature	4	3.5	0.6	-	-	-
Crushing Injury	3	2.7	0.5	2	4.9	1.5
Bite (non-venomous)	2	1.8	0.3	-	-	-
Concussion & Intracranial Injury	2	1.8	0.3	-	-	-
Injury to Blood Vessels	1	0.9	0.2	-	-	-
Injury to Nerves/Spinal Cord	1	0.9	0.2	-	-	-
Asphyxia (Suffocation)	1	0.9	0.2	-	-	-
Foreign Body in Eye	1	0.9	0.2	-	-	-
Total	113	100		41	100	

(* calculated as % of all males [n=657] and females [n=132])

The activities undertaken at the time of injury are shown in Table 51. For both males and females, injury occurred most often during leisure activities. A high proportion of male injuries compared

with females occurred whilst participating in sport (6% cf. 1.5%).

Injuries sustained whilst working were more common in the female group compared with males.

Table 51: Activity at time of injury.

Injury Activity	MALES			FEMALES		
	Frequency	% Activity	% Males*	Frequency	% Activity	% Females*
Leisure	40	35.7	6.1	19	48.7	14.4
Sport	38	33.9	5.8	2	5.1	1.5
Working	22	19.6	3.3	13	33.3	9.8
Other Specified Activity	4	3.6	0.6	1	2.6	0.8
Unspecified Activity	3	2.7	0.5	-	-	-
Legal Intervention	3	2.7	0.5	4	10.3	3.0
Transport Between Prisons	2	1.8	0.3	-	-	-
Total	112	100		39	100	

(* calculated as % of all males [n=657] and females [n=132])

The intent associated with the injury is shown in Table 52. Sixty two percent of female injuries were accidental in nature compared with 75% of male injuries. A higher proportion of female injuries were inflicted by others.

Table 52: Intentional nature of injury.

Injury Intent	MALES			FEMALES		
	Frequency	% Intent	% Males*	Frequency	% Intent	% Females*
Accidental	84	75	12.8	24	61.5	18.2
Intentional Harm by Others	19	17	2.9	9	23.1	6.8
Intentional Self-Harm	5	4.5	0.8	3	7.7	2.3
Other Assault	4	3.6	0.6	3	7.7	2.3
Total	112	100		39	100	

(* calculated as % of all males [n=657] and females [n=132])

The most common cause of injury for males and females was to be 'struck by an object or person (Table 53). The second most frequently reported injuries in females were caused by machinery.

Table 53: Cause of injury.

Injury Causes	MALES			FEMALES		
	Frequency	% Causes	% Males*	Frequency	% Causes	% Females*
Struck by Object/Person	34	30.4	5.2	15	38.5	11.4
Other Specified Causes	22	19.6	3.3	3	7.7	2.3
Fall (low)	17	15.2	2.6	4	10.3	3.0
Cutting/Piercing	12	10.7	1.8	4	10.3	3.0
Other Unspecified Causes	6	5.4	0.9	2	5.1	1.5
Machinery	5	4.5	0.8	8	20.5	6.1
Scalds	3	2.7	0.5	-	-	-
Pedestrian	3	2.7	0.5	1	2.6	0.8
Unknown	3	2.7	0.5	1	2.6	0.8
Fall (high)	2	1.8	0.3	-	-	-
Passenger Prison Transport	2	1.8	0.3	-	-	-
Other Transport	1	0.9	0.2	-	-	-
Other Threat to Breathing	1	0.9	0.2	-	-	-
Motor Vehicle Driver	1	0.9	0.2	1	2.6	0.8
Total	112	100		39	100	

(* calculated as % of all males [n=657] and females [n=132])

Injuries to males frequently occurred in the prison sports area whereas female injuries occurred on a street or highway (Table 54). Prison cells and prison work places were also common settings for injuries to occur.

Sixty seven percent of injuries reported by females and 92% of male injuries occurred whilst in prison.

Table 54: Place of Injury.

Injury Place	MALES			FEMALES		
	Frequency	% Places	% Males*	Frequency	% Places	% Females*
Prison - Sports Area	21	19.3	21.9	-	-	-
Prison - Cell	17	15.6	17.7	6	15.4	21.4
Prison - Work Place	16	14.7	16.7	6	15.4	21.4
Prison - Yard	16	14.7	16.7	4	10.3	14.3
Prison - Unspecified/Other	10	9.2	10.4	5	12.8	17.9
Athletics and Sports Area	7	6.4	7.3	-	-	-
Prison Farm	4	3.7	4.2	-	-	-
Street or Highway	4	3.7	4.2	9	23.1	32.1
Other Specified Place	3	2.8	3.1	2	5.1	7.1
Recreation Area	2	1.8	2.1	-	-	-
Prison - Transport	2	1.8	2.1	-	-	-
Home	2	1.8	2.1	3	7.7	10.7
Prison - Kitchen	2	1.8	2.1	2	5.1	7.1
Police Station	2	1.8	2.1	1	2.6	3.6
Unspecified Place	1	0.9	1	-	-	-
Farm	-	-	-	1	2.6	3.6
Total	109	100		39	100	

(* calculated as % of all males [n=657] and females [n=132])

The action taken in response to the injury is shown in Table 55. Thirty nine percent of female injuries resulted in a visit to the hospital compared with 16% of male injuries.

Table 55: Action taken by inmate in response to injury.

Injury Action	MALES			FEMALES		
	Frequency	% Actions	% Males*	Frequency	% Actions	% Females*
Saw Clinic Nurse	42	37.5	6.4	8	20.5	6.1
Saw Doctor	26	23.2	4.0	5	12.8	3.8
Hospital - Not Admitted	18	16.1	2.7	15	38.5	11.4
Self-Treated	17	15.2	2.6	7	17.9	5.3
Hospital - Admitted	9	8	1.4	4	10.3	3.0
Total	112	100		39	100	

(* calculated as % of all males [n=657] and females [n=132])

Ten females and seventeen males reported that the injury had left them with a permanent disability (Table 56). The most common disablement reported by male responders was movement inhibition whereas females reported it had left them in pain.

Table 56: Disability resulting from injury.

Disablement	MALES		FEMALES	
	Freq.	%	Freq.	%
Inhibits Movement	6	42.9	2	20.0
Scarring	4	28.6	3	30.0
Pain	3	21.4	4	40.0
Mental Problems	1	7.1	-	-
Difficulty breathing	-	-	1	10.0
Total	14	100	10	100

MENTAL HEALTH

The mental health component of the survey involved using a number of existing screening instruments and several specially developed sections on mental health issues.

Psychiatric History

Sixty six (50%) females and 218 (33%) males stated they had received some form of treatment or undergone assessment for an emotional or mental problem by a psychiatrist or psychologist at some time in their life. Of these, 24 (36%) females and 75 (34%) males had previously been admitted to a psychiatric unit or hospital.

Both males and females were more likely to have been admitted to a community psychiatric unit than a prison facility. Males were more likely to have been admitted to a prison psychiatric unit compared with females (Figures 75 and 76).

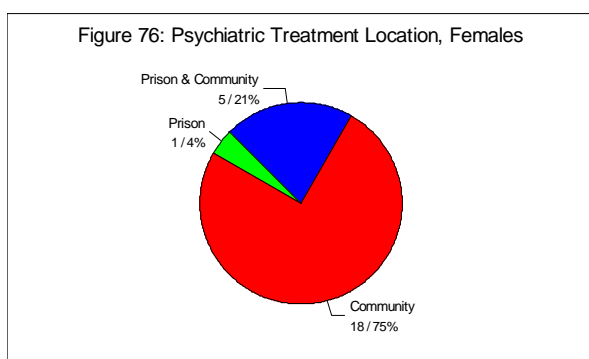
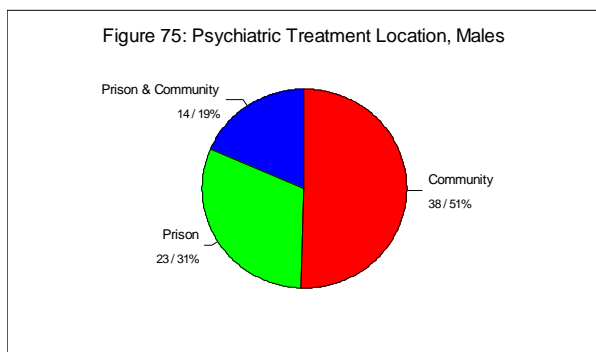


Table 57 shows the frequency of admissions reported by inmates with a psychiatric

illness. Half of those admitted had only one admission to a psychiatric

Table 57: Previous psychiatric admissions.

Admissions	MALES		FEMALES	
	Freq.	%	Freq.	%
One	38	50.7	12	50
A Few	23	30.7	8	33.3
A Lot	14	18.7	4	16.7
Total	75	100	24	100

The length of stay for the longest admission is shown in Table 58. Twenty nine percent of females and 43% of males who reported having been admitted for a psychiatric illness had at least one admission for over 8 weeks.

Table 58: Length of stay for the longest psychiatric admission.

Length of Stay	MALES		FEMALES	
	Freq.	%	Freq.	%
<1 Week	10	13.3	2	8.3
1-2 Weeks	14	18.7	8	33.3
2-4 Weeks	12	16.0	3	12.5
4-8 Weeks	7	9.3	4	16.7
Over 8 Weeks	32	42.7	7	29.2
Total	75	100	24	100

Table 59 shows the length of time since the last discharge from a psychiatric unit. Approximately half the males and females had been discharged over two years ago. Around 23% of males had been discharged in the previous twelve months. Proportionately more females than males had been discharged in the last month.

Table 59: Time since discharge from psychiatric unit.

Discharge	MALES		FEMALES	
	Freq.	%	Freq.	%
2 Weeks	1	1.3	2	8.3
2-4 Weeks	1	1.3	-	-
1-3 Months	5	6.7	-	-
3-6 Months	5	6.7	-	-
6-12 Months	5	6.7	4	16.7
1-2 Years	15	20.0	7	29.2
Over 2 Years	42	56.0	11	45.8
Unknown	1	1.3	-	-
Total	75	100	24	100

Previous Psychiatric Diagnoses

Thirty five (26%) females and 80 (12%) males reported they had been diagnosed by a doctor as having a psychiatric problem (Table 60). Fifteen males and six females had been diagnosed with more than one condition.

As expected from the general population, depression was the most common diagnosis. Two percent of females and 3% of males had been diagnosed as schizophrenic.

Table 60: Previous psychiatric diagnoses.

Diagnosis	MALES			FEMALES		
	Freq.	%	%	Freq.	%	%
		Diagnosis	Males*		Diagnosis	Females*
Depression	44	46.3	6.7	21	50	15.9
Schizophrenia	17	17.9	2.6	3	7.1	2.3
Manic Depressive Psychosis	6	6.3	0.9	5	11.9	3.8
Aggression	5	5.3	0.8	-	-	-
Drug Related Psychosis	3	3.2	0.5	-	-	-
Don't Know	3	3.2	0.5	-	-	-
Anxiety	3	3.2	0.5	7	16.7	5.3
Psychopathic Personality	3	3.2	0.5	4	9.5	3.0
Post Traumatic Stress Disorder	2	2.1	0.3	-	-	-
Attention Deficit Disorder	2	2.1	0.3	-	-	-
Amnesia	2	2.1	0.3	-	-	-
Alcohol Problem	2	2.1	0.3	-	-	-
Suicidal Tendencies	2	2.1	0.3	1	2.4	0.8
Exhibitionist	1	1.1	0.2	-	-	-
Eating Disorder	-	-	-	1	2.4	0.8
Total	95	100		42	100	

(* calculated as % of all males [n=657] and females [n=132])

Psychiatric Medication

Fifty three males (8%) and 31 (23%) females stated they were currently taking psychiatric medication.

Anti-depressants were the most common form of medication for both males and females (Table 61).

Table 61: Current psychiatric medication.

Medication	MALES			FEMALES		
	Freq.	% Medication	% Males*	Freq.	% Medication	% Females*
Anti-Depressants	40	66.7	6.1	21	70	15.9
Major Tranquillisers - Tablets	9	15	1.4	6	20	4.5
Major Tranquillisers - Injections	4	6.7	0.6	1	3.3	0.8
Minor Tranquillisers	4	6.7	0.6	2	6.7	1.5
Lithium	3	5.0	0.5	-	-	-
Total	60	100		30	100	

Perceived Treatment Needs

Fourteen (11%) females and 29 (4%) males felt they required psychiatric treatment but were not receiving it. Males specified stress and not coping with prison as the prime reasons for requiring treatment (Table 62). Over half of those who reported they required treatment did not specify the reason.

Table 62: Perceived psychiatric treatment needs.

