THE 2001 NEW SOUTH WALES INMATE HEALTH SURVEY

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Corrections **Health Service**

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FOREWORD

The findings presented in this document form a key component of the Corrections Health Service planning strategy for the prison health system. The health survey described here was first conducted in 1996 and provided important information which lead to the introduction of health interventions and other initiatives aimed at improving prisoners health. The 2001 undertaking enhances the previous survey in several areas – head injury, mental health and intellectual disability.

It is clear that prisoners' health is poor compared with the general community in all areas and efforts need to be maintained to reduce this gap. Of particular concern is the high level of infectious diseases which pervade this population. Overall, there is a favourable perception among inmates of the health services provided in prison; however there are access issues which need to be addressed.

This report is accompanied by a detailed document outlining the mental health status of the prisoner population which was undertaken at around the same time. This report builds on the self-reported mental health information presented here through the use of diagnostic screening instruments.

The NSW survey has been widely adopted in Australia with Queensland and Victoria conducting similar projects. Given the level of interest across the other states, it is recommended that a national survey be conducted in 2006.

While this survey provides cross-sectional information, it leaves a number of questions unanswered. These will be the subject of more detailed research projects which investigate specific hypotheses. Further research should also examine the health differential between indigenous and non-indigenous prisoners.

Dr Richard Matthews
Chief Executive Officer

September 2003.

EXECUTIVE SUMMARY

- The prevalence of Hepatitis C in men increased from 34% in 1996 to 40% in 2001 but remained stable among women.

- No women and one (0.1%) man tested positive for HIV infection - this diagnosis was a known case.

- 31% of women and 28% of men tested positive for hepatitis B core-antibody, which was lower than in the 1996.

- 64% of women and 40% of men were hepatitis C antibody positive.

- 11% of women and 20% of men were identified as 'probable pathological gamblers'.

- Head injuries resulting in an episode of unconsciousness or 'blacking out' were common among prisoners (women 39% and men 45%). Forty-one percent of women and 23% of men with a head injury reported unresolved side effects

- 50% of women and 68% of men felt that the information given to health staff is kept confidential.

- Approximately one-third of women and one-fifth of men had been through the childhood care system.

- Scores on all eight dimensions of the SF-36 were lower than for the general community; this difference was more pronounced among women than men.

- 95% of women and 78% of men had at least one chronic condition.

- Health services at the small, rural prisons had the highest approval rating from inmates in contrast to clinics at older style prisons.

- 60% of women and 70% of men felt that health care consultations were sufficiently private.

- Approximately one-third of inmates were unaware that the Corrections Health Service is a separate organisation from the Department of Corrective Services.

- Men were more likely than women to disapprove of the food in prison (68% *vs.* 47%).

- 18% of women and 27% of men scored below the pass rate on the intellectual disability screener. Of those who were further assessed using the WAIS-R, 59% of women and 39% of men were determined to have either an intellectually disability or were functioning in the borderline range.

- Inmates who had received no family/friend visits in the last four weeks and no phone or letters calls in the last two weeks were more likely to be either 'moderately' or 'severely' depressed according to the Beck Depression Inventory than those who had received phone calls/letters.

- Over one third of women and approximately half the men drank alcohol in the 'hazardous' or 'harmful' range according to the Alcohol Use Disorders Identification Tool (AUDIT).

- 83% of women and 78% of men were current smokers. Approximately 95% of current smokers mainly consumed hand rolled cigarettes which have higher nicotine and tar content than factory-made cigarettes

- 84% of women and 80% of men had used illicit drugs at some time in their life; 74% of women and 67% of men had used illicit drugs regularly in the twelve months before prison

- Over three-quarters of men and women thought that it was either 'quite easy' or 'very easy' to get drugs in prison.

- Knowledge of hepatitis C transmission was good – only 5% of women and 6% of men had 'no idea' how the virus can be transmitted.

- 60% of women and 37% of men had been sexually abused before the age of sixteen; 30% of women and 10% of men had been sexually abused before the age of ten.

- Comments given by inmates in regard to their perception of prison health services provided a rich source of information. Common themes focussed on staff attitudes and waiting time to access health services, in particular dental health.

INTRODUCTION

In 1996 the New South Wales Corrections Health Service (CHS) conducted a wide-ranging survey of the NSW inmate population.[1] The main aim of this survey was to provide reliable epidemiological data on the health status of the prisoner population. In this regard it was successful and provided one of the most comprehensive descriptions of prisoners' health in the world. It also resulted in a number of publications appearing in peer reviewed medical journals on areas of prisoners' health such as infectious diseases, sexually transmitted infections, and substance misuse. Importantly, for inmates, it provided accurate information to enable CHS to advocate for increased funding for prison health services and enabled an evidence based approach to health service development.

Given the success of the 1996 survey, it was decided that it should be repeated after five years to examine changes in health status and identify trends in key health indicators. Several new topics were incorporated into the 2001 survey to reflect areas of emerging concern such as intellectual disability, head injury, and mental health.

It was also decided to re-screen those individuals who had participated in the 1996 survey and were currently in custody. This cohort of prisoners is unique and will enable the long-term impact of incarceration on health to be examined.

This report presents the overall findings of the 2001 Inmate Health Survey classified by sex and age. Appendix 1 highlights significant changes between 1996 and 2001. It is anticipated that several other reports will be produced to supplement these findings such as a report on Aboriginal health. The psychiatric assessment using the Composite International Diagnostic Interview (CIDI) assessment will also be presented as a separate report as will the cohort data.[2]

METHODS

The methodology for the 2001 survey was similar to that used in 1996 to ensure consistency across the surveys. The design represents a cross-sectional random sample of inmates stratified by sex, age and Aboriginality. The sample includes approximately 10% of male and 34% of female inmates in full-time custody. The stratification ensured that there were sufficient numbers of both indigenous and non-indigenous inmates to enable the health status of each sub-group could be described separately. The survey was conducted between July and November 2001.

Study Sample

According to the 2001 Inmate Census, there were 514 female and 7160 male prisoners in full-time custody on the 30th June 2001.[3] Aborigines are over represented in the correctional system, comprising 16% and 25% of male and female prisoners compared with approximately 1% in the general community. Given this over-representation, and variations in health status between indigenous and non-indigenous Australians, it was decided to stratify by Aboriginality. The sample was also stratified into three age groups: under 25 years, 25 – 40 years, and over 40 years. The structure of the overall prisoner population and the study sample classified by sex, age and Aboriginality are shown in Tables 1 & 2. The sample size was chosen to enable reliable prevalence estimates to be reported across a range of conditions for each of the strata.

		Men		Women		Total	
	Age (Years)	Number	%	Number	%	Number	%
Aboriginal	< 25	366	4.8	52	0.7	418	5.4
	25 - 40	626	8.2	67	0.9	693	9.0
	> 40	122	1.6	11	0.1	133	1.7
	Total	**1114**	**14.5**	**130**	**1.7**	**1244**	**16.2**
Non Aboriginal	< 25	1455	19.0	99	1.3	1554	20.3
	25 - 40	3079	40.1	219	2.9	3298	43.0
	> 40	1512	19.7	66	0.9	1578	20.6
	Total	**6046**	**78.8**	**384**	**5.0**	**6430**	**83.8**
Total	< 25	1821	23.7	151	2.0	1972	25.7
	25 - 40	3705	48.3	286	3.7	3991	52.0
	> 40	1634	21.3	77	1.0	1711	22.3
	Total	**7160**	**93.3**	**514**	**6.7**	**7674**	**100.0**

Table 1: *Structure of the NSW prisoner population*[i]

[i] Note: Population as at 30th June, 2001. The Indigenous status of 61 inmates in the general prisoner population was unknown and have been omitted from the table.

		Men		Women		Total	
	Age (Years)	Number	%	Number	%	Number	%
Aboriginal	< 25	89	9.7	10	1.1	99	10.8
	25 - 40	99	10.8	17	1.9	116	12.7
	> 40	39	4.3	2	0.2	41	4.5
	Total	**227**	**24.6**	**29**	**3.2**	**254**	**27.8**
Non Aboriginal	< 25	165	18.1	28	3.1	193	21.1
	25 - 40	168	18.4	73	8.0	241	26.4
	> 40	187	20.5	37	4.0	224	24.5
	Total	**520**	**57.1**	**138**	**15.1**	**660**	**72.2**
Total	< 25	254	27.8	38	4.2	292	31.9
	25 - 40	267	29.2	90	9.8	357	39.1
	> 40	226	24.7	39	4.3	265	29.0
	Total	**747**	**81.7**	**167**	**18.3**	**914**	**100.0**

Table 2: *Structure of the study sample*

Selection of Inmates

Several days prior to screening, the NSW Department of Corrective Services (DCS) provided a list of all inmates at the prison to be screened. This list was stratified by sex, age, and Aboriginality. A fixed sampling fraction was obtained, proportional to numbers in each prison. The random sample was drawn using SPSS 11.[4]

A list of reserves was also drawn up to replace inmates who were either unavailable or who refused to participate in the survey. If an inmate was unavailable for the survey or refused to participate, one of the reserves was recruited until the required sample size for the gaol was achieved. Non-English speaking inmates were excluded for the survey.

The reason for screening prisons one at a time is that the state's prisoner population is extremely mobile. While the static population was 7,700 there are approximately 170,000 prisoner movements per year. This presents an important methodological challenge when conducting surveys in prison and necessitated drawing the sample as close as possible to the screening date to minimise loss due to transfers or release.

Recruitment of Inmates

Having selected the names of the participants, inmates were called up to the interview area and given a full explanation of the project by a member of the interview team. In most prisons, particularly the high security facilities, this involved a custodial officer retrieving the inmates from within the prison. The following features of the survey were explained to potential participants: involvement in the survey was voluntary, names had been selected at random, there was no obligation to answer questions deemed to be intrusive, subjects could withdraw at any time during the interview, information would be treated with the utmost confidentiality, questionnaires would be marked with an anonymous identification code, $10 would be paid to participants to

compensate for time lost at work, and written consent would be required. The structure of the consent form allowed participants to decline screening for HIV. Pre-test counselling was provided to all inmates prior to taking the blood sample.

Correctional Centres

All 29 correctional facilities in NSW were included in the survey. The size, characteristic, and security classification of prisons vary considerably across the state (Tables 3 & 4). For example, some facilities are large metropolitan prisons whereas others are small, remote prisons housing younger offenders. Remote prisons tend not to admit inmates with certain medical conditions where access to medical care is limited. Further, some gaols (e.g. forestry camps) are more likely to admit only those who are physically fit and able to undertake work of a physical nature. Security classifications can also vary between prisons from 'minimum' to 'maximum' while others have several security classifications in operation within the same facility. Several prisons are used mainly for Aboriginal inmates.

	Prison Pop.[3]		Sample		% Prison	Predominant
Prison	No.	%	No.	%	Sampled	Characteristic
Bathurst	391	5.4	41	5.5	10.5	Aborigines
Berrima	63	0.9	10	1.3	15.9	White Collar Offenders
Brewarrina	34	0.5	6	0.8	17.6	Aborigines
Broken Hill	41	0.6	10	1.3	24.4	Aborigines
Cessnock	438	6.1	40	5.4	9.1	Industrial Centre
Glen Innes	122	1.7	17	2.3	13.9	Prison Camp
Goulburn	499	6.9	50	6.7	10.0	Reception Centre / Max. Security
Grafton	241	3.3	26	3.5	10.8	Aborigines / Reception Centre
Ivanhoe Camp	27	0.4	7	0.9	25.9	Aborigines
John Morony 1 & 2	482	6.7	43	5.8	8.9	Working Prison
Junee	578	8.0	67	9.0	11.6	Privately Operated
Kirkconnell	210	2.9	22	2.9	10.5	Forestry Camp
Lithgow	325	4.5	36	4.8	11.1	Long Term Inmates
Long Bay Hospital	112	1.6	12	1.6	10.7	Sick Inmates
MSPC*	768	10.6	69	9.2	9.0	Programs for Selected Groups
Mannus	157	2.2	21	2.8	13.4	Prison Camp
MMTC	308	4.3	20	2.7	6.5	Medical Transit Centre
MRRC	856	11.9	88	11.8	10.3	Main Reception Prison
Oberon	92	1.3	14	1.9	15.2	Forestry Camp
Parklea	429	5.9	44	5.9	10.3	Young Offenders
Parramatta	324	4.5	31	4.1	9.6	Transit Prison
Silverwater	427	5.9	38	5.1	8.9	Works Release
St. Heliers	238	3.3	27	3.6	11.3	Prison Farm
Tamworth	58	0.8	8	1.1	13.8	Aborigines / Reception Centre
Total	**7220**	**100.0**	**747**	**100.0**	**10.3**	

*Malabar Special Programmes Centre includes Training Centre and Special Purposes Centre

Table 3: *Male inmate population, survey sample and prison characteristic*

Prison	Prison Pop. No.	Pop. %	Sample No.	Sample %	% Prison Sampled	Predominant Characteristic
Emu Plains	192	38.9	61	36.5	31.8	Prison farm
Mulawa	301	61.1	106	63.5	35.2	Reception prison
Total	**493**	**100.0**	**167**	**100.0**	**33.9**	

Table 4: *Female inmate population, survey sample and prison characteristic*

Screening Procedures

The screening process was divided into several stages to make the implementation more manageable for the interviewers and provide a consistent structure to the survey. Broadly, this involved recruiting subjects and obtaining consent, conducting the physical health examination, taking the blood and urine specimens, and administering the questionnaires.

The intellectual disability screener (see Intellectual Disability section) required that those scoring below a certain threshold on the Hayes Ability Screening Index (HASI) were referred to a psychologist who administered the Wechsler Adult Intelligence Scale-Revised (WAIS-R).

The identical instrument that had been used in the National Survey of Mental Health and Wellbeing (NSMHWB), the CIDI-A, was also administered to obtain psychiatric diagnoses. Both the WAIS-R and the CIDI-A were administered up to two weeks after the initial interview resulting in some loss-to-follow-up. This was particularly so for the CIDI-A, which was generally administered after the WAIS-R assessment had been conducted.

Physical Health Measurements

The following physical measurements were recorded for each inmate during the initial part of the survey. Details of the test procedures are given in Appendix 4.

Height (cm)
Weight (kg)
Hip measurement (cm)
Waist measurement (cm)
Peak flow (L/min)
Blood pressure (mmHg)
Eyesight test
Blood sugar level (mmol/L)
Mantoux *tuberculin* skin test

Blood / Urine Testing

Screening for infectious diseases and other markers of health status involved testing for the following.

HIV antibody
Hepatitis B core-antibody, and if positive, Hepatitis B surface-antigen
Hepatitis B surface-antibody
Hepatitis C antibody
Syphilis
Herpes simplex virus type 1
Herpes simplex virus type 2
Cholesterol
Creatinine
Urinalysis was used to test for Chlamydia and Gonorrhoea

Details of the blood and urine tests used in the survey are given in Appendix 5

Physical Health Questionnaire

The overall approach to the collection of the health information was to use the same questions as in 1996 to enable longitudinal comparisons to be made. The questionnaire was originally devised with the specific intention of comparing prisoners' health with that of the general population. To this end, the instrument incorporated questions from community surveys such as the National Health Survey and the NSW Health Promotion Survey.[5;6]A number of standard screening instruments which are widely used in health research were also administered such as the Beck Depression Inventory (BDI) and the Short-Form-36 (SF-36).[7;8]

The scope of the physical health questionnaire was broad and included areas such as chronic health conditions, disability, recent health complaints, medication, head injury, health service utilisation, diet, exercise, sun protection, and satisfaction with the prison health services. Several sections of the questionnaire were aimed at specific groups such as women (breast self-examination, pregnancy, and cervical screening), Aborigines (use of Aboriginal health services and removal from families), and men (testicular examination).

Medical conditions were coded using the International Classification of Primary Care 2nd Edition (ICPC-2).[9] This system was developed by the World Organisation of Family Doctors for use in primary care settings. It can be mapped to the ICD coding system.

Medications were coded using The Society of Hospital Pharmacists of Australia Structured Drug Codes.

Intellectual Disability

A two-stage approach was adopted for intellectual disability testing: a short screener, the Hayes Ability Screening Index (HASI)[10] followed by a more comprehensive assessment using the Wechsler Adult Intelligence Scale-Revised (WAIS-R) for those scoring below a certain threshold.[11]

The HASI is a brief, individually administered screening index of intellectual abilities which was developed to indicate the possible presence of intellectual disability among individuals coming into contact with the criminal justice system. It determines those needing referral for a full-scale diagnostic assessment. It can be administered by non-psychologists following training. The instrument records a set of background data on schooling and education and requires the subject to complete three tasks: backward spelling, a trail puzzle, and a clock drawing.

Subjects scoring less than 85 out of a possible 100 were referred to a psychologist for assessment using the WAIS-R which is regarded as the gold-standard in screening for intellectual disability. Training in the use of the HASI was provided by one of the psychologists involved in its original development.

The WAIS-R is a basic test of intelligence, and a valid diagnostic tool and research instrument.[11] It uses the idea that 'intelligence' is a global entity, multidimensional, and an aggregate of specific, qualitatively different, abilities. The test measures intelligence through the use of six verbal and five performance sets of tasks. Each subtest is selected to tap into specific mental abilities, which together comprise intelligence.

The WAIS is the most widely used and robust assessment of intelligence. Although it provides a relatively quick profile of individual strengths and deficits, each assessment should be interpreted from a clinical perspective. Each person is an individual, whose culture, linguistic and social background, as well as motivation and environment in which the testing takes place, can affect the results. Nonetheless, the WAIS-R is an extremely reliable instrument and retest scores fall within five points. People with an intellectual disability score at two or more standard deviations below the mean (ie. less than or equal to 70). The intelligence quotient is a good predictor of academic performance, but does not reflect adaptive functioning in society so a diagnosis of intellectual disability requires additional information about the deficits in individual adaptive functioning.

Psychologists contracted to the survey administered the WAIS-R assessments between one and two weeks following the completion of the main survey.

Mental Health Questionnaire

A number of widely used assessment scales were included in the mental health questionnaire: the Beck Depression Inventory (BDI)[7], the Beck Hopelessness Scale[12], the Referral Decision Scale (RDS)[13], the Alcohol Use Disorders Identification Test (AUDIT)[14] and the South Oaks Gambling Screen (SOGS)[15]. In addition to these

instruments a number of customised questions were developed covering psychiatric history, suicide and self-harm.

This component of the questionnaire also included questions pertaining to behavioural risks (sexual health, smoking, tattooing, body piercing, substance use, and gambling).

Psychiatric Assessment

To reduce the reliance on self-reported mental health status, it was decided to utilise the same instrument that had been used as part of the National Survey of Mental Health and Wellbeing (NSMHWB).[16] This is essentially a modified version of the Composite International Diagnostic Interview (CIDI), which yields both DSM-IV and ICD-10 diagnoses. This instrument also incorporates several measures of disability (e.g. Brief Disability Questionnaire), personality disorder (International Personality Disorders Examination), general psychiatric morbidity (General Health Questionnaire), and psychological distress (K-0). The main advantage of this assessment tool is that it is computer-based and can be administered by a layperson following training.

Cloninger's Temperament Character Inventory was included as an additional measure of personality.[17] This is a dimensional measure which attempts to overcome the limitations of categorical measures of personality disorder. Categorical measures produce multiple diagnoses with overlapping traits and have limited clinical utility when considering the types of interventions to implement. Dimensional measures of personality are clinically more helpful in that they better describe the nature of the traits that are present in the population and thus better inform treatment needs.

Interviewers

Interviewers were recruited from nursing staff within CHS and, as a general rule did not screen prisoners at the prisons in which they routinely worked. This approach was adopted to minimise possibility of reluctance to disclose information on sensitive issues such as prison drug use. All interviewers were trained prior to the survey in the use of the screening instruments.

Two Aboriginal nurses also worked as part of the survey team and were responsible for liaising with the elders at the prisons prior to the survey and for screening indigenous inmates.

Psychology masters' degree students were recruited to the project to administer the CIDI-A under the supervision of CHS mental health staff.

Ethics Approval

Ethics approval was independently granted by both the NSW Corrections Health Service and the NSW Department of Corrective Services Ethics Committees.

An undertaking was made to the ethics committee that any illness or condition diagnosed in the course of the survey would generate a referral to appropriate medical services. This process was made easier by the use of experienced nursing staff who were familiar with the functioning of health services within the correctional system.

Reporting of Results

The following sections report the findings from the survey for men and women only. Tables presenting data for '% cases' refers to the percentage of all respondents. Appendix 1 compares changes between 1996 and 2001 for selected health indicators. Appendix 2 presents age-specific data for the three age strata used in the survey.
In this report the words inmate and prisoner are used interchangeably as are prison, gaol and correctional centre.

RESULTS

Response Rate

A number of inmates flatly refused to participate in the survey whereas others were engaged in activities preventing participation. Some of the reasons cited by refusers included: needle phobia, not wanting to leave their work, and imminent release; therefore, they perceived there was no point taking part. For those who were unavailable, reasons for non-participation included: court appearances, security classification interviews, transfers to other prisons, considered as 'too dangerous' by custodial staff, unable to leave their work, on day release from the prison, deported from Australia, and attending a funeral. In many cases we were reliant on custodial officers locating the inmates and we were often given no specific reason for the inmate refusing to participate.

The response rate was calculated as follows:

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

The overall response rate was 85%. The response rates were 84% for women and 85% for men; and 83% for Aborigines compared with 85% for non-Aborigines.

[i] Note: The denominator excludes unavailable inmates.

Demographic Characteristics

Age

The median age of women in the sample was 32 years (range 18 to 60) and 30 years (range 18 to 73) for men. Both these median ages are similar to those of the general prisoner population: women 29 years (range 18 to 66) and men 30 years (range 18 to 79). The median age of Aboriginal inmates was younger than non-Aboriginal inmates (27 years *vs.* 32 years) but was representative of the general prison population (28 years *vs.* 31 years).

Region of Birth / Non-English speaking background (NESB)

The majority of those screened were born in Australia (women 77%; men 80%) which is similar to the general NSW prisoner population (women 81%; men 75%) (Table 5).[i] Besides Australia, the most represented countries of birth among women were: New Zealand (4.9%), Philippines (3.7%), England (3.1%) and Vietnam (1.8%), and for men: New Zealand (3%), Vietnam (1.9%), England (1.3%), Fiji (1.1%), Hong Kong (0.8%) and Lebanon (0.7%).

Fourteen percent of both women and men in the sample were born in non-English speaking countries compared with 18% of the general NSW prisoner population (Table 5).[18]

Thirty-three (30%) Australian born women and 123 (22%) Australian born men had one or more parents born outside Australia. England and Scotland were the most common countries of birth for the parents of women prisoners and for men they were England and Lebanon.

[i] Country of birth was coded using the Australian Bureau of Statistics' Standard Australian Classification of Countries (SACC).[93]

	Men		Women	
Region of Birth	**Freq.**	**%**	**Freq.**	**%**
Australia and Oceania	633	85.0	133	81.6
Asia	55	7.4	14	8.6
Europe	41	5.5	13	8.0
Americas	10	1.3	3	1.8
Africa	6	0.8	0	0.0
Total	**745**	**100.0**	**163**	**100.0**
English Speaking Status of Country of Birth	**Freq.**	**%**	**Freq.**	**%**
Australian Born	595	79.9	125	76.7
Non-English Speaking Country	103	13.8	23	14.1
Other English Speaking Country	47	6.3	15	9.2
Total	**745**	**100.0**	**163**	**100.0**

Table 5: *Region of birth and English speaking status*

Marital Status

Forty-one percent of women and 49% of men had never been married (Table 6). Similar proportions of women and men (29% and 27%) identified as either married or living in a de-facto relationship as their legal marital status. A higher proportion of women than men were divorced, separated or widowed (23% *vs.* 17%).

	Men		Women	
Marital Status	**Freq.**	**%**	**Freq.**	**%**
Never Married	340	48.6	63	40.9
Married / Defacto	188	26.9	45	29.2
Divorced	62	8.9	18	11.7
Regular Partner	53	7.6	11	7.1
Separated	46	6.6	15	9.7
Widowed	11	1.6	2	1.3
Total	**700**	**100.0**	**154**	**100.0**

Table 6: *Marital status*

Living Situation

Prior to imprisonment, 60% of women and 54% of men lived in rental accommodation (Table 7). Three percent of women and 2% of men were homeless.

	Men		Women	
Living Situation	**Freq.**	**%**	**Freq.**	**%**
Renting	380	54.3	91	59.9
Own Home / Family	244	34.9	44	28.9
Unsettled Lodgings	58	8.3	12	7.9
No Fixed Abode / Sleeping Rough	15	2.1	5	3.3
Work Related Accommodation	2	0.3	0	0.0
Hospital	1	0.1	0	0.0
Total	**700**	**100.0**	**152**	**100.0**

Table 7: *Living situation prior to imprisonment*

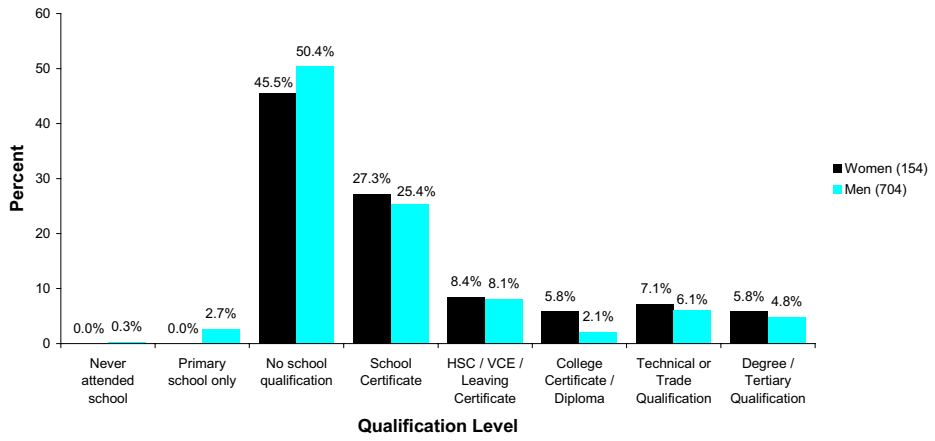
Educational Attainment

Low school achievement is one of the best independent predictors of convictions up to age thirty-two.[19] Young offending is also highly correlated with truancy and school exclusion.[20]

Overall, women had attained a higher level of education than men (Figure 1). Forty-six percent of women and 53% of men had left school with no qualifications indicating the need for educational programmes within prisons. Three percent of men had either never attended school or completed primary school only. Approximately one-quarter of both women and men had attended five or more schools (Table 8).

Poor schooling is also reflected in the number of school expulsions. Twenty-nine percent of women and 39% of men had been expelled from at least one school with 11% of women and 19% of men expelled more than once (Table 8). Twelve (8%) women and 75 (11%) men had attended a special school.

Figure 1: *Education level*



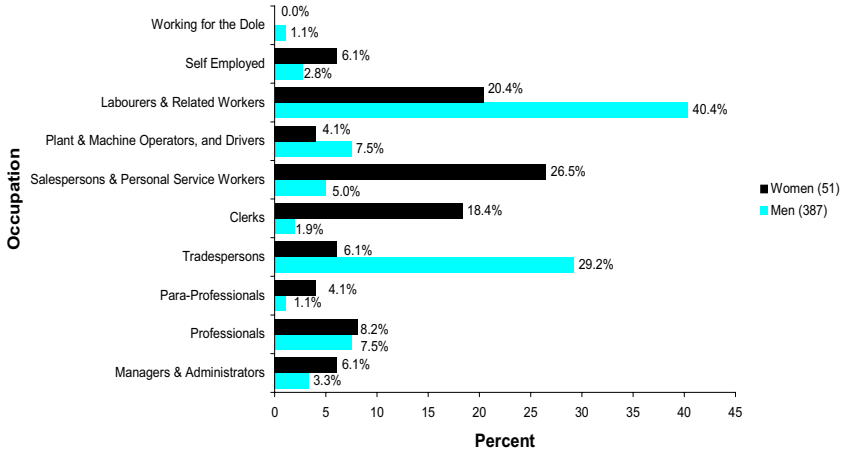
	Men		Women	
Schools Attended	**Freq.**	**%**	**Freq.**	**%**
1 - 2	282	40.1	54	35.8
3 - 4	242	34.4	59	39.1
5 - 6	87	12.4	16	10.6
> 6	92	13.1	22	14.6
Total	**703**	**100.0**	**151**	**100.0**
School Expulsions	**Freq.**	**%**	**Freq.**	**%**
0	431	61.5	106	70.7
1	136	19.4	8	18.7
2	62	8.8	7	4.7
> 2	72	10.3	9	6.0
Total	**701**	**100.0**	**150**	**100.0**

Table 8: *Schools attended and school expulsions*

Occupation and Employment Status

Fifty-six (36%) women and 389 (55%) men had worked in the six months prior to imprisonment.[i] Women were most commonly employed in sales and personal service work (27%) whereas men were employed as labourers and related workers (40%) (Figure 2).

Figure 2: *Occupation prior to imprisonment*



The remaining 98 (64%) women and 320 (45%) men were unemployed in the six months prior to imprisonment. One woman and two men reported criminal activities as their occupation and were classified as unemployed.

[i] Occupations were coded using the Australian Standard Classification of Occupations. Note: Sex workers were classified as self-employed.

Among those who had been unemployed in the six months prior to imprisonment, the period of unemployment ranged from less than one year (women 8%; men 13%) to over ten years (women 23%; men 7%) (Table 9). Nine percent of women and 12% of men had never worked.

Most inmates had received a benefit or pension in the six months before coming into prison[i] (women 85%; men 64%) (Table 9). The median length of time on a benefit or a pension was four years for women and 18 months for men.

	Men		Women	
Time Unemployed	**Freq.**	**%**	**Freq.**	**%**
6 months to less than 1 year	27	13.1	6	7.6
1 year to less than 2 years	46	22.3	8	10.1
2 year less than 5 years	58	28.2	25	31.6
5 year less than 10 years	35	17.0	15	19.0
10 years or more	15	7.3	18	22.8
Never Worked	25	12.1	7	8.9
Total	**206**	**100.0**	**79**	**100.0**
Benefit / Pension Type[i]	**Freq.**	**% Cases**	**Freq.**	**% Cases**
Unemployment Benefit	274	44.5	51	35.7
Invalid Pension	50	8.1	15	10.5
Sickness Pension	26	4.2	10	7.0
Supporting Parents Pension	18	2.9	44	30.8
Disability Support Pension	17	2.8	4	2.8
Carers Pension	11	1.8	4	2.8
Study Allowance	6	1.0	0	0.0
Other	6	1.0	0	0.0

Table 9: *Time unemployed prior to imprisonment and benefits and pensions received*

Prison Work

Many inmates have the opportunity to work for Corrective Services Industries (CSI) whilst in prison. This commercial industrial aspect of the prison system manufactures a range of products including textiles and furniture.

Overall, 124 (82%) women and 526 (74%) men worked in prison. Women's work was concentrated in a few occupations such as agriculture (23%) and producing headsets for the airline industry (21%) whereas men were employed in a broader range of activities (Table 10). Eighteen percent of the men's jobs in prison were in maintenance work. Sweepers (trusted prisoner who conduct domestic work in clinics and administration areas) accounted for 16% of women's prison jobs and 15% of men's.

[i] Note: Inmates could report receiving benefits and pensions irrespective of whether or not they had worked in the six months before prison.

	Men		Women	
Prison Occupation	**Freq.**	**%**	**Freq.**	**%**
Maintenance	95	18.3	8	6.5
Sweeper	79	15.2	20	16.1
Textiles	45	8.7	0	0.0
Other CSI	43	8.3	7	5.6
Timber Shop	35	6.7	0	0.0
Metal Shop	29	5.6	0	0.0
Garden / Farm / Nursery	26	5.0	28	22.6
Kitchen / Cook	26	5.0	7	5.6
Clerical Work	24	4.6	10	8.1
Education	21	4.0	6	4.8
Community / Bush Gang	16	3.1	0	0.0
Laundry	12	2.3	3	2.4
Librarian	10	1.9	1	0.8
Cleaner	9	1.7	2	1.6
Inmate Delegate	9	1.7	2	1.6
Craft Worker	8	1.5	0	0.0
Upholstery	8	1.5	0	0.0
Headsets	8	1.5	26	21.0
Motor Shop	6	1.2	0	0.0
Storeman / Packer	3	0.6	2	1.6
Animal Worker	3	0.6	0	0.0
Recreation	2	0.4	0	0.0
Barber	1	0.2	0	0.0
Printer	1	0.2	0	0.0
Book Binder	1	0.2	0	0.0
Dairy	0	0.0	1	0.8
Works Release	0	0.0	1	0.8
Total	**520**	**100.0**	**124**	**100.0**

Table 10: *Prison occupation*

Childhood Care Experiences

Most people who have been through the care system experience disrupted attachment such as the loss of a parent(s), multiple care placements, and inappropriate relationships with those responsible for providing care. Disrupted attachment leads to psychosocial maladjustment, mental health problems, and there is some evidence that it increases the risk of criminality.[21]

One possible reason for over-representation of people in prison who have experienced childhood care episodes in NSW prisons is based on the theory of attachment. Attachment theory proposed originally by Bowlby suggests that significant disruption to child-parent bonds, especially between mothers and their babies, will have negative outcomes upon the psychological development of the child.[22]

Indigenous Australians have suffered more than other groups in terms of parental separation and care placement. However, it should be recognised that there are many non-indigenous Australians who have also experienced care placements. In

2000/2001, there were over 9,000 (0.6% of those under 16) children and young people in care in NSW.[i]

Thirty-five (23%) women and 149 (21%) men had been in care before they were sixteen years old. The most common form of care was in boys' or girls' homes (women 9%; men 9%) (Table 11). Those reporting other types of care included refuges and church organisations.

Among those who had been in care, the duration ranged from less than six months (women 3%; men 12%) to those who had spent their entire childhood in care (women 39%; men 28%) (Table 11). The median age at the first care placement was eight years for women and ten years for men. Women were more likely than men to report six or more separate care episodes (Table 11).

	Men		Women	
Type of Care	**Freq.**	**% Cases**	**Freq.**	**% Cases**
In a Home	60	8.5	13	8.7
With an Extended Family	52	7.4	10	6.7
Foster Care	47	6.7	10	6.7
Other	10	1.4	4	2.7
Time in Care	**Freq.**	**%**	**Freq.**	**%**
Less than 6 months	16	11.9	1	3.2
6 months to less than 1 year	20	14.9	4	12.9
1 year to less than 2 years	20	14.9	2	6.5
2 years to less than 5 years	40	29.9	12	38.7
Entire Childhood	38	28.4	12	38.7
Total	**134**	**100.0**	**31**	**100.0**
Care Episodes	**Freq.**	**%**	**Freq.**	**%**
1	71	50.4	15	45.5
2 - 5	54	38.3	10	30.3
> 5	16	11.3	8	24.2
Total	**141**	**100.0**	**33**	**100.0**

Table 11: *Type of care / total time in care / number of care episodes*

Aboriginal Removal from Family

Six (33%) indigenous women and 56 (32%) indigenous men had been removed from their parents as children with most reporting this occurred before the age of ten (Table 12). Placement with another Aboriginal family was the most common form of care (Table 12). Two (33%) women and 15 (27%) men had never been returned to their parents.

Four (31%) Aboriginal women and 30 (21%) Aboriginal men reported that their parents had been forcibly removed from their families as children.

[i] Source: NSW Department of Community Services, Foster Care Fact Sheet. July 2002.

	Men		Women	
Age (Years)	**Freq.**	**%**	**Freq.**	**%**
0 - 5	21	38.2	3	60.0
6 - 10	16	29.1	0	0.0
11 - 14	18	32.7	2	40.0
Total	**55**	**100.0**	**5**	**100.0**
Care Placement*	**Freq.**	**% Cases**	**Freq.**	**% Cases**
Aboriginal Family	23	40.4	3	50.0
Institution	22	38.6	2	33.3
Non-Aboriginal Family	13	22.8	2	33.3

*More than one type of care could be reported

Table 12: *Age when removed from parents / where placed*

Juvenile Detention

Juvenile detention is a strong predictor of continuing involvement in both the juvenile and adult criminal justice systems. Detaining a child diminishes their chances of becoming a productive citizen and increases the likelihood of future incarceration. Incarceration exposes children to violence and negative peer influence and limits the opportunities for them to return to their communities. In particular, the majority of young people released from detention face serious obstacles in re-enrolling in school and finding employment.[23] Crime is committed disproportionately by 15-25 year olds, peaking between the ages of fifteen and eighteen and declining by the late twenties. A study of 33,900 young offenders in NSW showed that the average age of first criminal appearance was sixteen, with 70% appearing only once before the Children's Court.[24] Boys are about seven times more likely to be charged for offending than girls.

Overall, 37 (26%) women and 279 (41%) men had been in juvenile detention. Property offences were common for both women and men (37% and 56%) with violent crimes (homicide, assault, sexual offences and robbery) accounting for 37% of women's offences and 34% of men's (Table 13).

Fourteen was the median age of the first episode of juvenile detention for both women and men indicating that this may be a critical age at which to intervene if the cycle of crime is to be broken.

Of those with a history of juvenile detention, women had an average of five separate episodes of detention compared with 4.5 for men.