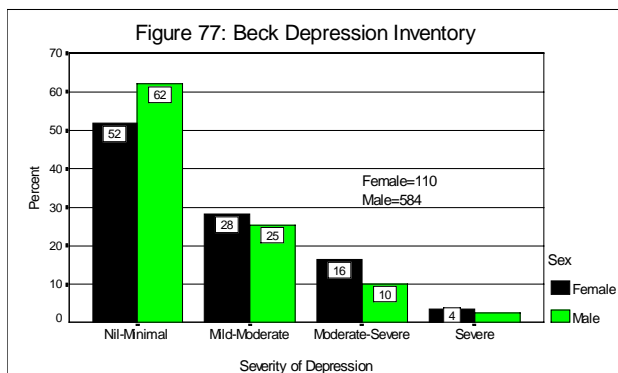
Discharge	MALES		FEMALES	
	Freq.	%	Freq.	%
Stress/Not Coping	5	35.7	1	25.0
Depression	3	21.4	1	25.0
Anger Management	2	14.3	1	25.0
Wants Psychiatric Medication	1	7.1	-	-
Family Problems	1	7.1	-	-
Impotence	1	7.1	-	-
Psychotic Symptoms	1	7.1	1	25.0
Total	14	100	4	100

MENTAL HEALTH ASSESSMENT

The Beck Depression Inventory

The Beck Depression Inventory is a self-evaluating indicator of depression comprising twenty-one items (Beck, 1961). The instrument measures the cognitive, vegetative, mood, social and irritability components of depression. Inmates answered the questions for the way they had felt during the previous week. Depression was scored as nil-minimum, mild-moderate, moderate-severe and severe.

Sixty two percent of female responders and 52% males experienced nil depression (Figure 77). Females were more likely to be moderately to severely depressed compared with males.



Beck's depression scale also includes a question on suicidal ideation. Four percent of females and 2% of males were in high risk categories for suicidal ideation. Eighty one percent of females and 90% of males had no thoughts of suicide in the week prior to interview.

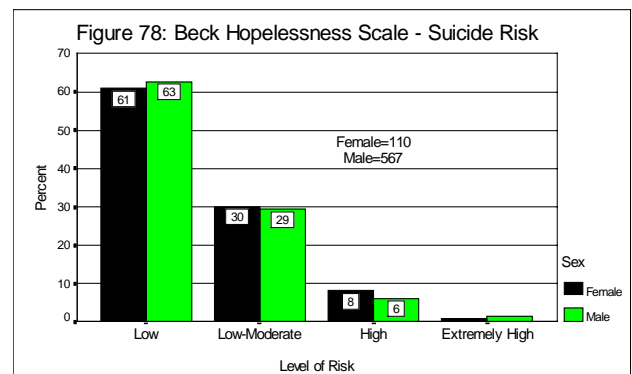
The Beck Hopelessness Scale

The relationship between hopelessness and suicide has been well documented, numerous studies have demonstrated that hopelessness is more strongly related to suicidal intent than depression. The Beck Hopelessness Scale (BHS) is a twenty item inventory

designed to measure the negative expectations that an individual may have about their own ability to overcome an unpleasant situation or to obtain a goal (Beck, 1974).

The level of suicide risk was classified into four categories: low, low-moderate, high, and extremely high.

Figure 78 shows similar proportions of males and females in each category. Over 60% of males and females had low scores on the BHS and were therefore low suicide risks. A small proportion of responders was high to extremely high suicide risks.



The Referral Decision Scale

The Referral Decision Scale (RDS) was developed specifically for the prison setting and arose out of a need to identify inmates with a high probability of having a mental disorder. It is not intended as a diagnostic tool for mental illness, but rather is designed to indicate whether a person possesses sufficient symptoms to be referred on to a mental health professional (Teplin, 1989).

The RDS is comprised of three scales: schizophrenia, manic-depression and major depression, with each scale consisting of five questions. A referral is recommended for both schizophrenia and

major depression if the responder scores two or more positive answers out of a possible five, whilst manic-depression requires three positive responses from five. A person may display symptoms of more than one disorder at the same time.

Table 63 shows that the most common reason for referral to a mental health professional was major depression. Seventy four (56%) females and 200 (30%) males were recommended for referral for major depression.

Forty three (33%) females and 119 (18%) males indicated that they had experienced symptoms of schizophrenia. Whilst the number of referrals for schizophrenia appears to be high, particularly in females, this scale has been designed to encapsulate false positive rather than false negative responses, thus over predicting the number of persons requiring further assessment.

Twenty seven females (20%) and 81 (12%) males required further referral for manic-depression.

Table 63: Inmates requiring referral for mental illness.

RDS Referrals	MALES			FEMALES		
	Freq.	% Referrals	% Males*	Freq.	%	% Females*
Major Depression	200	50.0	30.4	74	51.4	56.1
Schizophrenia	119	29.8	18.1	43	29.9	32.6
Manic Depression	81	20.3	12.3	27	18.8	20.5
Total	400	100		144	100	

(* calculated as % of all males [n=657] and females [n=132])

SUICIDE and SELF-HARM

Suicidal Thoughts

Seventy one (54%) females and 241 (37%) males stated they had thought about suicide at some time in their life. Over 55% of suicidal thoughts in females and 60% in males occurred over one year ago (Table 64). Over 10% of suicidal thoughts in both females and males occurred in the previous month.

Table 64: Time since last thoughts of suicide.

Suicidal Thoughts	MALES		FEMALES	
	Freq.	%	Freq.	%
Past 24hrs	7	2.9	-	-
1-7 Days	9	3.8	3	4.3
1-4 Weeks	12	5.0	5	7.1
1-3 Months	24	10.0	8	11.4
3-6 Months	13	5.4	9	12.9
6-12 Months	26	10.9	5	7.1
1-2 years	39	16.3	12	17.1
2-5 Years	56	23.4	13	18.6
Over 5 Years	53	22.2	15	21.4
Total	239	100	70	100

Figure 79 shows the frequency of suicidal thoughts over the past year. Over half the males and females had not thought about suicide. Thirty percent of females and 24% of males thought about suicide less than monthly.

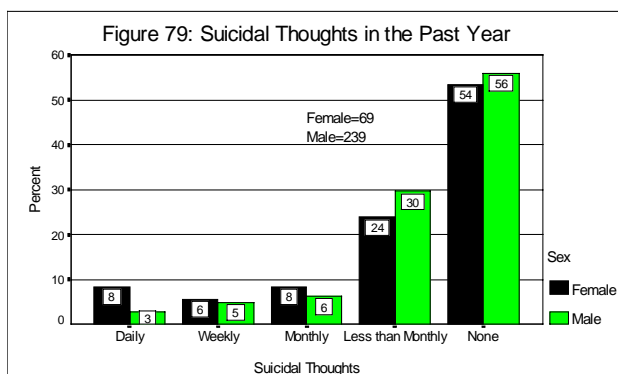
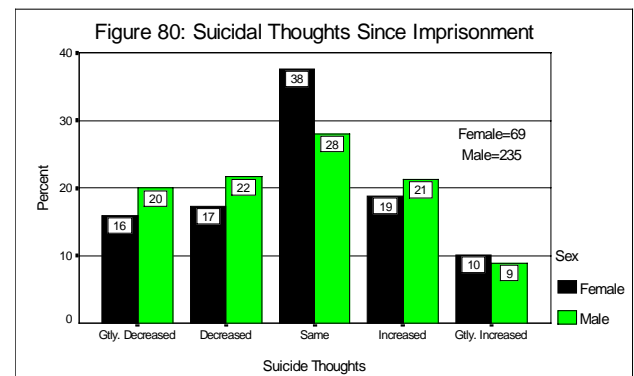


Figure 80 shows that 38% of females and 28% of male responders had not changed their frequency of suicidal thoughts since

imprisonment. Proportionately more males (42%) than females (33%) had experienced a reduction in suicidal thoughts since imprisonment. Approximately 30% of both males and females stated that thoughts of suicide had increased since incarceration. Approximately 10% of males and females had greatly increased their suicidal thoughts since imprisonment.



Suicide Attempts

Fifty two females (39%) and 136 (21%) males stated they had previously attempted suicide. Over half the male responders and 31% of females had made only one attempt (Table 65). A higher proportion of females than males had attempted suicide more than six times.

Table 65: Frequency of past suicide attempts.

Attempts	MALES		FEMALES	
	Freq.	%	Freq.	%
1 Attempt	61	51.7	16	31.4
2-5 Attempts	49	41.5	27	52.9
6-10 Attempts	4	3.4	6	11.8
11-15 Attempts	3	2.5	1	2.0
Over 15 Attempts	1	0.8	1	2.0
Total	118	100	51	100

Table 66 outlines the various methods used when attempting suicide. Overdosing with tablets was the most commonly reported method for both males and females. Proportionately more males reported using hanging to suicide compared with females.

Table 66: Methods used in attempted suicide.

Suicide Method	MALES		FEMALES	
	Freq.	%	Freq.	%
Overdose - Tablets	52	26	33	39.8
Hanging	50	25	8	9.6
Slashing/Stabbing	48	24	25	30.1
Overdose - Injection	18	9	12	14.5
Gunshot	15	7.5	1	1.2
Jumping	4	2	2	2.4
Car Exhaust/Gassing	3	1.5	-	-
Poisoning	3	1.5	1	1.2
Motor Vehicle Accident	3	1.5	1	1.2
Burning	2	1	-	-
Swallowing Objects	1	0.5	-	-
Drowning	1	0.5	-	-
Total	200	100	83	100

Figure 81 shows that both male and female responders were more likely to have attempted suicide in the community than prison. Males were more likely to have attempted suicide in prison compared with females. Twenty percent of male and female suicide attempts had occurred in both environments.

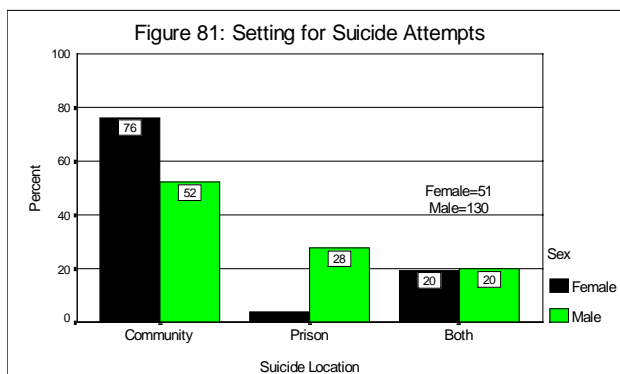


Table 67 shows the time since the last suicide attempt. Approximately two thirds of attempts for both males and females had occurred over two years ago.

Table 67: Time since last suicide attempt.

Last Attempts	MALES		FEMALES	
	Freq.	%	Freq.	%
1-4 Weeks	2	1.5	-	-
1-3 Months	8	6.0	1	1.9
3-6 Months	10	7.5	4	7.7
6-12 Months	13	9.8	8	15.4
1-2 Years	21	15.8	3	5.8
2-5 Years	40	30.1	16	30.8
Over 5 Years	39	29.3	20	38.5
Total	133	100	52	100

Figure 82 shows that the intended outcome in over 60% of male and female suicide attempts was 'always death'. Ten percent of males and 15% of females stated that death was not the intent.

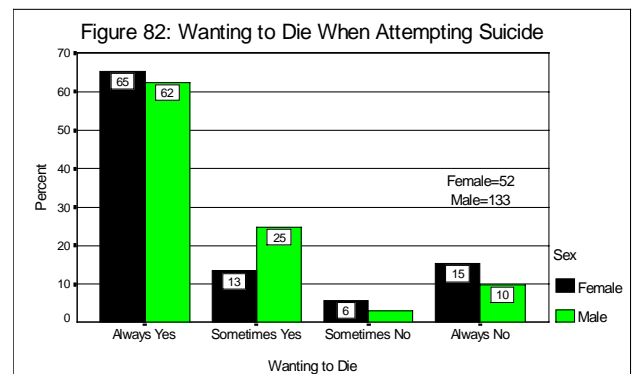


Figure 83 shows that over 75% of male and female responders did not talk to anyone about their plans to suicide prior to the attempt.

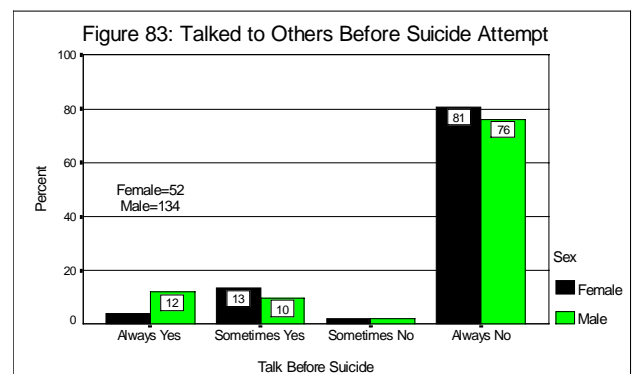


Table 68 shows who the individual talked to about committing suicide prior to the attempt. Family members were the most likely people to be contacted by males and females. Males reported contacting custodial or nursing staff. Two females had contacted a doctor.

Table 68: Communication with others regarding intention to suicide.

Person	MALES		FEMALES	
	Freq.	%	Freq.	%
Family	11	40.7	3	42.9
Custodial Staff	4	14.8	-	-
Nurse	4	14.8	-	-
Other Inmate	3	11.1	1	14.3
Doctor	-	-	2	28.6
Combination of Above	5	18.5	1	14.3
Total	27	100	7	100

Thirty four (65% of suicide attempters) females and 88 (65%) males stated that the suicide attempt was an impulsive act.

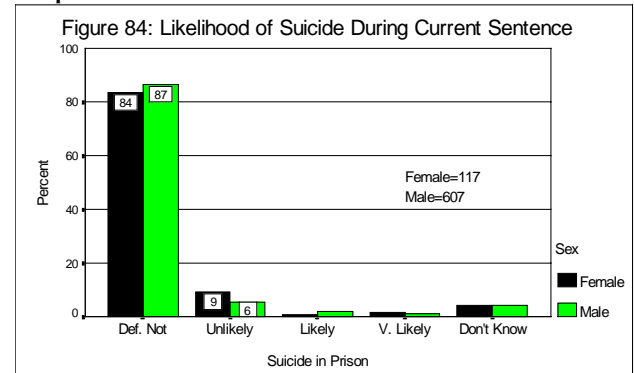
Twenty two (42% of suicide attempters) females and 37 (27%) males said they had planned a suicide and not gone through with it. Table 69 shows family and partner concerns were reported as the reason for not suiciding.

Table 69: Reasons for not completing suicide.

Reason	MALES		FEMALES	
	Freq.	%	Freq.	%
Family/Partner Concerns	12	48.0	8	53.3
Changed Mind	4	16.0	5	33.3
Physically Stopped	3	12.0	1	6.7
Thought Things Would Improve	2	8.0	1	6.7
Sight of Blood	1	4.0	-	-
Lack of Confidence/Fear	1	4.0	-	-
Belief in God	1	4.0	-	-
Counselling	1	4.0	-	-
Total	25	100	15	100

Inmates were asked whether they would be likely to suicide during their current imprisonment. Figure 84 shows that the majority of inmates would not suicide during their current sentence. Three (2%) females and 20 (3%) males said they were either 'likely' or 'very likely' to

suicide during their current imprisonment.



When inmates were asked if they felt their life would end by suicide, over 70% of males and females stated their life would 'definitely not' end by suicide (Figure 85). A small proportion of males and females thought their life would end by means of suicide.

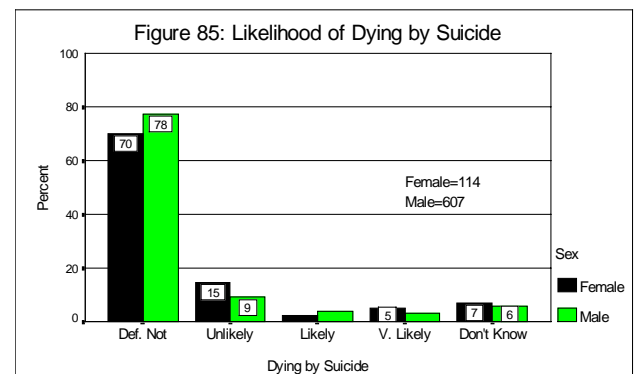


Table 70 shows the inmates' likelihood of communicating their intention to suicide if planning a future attempt. The majority of males and females said they would not tell anyone.

Table 70: Communication with others if planning suicide.

Talk	MALES		FEMALES	
	Freq.	%	Freq.	%
Yes	107	18.0	22	19.1
No	423	71.1	84	73.0
Maybe	65	10.9	9	7.8
Total	595	100	115	100

Table 71: Communication of intention to suicide.

Person	MALES		FEMALES	
	Freq.	%	Freq.	%
Other Inmate	40	31.5	6	25.0
Family	25	19.7	2	8.3
Doctor	16	12.6	5	20.8
Nurse	15	11.8	-	-
Psychologist/Psychiatrist	8	6.3	4	16.7
Friend	7	5.5	4	16.7
Custodial Staff	4	3.1	2	8.3
Welfare Staff	2	1.6	-	-
Combination of Above	10	7.9	1	4.2
Total	127	100	24	100

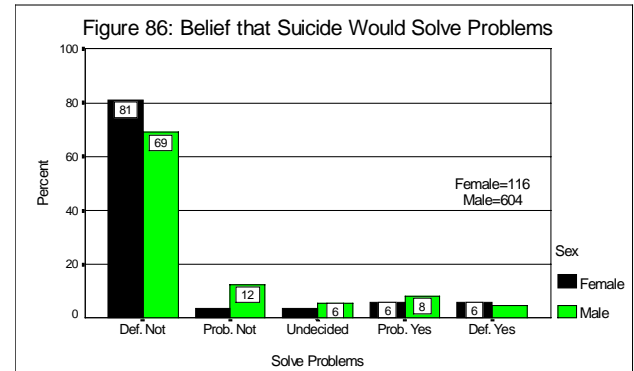
The reasons for not talking to anyone about a suicide attempt are presented in Table 72. Males most frequently would not communicate intention to suicide because they considered it a private matter, whilst women most commonly believed people would think they were 'mad'.

Table 72: Reasons for not communicating intention to suicide.

Reason	MALES		FEMALES	
	Freq.	%	Freq.	%
Private Matter	100	25.6	8	11.4
Try And Stop You	72	18.5	10	14.3
Would Just Do It	64	16.4	-	-
Not Applicable/Not an Option	45	11.5	12	17.1
If Serious About It Wouldn't Talk	18	4.6	4	5.7
No Point	18	4.6	1	1.4
Put In Safe Cell	8	2.1	8	11.4
Wouldn't Want Attention	6	1.5	2	2.9
No One Could Help	6	1.5	1	1.4
Dob on You	5	1.3	-	-
Would Feel Stupid	5	1.3	-	-
Didn't Want To	3	0.8	-	-
Impulsive Action/Anger	3	0.8	-	-
Would Be Charged	3	0.8	-	-
Would Be Watched	3	0.8	2	2.9
Think I am Mad	2	0.5	17	24.3
Would Spoil the Fun	1	0.3	-	-
No One Else to Talk To	1	0.3	-	-
Too Frightened	-	-	1	1.4
Usually No One Around	-	-	1	1.4
Don't Know	27	6.9	3	4.3
Total	390	100	70	100

Inmates were asked whether any of the problems confronting them would be solved by suicide. Figure 86 shows that over 80% of male and female responders

felt that suicide would not solve any of their problems. Approximately 12% of both sexes thought suicide would either probably or definitely solve their problems.



Self-Harm/Self-Inflicted Injury

Inmates were asked a number of questions relating specifically to self-harm or self-inflicted injuries. For the purposes of the survey, self-harm was defined to be wilful injury without the intent to die.

Twenty seven (23%) females and 87 (14%) males stated they had deliberately self-harmed or injured themselves at some time in the past. Over forty percent of males who had self-harmed had done so twice or more compared with 66% of females (Figure 87). Females were more likely to report having self-harmed on four or more occasions compared with males.

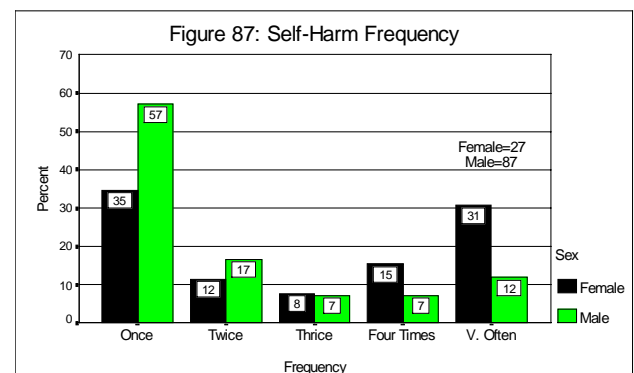


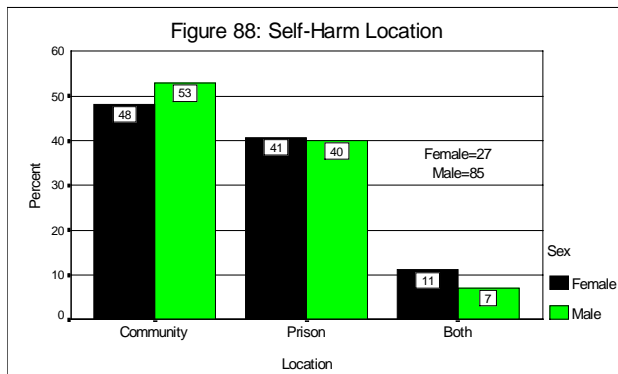
Table 73 shows the various self-harm methods. 'Slashing-up' (deliberately

cutting parts of the body) was the most commonly reported method for both male and female responders.

Table 73: Methods used to self-harm.

Self-Harm Method	MALES		FEMALES	
	Freq.	%	Freq.	%
Slashing/Stabbing	68	81.9	23	88
Burning	4	4.8	-	-
Striking Object	4	4.8	2	8
Overdose	3	3.6	1	4
Swallowing Objects	2	2.4	-	-
Gunshot	1	1.2	-	-
Motor Vehicle Accident	1	1.2	-	-
Total	83	100	26	100

Figure 88 shows that approximately half of the self-harm incidents reported by males and females occurred in the community and approximately 40% occurred in prison alone. About 10% of males and females had self-harmed in both settings.



The most commonly reported reason for self-harm by males and females was to 'relieve tension' (Table 74).

Table 74: Reasons for self-harming.

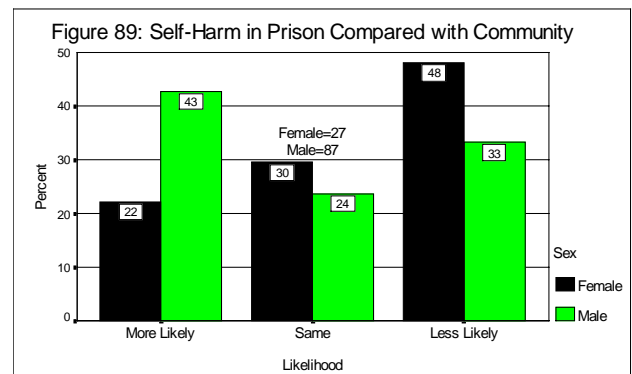
Self-Harm Reason	MALES		FEMALES	
	Freq.	%	Freq.	%
Relieve Tension	31	36.0	12	44.4
Get Help	17	19.8	4	14.8
Get What Wanted	9	10.5	3	11.1
Make Others Listen	7	8.1	3	11.1
Wanted to Die	6	7.0	2	7.4
Depression	4	4.7	1	3.7
Personal Problems	3	3.5	1	3.7
Moving Gaol	2	2.3	-	-
Don't Know	7	8.1	1	3.7
Total	86	100	27	100

Nine (7%) females and twenty nine (4%) males had self-harmed during their current imprisonment. Of these, approximately 35% had self-harmed more than twice. One male reported self harming more than fifteen times (Table 75).

Table 75: Self-harm frequency - prison.

Self-Harm Frequency	MALES		FEMALES	
	Freq.	%	Freq.	%
1	13	50.0	3	37.5
2	4	15.4	2	25.0
3	3	11.5	1	12.5
4	2	7.7	-	-
5	2	7.7	-	-
6	1	3.8	1	12.5
10	-	-	1	12.5
15	1	3.8	-	-
Total	26	100	8	100

Inmates were asked whether they would be more likely to self-harm in prison or in the community (Figure 89). Males reported they were 'more likely' to self-harm in prison compared with females who said they were 'less likely' to self-harm.



Over half the males and females who reported self-harming did not think about it prior to the event (Figure 90). Proportionately more males than females said they always thought before self-harming.