	Men		Women	
Offence Category	**Freq.**	**%**	**Freq.**	**%**
Property	146	55.5	11	36.7
Assault	45	17.1	6	20.0
Robbery	37	14.1	5	16.7
Driving	8	3.0	1	3.3
Order Breaches	7	2.7	3	10.0
Drugs	6	2.3	2	6.7
Homicide	4	1.5	0	0.0
Sexual Offences	2	0.8	0	0.0
Fraud	0	0.0	2	6.7
Other NEC	8	3.0	0	0.0
Total	**263**	**100.0**	**30**	**100.0**

Table 13: *Most serious offence for the first episode of juvenile detention*

Children of Prisoners

Children of prisoners suffer as a result of parental incarceration. Losing a parent to prison is a very disruptive and upsetting experience for the child. These children may suffer directly as a result of parental arrest, during the parent's contact with the judicial system, and when they are sentenced and imprisoned. Children can also experience disruption when their parent is released from prison and re-enters the family unit.

When families lose a mother or father to imprisonment, the function of the family is disrupted in several ways: income is often reduced, the continuity of care for the children is disrupted, secure housing is often lost, and the family will often move to be closer to the incarcerated parent. Children are often stigmatised at school and within their social groups.

These children may also be at increased risk as a result of their parental health problems such as infectious diseases (e.g. hepatitis B and hepatitis C), mental illness, and substance use disorders. There has been limited research on the health outcomes of this minority group of vulnerable children in Australia.

Fifty-seven percent of women and 49% of men had at least one child (including step-children and foster children) who was under sixteen (Table 14). Respondents were also asked how many of their children were directly dependent on them immediately prior to imprisonment. Fifty-seven (41%) women and 204 (30%) men had one or more dependent child at the time of incarceration.

	Men		Women	
No. of Children	Freq.	%	Freq.	%
0	347	50.7	63	42.9
1	139	20.3	32	21.8
2	97	14.2	24	16.3
3	49	7.2	13	8.8
4	27	3.9	7	4.8
5	11	1.6	4	2.7
6	6	0.9	2	1.4
> 6	8	1.2	2	1.4
Total	**684**	**100.0**	**147**	**100.0**

Table 14: *Number of children under sixteen*

Parenting

Respondents were asked whether they had been raised by both of their biological parents between the ages of 0 to 10 years and 11 to 16 years (Table 15). Proportionally fewer women had been raised by their natural parents.

Sixteen percent of both women and men had at least one parent had been imprisoned during their childhood (Table 15). Eleven percent of women and 10% of men reported that one or more of their parent(s) had been in care as a child (Table 15).

	Men		Women	
Raised by Biological Parents	Freq.	% Cases	Freq.	% Cases
0 - 10 years	480	69.6	96	64.4
11 - 16 years	392	57.1	82	55.4
Parental Incarceration	**Freq.**	**% Cases**	**Freq.**	**% Cases**
Mother	21	3.0	8	5.4
Father	96	14.0	18	12.2
Either Parent	108	15.6	23	15.5
Parents in Care	**Freq.**	**% Cases**	**Freq.**	**% Cases**
Mother	41	5.9	8	5.4
Father	25	3.6	7	4.7
Either Parent	68	10.1	15	10.6

Table 15: *Characteristics of prisoners' parents*

Relationships

Imprisonment produces environmental, physical and emotional strains on both the inmate and their partner which are detrimental to maintaining stable relationships. Partners of imprisoned individuals face adversities such as the emotional stress of their partner's arrest and subsequent involvement with the criminal justice system. There is also the loss of emotional, social and financial support for the family

structure. The rehabilitative value of relationships is important in terms of re-integration into the community upon release from prison. Conjugal or private visits provide an opportunity to support these relationships and have been shown to strengthen and support relationships between inmates and their families.[25] Such visits are currently not permitted in NSW prisons.

Ninety-two (62%) women and 473 (70%) men had been involved in a stable relationship before coming into prison. Of these, 68 (75%) women and 307 (66%) men were still in contact with this person. Of these, 69% of women and 65% of men expected to resume the relationship post-release.

One (1%) woman and 28 (7%) men had engaged in sex while incarcerated with the person they identified as their partner. Overall, 103 (69%) women and 554 (86%) men thought that inmates should be allowed to have overnight visits from their partners.

Offending Behaviour

Prior Adult Imprisonment

According to the 2001 Inmate Census, 71% of inmates had a history of prior adult imprisonment.[3] Over half of those who recidivate do so for property offences, are more likely to be young (under 25), and serve sentences less than one year.[26] Changes in sentencing practices have resulted in a 25% increase in the remand population between 1996 and 1999.

Forty-five percent of women and 39% of men were in prison for the first time (Table 16). A small proportion of women and men had been in prison more than ten times (5% *vs.* 2%).

	Men		Women	
Imprisonments	**Freq.**	**%**	**Freq.**	**%**
1	274	38.6	69	44.8
2	115	16.2	19	12.3
3 - 5	212	29.9	40	26.0
6 - 10	92	13.0	19	12.3
> 10	17	2.4	7	4.5
Total	**710**	**100.0**	**154**	**100.0**

Table 16: *Number of previous prison episodes*

Sentence Length

Seventy-eight (47%) women and 623 (83%) men had been sentenced with the remainder on remand. The median sentence length for women was 1.25 years (range 15 days to 6 years) compared with 2.0 years (range 12 days to 28 years) for men. Over two-thirds of the women and half the men had received sentences of less than two years (Figure 3).[i]

The median length of sentence served at the time of interview was 0.70 years (range 15 days to 6 years) for women and 1.04 years (range 8 days to 27 years) for men. Sixty-eight percent of women and 49% of men had served less than one year at the time of the interview (Figure 4).

[i] Note: Sentence length was calculated by subtracting the admission date from the earliest release date. The earliest release date is the first date at which the inmate can apply for release.

Figure 3: *Length of current sentence*

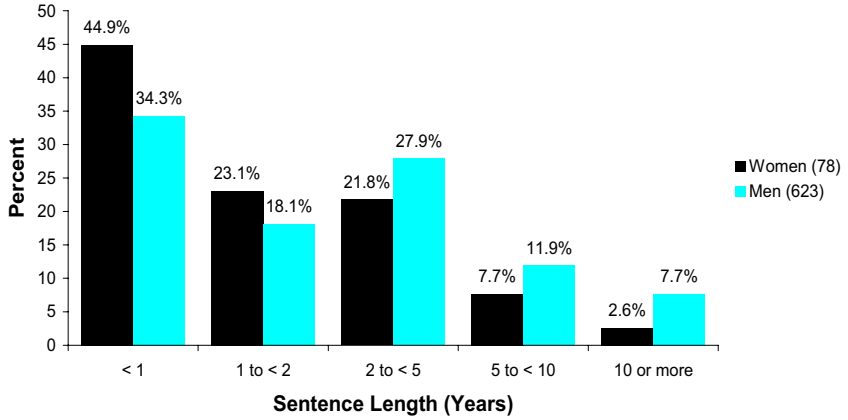
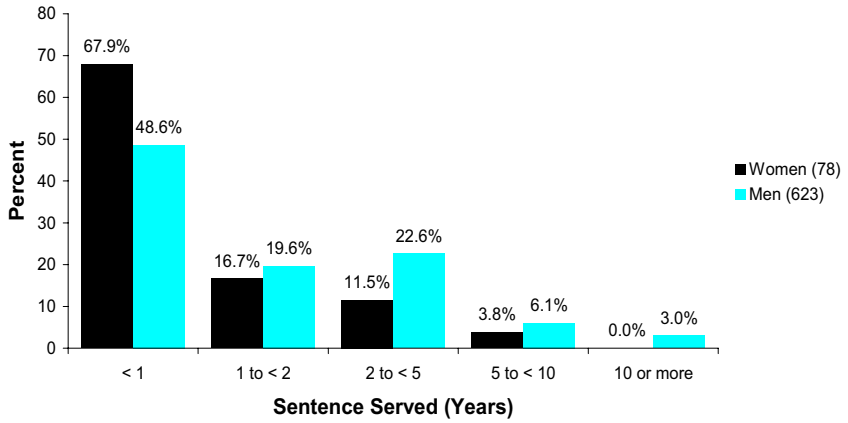


Figure 4: *Length of sentence served at the time of interview*



Most Serious Offence

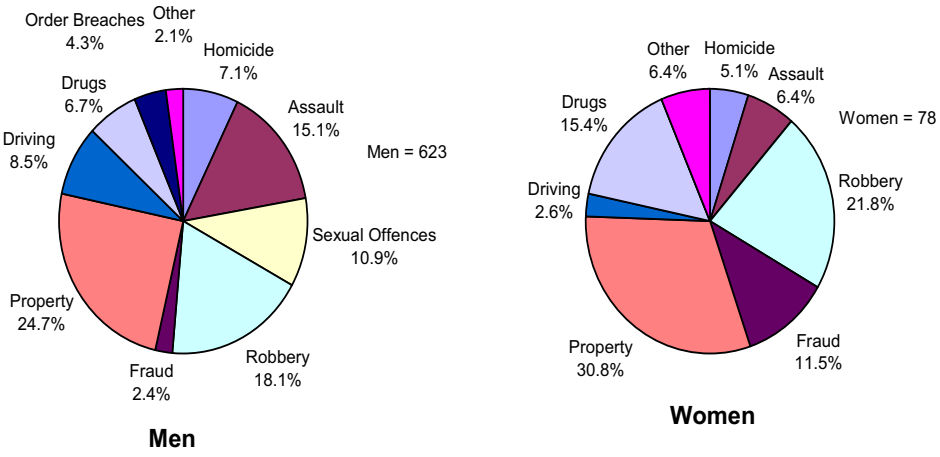
The most serious offence (MSO) is the offence for which the longest sentence was imposed for a single offending episode, regardless of the possible result of any appeals. It has some problems for research in that it reflects a subjective political view of sentencing. For example, drug importation is viewed as more serious than rape. Further, it does not tell us anything about other crimes which may have been committed for the current episode of detention. MSO can be grouped into ten categories (Figure 5).

Property crimes were the most common offence type among both women and men (31% and 25%). This is consistent with the offence profile for the general prisoner population where property crimes are the most common cause of incarceration for women and men (28% and 20%).[27]

Thirty-three percent of offences committed by women involved violence compared with 51% for men.[i] Fraud was more common among women than men (12% *vs.* 2%). Sexual offences were common among men (11%) with no women sex offenders.

For security purposes, inmates in full-time custody are classified in accordance with their conviction and their 'risk' to the community. Inmates are classified as maximum, medium or minimum security. Women prisoners are limited to medium and minimum security only. Most respondents were classified as minimum security (Table 17). The distribution of security classifications is consistent with that of the overall NSW prisoner population.[3]

Figure 5: *Most serious offence*



Security Classification	Men Freq.	Men %	Women Freq.	Women %
Maximum	49	7.9	0	0.0
Medium	118	18.9	3	3.6
Minimum	456	73.2	80	96.4
Total	**623**	**100.0**	**83**	**100.0**

Table 17: *Security classification*

[i] Note: Homicide, assault, sexual offences and robbery are all classified as 'Violent'.

Physical Health Status

Anthropometric Measurements

Three physical measurements were recorded for each participant: height, weight, and waist circumference. These measures were used to calculate body mass index (BMI) and assess the risk of type 2 diabetes and cardiovascular disease. The most favoured measure of body mass has traditionally been either weight alone or weight adjusted for height.

BMI cut offs have been identified on the basis of associations between BMI and chronic disease and mortality. The classification of BMI can be considered accurate as both height and weight were recorded by physical measurement rather than self-reported which can produce underestimates.[28] BMI is calculated by dividing a person's weight in kilograms by the square of their height in metres.

BMI has a number of limitations. It does not distinguish fat mass from lean mass, which can mean that BMI may not accurately predict obesity in subjects with muscular builds. Another limitation is that it does not necessarily reflect body-fat distribution. BMI can also vary across different population groups. Similarly, using waist circumference alone has a number of limitations.

More recently, it has been noted that body fat distribution is more predictive of ill-health, and that fat distribution is probably the best option for fulfilling the requirements of a clinical measure.[29] The World Health Organization has promoted using a combination of both waist circumference and BMI to assess the risk of diabetes and cardiovascular disease (Table 18).

		Waist Circumference (cm)	
		Men: 94-102	102+
BMI Classification	BMI (kg/m^2)	Women: 80-88	88+
Underweight	< 18.5	-	-
Healthy Weight	18.5 to 24.9	-	Increased
Overweight	25.0 to 29.9	Increased	High
Obese	>= 30	High	Very High

Table 18: *Risk of diabetes and cardiovascular disease*

The mean height of women was 164cm (range 142 to 187) and 176cm (range 143 to 210) for men. The mean weight of the women was 69kg (range 34 to 153) and 79kg (range 50 to 186) for men.

Overweight and Obesity

According to BMI, approximately half of all women and men were classified as having 'healthy weight' with 21% of women and 14% of men categorised as 'obese' (Table 19).

		Men		Women	
BMI Classification	**BMI (kg/m^2)**	**Freq.**	**%**	**Freq.**	**%**
Underweight	< 18.5	8	1.1	10	6.1
Healthy Weight	18.5 - 25	351	49.1	82	49.7
Overweight	25 - 30	254	35.5	39	23.6
Obesity	> 30	102	14.3	34	20.6
	Total	**715**	**100.0**	**165**	**100.0**

Table 19: *Body mass index (BMI) classification*

Using waist circumference as a measure of abdominal obesity, a higher proportion of women than men were classified as 'overweight' (i.e. pre-obese and obese) (Table 20).[30]

		Men		Women	
Classification	**Waist**	**Freq.**	**%**	**Freq.**	**%**
Not Overweight	< 94 (Men) / < 80 (Women)	481	66.6	77	46.1
Overweight: Pre-Obese	94 -102 (Men) / 80 - 88 (Women)	119	16.5	37	22.2
Obese	> 102 (Men) / > 88(Women)	122	16.9	53	31.7
	Total	**722**	**100.0**	**167**	**100.0**

Table 20: *Classification of abdominal obesity by waist measurement*

Combining BMI and waist circumference, 44% of women and 30% of men were categorised as being 'at risk' of cardiovascular disease and diabetes with 17% of women and 10% of men at 'very high risk' (Table 21).

	Men		Women	
Risk of Cardiovascular Disease and Diabetes	**Freq.**	**%**	**Freq.**	**%**
Normal	504	69.8	94	56.3
Increased	80	11.1	21	12.6
High	64	8.9	23	13.8
Very High	74	10.2	29	17.4
Total	**722**	**100.0**	**167**	**100.0**

Table 21: *Risk of Cardiovascular Disease and Diabetes using waist measurement and BMI*

Blood Pressure

Blood pressure represents the forces exerted by blood on the wall of the arteries as the heart pumps blood through the body. It consists of two numbers, for example 120/80, which is read as 120 over 80. The first number, *systolic blood pressure* measures the maximum pressure exerted as the heart contracts, while the second number indicates

diastolic blood pressure, a measurement taken between beats, when the heart is at rest.

The presence or absence of hypertension was determined for each participant using the following World Health Organization guidelines:[31]

- Systolic blood pressure greater than or equal to 140mmHg; and/or
- Diastolic blood pressure greater than or equal to 90mmHg; and/or receiving medication for high blood pressure.

The mean *systolic blood pressure* for women was 109mmHg (range 80 to 178) and for men was 121mmHg (range 90 to 198).[i] Three (2%) women and 105 (15%) men had a systolic blood pressure of 140mmHg or over (Figures 6 & 7).

The mean *diastolic blood pressure* for women was 66mmHg (range 40 to 90) and for men it was 76mmHg (range 45 to 110). One (1%) woman and 100 (14%) men had diastolic blood pressures 90mmHg or over (Figures 8 & 9). Fifty-eight (8%) men had high systolic and diastolic blood pressure.

Figure 6: *Systolic blood pressure – women*

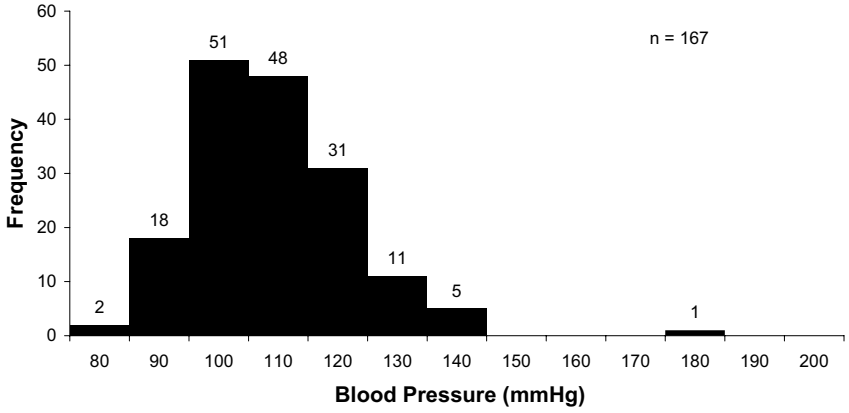
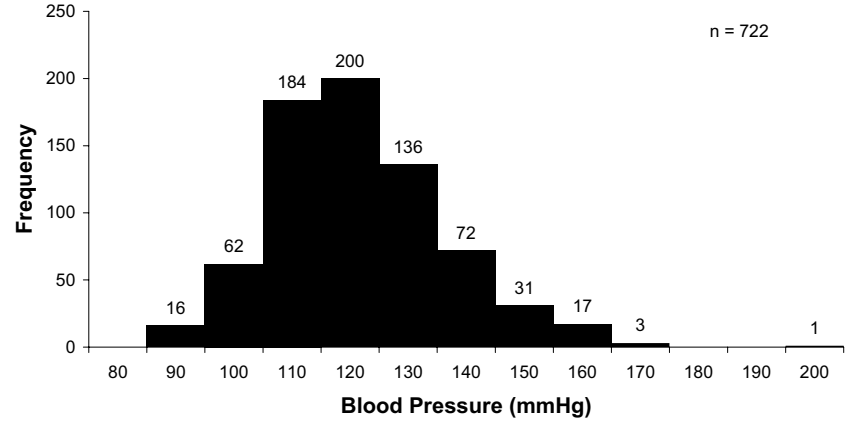


Figure 7: *Systolic blood pressure - men*



[i] Note: Systolic and diastolic blood pressure was rounded to the nearest 10mmHg.

Figure 8: *Diastolic blood pressure - women*

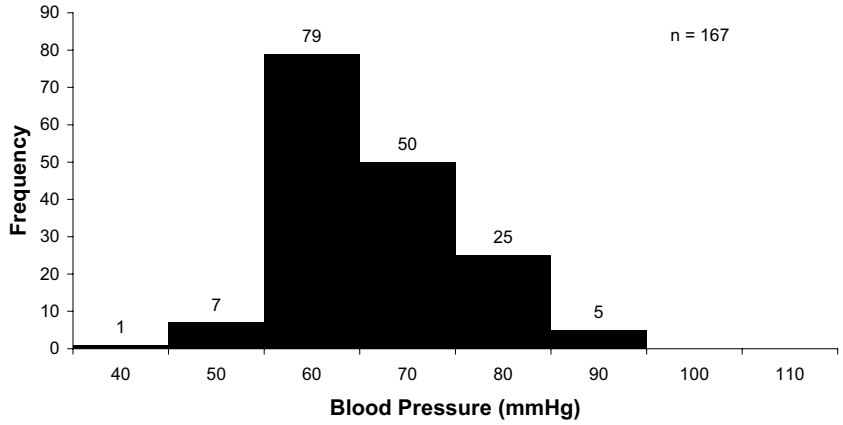
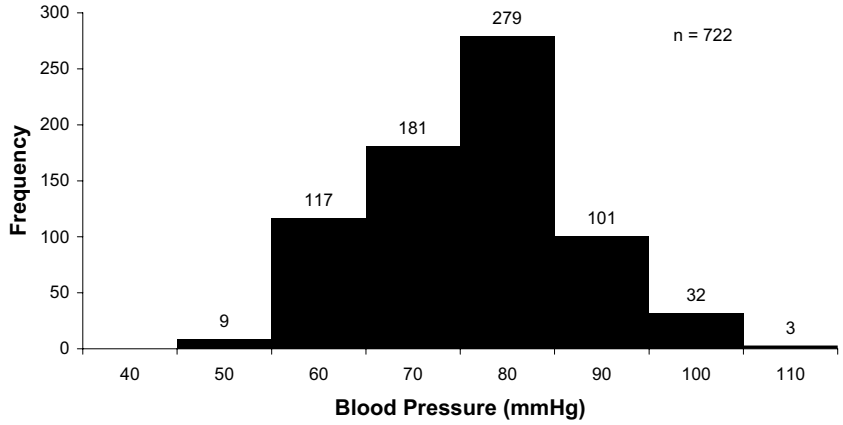


Figure 9: *Diastolic blood pressure - men*



Eleven (7%) women and 158 (22%) men were found to have high blood pressure according to abovementioned World Health Organization guidelines. Only eight (89%) women and 38 (26%) men with high blood pressure were currently taking medication for this condition. The prevalence of smoking was lower in both women and men with high blood pressure compared with those without high blood pressure (women 50% *vs.* 86%; and men 66% *vs.* 81%).

Cholesterol

Cholesterol is a fatty substance produced naturally by the body and is found in the blood. High cholesterol is one of the major risk factors in heart and blood vessel disease. In 1999–2000, over six million Australian adults (aged 25 years and over) had blood cholesterol levels higher than 5.5 mmol/L - the upper limit recommended by the National Heart Foundation of Australia.[32] Cholesterol is usually tested following a period of fasting; however due to the rigid nature of the prison environment this was not possible.

Cholesterol levels can be categorised into 'desirable' (less than 5.5 mmol/litre), 'increased risk of heart disease' (5.5 to 6.4 mmol/litre) and 'high risk of heart disease' (greater than 6.4 mmol/litre).

Approximately 30% of women and men had high levels of blood cholesterol suggesting an increased risk of heart disease (Table 22).

		Men		Women	
Blood Cholesterol Level		**Freq.**	**%**	**Freq.**	**%**
Desirable	< 5.5mmol/L	474	70.6	107	71.8
Increased Risk	5.5 - 6.4mmol/L	137	20.4	30	20.1
High Risk	> 6.4mmol/L	60	8.9	12	8.1
Total		**671**	**100.0**	**149**	**100.0**

Table 22: *Cholesterol level*

Creatinine

Creatinine is a protein produced by muscle and released into the blood and is relatively stable in a given person. The creatinine level in the serum is therefore determined by the rate it is being removed, which is roughly a measure of kidney function. If kidney function falls (e.g. as a result of kidney removal), the creatinine level will rise. Creatinine levels also vary according to a person's size and muscle mass. One percent of women and 13% of men had creatinine levels above the 'normal' range (Table 23).

		Men		Women	
Serum Creatinine		**Freq.**	**%**	**Freq.**	**%**
Below Normal Range	< 60umol/L	4	0.6	28	18.8
Normal Range	60 - 110umol/L	561	86.3	119	79.9
Above Normal Range	> 110umol/L	85	13.1	2	1.3
Total		**650**	**100.0**	**149**	**100.0**

Table 23: *Creatinine level*

Blood Sugar Level

Blood glucose was measured using a MEDISENSE Inc., Precision QID Blood Glucose Monitoring System. 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. According to Diabetes Australia, three categories of blood sugar levels can be derived indicating the possible presence of diabetes (Table 24). As with the cholesterol testing, it was not possible to request fasting blood sugar tests.

Blood sugar levels are presented for all prisoners, self-reported non-diabetics, and self-reported diabetics (Table 24, 25 & 26). Of the 139 female and 661 male non-diabetics, no women and two (0.3%) men had blood sugar levels suggesting likely diabetes (i.e. over 11.0mmol/L).

	Men		Women	
Blood Sugar Level	**Freq.**	**%**	**Freq.**	**%**
Diabetes Unlikely < 5.5mmol/L	404	57.1	62	39.7
Possible Diabetes 5.5 - 11.0mmol/L	292	41.2	94	60.3
Diabetes Likely > 11.0mmol/L	12	1.7	0	0.0
Total	**708**	**100.0**	**156**	**100.0**

Table 24: *Random blood sugar level – all prisoners*

	Men		Women	
Blood Sugar Level	**Freq.**	**%**	**Freq.**	**%**
Diabetes Unlikely < 5.5mmol/L	388	58.7	51	36.7
Possible Diabetes 5.5 - 11.0mmol/L	271	41.0	88	63.3
Diabetes Likely > 11.0mmol/L	2	0.3	0	0.0
Total	**661**	**100.0**	**139**	**100.0**

Table 25: *Random blood sugar level – self-reported non-diabetics*

	Men		Women	
Blood Sugar Level	**Freq.**	**%**	**Freq.**	**%**
< 5.5mmol/L	3	13.0	2	40.0
5.5 - 11.0mmol/L	11	47.8	3	60.0
> 11.0mmol/L	9	39.1	0	0.0
Total	**23**	**100.0**	**5**	**100.0**

Table 26: *Random blood sugar level – self-reported diabetics*

Self-Reported Health Status

Self-Assessed Health Status

Self-assessed health was measured using the Short-Form-36 (SF-36). The SF-36 measures health status by incorporating measures of well-being and normal functioning for both physical and mental health.[8] Eight multi-item scales are generated measuring physical functioning, role limitations resulting from physical and mental illness, bodily pain, general health, vitality, social functioning and mental health. It has been validated across a number of settings and was used in the 1995 Australian Bureau of Statistics' National Health Survey.[33] Scores for the SF-36 range from 0 to 100, with higher scores indicating better health.

Physical functioning indicates the extent to which, on a typical day, a person is limited by their health in performing a range of physical activities (e.g. bending, kneeling, and walking moderate distances). Role physical indicates the effect of physical health on a person's performance of their work or other activities (e.g. reduced amount of time spent in work or other usual activities). Bodily pain indicates the severity of pain experienced and the extent to which it interferes with normal activities. General health combines self-assessed health status with indicators of current expectations and perceptions of health relative to the health of others. Vitality indicates a person's energy and fatigue levels. Social functioning indicates the impact of health or emotional problems on social activities and the quality and quantity of a person's social activities with others. Role emotional indicates the effects of emotional problems on a person's performance of their work or other daily activities. Mental health indicates the amount of time a person experienced feelings of nervousness, anxiety, depression, or happiness.

Question one of the SF-36 asks the individual to rate their health on a scale ranging from 'poor' to 'excellent'. Self-rated health status has been found to agree with objective measures of health.[34] Overall, both women and men were more likely to rate their health as either 'poor' or 'fair' compared with the general community (Figures 10 & 11). Only one-tenth of women and men rated their health as 'excellent' compared with one-fifth in the general community.

Figure 10: *Self-reported health status - women*

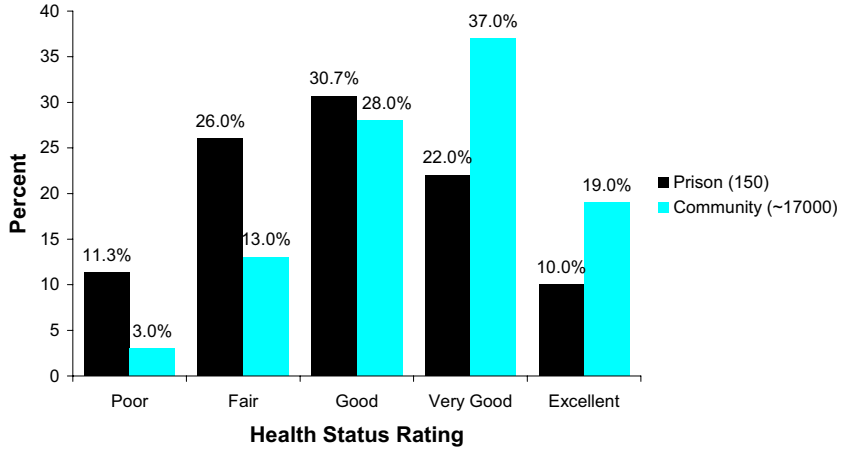
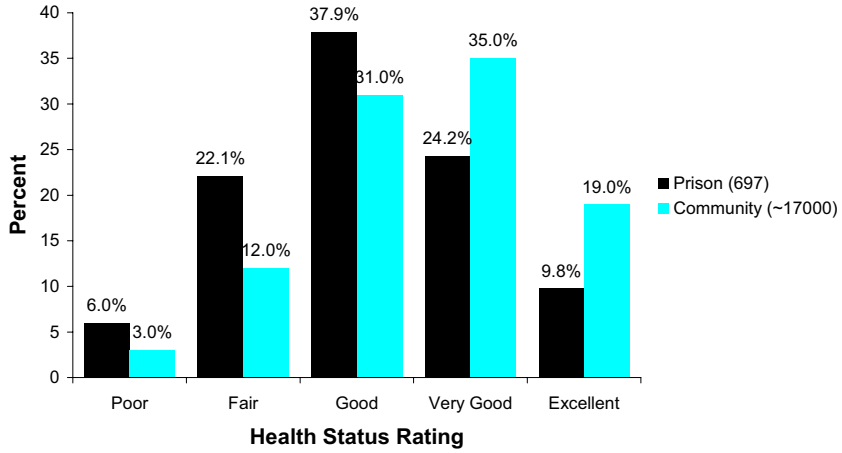
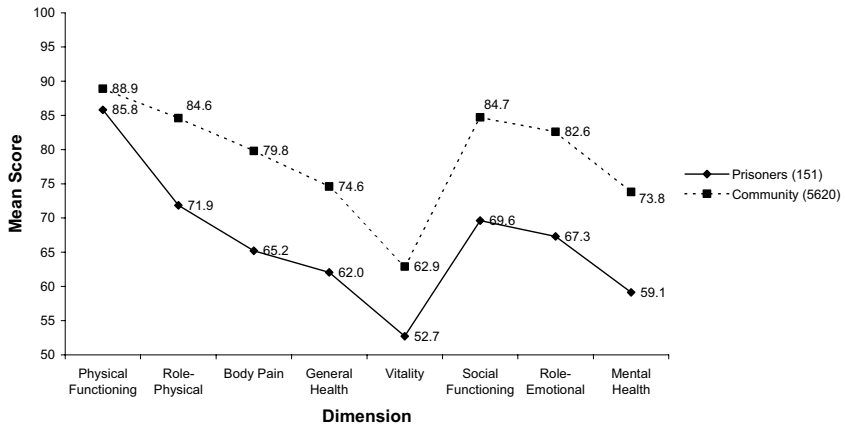


Figure 11: *Self-reported health status - men*



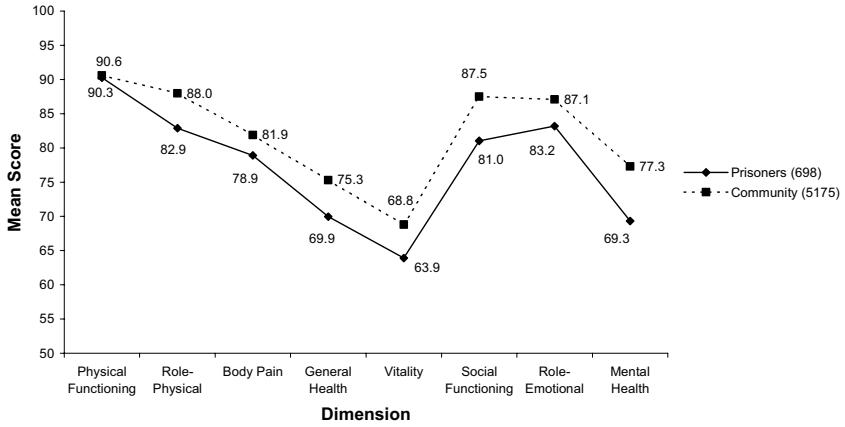
On all dimensions of the SF-36, prisoners' scores were lower than for the general community indicating poor overall health[i] (Figures 12 & 13). The prison versus community disparity was more pronounced in women than men across all dimensions except for physical functioning.

Figure 12: *Mean scores on the SF-36 dimensions - women*



[i] Note: Community scores for the SF-36 were taken from the 1995 National Health Survey for those aged 18 to 44.[33]

Figure 13: *Mean scores on the SF-36 dimensions - men*



Self-Reported Health Conditions

Inmates were asked whether a doctor had diagnosed any of the conditions in Table 27. The three most prevalent conditions reported by women were hepatitis C, asthma, and back problems whilst in men poor eyesight, hepatitis C, and back problems were the most common conditions. Overall, there was increased morbidity in women with 95% (145) reporting at least one condition compared with 78% (550) of men. Fifty (33%) women and 178 (25%) men had been diagnosed with a cardiovascular condition.[i] Sixty-three percent of cancers among women were of the cervix. More than half (54%) of the cancers in men were of the skin. Overall, these data indicate high levels of chronic illness in this group despite the relatively youthful population.

[i] Note: These include hypertension, chest/angina pain, heart murmur, and palpitations.

	Men		Women	
Condition	Freq.	% Cases	Freq.	% Cases
Poor Eyesight	201	28.7	50	32.7
Hepatitis C	198	28.5	81	53.6
Back Problems	183	27.5	56	37.1
Asthma	146	20.6	67	43.8
High Blood Pressure / Hypertension	102	14.5	27	17.6
Arthritis	92	13.1	29	19.0
Chest / Angina Pain	77	11.0	16	10.5
Peptic Ulcers	74	10.5	13	8.5
Palpitations / Rapid Heart Beat	58	8.3	19	12.5
Haemorrhoids	57	8.1	12	7.8
Hepatitis B	42	6.0	18	11.8
Heart Murmur	37	5.3	12	7.9
Epilepsy or Seizures	33	4.7	16	9.6
Cancer / Tumours	31	4.5	23	15.3
Hepatitis A	23	3.3	6	3.9
Diabetes	23	3.2	5	3.3
Knee Problems	16	2.3	0	0.0
Prostate Problems	14	2.0	-	-
Hernia	10	1.4	1	0.7
Deafness	10	1.4	0	0.0
Gall Stones	9	1.3	9	5.9
Kidney Disease / Renal Failure	8	1.1	5	3.3

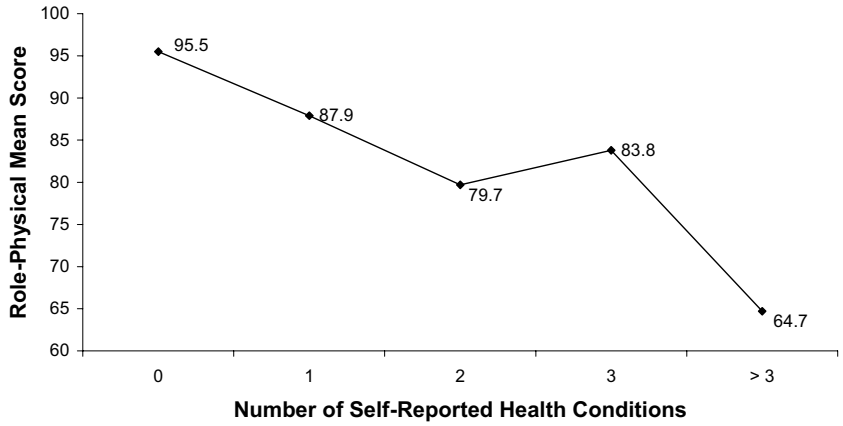
Table 27: *Self-reported health conditions*

Most inmates had multiple health conditions. Forty-two percent of women and one-quarter of men had four or more conditions (Table 28). The number of health conditions was associated with the mean role-physical score on the SF-36 which measures limitations to work and other daily activities as a result of a physical health problem (Figure 14).

	Men		Women	
Number	Freq.	%	Freq.	%
0	155	22.0	8	5.2
1	160	22.7	29	19.0
2	118	16.7	23	15.0
3	102	14.5	29	19.0
> 3	170	24.1	64	41.8
Total	**705**	**100.0**	**153**	**100.0**

Table 28: *Number of self-reported health conditions*

Figure 14: *Relationship between the number of self-reported health conditions and the SF-36 role-physical score*



Disability

Inmates were asked whether any current health conditions had troubled them for six months or more and whether these conditions had limited their routine activities in the past two weeks. Overall, 295 (42%) women and 55 (36%) men had a disabling illness or condition. Musculoskeletal problems were the most common disabling condition in both sexes (Table 29).

	Men		Women	
Disease / Disorder*	**Freq.**	**%**	**Freq.**	**%**
Musculoskeletal	187	45.3	29	33.3
Digestive	43	10.4	8	9.2
Psychological	30	7.3	10	11.5
Cardiovascular	28	6.8	6	6.9
Neurological	27	6.5	9	10.3
General	23	5.6	8	9.2
Respiratory	18	4.4	4	4.6
Ear	15	3.6	0	0.0
Endocrine / Metabolic / Nutritional	15	3.6	1	1.1
Eye	10	2.4	2	2.3
Skin	8	1.9	4	4.6
Urinary	3	0.7	0	0.0
Male Genital	3	0.7	-	-
Blood and Blood Forming Organs	1	0.2	3	3.4
Female Genital	-	-	3	3.4
Social	2	0.5	0	0.0
Total	**413**	**100.0**	**87**	**100.0**

* Respondents could report up to five conditions

Table 29: *Long-term illness and disability*

Most women and men with a long-term illness or condition reported that it limited their daily activities in some way (women 89%; men 76%). Pain was the most common result of the disabling condition (Table 30). Eighty-nine percent of women and 76% of men with a long-term illness or condition reported that it had caused them to cut down on their activities in the past two weeks.

The mean role-physical score on the SF-36 was lower in respondents reporting a long-term illness or disability compared with those reporting no disabling conditions (69.5 *vs.* 89.1).

	Men		Women	
Limiting Problem	**Freq**	**%**	**Freq**	**%**
Pain	70	23.3	20	26.3
Restricts Movements	64	21.3	8	10.5
Physical Activity	40	13.3	5	6.6
Tiredness	27	9.0	1	1.3
Problems Lifting	19	6.3	7	9.2
Vision and Hearing	17	5.7	1	1.3
Unable to Work	13	4.3	2	2.6
Poor Concentration	9	3.0	4	5.3
Psychological Problems	9	3.0	4	5.3
Stops Socialising	8	2.7	2	2.6
Problems Walking	7	2.3	2	2.6
Problems Eating	5	1.7	7	9.2
Breathlessness	5	1.7	2	2.6
Problems Reading and Writing	3	1.0	9	11.8
Dizziness	2	0.7	1	1.3
Problems Going to the Toilet	2	0.7	1	1.3
Total	**300**	**100.0**	**76**	**100.0**

Table 30: *Impact of health conditions on functioning*

Recent Symptoms and Health Complaints

Recent health complaints (those occurring in the past four weeks) were assessed using a modified version of an instrument developed for drug users by Darke (1995).[35] Symptoms relating to possible Hepatitis C seroconversion and self-harm were added. Although developed for opioid users, this instrument provides an insight into recent ailments and symptoms covering cardio-respiratory, genito-urinary, psychological and neurological, gastrointestinal, injection related, general, and women's health issues. Given the high prevalence of substance abusers in the prison population, this instrument was considered to be appropriate.

Overall, proportionally more women had experienced recent health complaints compared with men. For certain complaints (eg: constipation, nausea, and vomiting), there was a three fold difference between women and men (Table 31). Sleeplessness was common in both sexes (women 54%; men 43%). This may also explain the large numbers of prisoners reporting tiredness/energy loss.

	Men		Women	
Symptom / Complaint	**Freq.**	**% Cases**	**Freq.**	**% Cases**
Sleeplessness	307	43.4	82	53.9
Tiredness / Energy Loss	292	41.2	88	57.5
Headaches	286	40.4	86	56.2
Teeth Problems	227	32.2	66	43.7
Coughing Phlegm	216	30.6	43	28.5
Dislike of Smoking (current smokers)	146	27.3	20	16.1
Forgetfulness	183	25.9	62	41.1
Appetite Loss	169	23.9	54	35.5
Eye Trouble	165	23.4	58	38.4
Shortness of Breath	143	20.3	52	34.4
Sore Throat	138	19.5	36	23.8
Joint Pains	138	19.5	39	25.8
Persistent Cough	132	18.7	30	19.9
Weight Loss	132	18.6	46	30.3
Muscle Pains	128	18.1	38	25.2
Night Sweats	123	17.4	43	28.3
Wheezing	122	17.3	44	29.1
Dizziness	101	14.3	50	33.1
Itchiness	99	14.1	29	19.2
Chest Pain	90	12.7	25	16.6
Ear Trouble	89	12.6	29	19.2
Numbness	85	12.1	33	21.9
Stomach Pains	75	10.6	45	29.8
Constipation	69	9.8	48	31.8
Fever	58	8.2	26	17.1
Pain Under Right Ribcage	55	7.8	13	8.6
Tremors	53	7.5	21	13.8
Abscesses	52	7.4	16	10.6
Dark Urine	52	7.4	21	13.9
Fears for Safety	51	7.2	11	7.3
Swollen Glands	50	7.1	21	13.8
Heart Flutters	50	7.1	20	13.2
Diarrhoea	44	6.2	16	10.6
Nausea	41	5.8	33	21.9
Bruising Easily	40	5.7	30	19.9
Prominent Scarring / Bruising	35	5.0	20	13.2
Nose Bleeds	29	4.1	15	9.9
Swollen Ankles	28	4.0	12	7.9
Bleeding Easily	27	3.8	12	7.9
Hearing Voices	27	3.8	12	7.9
Vomiting	23	3.3	18	11.9
Painful Urination	22	3.1	7	4.6
Wanting to Self-Harm	21	3.0	13	8.6
Blackouts	19	2.7	9	5.9
Coughing Blood	17	2.4	5	3.3
Head Injuries	15	2.1	5	3.3
Broken Bones	14	2	0	0.0
Stitched Cuts	13	1.8	3	2.0
Pale Faeces	13	1.8	1	0.7
Jaundice	12	1.7	4	2.6
Rash Around Genitals	12	1.7	5	3.3
Fits / Seizures	6	0.8	5	3.3
Discharge From Genitals	5	0.7	17	11.3
Overdose	1	0.1	0	0.0
Irregular Periods	-	-	51	33.8
Painful Period	-	-	57	37.5
Miscarriages	-	-	3	2.0
Any Symptom	609	86.3	144	94.1

Table 31: *Recent symptoms and health complaints in the past four weeks*

Medication

Dispensing medication in prison is highly controlled. Certain medications cannot be taken away from the clinic and are administered under strict supervision to avoid overdoses, the use of medication as a form of currency, and inappropriate use. Pill parades are part of the prison routine for those requiring on-going medication such as methadone and anti-depressants. Prisoners are forced to attend the clinics for one-off household medications taken for granted in the community.

With the exception of cough mixtures, women were more likely than men to have taken medication in the past two weeks (Table 32). Analgesics were the most common medication taken in the past two weeks in both women and men (48% and 37%). Women were more likely than men to be currently taking psychiatric medication (24% *vs.* 13%) and methadone (39% *vs.* 13%).

	Men		Women	
Medication	**Freq.**	**% Cases**	**Freq.**	**% Cases**
Analgesics	257	37.1	71	48.0
Skin	92	13.3	26	17.4
Psychiatric	92	13.3	36	24.3
Methadone	91	13.2	59	39.3
Asthma	86	12.4	44	29.7
Cough Mixtures	82	11.9	2	1.4
Stomach	76	11.0	15	10.1
Vitamins / Minerals	69	10.0	25	16.9
Antibiotics	56	8.1	11	7.4
Allergy	31	4.4	13	8.7
Laxatives	29	4.2	13	8.7
Other Diabetic Medication	23	3.3	1	0.7
Anti-Epileptics	22	3.2	6	4.1
Sleeping Tablets	21	3.0	9	6.1
Tranquillisers	16	2.3	5	3.4
Cardiovascular	14	2.0	2	1.4
Nicotine Patches	9	1.3	9	6.1
Insulin	7	1.0	0	0.0
Angina Patches	4	0.6	1	0.7

Table 32: *Medication taken in the past two weeks*

Health Service Utilisation

Hospital In-patient Visits

Overall, 33 (22%) women and 119 (17%) men had been admitted to a general or psychiatric hospital in the past twelve months for an overnight stay or longer.

Mental health problems were the most common cause of hospitalisations for both women (27%) and men (29%) (Table 33). The median length of hospital stay was three nights for women and four nights for men.

Nine percent of hospital visits by women and 29% of men's visits in the past twelve months were to the prison hospital at Long Bay Correctional Centre in Sydney. This difference is likely due to the shorter sentences in women prisoners and the greater use of community hospitals for female prisoners. The median length of stay in hospital was four days for admissions to both prison and community hospitals.

Eleven (48%) women and 45 (67%) men rated the health care that they received at their most recent admission to hospital as either 'excellent' or 'fairly good'. Men who were admitted to community hospitals were more likely than women to rate the standard of health care positively than those admitted to the prison hospital (74% *vs.* 55%).

	Men		Women	
Cause of Hospital Admission*	**Freq.**	**%**	**Freq.**	**%**
Psychological	43	28.9	10	27.0
Digestive	24	16.1	3	8.1
Musculoskeletal	16	10.7	4	10.8
Neurological	11	7.4	2	5.4
Respiratory	9	6.0	4	10.8
Skin	9	6.0	2	5.4
Cardiovascular	8	5.4	3	8.1
Endocrine / Metabolic / Nutritional	3	2.0	0	0.0
Male Genital	3	2.0	-	-
Urinary	2	1.3	0	0.0
Blood and Blood Forming Organs	1	0.7	0	0.0
Eye	1	0.7	0	0.0
Ear	1	0.7	0	0.0
Social	0	0.0	1	2.7
Pregnancy	-	-	2	5.4
General	18	12.1	6	16.2
Total	**149**	**100.0**	**37**	**100.0**

* Respondents could report up to three most recent hospitalisations

Table 33: *Causes of overnight admissions to hospital in the past twelve months*

Emergency Department / Outpatients Visits

Twenty (13%) women and 32 (5%) men had visited an emergency or community outpatients department in the past four weeks. Musculoskeletal, digestive and genital problems were the most common reason for these visits among women (Table 34). For men, musculoskeletal conditions accounted for 30% of emergency or outpatients department visits.

Sixteen (80%) women and 19 (66%) men rated the health care that they received at the emergency or outpatients' department as either 'excellent' or 'fairly good'.

Emergency / Out-patient Department Visits*	Men		Women	
	Freq.	%	Freq.	%
Musculoskeletal	11	29.7	4	14.3
Digestive	6	16.2	4	14.3
Psychological	4	10.8	1	3.6
Respiratory	4	10.8	0	0.0
Skin	3	8.1	2	7.1
Cardiovascular	2	5.4	1	3.6
Neurological	2	5.4	1	3.6
Ear	1	2.7	0	0.0
Pregnancy	-	-	1	3.6
Female Genital	-	-	4	14.3
Other	4	10.8	10	35.7
Total	**37**	**100.0**	**28**	**100.0**

* Respondents could report up to three most recent admissions

Table 34: *Reasons for visiting an emergency or outpatients department in the past four weeks*

Prison Clinics

Prison clinics are similar to community medical centres and provide a broad range of health services to prisoners, integrating nursing care, general practitioners, dental services, pharmacies, and specialist medical services. Clinics are located at each correctional centre and are the mainstay of health service provision to inmates. Inmates are required to use the clinic to obtain many routine items taken for granted in the community such as analgesics, Band-aids, and skin creams. Inmates were grouped into 'regular' (e.g. those picking up repeat medications and monitoring blood pressure) and 'occasional' clinic users.

Fifty-eight percent of women and 37% of men regularly used the clinic, primarily to pick up medications. Methadone was the most common reason for regularly visiting the clinic (women 70%; men 34%) (Table 35).

	Men		Women	
Medication	**Freq.**	**%**	**Freq.**	**%**
Methadone	58	34.1	48	69.6
Psychiatric Medication	28	16.5	11	15.9
Pain Killers	24	14.1	3	4.3
Sleeping Tablets	4	2.4	0	0.0
Skin Creams / Ointments	1	0.6	0	0.0
Other Medication	55	32.4	7	10.1
Total	**170**	**100.0**	**69**	**100.0**

Table 35: *Medication regularly picked up from the prison clinic*

Ninety-eight (64%) women and 336 (49%) men used the clinic on an occasional basis reflecting the high dependency on the clinic for routine, household type medications. Clinic usage was slightly higher among women (1.68 visits per inmate) than men (1.36 visits per inmate).

Twenty-nine percent of casual prison clinic visits by women were for a broad range of reasons including chest pain, local swelling or lump, injury, blood tests, review of treatment, check-up, immunisation, and pain (Table 36). Respiratory conditions were the most common reason for men visiting the prison clinic (21% of all visits). Forty-eight (49%) women and 119 (55%) men rated the health care that they received at their most recent visit to the prison clinic as either 'excellent' or 'fairly good'.

	Men		Women	
Illness / Condition*	**Freq.**	**%**	**Freq.**	**%**
Respiratory	129	21.0	12	7.1
Digestive	85	13.8	28	16.7
Musculoskeletal	85	13.8	14	8.3
Neurological	75	12.2	32	19.0
Skin	58	9.4	12	7.1
Psychological	51	8.3	11	6.5
Eye	17	2.8	3	1.8
Cardiovascular	11	1.8	2	1.2
Ear	9	1.5	4	2.4
Endocrine / Metabolic / Nutritional	3	0.5	0	0.0
Urinary	3	0.5	0	0.0
Male Genital	2	0.3	-	-
Blood and Blood Forming Organs	1	0.2	2	1.2
Female Genital	-	-	11	6.5
Pregnancy	-	-	1	0.6
Other	86	14.0	48	28.6
Total	**615**	**100.0**	**168**	**100.0**

* Respondents could report up to three reasons for visiting the clinic

Table 36: *Casual clinic presentations in the past four weeks*

Overall Standard of Health Services

Inmates were asked to rate the standard of health care they received at the prison clinics. Participants could rate a clinic at any prison in which they used the health services during the past twelve months. Generally, health services at the smaller, rural prisons (Broken Hill, Berrima, Glen Innes, and Emu Plains) received the highest approval ratings (Table 37). Clinics receiving a poor rating tended to be in either older style prisons (e.g. Bathurst, Parramatta, Goulburn, MSPC, SPC) or the state's main reception centre (the MRRC).

	Good		Average		Poor	
Men's Prisons	**Freq.**	**%**	**Freq.**	**%**	**Freq.**	**%**
Broken Hill	16	88.9	2	11.1	0	0.0
Berrima	11	78.6	1	7.1	2	14.3
Glen Innes	19	70.4	6	22.2	2	7.4
John Morony 2	21	67.7	9	29.0	1	3.2
St. Heliers	26	63.4	12	29.3	3	7.3
Mannus	19	57.6	13	39.4	1	3.0
Kirkconnell	21	56.8	13	35.1	3	8.1
Long Bay Hospital	27	56.3	12	25.0	9	18.8
Grafton	41	54.7	24	32.0	10	13.3
John Morony 1	31	54.4	19	33.3	7	12.3
Lithgow	41	48.8	31	36.9	12	14.3
MSPC 5,6 & 7	29	46.8	22	35.5	11	17.7
Brewarrina	4	44.4	4	44.4	1	11.1
Ivanhoe	3	42.9	2	28.6	2	28.6
Parklea	47	42.0	41	36.6	24	21.4
Oberon	13	39.4	19	57.6	1	3.0
Silverwater	70	39.1	68	38.0	41	22.9
Junee	39	39.0	43	43.0	18	18.0
MSPC 3	18	38.3	14	29.8	15	31.9
MMTC	37	35.2	37	35.2	31	29.5
Goulburn	39	34.5	41	36.3	33	29.2
Special Purpose Centre (SPC)	7	33.3	4	19.0	10	47.6
Cessnock	46	33.1	66	47.5	27	19.4
MSPC 1,2 & 4	16	32.0	22	44.0	12	24.0
MRRC	83	30.7	105	38.9	82	30.4
Parramatta	30	25.4	53	44.9	35	29.7
Bathurst	37	24.5	72	47.7	42	27.8
Tamworth	8	23.5	18	52.9	8	23.5
Overall	**799**	**39.7**	**773**	**38.4**	**443**	**22.0**
Women's Prisons	**Freq.**	**%**	**Freq.**	**%**	**Freq.**	**%**
Mulawa	11	7.6	42	29.0	92	63.4
Emu Plains	41	53.2	29	37.7	7	9.1
Overall	**52**	**23.4**	**71**	**32.0**	**99**	**44.6**

Table 37: *Assessment of health services by prison*

General Practitioner Consultations

The majority of both sexes had consulted a doctor in either prison or the community about their health in the past six months (women 78%; men 67%) (Table 38). Few inmates had never seen a doctor (women 4%; men 2%).

Overall, 112 (78%) women and 507 (75%) men stated that their last doctor consultation was in prison indicating that prison has a pivotal role to play in health service delivery to this group.

	Men		Women	
Time Since Last Doctor Visit	**Freq.**	**%**	**Freq.**	**%**
Less than 1 week	53	7.9	19	12.9
1 week to less than 1 month	150	22.5	42	28.6
1 month to less than 6 months	246	36.9	53	36.1
6 months to less than 1 year	101	15.1	19	12.9
1 year to less than 5 years	92	13.8	8	5.4
5 years or more	10	1.5	0	0.0
Never Seen a Doctor	15	2.2	6	4.1
Total	**667**	**100.0**	**147**	**100.0**

Table 38: *Time since last visit to the doctor (prison or community)*

Eleven percent of women's visits to either a prison or community doctor were for psychological problems whereas 18% of men's visits were for musculoskeletal problems (Table 39). However, a range of 'other conditions', according to the International Classification of Primary Care (ICPC) definition, accounted for approximately one-third of all women's and men's visits to the doctor (Table 40).

	Men		Women	
Illness / Condition	**Freq.**	**%**	**Freq.**	**%**
Musculoskeletal	114	18.2	11	8.2
Respiratory	62	9.9	12	9.0
Skin	59	9.4	9	6.7
Digestive	52	8.3	12	9.0
Psychological	51	8.1	15	11.2
Neurological	24	3.8	8	6.0
Ear	19	3.0	2	1.5
Cardiovascular	15	2.4	6	4.5
Eye	11	1.8	3	2.2
Endocrine / Metabolic / Nutritional	10	1.6	1	0.7
Male Genital	8	1.3	-	-
Urinary	7	1.1	2	1.5
Blood and Blood Forming Organs	2	0.3	0	0.0
Female Genital	-	-	4	3.0
Pregnancy	-	-	6	4.5
Other Conditions (see below)	194	30.9	43	32.1
Total	**628**	**100.0**	**134**	**100.0**

Table 39: *Reasons for last visit to doctor (prison and community)*

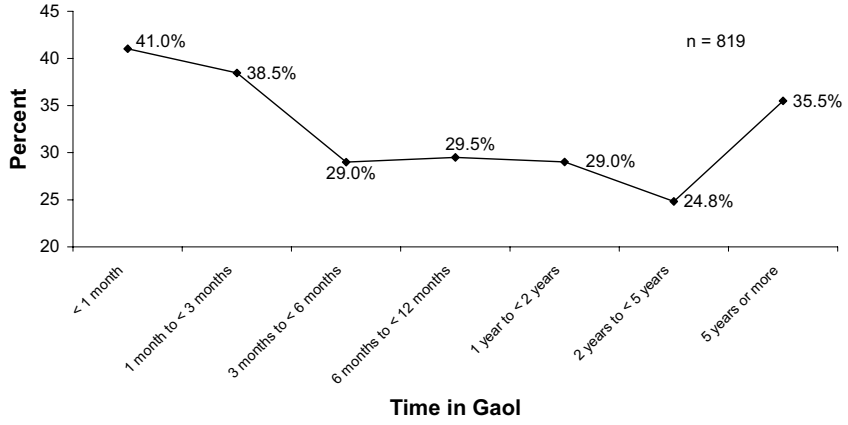
Other Conditions	**Freq.**	**%**	**Freq.**	**%**
Check-up	83	42.8	10	23.3
Treatment Review	26	13.4	11	25.6
Blood Tests	27	13.9	9	20.9
Local Swelling or Lump	12	6.2	2	4.7
Chest Pain	11	5.7	0	0.0
Prison Related Request[i]	9	4.6	0	0.0
Prescription Repeat	6	3.1	0	0.0
Motor Vehicle Accident Injury	5	2.6	5	11.6
Diet	3	1.5	0	0.0
Internal Injuries	3	1.5	0	0.0
Fever	2	1.0	0	0.0
Viral Disease	2	1.0	0	0.0
Surgical Complication	2	1.0	0	0.0
General Pain	1	0.5	0	0.0
Immunisation	1	0.5	1	2.3
Chickenpox	1	0.5	0	0.0
Endoscopy	0	0.0	2	4.7
Diagnostic Testing	0	0.0	1	2.3
Cancer	0	0.0	1	2.3
Allergy	0	0.0	1	2.3
Total	**194**	**100.0**	**43**	**100.0**

Table 40: *'Other' reasons for last visit to doctor (prison and community)*

[i] Note: This includes requests specific to the correctional system eg. obtaining medical certificates to wear non-standard issue footwear, 'sick in cell' certificates, requests to go 'one-out' (ie. not to share a cell with another inmate) or two-out (ie. to share a cell with another inmate).

Visits to the prison doctor in the past month varied according to the length of time in prison. Those who had served less than three months in prison were more likely to have consulted a doctor in the past month than those who had been detained longer (Figure 15). However, those who had been incarcerated for over five years were also likely to have recently visited the prison doctor.

Figure 15: *Proportion of inmates visiting the prison doctor in the past month by length of time served for the current imprisonment*



Satisfaction with prison doctors was lower than for doctors seen in the community. Sixty-three percent of women and 50% of men rated their last visit to the prison doctor as either 'excellent' or 'fairly good' compared with 83% and 65% for community doctor consultations.

Other Health Professional Consultations

Corrections Health provides a broad range of health services to inmates such as dentists, optometrists, psychiatrists, and public health nurses. Overall, women were more likely than men to have consulted these other health professionals in prison in the past four weeks (77% *vs.* 59%).

Respondents were generally satisfied with the standard of care received from these other health professionals (Table 41). For those who were dissatisfied, the main complaints were: inappropriate management and treatment (54% of reasons given for dissatisfaction), access issues (this includes being kept waiting and appointments cancelled) (17%), and uncaring attitudes of the staff (13%).

Health Professional	Men			Women		
	Freq.	% Seen	% Satisfied	Freq.	% Seen	% Satisfied
Drug and Alcohol Counsellor	200	28.7	91.1	30	20.1	89.7
Psychologist	173	24.9	84.5	47	31.3	82.6
Public Health Nurse	129	18.5	95.3	53	35.3	94.3
Dentist	92	13.0	83.3	35	23.3	58.8
Dental Nurse	78	11.2	93.8	37	24.7	82.4
Psychiatrist	73	10.5	73.4	40	26.7	86.5
Optician / Optometrist	42	5.9	95.0	9	6.0	100.0
Mental Health Nurse	37	5.4	94.1	21	14.1	80.0
Physiotherapist	7	1.0	66.7	1	0.7	100.0

Table 41: *Consultations with other health professionals in prison in the past four weeks*

Health Services Appraisal

Inmates were asked to agree or disagree with several statements regarding the health services provided in prison (Table 42). Overall, women were more likely than men to be critical of the prison health services. Over 50% of women were dissatisfied with the health care they received in prison. Almost twice as many women than men disagreed that they could easily see a health professional. Men were more likely than women to regard health professionals as competent; 40% of women disagreed with this statement.

Statement	Men			Women		
	% Agree	% Not Sure	% Disagree	% Agree	% Not Sure	% Disagree
I am Satisfied With the Health Care I Receive in Prison	58.5	18.4	23.1	38.4	11.3	50.3
If I Have a Health Problem, I Can Easily See a Health Professional	52.0	9.8	38.2	27.2	7.3	65.6
Those Who Provide my Health Care Treat me in a Friendly and Courteous Manner	80.3	11.3	8.4	60.4	15.4	24.2
Those Who Provide my Health Care are Competent and Well Trained	64.0	27.1	9.0	36.7	23.3	40.0

Table 42: *Assessment of prison health care*

The most common suggestion by inmates in regard to improving health services in prison was improved access to key health providers (dentists and doctors) (Table 43). Eight out of ten Aboriginal inmates wanted more Aboriginal health workers.

Improvement	Men % Agree	Women % Agree
Shorter Waiting Time to See the Dentist	80.0	78.1
More Access to the Doctor	79.0	92.1
More Aboriginal Health Workers*	77.7	84.0
Shorter Waiting Time to See Specialists	75.6	80.1
Access to Local Specialists	73.1	69.5
Shorter Waiting Time for Hospital	65.2	64.9
Less Travelling Time to See Specialists	61.2	43.0
Choice of Doctors	54.3	58.9
Longer Hours at the Clinic	51.9	62.0
Improved Attitude of Nurses	41.9	68.2
Improved Attitude of Doctors	41.5	41.7
Improved Attitude of Dentists	31.7	37.1

* Indigenous inmates only

Table 43: *Improvements to prison health care*

Inmates were asked to compare their use of prison health services with community use. Ninety-four (72%) women and 442 (63%) men had increased consultations with nurses while in prison (Table 44). This reflects the nurse-based nature of health service provision in prison.

Both women and men were more likely to report seeing psychologists while in prison. Women used drug and alcohol counsellors the same in both prison and the community whereas men were more likely to consult drug and alcohol counsellors in prison.

	Health Provider Utilisation					
	Men			Women		
Professional	% More	% Same	% Less	% More	% Same	% Less
Nurse	63.0	23.9	13.1	62.3	18.5	19.2
Psychologist	46.4	37.5	16.2	41.1	43.7	15.2
Drug and Alcohol Counsellor	45.6	37.2	17.2	29.8	48.3	21.9
Doctor	32.4	38.1	29.5	24.5	27.8	47.7
Aboriginal Health Worker*	29.6	38.8	31.6	20.8	58.3	20.8
Psychiatrist	28.3	50.5	21.2	30.5	49.0	20.5
Dentist	27.0	39.5	33.5	31.1	23.2	45.7
Optometrist	16.0	60.0	23.9	13.9	58.9	27.2
Specialist Doctor	14.4	53.3	32.3	18.5	39.1	42.4

*Indigenous inmates only

Table 44: *Utilisation of health professionals in prison compared with the community*

Women were more likely than men to rate the overall standard of health services as worse in prison than in the community (women 76%; men 46%) (Table 45).

	Men		Women	
Comparison	Freq.	%	Freq.	%
Better	69	11.2	7	5.2
About the Same	261	42.5	25	18.7
Worse	284	46.3	102	76.1
Total	**614**	**100.0**	**134**	**100.0**

Table 45: *Comparison of prison and community health care*

Aboriginal Health Service Use

Indigenous inmates have access to a range of culturally sensitive healthcare services whilst in custody. Through the establishment of working partnerships between Corrections Health clinics and Aboriginal Community Controlled Health Services (ACCHS) in NSW, most indigenous inmates have a choice of receiving enhanced healthcare services from ACCHS professionals.

In addition to these regular services, Aboriginal Health Workers from local ACCHS work with CHS staff at seven sites to implement the Aboriginal Vascular Health Program. The aim of this program is to use a holistic approach in the prevention of cardiovascular diseases (including diabetes, circulatory, heart and kidney disease).

Fifteen (83%) indigenous women and 120 (71%) indigenous men had used the dedicated indigenous health services since coming into prison (Table 46). Satisfaction with the Aboriginal Health Services was high among both women and men (75% and 87%).

	Men		Women	
Type of Service*	Freq.	% Cases	Freq.	% Cases
Aboriginal Welfare Officer	96	55.2	12	66.7
Aboriginal Medical Officer	53	30.5	8	44.4
Aboriginal Psychologist	25	16.9	6	33.3
Aboriginal Health Worker	16	9.2	4	22.2
Aboriginal Drug and Alcohol Worker	12	6.9	1	5.6
Aboriginal Legal Aid	8	4.6	0	0.0
Aboriginal Liaison Officer	5	2.9	0	0.0
Aboriginal Education Officer	3	1.7	0	0.0
Aboriginal Youth Worker	3	1.7	0	0.0
Other Aboriginal Worker	2	1.2	0	0.0

* Respondents could report using more than one type of service

Table 46: *Use of Aboriginal services in prison*

Pre-test and Post-test Counselling for Blood Borne Viruses and Sexually Transmissible Infections

Testing for HIV, HBV and HCV mandates pre-test and post-test counselling. The purpose of this is to minimise the personal impact of diagnosis, to change health-related behaviour and to reduce anxiety regarding the screening process.

Overall 124 (83%) women and 543 (78%) men had been tested for a blood borne virus or a sexually transmissible infection while in prison. Of these, 60 (49%) women and 320 (60%) men had received counselling or information prior to testing from a nurse or doctor. Forty-eight (91%) women and 257 (87%) men who had received pre-test counselling considered it to be helpful.

Of those who had been tested, 81 (73%) women and 399 (85%) men had received the results of the test. Of the 49 (61%) women and 253 (64%) men who had received post-test counselling from the nurse or doctor 96% (46) of women and 87% (197) of men thought it was helpful.

Continuity of Care

Overall, 37 (25%) women and 110 (16%) men were forced to stop a health treatment as a result of incarceration. Conversely, eight (10%) women and 11 (3%) men were forced to stop a health treatment received in prison on release. Of the 59 (40%) women and 142 (21%) men, who had continued a treatment from the community into prison, only 9% reported difficulties. Accessing community medical records was the most common difficulty associated with community/prison care continuity.

Prisons Hep C Helpline

The NSW Prisons Hep C Helpline (PHCH) commenced in July 2001 in collaboration with the Hepatitis C Council of NSW, the Department of Corrective Services and Corrections Health Service. The PHCH provides information, support, and referral to prisoners, their partners, families, and correctional staff on matters relating to hepatitis C.

Ninety-four (64%) women were aware of the Hepatitis C telephone helpline but only three (3%) had used the service. Similarly, 367 (53%) men were aware of the helpline but only four (1%) had accessed the service.

Mental Health Telephone Line

CHS introduced a 1800 free call telephone service in 1999 for inmates with mental health issues. This service covers symptomology, brief counselling, clarification of mental health service options, and treatment referral and follow-up issues. This service is also available to inmates' family members and staff. Overall, 58 (39%)

women were aware of the line but only two (4%) had utilised it. Among men, 254 (47%) were aware of the service but only seven (3%) had accessed it.

Confidentiality

Delivering health services to inmates is not straightforward with security concerns often taking precedence over health needs. In maximum and medium security prisons there is a 'sight or sound' policy whereby custodial officers must be in the physical vicinity of a clinical interaction at all times. This can lead to inmates feeling that the clinical consultation is compromised.

Eighty-eight (60%) women and 459 (70%) men felt that health care consultations at the prison clinic were sufficiently private. Seventy-one (50%) women and 446 (68%) men felt that the information given to health staff was kept confidential. Some inmates expressed specific concerns regarding the confidentiality of health provider consultations (Table 47).

	Men		Women	
Confidentiality Concerns	**Freq.**	**%**	**Freq.**	**%**
Lack of Privacy at Clinic Visits	48	37.5	16	34.8
Medical Staff Talking to Officers About Inmates' Health	28	21.9	8	17.4
Officers Have Inappropriate Access to Medical Information	22	17.2	5	10.9
Information Shared Too Freely With Health Professionals	10	7.8	0	0.0
Medical Files Are Not Kept Confidential	9	7.0	7	15.2
Inmates Have Access to Health Information	7	5.5	4	8.7
Medical Staff Discuss Patient in Public	3	2.3	5	10.9
Legal System Has Access to Medical Records	1	0.8	0	0.0
Certain Conditions Require Notification	0	0.0	1	2.2
Total	**128**	**100.0**	**46**	**100.0**

Table 47: *Confidentiality concerns associated with health provider consultations*

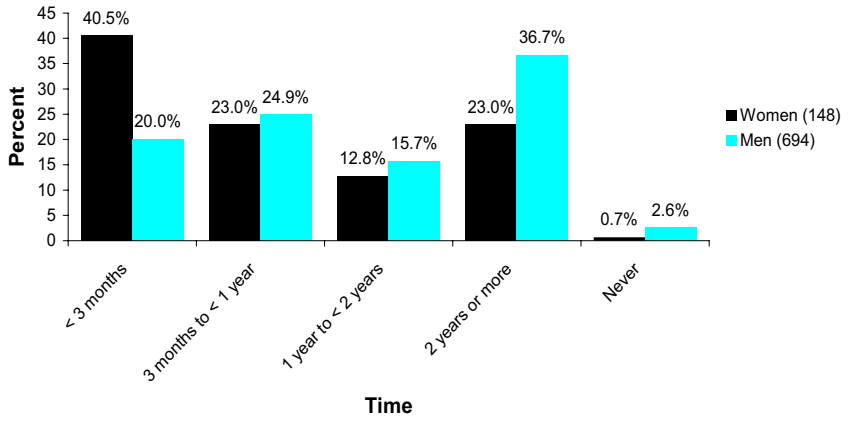
It is surprising that of those respondents who felt that health information is kept confidential, 28 (42%) women and 125 (30%) men believed that it was shared with custodial staff. This suggests that some inmates feel that information sharing between custodial and health authorities is an acceptable practice. This could be associated with 46 (31%) women and 246 (36%) men being unaware that Corrections Health is part of the Health Department and is separate from the Department of Corrective Services.

Dental Health

Imprisonment represents an opportunity in which to intervene and remedy some of the deleterious lifestyle impacts on oral health. Efforts to improve dental health during incarceration are reflected in the high numbers reporting that their last dental visit occurred while in prison (women 64%; men 57%) (Table 48).

Women were twice as likely as men to have seen a dentist in the past three months (Figure 16). Twenty-three percent of women had not seen a dentist for at least two years compared with 37% of men. One percent of women and 3% of men had never visited a dentist.

Figure 16: *Time since last dental visit*



The majority of women and men had their teeth examined at their last dental visit (Table 48). Those whose last dental visit was to a prison dentist were more likely to have a tooth extracted than those whose most recent visit was with a community dentist (43% *vs.* 35%). This reflects the CHS oral health strategy which prioritises the most serious dental treatments and is therefore more likely to result in an extraction.

Those whose last dental visit was in prison were less likely (women 46%; men 58%) to rate the health care they received as either 'excellent' or 'fairly good' compared with those visiting community dentists (women 74%; men 72%).

	Men		Women	
Dental Service	**Freq.**	**%**	**Freq.**	**%**
Prison Dentist	386	57.0	94	63.5
Private Dentist	209	30.9	38	25.7
Dental Hospital	56	8.3	15	10.1
Denturist	10	1.5	1	0.7
Aboriginal Dental Service	6	0.9	0	0.0
Juvenile Justice Dentist	7	1.0	0	0.0
School Dentist	3	0.4	0	0.0
Total	**677**	**100.0**	**148**	**100.0**

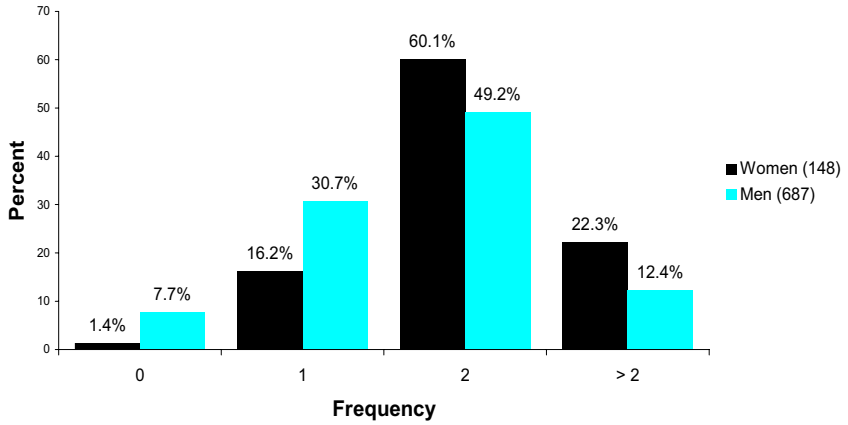
Dental Treatment	**Freq.**	**% Cases**	**Freq.**	**% Cases**
Examination	455	67.1	81	54.0
Extraction	265	39.1	62	41.3
Fillings*	247	36.5	56	37.3
X-Ray	206	30.4	48	32.0
Clean and Polish	134	19.9	18	12.0
Reconstruction	73	10.9	17	11.4
Fluoride Treatment	39	5.8	7	4.7
Gum Treatment	28	4.1	5	3.3
Orthodontics	13	1.9	2	1.3

* Includes crowns

Table 48: *Dental service used / dental treatment at last visit*

Brushing teeth is essential for basic dental hygiene. Almost all inmates had brushed their teeth at least once during the past day with women more likely than men to have brushed them twice or more (Figure 17).

Figure 17: *Brushing of teeth in the previous day*



Despite the limitations of asking inmates to determine the type of dental care required, 132 (87%) women and 490 (70%) men felt that they needed some form of dental treatment. Examinations and fillings were the most common treatment required by inmates (Table 49).

	Men		Women	
Treatment	**Freq.**	**% Cases**	**Freq.**	**% Cases**
Dental Examination	290	41.5	62	41.1
Dental Fillings	256	36.6	73	48.3
Dental Extraction	152	21.8	46	30.5
Dentures	96	13.7	38	25.2
Gum Treatment	59	8.5	12	7.9
Dental Clean	48	6.9	22	14.6
Dental Orthodontics	33	4.7	3	2.0

Table 49: *Perceived dental treatment needs*

Injury

Injury costs the Australian health system an estimated $2.6 billion each year, or 8% of total recurrent health expenditure. In 1999, over 8,300 Australians died as a result of injury and a further 400,000 were hospitalised. In 1998 injury was the fourth leading cause of death in both women and men in NSW. Injury is the leading cause of death among young people in Australia and causes a range of disabling conditions

Inmates were asked to describe any injuries sustained in the three months prior to interview. This time period could include injuries occurring prior to imprisonment. The following details of the injury were recorded: the type and cause of the injury, the intentional nature of the injury, the place and activity when the injury occurred, and the medical action. Details of the four most severe injuries were recorded.

Twenty-eight (19%) women and 123 (18%) men had sustained at least one injury in the past three months. Lacerations (26%), sprains and strains (23%), and contusions (23%) were the most common injuries in women (Table 50). Lacerations (30%) and sprains and strains (26%) were the most common injuries in men. Leisure activities (48% of all injuries) and work (48%) were the most common activities during which injuries occurred among women (Table 50). Men's injuries occurred during leisure (42%) and sporting activities (31%).

Intentional injuries were common, highlighting the violent environments in which many prisoners exist (Table 50). The most common cause of injury for both sexes was being struck by an object or person (32% and 42% of all causes) (Table 51). Twenty-eight (90%) injuries reported by women and 125 (80%) reported by men had occurred in prison (Table 51). Hospitalisation was required by three (10%) women and seven (4%) men (Table 51).