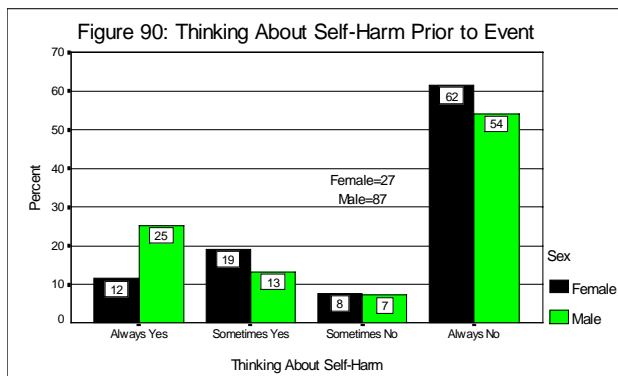
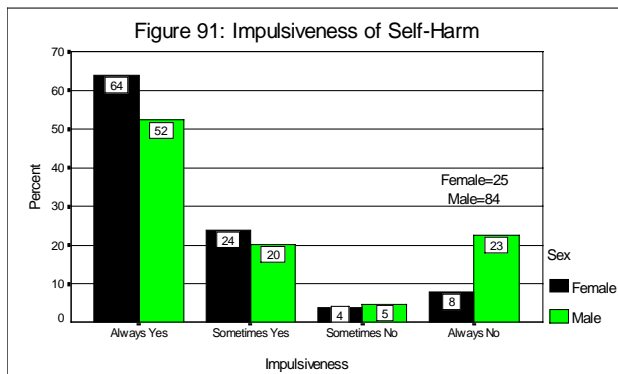


Figure 91 shows that self-harm was an impulsive act for 64% of female and 52% of male responders.



Sixty four males (74% of self-harmers) and 21 (78%) females stated they did not talk to anyone about their feelings before self-harming (Table 76).

The most common reason reported by males was that self-harm was a 'private matter'. Females reported feeling that 'no one could help' and that they "didn't want to talk". Two female responders stated that fear of being put in a safe cell stopped them from talking about self-harm.

Table 76: Reasons for not communicating intention to self-harm.

Reason	MALES		FEMALES	
	Freq.	%	Freq.	%
Private Matter	14	25.0	2	12.5
No One Else To Talk To	6	10.7	-	-
Would Just Do It	5	8.9	-	-
Impulsive Action/Angry	5	8.9	-	-
Didn't Want To	5	8.9	3	18.8
Not Applicable/Not an Option	4	7.1	-	-
Don't Know	4	7.1	1	6.3
Would Try And Stop You	3	5.4	1	6.3
No One Could Help	2	3.6	3	18.8
Wouldn't Want Attention	2	3.6	1	6.3
If Serious About It Wouldn't Talk	1	1.8	-	-

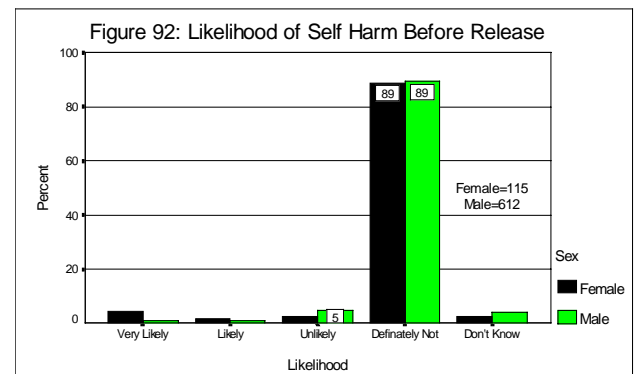
Would Feel Stupid	1	1.8	-	-
Would Spoil The Fun	1	1.8	-	-
Drunk/Stoned	1	1.8	-	-
No Point	1	1.8	1	6.3
Depression	1	1.8	1	6.3
Dob On You	-	-	1	6.3
Put In Safe Cell	-	-	2	12.5
Total	56	100	16	100

Male self-harmers who were likely to communicate their intentions to others stated they would contact family members in preference to any other group (Table 77).

Table 77: Communication with others regarding intention to self-harm.

Person	MALES		FEMALES	
	Freq.	%	Freq.	%
Family	7	36.8	1	20.0
Nurse	4	21.1	-	-
Other Inmate	3	15.8	1	20.0
Custodial Staff	3	15.8	-	-
Doctor	1	5.3	2	40.0
Friend	1	5.3	-	-
Psychologist/Psychiatrist	-	-	1	20.0
Total	19	100	5	100

Ninety percent of responders said they definitely would not self-harm prior to release from prison (Figure 92).



Three inmates stated the reason they were likely to self-harm during their current imprisonment; two reported they 'wanted to stay in gaol' and one that 'it depended on the sentence'.

The Reasons for Living Inventory

Inmates were asked to agree or disagree with thirty six reasons for living

statements (adapted from Steele, 1995). The statements target six main areas: confidence of coping and surviving, negative consequences for family, negative appraisal by others, moral or religious objection, anticipated inability to suicide, and fear of being dead.

Overall, 46% of responders scored 100% on being confident of 'coping and surviving'. Two individuals indicated they were not confident of 'coping and surviving'.

Sixty eight percent were motivated not to suicide for family reasons, such as feelings of guilt. Nineteen people indicated on all questions related to family that this provided no reason to live.

Thirty eight percent of responders indicated they would stay alive because of their concerns about what others would think of them if they suicided.

Thirty one percent had religious or moral objections that would prevent them from suiciding.

Eighteen percent anticipated an inability to complete suicide due to fear or their inability to carry out the act. Thirty percent indicated they were capable of suicide but chose not to.

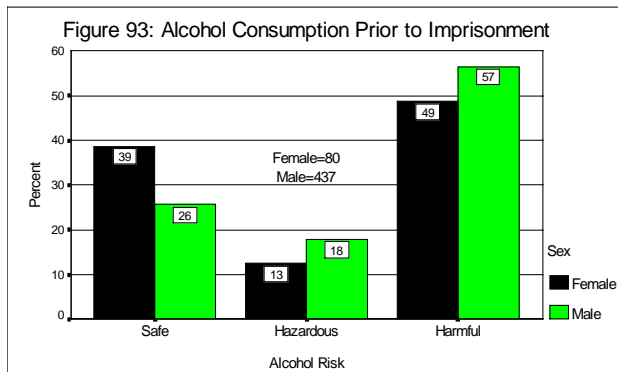
Fifty three percent of responders were not afraid of being dead or the unknown.

BEHAVIOURAL RISKS

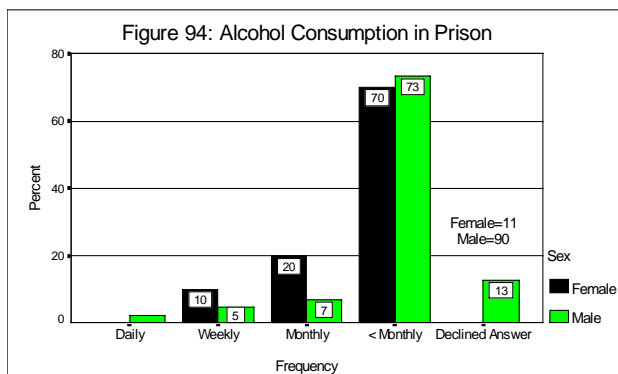
Alcohol Consumption

The World Health Organisation’s Alcohol Use Disorders Identification Test - AUDIT (Saunders, 1993) was used to assess the risk posed by alcohol consumption in the year prior to imprisonment. The AUDIT categorises drinking into ‘safe’, ‘hazardous’, and ‘harmful’ levels (Figure 93).

Approximately half the male and female responders were drinking in the ‘harmful’ range. More males reported ‘hazardous’ levels of alcohol consumption compared with females. Females were more likely to report drinking within the ‘safe’ range compared with males. Four females (3%) and 5 (1%) males had not consumed alcohol in the year prior to imprisonment.



Eleven females (8%) and 90 (14%) males reported consuming alcohol whilst in prison. Figure 94 shows this to have occurred ‘less than monthly’.



Drug Use

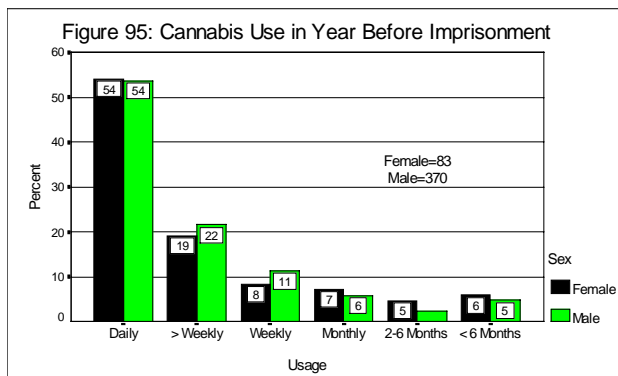
Ninety six (73%) females and 420 (64%) males stated they had used an illegal drug at some time in the past. Table 78 shows cannabis and heroin were the most popular drugs. Males were more likely to report amphetamine use than females. Almost 14% of female responses were for cocaine use compared with 10% in males.

Table 78: Previous drug consumption.

Drug	MALES		FEMALES	
	Freq.	%	Freq.	%
Cannabis	370	34.3	83	29.7
Heroin	192	17.8	64	22.9
Amphetamines	176	16.3	37	13.3
Cocaine	106	9.8	38	13.6
LSD	79	7.3	18	6.5
Ecstasy	56	5.2	11	3.9
Morphine	35	3.2	14	5.0
Poppers	26	2.4	9	3.2
Anabolic Steroids	26	2.4	4	1.4
Magic Mushrooms	4	0.4	1	0.4
Endone	4	0.4	-	-
Petrol	2	0.2	-	-
Other	3	0.3	-	-
Total	1079	100	279	100

Figures 95 to 100 show drug use frequency in the year prior to imprisonment. With the exception of cannabis and tranquillisers, females were more likely to consume drugs on a daily basis than males.

Of the eighty three females and 370 males who had used cannabis, over 50% used it on a daily basis in the year before incarceration (Figure 95).



In the year prior to imprisonment 64 (48%) females and 192 (29%) males reported using heroin (Figure 96). Almost two thirds of female and 60% of male heroin users reporting daily usage.

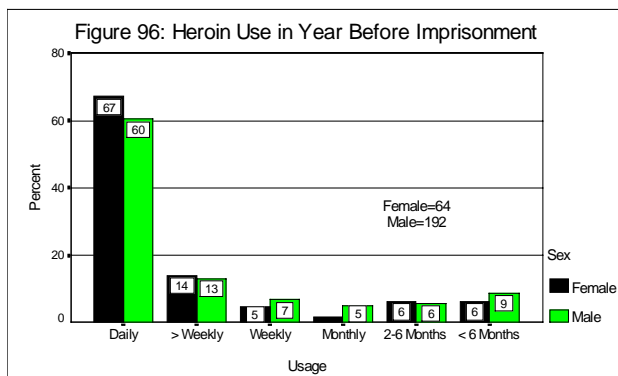
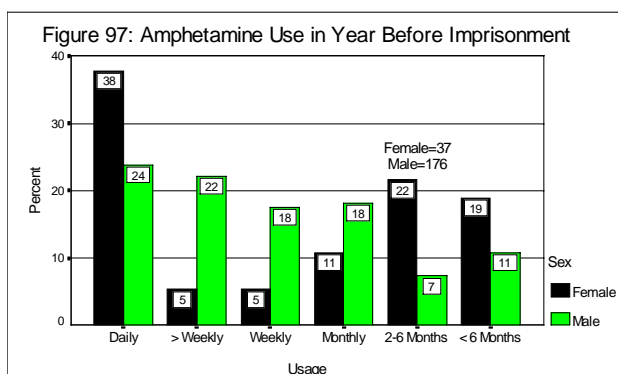
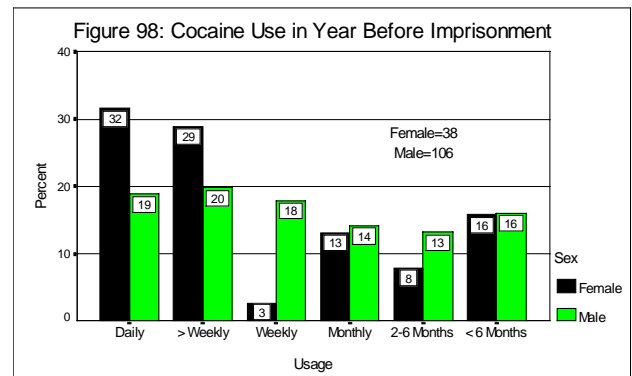


Figure 97 shows that 37 (28%) females and 176 (27%) males reported amphetamine use in the year prior to incarceration. Twenty four percent of female responders and 38% of males consumed amphetamines daily.



Of the 38 female cocaine users, 32% reported daily use compared with 19% of males (Figure 98). Females were also more likely than males to report using cocaine more than weekly.



Almost all of the females and 87% of males who were on methadone prior to incarceration reported daily use (Figure 99).