	Men		Women	
Injury Type*	**Freq.**	**%**	**Freq.**	**%**
Laceration / Cut	45	30.4	8	25.8
Sprain or Strain	38	25.7	7	22.6
Fracture	19	12.8	3	9.7
Contusion	11	7.4	7	22.6
Dislocation	9	6.1	0	0.0
Burn or Corrosion	6	4.1	2	6.5
Superficial	6	4.1	0	0.0
Injury to Nerves / Spinal Cord	3	2.0	0	0.0
Other Injury	3	2.0	0	0.0
Concussion and Intracranial	2	1.4	0	0.0
Dental Injury	2	1.4	1	3.2
Crushing Injury	1	0.7	0	0.0
Eye Injury (excluding foreign body)	1	0.7	1	3.2
Foreign Body in Eye	1	0.7	0	0.0
Poisoning or Toxin (non-bite)	1	0.7	0	0.0
Bite (non-venomous)	0	0.0	1	3.2
Electrocution	0	0.0	1	3.2
Total	**148**	**100.0**	**31**	**100.0**
Injury Activity	**Freq.**	**%**	**Freq.**	**%**
Leisure	64	42.1	15	48.4
Sport	47	30.9	0	0.0
Working	31	20.4	15	48.4
Other Activity	5	3.3	1	3.2
Legal Intervention	3	2.0	0	0.0
Education	1	0.7	0	0.0
Transport Between Prisons	1	0.7	0	0.0
Total	**152**	**100.0**	**31**	**100.0**
Intent	**Freq.**	**%**	**Freq.**	**%**
Accidental	104	65.4	20	64.5
Intentional Harm by Others	48	30.2	9	29.0
Intentional Self-Harm	7	4.4	2	6.5
Total	**159**	**100.0**	**31**	**100.0**

Table 50: *Injuries (type, activity and intent) reported in the past three months*

	Men		Women	
Injury Cause	**Freq.**	**%**	**Freq.**	**%**
Struck by Object / Person	62	41.6	10	32.3
Fall (low)	29	19.5	3	9.7
Cutting / Piercing	16	10.7	3	9.7
Other Causes	16	10.7	2	6.5
Machinery	9	6.0	4	12.9
Fall (high)	6	4.0	0	0.0
Pedestrian	4	2.7	1	3.2
Fire, Flames, Smoke	3	2.0	1	3.2
Motor Vehicle Driver	1	0.7	0	0.0
Motorcycle Driver	1	0.7	0	0.0
Contact Burn	1	0.7	0	0.0
Firearm	1	0.7	0	0.0
Scalds	0	0.0	1	3.2
Animal Related	0	0.0	5	16.1
Electricity	0	0.0	1	3.2
Total	**149**	**100.0**	**31**	**100.0**
Injury Place	**Freq.**	**%**	**Freq.**	**%**
Prison - Athletics and Sports Area	36	22.8	0	0.0
Prison - Unspecified	33	20.9	11	36.7
Prison - Cell	20	12.7	5	16.7
Home	18	11.4	0	0.0
Prison - Work Place	18	11.4	10	33.3
Athletics and Sports Area	10	6.3	0	0.0
Prison - Yard	10	6.3	1	3.3
Street or Highway	5	3.2	0	0.0
Recreation Area	2	1.3	1	3.3
Other Place	2	1.3	0	0.0
Prison - Kitchen	2	1.3	1	3.3
Trade or Service Area	1	0.6	0	0.0
Prison - Transport	1	0.6	0	0.0
Farm	0	0.0	1	3.3
Total	**158**	**100.0**	**30**	**100.0**
Injury Action	**Freq.**	**%**	**Freq.**	**%**
Saw Clinic Nurse	62	39.2	7	22.6
Self-treated	35	22.2	9	29.0
Saw Doctor	28	17.7	6	19.4
Hospital - Not Admitted	26	16.5	6	19.4
Hospital - Admitted	7	4.4	3	9.7
Total	**158**	**100.0**	**31**	**100.0**

* Respondents could report up to four injuries

Table 51: *Injuries (cause, place and action) reported in the past three months*

Twelve (44% of those reporting an injury) women and 42 (41%) men had an injury which had caused a permanent disability. Musculoskeletal problems (joint mobility, knee and back problems) were the most common disabilities among men (Table 52).

	Men		Women	
Injury Type	Freq.	%	Freq.	%
Musculoskeletal	22	53.7	1	8.3
General	8	19.5	3	25.0
Neurological	4	9.8	3	25.0
Respiratory	3	7.3	0	0.0
Digestive	2	4.9	1	8.3
Skin	2	4.9	3	25.0
Eye	0	0.0	1	8.3
Total	**41**	**100.0**	**12**	**100.0**

Table 52: *Lasting impact of injury or disability*

Prisoners were asked whether another person had deliberately caused them an injury in the past twelve months. Overall, 34 (26%) women and 133 (21%) men had received such an injury. Other inmates were the most likely to have inflicted a deliberate injury in both women and men (Table 53). Women were more likely than men to have been injured by a partner.

	Men		Women	
Person	Freq.	% Cases	Freq.	% Cases
Inmate	59	9.4	18	13.7
Police	38	6.1	5	3.8
Stranger	24	3.8	2	1.5
Correctional Officer	15	2.4	2	1.5
Boyfriend / Girlfriend	12	1.9	12	9.2
Other Family Member	9	1.4	2	1.5
Mother	1	0.2	0	0.0
Father	0	0.0	1	0.8
Friend / Acquaintance	0	0.0	2	1.5

Table 53: *Person causing deliberate injury in the past twelve months*

Head Injury

Concern had been expressed by health staff regarding inmates with traumatic brain injury (TBI). There are currently no dedicated services for TBI inmates in the NSW correctional system and little recognition of the problem within the criminal justice system. TBI has recognised chronic behavioural, cognitive and psychiatric sequelae. It is often compounded in the custodial system with co-morbid abuse of drugs which can exacerbate the problem.

Fifty-six (39%) women and 315 (45%) men had sustained at least one head injury at some time in the past resulting in unconsciousness or blacking out. For those prisoners with multiple head injuries, information was recorded on the three most severe. Four percent of women and 5% of men had sustained five or more head injuries (Table 54).

	Men		Women	
Frequency	**Freq.**	**%**	**Freq.**	**%**
0	382	54.8	87	60.8
1	161	23.1	27	18.9
2	67	9.6	17	11.9
3 - 4	54	7.7	6	4.2
5 - 6	20	2.9	3	2.1
> 6	13	1.9	3	2.1
Total	**697**	**100.0**	**143**	**100.0**

Table 54: *Lifetime frequency of head injuries*

Most inmates had been unconscious for short periods of time. However, 16% of women and 8% of men had been unconscious for more than twenty-four hours (Table 55).

	Men		Women	
Time Unconscious*	**Freq.**	**%**	**Freq.**	**%**
Less than 10 minutes	276	64.8	40	54.1
10 minutes to less than 30 minutes	52	12.2	14	18.9
30 minutes to less than 24 hours	66	15.5	8	10.8
24 hours or more	32	7.5	12	16.2
Total	**426**	**100.0**	**74**	**100.0**

* Respondents could report up to three head injuries

Table 55: *Length of time unconscious*

Being struck by an object or person was the most common cause of head injuries in both women and men (69% and 60%) (Table 56). Motor vehicle accidents were also commonly associated with head injuries (21% and 18%).

	Men		Women	
Injury Causes*	**Freq.**	**%**	**Freq.**	**%**
Struck by Object / Person	314	60.3	65	68.4
Motor Vehicle Accident	92	17.7	20	21.1
Fall (low)	26	5.0	4	4.2
Fall (high)	22	4.2	2	2.1
Motorcycle Accident	22	4.2	3	3.2
Pedestrian	12	2.3	1	1.1
Cyclist	11	2.1	0	0.0
Animal Related	12	2.3	0	0.0
Firearm	5	1.0	0	0.0
Machinery	2	0.4	0	0.0
Near Drowning	1	0.2	0	0.0
Cutting / Piercing	1	0.2	0	0.0
Other Causes	1	0.2	0	0.0
Total	**521**	**100.0**	**95**	**100.0**

* Respondents could report up to three head injuries

Table 56: *Cause of unconsciousness*

Inmates were asked to recall any side effects occurring at the time of the injury and whether any of these had persisted. Memory loss and poor concentration were the most common side effects caused by the head injury (Table 57). Forty-one percent of women and 23% of men with a head injury had unresolved side effects. (Table 58).

	Men		Women	
Side Effects*	**Freq.**	**%**	**Freq.**	**%**
Memory Loss	144	17.6	45	20.2
Poor Concentration	128	15.6	41	18.4
Problems With Co-ordination and Balance	126	15.4	33	14.8
Weakness	106	12.9	21	9.4
Difficulties Speaking	97	11.8	19	8.5
Anxiety or Depression	92	11.2	36	16.1
Personality Change	82	10.0	16	7.2
Headaches	27	3.3	8	3.6
Other	18	2.2	4	1.8
Total	**820**	**100.0**	**223**	**100.0**

* Respondents could report up to three head injuries

Table 57: *Side effects at the time of head injury*

	Men		Women	
Unresolved Side Effects*	**Freq.**	**%**	**Freq.**	**%**
Memory Loss	37	22.8	13	26.0
Anxiety or Depression	31	19.1	13	26.0
Poor Concentration	26	16.0	8	16.0
Personality Change	19	11.7	1	2.0
Headaches	15	9.3	3	6.0
Problems with Speaking	13	8.0	3	6.0
Problems With Co-ordination and Balance	12	7.4	4	8.0
Weakness	9	5.6	5	10.0
Total	**162**	**100.0**	**50**	**100.0**

* Respondents could report up to three head injuries

Table 58: *Unresolved effects of the head injury*

Among women, 20% of those with a head injury reported a skull fracture, 11% an internal head bleed, and 7% required a surgical operation. In men, 11% had sustained a skull fracture, 6% an internal head bleed, and 6% required a surgical operation. Four (12%) women and 23 (9%) men with a head injury had undergone tests or scans which had confirmed damage to the brain.

Sixteen percent of women and 89% percent of men had played contact sports in which head injuries are common. Approximately 30% of the men had participated in either amateur or professional boxing (Table 59).

	Men		Women	
Sport	Freq.	% Cases	Freq.	% Cases
Football	322	57.4	15	12.2
Amateur Boxing	142	25.3	4	3.2
Professional Boxing	23	4.1	1	0.8
Wrestling	12	2.1	0	0.0

Table 59: *Participation in sports in which head injuries are common*

Respiratory Function

Asthma

Sixty-seven (44%) women and 146 (21%) men had been diagnosed with asthma at some time in their life. Thirty-four (52%) women with asthma and 46 (34%) men had experienced breathing difficulties or an asthma attack in the past three months (Table 60).

Fifty-one (85%) women and 88 (74%) men had a current asthma management plan. All 51 women and 85 (97%) men with asthma were taking medication for this condition; Salbutamol was the most common medication in both women and men (92% and 96%) (Table 60). Thirty-two (63%) women and 57 (72%) men took asthma medication on a daily basis.

Fourteen (33%) women with asthma and 41 (46%) men had not measured their respiratory function using a peak flow meter in the past twelve months (Table 60).

Seventy percent (40) of women and 90% (98) of men were satisfied with the treatment they receive for asthma in prison. Reasons given by those who were dissatisfied with the treatment included difficulties obtaining medication, lack of an asthma management plan, poor service from the clinic, and a lack of follow-up.

Asthma Attacks in the Past Three Months	Men		Women	
	Freq.	%	Freq.	%
1	14	30.4	16	47.1
2	19	41.3	7	20.6
3 - 5	8	17.4	5	14.7
> 6	5	10.9	6	17.6
Total	**46**	**100.0**	**34**	**100.0**
Current Asthma Management Plan	**Freq.**	**% Cases**	**Freq.**	**% Cases**
Medication	85	96.6	51	100.0
Exercise	24	27.3	9	17.6
Reduce / Quit Smoking	16	18.2	7	13.7
Breathing Exercises	7	8.0	9	17.6
Peak Flow Meter Use Frequency	**Freq.**	**%**	**Freq.**	**%**
Never	41	45.6	14	33.3
Once only	27	30.0	7	16.7
Every six months	4	4.4	4	9.5
Every three months	10	11.1	11	26.2
Monthly	7	7.8	5	11.9
Weekly	0	0.0	1	2.4
Daily	1	1.1	0	0.0
Total	**90**	**100.0**	**42**	**100.0**
Current Asthma Medication*	**Freq.**	**% Cases**	**Freq.**	**% Cases**
Salbutamol	80	96.4	46	92.0
Beclamethasone	23	27.7	17	34.0
Fluticasone Propionate	5	6.0	4	8.0
Budesonide	3	3.6	6	12.0
Ipratropium Bromide	2	2.4	2	4.0
Ibuprofen	1	1.2	0	0.0
Fenoterol Hydrobromide	1	1.2	0	0.0
Sodium Cromoglycate	1	1.2	0	0.0
Prednisone	1	1.2	0	0.0

* Respondents could report up to three medications

Table 60: *Asthma attacks / management plans / peak flow meter / asthma medication*

Lung Function - Peak Expiratory Flow (PEF)

Peak Expiratory Flow (PEF) was measured using an AIRMED mini-Wright Peak Flow Meter. Results were recorded in L/min. Predicted PEF was calculated using regression equations for European Caucasian women and men.[36] According to these calculations, 17% of women and 30% of men had a PEF less than 80% of that predicted (Table 61).

	Men		Women	
Percent Predicted PEF	**Freq.**	**%**	**Freq.**	**%**
Below Normal Range (< 80%)	211	29.8	28	17.3
Normal Range (> 80%)	497	70.2	134	82.7
Total	**708**	**100.0**	**162**	**100.0**

Table 61: *Percent predicted peak expiratory flow (PEF)*

Infectious Diseases

Prisoner populations are characterised by an increased exposure to infectious diseases including blood borne viruses and sexually transmissible infections.[37-42] To this end, screening for infectious diseases represents an important component of the survey and is a valuable opportunity for the participants to ascertain their exposure to a number of pathogens. The screening involved testing for HIV, hepatitis A, hepatitis B, hepatitis C, syphilis, chlamydia, gonorrhoea, herpes simplex virus type 1, herpes simplex virus type 2, and tuberculosis.

Human Immunodeficiency Virus (HIV)

No women and one (0.1%) man tested positive for HIV infection (Table 62). This diagnosis was a known case.

Hepatitis A Virus (HAV)

Inmates were tested for hepatitis A total antibody, which indicates past exposure to HAV. Seventy-six (50%) women and 320 (46%) men tested positive for antibodies to HAV (Table 62).

Hepatitis B Virus (HBV)

Inmates were tested for hepatitis B core-antibody which indicates past exposure to HBV. Those testing positive were further tested for hepatitis B surface-antigen which indicates current infection.

Of the 47 (31%) hepatitis B core-antibody positive women, three (6%) tested positive for hepatitis B surface-antigen and none tested positive for hepatitis B e-antigen (Table 62). Of the 197 (28%) men who tested positive for hepatitis B core-antibody, 22 (11%) were hepatitis B surface-antigen positive. Six of these men tested positive for hepatitis B e-antigen indicating a high degree of infectiousness.

Of the 91 women and 481 men who tested negative for hepatitis B core-antibody, 39 (43%) women and 287 (60%) men also tested negative for hepatitis B surface-antibody[i] indicating susceptibility to the hepatitis B virus.

Hepatitis C Virus (HCV)

Past exposure to the hepatitis C virus was determined by the presence of hepatitis C antibodies. Sixty-four percent of women tested positive for hepatitis C antibody compared with 40% of men (Table 62).

[i] Note: > 30 IU/L indicates a positive response to HBV immunisation.

	Men				Women			
Markers	**Positive**	**Negative**	**Equivocal**	**Total**	**Positive**	**Negative**	**Equivocal**	**Total**
HIV Antibody	*1*	*702*	*1*	*704*	*0*	*150*	*0*	*150*
	0.1%	99.7%	0.1%	100.0%	0.0%	100.0%	0.0%	100.0%
Hepatitis A Antibody	*320*	*377*	*1*	*698*	*76*	*74*	*1*	*151*
	45.8%	54.0%	0.1%	100.0%	50.3%	49.0%	0.7%	100.0%
Hepatitis B Core-Antibody	*197*	*481*	*26*	*704*	*47*	*91*	*13*	*151*
	28.0%	68.3%	3.7%	100.0%	31.1%	60.3%	8.6%	100.0%
Hepatitis B Surface-Antigen	*22*	*681*	*0*	*703*	*3*	*147*	*0*	*150*
	3.1%	96.9%	0.0%	100.0%	2.0%	98.0%	0.0%	100.0%
Hepatitis B Surface-Antibody	*322*	*383*	*0*	*705*	*82*	*69*	*0*	*151*
	45.7%	54.3%	0.0%	100.0%	54.3%	45.7%	0.0%	100.0%
Hepatitis C Antibody	*281*	*419*	*1*	*701*	*96*	*55*	*0*	*151*
	40.1%	59.8%	0.1%	100.0%	63.6%	36.4%	0.0%	100.0%

Table 62: *Prevalence of markers of infectious diseases*

Self-reported exposure to HBV and HCV versus serology

Self-reported exposure to hepatitis was compared with the serology results for hepatitis B and hepatitis C. Overall, the level of agreement between serological testing and self-report was higher for HCV than HBV (Tables 63 & 64).

Approximately one-quarter of both sexes who reported that they had not been exposed to hepatitis B had serological markers suggesting past exposure to this virus. Similarly approximately one-fifth of those with no self-reported exposure to hepatitis C had markers of past exposure. The high levels of exposure to blood borne viruses combined with poor self-knowledge regarding exposure highlights the need for comprehensive screening and education in regard to blood borne viruses in the correctional system.

		Hepatitis B Serology					
		Men			Women		
		Positive	**Negative**	**Total**	**Positive**	**Negative**	**Total**
Self -report Hepatitis B	**Yes**	31	7	38	15	0	15
		81.6%	18.4%	100.0%	100.0%	0.0%	100.0%
	No	**156**	443	599	**28**	83	111
		26.0%	74.0%	100.0%	**25.2%**	74.8%	100.0%
	Total	187	450	637	43	83	126
		29.4%	70.6%	100.0%	34.1%	65.9%	100.0%

Table 63: *Self-reported exposure to HBV infection and serological confirmation*

		Hepatitis C Serology					
		Men			Women		
		Positive	Negative	Total	Positive	Negative	Total
Self -report Hepatitis C	Yes	178 97.8%	4 2.2%	182 100.0%	70 97.2%	2 2.8%	72 100.0%
	No	**81** **17.1%**	392 82.9%	473 100.0%	**15** **22.7%**	51 77.3%	66 100.0%
	Total	259 39.5%	396 60.5%	655 100.0%	85 61.6%	53 38.4%	138 100.0%

Table 64: *Self-reported exposure to HCV infection and serological confirmation*

Tuberculosis

Inmates were asked about their past history of tuberculosis (TB) infection, Mantoux testing and BCG vaccination.

Two (1%) women and 13 (2%) men reported that they had been infected with Tuberculosis in the past. Thirty-one (19%) women and 175 (25%) men had received a BCG vaccination.

Mantoux skin testing was performed as part of the survey to determine possible infection with *Mycobacterium tuberculosis*. Twenty-one (14%) women and 94 (14%) men had a positive Mantoux skin test result. One man was receiving treatment for active TB and was therefore not tested.

Sexually Transmitted Infections (STIs)

Chlamydia, Gonorrhoea and Syphilis

Chlamydia trachomatis and *Neisseria gonorrhoeae* are sexually transmissible bacteria that are associated with urethritis in men and cervicitis, pelvic inflammatory disease, ectopic pregnancy and infertility in women. While most infected women are recognised as having no or minimal symptoms, until recently most men with urethral infections were believed to be symptomatic (discharge or dysuria). However, recent population-based surveys have demonstrated that most infected men in the community are also asymptomatic.[43;44] In NSW, notifications of *Chlamydia trachomatis* have increased significantly in recent years, reflected in sentinel site data, making it the commonest notifiable bacterial infection.[45] *Neisseria gonorrhoeae* remains uncommon apart from an ongoing outbreak among homosexually active men in Sydney.

Chlamydia and gonorrhoea were screened using urine Polymerase Chain Reaction (PCR) testing. Chlamydia was detected in two (1%) women and 14 (2%) men. The prevalence of chlamydia infection was highest in the under 25 year age group (women 6%; men 4%) (Appendix 2). No women and 3 (0.4%) men tested positive for gonorrhoea. None of those screened tested positive for both chlamydia and gonorrhoea. Of those testing positive for either chlamydia or gonorrhoea, one woman

reported symptoms indicative of the condition (vaginal discharge) in the past four weeks.

Overall, most inmates had no past history of exposure to syphilis (Table 65). However three (2%) women and nine (1%) men had untreated latent syphilis.

	Men		Women		
History / Test Result	Freq.	%	Freq.	%	Interpretation
No History of Syphilis / Non-Reactive EIA	620	95.1	134	97.1	No Syphilis
No History of Syphilis / Reactive EIA and Reactive RPR or FTA(Abs)	9	1.4	3	2.2	Untreated Latent Syphilis
Past History of Syphilis / Non-Reactive RPR, Reactive EIA and FTA(Abs)	5	0.8	1	0.7	Adequately Treated Syphilis
Past History of Syphilis Treatment / Non-Reactive EIA, RPR and FTA(Abs)	18	2.8	0	0.0	Previous Syphilis Diagnosis Doubtful
Total	**652**	**100.0**	**138**	**100.0**	

Table 65: *Syphilis*

Herpes Simplex Virus Types 1 and 2

Overall 133 (89%) women tested positive for HSV-1 compared with 595 (85%) men. Seventy-five (51%) women and 129 (19%) men tested positive for HSV-2.

Self-reported STIs

Overall, 62 (41%) women and 164 (24%) men reported that they had been diagnosed with a sexually transmissible infection (STI) at some time in the past. Candidiasis (25%) and pubic lice (10%) were the most common STIs in women. Pubic lice (17%) was the most common STI among men (Table 66).

	Men		Women	
STD	Freq.	% Cases	Freq.	% Cases
Oral Herpes	124	18.4	39	26.4
Pubic Lice	119	17.3	15	10.0
Gonorrhoea	38	5.5	3	2.0
Genital Warts	32	4.7	10	3.7
Syphilis	23	3.4	1	0.7
Urethritis or Non-Specific Urethritis	18	2.6	7	4.7
Genital Herpes	16	2.3	7	4.7
Chlamydia	11	1.6	10	6.7
Candidiasis	-	-	36	24.8
Pelvic Inflammatory Disease (PID)	-	-	9	6.2
Trichomoniasis	-	-	7	4.8
Bacterial Vaginosis	-	-	3	2.1
Human Papilloma Virus	-	-	2	1.4

Table 66: *Previously diagnosed STIs and related conditions*

Immunisation

Inmates were asked whether they been vaccinated against a number of infectious diseases. Women were more likely than men to report having been vaccinated against hepatitis B (Table 67). However, it is interesting to note that among those who reported receiving three doses of the hepatitis B vaccine, approximately 40% of both sexes tested negative for hepatitis B surface-antibody (Table 68). This marker is commonly used to indicate a response to HBV vaccination.

	Men		Women	
Vaccination	**Freq.**	**% Cases**	**Freq.**	**% Cases**
Tetanus	579	88.9	120	88.2
Measles	284	56.0	80	69.0
Hepatitis A	68	11.9	17	13.5
Hepatitis B*	354	55.3	87	61.3
German Measles (Rubella)	194	39.4	100	80.0

* Refers to having received any hepatitis B vaccination shots

Table 67: *Vaccination history*

		Hepatitis B Surface-Antibody[i]					
		Men			Women		
		Positive	**Negative**	**Total**	**Positive**	**Negative**	**Total**
Self -report Hepatitis B Vaccination	**Yes**	155 62.5%	**93** **37.5%**	248 100.0%	36 61.0%	**23** **39.0%**	59 100.0%
	No	103 37.3%	173 62.7%	276 100.0%	20 41.7%	28 58.3%	48 100.0%
	Total	258 49.2%	266 50.8%	524 100.0%	56 52.3%	51 47.7%	107 100.0%

Table 68: *Self-reported completion of hepatitis B vaccination schedule and serological confirmation of immune status*

[i] Note: > 30 IU/L indicates a positive response to HBV immunisation.

Health Related Behaviours

Health related behaviours play a major role in causing cardiovascular and respiratory disease, some forms of cancer, and conditions that account for much of the disease burden and mortality in later life. This section covers a range of health related behaviours: physical activity, diet and nutrition, sun protection, testicular examination, breast examination, and cervical screening.

Exercise

Physical inactivity is a major determinant of ill health and is responsible for about 7% of the total disease burden in Australia.[46]. It is associated with risk factors for cardiovascular disease such as overweight, high blood pressure, and elevated cholesterol levels. The effects of physical activity on reducing the risk of mortality from all causes are well documented.[47] Participation in physical activity reduces the risk of developing colon cancer and diabetes.

Inmates were asked whether they had exercised in the past four weeks, the type of exercise they had undertaken and the duration. The mean time (mins) spent exercising was calculated for each individual by exercise type. The median of these times was then derived.

Overall, 107 (73%) women and 620 (87%) men had exercised in the four weeks prior to interview. Moderate walking (47%) and aerobics/circuit training (29%) were the most common forms of exercise among women (Table 69). Moderate walking (51%) and weight training (42%) were the most common forms of exercise in men.

	Men			Women		
Exercise Type	Freq.	% Cases	Time/Day* (minutes)	Freq.	% Cases	Time/Day* (minutes)
Moderate Walking	358	50.5	30	69	46.9	30
Weight Training	298	42.0	30	15	10.2	10
Football / Soccer / Cricket	201	28.3	17	5	3.4	4
Aerobics / Circuit Training	192	27.1	30	42	28.6	26
Running / Jogging	143	20.2	14	12	8.2	9
Vigorous Walking	104	14.7	31	18	12.2	54
Tennis / Squash	101	14.2	17	5	3.4	26
Basketball / Netball	44	6.2	9	14	9.5	22
Exercise Bike	39	5.5	5	13	8.8	6

* Median time spent exercising per day

Table 69: *Length of time spent exercising in the past four weeks by exercise type*

Seventy-five (51%) women and 471 (66%) men had exercised for at least 30 minutes per day as recommended by the National Heart Foundation of Australia (Table 70).[i]

[i] Note: The National Heart Foundation of Australia recommends at least 30 minutes of moderate-intensity physical activity, such as brisk walking, on all or most days of the week.

Among those who had not exercised in the previous four weeks, 'laziness' was the most common reason (Table 71). Confinement in a protection area[i] of the prison was a common reason for not exercising among women.

	Men		Women	
Time per day	**Freq.**	**%**	**Freq.**	**%**
No exercise	89	12.6	40	27.2
Less than 30 minutes	147	20.8	32	21.8
30 minutes to less than 1 hour	129	18.2	27	18.4
1 hour to less than 2 hours	172	24.3	32	21.8
2 hours to less than 3 hours	91	12.9	9	6.1
3 hours or more	79	11.2	7	4.8
Total	**707**	**100.0**	**147**	**100.0**

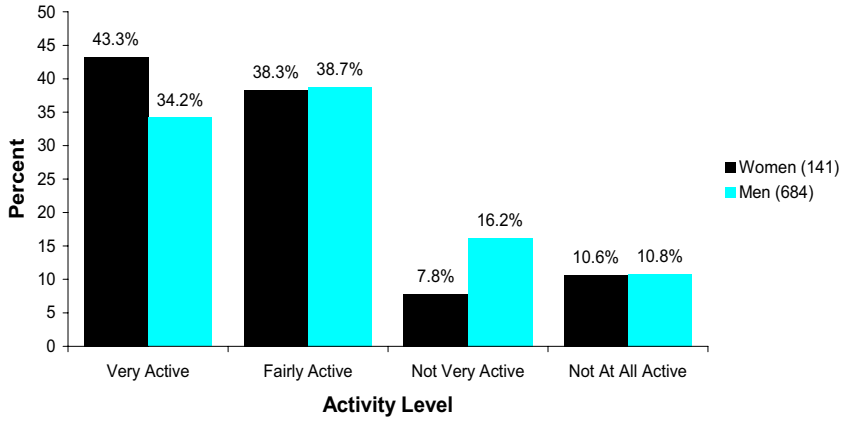
Table 70: *Average exercise time spent each day*

	Men		Women	
Reason	**Freq.**	**%**	**Freq.**	**%**
Too Lazy	31	38.3	15	38.5
Health Reasons	24	29.6	6	15.4
Protection	12	14.8	11	28.2
Busy - Working	10	12.3	5	12.8
Busy – Legal Matters	3	3.7	0	0.0
Too Tired	1	1.2	2	5.1

Table 71: *Reasons for not exercising in the past four weeks*

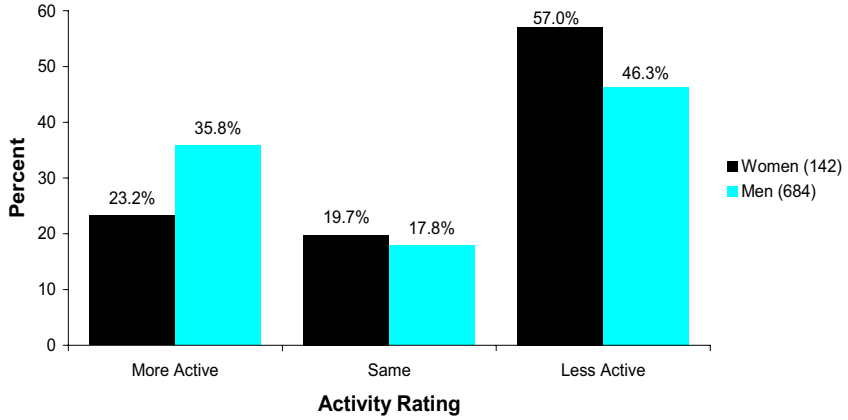
Most inmates rated their activity level in the twelve months before imprisonment as either 'very active' or 'fairly active' (Figure 18). Approximately half (57% and 46%) of both sexes thought they were less active now compared with before coming into prison (Figure 19).

Figure 18: *Activity rating in the twelve months prior to imprisonment*



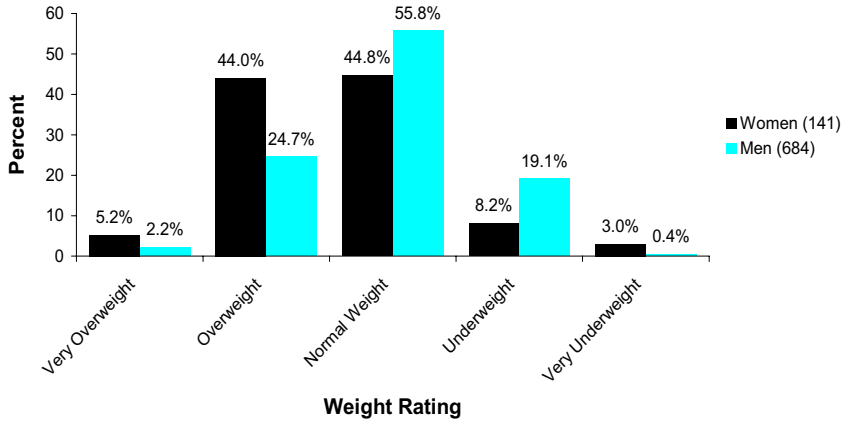
[i] Note: Inmates placed in protection generally have less access to exercise equipment and open areas in which to walk.

Figure 19: *Activity rating in prison compared with the community*



In regard to body weight, women were more likely than men to rate themselves as either 'very overweight' or 'overweight' (49% *vs.* 27%) (Figure 20). Men were more likely than women to rate their weight as 'normal' (56% *vs.* 45%).

Figure 20: *Body weight rating*



Sun Protection Behaviour

Australia has the highest incidence of skin cancer in the world.[48] Skin cancer can largely be prevented by simple measures such as wearing protective clothing, applying sunscreens, or avoiding the sun. The prison environment is such that many inmates spend prolonged periods sitting in the sun with many spending extended periods of time locked in exercise yards and other outdoor areas.

Women were less likely than men to report 'mostly' wearing a hat or cap in the sun (28% *vs.* 43%) (Table 72). Two-thirds of women and over half the men 'rarely' wore less clothing when in the sun. However, half of the women and 71% of men 'rarely' wore a sunscreen. According to the 1997 and 1998 NSW Health Promotion Surveys, approximately 58% of women and 38% of men over eighteen usually applied

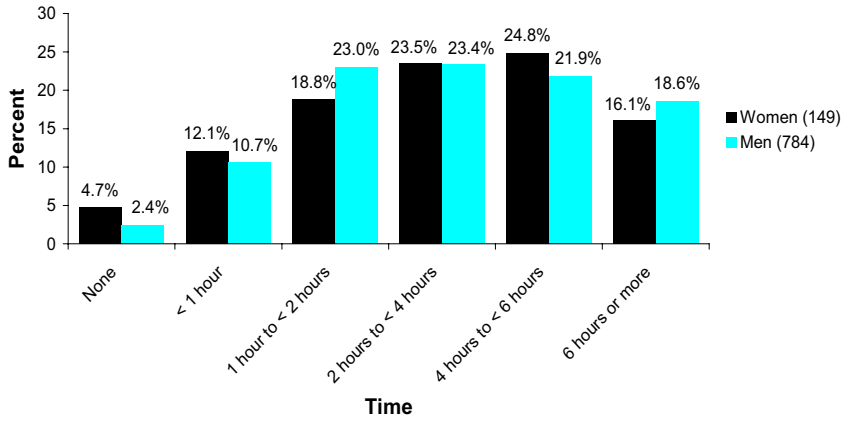
sunscreen when in the sun indicating that prisoners are at increased risk of skin cancer.

	Men			Women		
Sun protection behaviour	**Mostly**	**Sometimes**	**Rarely**	**Mostly**	**Sometimes**	**Rarely**
Wear a Hat or Cap When in the Sun?	299 42.8%	103 14.7%	297 42.5%	41 27.5%	21 14.1%	87 58.4%
Wear Less Clothing to Get the Sun on Your Skin?	159 22.7%	179 25.6%	361 51.6%	29 19.9%	23 15.8%	94 64.4%
Wear Sunglasses When in the Sun?	244 34.8%	113 16.1%	344 49.1%	70 47.3%	25 16.9%	53 35.8%
Use Sunscreen to Protect Your Skin From the Sun?	112 16.0%	92 13.2%	495 70.8%	51 34.7%	25 17.0%	71 48.3%

Table 72: *Sun protection behaviour*

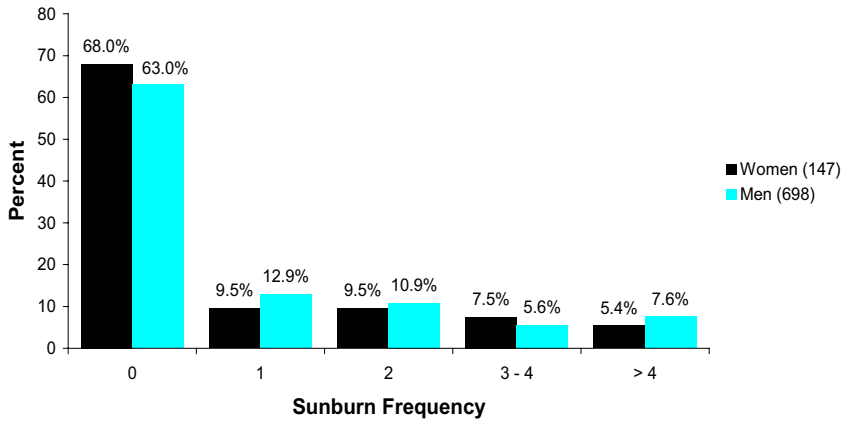
Of concern is the length of time prisoners spend in the sun each day. Almost half of both women and men spent between two and six hours per day in the sun with a further one-fifth of both groups spending over six hours per day in the sun (Figure 21).

Figure 21: *Time spent in the sun each day*



Approximately two-thirds of both sexes did not get sun burnt during the previous summer (Figure 22). Thirty-two (53%) women and 207 (73%) men who spent an average of more than four hours each day in the sun 'rarely' or 'never' used sunscreen.

Figure 22: *Sunburn frequency during the past summer*



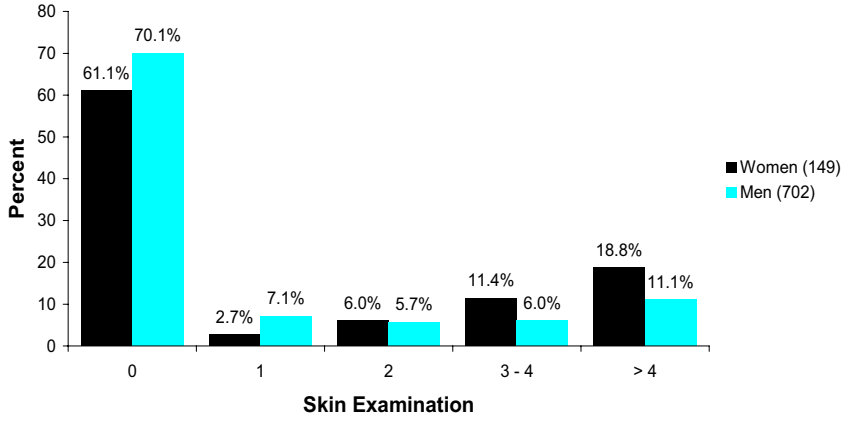
Twenty-seven (18%) women and 121 (17%) men did not have access to sunscreen while in prison. The most common access problem among women was this it was unavailable, whereas for men there was a lack of awareness regarding its availability (Table 73).