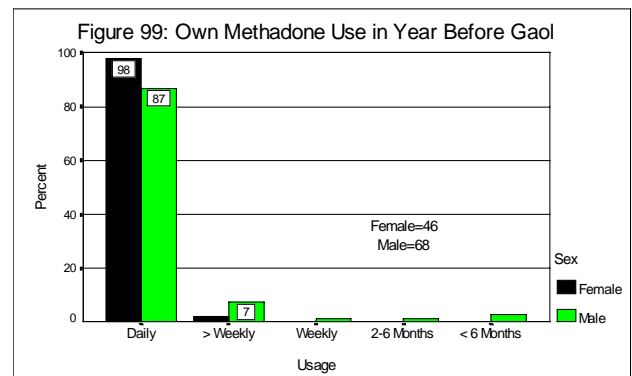
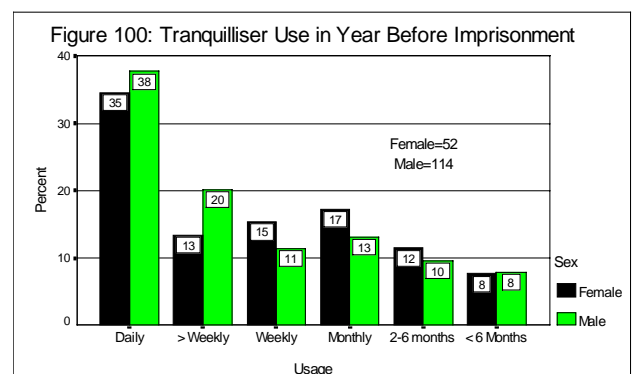


Figure 100 shows that similar proportions of females and males reported daily tranquilliser consumption (35% cf. 38%).



Eighty five (64%) females and 264 (40%) males stated they had injected drugs at some time in the past. Figure 101 shows the time since the last injection. Almost three quarters of females and 60% of male responders had injected in the past year.

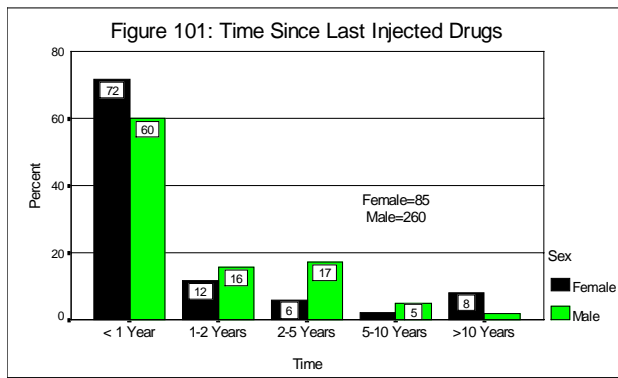
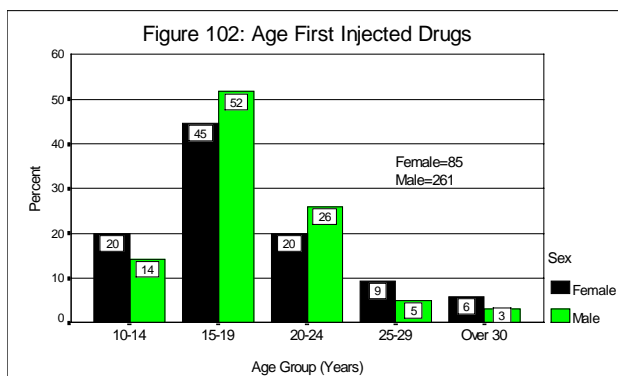


Figure 102 shows the age at which inmates reported first injecting drugs. Over 60 percent of male and female responders began injecting drugs before the age of twenty; a small proportion had commenced injecting when they were over thirty.



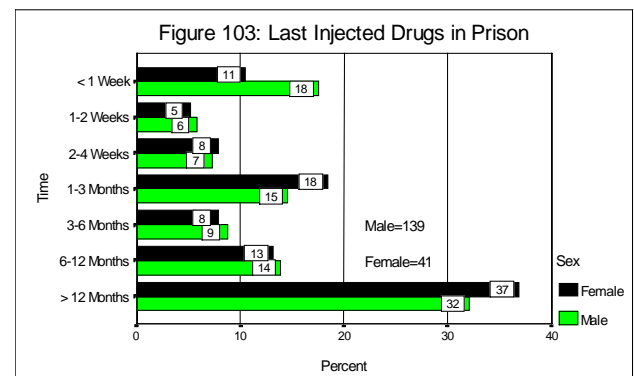
Drug Use in Prison

Table 79 shows that cannabis and heroin were the most commonly consumed drugs in gaol. Cannabis use was more common in males whereas heroin consumption was higher amongst females. A higher proportion of females responses than males related to consuming someone else's methadone whilst in gaol (12% cf. 7%).

Table 79: Consumption of drugs in prison.

Prison Drug	MALES		FEMALES	
	Freq.	%	Freq.	%
Cannabis	267	41.3	43	30.9
Heroin	132	20.4	33	23.7
Tranquillisers	72	11.1	28	20.1
Speed	62	9.6	11	7.9
Other's Methadone	42	6.5	16	11.5
Cocaine	28	4.3	4	2.9
LSD	28	4.3	1	0.7
Anabolic Steroids	10	1.5	0	0.0
Ecstasy	4	0.6	2	1.4
Poppers	1	0.2	1	0.7
Total	646	100	139	100

Forty two (32%) females and 141 (21%) males reported they had injected drugs in prison at some time in the past. Figure 103 shows the time since last injection. Eleven percent of female responders and 18% of males had injected in the week prior to interview.

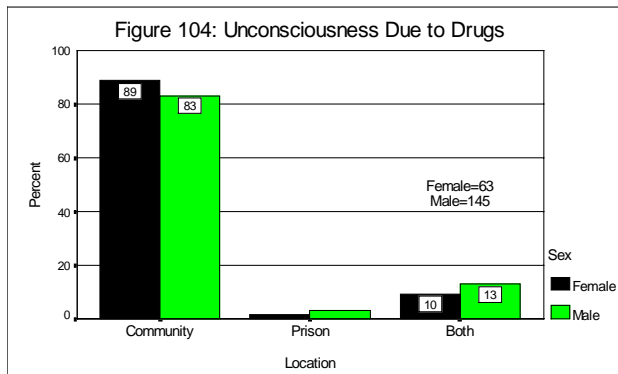


Of the 141 males stating they had injected drugs in gaol, 97 (69%) had shared needles, 78 (55%) had shared the drug, spoon or water, and 99 (70%) had cleaned the needle before use. Twenty seven (64%) females reported sharing needles in gaol; 26 (62%) had shared the drug, spoon or water, and 29 (69%) had cleaned the needle before use.

One female (1%) and 18 (3%) males reported injecting for the first time in gaol.

Sixty four (48%) females and 146 (22%) males had become unconscious as a result of taking drugs at some time in the past. Figure 104 shows the majority

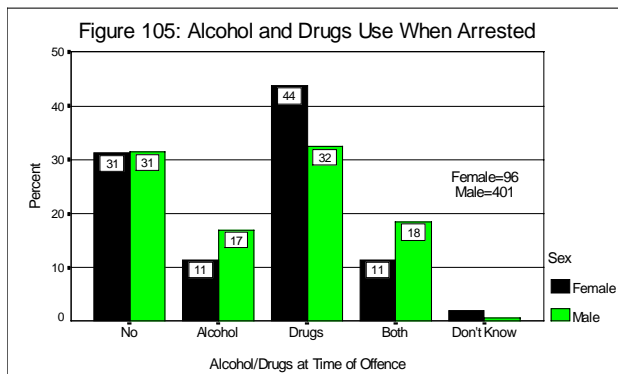
of these episodes had occurred in the community.



Drug Use Whilst Offending

Inmates were asked whether they were under the influence of alcohol or drugs at the time they committed their current offence. Figure 105 shows that approximately one third of responders were sober when offending.

Proportionately more males stated they were under the influence of alcohol at the time of the offence whereas females were more likely to have taken drugs.



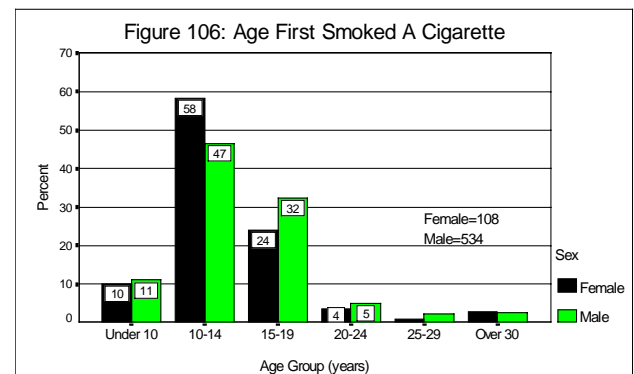
Drug Treatment

Sixty four (48%) females and 182 (28%) males had sought treatment for a drug problem either prior to imprisonment, during imprisonment, or both. Of these, 34 (42%) females and 75 (27%) males thought they needed help to quit drugs. Alcoholics Anonymous and detoxification centres were the most common organisations attended for treatment.

Sixty two (50%) females and 108 (16%) males had been on a methadone programme either in the community or in gaol. Forty three (32%) females and 49 (7%) males were currently enrolled on the prison methadone programme. Eight (6%) females and 21 (3%) males who were not currently on the programme felt they ought to be.

Smoking

Approximately 80% of males and females stated they had smoked a full cigarette at some time in the past. Figure 106 shows the age at which the first cigarette was smoked. Approximately 10% of males and females commenced smoking before the age of 10.



Approximately three quarters of males (476, 72%) and females (102, 77%) reported they were current smokers (Table 80). Female responders reported heavier cigarette consumption than males.

Table 80: Cigarette consumption.

Cigarettes	MALES		FEMALES	
	Freq.	%	Freq.	%
<1 per week	3	0.7	-	-
1 per week	2	0.4	-	-
<5 per day	51	11.1	8	8.2
5-10 per day	131	28.5	11	11.2
11-15 per day	103	22.4	25	25.5
16-20 per day	71	15.5	20	20.4
21-25 per day	54	11.8	12	12.2
26-30 per day	22	4.8	14	14.3
>30 per day	22	4.8	8	8.2
Total	459	100	98	100

Sixty seven (51%) females and 423 (64%) males stated they smoked predominantly hand rolled cigarettes which have a high nicotine and tar content. Table 81 shows that over 80% of male and female responders smoked up to one bag of pouch tobacco per week.

Table 81: Bags of tobacco consumed per week.

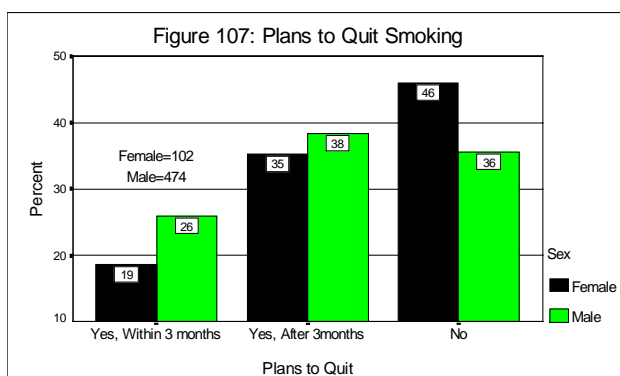
Bags of Tobacco per Week	MALES		FEMALES	
	Freq.	%	Freq.	%
0.5 Bag	130	31.0	15	22.7
0.5-1 Bags	247	58.8	44	66.7
1-2 Bags	39	9.3	5	7.6
3-4 Bags	4	1.0	1	1.5
Over 4 Bags	-	-	1	1.5
Total	420	100	66	100

Fifty eight females (44%) and 277 (42%) males had attempted one of the strategies outlined in Table 82 to reduce the amount smoked or quit the habit. Inmates could report more than one reduction strategy.

Table 82: Smoking reduction strategies.

Reduction Strategies	MALES		FEMALES	
	Freq.	%	Freq.	%
Tried to Quit but Failed	175	36.5	28	28.3
Reduced Quantity of Tobacco	160	33.4	44	44.4
Quit for Over 1 Month	101	21.1	9	9.1
Changed to Low Tar Brand	43	9.0	18	18.2
Total	479	100	99	100

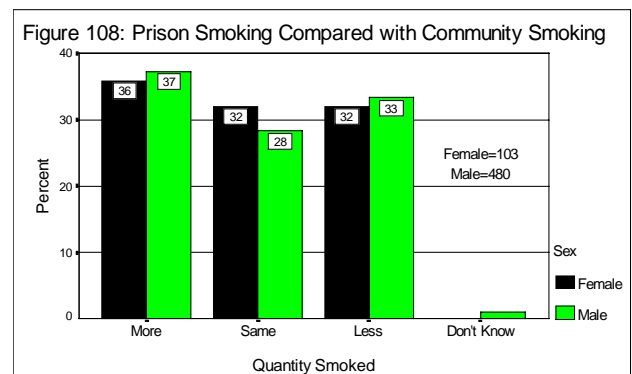
Figure 107 shows that male smokers were more likely to state they had plans to quit compared with females. Almost half the female responders stated they had no plans to quit.