	Men		Women	
Problems	**Freq.**	**%**	**Freq.**	**%**
Unaware of Availability	21	34.4	0	0.0
Not Available	17	27.9	9	69.2
Unaware of Location	10	16.4	1	7.7
Can't Afford it	5	8.2	1	7.7
Dispensers Empty	5	8.2	2	15.4
Denied Access	3	4.9	0	0.0
Total	**61**	**100.0**	**13**	**100.0**

Table 73: *Problems accessing sunscreen in prison*

Regular self-examination of the skin for potentially problematic changes was rare. Men were more likely than women to have not checked their skin for abnormalities in the past twelve months (Figure 23).

Figure 23: *Skin examinations for cancer in the past year*



Diet And Nutrition

Diet and Nutrition

Diet is linked to a variety of health problems including coronary heart disease, stroke, some cancers, non-insulin dependent diabetes mellitus, osteoporosis, dental caries, gall bladder disease, and nutritional anaemias. There is increasing evidence that fresh fruit and vegetable consumption offers protection against cancer, coronary heart disease and stroke.[49;50] A recent study conducted on young offenders in the UK demonstrated that a decrease in offending behaviour was associated with the provision of adequate nutritional supplements.[51]

Food is an emotive issue for prisoners who often have little control over what is provided and its preparation. Recent developments in the prison diet have involved centrally prepared meals and the adoption of the cook-chill system.[i] Currently around 80% of prisoners receive food prepared in this manner. However, inmates can buy a range of food items from a 'buy-up' list each week.[ii]

Overall, 114 (77%) women and 582 (85%) men routinely used a sweetener in their tea or coffee.[iii] Eighty-seven (59%) women and 349 (50%) men usually added salt to their food without tasting it first.

Approximately 50% of women and men spread butter or margarine on bread either 'medium' or 'thickly' while 11% of women and 15% of men did not use butter or margarine (Table 74).

	Men		Women	
Spread	**Freq.**	**%**	**Freq.**	**%**
Thickly	143	20.4	23	15.4
Medium	179	25.5	53	35.6
Thinly	274	39.0	57	38.3
Don't Use Butter or Margarine	106	15.1	16	10.7
Total	**702**	**100.0**	**149**	**100.0**

Table 74: *Butter and margarine use on bread*

Overall, inmates ate a reasonably healthy diet with high numbers consuming fruit and salad/vegetables on a daily basis and 'rarely' consuming fries. Approximately one-third of both sexes consumed sweet items (biscuits, cakes, sweets, lollies) at least weekly (Table 75).

[i] Note: The cook/chill system is a food cooking process which cooks the food to a 'just done' state then immediately chills it (but does not freeze it) for storage and reheating at a later time.
[ii] Note: The buy-up list is a system whereby inmates can purchase the necessities of life, including certain food items, on a weekly basis.
[iii] Note: Food consumption patterns could refer to both the community and prison.

	Percentage							
	Men				Women			
Food	Daily	Weekly	Monthly	Rarely	Daily	Weekly	Monthly	Rarely
Fruit	71.3	20.1	3.4	5.2	64.5	30.2	2.0	3.4
Salad / Vegetables	66.4	23.5	1.4	8.6	69.1	24.8	1.3	4.7
Fries	4.8	20.2	5.9	69.0	4.7	33.5	11.4	50.4
Bread / Rolls	87.7	9.0	0.3	3.1	63.1	26.9	4.7	5.4
Biscuits / Cakes	20.0	39.4	7.7	32.9	12.2	52.0	8.8	27.0
Sweets / Lollies	12.6	30.9	9.5	47.0	18.8	47.7	4.0	29.5

Table 75: *Food item consumption frequency*

Attitudes to Prison Food

Dissatisfaction with prison food was lower among women than men (47% *vs.* 68%). Comments on the food provided in prison fell broadly into the areas relating to quality, preparation, variety, quantity, and choice (Table 76). Comments in relation to the prison food varied considerably between prisons and probably reflect the local practices and routines in relation to food.

Criticisms of the prison food in both women and men were mainly in regard to preparation and believing that it was unhealthy. Concerns were also expressed about the long-term consequences of eating cook-chill food. Four men and one woman decided that it was preferable to purchase and cook their own food.

	Men		Women	
Comment*	Freq.	%	Freq.	%
Poorly Prepared	327	36.3	27	24.5
Unhealthy	234	26.0	30	27.3
Poor Quality	89	9.9	12	10.9
Lacks Variety	83	9.2	10	9.1
Insufficient Quantity	61	6.8	7	6.4
Concerned About Cook Chill	58	6.4	18	16.4
Doesn't Like Fish	22	2.4	2	1.8
Culturally Insensitive	15	1.7	1	0.9
Buys and Cooks Own Food	4	0.4	1	0.9
Food Tampered With	4	0.4	1	0.9
Lack of Control Over Eating Times	3	0.3	0	0.0
Other	1	0.1	1	0.9
Total	**901**	**100.0**	**110**	**100.0**

* Respondents could report up to three comments on prison food

Table 76: *Comments on prison food and diet*

The health value of the prison food was assessed on a scale ranging from 'too healthy' to 'too unhealthy'.[i] Eighty-one (55%) women felt the prison diet was 'About right' whereas 64 (43%) thought that it was 'too unhealthy' and three (2%) thought it was

[i] Note: Healthy food was defined to be low in fat, salt and sugar, and high in fibre.

'too healthy'. Among men, 251 (36%) felt that the food was 'about right', 432 (62%) thought it was 'too unhealthy' and 15 (2%) felt it was 'too healthy'.

Food Purchases

Inmates can purchase a range of food items from the 'buy-up' list should they wish to do so, and more importantly they can afford to. Inmates were asked to name the three most common food items they purchased from the prison buy-up list.

Women were more likely to purchase sweet items (biscuits, cakes, chocolate, lollies, and soft drinks) and noodles (Table 77). In contrast, the most common food items purchased by men were meat, noodles, and eggs.

Ninety-five percent of both sexes thought that there were 'too few' healthy items available on the 'buy-up' list.

Comments made in regard to the health value of the prison diet along with the belief that food on the 'buy-up' is unhealthy suggests that inmates are health conscious in regard to food.

	Men		Women	
Purchases	**Freq.**	**%**	**Freq.**	**%**
Meat	190	12.1	7	2.1
Noodles	179	11.4	43	13.0
Eggs	153	9.8	8	2.4
Vegetables	122	7.8	5	1.5
Seafood	111	7.1	9	2.7
Rice	108	6.9	16	4.8
Biscuits / Cakes	96	6.1	43	13.0
Soft Drinks	74	4.7	26	7.9
Lollies	73	4.7	25	7.6
Milk	72	4.6	12	3.6
Pasta	69	4.4	0	0.0
Chocolate	61	3.9	34	10.3
Cereal	48	3.1	16	4.8
Cheese	39	2.5	10	3.0
Chips	31	2.0	19	5.8
Spreads	28	1.8	5	1.5
Condiments	21	1.3	2	0.6
Bread	15	1.0	9	2.7
Crackers	12	0.8	13	3.9
Coffee / Tea	11	0.7	2	0.6
Pancakes	10	0.6	1	0.3
Milo	9	0.6	5	1.5
Ice cream	7	0.4	7	2.1
Fruit	6	0.4	1	0.3
Nuts	5	0.3	3	0.9
Cans of Soup	5	0.3	0	0.0
Pizza	4	0.3	0	0.0
Butter / Margarine / Oil	2	0.1	2	0.6
Dips	1	0.1	0	0.0
Sultanas	1	0.1	0	0.0
Yoghurt	1	0.1	7	2.1
Total	**1564**	**100.0**	**330**	**100.0**

Table 77: *Food purchases by inmates from the buy-up list*

Special Diets

Special diets are available to inmates for a range of medical and religious reasons. Inmates can request special diets through the Corrective Services Industries (CSI). Special diets for medical reasons are authorised by the Director of Clinical Services.

Seventeen (12%) women and 57 (8%) men were on a special diet. Low fat/cholesterol lowering and vegetarian diets were the most common diets for both sexes (Table 78).

Accessing special diets can be problematic for prisoners, particularly following transfer to a new facility. Eight (89%) women and 26 (67%) men who were on special diets had encountered problems receiving them. Lack of availability and unhappiness with the contents of the diet were the most common causes of dissatisfaction (Table 79).

	Men		Women	
Special Diet Type*	**Freq.**	**%**	**Freq.**	**%**
Low Fat / Low Cholesterol	21	26.3	7	26.9
Vegetarian	21	26.3	10	38.5
Pork Free	15	18.8	6	23.1
Diabetic	8	10.0	2	7.7
Seafood Free	4	5.0	0	0.0
High Fibre	3	3.8	0	0.0
Kosher	3	3.8	0	0.0
Soft Diet	2	2.5	1	3.8
High Protein	1	1.3	0	0.0
High Carbohydrate	1	1.3	0	0.0
Lactose Free	1	1.3	0	0.0
Total	**80**	**100.0**	**26**	**100.0**

*Respondents could be on more than one diet

Table 78: *Special diets in prison*

	Men		Women	
Problem	**Freq.**	**%**	**Freq.**	**%**
Not Receiving Special Diet / Not Available	10	38.5	4	57.1
Unhappy With Food Given for Special Diet	9	34.6	0	0.0
Portions Too Small	2	7.7	2	28.6
Told Needs to Pay for a Special Diet	2	7.7	0	0.0
Problems Approving Application	1	3.8	1	14.3
Problems When Moving Between Prisons	1	3.8	0	0.0
DCS Officers Make it Difficult	1	3.8	0	0.0
Total	**26**	**100.0**	**7**	**100.0**

Table 79: *Problems receiving special diets in prison*

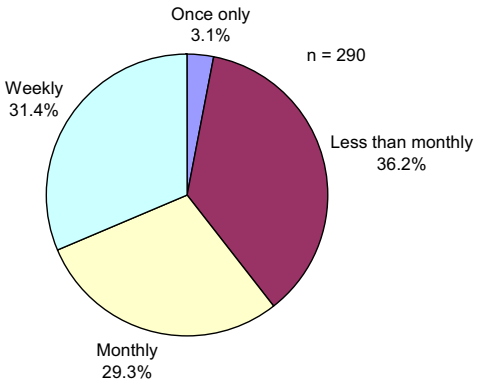
Men's Health

Testicular Examination

Between 1993 and 1998, testicular cancer had an average annual increase in incidence of 3.4%.[52] In NSW, it accounts for about 1.3% of all cancers in men and is particularly prevalent in those aged 20-44.[53] Most testicular tumours are discovered through self-examination. Advances in therapeutic drugs in the last two decades, along with improved diagnostics and better tests to gauge the extent of the disease, have boosted survival rates remarkably. Testicular cancer is often completely curable, especially if found and treated early.

Men were asked whether they had ever conducted a testicular examination for abnormalities or lumps. Fifty-five percent of men had never examined their testicles. Of the 318 (45%) who had conducted a testicular self-examination, 3% had done so once only (Figure 24). Of concern is that 59% of all men and 20% of those who had conducted a testicular examination at least monthly did not know the correct examination method. Almost half (47%) of all men expressed a desire to receive more information on this subject.

Figure 24: *Frequency of testicular examination*



Women's Health

With the exception of non-melanocytic skin cancers, breast cancer is the most common cancer detected among Australian women and the fourth leading cause of death in women. The lifetime risk of a woman developing this disease before age 75 is 1 in 12.[54] In 1998, there were approximately 23 deaths per 100,000 women. With a fairly young incarcerated female population, there is a low eligibility rate for mammographic screening.

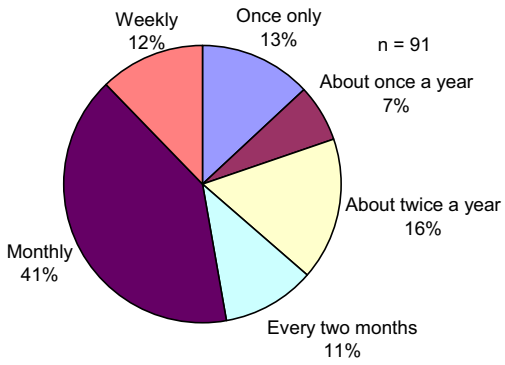
Breast Self-Examination (BSE)

Breast Self-Examination (BSE) is performed by women on their own breasts to check for breast lumps that may be cancerous. BSE is promoted as a low-cost, simple, non-invasive and non-hazardous means of detecting breast cancer at an early stage, which offers the best chance for treatment and cure. It is recommended that BSE be performed regularly (ideally once a month). The benefits of BSE in relation to detecting tumours at an earlier stage have been documented.[55]

Ninety-eight (66%) women had examined their breasts for lumps or abnormalities at some time in the past. Over half of those who examined their breasts did so at least monthly (Figure 25). Thirteen percent of women had examined their breasts for lumps or abnormalities once only.

Forty (27%) women did not know how to examine their breasts properly and 55 (37%) requested further information on the correct technique for BSE. Of the 48 women who regularly (at least monthly) conducted a BSE only one did not know the proper examination technique.

Figure 25: *Frequency of breast self-examinations*



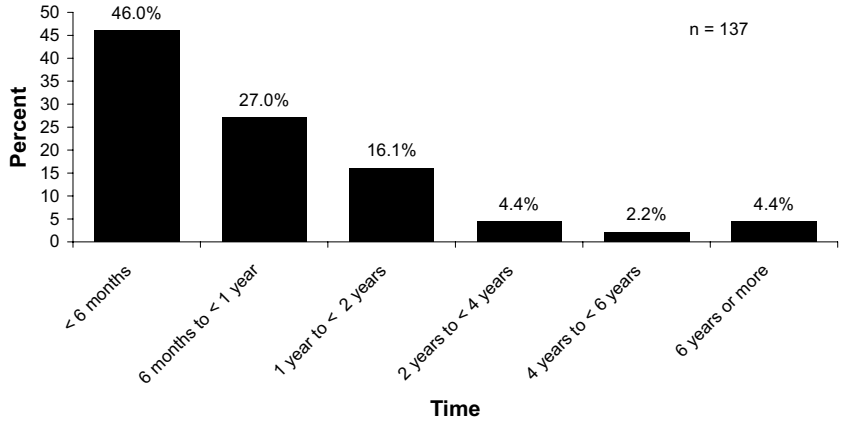
Cervical Screening

Following the high levels of cervical abnormalities detected during screening in the 1996 survey (40% abnormal smears), there has been a dramatic increase in the proportion of women screened from 68% in 1995 to 100% in 2001 (source: CHS Director of Women's Health; personal communication). The main risk factors for cervical cancer are infection of the cervix with the human papilloma virus, the number of sexual partners, and age at first sex. The behavioural risks associated with cervical cancer are more common in women prisoners. For example, 6% of community women and 29% of women prisoners had two or more sexual partners in the past twelve months.[56] Approximately one-quarter of women prisoners had engaged in sex work (see sexual health section).

The median age of first sex for women prisoners was 16 (range 5 to 25) compared with 17 (range 8 to 41) in the general community.[57]

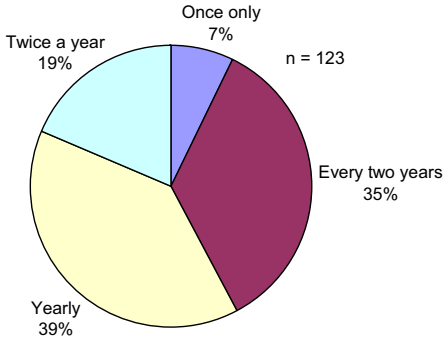
Overall, 143 (97%) women had undergone a Pap test at some time in the past with 46% conducted in the past six months (Figure 26).

Figure 26: *Time since last Pap test*



Fifty-eight percent of women who had a Pap test had them at least yearly (Figure 27). Sixty-six percent reported that their last Pap test was normal, 14% had abnormal smears and 20% did not know the result.

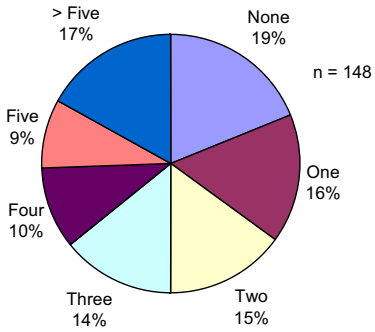
Figure 27: *Frequency of Pap tests*



Pregnancy

Overall, 120 (81%) women had been pregnant at some time in the past with 25 (17%) reporting over five pregnancies (Figure 28). Two (1%) women were pregnant at the time of the interview.

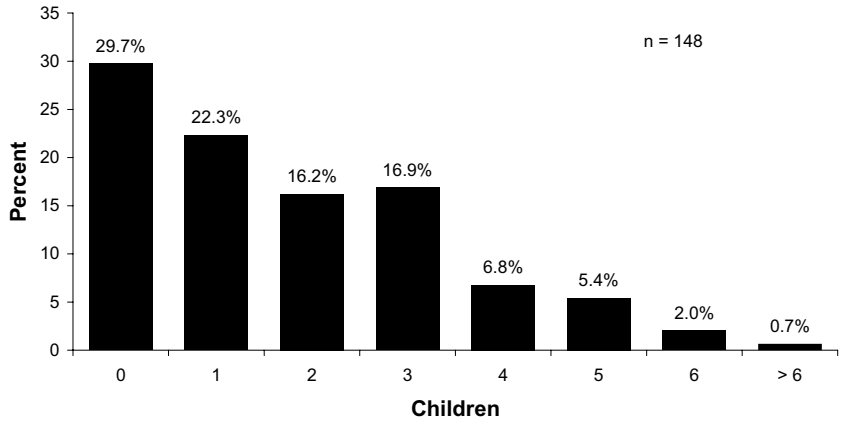
Figure 28: *Number of previous pregnancies*



Overall, 104 (70%) women had given birth (including still-borns) (Figure 29). The median age at the birth of the first child was 18 years (range 12 to 37). Fifty-five (46% of those with previous pregnancies) women had miscarried and 39 (33%) had undergone an abortion.

Nine (6%) women reported having a miscarriage, five (3%) reported having an abortion, and seven (5%) reported giving birth before they were sixteen years old.

Figure 29: *Number of children given birth to*



Body Weight / Shape

Women were asked whether they were satisfied with their body weight/shape. Eighty-four (57%) women were unhappy with their body weight/shape; 27 (32%) wanted to be either 'much thinner' or 'much fatter'. Four (3%) women had induced vomiting in the past four weeks as a means of controlling their body weight/shape and one woman had taken laxatives as a means of controlling her body weight.

Of those who wanted to change their body weight/shape to be either 'much thinner' or 'much fatter', 19 (73%) were either 'overweight' or 'obese' according to their BMI.

Intellectual Disability

The Hayes Ability Screening Index (HASI)

Thirty (18%) women and 197 (27%) men scored less than 85 on the screener for intellectual disability (the HASI) and warranted further assessment by a psychologist using a more comprehensive test (the WAIS-R) (Table 80).

	Men	Women
n	**718**	**164**
% Fails	27.4	18.3
Median Score	90.7	92.7
Minimum Score	43.7	51.7
Maximum Score	96.4	96.4

Table 80: *Hayes Ability Screening Index (HASI)*

The Wechsler Adult Intelligence Scale – Revised (WAIS-R)

Twenty-four (80%) women and 143 (73%) men who had failed the HASI were assessed and completed the WAIS-R. Of these, three (13%) women and five (3%) men were found to have an intellectual disability with another 11 (46%) women and 52 (36%) men determined to be functioning in the 'borderline' range (Table 81).

	Men		Women	
Intellectual Disability	**Freq.**	**%**	**Freq.**	**%**
No Intellectual Disability	86	60.1	10	41.7
Functioning in the 'Borderline' Range	52	36.4	11	45.8
Intellectual Disability	5	3.5	3	12.5
Total	**143**	**100.0**	**24**	**100.0**

Table 81: *Wechsler Adult Intelligence Scale-Revised (WAIS-R)*

The positive predictive value (PPV) tells us how many of the test positives are truly positive. Based on these data, the positive predictive value of the HASI can be calculated as follows:

$$\mathbf{PPV = (52 + 5 + 11 + 3) / (143 + 24) = 43\%}$$

Two of the three women and 4/5 of the men identified as having an intellectual disability, and 3/11of the women and 7/52 of the men functioning in the 'borderline' range were known to the Disability Services Unit of the Department of Corrective Services.

Mental Health

Mental health was assessed using several standard screening tools (e.g. the Beck Hopelessness Scale, the Beck Depression Inventory, and the Referral Decision Scale) and a range of customised questions relating to psychiatric history, mental health service use, and suicide and self-harm. Sentenced prisoners were also assessed using the CIDI-A as part of a wider project to examine psychiatric illness in the prisoner population. This information will be presented in a more detailed companion report.[2] The following section is based on the data collected from the 2001 Inmate Health Survey questionnaire only.

Mental health has been identified as a national health priority area.[58] Estimates suggest that about one million Australians suffer from a mental health problem or disorder with over 50% of these, long-terms sufferers. Only 40% of those with a mental illness will seek help or have the problem diagnosed.[59]

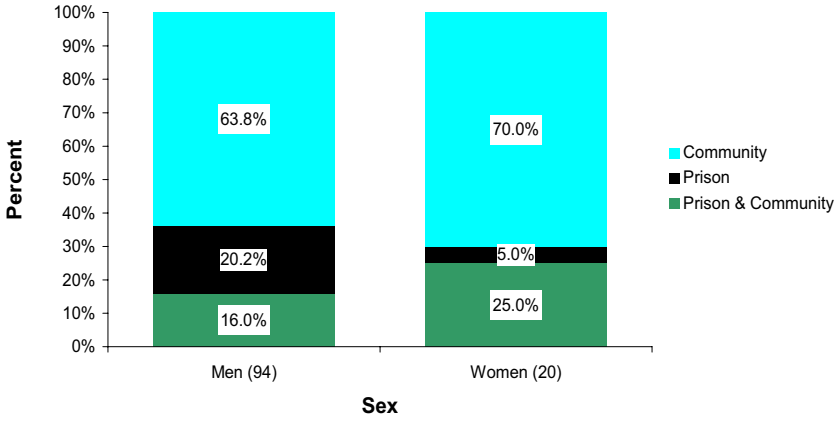
Several international studies have found an over-representation of the mentally ill in prison.[60-64] A recent review of sixty-two prison based mental health surveys found that inmates were more likely to have a psychotic illness, major depression, and a personality disorder than the general population.[65] There are numerous possible explanations for the high prevalence of mentally ill people found in prisoner populations including a lack of diversionary options and deinstitutionalisation.

Psychiatric History

Eighty-two (54%) women and 286 (41%) men had received some form of treatment or assessment by a psychiatrist or doctor, for an emotional or mental problem, during their life. Of these, 20 (25%) women and 95 (34%) men had been admitted to a psychiatric unit or hospital. These admissions were more likely to have occurred in the community rather than in prison (Figure 30). Men were more likely than women to report a psychiatric admission within the correctional system. This is likely due to there being no women's psychiatric hospital in prison.

Sixty-four (44%) women and 239 (37%) men had received support, counselling or treatment for a mental health problem from a psychologist or counsellor at some time in the past.

Figure 30: *Psychiatric treatment in prison and the community*



Multiple (two or more) admissions to psychiatric facilities were more common among women than men (Table 82).

Thirty-five percent of women and 39% of men who had been admitted to a prison or community psychiatric facility had at least one admission lasting over eight weeks (Table 82).

Of those admitted to either a prison or community psychiatric hospital, 30% of women and 28% of men had been admitted in the past twelve months (Table 82).

Approximately half of all referrals to psychiatric units originated from the police suggesting they are often involved with the mentally ill in the community (Table 83). Twenty percent of women and 10% of men were self-referrals.

	Men		Women	
	Freq.	%	Freq.	%
Admissions				
1	56	60.2	8	40.0
2 – 5	26	28.0	8	35.0
> 5	11	11.8	5	25.0
Total	**93**	**100.0**	**20**	**100.0**
Length of Stay				
Less than 1 week	17	18.1	3	15.0
1 week to less than 2 weeks	11	11.7	4	20.0
2 weeks to less than 4 weeks	19	20.2	2	10.0
4 weeks to less than 8 weeks	10	10.6	4	20.0
8 weeks or more	37	39.4	7	35.0
Total	**94**	**100.0**	**20**	**100.0**
Recency of Discharge				
Currently in Prison Psychiatric Unit	7	7.5	0	0.0
Less than 6 months	9	9.7	5	25.0
6 months to less than 12 months	10	10.8	1	5.0
1 year to less than 2 years	10	10.8	1	5.0
2 years or more	57	61.3	13	65.0
Total	**93**	**100.0**	**20**	**100.0**

Table 82: *Previous psychiatric hospital admissions / length of stay / recency of discharge*

	Men		Women	
Referral Type	**Freq.**	**% Cases**	**Freq.**	**% Cases**
Police	46	49.5	11	55.0
Doctor	25	26.9	5	25.0
Family or Friends	9	9.7	2	10.0
Self-Referral	***9***	***9.7***	***4***	***20.0***

Table 83: *Referral source for psychiatric treatment*

Psychiatric Diagnosis

Overall, 82 (54%) women and 268 (39%) men had been diagnosed by a doctor at some time in the past with having a psychiatric problem. Depression was the most common diagnosis in both sexes (Table 84). Three percent of women and 5% of men had been diagnosed with schizophrenia.

	Men		Women	
Diagnosis*	Freq.	% Cases	Freq.	% Cases
Depression	158	22.5	61	40.1
Drug Dependence	85	12.1	37	24.3
Anxiety	80	11.4	22	14.5
Alcohol Dependence	44	6.3	8	5.3
ADD / AHD	33	4.7	3	2.0
Schizophrenia	32	4.6	5	3.3
Personality Disorder	30	4.3	17	11.2
Manic Depressive Psychosis	27	3.8	10	6.6

* Respondents could report more than one condition.

Table 84: *Previous psychiatric diagnoses*

Current Psychiatric Medication and Treatment

Thirty-seven (25%) women and 91 (13%) men were currently taking psychiatric medication. Anti-depressants were the most common psychiatric medication for both sexes (Table 85). One-fifth of women were currently taking anti-depressants. Twenty-nine (20%) women and 74 (11%) men were currently receiving treatment or support other than medication for a mental health problem.

	Men		Women	
Medication*	Freq.	% Cases	Freq.	% Cases
Anti-Depressants	65	9.3	31	20.7
Major Tranquillisers - Tablets	18	2.6	7	4.7
Major Tranquillisers - Injections	6	0.9	1	0.7
Minor Tranquillisers	4	0.6	0	0.0
Psychostimulants	4	0.6	3	2.0
Lithium	3	0.4	1	0.7

* Multiple responses permitted

Table 85: *Current psychiatric medication*

Perceived Psychiatric Treatment Needs

Twenty-five (26%) women and 78 (15%) men who were not currently receiving any psychiatric treatment or psychiatric medication believed they required treatment. Women most commonly perceived that they required treatment for depression whilst for men it was for stress/not coping (Table 86).

	Men		Women	
Treatment	Freq.	% Cases	Freq.	% Cases
Stress / Not Coping	40	7.6	8	8.3
Depression	35	6.7	16	16.7
Drug Dependence	26	5.0	8	8.3
Anger Management	22	4.2	3	3.1
Sexual Abuse	10	1.9	8	8.3
Alcohol Dependence	9	1.7	2	2.1

Table 86: *Perceived psychiatric treatment needs*

Family Contact

Research indicates that prisoners who have regular contact with their family during incarceration remain healthier, cope better when released from prison, and are less likely to become recidivists.[66-68]

Forty-three percent of women and 49% of men had not received a family/friend visit in the past four weeks (Figure 31). Approximately 90% of women and 85% of men had received at least one phone call or letter in the past two weeks (Figure 32).

Interestingly, inmates who had received no visits in the last four weeks and no phone calls or letters in the last two weeks were more likely to be either 'moderately' or 'severely' depressed according to the Beck Depression Inventory than those who had received phone calls/letters (37% *vs.* 24%).

Figure 31: *Visits from family or friends in the past four weeks*

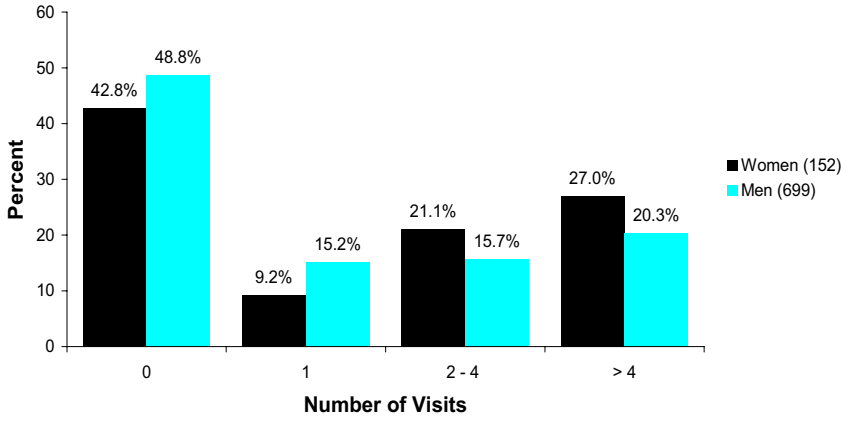
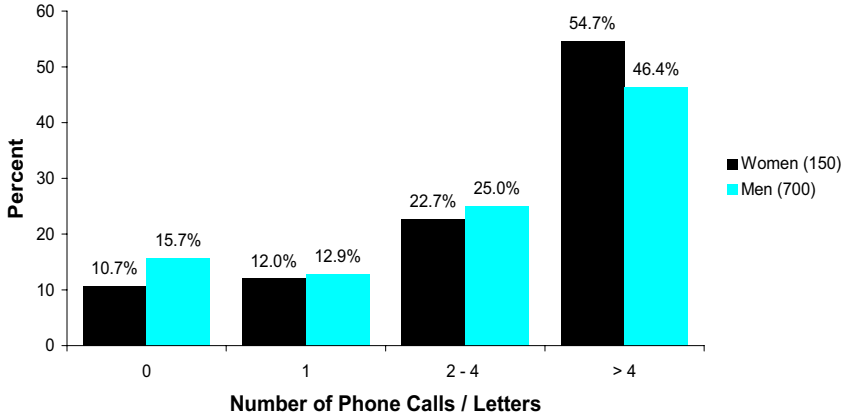


Figure 32: *Phone calls / letters from family or friends in the past two weeks*

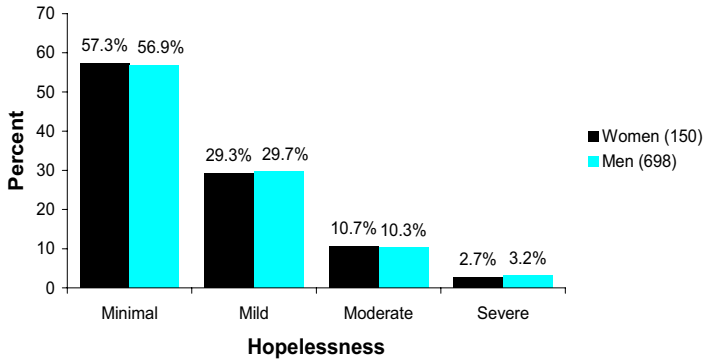


Beck Hopelessness Scale

The relationship between hopelessness and suicide is well established. Numerous studies have demonstrated that hopelessness is more strongly related to suicidal intent than depression. The Beck Hopelessness Scale is a twenty-item inventory designed to measure the negative expectations that an individual may have about their ability to overcome an unpleasant situation or to obtain a goal (Beck, 1974).[69]

Hopelessness can be classified into four categories: 'minimal', 'mild', 'moderate' and 'severe'. Most respondents had 'minimal' hopelessness with only 3% scoring in the 'severe' range (Figure 33).

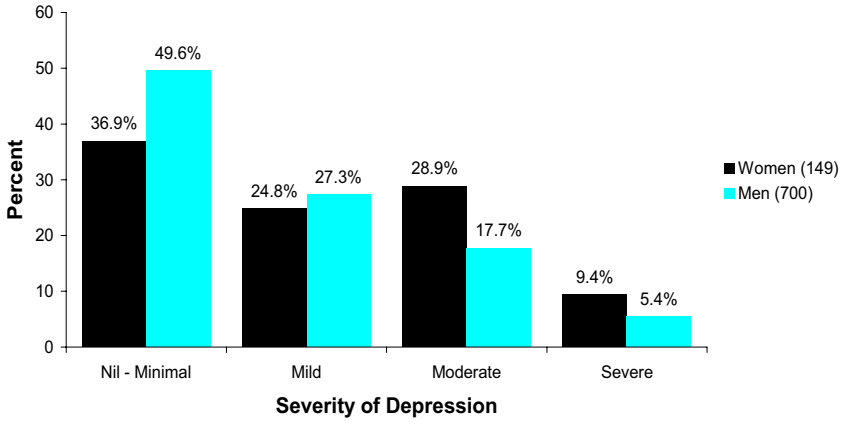
Figure 33: *Beck Hopelessness Scale*



Beck Depression Inventory

The Beck Depression Inventory (BDI) is a self-evaluating indicator of depression comprising twenty-one items (Beck, 1961).[7] It measures the cognitive, vegetative, mood, social, and irritability components of depression in the past week. The BDI is widely used in psychiatric epidemiology. Depression can be classified into four categories: 'nil-minimal', 'mild', 'moderate' and 'severe'. Women were more likely to have 'moderate' or 'severe' depression whereas men were more likely to have 'nil-minimal' depression (Figure 34).

Figure 34: *Beck Depression Inventory*



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. The RDS does not diagnose mental illness per se, but rather indicates whether sufficient symptomology exists to warrant further assessment.[13] It was designed to be administered by non-psychiatric staff following training.

The RDS comprises three scales: schizophrenia, manic depression and major depression, with each scale consisting of five questions. These disorders are targeted for two reasons: firstly they are among the most severe and yet are amenable to treatment (e.g. medication), and secondly, since psychological services in prisons are limited, treatment should probably be targeted at those most in need.[13;70;71]

A referral is recommended for both schizophrenia and major depression if the respondent answers positively on two or more questions out of a possible five, whilst manic-depression requires three positive responses from five. A person may display symptoms of more than one disorder.

One hundred (67%) women and 308 (44%) men reached the referral criteria for major depression. Forty-nine (33%) women and 184 (26%) men scored positive on the schizophrenia scale. Whilst the number of referrals for schizophrenia is high, particularly in women, this scale has been designed to err on the side of false positives rather than false negatives. Thirty (20%) women and 135 (19%) men required referral for manic-depression.

Suicide And Self-Harm

Suicide has consistently been reported to be much higher in prisoner populations than in the general community. The 1996 Inmate Health Survey reported that 54% of women and 37% of men had thought about suicide and 39% of women and 21% of men had made a suicide attempt. This compares with data from a national sample where 16% of respondents aged 18 and over had thought about suicide at some time in their life and 3.6% had made an attempt.[72]

The prisoner population is more vulnerable than the general population at large for the following reasons: prisoners have a lack of control over the future and fear of the unknown, they are isolated from their family, friends and social support networks, and they may be suffering from guilt and shame relating to their offending and incarceration.[73-75] Imprisonment may become intolerable, with the lack of communicative resources, victimisation and intimidation from other inmates.[76]

Risk factors for suicide and self-harm are common among prison inmates and include a range of behavioural and social characteristics: young, male, unemployed, mental health problems, chronic physical illness, drug and alcohol abuse, history of childhood sexual abuse, and previous suicide attempts.

Suicidal Ideation

Overall, 65 (43%) women and 240 (34%) men had thought about committing suicide at some time in their life. Women's thoughts about suicide were more likely than men's to have occurred in the recent past. Thirty-six percent of women's suicidal thoughts had occurred over one year ago compared with 61% of men's (Table 87). Approximately 15% of suicidal thoughts in both sexes had occurred in the past month.

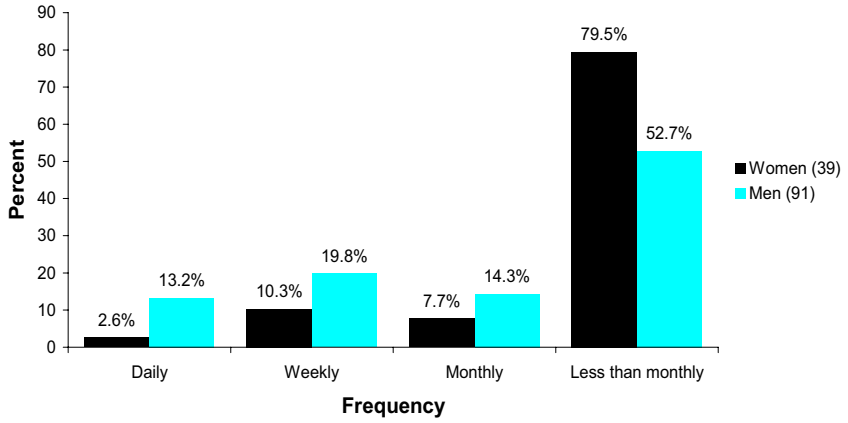
Recent suicidal thoughts (those occurring in the last four weeks) in prison appear to be related to the length of time served in prison. Thoughts of suicide were more common in prisoners who had served less than one year compared with those who had served more than one year (7% *vs.* 3%).

	Men		Women	
Recency of Suicidal Thoughts	**Freq.**	**%**	**Freq.**	**%**
Less than 1 week ago	20	8.4	4	6.5
1 week to less than 1 month ago	14	5.9	5	8.1
1 month to less than 6 months ago	30	12.7	19	30.6
6 months to less than 1 year ago	29	12.2	12	19.4
1 year or more ago	144	60.8	22	35.5
Total	**237**	**100.0**	**62**	**100.0**

Table 87: *Recency of suicidal thoughts*

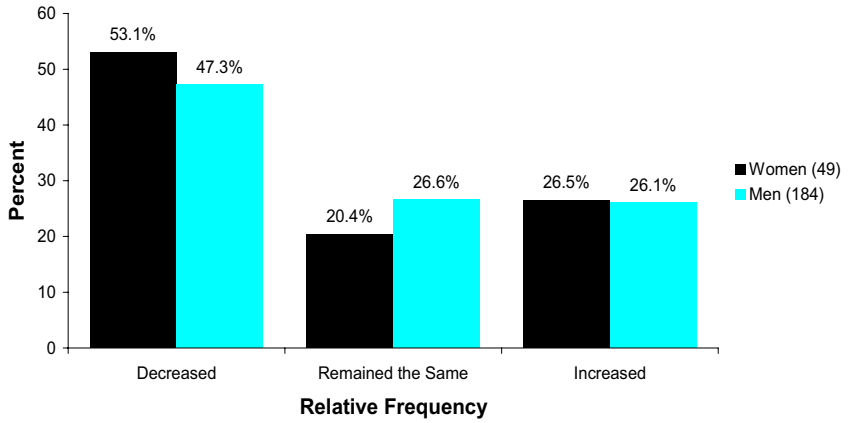
Of the 39 women and 91 men who had thought about suicide in the past year, 80% of the women and 53% of the men had done so less than monthly (Figure 35).

Figure 35: *Suicidal thoughts in the past year*



Most of those with suicidal thoughts reported that they had either decreased or remained the same since coming into prison which would seem to indicate that prisons may provide a degree of stability for certain individuals (Figure 36).

Figure 36: *Relative frequency of suicidal thoughts since imprisonment*



Suicide Attempts

Forty-five (30%) women and 138 (20%) men had made a suicide attempt; women were more likely than men to have made multiple (ie. two or more) attempts (21% *vs.* 10%) (Table 88). Overdosing was the preferred method of suicide in women whereas more violent methods (e.g. hanging or slashing-up/stabbing) were more common among men (Table 88).

	Men		Women	
Frequency of Suicide Attempts	**Freq.**	**%**	**Freq.**	**%**
0	562	80.3	107	70.4
1	66	9.4	13	8.6
2	36	5.1	11	7.2
3 - 4	21	3.0	15	9.9
> 4	15	2.1	6	3.9
Total	**700**	**100.0**	**152**	**100.0**

Suicide Method	**Freq.**	**% Cases**	**Freq.**	**% Cases**
Hanging	54	7.7	16	10.6
Slashing / Stabbing	54	7.7	19	12.6
Overdose - Tablets	40	5.7	27	17.9
Overdose - Injection	26	3.7	15	9.9
Jumping	11	1.6	4	2.6
Motor Vehicle Accident	10	1.4	0	0.0
Firearms / Gunshot	7	1.0	0	0.0

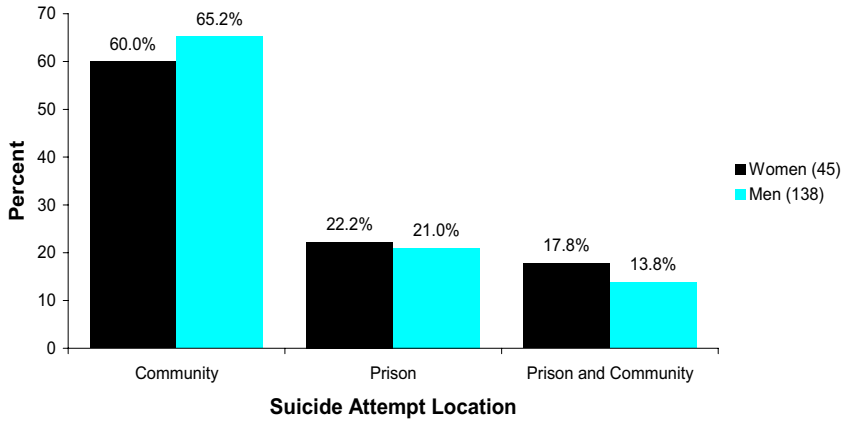
Table 88: *Frequency and method of past suicide attempts*

The majority of suicide attempts in both sexes had occurred over twelve months ago and were more common in the community than prison (Table 89; Figure 37). Of those who had attempted suicide, 18% of women and 14% of men had attempted suicide in both the community and prison settings.

	Men		Women	
Recency of Last Suicide Attempt	**Freq.**	**%**	**Freq.**	**%**
Less than 6 months ago	11	11.3	8	25.8
6 months to less than 1 year ago	15	15.5	6	19.4
1 year or more ago	71	73.2	17	54.8
Total	**97**	**100.0**	**31**	**100.0**

Table 89: *Recency of last suicide attempt*

Figure 37: *Setting for suicide attempts*



Approximately 80% of both sexes did not tell anyone that they were planning to suicide prior to their attempt (Figure 38). Three-quarters of women and 60% of men had 'always wanted to die' when attempting suicide (Figure 39).

Among those who had made a plan to suicide but had not gone through with it, family and partner concerns was the most common reason for preventing the suicide attempt (Table 90). This finding highlights the importance of keeping families together as much as possible during incarceration.

Figure 38: *Talking to others before suicide attempt*

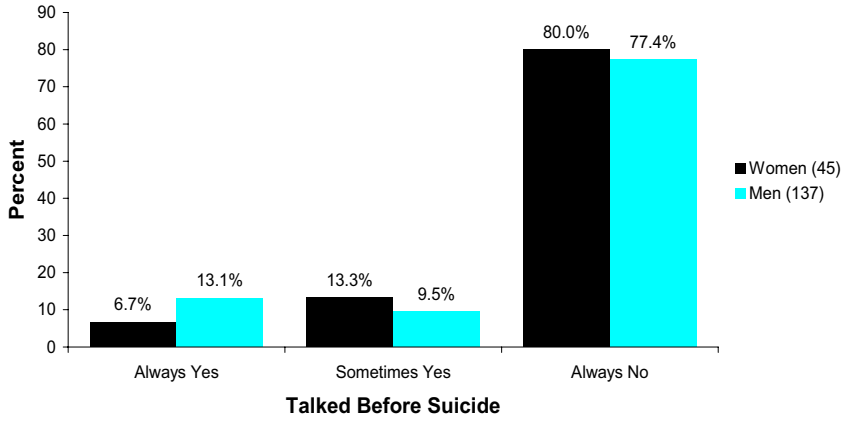
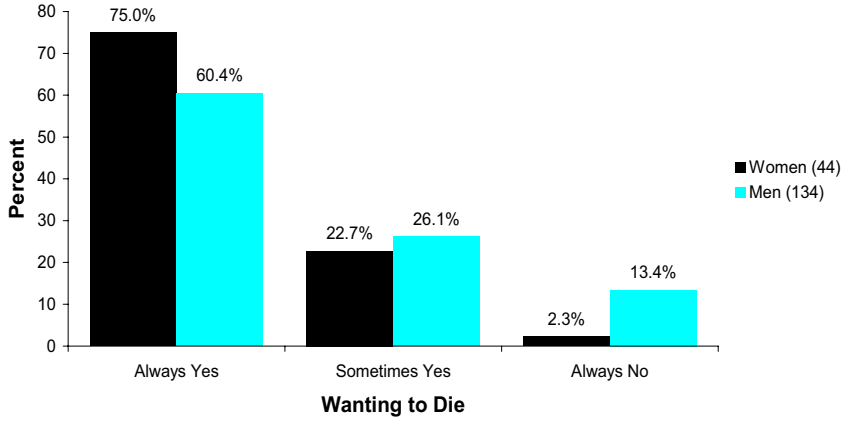


Figure 39: *Wanting to die when attempting suicide*



	Men		Women	
Reason	**Freq.**	**%**	**Freq.**	**%**
Family / Partner Concerns	12	35.3	5	41.7
Change of Heart	7	20.6	0	0.0
Physically Stopped	4	11.8	0	0.0
Limited Opportunities in Prison	4	11.8	0	0.0
Lacked Courage	3	8.8	6	50.0
Thought Things Would Improve	2	5.9	1	8.3
Counselling	2	5.9	0	0.0
Total	**34**	**100.0**	**12**	**100.0**

Table 90: *Reason for not carrying out the suicide*

Suicide attempts can either be impulsive or planned. High levels of planning are usually associated with a risk of a fatal outcome. Women were less likely than men (56% *vs.* 65%) to have attempted suicide as the result of a sudden impulse or urge.

Two (1%) women and 36 (6%) men considered it to be either 'likely' or 'very likely' that they would attempt suicide during their current sentence.

Five (4%) women and 30 (5%) men considered it 'likely' or 'very likely' that their life would end by suicide.

Self-Harm / Self Inflicted Injury

There is a difference between attempts to self-harm in order to make others take notice and intent to actually take one's life which is suicidal intent. It can be difficult to distinguish between self-harm and suicidal behaviour. For the purposes of the survey, self-harm was defined as incidents when the person self-inflicted deliberate harm but did not intend to kill themselves.

Thirty-one (21%) women and 82 (12%) men had deliberately self-harmed or injured themselves at some time in the past (Table 91). Women were more likely than men to have self-harmed on multiple occasions (i.e. five or more) (12 % *vs.* 3%).

	Men		Women	
Self-Harm Frequency	**Freq.**	**%**	**Freq.**	**%**
0	619	88.3	120	79.5
1	34	4.9	6	4.0
2	12	1.7	3	2.0
3	6	0.9	3	2.0
4	11	1.6	1	0.7
> 4	19	2.7	18	11.9
Total	**701**	**100.0**	**151**	**100.0**

Table 91: *Frequency of self-harm episodes*

Slashing-up (deliberately cutting parts of the body) was the most common self-harm method for both women and men (Table 92). Most self-harm incidents took place in the community (females 70%; males 67%) (Table 92). 'Relieving tension' was the most common reason for self-harming in both sexes (Table 92).

Those who had self-harmed in prison were approximately three times more likely than those self-harming in the community to state that 'to get what you want' and 'to make others listen to you' was the reason for self-harming.

Twelve (18%) self-harm episodes among women had occurred in the past month compared with 19 (13%) in men (Table 92).

	Men		Women	
Self-Harm Method*	**Freq.**	**%**	**Freq.**	**%**
Slashing / Stabbing	93	60.8	44	61.1
Head Banging / Punching Walls	34	22.2	15	20.8
Burning	10	6.5	9	12.5
Overdose	5	3.3	1	1.4
Strangulation	4	2.6	1	1.4
Jumping	2	1.3	1	1.4
Poisoning	1	0.7	0	0.0
Swallowing Objects	1	0.7	0	0.0
Motor Vehicle Accident	1	0.7	0	0.0
Reckless Behaviour	1	0.7	0	0.0
Self-Amputation	1	0.7	0	0.0
Injecting Air Into Veins	0	0.0	1	1.4
Total	**153**	**100.0**	**72**	**100.0**
Self-Harm Place	**Freq.**	**%**	**Freq.**	**%**
In the Community	103	66.5	49	70.0
In Prison	52	33.5	21	30.0
Total	**155**	**100.0**	**70**	**100.0**
Self-Harm Reason	**Freq.**	**%**	**Freq.**	**%**
To Relieve Tension	82	52.6	38	52.8
To Get What You Want	16	10.3	6	8.3
To Get Help	13	8.3	6	8.3
To Make Others Listen	11	7.1	10	13.9
Drug Abuse / Withdrawal	10	6.4	2	2.8
Personal Problems	7	4.5	1	1.4
Moving Prison	6	3.8	5	6.9
Depression	5	3.2	0	0.0
Despair	2	1.3	2	2.8
Self-Punishment	2	1.3	1	1.4
As an Attempt to Escape	1	0.6	0	0.0
Mentally Disturbed	1	0.6	1	1.4
Total	**156**	**100.0**	**72**	**100.0**
Self-Harm Recency	**Freq.**	**%**	**Freq.**	**%**
Less than 1 week ago	13	8.8	6	9.0
1 week to less than 1 month ago	6	4.1	6	9.0
1 month to less than 6 months ago	15	10.2	16	23.9
6 months to less than 1 year ago	11	7.5	6	9.0
1 year or more ago	102	69.4	33	49.3
Total	**147**	**100.0**	**67**	**100.0**

* For multiple episodes, details of the three most recent were recorded

Table 92: *Self-harm Method / Setting / Reason / and Recency*

Overall, 13 (9%) women and 27 (4%) men had self-harmed during their current term of imprisonment. Of these, three (30%) women and 12 (48%) men had self-harmed once only. One man had self-harmed on ten separate occasions while in prison.

Twenty-two women (82% of those ever self-harming) and 59 (82%) men had self-harmed as the result of a 'sudden impulse or urge'.

Only 10 (37%) women had talked to someone about their feelings before they self-harmed (4 custodial staff; 4 friends; 1 nurse; 1 family member). Similarly only, 13 (18%) men had communicated their feelings (3 other inmates; 3 friends; 3 family members; 2 custodial staff; 1 psychologist).

In regard to the likelihood of self-harming in prison versus the community, the responses were fairly evenly split between the three categories in the women and men (Table 93). One woman and three men thought they would self-harm before release.

	Men		Women	
Likelihood	**Freq.**	**%**	**Freq.**	**%**
More Likely	25	32.9	8	32.0
Just as Likely	23	30.3	7	28.0
Less Likely	28	36.8	10	40.0
Total	**76**	**100.0**	**25**	**100.0**

Table 93: *Likelihood of self-harming in prison versus the community*

Behavioural Risks

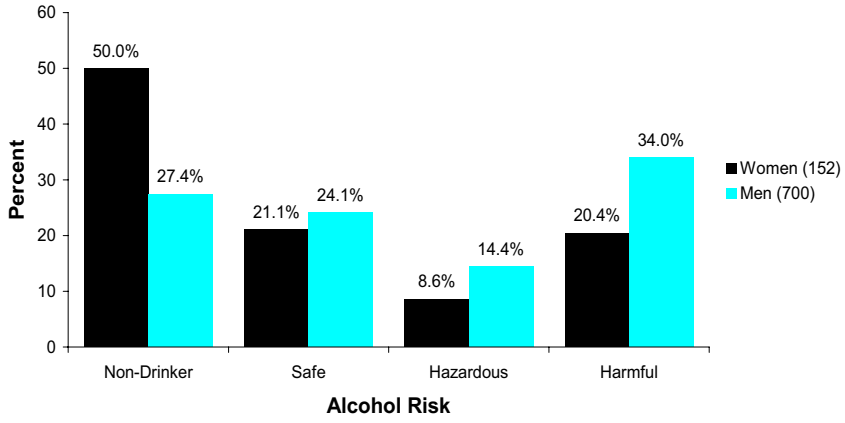
Alcohol Consumption

Alcohol consumption varies with socio-economic status across New South Wales.[77] Those from disadvantaged groups are more likely to consume hazardous and harmful quantities of alcohol; this is particularly true for men. According to the Australian Institute of Health and Welfare's Burden of Disease Study, alcohol dependence and harmful use is the seventh most prevalent health condition among Australians (4%).[78]

The World Health Organization's Alcohol Use Disorders Identification Test (AUDIT) was used to assess the risk posed by alcohol consumption in the twelve months prior to imprisonment.[14] The AUDIT categorises drinking into 'safe', 'hazardous' and 'harmful' levels.

Women were more likely than men to be non-drinkers (27% *vs.* 50%) (Figure 40). Of concern is that half the men and one-third of women drank alcohol in the 'hazardous' or 'harmful' range.

Figure 40: *Alcohol consumption in the twelve months prior to imprisonment*



Overall, 85 (57%) women and 309 (45%) men reported that a family member or partner had an alcohol problem. Parental alcohol problem were particularly common for both female and male prisoners (Table 94).

	Men		Women	
Family Member	**Freq.**	**% Cases**	**Freq.**	**% Cases**
Father	240	35.6	64	43.0
Mother	118	17.5	39	26.4
Husband / Wife / Partner	53	7.9	24	16.2
Children	15	2.3	4	2.7
Other Family Members	180	27.6	35	24.1

Table 94: *Family history of alcohol problems*

Gambling

While it is difficult to identify crimes as purely gambling related, there is anecdotal evidence that gambling may have a contributory role to play in crime.[79] Pathological gambling has been correlated in a prisoner population with scores on the MMPI (a measure of personality) and negatively correlated with a measure of intelligence.[80]

The South Oaks Gambling Screen (SOGS) was used to classify respondents as: 'probable pathological gambler', 'some problem', and 'no problem'.[15] The SOGS examines gambling behaviour across a lifetime. Several customised questions, developed for the 1996 Inmate Health Survey, were used to collect additional information on gambling behaviour such as whether it was perceived to be a factor in offending and gambling while in prison.

Seventeen (11%) women and 133 (20%) men were identified as 'probable pathological gamblers' while 36 (24%) women and 197 (29%) men were identified as having 'some problem'.

Twenty (13%) women and 175 (25%) men regularly gambled (ie. more than three times per week) prior to imprisonment. The average amount gambled per week, the type of gambling and the sources of funding for the gambling are shown in Table 95.

One (5%) woman who regularly gambled and 13 (8%) men wagered more than $5,000 per week. Poker machines and horse racing were the most common forms of gambling. Over half of both sexes reported partially financing their gambling through crime. Twenty-eight percent of women used welfare payments to finance their gambling.

Eleven (61% of regular gamblers) women and 109 (65%) men thought that gambling had caused them problems at some time in their lives. Four (20%) women and 59 (34%) men felt that gambling had contributed to their current imprisonment.

Five (25% of regular gamblers) women and 54 (32%) men felt that they would like help with their gambling problem. Three (15% of regular gamblers) women and 28 (17%) men had sought help in the past for their gambling.

	Men		Women	
Amount Gambled per Week	**Freq.**	**%**	**Freq.**	**%**
< $101	57	33.1	8	40.0
$101 - $200	15	8.7	4	20.0
$201 - $500	35	20.3	2	10.0
$501 - $1,000	28	16.3	0	0.0
$1,001 - $2,000	15	8.7	2	10.0
$2,001 - $5,000	9	5.2	3	15.0
> $5,000	13	7.6	1	5.0
Total	**172**	**100.0**	**20**	**100.0**

Gambling Type*	**Freq.**	**% Cases**	**Freq.**	**% Cases**
Poker Machines	123	71.1	15	75.0
Horse Racing	75	43.4	2	10.0
Cards	24	13.9	2	10.0
Casino	19	11.0	3	15.0
Greyhounds	8	4.6	0	0.0
Sports Betting	5	2.9	0	0.0
Keno	4	2.3	1	5.0
Two-Up	4	2.3	0	0.0
TAB	4	2.3	1	5.0
Chinese Poker	1	0.6	0	0.0
Trots	1	0.6	0	0.0
Lotto / Scratchies	1	0.6	0	0.0
Dice Games / Board Games	1	0.6	0	0.0
Russian Roulette	1	0.6	0	0.0

Gambling Finance*	**Freq.**	**% Cases**	**Freq.**	**% Cases**
Crime	86	52.4	10	55.6
Work	70	42.7	1	5.6
Dole	28	17.1	5	27.8
Borrowing	15	9.1	2	11.1
Savings	6	3.7	1	5.6
Winnings	3	1.8	2	11.1
Prostitution	1	0.6	0	0.0

* Respondents could report up to three types of gambling and sources of funding

Table 95: *Gambling in the twelve months prior to prison*

Prison Gambling

Twenty-one (14%) women and 207 (30%) men had gambled while in prison. Over half of those who gambled in prison reported playing cards (Table 96). The most common item wagered was tobacco (Table 96). Ten (5% of prison gamblers) men who had gambled while in prison reported that it had got them into trouble. Fighting as a consequence of being in debt was the most common type of trouble.

	Men		Women	
Gambling Type	**Freq.**	**% Cases**	**Freq.**	**% Cases**
Cards	125	61.0	10	55.6
Sports Betting	85	41.5	5	27.8
Horse Racing	29	14.1	1	5.6
Betting on Prison Sports	14	6.8	4	22.2
Tipping	7	3.4	0	0.0
Chinese Poker	4	2.0	0	0.0
Two-Up	3	1.5	1	5.6
Lotto / Scratchies	3	1.5	0	0.0
Dice Games / Board Games	3	1.5	0	0.0
Keno	1	0.5	1	5.6
Casino	1	0.5	0	0.0
TAB	1	0.5	0	0.0
Other Gambling	1	0.5	1	5.6
Running the Book on the Horses	1	0.5	0	0.0
Stakes	**Freq.**	**% Cases**	**Freq.**	**% Cases**
Tobacco	104	50.7	12	63.2
Drinks	56	27.3	0	0.0
Buy-Ups	52	25.4	8	42.1
Money	50	24.4	1	5.3
Drugs	13	6.3	0	0.0

Table 96: *Prison gambling*

Smoking

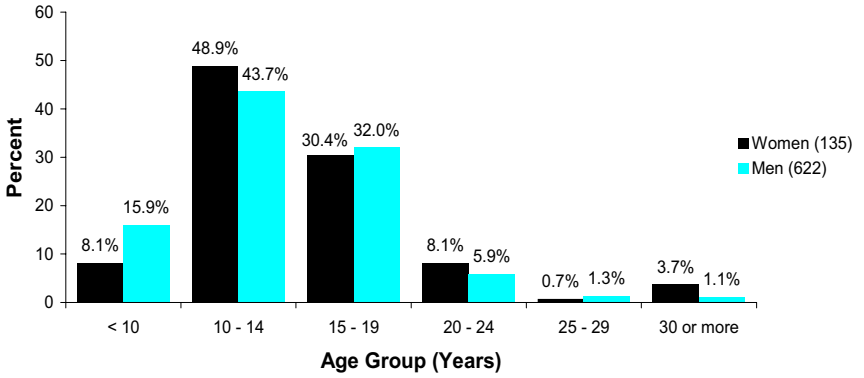
Smoking is a major cause of death and illness in Australia. It causes coronary heart disease, cancer (lung, mouth, and cervical), stroke and chronic lung disease. It is estimated that 30% of all cancers can be attributed to smoking and over 85% of lung cancer deaths. It is estimated that in 1996, tobacco smoking accounted for seven percent of the total burden of disease in women and 12% in men.[46] According to the 1995 National Health Survey, approximately 20% of women over eighteen and 27% of men were smokers.

Approximately 90% of both women and men had smoked a full cigarette at some time in the past. Approximately 60% were under fifteen years old when this first occurred (Figure 41). Eight percent of women and 16% of men had smoked their first cigarette before the age of ten.

Overall, 126 (83%) women and 543 (78%) men were current smokers. Women reported heavier consumption than men in terms of the number of cigarettes smoked (Table 97). However, the median quantity of tobacco smoked per week was higher in men than women (50 grams *vs.* 40 grams) (Table 97).

Approximately 95% of current smokers consumed mainly hand rolled cigarettes which have higher nicotine and tar content than factory-made cigarettes. Of the current smokers, 116 (94%) women and 458 (86%) men felt they were addicted to cigarettes.

Figure 41: *Age when first smoked a cigarette*



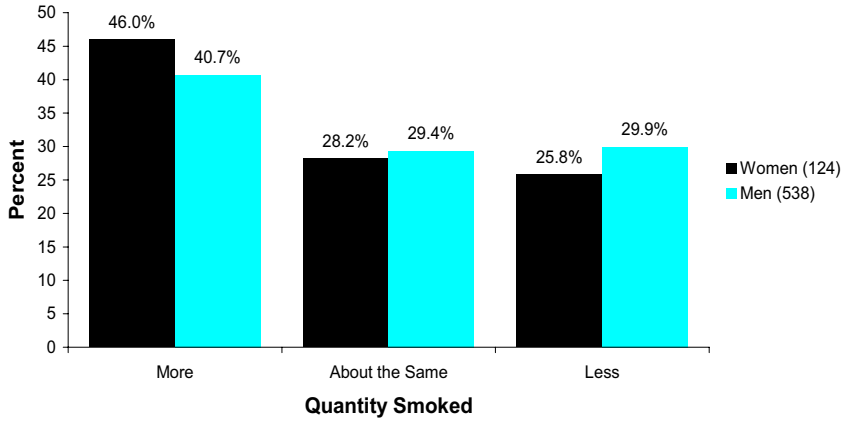
	Men		Women	
Daily Cigarette Consumption	**Freq.**	**%**	**Freq.**	**%**
< 5	11	2.1	2	1.6
5 - 10	179	33.4	30	23.8
11 - 20	236	44.0	57	45.2
21 - 30	77	14.4	29	23.0
> 30	33	6.2	8	6.3
Total	**536**	**100.0**	**126**	**100.0**
Weekly Tobacco Consumption (gms)	**Freq.**	**%**	**Freq.**	**%**
0 - 25	101	18.8	17	13.5
26 - 50	347	64.7	93	73.8
51 - 75	26	4.9	6	4.8
76 - 100	27	5.0	3	2.4
> 100	7	1.3	1	0.8
Total	**508**	**94.8**	**120**	**95.2**

Table 97: *Current tobacco consumption*

Forty-seven percent of female smokers and 41% of male smokers consumed more in prison than in the community (Figure 42). Five (4% of current smokers) women and 42 (8%) men did not smoke in the twelve months prior to imprisonment but currently smoked.

Given the high rates of tobacco consumption in this population and the use of tobacco as a form of currency, it is essential that effective quit strategies be developed and that attempts to reduce or stop smoking be encouraged. However, given the stresses of prison life and the extreme boredom experienced by many inmates, prison is not an ideal environment in which to stop smoking.

Figure 42: *Prison and community tobacco consumption*



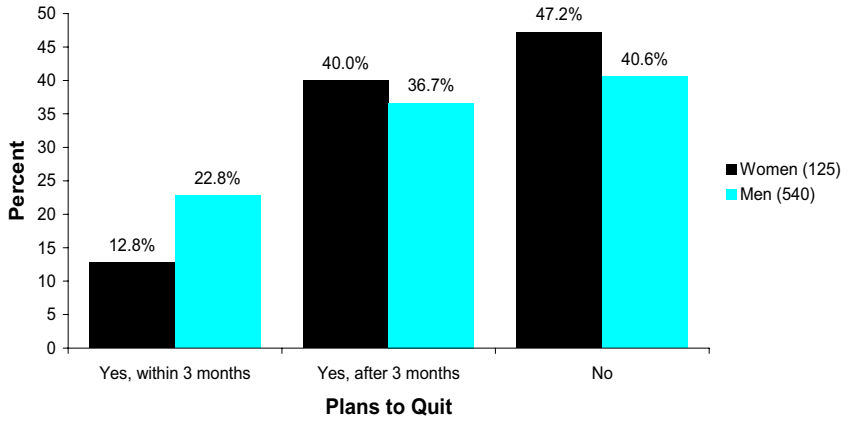
Eighty-six (69% of current smokers) women and 412 (76%) men wanted to quit smoking. It is encouraging that 45 (36% of current smokers) women and 299 (55%) men had attempted to reduce the amount they smoked or quit using a range of strategies in the past twelve months (Table 98). Women smokers were less likely to have plans to quit smoking than men (Figure 43). Sixty-nine (56% of current smokers) women and 253 (47%) men said they required assistance to help them stop smoking.

	Men		Women	
Strategy*	Freq.	% Cases	Freq.	% Cases
Reduced Amount of Tobacco	211	39.1	29	23.2
Tried to Quit But Failed	204	37.8	30	24.0
Nicotine Patches	72	13.4	14	11.2
Quit for Over 1 Month	64	11.9	12	9.6
Changed to Low Tar Brand	33	6.1	7	5.6
Attended Prison QUIT Smoking Program	15	2.8	3	2.4

* More than one strategy could be reported

Table 98: *Smoking reduction strategies in the past twelve months*

Figure 43: *Plans to give up smoking*



Given the high rates of smoking within prison, exposure to environmental tobacco smoke is inevitable. Thirteen (54%) women non-smokers and 75 (53%) men had felt the negative health effects of other people's cigarette smoke in the past twelve months.

Only two (9%) women non-smokers and 22 (15%) men thought that smoking should be allowed in enclosed public areas in prison. Similarly, none of the women non-smokers and four (3%) men felt that they should have to share cells with smokers. Of concern is that eight (33%) women non-smokers and 39 (27%) men were currently sharing a cell with a smoker.

Tattooing

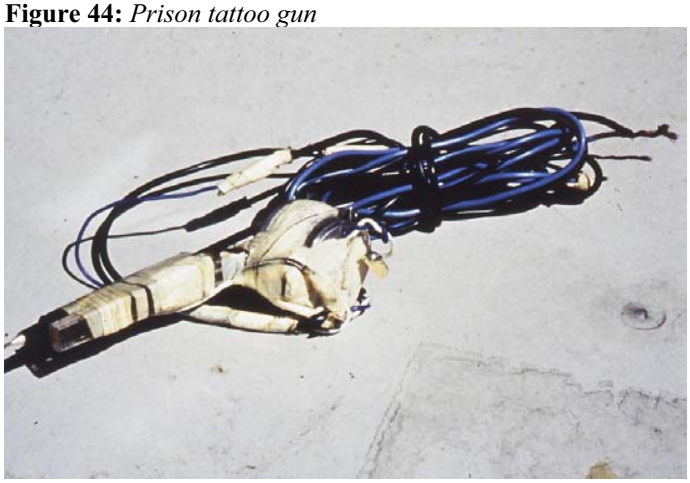
Tattoos are common among prison inmates and have a special significance for this population. Their symbolic function is complex and can relate to gang membership, enable a degree of individualism in a highly regimented and homogenous environment, and provide a form of release from the prison setting. Tattooing has been identified as a risk factor for the transmission of blood borne viruses, in particular hepatitis C and hepatitis B. It was implicated as a possible mode of transmission in a recent case of prison acquired hepatitis C in NSW.[81] Professional tattooists are not available to prison inmates.

Overall, 91 (60%) women and 406 (58%) men had at least one tattoo. Of those with tattoos, men were more likely than women to have more than ten (21% *vs.* 9%) (Table 99). Thirty-seven percent of women with tattoos and 42% of men had been tattooed while in prison (Table 99). Of those who had been tattooed in the community, over 60% of both sexes reported they had been done by a professional only, with approximately one-fifth being tattooed by non-professionals (Table 99).

Of the 29 women and 107 men who had been tattooed by non-professionals in the community, 94% had either used new equipment or cleaned it prior to use (Table 99). Similarly, of the 30 women and 130 men who had been tattooed while in prison (all of these tattoos would have been done by non-professionals), 96% had either cleaned the apparatus or used new equipment (Table 99). Women were more likely than men to have used new equipment (43% *vs.* 10%) (Table 99).

'New equipment' is assumed to refer to the tattoo needle as prison tattoo guns are not only scarce but are makeshift and primitive (Figure 44). They comprise a motor to power the gun, a toothbrush handle, a pen barrel to hold the ink, and a needle to mark the skin. Further, given the design of prison tattoo guns and the scarce supply of materials (e.g. ink, needles), it is unlikely that the equipment could have been cleaned effectively.

Figure 44: *Prison tattoo gun*



It is reassuring that the majority of individuals had attempted to clean the tattooing equipment in prison prior to use. The most common method used to clean the equipment was to soak it in bleach. What is concerning is that ineffective cleaning methods such as boiling water, wiping the equipment, and even using an electric current were reported. These data highlight the need to consider the use of professional tattooists in prison.

	Men		Women	
Tattoos	**Freq.**	**%**	**Freq.**	**%**
1 - 4	223	55.5	64	71.1
5 - 10	93	23.1	18	20.0
11 - 20	34	8.5	6	6.7
> 20	52	12.9	2	2.2
Total	**402**	**100.0**	**90**	**100.0**
Where were tattoos done?	**Freq.**	**%**	**Freq.**	**%**
Outside Prison	236	58.1	57	62.6
Inside Prison	70	17.2	10	11.0
Both Inside and Outside Prison	100	24.6	24	26.4
Total	**406**	**100.0**	**91**	**100.0**
Who did the tattoos outside prison?	**Freq.**	**%**	**Freq.**	**%**
Professional Tattoo Artist / Studio	217	66.0	48	60.0
Non-Professional	66	20.1	17	21.3
Both Professional and Non-Professional	46	14.0	15	18.8
Total	**329**	**100.0**	**80**	**100.0**
Was the equipment cleaned before use? (outside prison by non-professional)	**Freq.**	**%**	**Freq.**	**%**
Yes	89	83.2	22	75.9
No	5	4.7	2	6.9
New Equipment	13	12.1	5	17.2
Total	**107**	**100.0**	**29**	**100.0**
Was the equipment cleaned before use? (inside prison)	**Freq.**	**%**	**Freq.**	**%**
Yes	112	86.2	15	50.0
No	5	3.8	2	6.7
New Equipment	13	10.0	13	43.3
Total	**130**	**100.0**	**30**	**100.0**
Method of Cleaning Prison Tattoo Equipment*	**Freq.**	**%**	**Freq.**	**%**
Bleach	100	80.6	11	73.3
Boiling Water	19	15.3	2	13.3
Heat Sterilisation	7	5.6	2	13.3
Wiped	4	3.2	0	0.0
Cold Water	4	3.2	2	13.3
Cleaning Detergent	3	2.4	0	0.0
Methylated Spirits	2	1.6	0	0.0
Electric Current	1	0.8	0	0.0

* More than one method of cleaning equipment could be reported.

Table 99: *Number of tattoos / setting / professional tattooist / cleaning equipment / cleaning method*

Body Piercing

Body piercing, like tattooing, poses a risk of transmission of blood borne viruses such as hepatitis C. Overall, 125 (88%) women and 201 (30%) men had at least one body piercing. Women were more likely to have multiple body piercings; approximately one in ten women had five or more piercings (Table 100). The most common body parts pierced in women were the ears and nose and for the men it was the ears and nipples (Table 100).

Eleven percent of women and 13% of men with body piercings had at least one piercing done while in prison (Table 100). Of the 13 women and 25 men who had a body piercing done in prison, 85% of the women and 96% of the men had used either new equipment or cleaned it prior to use (Table 100). Women were less likely than men to have used new equipment (8% *vs.* 28%). The most common method used to clean the equipment was to soak it in bleach (Table 100).

	Men		Women	
Number of Piercings	**Freq.**	**%**	**Freq.**	**%**
0	479	70.4	17	12.0
1	121	17.8	70	49.3
2	45	6.6	28	19.7
3 - 4	22	3.2	14	9.9
> 4	13	1.9	13	9.2
Total	**680**	**100.0**	**142**	**100.0**
Body Part	**Freq.**	**% Cases**	**Freq.**	**% Cases**
Ear	207	29.6	127	84.1
Nipple	35	5.0	3	2.0
Genital	11	1.6	0	0.0
Nose	10	1.4	33	21.9
Tongue	5	0.7	5	3.3
Eyebrow	4	0.6	3	2.0
Navel	4	0.6	17	11.3
Lip	0	0.0	6	4.0
Where were piercings done?	**Freq.**	**%**	**Freq.**	**%**
Outside Prison	185	86.9	113	89.0
Inside Prison	12	5.6	7	5.5
Both Inside and Outside Prison	16	7.5	7	5.5
Total	**213**	**100.0**	**127**	**100.0**
Was the equipment cleaned before use? (inside prison)	**Freq.**	**%**	**Freq.**	**%**
Yes	17	68.0	10	76.9
No	1	4.0	2	15.4
New Equipment	7	28.0	1	7.7
Total	**25**	**100.0**	**13**	**100.0**
Method of Cleaning Prison Body Piercing Equipment*	**Freq.**	**% Cases**	**Freq.**	**% Cases**
Bleach	8	47.1	8	80.0
Heat Sterilisation	3	17.6	2	20.0
Wiped	3	17.6	0	0.0
Boiling Water	2	11.8	1	10.0
Cold Water	2	11.8	0	0.0
Cleaning Detergent	1	5.9	0	0.0

* Multiple responses permitted

Table 100: *Number of body piercings / body part / setting / equipment cleaning / cleaning method*

Drug Use

The link between illicit drug use and incarceration is well established with studies showing high incarceration rates among problem drug users.[82] People who abuse substances are preoccupied with thinking, procuring and using substances to the extent that relationships, work performance, and social interaction suffers. Dependence creates a drive to obtain substances to avoid withdrawal symptoms. This drive often forms the basis of the motives for general offending in this population and increases the risk of arrest often for minor property crimes.