Seventy seven females (75% of current smokers) and 366 (77%) males said they wanted to stop smoking. Fifty five (54% of current smokers) females and 208 (44%) males said they required assistance to help them quit smoking.

Ninety four (87% who had ever smoked) females and 383 (72%) males thought they were addicted to cigarettes.

Two (2% of current smokers) females and 62 (13%) males had commenced smoking whilst in gaol. Figure 108 compares the level of smoking in prison with that of the community. The proportions of those who smoked more, less or the same number of cigarettes in gaol as in the community were similar in males and females.



Fifty seven (43%) females and 176 (27%) males thought that smoking should be allowed in public areas within the gaol.

Five (4%) female and nine male (1%) non-smokers were currently sharing a cell with a smoker. The majority of females (81%) and males (76%) thought that smokers and non-smokers should not have to share cells.

Thirty five (26%) females and 127 (19%) males reported feeling the negative health effects of others' cigarette smoking in the past twelve months.

Gambling

Twenty one (16%) females and 109 (17%) males stated they regularly gambled prior to imprisonment. Regular was defined as gambling more than three times per week. Table 83 shows the amount gambled by responders per week. Ten males reported gambling over \$5000 per week.

Table 83: Amount gambled per week.

Amount per Week	MALES		FEMALES	
	Freq.	%	Freq.	%
<\$50	13	12.3	2	11.1
\$50-\$100	12	11.3	8	44.4
\$100-\$150	16	15.1	3	16.7
\$150-\$250	14	13.2	3	16.7
\$250-\$500	13	12.3	-	-
\$500-\$1000	7	6.6	-	-
\$1000-\$2000	7	6.6	2	11.1
\$2000-\$5000	14	13.2	-	-
\$5000+	10	9.4	-	-
Total	106	100	18	100

The most common forms of gambling were horse racing in males and card machines in females (Table 84). Responders could report more than one form of gambling activity.

Table 84: Types of gambling.

Gambling	MALES		FEMALES	
	Freq.	%	Freq.	%
Horses	60	38.5	5	20.8
Card Machines	55	35.3	13	54.2
Cards	19	12.2	2	8.3
Greyhounds	7	4.5	-	-
Keno/Bingo	5	3.2	1	4.2
Casino	5	3.2	1	4.2
Chinese Poker	4	2.6	1	4.2
Trots	1	0.6	1	4.2
Total	156	100	24	100

Table 85 shows the sources of funding for the gambling. Males were more likely to report that crime financed gambling whereas females reported the dole and benefits.

Table 85: Finance for gambling.

Gambling Finance	MALES		FEMALES	
	Freq.	%	Freq.	%
Crime	49	39.8	6	25.0
Work / Savings	39	31.7	3	12.5
Dole / Benefits	17	13.8	10	41.7
Winnings from Gambling	9	7.3	2	8.3
Declined to Answer	6	4.9	1	4.2
Borrowing	3	2.4	2	8.3
Total	123	100	24	100

Fifty one males (47% of regular gamblers) and 10 females (48%) thought that gambling had caused them problems.

Twenty two males (20% of regular gamblers) and 4 females (9%) stated they would like help with their gambling problem. One (5%) female and 10 (9%) males had sought help in the past for their gambling.

Tattooing

Sixty eight (51%) females and 377 (57%) males were tattooed. Figure 109 shows the number of tattoos reported by responders. Six percent of females and 14% of males reported having more than twenty tattoos.

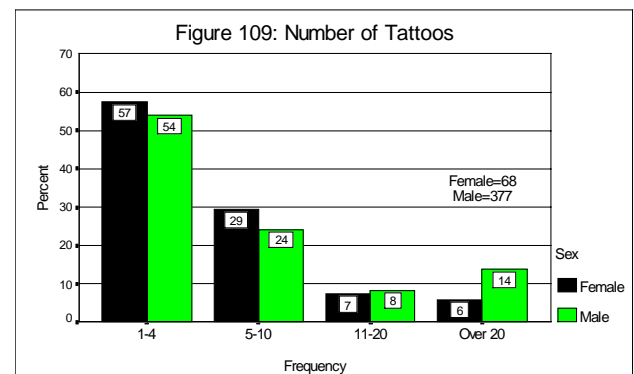


Figure 110 shows the location where the tattooing occurred; most responders obtained their tattoos whilst in the community. Males were more likely to report being tattooed in gaol compared with females.

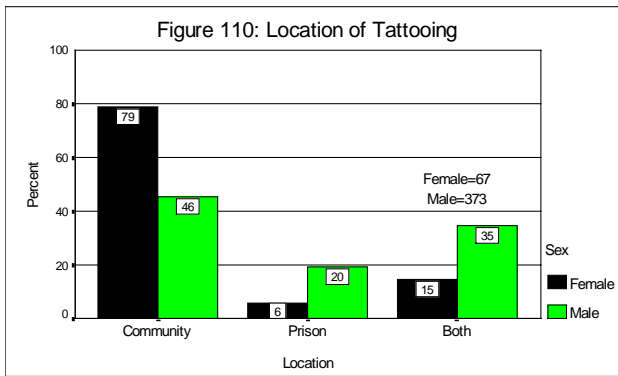
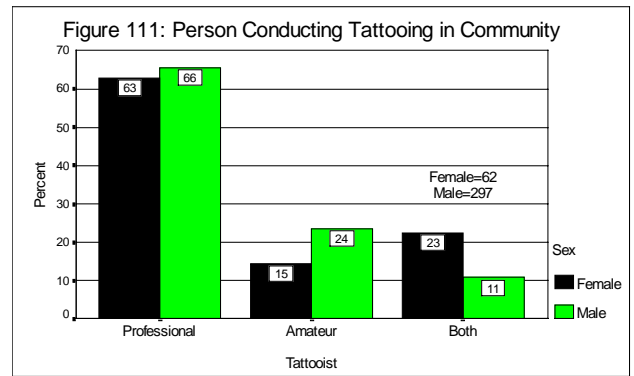


Figure 111 shows the professional status of the tattooist for individuals having tattoos in the community.



One female (1%) and 11 (2%) males reported being tattooed by a non-professional tattooist in the community without cleaning the equipment.

SEXUAL HEALTH

Sexual Health

Participants were asked to describe their sexuality. Figure 112 shows that the majority of respondents described themselves as heterosexual. Proportionately more females than males described themselves as either homosexual or bisexual. One inmate at a male gaol identified as transgender.

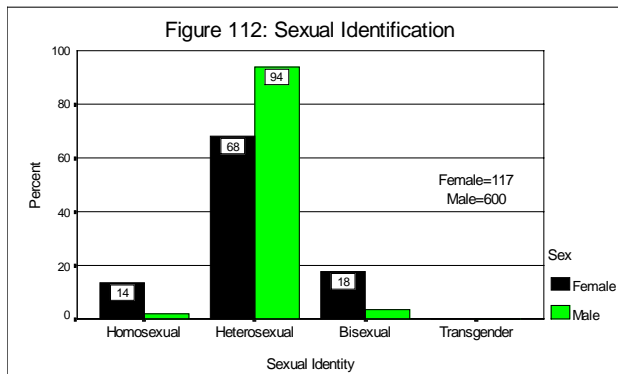
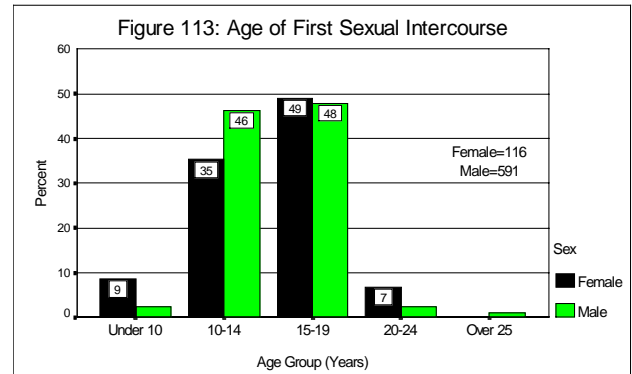


Table 86 shows that proportionately fewer males reported having sex with the same gender compared with females. A higher proportion of females had sex with both men and women.

Table 86: Gender of sexual partners.

Sexual Preference	MALES		FEMALES	
	Freq.	%	Freq.	%
Opposite Sex	570	94.5	79	68.1
Both	29	4.8	22	19.0
Same Sex	4	0.7	15	12.9
Total	603	100	116	100

Figure 113 shows that 57 females (49%) and 284 males (48%) had experienced their first sexual intercourse between the ages of 15 and 19 years. Females were more likely than males to report first sexual intercourse before they were ten years of age (9% cf. 2%).



Over half of the males sampled and a quarter of females had not engaged in sexual contact with a partner during the past year (Figure 114). A small proportion of males and females reported having over ten different sexual partners in the previous year.

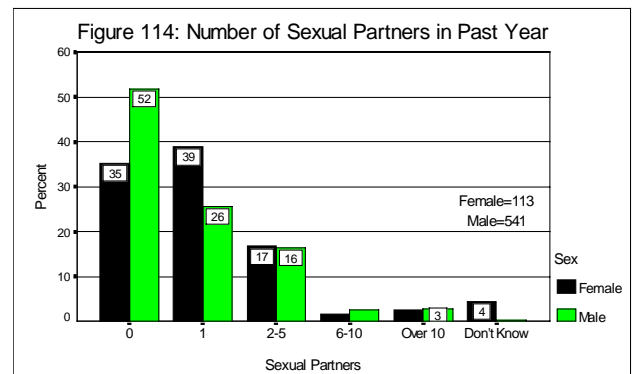


Figure 115 shows the number of lifetime sexual partners reported by inmates. A higher proportion of females reported over one hundred or an unknown number of sexual partners during their lifetime. A small proportion of males and females reported no sexual partners.

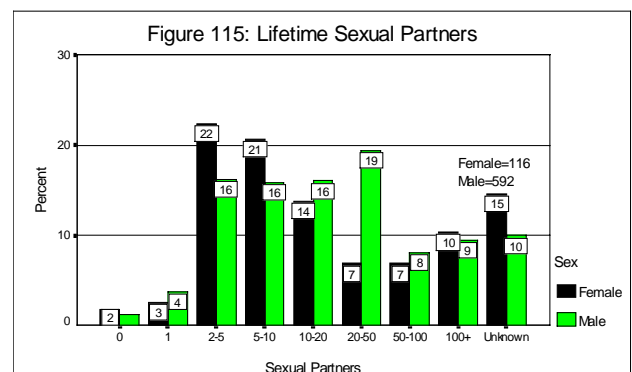


Table 87 shows the numbers reporting a past history of common sexually transmitted diseases (STD). Proportionately more females had been diagnosed with an STD compared with

males. The most commonly reported STD in males was pubic lice. Females were more likely to report genital warts and NSU compared with males.

Table 87: Previously diagnosed sexually transmitted diseases.

STD	MALES			FEMALES		
	Frequency	% STDs	% Males*	Frequency	% STDs	% Females*
Pubic Lice	125	46	7.0	13	20	15.4
Gonorrhoea	49	18	2.8	7	11	8.3
Genital Warts	31	11	1.7	12	19	14.2
Non specific urethritis (NSU)	27	10	1.5	12	19	14.2
Syphilis	24	9	1.3	6	9	7.1
Chlamydia	9	3	0.5	10	16	11.8
Genital Herpes	6	2	0.3	4	6	4.7
Total	271	100		64	100	

(* calculated as % of all males [n=657] and females [n=132])

Sexual Activity in Prison

Twenty (15%) females and 34 (5%) males reported they had engaged in consensual sex whilst in gaol.

Two (2%) females and 15 (2%) males reported engaging in non-consensual sex whilst in gaol. One of the females and 7 (47%) males who reported non-consensual sex said they had talked to someone else about the event.

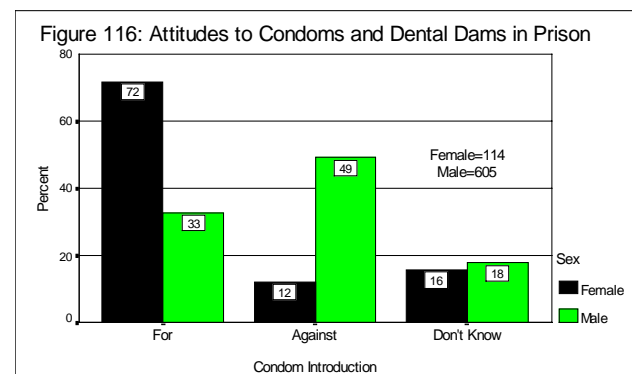
Twenty three (17%) females and 195 (30%) males reported awareness of sexual assaults occurring in prison in the previous twelve months. The majority of these assaults had taken place over six months ago. A number of incidents reported by males and females had occurred in the week prior to the survey (Table 88).

Table 88: Awareness of sexual assaults in gaol.

Sexual Assault	MALES		FEMALES	
	Freq.	%	Freq.	%
Last Week	11	5.6	2	9.1
1-4 Weeks	17	8.7	2	9.1
1-3 Months	34	17.4	6	27.3
3-6 Months	44	22.6	3	13.6
Over 6 Months	89	45.6	9	40.9
Total	195	100	22	100

Condom and Dental Dam Introduction

The feasibility of introducing condoms and dental dams into correctional facilities was under consideration at the time of the survey. Males tended to oppose the introduction of condoms whereas females supported the introduction of dental dams (Figure 116).



The most common reasons for supporting the introduction of condoms in males was that they prevent the spread of disease and are necessary for gay couples (Table 89). Females supported the introduction of dental dams, believing that it would make sexual contact safer and prevent the spread of disease.

Table 89: Reasons for favouring condom and

dental dam introduction in gaol.

Favours Introduction	MALES		FEMALES	
	Freq.	%	Freq.	%
Prevents Spread of Disease	86	48.3	27	38.0
OK For Gay Couples	51	28.7	8	11.3
Safer for People	24	13.5	34	47.9
Provides Protection	15	8.4	2	2.8
Encourages Sex	2	1.1	-	-
Total	178	100	71	100

The most common reason for opposing condom introduction reported by males was that it would increase the incidence of sexual assault/rape (Table 90).

Table 90: Reasons for opposition to condom and dental dam introduction in gaol.

Opposes Introduction	MALES		FEMALES	
	Freq.	%	Freq.	%
Increases Sexual Assaults/Rapes	67	31.5	1	14.3
Against Homosexual Activity	42	19.7	-	-
Not Personally Required	39	18.3	2	28.6
Unnecessary/No Need	33	15.5	1	14.3
Encourages Sex	23	10.8	-	-
Implies Inmates are Homosexual	8	3.8	-	-
No One Uses Them	1	0.5	3	42.9
Total	213	100	7	100

Condom Use Prior to Imprisonment

Figure 117 shows condom usage in the twelve months prior to imprisonment. The majority of respondents did not use condoms whilst in the community.

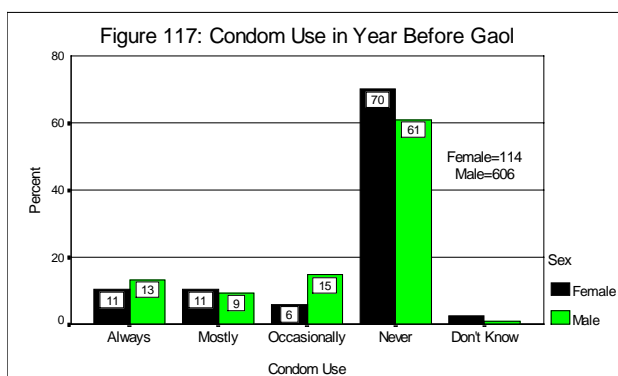


Table 91 shows the most common reason for not using condoms in the year before imprisonment was because they were in a stable relationship ie: married or defacto married.

Table 91: Reasons for not using condoms in 12 months prior to imprisonment.

Why Didn't Use Condoms	MALES		FEMALES	
	Freq.	%	Freq.	%
Married/Defacto Married	209	64.5	51	72.9
Doesn't Like the Feeling	65	20.1	2	2.9
No Sex Partners	13	4.0	8	11.4
Never Thought About It	13	4.0	6	8.6
Knew Partners Were Clean	7	2.2	-	-
Prefers Natural Sex	4	1.2	-	-
Inebriated	3	0.9	-	-
Doesn't Like Rubber	3	0.9	-	-
Unavailable	3	0.9	-	-
Weren't Popular in My Generation	2	0.6	-	-
No Testicles	1	0.3	-	-
Trying to Conceive	1	0.3	3	4.3
Total	324	100	70	100

Sexual Abuse

Inmates were asked a number of questions relating to sexual activity with an older person before the age of consent (16 years of age).

Sixty four (48%) females and 103 (16%) males had participated in some form of sexual activity before they were sixteen years old. Inmates could specify more than one type of sexual activity.

The proportion of responders reporting sexual abuse was higher amongst females compared with males (Table 92). Thirty six percent of females and 10% of males had been involved in attempted or completed sexual intercourse.

Table 92: Involvement in sexual activity by adult before the age of sixteen.

Sexual Activities Under 16 Years	MALES			FEMALES		
	Frequency	%	%	Frequency	%	%
			Males*			Females*
Touched or Fondled Private Parts	92	31.5	14.0	59	28.9	44.7
Make Touch Private Parts	80	27.4	12.2	50	24.5	37.9
Attempted or Completed Intercourse	69	23.6	10.5	47	23.0	35.6
Forced to Perform Unwanted Sexual Activities	51	17.5	7.8	48	23.5	36.4
Total	292	100		204	100	

(* calculated as % of all males [n=657] and females [n=132])

Table 93 shows that the sexual abuse occurred before the age of ten in approximately 40% of males and females. Responders could report abuse occurring in more than one age group.

Table 93: Age of sexual abuse.

Age of Abuse	MALES		FEMALES	
	Freq.	%	Freq.	%
0-10 Years	48	41.4	33	41.3
11-14 Years	44	37.9	38	47.5
15-16 Years	21	18.1	9	11.3
Can't Remember	2	1.7	-	-
Declined to Answer	1	0.9	-	-
Total	116	100	80	100

The identity of the abuser was unknown in 32 (35%) of the male and 16 of the female (23%) incidents (Table 94). Child-minders accounted for 14 (15%) cases of male child abuse. Fourteen (20%) female cases of sexual abuse was by brothers.

Table 94: Perpetrator of sexual abuse.

Identity of Abuser	MALES		FEMALES	
	Freq.	%	Freq.	%
Unknown Person	32	34.8	16	22.9
Childminders	14	15.2	6	8.6
Close Relation	12	13.0	10	14.3
Step Father	6	6.5	6	8.6
Friend	6	6.5	3	4.3
Teacher	5	5.4	4	5.7
Mother	3	3.3	-	-
Neighbour	3	3.3	2	2.9
Boy at Children's Home	2	2.2	-	-
Brother	2	2.2	14	20.0
Children's Home Carer	2	2.2	1	1.4
Sister	1	1.1	-	-
Stepmother	1	1.1	-	-
Other Relative	1	1.1	-	-
Children's Home Health	1	1.1	-	-

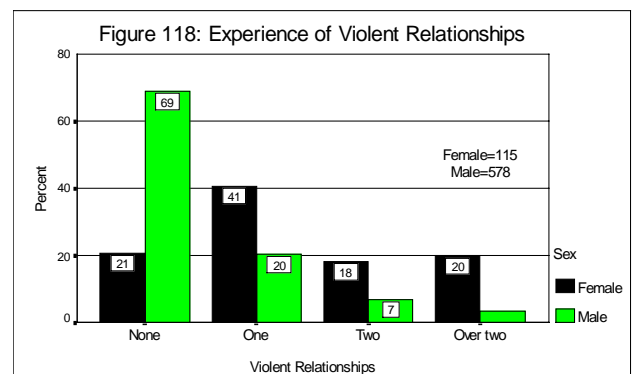
Worker				
Father	1	1.1	8	11.4
Grandfather	-	-	2	2.9
Declined to Answer	11	12.0	1	1.4
Total	92	100	70	100

Eleven (17% of those reporting abuse) females and 26 (25%) males reported that they talked to someone about the event when it happened.

One (2% of those reporting abuse) female and 21 (20%) males felt they needed professional assistance to help them cope with their experience.

Violent Relationships

Figure 118 shows that proportionately more females reported involvement in a violent relationship compared with males. Proportionately more females than males reported involvement in two or more violent relationships.



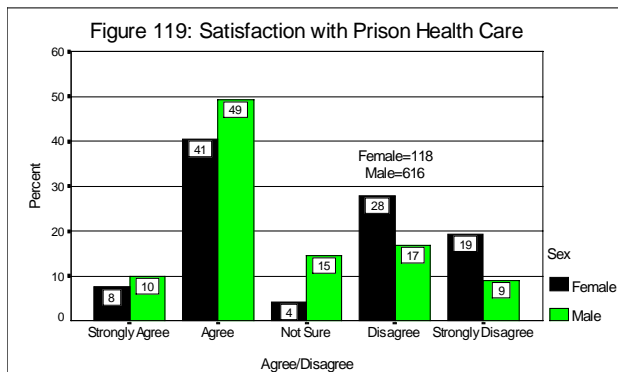
HEALTH SERVICE EVALUATION

Health Services Appraisal

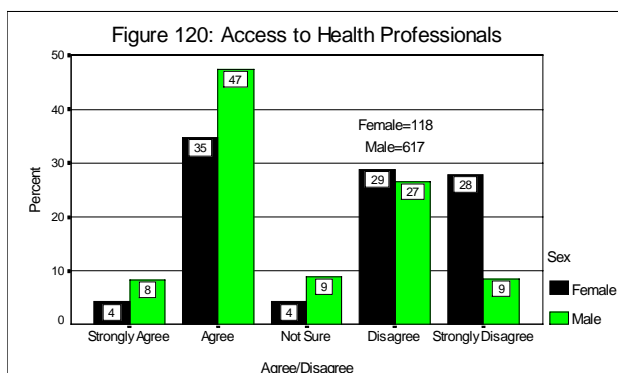
Inmates were asked to evaluate the health services provided in correctional centres and make comments or suggestions on improvements to the health system.

The following section required inmates to agree or disagree with statements relating to aspects of the health provided in prison.

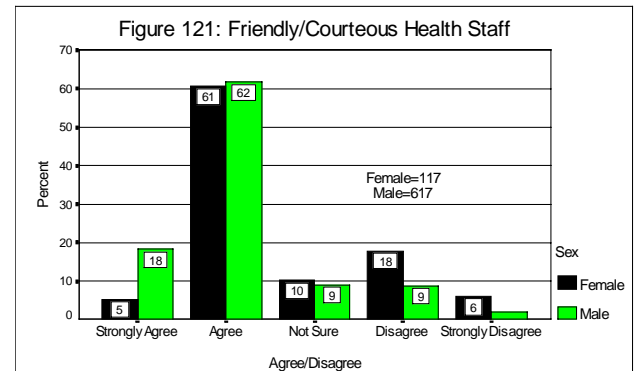
Approximately half of the female and male responders agreed or strongly agreed that they were satisfied with the health care received in prison (Figure 119). A higher proportion of females than males either disagreed or strongly disagreed with this statement.



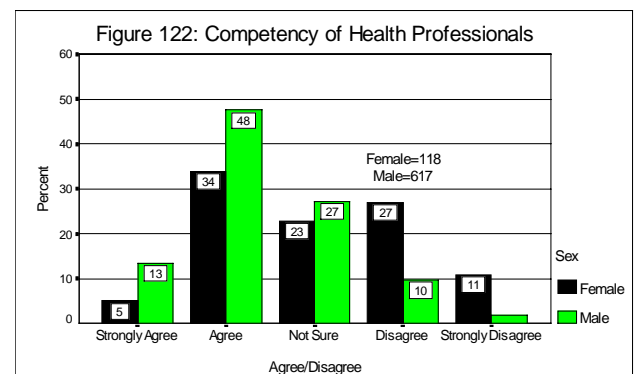
Proportionately more males agreed they could see a health professional without too much trouble compared with females (47% cf. 35%). A higher proportion of females strongly disagreed with this statement (Figure 120).