Lifetime use of illicit drugs was reported by 127 (84%) women and 560 (80%) men. Cannabis, amphetamines and heroin were the three most popular drugs in both women and men (Table 101). Cocaine and heroin use was more common among women then men (cocaine 55% *vs.* 38%; heroin 68% *vs.* 49%). Overall, 112 (74%) women and 466 (67%) men had used illicit drugs regularly in the twelve months before prison (Table 101).[i]

	Men		Women	
Ever Used Drug	**Freq.**	**% Cases**	**Freq.**	**% Cases**
Cannabis	525	75.0	118	77.6
Amphetamines	354	50.9	82	53.9
Heroin	343	49.2	104	68.4
Cocaine or Crack	265	38.1	83	54.6
Hallucinogens	217	31.3	41	27.2
Ecstasy	185	26.6	44	28.9
Poppers	65	9.4	17	11.3
Petrol	52	7.6	6	4.1
Anabolic Steroids	29	4.2	1	0.7
Two or More Drugs	*460*	*65.7*	*117*	*77.0*
Three or More Drugs	*365*	*52.1*	*94*	*61.2*
Four or More Drugs	*270*	*38.6*	*72*	*47.4*
Regular use in the 12 Months Before Prison[i]	**Freq.**	**% Cases**	**Freq.**	**% Cases**
Cannabis	347	50.2	69	45.4
Heroin	225	32.6	72	47.7
Amphetamines	205	29.6	43	28.3
Cocaine or Crack	141	20.6	50	32.9
Ecstasy	64	9.2	8	5.3
Hallucinogens	34	5.0	4	2.7
Petrol	8	1.2	1	0.7
Poppers	7	1.0	1	0.7
Anabolic Steroids	6	0.9	0	0.0
Two or More Drugs	*302*	*43.1*	*81*	*53.3*
Three or More Drugs	*161*	*23.0*	*35*	*23.0*
Four or More Drugs	*67*	*9.6*	*14*	*9.2*

Table 101: *Lifetime and regular illicit drug use in the twelve month before prison*

[i] Note: Regular use refers to daily or almost daily use in the twelve months prior to incarceration.

Overall, 108 (73%) women and 359 (53%) men had injected drugs at some time in the past. Eighty-three (80%) women and 220 (63%) men with a history of injecting had done so in the past twelve months (Figure 45). The median age of first injection was 18 years for both women (range 11 to 41) and men (range 8 to 50). Sixty-three percent of women and 70% of men with a history of injecting had commenced injecting before the age of twenty (Figure 46).

Figure 45: *Time since last injected drugs*

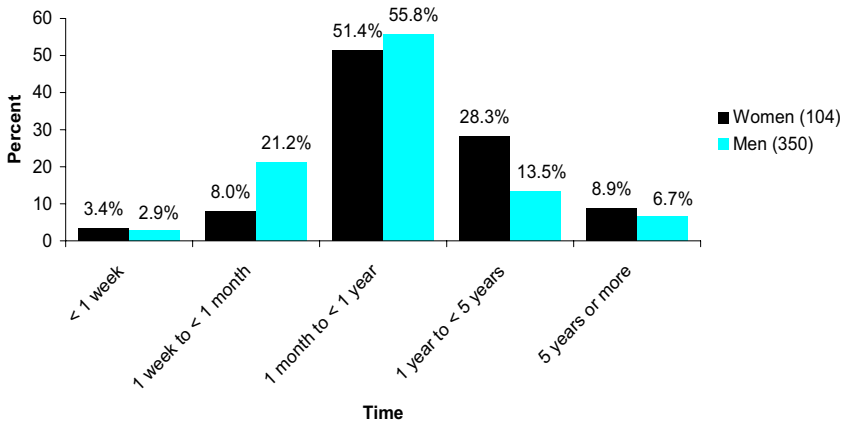
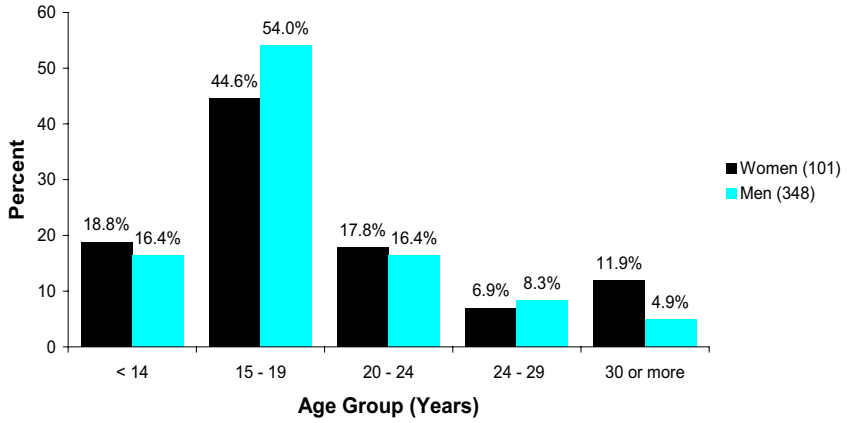


Figure 46: *Age when first injected drugs*



Prison Drug and Alcohol Use

Seventy-four (49%) women and 335 (48%) men had used illicit drugs while in prison. Cannabis and heroin were the most commonly consumed drugs in prison. Approximately one-third of women and one-quarter of men has used heroin in prison (Table 102).

Women were more likely than men to have injected drugs in prison (43% *vs.* 24%). Of those with a history of injecting drug use, 56 (62%) women and 154 (48%) men had injected in prison. Of those who had injected in prison, five (11%) women and 13 (12%) men had done so more than weekly during the past month (Table 103).

Over 80% of those who had consumed alcohol in prison did so less than monthly (Table 104).

Prison Drug and Alcohol Use	Men		Women	
	Freq.	% Cases	Freq.	% Cases
Cannabis	305	45.1	57	40.1
Heroin	157	23.0	46	31.7
Alcohol	88	12.6	22	14.5
Amphetamines	66	9.8	27	19.6
Cocaine	49	7.4	20	14.7
Ecstasy	31	4.7	2	1.5
LSD	16	2.4	1	0.8
Petrol	7	1.0	1	0.7
Crack	6	0.9	4	2.8
Anabolic Steroids	5	0.7	0	0.0
Datura	1	0.1	0	0.0

Table 102: *Drug and alcohol use in prison*

Injecting Frequency	Men		Women	
	Freq.	%	Freq.	%
Nil	80	70.8	28	63.6
Less than weekly	20	17.7	11	25.0
More than weekly, but not daily	12	10.6	3	6.8
Daily	1	0.9	2	4.5
Total	**113**	**100.0**	**44**	**100.0**

Table 103: *Frequency of injecting drugs in prison in the past month*

Frequency	Men		Women	
	Freq.	%	Freq.	%
Daily	2	2.7	0	0.0
Weekly	3	4.1	0	0.0
Monthly	9	12.2	4	19.0
Less than monthly	60	81.1	17	81.0
Total	**74**	**100.0**	**21**	**100.0**

Table 104: *Alcohol consumption in prison*

Those with a history of prison injecting were asked a number of supplementary questions on their injection practices in prison. Of the 56 women prison injectors, 72% had re-used the needle and syringe after someone else, compared with 67% of the 154 male prison injectors; nine (31%) women and 26 (36%) men reported that the needle had been used by five or more people prior to use. A range of injecting paraphernalia was also shared during prison injecting (Table 105).

Prison injecting practices are in stark contrast to those occurring in the community with 75% of women injectors and 74% of men using a new needle and syringe every time they injected in the month before coming into prison.

	Men		Women	
Equipment	Freq.	% Cases	Freq.	% Cases
Drug	90	63.4	34	63.0
Spoon	89	62.7	35	64.8
Solution / Mix	78	55.3	30	56.6
Water	72	50.7	27	50.0
Filter	67	47.2	34	63.0
Tourniquet	49	34.5	24	44.4

Table 105: *Injecting equipment shared by prison injectors*

Most prison injectors had cleaned the needle before the last prison injection (Table 106). Twenty-three (27%) women and 54 (17%) men who had injected had bought a clean needle and syringe while in prison.

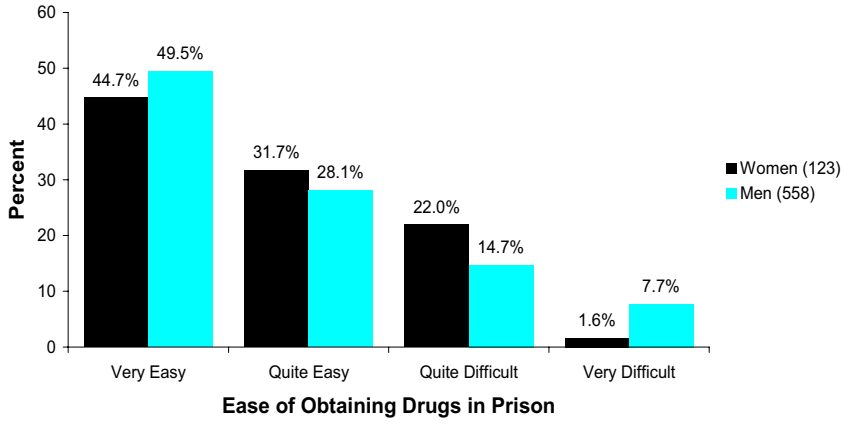
Needle cleaned before use?	Men		Women	
(inside prison)	Freq.	%	Freq.	%
Yes	112	81.2	47	87.0
No	9	6.5	2	3.7
New Equipment	17	12.3	5	9.3
Total	**138**	**100.0**	**54**	**100.0**
Method of Cleaning Needle*	**Freq.**	**% Cases**	**Freq.**	**% Cases**
2*2*2	46	41.4	14	30.4
3*3*3	37	33.3	19	41.3
Soak in Bleach	14	12.6	5	10.9
Rinsed With Bleach	8	7.2	5	10.9
Rinsed With Hot and Cold Water	5	4.5	1	2.2
Rinsed With Cold water	5	4.5	1	2.2
Soak in Hot Water	2	1.8	1	2.2
Wiped	1	0.9	1	2.2

* More than one method of cleaning needles could be reported.

Table 106: *Needle cleaning and cleaning method among prison injectors*

Ninety-four (76%) women and 433 (78%) men believed that it was either 'quite easy' or 'very easy' to get drugs in prison. (Figure 47).

Figure 47: *Ease of obtaining drugs in prison*



Overdose

Overall, 73 (49%) women and 188 (30%) men had overdosed or become unconscious as a result of taking drugs at some time in the past. Of these, eight (12%) women and 17 (10%) men had overdosed on ten or more occasions. Twelve (16%) women and 14 (8%) men who had overdosed, had done so in prison. Five women and five men were treated with Narcan (Naloxone) by CHS staff following the overdose.

Heroin Use

Of the 104 women and 343 men who had injected heroin, two (2%) women and 32 (11%) men had used it for the first time in an adult prison. No women and eight (3%) men had used heroin for the first time while in juvenile detention.

Anecdotal reports suggest that while incarcerated, heroin is used in preference to cannabis in order to avoid detection by random urine tests conducted by the Department of Corrective Services.[i] Thirteen (14%) female and 45 (16%) male injectors had adopted this strategy. This suggests that urine testing for drugs in prison may be counter productive in terms of minimising the potential harmful effects of drug use in prison.

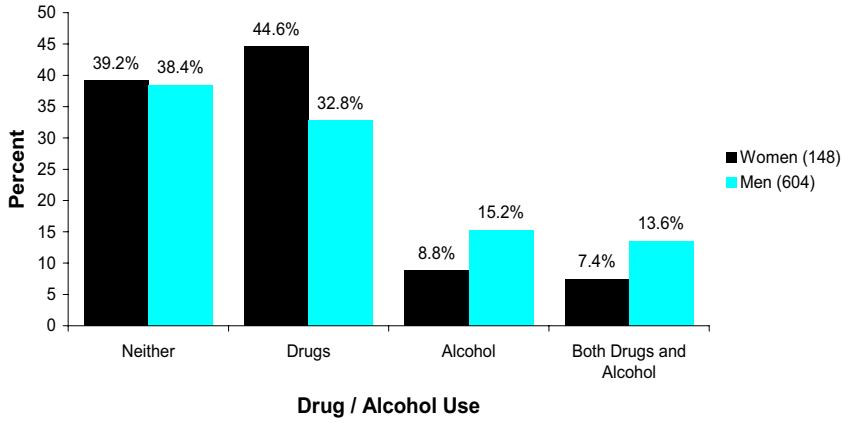
Six (7%) women and 36 (13%) men with a history of injecting drug use had taken heroin in prison as a substitute for the lack of alcohol or cannabis.

Drug Use and Offending

Over 60% of both women and men were under the influence of drugs or alcohol at the time of offending for the current imprisonment; 7% of women and 14% of men were affected by both drugs and alcohol (Figure 48). Females were more likely to have been under the influence of drugs only (45% *vs.* 33%) but were less likely to be affected by alcohol (9% *vs.* 15%). Females were more likely than males to report that their current sentence was in some way linked to drugs (76% *vs.* 63%). This is consistent with the view that females are imprisoned mainly for drug related offences whereas males are imprisoned for other infractions including sexual and violent offences.

[i] Note: Cannabis is detectable in urine for up to 30 days (average 2-10 days) whereas heroin metabolise to morphine and is detectable for only 2-3 days.

Figure 48: *Alcohol and drug use at the time of offending*



Access to Bleach

Disinfectant was first distributed to prisoners in NSW during 1990 in the form of tablets (Milton Tablets™).[83] Liquid bleach was subsequently introduced when it was discovered that these tablets could be used to contaminate urine specimens used for drug detection. Several questions used in a previous evaluation of the prison bleach programme were incorporated into the survey.[83;84]

Of those who had injected drugs in prison, 45 (80%) women and 127 (83%) men had tried to obtain bleach to clean injecting equipment. Of these three (7%) women and 18 (14%) men felt that it was either difficult to obtain or was unavailable.

One objection to the introduction of bleach by custodial authorities was that inmates would use it improperly. Few inmates reported that it was used improperly (Table 107). However, of those who had accessed bleach the main consequence was action by custodial staff.

Thirty-two (22%) women and 172 (26%) men were unaware that it is a policy of the Department of Corrective Services to provide inmates with bleach.

	Men		Women	
Use of, and Consequence of Requesting Bleach	**Freq.**	**% Cases**	**Freq.**	**% Cases**
Getting Searched After Asking for Bleach	28	14.2	7	11.5
Name Recorded if They Asked for Bleach	19	9.6	4	6.6
Injecting More Because Bleach was Available	17	8.8	1	1.6
Throwing it in Someone's Eyes	13	6.6	2	3.3
Drinking Bleach	4	2.0	1	1.6
Injecting Bleach	3	1.5	1	1.6

Table 107: *Uses of, and consequences of requesting bleach*

Drug Treatment Programmes and Pharmacotherapies

A range of pharmacotherapies and drug treatment programmes are available to prison inmates in NSW. NSW was one of the first jurisdictions in the world to make methadone maintenance treatment available in prison. There are currently eight countries worldwide to offer methadone maintenance to prisoners.

Methadone

Thirty-nine percent of women were currently receiving methadone treatment with a further 21% having previously been on methadone (Table 108). Eleven percent of men were currently receiving methadone treatment and 15% had previously been on methadone.

Of those currently taking methadone 16 (29%) women and 16 (23%) men thought that they were on an incorrect dose. Three (4%) women and nine (2%) men who were not currently on methadone believed that they should be.

	Men		Women	
Methadone History	**Freq.**	**%**	**Freq.**	**%**
Currently on Methadone	77	11.1	59	39.3
On Methadone in the Past	106	15.3	32	21.3
On Waiting List for Methadone	1	0.1	3	2.0
Never Been on Methadone	507	73.4	56	37.3
Total	**691**	**100.0**	**150**	**100.0**

Table 108: *Methadone programme participation*

Naltrexone, LAAM and Buprenorphine

No women and one man were currently receiving naltrexone. Five (3%) women and 21 (3%) men had previously been on Naltrexone. One man was currently receiving l-alpha-acetylmethadol (LAAM). One woman and three men had been on buprenorphine in the past.

Help with Drug Problems

Prison represents an opportunity to provide treatment and support for those with substance use problems. Eighty (64%) women and 247 (44%) men with a history of drug use had sought help or treatment for a drug problem from a range of organisations (Table 109).

Twenty-three (29%) women and 61 (25%) men who had sought help for a drug problem had done so since coming into prison. Fifty-two (45%) women and 138 (26%) men with a history of drug use thought that they needed help with quitting drugs.

	Men		Women	
Drug Organisations*	**Freq.**	**%**	**Freq.**	**%**
Rehabilitation	120	32.0	36	30.0
Detoxification Centre	72	19.2	15	12.5
Drug and Alcohol Organisations	45	12.0	24	20.0
General Practitioner	38	10.1	22	18.3
Alcoholic Anonymous / Narcotics Anonymous	37	9.9	12	10.0
Prison Drug and Alcohol Worker	32	8.5	2	1.7
Psychologist / Psychiatrist / Counsellor	15	4.0	3	2.5
Methadone Clinic	11	2.9	4	3.3
Drug Court	3	0.8	1	0.8
Salvation Army	2	0.5	0	0.0
Community Health Nurse	0	0.0	1	0.8
Total	**375**	**100.0**	**120**	**100.0**

* Multiple responses permitted

Table 109: *Organisations used for help with drug problems*

Knowledge of Hepatitis C Transmission

Knowledge of HCV transmission was determined by asking inmates to state three ways in which hepatitis C can be transmitted. Knowledge of HCV transmission was good with only seven (5%) women and 37 (6%) men having 'no idea' how HCV is transmitted. Over three-quarters of both women and men reported that injecting drug use was a risk factor for HCV transmission (Table 110).

	Men		Women	
Risk Factors for HCV Transmission	**Freq.**	**% Cases**	**Freq.**	**% Cases**
Sharing Fits	460	78.0	109	78.4
Blood to Blood	303	51.4	71	51.1
Sexually Transmitted (unprotected sex)	235	39.8	50	36.0
Razors	89	15.1	18	12.9
Saliva	62	10.5	10	7.2
Fighting	57	9.7	1	0.7
Toothbrushes	56	9.5	13	9.4
Tattooing	53	9.0	13	9.4
Injecting Equipment	50	8.5	37	26.6
Body Fluids	24	4.1	6	4.3
Blood Spill	23	3.9	3	2.2
Personal Items - Unspecified	21	3.6	7	5.0
Blood Transfusion	16	2.7	7	5.0
Utensils	16	2.7	6	4.3
Smoking Cigarettes	13	2.2	1	0.7
Kissing	11	1.9	1	0.7
Toilets / Bathroom Facilities	10	1.7	1	0.7
Poor Personal Hygiene	10	1.7	2	1.4
Using Drugs	7	1.2	0	0.0
Hairbrushes / Combs	7	1.2	0	0.0
Homosexual Practices	6	1.0	2	1.4
Nail Clippers	5	0.8	2	1.4
Food / Drinks	4	0.7	1	0.7
Needle Stick Injury	4	0.7	1	0.7
Fitness Equipment	4	0.7	0	0.0
Body Piercing	4	0.7	8	5.8
Close Proximity to Infected Person	3	0.5	1	0.7
Hair Clippers	2	0.3	0	0.0
Alcohol	2	0.3	0	0.0
Airborne - Breathing / Coughing	1	0.2	0	0.0
Contaminated Water	1	0.2	0	0.0
Working With Garbage	1	0.2	0	0.0

Table 110: *Risk factors for hepatitis C transmission*

Multiple Risk Behaviours

There is evidence that risk factors such as injecting drug use, gambling, alcohol consumption and smoking are co-morbid. For example, the 1998 National Drug Household Survey found that 80% of recent injecting drug users also smoked and 96% consumed alcohol.[85] The link between alcohol consumption and gambling has also been documented.[86] This section examines the extent to which risk factors (hazardous or harmful alcohol use, gambling [problem or probable pathological], smoking, and injecting drug use) co-exist among prisoners.

Most of those surveyed engaged in at least one risk behaviour with less than 10% having none (Table 111). Approximately two-thirds of women and men engaged in

between two and three risk behaviours. Around 10% of women and men engaged in all four risk behaviours i.e. smoking, gambling, injecting drug use, and excessive alcohol consumption.

Those with a history of injecting drug use were more likely than non-injectors to be current smokers (90% *vs.* 64%). Twenty-one percent of women and 24% of men consumed alcohol in the hazardous or harmful range and also had a history of injecting drug use. Sixteen percent of women and 28% of men consumed alcohol in the hazardous or harmful range and were also 'problem' or 'probable pathological gamblers'.

	Men		Women	
Risk Behaviours	**Freq.**	**%**	**Freq.**	**%**
0	51	7.3	10	6.6
1	117	16.7	20	13.2
2	233	33.3	71	46.7
3	208	29.7	35	23.0
4	91	13.0	16	10.5
Total	**700**	**100.0**	**152**	**100.0**

Table 111: *Multiple risk behaviours*[i]

[i] Note: Those with missing risk factor data were assumed to be negative for that particular risk factor.

Sexual Health

Sexual Health

A range of questions was included in the survey covering sexual identity[i], gender of sexual partners, age of first intercourse[ii], and the number of sexual partners (lifetime and past twelve months).

Men overwhelmingly identified as heterosexual (97%); 1% identified as homosexual and 2% as bisexual (Table 112). Approximately one-third of women identified as bisexual. One woman and one man identified as being paedophile.

There are several possible reasons for women prisoners being more willing than men to identify as bisexual. Many women prisoners have drug-related convictions, and many of them have done sex work. This can involve sex with other women as paid performance. Women sex workers are also far more likely than other women to have unpaid sex with women partners. It is also possible that women with a history of institutional care may be more likely to have experienced same-sex contact, whether with carers or other incarcerated girls or women. Thus, there is a selection bias in the prisoner sample towards women with same-sex experience. Further, sex between women is less taboo than sex between men with fewer, and less violent, social sanctions; thus women with same-sex experience are more likely than men to describe themselves as bisexual.

Men were more likely than women to have engaged in first sex at a younger age (Table 112). The median age of first sex was older among male homosexuals compared with heterosexuals and bisexuals. For women, heterosexuals reported an older age of first sex compared with those identifying as either homosexual or bisexual.

Given the high rates of childhood sexual abuse in this population some respondent's age of first intercourse may refer to an episode of abuse involving sexual intercourse whereas for others it relates to the age of first consensual sex.[87]

[i] Subjects were asked: *"Which of the following best describes you: Heterosexual or straight, Homosexual (lesbian or gay), Bisexual, or Other (specify)?"*
[ii] Subjects were asked: *"How old were you when you first had sex, this includes vaginal or anal?"*

	Sexual Identity	Heterosexual	Homosexual	Bisexual	Total
Men	**n**	674	6	16	**696**
	%	96.8	0.9	2.3	**100.0**
	Mean Age of First Sex	14.8	15.5	14.4	**14.8**
	Median Age of First Sex	15	16	14	**15**
	Minimum Age of First Sex	4	14	12	**4**
	Maximum Age of First Sex	60	19	19	**60**
Women	**n**	90	13	46	**149**
	%	60.4	8.7	30.9	**100.0**
	Mean Age of First Sex	15.8	14.75	14.9	**15.4**
	Median Age of First Sex	16	15.5	15	**16**
	Minimum Age of First Sex	7	5	12	**5**
	Maximum Age of First Sex	25	19	18	**25**

Note: paedophiles excluded from the table.

Table 112: *Age of first sexual intercourse by sexual identity*

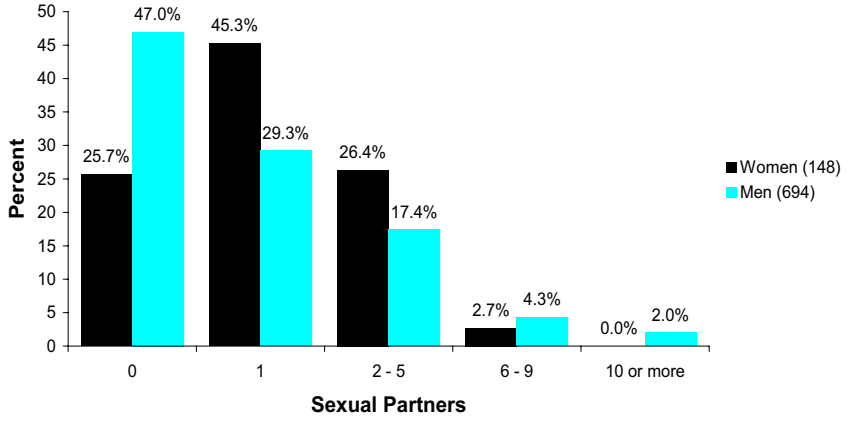
Proportionately more women than men had sex exclusively with same sex partners (Table 113). Approximately one-third of women had engaged in sex with both men and women. Eleven of the 28 (39%) men who had engaged in sex with both sexes identified as heterosexual. However, among women, none of the 49 who engaged in sex with both men and women identified as heterosexual.

	Men		Women	
Gender of Sexual Partners	**Freq.**	**%**	**Freq.**	**%**
Opposite Sex	639	94.7	94	63.1
Both Opposite and Same Sex	28	4.1	49	32.9
Same Sex	8	1.2	6	4.0
Total	**675**	**100.0**	**149**	**100.0**

Table 113: *Gender of sexual partners (lifetime)*

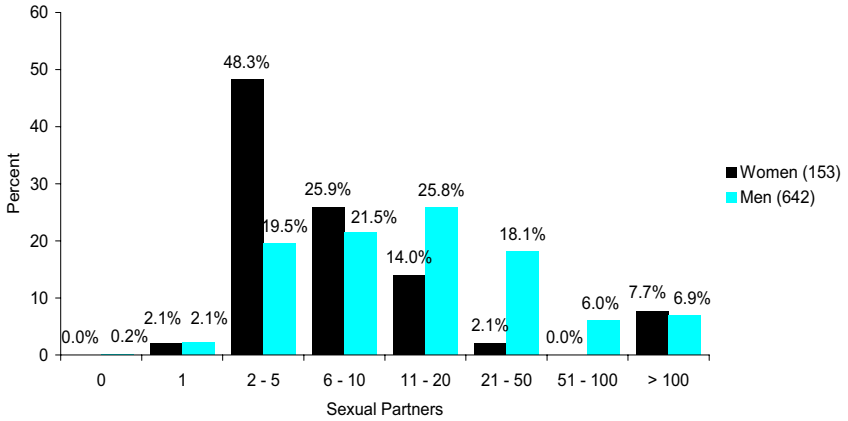
Approximately one-quarter (26%) of the women and half (47%) of the men had not engaged in sexual intercourse during the past year (Figure 49). This probably reflects the longer sentences in the male group (see Figure 4) and that the past year includes the period of incarceration.

Figure 49: *Number of sexual partners in the past year*



Overall, the median number of lifetime sexual partners was five for women and fifteen for men. Over half the men and approximately one-fifth of the women had between one to five lifetime sexual partners (Figure 50). A small proportion of women (8%) and men (7%) reported over one hundred sexual partners.

Figure 50: *Number of lifetime sexual partners*



Thirty-six (24%) women and 10 (2%) men had engaged in sex work at some time in the past. Of these, 16 (44%) women and three (30%) men had done so for over one year. Brothel and street sex work were the most common forms of sex work among women (Table 114).

	Men		Women	
Sex Work	**Freq.**	**% Cases**	**Freq.**	**% Cases**
Brothel	0	0.0	23	63.9
Street Work	2	28.6	22	61.1
Private	2	28.6	12	33.3
Massage	3	42.9	10	27.8
Escort Agency	4	57.1	9	25.0
Private Operator	2	28.6	5	13.9
Small House	1	14.3	5	13.9
Pimp	1	14.3	1	2.8

Table 114: *Types of sex work*

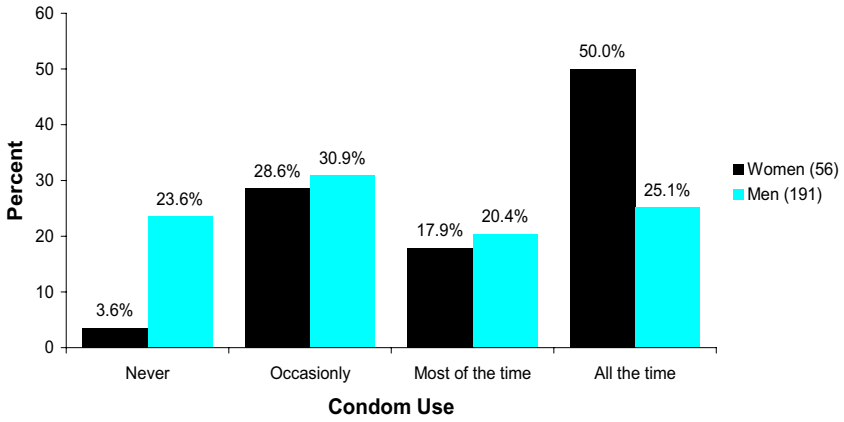
Condoms and Dental Dams

Condoms have been available to NSW prison inmates since 1997 following a successful legal challenge by a group of indigenous prisoners.[88] Approximately 30,000 condoms are provided to inmates per month. They are distributed through vending machines located in the wings and are dispensed in a pack containing one condom, a sachet of lubricant, a set of instructions on how to use the condom, and a plastic bag for disposal purposes.

Figure 51 shows condom usage for the 56 women and 191 men who were sexually active in the twelve months prior to imprisonment.[i] Of this group, a higher proportion of men than women (24% *vs.* 4%) never used condoms. Women were twice as likely as men to use condoms 'all the time' (50% *vs.* 25%).

Reasons for never using condoms included 'disliking the feeling' and "couldn't be bothered" (Table 115).

Figure 51: *Condom use in the year before prison*



	Men		Women	
Why Didn't Use Condoms*	**Freq.**	**%**	**Freq.**	**%**
Doesn't Like the Feeling	27	60.0	1	50.0
Couldn't be Bothered	6	13.3	1	50.0
Impulsive	5	11.1	0	0.0
Knew Partners Were Clean	4	8.9	0	0.0
High on Drugs or Alcohol	2	4.4	0	0.0
Unavailable	1	2.2	0	0.0
Total	**45**	**100.0**	**2**	**100.0**

Table 115: *Reasons for not using condoms in the twelve months before prison*

Twenty-six (18%) women and 86 (12%) men had tried to obtain condoms / dental dams in prison. Of those who had tried to access condoms or dental dams, most found that they were 'easy' to obtain (women 79%; men 86%).

Overall, 76 (50%) women and 280 (41%) men were aware that some prisoners were using the contents of the condom / dental dam kits for purposes other than sex. Dental dams were commonly used by the women as hair bands (Table 116). Condom wrappers were used by men to store drugs and tobacco, the actual condoms were used for making water / urine bombs, and the lubricant was often used as hair gel.

[i] Note: This includes those individuals who had at least one sexual partner in the previous 12 months and did not report any one of the following reasons as to why they did not use condoms: stable relationship, trying to conceive, and currently pregnant.

Ninety-five percent of women and men were aware that it is a policy of the Department of Corrective Services to provide inmates with condoms and dental dams.

	Men		Women	
Condom / Dental Dam Kit Usage*	**Freq.**	**%**	**Freq.**	**%**
Storage of Contraband Items	80	24.8	2	2.2
Throwing	79	24.5	4	4.3
Tobacco Bags	78	24.2	13	14.0
Hair Gel	48	14.9	0	0.0
Use the Plastic Bags	13	4.0	2	2.2
Masturbatory Aide	7	2.2	0	0.0
Tying Items	7	2.2	2	2.2
Hair Bands	3	0.9	54	58.1
Lubricant (other use)	3	0.9	0	0.0
Flavouring	2	0.6	0	0.0
Shaving Gel	1	0.3	0	0.0
Storing Urine for Testing	1	0.3	0	0.0
Shoe Laces	0	0.0	3	3.2
Placemats / Doilies	0	0.0	10	10.8
Quilts	0	0.0	1	1.1
Decorations	0	0.0	1	1.1
Toys	0	0.0	1	1.1
Other	2	0.6	0	0.0
Total	**322**	**100.0**	**93**	**100.0**

* Respondents could report up to three uses for condoms / dental dams

Table 116: *Use of condoms / dental dams in prison*

Prison Sex

Prison sex is a complex issue with some inmates, particularly those serving longer sentences identifying as heterosexual but engaging in situational sex with same sex partners. Methodological difficulties can occur in this area of prisoner health research due to issues arising from the definition of what constitutes consensual sex and reluctance to disclose sex in prison. For example, some individuals do not consider oral sex to be 'sex' per se but engage in this activity while in prison. It has also been observed that some individuals enter prison as heterosexuals, engage in sex with same sex partners, and then return to a heterosexual *modus operandi* on returning to the community.

The impact of sexual assaults in prison can be particularly devastating with the victim having few options other than trying to escape the situation through self-harm, suicide or protective segregation, submitting to the assault, or fighting back (possibly resulting in serious physical injury or homicide).[89]

Thirty-five (23%) women and 19 (3%) men had engaged in consensual sex whilst in prison. One (1%) woman and three (0.4%) men reported having non-consensual sex in prison. Only two inmates gave a reason for having non-consensual sex; in both cases it was for protection from other inmates.

The questions on prison sexual assault were phrased in such a way that inmates were only asked to describe their awareness of events rather than relate personal experiences. It is possible that inmates' responses may be describing the same incidents (Tables 117 & 118).

Thirty-five (23%) women and 103 (15%) men were aware of sexual assaults in prison in the past twelve months. Thirty-two percent of females and 52% of males reported that these sexual assaults had taken place over six months ago (Table 117). Further details of the sexual assaults were also recorded (Table 118).

	Men		Women	
Recency of Sexual Assault	**Freq.**	**%**	**Freq.**	**%**
Less than 1 week ago	5	5.1	0	0.0
1 week to less than 1 month ago	4	4.0	8	23.5
1 month to less than 3 months ago	22	22.2	9	26.5
3 months to less than 6 months ago	17	17.2	6	17.6
6 months or more ago	51	51.5	11	32.4
Total	**99**	**100.0**	**34**	**100.0**

Table 117: *Recency of sexual assault in prison*

	Men		Women	
Details of Sexual Assault	**Freq.**	**%**	**Freq.**	**%**
Assaulted by Multiple Prisoners	19	17.9	7	19.4
Second Hand Knowledge of Assault (no details)	18	17.0	4	11.1
Stood Over by an Older Prisoner	15	14.2	0	0.0
Victim of Oral Sex	8	7.5	1	2.8
Assaulted in Showers	7	6.6	0	0.0
Violence Involved	6	5.7	1	2.8
Assaulted In Cell	5	4.7	2	5.6
Witnessed Incident	4	3.8	0	0.0
Victim of Anal Sex	4	3.8	1	2.8
Intellectually Disabled Inmate Assaulted	2	1.9	1	2.8
Sexually Harassed by DCS Staff	1	0.9	2	5.6
Assaulted as was Suspected of Hiding Drugs	0	0.0	11	30.6
Assaulted by One Prisoner	0	0.0	2	5.6
Fisted	0	0.0	2	5.6
Unsure of Details	12	11.3	1	2.8
Other	5	4.7	1	2.8
Total	**106**	**100.0**	**36**	**100.0**

* Respondents could report up to two details of the sexual assault

Table 118: *Details of sexual assaults in prison*

Sexual harassment of prisoners was also examined. Seven (5%) women and 32 (5%) men had been sexually harassed or threatened with sex by another inmate. The majority of these cases involved verbal harassment only.

One (1%) woman and 28 (7%) men had sexual intercourse with their regular community partner during a prison visit. Overall, 103 (69%) women and 554 (86%) men felt that inmates should be allowed to have private, overnight visits with their community partners.

Childhood Sexual Abuse[i]

Research into childhood sexual abuse is hampered by the lack of a clear definition of abuse. Some studies use an age threshold of 18 years whilst others have used the age differential between the abuser and the victim (e.g. the abuser being five years older is often used). It has also been observed that prevalence estimates increase with the number of questions asked.[90] Notwithstanding these issues, a recent study of male prisoners observed that 40% of those meeting the clinical criteria of childhood sexual abuse did not consider they had been abused, suggesting that clinical definitions could yield even higher estimates in this population.[91]

Inmates were asked a number of questions relating to involvement in a range of sexual activities before sixteen. Overall 85 (60%) women and 250 (37%) men had been sexually abused before the age of sixteen.[ii]

Forty (29%) women and 37 (6%) men reported intrafamilial sexual abuse (Table 119). Forty-two (30%) women and 70 (10%) men had been sexually abused before the age of ten. Women were more likely than men to report penetrative sexual abuse before the age of sixteen (35% *vs.* 15%).

Of the 42 women and 89 men whose first intercourse experience was an episode of abuse, 28 (48%) women and 25 (28%) men did not report this as the first time they had sex. This suggests that some inmates report their first intercourse as consensual whereas for others it refers to the episode of sexual abuse.

[i] Subjects were asked: "*Before the age of 16 years old, did any of the following experiences happen to you? Someone exposed themselves (their genitals) to me; Someone masturbated in front of me; Someone tried to sexually arouse me; Someone touched or fondled my body including my breasts or genitals; Someone made me arouse them, or touch their body in a sexual way; Someone touched my genitals with their mouth; Someone made me touch their genitals with my mouth; Someone tried to have vaginal or anal intercourse with me; Someone had vaginal or anal intercourse with me; Someone forced me into unwanted sexual activities; Someone responsible for looking after and caring for me subjected me to physical or emotional abuse."* Subjects were also asked about the frequency, their age, the other person's age, the relationship to the person, and whether they were in care at the time.

[ii] Note: 375 individuals reported that they had engaged in sexual intercourse before they were 16 in the sexual history section of the questionnaire but did not report this in the sexual abuse section suggesting that this sex was consensual. These respondents were excluded from the sexual abuse analysis.