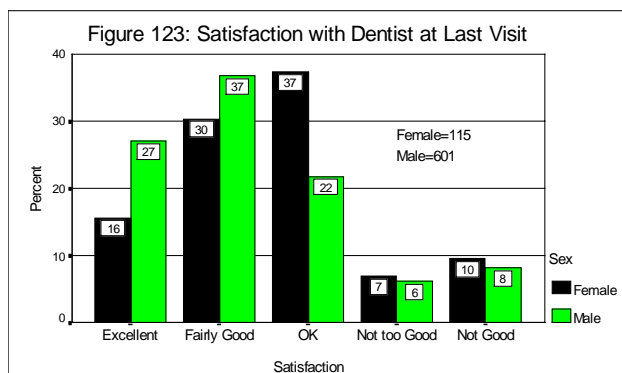
The majority of males and females agreed that health staff were courteous and friendly in the delivery of health services. Proportionately more females than males either disagreed or strongly disagreed with this statement (Figure 121).



Males were more likely than females to agree that the health professionals were competent and well trained (Figure 122). Proportionately more females disagreed with this statement.



The majority of males and females were satisfied with the dentist at last visit, rating the service as either excellent or fairly good (Figure 123). A small proportion of males and females were dissatisfied with the dental services at the last visit.



prison health system. Inmates were asked whether these components of service provision needed improving.

A high proportion of males and females thought that the waiting time for specialists and dentists should be reduced and there should be more access to doctors. Proportionately more females thought there should be more choice of doctors compared with males.

Table 95 shows responses to prompted statements on certain aspects of the

Table 95: Improvements to correctional health system.

Improvements to Health System	MALES			FEMALES		
	Freq.	% Improvements	% Males*	Freq.	% Improvements	% Females*
Reduce Specialist Waiting Time	498	16.1	75.8	104	15.4	78.8
Increase Access to Doctor	494	15.9	75.2	109	16.1	82.6
Reduce Dentist Waiting Time	478	15.4	72.8	95	14.1	72.0
Less Travelling Time to See Specialists	439	14.2	66.8	78	11.5	59.1
Reduce Hospital Waiting Time	411	13.3	62.6	99	14.6	75.0
More Choice of Doctors	397	12.8	60.4	102	15.1	77.3
More Access to Clinic	383	12.4	58.3	89	13.2	67.4

(* calculated as % of all males [n=657] and females [n=132])

Inmates were encouraged to make suggestions regarding improvements to the health system (Table 96).

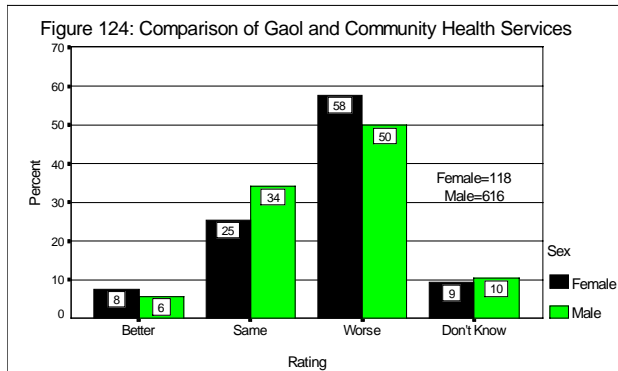
Twenty six (4%) males suggested there should be access to local specialists. Over 11% of females suggested that staff attitudes needed improving.

Table 96: Suggestions on improvements to correctional health system

Improvements to Health System	MALES			FEMALES		
	Frequency	% Improvements	% Males*	Frequency	% Improvements	% Females*
Access To Local Specialist	26	32.9	4.0	2	5.7	1.5
Improve Staff Attitudes	13	16.5	2.0	15	42.9	11.4
Improve Dental Care	8	10.1	1.2	2	5.7	1.5
More Aboriginal Health Workers	8	10.1	1.2	2	5.7	1.5
Flexibility With Medication Administration	6	7.6	0.9	-	-	-
Improve Clinic Facilities	6	7.6	0.9	3	8.6	2.3
Better Trained Health Staff	5	6.3	0.8	4	11.4	3.0
Reduce Clinic Waiting Time	2	2.5	0.3	2	5.7	1.5
Access to Other Health Practitioners	2	2.5	0.3	1	2.9	0.8
More Accountability	1	1.3	0.2	-	-	-
Ensure Specialists Keep Appointments	1	1.3	0.2	-	-	-
Increase Health Consciousness/Promotion	1	1.3	0.2	1	2.9	0.8
Improve Medical Records	-	-	-	2	5.7	1.5
More Health Literature/Pamphlets Required	-	-	-	1	2.9	0.8
Total	79	100		35	100	

(* calculated as % of all males [n=657] and females [n=132])

Over half the male and female respondents rated the health service in prison as worse than in the community. Few inmates said the prison health service was better compared with the community (Figure 124).



Aboriginal Health Services

Aboriginal inmates were asked to comment on utilisation of the special services provided for indigenous inmates. Eighty nine male and female Aboriginals (38% of Aboriginals) stated they had used some of these services.

The most commonly utilised service by Aborigines was the Aboriginal welfare worker (Table 97). Nine percent of Aboriginal inmates has accessed the Aboriginal psychologist.

Table 97: Use of Aboriginal services.

Aboriginal Service	Freq.	% Service	% Aboriginals*
Aboriginal Welfare Worker	85	47.2	36.2
Aboriginal Medical Officer	39	21.7	16.6
Aboriginal Health Worker	35	19.4	14.9
Aboriginal Psychologist	21	11.7	8.9
Total	180	100	

(* calculated as % of all Aboriginals [n=235])

Comments and suggestions were invited on the special services provided for Aboriginal inmates (Table 98). The majority of comments were positive; however a number of the responses indicated there were difficulties in accessing these services. Access problems were found to have occurred at rural gaols.

Table 98: Comments on Aboriginal services.

Comment	Freq.	% Comments	% Aboriginals*
Helped with problems	21	22.6	8.9
Culturally Sensitive/Understanding	19	20.4	8.1
Caring/Easy to Talk To	13	14.0	5.5
Unhappy with Service	11	11.8	4.7
Provides Contact with Family	9	9.7	3.8
Problems Accessing Service	9	9.7	3.8
Personalised Service	7	7.5	3.0
Speeded Things Up	2	2.2	0.9
Provide Education Courses	2	2.2	0.9
Total	93	100	

(* calculated as % of all Aboriginals [n=235])

COMMENTS on HEALTH CARE

General Comments on Prison Health Care

Inmates were invited to comment on any aspect of prison health care and the survey in an unstructured manner, these comments were then coded into various categories as shown in Table 99.

The most common response by males was to comment positively on the survey, stating that it was long overdue. Female responders tended to focus on staff problems at the clinic and waiting time to see health professionals.

Table 99: Comments on the prison health system and the health survey.

Comment	MALES		FEMALES	
	Frequency	%	Frequency	%
Survey Good Idea / Long Overdue	31	8.6	6	4.9
Animosity/Attitude Problems with Clinic Staff	26	7.2	22	17.9
Satisfied With Health System	25	7.0	3	2.4
Waiting Time Too Long For Health Professionals	24	6.7	10	8.1
More Access to Doctors	19	5.3	10	8.1
Concerned Re. Dental Service	18	5.0	2	1.6
Access Problems at Clinic	15	4.2	3	2.4
Problems Accessing Medical Services/Medication	14	3.9	1	0.8
Service In Prison Worse Than Community	11	3.1	4	3.3
Need Syringe Exchanges/Bleach	11	3.1	2	1.6
More Aboriginal Workers Needed	10	2.8	-	-
More Access To Specialists	10	2.8	-	-
More Access to Dentist	10	2.8	4	3.3
DOCS Staff Interfere With Health Care	10	2.8	2	1.6
More Preventative Programmes/Education/Screening	9	2.5	2	1.6
Problem Accessing Special Diet	9	2.5	3	2.4
Certain Drugs/Procedures Unavailable	7	1.9	3	2.4
Concerned Re. Infection/Hygiene	7	1.9	3	2.4
Need Regular Check Ups	6	1.7	-	-
Health System Needs Upgrading	6	1.7	5	4.1
Problems Receiving Pathology Results	6	1.7	3	2.4
Not Enough D&A Workers	6	1.7	2	1.6
Lack Of Psychological Services	6	1.7	1	0.8
Programmes Needed to Help Break Prison Cycle	6	1.7	1	0.8
More Exercise Facilities Needed	5	1.4	-	-
Alternative Medicine/Practitioners Needed	5	1.4	3	2.4
Need Special Diets for Hepatitis Sufferers	5	1.4	2	1.6
Can't Access Clinic Because of Work	4	1.1	-	-
Survey Time Consuming/Too Long	4	1.1	5	4.1
Problem With Medication	4	1.1	2	1.6
Given Wrong Advice on Denture Availability	3	0.8	-	-
Found Talking to Interviewer Good	3	0.8	-	-
Special Needs For Elderly Required	3	0.8	-	-
Health Information/Services in Other Languages	3	0.8	2	1.6
Inadequate Access to Health Services in Camps	2	0.6	-	-
Poor Quality Toothpaste/ Toothbrushes	2	0.6	-	-
Vitamins Should be Available	2	0.6	1	0.8
Elderly Shouldn't Have Priority Over Young	1	0.3	-	-
Surgical Procedure Cancelled	1	0.3	-	-
Need Incest Survivors Service	1	0.3	-	-
Need Stress Management Courses	1	0.3	-	-
Separate Gaols Needed For Aboriginals	1	0.3	-	-
Unhappy With Optometrist Service	1	0.3	-	-
Panadol Not Universal Panacea	1	0.3	4	3.3
Inadequate Because of Number of Inmates	1	0.3	1	0.8
Inadequate Services For Complex Gaol Health Matters	1	0.3	1	0.8
Need More Access to Sun Screens	1	0.3	1	0.8
Penalised if Try to Access Specialists	1	0.3	1	0.8
Disability Not Catered For	1	0.3	1	0.8
Need All Female Doctors	-	-	1	0.8
Need Other Health Providers eg: physiotherapists./dietitians	-	-	4	3.3
Too Many Aboriginal and Ethnic Services	-	-	2	1.6
Total	359	100	123	100

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APPENDIX 1 - BLOOD TESTS

1. Human Immunodeficiency Virus (HIV).

GENELAVIA MIXT ELISA. SANOFI (France)

2. Hepatitis B Core-antibody.

Anti-HBc Enzyme Immunoassay. GENERAL BIOLOGICALS (Taiwan).

3. Hepatitis B Surface-antigen.

HBsAg Enzyme Immunoassay. MUREX (UK).

4. Hepatitis C Antibody.

Innotest HCV ANTIBODY III Enzyme Immunoassay. INNOGENETICS (Belgium).
Murex anti-HCV III Enzyme Immunoassay. MUREX (UK).

5. Hepatitis C PCR.

RNA detection by Roche Amplicator Assay. ROCHE DIAGNOSTICS

6. Chlamydia Trachomatis.

PCR ELISA (Boehringer Mannheim Pty. Ltd. #1636111).

7. Syphilis Rapid Plasma Reagin (RPR).

RPR. PANBIO (Australia)

8. Syphilis - Treponema Pallidum Particle Agglutination (TPPA).

SERIODIA TPPA. FUJIREBIO (Tokyo)

9. Rubella.

Rubella Hemagglutination Inhibition Test (Kaolin Method). BEHRING (Marburg).

10. Cholesterol.

Total cholesterol was determined using an enzymatic method on an Olympus AU 5000 analyser.

11. Mean Cell Volume and Iron Level.

Blood samples were processed through a Sysmex Blood Cell Analyser, model NE 8000.

12. Herpes Simplex Type-2

Glycoprotein G2 (gG2) is purified by lectin affinity chromatography from HSV-2 infected cells and used in an indirect ELISA test for determination of HSV-2 type-specific antibody.

A 96 well ELISA plate is coated with gG2 antigen, incubated overnight and the unbound antigen washed off. A sample of human serum is added to the plate, any HSV-2 specific antibodies bind to the antigen and the excess is washed off. An anti-human IgG/peroxidase conjugate which binds to these specific antibodies is then added. The enzyme component of the bound conjugate produces a colour change on the addition of a chromogen. The reaction is stopped using acid and the intensity of

the colour is measured by spectrophotometry and is proportional to the concentration of HSV-2 specific antibodies in the sample.

The Western Blot technique is used to confirm the presence of the antibody to HSV-2, thus enhancing specificity.

APPENDIX 2 - RESEARCH PROPOSALS

Persons wishing to analyse aspects of the data or use the survey for comparative purposes are encouraged to write to the CEO outlining project proposals. A package has been developed containing the protocol used for the project, the physical and mental health questionnaires and details of the survey's methodology.

Data will be made available to those wishing to pursue further research, subject to approval by the Corrections Health Service.

Submissions should be addressed to:

Chief Executive Officer
NSW Corrections Health Service
Long Bay Correctional Centre
PO Box 150
Matraville NSW 2036
Australia.