	Intrafamilial Sexual Abuse				Sexual Abuse < 10 yrs			
	Men		Women		Men		Women	
Type of Abuse	Freq.	% Cases	Freq.	% Cases	Freq.	% Cases	Freq.	% Cases
Exposing Their Genitals	23	3.5	23	17.7	43	6.4	27	20.8
Masturbating in Front of Person	18	2.7	16	12.6	24	3.6	16	12.6
Trying to Sexually Arouse	21	3.2	26	20.3	32	4.8	21	16.7
Touching or Fondling	27	4.1	31	23.5	43	6.4	26	19.7
Made to Arouse Other Person	19	2.8	23	18.1	26	3.9	22	17.3
Touching Person's Genitals With Mouth	11	1.7	15	12.0	17	2.5	14	11.2
Made to Touch Person's Genitals With Mouth	10	1.5	16	12.6	16	2.4	17	13.4
Tried to Have Vaginal or Anal Intercourse	14	2.1	19	14.7	21	3.1	20	15.4
Had Vaginal or Anal Intercourse	13	2.0	19	14.5	18	2.7	17	12.8
Forced Into Unwanted Sexual Activities	22	3.3	26	20.0	36	5.4	24	18.2

Table 119: *Sexual abuse before the age of sixteen*

Eight (9%) women and 28 (11%) men who were sexually abused before the age of sixteen were in care at the time of the abuse. Thirty-four (26%) women and 112 (18%) men reported that someone responsible for looking after them and caring for them had subjected them to physical or emotional abuse.

The impact of childhood sexual abuse on later mental health can be mediated by social supports such as being able to discuss the experience at the time.[92] Twenty-three (32%) women and 57 (30%) men who had been physically, emotionally or sexually abused had spoken to someone about the experience at the time of the abuse. In over 80% of the cases this was a family member or friend. Forty-seven (66%) women and 82 (45%) men had spoken to someone since the abuse occurred. The long-term effect of the abuse was measured by asking participants to agree or disagree with several statements about the abuse. Women were more likely than men to report the abuse experience had a continuing negative impact on their life (Table 120).

	Men		Women	
Affect of Abuse	Freq.	%	Freq.	%
My Life Continues to be Negatively Affected	45	22.1	19	33.3
There are Still Negative Affects But I am Getting Over Them	43	21.1	15	26.3
There Have Been Negative Effects But I Have Put Them Behind me	34	16.7	12	21.1
I do Not Feel That the Experience Had a Significant Effect on me at the Time	82	40.2	11	19.3
Total	**204**	**100.0**	**57**	**100.0**

Table 120: *Perceived long-term impact of sexual abuse*

Partner Abuse

Involvement in violent relationships was common among prisoners, particularly the women. Ninety-six (69%) women and 187 (29%) men had been in at least one violent relationship with 49 (35%) women and 63 (10%) men being involved in two or more.

Women were asked whether they had been abused in a relationship in the twelve months before coming into prison.[i] Over half (55%) of all women had been subjected to at least one form of abuse, with 36% reporting two or more forms of abuse. Verbal abuse (46%) was the most common type of abuse (Table 121).

	Women	
Type of Abuse	**Freq.**	**% Cases**
Verbally Abused	67	45.9
Physically Hurt	47	32.0
Tried to Limit Contact With Family or Friends	38	26.0
Knowledge and Access to Money Stopped	31	21.2
Forced to Take Part in Unwanted Sexual Activities	17	11.6

Table 121: *Types of partner abuse reported by women*

Inmates were asked whether anyone had ever had vaginal or anal sex with them involving violence, the threat of violence or force, since the age of sixteen years. Overall, 50 (35%) women and 35 (6%) men had been subjected to actual violence, threats of violence or another person using their weight or size to immobolise them during sex (Table 122).

	Men		Women	
Sexual Violence	**Freq.**	**% Cases**	**Freq.**	**% Cases**
Actual Violence	27	4.2	41	28.5
Threat of Violence	26	4.1	44	30.8
Person Using Their Weight or Size to Immobilise Person	13	2.0	40	28.0

Table 122: *Sexual violence since the age of sixteen*

Of those involved in either a violent relationship or subjected to sexual violence, 37 (38%) women and 28 (15%) men felt that they needed counselling or support to help with this matter. There are currently no dedicated services within the NSW correctional system for those with a history of partner abuse.

[i] Subjects were asked: "*In the 12 months before you came into prison, did a partner or spouse or someone close to you: Physically hurt you (eg. Slap or kick you), Forced you to take part in unwanted sexual activities, Tried to limit your contact with family or friends, Verbally abuse you (called you names to put you down or make you feel bad), Stopped you knowing about or having access to money?*"

APPENDIX 1 - Changes Between 1996 and 2001

The following tables present changes in key health indicators between 1996 and 2001. The approximate five-year period between surveys is sufficient to detect changes in a range of health indicators and to assess the impact of health programmes and other initiatives in the prison system. The collection of longitudinal data such as this demonstrates the potential for prisons to monitor changes in health behaviours and indicators in marginalized groups. Significance tests were used to assess changes between 1996 and 2001.[i]

- There was an increase between 1996 and 2001 in the proportion of men with 'desirable' **cholesterol levels** and a decrease in the proportion falling into the 'high risk' cholesterol category.

- Using the SF-36 as a measure of **self-reported health status**, there was an increase between 1996 and 2001 in the proportion of women who rated their health favourably (i.e. 'excellent' or 'very good').

- Certain **health conditions** (lasting six months or more) in men had increased over time (hepatitis C and palpitations), whereas others had decreased (poor eye sight, hepatitis B, prostate problems and gall stones).

- There was an increase between 1996 and 2001 in the proportion of both women and men reporting **dental problems** in the past four weeks.

- The proportion of women and men testing positive for antibodies to **hepatitis B** had decreased between 1996 and 2001. However, there was an increase in the proportion of men who screened positive for **hepatitis C** antibodies.

- **Indigenous Health Service** usage in prison had increased between 1996 and 2001 in both male and female Aborigines.

- There was an increase between 1996 and 2001 in the proportion of both men and women who had received treatment for a **psychiatric illness**.

- According to the **Referral Decision Scale** there was an increase between 1996 and 2001 in the proportion of men meeting the criteria for further assessment for major depression, schizophrenia, and manic depression.

- Among men, there was an increase between 1996 and 2001 in the proportion of **regular gamblers** and those reporting that gambling had caused them problems prior to imprisonment.

[i] Chi-square tests were used for comparing binomial and multinomial distributions. Significance levels are given at the 0.05, 0.01, and 0.001 levels.

- There was an increase between 1996 and 2001 in the proportion of men who were **current smokers**. However, there was also an increase in the proportion who had undertaken some form of smoking reduction strategy.

- Regular use of all **illicit drugs** in the twelve months prior to imprisonment had increased among men between 1996 and 2001. Among women, there was an increase in amphetamine and cocaine/crack use.

- There was a decrease between 1996 and 2001 in the proportion of **sexually active** women and men who never used condoms in the twelve months prior to imprisonment.

Overweight and Obesity

	Men [ns]				Women [ns]			
	1996		2001		1996		2001	
Body Mass Index	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**
Underweight	5	(0.8)	8	(1.1)	2	(1.6)	10	(6.1)
Healthy Weight	311	(48.4)	351	(49.1)	72	(56.3)	82	(49.7)
Overweight	225	(35.0)	254	(35.5)	33	(25.8)	39	(23.6)
Obesity	102	(15.9)	102	(14.3)	21	(16.4)	34	(20.6)
Total	**643**	**(100.0)**	**715**	**(100.0)**	**128**	**(100.0)**	**165**	**(100.0)**

ns: not significant; * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Cholesterol

	Men [***]				Women [ns]			
	1996		2001		1996		2001	
Cholesterol	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**
Desirable	367	(58.6)	474	(70.6)	71	(62.3)	107	(71.8)
Increased Risk	150	(24.0)	137	(20.4)	31	(27.2)	30	(20.1)
High Risk	109	(17.4)	60	(8.9)	12	(10.5)	12	(8.1)
Total	**626**	**(100.0)**	**671**	**(100.0)**	**114**	**(100.0)**	**149**	**(100.0)**

ns: not significant; * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Self-Reported Health Status

	Men [ns]				Women [ns]			
	1996		2001		1996		2001	
Health Status Rating	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**
Poor	40	(6.5)	42	(6.0)	17	(14.7)	17	(11.3)
Fair	133	(21.6)	154	(22.1)	29	(25.0)	39	(26.0)
Good	208	(33.7)	264	(37.9)	44	(37.9)	46	(30.7)
Very Good	166	(26.9)	169	(24.2)	17	(14.7)	33	(22.0)
Excellent	70	(11.3)	68	(9.8)	9	(7.8)	15	(10.0)
Total	**617**	**(100.0)**	**697**	**(100.0)**	**116**	**(100.0)**	**150**	**(100.0)**

ns: not significant; * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Self-Reported Health Conditions

	Men		Women	
	1996	2001	1996	2001
Condition	n (%)	n (%)	n (%)	n (%)
Poor Eyesight	227 (37.5)	201 (28.7)***	53 (45.3)	50 (32.7)*
Hepatitis C	139 (22.8)	198 (28.5)*	61 (52.1)	81 (53.6)
Back Problems	167 (27.3)	183 (27.5)	45 (38.5)	56 (37.1)
Asthma	108 (17.5)	146 (20.6)	47 (39.8)	67 (43.8)
High Blood Pressure / Hypertension	77 (12.5)	102 (14.5)	16 (13.6)	27 (17.6)
Arthritis	93 (15.1)	92 (13.1)	27 (22.9)	29 (19.0)
Chest / Angina Pain	65 (10.6)	77 (11.0)	16 (13.7)	16 (10.5)
Peptic Ulcers	56 (9.2)	74 (10.5)	14 (11.9)	13 (8.5)
Palpitations / Rapid Heart Beat	31 (5.0)	58 (8.3)*	22 (18.6)	19 (12.5)
Haemorrhoids	45 (7.3)	57 (8.1)	21 (17.8)	12 (7.8)*
Hepatitis B	61 (10.0)	42 (6.0)**	26 (22.2)	18 (11.8)*
Heart Murmur	34 (5.5)	37 (5.3)	8 (6.8)	12 (7.9)
Epilepsy or Seizures	23 (3.7)	33 (4.7)	14 (12.0)	16 (9.6)
Cancer / Tumours	21 (3.4)	31 (4.5)	14 (11.9)	23 (15.3)
Hepatitis A	16 (2.6)	23 (3.3)	7 (6.0)	6 (3.9)
Diabetes	17 (2.8)	23 (3.2)	8 (7.1)	5 (3.3)
Prostate Problems	27 (4.4)	14 (2.0)*	--	--
Gall Stones	18 (2.9)	9 (1.3)*	10 (8.5)	9 (5.9)

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Disability

	Men		Women	
	1996	2001	1996	2001
Chronic Diseases	n (%)	n (%)	n (%)	n (%)
Any Long-Term Illness or Disability (>= 6 months)	197 (30.0)	295 (41.5)***	52 (39.4)	55 (36.2)

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Recent Symptoms and Health Complaints

	Men				Women			
	1996		2001		1996		2001	
Symptom / Complaint	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**
Sleeplessness	228	(37.1)	307	(43.4)*	63	(53.4)	82	(53.9)
Tiredness	212	(34.4)	292	(41.2)*	72	(61.0)	88	(57.5)
Headaches	242	(39.2)	286	(40.4)	74	(62.7)	86	(56.2)
Teeth Problems	143	(23.3)	227	(32.2)***	34	(29.1)	66	(43.7)*
Coughing Phlegm	180	(29.3)	216	(30.6)	39	(33.1)	43	(28.5)
Forgetfulness	145	(23.6)	183	(25.9)	42	(35.6)	62	(41.1)
Appetite Loss	118	(19.2)	169	(23.9)*	40	(33.9)	54	(35.5)
Eye Trouble	119	(19.4)	165	(23.4)	27	(23.1)	58	(38.4)
Shortness of Breath	121	(19.7)	143	(20.3)	41	(34.7)	52	(34.4)**
Sore Throat	130	(21.1)	138	(19.5)	24	(20.3)	36	(23.8)
Dizziness	87	(14.1)	101	(14.3)	29	(24.6)	50	(33.1)
Constipation	48	(7.8)	69	(9.8)	35	(29.7)	48	(31.8)

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Health Service Utilisation

	Men				Women			
	1996		2001		1996		2001	
Health Service Use	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**
Overnight Admission to Hospital (last 12 months)	113	(18.3)	119	(16.8)	33	(28.0)	33	(21.7)
Visit Clinic Regularly to Pick-Up Medication	284	(46.5)	262	(37.0)	80	(67.8)	88	(57.9)

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Health Services Appraisal

	Men ***				Women ***			
	1996		2001		1996		2001	
Comparison of Prison to Community Health Care	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**
Worse	307	(55.6)	284	(46.3)	68	(63.6)	102	(76.1)
About the Same	210	(38.0)	261	(42.5)	30	(28.0)	25	(18.7)
Better	35	(6.3)	69	(11.2)	9	(8.4)	7	(5.2)
Total	**552**	**(100.0)**	**614**	**(100.0)**	**107**	**(100.0)**	**134**	**(100.0)**

ns: not significant; * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

	Men				Women			
	1996		2001		1996		2001	
Prison Health Care*	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**
I am Satisfied With the Health Care I Receive in Prison.	367	(59.6)	410	(58.5)	57	(48.3)	58	(38.4)
If I Have a Health Problem, I Can Easily See a Health Professional.	345	(55.9)	365	(52.0)	46	(38.9)	41	(27.2)*
Those Who Provide my Health Care Treat me in a Friendly and Courteous Manner.	493	(79.9)	563	(80.3)	77	(65.8)	90	(60.4)
Those Who Provide my Health Care are Competent and Well Trained.	377	(61.1)	449	(64.0)	46	(39.0)	55	(36.7)

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

* Proportion of respondents who 'agreed' with the statements. 'Not Sure' and 'disagree' were the alternative responses

Dental Health

	Men **				Women ***			
	1996		2001		1996		2001	
No. Times Visited Dentist in the Last 12 Months	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**
0	304	(49.5)	394	(55.9)	43	(37.1)	56	(37.3)
1	148	(24.1)	185	(26.2)	28	(24.1)	49	(32.7)
2	69	(11.2)	60	(8.5)	19	(16.4)	22	(14.7)
3	45	(7.3)	33	(4.7)	9	(7.8)	9	(6.0)
> 3	48	(7.8)	33	(4.7)	17	(14.7)	14	(9.3)
Total	**614**	**(100.0)**	**705**	**(100.0)**	**116**	**(100.0)**	**150**	**(100.0)**

ns: not significant; * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

	Men				Women			
	1996		2001		1996		2001	
Dental Health	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**
Last Dental Visit in Prison	412	(67.7)	386	(57.0)***	76	(66.1)	94	(63.5)
Fairly Good' or 'excellent' Health Care Rating of Last Dental Visit (prison only)	245	(59.8)	221	(57.6)	26	(34.2)	43	(45.7)

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Infectious Diseases

	Men				Women			
	1996		2001		1996		2001	
Infectious Diseases Marker (% Positive)	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**
HIV Antibody	2	(0.3)	1	(0.1)	2	(1.5)	0	(0.0)
Hepatitis B Core-Antibody	208	(33.3)	197	(28.0)*	55	(46.2)	47	(31.1)*
Hepatitis C Antibody	209	(33.7)	281	(40.1)**	79	(66.9)	96	(63.6)
Herpes Simplex Virus Type 2	133	(21.1)	129	(18.6)	68	(57.6)	75	(50.7)
Mantoux Tuberculin Skin Test	70	(13.0)	94	(14.4)	8	(7.8)	21	(14.1)

* p < 0.05; ** p < 0.01; *** p < 0.001

	Men				Women			
	1996		2001		1996		2001	
Immunisation	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**
Hepatitis B Vaccination	226	(34.4)	354	(55.3)***	66	(50.0)	87	(61.3)

* Refers to having received any hepatitis B vaccination shots

* p < 0.05; ** p < 0.01; *** p < 0.001

Exercise

	Men				Women			
	1996		2001		1996		2001	
Exercise	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**
No Exercise (last 4 weeks)	130	(19.8)	89	(12.6)***	58	(43.9)	40	(27.2)**

* p < 0.05; ** p < 0.01; *** p < 0.001

Sun Protection Behaviour

	Men				Women			
	1996		2001		1996		2001	
Protection From the Sun*	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**
Wear a Hat or Cap When in the Sun?	235	(38.3)	299	(42.8)	24	(20.5)	41	(27.5)
Wear Less Clothing to Get the Sun on Your Skin?	155	(25.3)	159	(22.7)	24	(20.5)	29	(19.9)
Wear Sunglasses When in the Sun?	236	(38.4)	244	(34.8)	50	(42.4)	70	(47.3)
Use Sun Screen to Protect Your Skin From the Sun?	88	(14.3)	112	(16.0)	36	(30.5)	51	(34.7)

* Respondents who 'mostly' do the above ('sometimes' and 'rarely' were the alternative responses)

* p < 0.05; ** p < 0.01; *** p < 0.001

Diet and Nutrition

	Men				Women			
	1996		2001		1996		2001	
Daily Consumption of Food Items	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**
Fruit	454	(73.7)	503	(71.3)	82	(70.7)	96	(64.5)
Salad / Vegetables	442	(71.7)	469	(66.4)	84	(72.4)	103	(69.1)
Fries	28	(4.6)	34	(4.8)	3	(2.6)	7	(4.7)
Bread / Rolls	551	(89.3)	618	(87.7)	84	(71.8)	94	(63.1)
Biscuits / Cakes	73	(11.8)	141	(20.0)	17	(14.5)	18	(12.2)
Sweets / Lollies	66	(10.7)	89	(12.6)**	28	(23.9)	28	(18.8)**

* p < 0.05; ** p < 0.01; *** p < 0.001

Food Purchases

	Men				Women			
	1996		2001		1996		2001	
Purchases	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Eggs	149	(11.6)	153	(9.8)	5	(1.9)	8	(2.4)
Noodles	145	(11.3)	179	(11.4)	21	(7.8)	43	(13.0)*
Meat	133	(10.3)	190	(12.1)	2	(0.7)	7	(2.1)
Lollies	123	(9.6)	134	(8.6)	52	(19.3)	59	(17.9)
Pasta	121	(9.4)	69	(4.4)***	15	(5.6)	0	(0.0)***
Drinks	99	(7.7)	74	(4.7)**	35	(13.0)	26	(7.9)*
Biscuits / Cakes	88	(6.8)	96	(6.1)	24	(8.9)	43	(13.0)
Vegetables	79	(6.1)	122	(7.8)	5	(1.9)	5	(1.5)
Seafood	66	(5.1)	111	(7.1)*	9	(3.3)	9	(2.7)
Milk	47	(3.7)	72	(4.6)	19	(7.1)	12	(3.6)

* p < 0.05; ** p < 0.01; *** p < 0.001

Attitudes to Prison Food

	Men				Women			
	1996		2001		1996		2001	
Comments on Prison Food and Diet	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**
Poorly Prepared	282	(36.9)	327	(36.3)	17	(18.9)	27	(24.5)
Unhealthy	186	(24.3)	234	(26.0)	27	(30.0)	30	(27.3)
Poor Quality	110	(14.4)	89	(9.9)	18	(20.0)	12	(10.9)
Lacks Variety	103	(13.5)	83	(9.2)	14	(15.6)	10	(9.1)
Insufficient Quantity	67	(8.8)	61	(6.8)	9	(10.0)	7	(6.4)
Concerned About Cook Chill*	--		58	(6.4)	--		18	(16.4)

* Cook chill has been progressively introduced in NSW prison since 1997

* p < 0.05; ** p < 0.01; *** p < 0.001

Testicular Examination

	1996		2001	
Testicular Examination	**n**	**(%)**	**n**	**(%)**
Ever Examined Testicles	273	(44.4)	318	(45.4)

* p < 0.05; ** p < 0.01; *** p < 0.001

	1996		2001	
Frequency of Testicular Examination	**n**	**(%)**	**n**	**(%)**
Once only	16	(6.4)	9	(3.1)
Less than monthly	74	(29.7)	105	(36.2)
Monthly	82	(32.9)	85	(29.3)
Weekly	77	(30.9)	91	(31.4)
Total	**249**	**(100.0)**	**290**	**(100.0)**

ns: not significant; * p < 0.05; ** p < 0.01; *** p < 0.001

Breast Self-Examination

	1996		2001	
Breast Self-Examination	**n**	**(%)**	**n**	**(%)**
Ever Examined Breasts	74	(63.8)	95	(65.8)

* p < 0.05; ** p < 0.01; *** p < 0.001

	1996		2001	
Frequency of Breast Examination	**n**	**(%)**	**n**	**(%)**
Once only	9	(13.6)	12	(13.2)
About once a year	8	(12.1)	6	(6.6)
About twice a year	13	(19.7)	15	(16.5)
Every two months	9	(13.6)	10	(11.0)
Monthly	27	(40.9)	37	(40.7)
Weekly or greater	0	(0.0)	11	(12.1)
Total	**66**	**(100.0)**	**91**	**(100.0)**

ns: not significant; * p < 0.05; ** p < 0.01; *** p < 0.001

Cervical Screening

	1996		2001	
Women's Health	**n**	**(%)**	**n**	**(%)**
Ever Had Pap Smear	111	(95.7)	143	(96.6)

* p < 0.05; ** p < 0.01; *** p < 0.001

Indigenous Health Services

	Men				Women			
	1996		2001		1996		2001	
Indigenous Health Service	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**
Used Indigenous Health Service Since Coming Into Gaol	78	(51.7)	120	(71.4)***	11	(52.4)	15	(83.3)*
Satisfied With Service Received	79	(87.8)	97	(86.6)	12	(100.0)	12	(75.0)

* p < 0.05; ** p < 0.01; *** p < 0.001

Psychiatric History

	Men				Women			
	1996		2001		1996		2001	
Mental Health	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**
Ever Received Treatment or Assessment by a Psychiatrist or Doctor for an Emotional or Mental Problem	218	(33.2)	286	(40.7)**	66	(50.0)	82	(53.9)*
Ever Admitted to a Psychiatric Unit or Ward in a Hospital	75	(11.4)	95	(13.7)	24	(18.2)	20	(13.3)

* p < 0.05; ** p < 0.01; *** p < 0.001

Beck Depression Inventory

	Men ***				Women			
	1996		2001		1996		2001	
Beck Depression Inventory	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**
Nil - Minimal	375	(62.0)	347	(49.6)	58	(50.9)	55	(36.9)
Mild	135	(22.3)	191	(27.3)	22	(19.3)	37	(24.8)
Moderate	78	(12.9)	124	(17.7)	30	(26.3)	43	(28.9)
Severe	17	(2.8)	38	(5.4)	4	(3.5)	14	(9.4)
Total	**605**	**(100.0)**	**700**	**(100.0)**	**114**	**(100.0)**	**149**	**(100.0)**

ns: not significant; * p < 0.05; ** p < 0.01; *** p < 0.001

Referral Decision Scale

	Men				Women			
	1996		2001		1996		2001	
Referral Decision Scale	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**
Major Depression	203	(33.2)	308	(44.1)***	75	(64.7)	100	(66.7)
Schizophrenia	122	(19.9)	184	(26.4)**	43	(37.1)	49	(32.7)
Manic Depression	80	(13.1)	135	(19.3)**	28	(24.1)	30	(20.0)

* p < 0.05; ** p < 0.01; *** p < 0.001

Suicide and Self-Harm

	Men				Women			
	1996		2001		1996		2001	
Suicide and Self-harm	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**
Ever Received Treatment or Assessment by a Psychiatrist or Doctor for an Emotional or Mental Problem	218	(33.2)	286	(40.7)	66	(50.0)	82	(53.9)
Ever Admitted to a Psychiatric Unit or Ward in a Hospital	75	(11.4)	95	(13.7)	24	(18.2)	20	(13.3)

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Alcohol Consumption

	Men *				Women **			
	1996		2001		1996		2001	
Alcohol Consumption	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**
Non-Drinker	165	(27.5)	192	(27.4)	35	(30.4)	76	(50.0)
Safe	112	(18.6)	169	(24.1)	31	(27.0)	32	(21.1)
Hazardous	77	(12.8)	101	(14.4)	10	(8.7)	13	(8.6)
Harmful	247	(41.1)	238	(34.0)	39	(33.9)	31	(20.4)
Total	**601**	**(100.0)**	**700**	**(100.0)**	**115**	**(100.0)**	**152**	**(100.0)**

ns: not significant; * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Gambling

	Men				Women			
	1996		2001		1996		2001	
Gambling	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**
Regular Gambling* (12 months before prison)	109	(16.6)	175	(25.0)***	21	(15.9)	20	(13.2)
Gambling Caused Any Problems (12 months before prison)	51	(46.8)	109	(64.9)**	10	(47.6)	11	(61.1)

*[i] Regular is defined as more than three times per week

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Tobacco Consumption

	Men				Women			
	1996		2001		1996		2001	
Smoking Behaviour	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**
Current Smoker	476	(72.5)	543	(77.6)*	102	(77.3)	126	(82.9)
Any Smoking Reduction Strategy	277	(42.2)	299	(55.5)***	58	(43.9)	45	(36.0)
Currently Share a Cell With a Smoker (non-smokers only)	10	(17.2)	39	(27.3)***	3	(37.5)	8	(33.3)
Felt Negative Health Effects of Others' Cigarette Smoking in the Past 12 Months (non-smokers only)	24	(40.7)	75	(52.8)	4	(40.0)	13	(54.2)

* p < 0.05; ** p < 0.01; *** p < 0.001

Tattooing

	Men				Women			
	1996		2001		1996		2001	
Tattooing	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**
Tattoo	377	(61.5)	406	(58.1)	68	(58.6)	91	(59.9)
Tattoos Done in Prison*	203	(54.5)	170	(41.9)***	14	(20.9)	34	(37.4)*

* Those with tattoos only

* p < 0.05; ** p < 0.01; *** p < 0.001

Drug Use

	Men				Women			
	1996		2001		1996		2001	
Substance Use	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**
Ever Consumed Alcohol in Prison	90	(14.8)	88	(12.6)	11	(9.6)	22	(14.5)
Regular* Cannabis Use in the 12 Months Before Prison	279	(42.5)	347	(50.2)**	61	(46.2)	69	(45.4)
Regular* Heroin Use in the 12 Months Before Prison	141	(21.5)	225	(32.6)***	52	(39.4)	72	(47.7)
Regular* Amphetamine Use in the 12 Months Before Prison	81	(12.3)	205	(29.6)***	16	(12.1)	43	(28.3)***
Regular* Cocaine/Crack Use in the 12 Months Before Prison	41	(6.2)	141	(20.6)***	23	(17.4)	50	(32.9)**
Regular* Ecstasy Use in the 12 Months Before Prison	13	(2.0)	64	(9.2)***	2	(1.5)	8	(5.3)
Regular* Hallucinogen Use in the 12 Months Before Prison	16	(2.4)	34	(5.0)*	2	(1.5)	4	(2.7)
Median Age of First Injecting Drugs (range)	18	(11-38)	18	(8-50)	17	(12-39)	18	(11-41)
Ever Injected Drugs in Prison	141	(21.5)	154	(24.2)	42	(31.8)	56	(42.7)
Ever Been on a Methadone Programme	108	(16.4)	183	(26.5)***	62	(47.0)	91	(60.7)*
Currently on Methadone	49	(12.9)	77	(11.1)	43	(47.3)	59	(39.3)
Think Should be on Methadone**	20	(7.1)	9	(2.2)**	2	(4.8)	3	(2.2)

* Regular is defined as daily or almost daily drug use
** For only those inmates that are not currently on methadone
* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Sexual Health

	Men		Women	
Sexual Health*	**1996**	**2001**	**1996**	**2001**
Mean Age of First Sex	14.7	14.8	14.8	15.4

* T-test was used to assess changes
* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Violent Relationships / Partner Abuse

	Men				Women			
	1996		2001		1996		2001	
Violent Relationships	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**
At Least One Violent Relationship	179	(31.0)	187	(29.2)	91	(79.1)	96	(69.1)

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

	Women			
	1996		2001	
Partner Abuse (Females only)	**n**	**(%)**	**n**	**(%)**
Verbally Abused	64	(48.5)	67	(45.9)
Physically Hurt	53	(40.2)	47	(32.0)
Tried to Limit Contact With Family or Friends	43	(32.6)	38	(26.0)
Knowledge and Access to Money Stopped	30	(22.7)	31	(21.2)
Forced to Take Part in Unwanted Sexual Activities	22	(16.7)	17	(11.6)

$^{*}p < 0.05$; $^{**}p < 0.01$; $^{***}p < 0.001$

Condoms and Dental Dams

	Men				Women			
	1996		2001		1996		2001	
Sexual Health	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**
Aware of Any Sexual Assaults in Prison (last 12 months)	196	(33.8)	103	(15.2)***	23	(22.3)	35	(23.5)
Never Used Condoms in the 12 Months Before Prison (sexually active and not in a long term relationship)	66	(37.7)	45	(23.6)**	10	(34.5)	2	(3.6)***

$^{*}p < 0.05$; $^{**}p < 0.01$; $^{***}p < 0.001$

APPENDIX 2 - Age Specific Results

SELF-REPORTED HEALTH STATUS	< 25 years		25 - 40 years		> 40 years		Total		Total
	Men	Women	Men	Women	Men	Women	Men	Women	
Self-Assessed Health Status	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Self-Assessed Health Status									
Poor	11 (4.8)	2 (5.7)	11 (4.3)	5 (6.3)	20 (9.4)	10 (28.6)	42 (6.0)	17 (11.3)	59 (7.0)
Fair	37 (16.2)	7 (20.0)	61 (23.8)	24 (30.0)	56 (26.4)	8 (22.9)	154 (22.1)	39 (26.0)	193 (22.8)
Good	94 (41.0)	11 (31.4)	90 (35.2)	26 (32.5)	80 (37.7)	9 (25.7)	264 (37.9)	46 (30.7)	310 (36.6)
Very Good	64 (27.9)	11 (31.4)	66 (25.8)	19 (23.8)	39 (18.4)	3 (8.6)	169 (24.2)	33 (22.0)	202 (23.8)
Excellent	23 (10.0)	4 (11.4)	28 (10.9)	6 (7.5)	17 (8.0)	5 (14.3)	68 (9.8)	15 (10.0)	83 (9.8)
Total	229 (100.0)	35 (100.0)	256 (100.0)	80 (100.0)	212 (100.0)	35 (100.0)	697 (100.0)	150 (100.0)	847 (100.0)
Health Status Rating Compared to One Year Ago									
Much Worse	9 (3.9)	1 (2.9)	8 (3.1)	2 (2.5)	18 (8.5)	5 (14.3)	35 (5.0)	8 (5.4)	43 (5.1)
Somewhat Worse	43 (18.7)	7 (20.0)	44 (17.2)	19 (24.1)	38 (17.8)	6 (17.1)	125 (17.9)	32 (21.5)	157 (18.5)
The Same	49 (21.3)	7 (20.0)	89 (34.8)	29 (36.7)	102 (47.9)	15 (42.9)	240 (34.3)	51 (34.2)	291 (34.3)
Somewhat Better	37 (16.1)	9 (25.7)	41 (16.0)	12 (15.2)	30 (14.1)	4 (11.4)	108 (15.5)	25 (16.8)	133 (15.7)
Much Better	92 (40.0)	11 (31.4)	74 (28.9)	17 (21.5)	25 (11.7)	5 (14.3)	191 (27.3)	33 (22.1)	224 (26.4)
Total	230 (100.0)	35 (100.0)	256 (100.0)	79 (100.0)	213 (100.0)	35 (100.0)	699 (100.0)	149 (100.0)	848 (100.0)
	Mean (n)	Mean (n)	Mean (n)	Mean (n)	Mean (n)	Mean (n)	Mean (n)	Mean (n)	Mean (n)
The Short Form Health Survey (SF-36)									
Physical Functioning	94.6 (230)	91.4 (35)	91.9 (255)	87.6 (80)	83.7 (213)	76.4 (36)	90.3 (698)	85.8 (151)	89.5 (849)
Physical Role Limitations	85.4 (230)	92.9 (35)	83.1 (254)	68.8 (80)	79.9 (213)	58.3 (36)	82.9 (697)	71.9 (151)	80.9 (848)
Bodily Pain	83.0 (229)	74.5 (35)	79.3 (255)	67.1 (80)	74.0 (212)	52.0 (36)	78.9 (696)	65.2 (151)	76.5 (847)
General Health	73.6 (230)	64.4 (35)	71.9 (255)	64.2 (79)	63.7 (213)	54.9 (36)	69.9 (698)	62.0 (150)	68.5 (848)
Vitality	66.0 (230)	53.8 (35)	65.2 (255)	55.4 (79)	60.0 (213)	45.4 (35)	63.9 (698)	52.7 (149)	61.9 (847)
Social Functioning	81.8 (230)	73.2 (35)	80.8 (255)	71.7 (80)	80.5 (213)	61.5 (36)	81.0 (698)	69.6 (151)	79.0 (849)
Emotional Role Limitations	82.7 (229)	75.2 (35)	82.2 (251)	63.3 (80)	84.9 (210)	68.5 (36)	83.2 (690)	67.3 (151)	80.3 (841)
Mental Health	68.6 (230)	60.7 (35)	68.7 (255)	60.8 (79)	70.8 (213)	53.7 (35)	69.3 (698)	59.1 (149)	67.5 (847)

SELF-REPORTED HEALTH STATUS	< 25 years		25 - 40 years		> 40 years		Total		Total	
(continued)	Men	Women	Men	Women	Men	Women	Men	Women		
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	
Self-Reported Health Conditions										
Arthritis	11 (4.7)	3 (8.6)	29 (11.3)	15 (18.3)	52 (24.4)	11 (30.6)	92 (13.1)	29 (19.0)	121 (14.2)	
Asthma	56 (23.8)	18 (51.4)	54 (20.9)	34 (41.5)	36 (16.7)	15 (41.7)	146 (20.6)	67 (43.8)	213 (24.7)	
Back problems	41 (17.7)	12 (34.3)	70 (27.3)	26 (32.5)	82 (38.3)	18 (50.0)	193 (27.5)	56 (37.1)	249 (29.2)	
Cancers / Tumours	5 (2.2)	3 (8.6)	5 (2.0)	14 (17.7)	21 (10.0)	6 (16.7)	31 (4.5)	23 (15.3)	54 (6.5)	
Chest / Angina Pain	13 (5.7)	5 (14.3)	24 (9.3)	5 (6.1)	40 (18.7)	6 (17.1)	77 (11.0)	16 (10.5)	93 (10.9)	
Diabetes	1 (0.4)	1 (2.9)	4 (1.5)	2 (2.4)	18 (8.4)	2 (5.6)	23 (3.2)	5 (3.3)	28 (3.2)	
Epilepsy or Seizures	8 (3.4)	1 (2.9)	18 (7.0)	11 (13.4)	7 (3.3)	4 (11.1)	33 (4.7)	16 (10.5)	49 (5.7)	
Gall Stones	1 (0.4)	0 (0.0)	0 (0.0)	6 (7.3)	8 (3.8)	3 (8.6)	9 (1.3)	9 (5.9)	18 (2.1)	
Haemorrhoids	9 (3.9)	0 (0.0)	12 (4.7)	5 (6.1)	36 (16.9)	7 (19.4)	57 (8.1)	12 (7.8)	69 (8.1)	
Heart Murmur	8 (3.4)	2 (5.7)	13 (5.1)	8 (9.8)	16 (7.5)	2 (5.7)	37 (5.3)	12 (7.9)	49 (5.7)	
Hepatitis A	2 (0.9)	1 (2.9)	11 (4.3)	1 (1.2)	10 (4.7)	4 (11.4)	23 (3.3)	6 (3.9)	29 (3.4)	
Hepatitis B	9 (3.9)	1 (2.9)	14 (5.5)	15 (18.3)	19 (9.0)	2 (5.7)	42 (6.0)	18 (11.8)	60 (7.1)	
Hepatitis C	44 (19.3)	25 (71.4)	99 (39.0)	48 (58.5)	55 (25.9)	8 (23.5)	198 (28.5)	81 (53.6)	279 (33.0)	
High Blood Pressure / Hypertension	16 (6.9)	2 (5.7)	32 (12.5)	14 (17.1)	54 (25.2)	11 (30.6)	102 (14.5)	27 (17.6)	129 (15.1)	
Palpitations / Rapid Heart Beat	7 (3.0)	4 (11.4)	14 (5.4)	10 (12.2)	37 (17.4)	5 (14.3)	58 (8.3)	19 (12.5)	77 (9.0)	
Peptic Ulcers	9 (3.9)	1 (2.9)	21 (8.2)	6 (7.3)	44 (20.6)	6 (16.7)	74 (10.5)	13 (8.5)	87 (10.2)	
Poor Eyesight	36 (15.5)	10 (28.6)	55 (21.4)	22 (26.8)	110 (51.9)	18 (50.0)	201 (28.7)	50 (32.7)	251 (29.4)	
Prostate Problems	0 (0.0)	0 (0.0)	1 (0.4)	0 (0.0)	13 (6.2)	0 (0.0)	14 (2.0)	0 (0.0)	14 (2.0)	
Disability										
Long-Term Illness or Disability (>= 6 months)										
Any Long-Term Illness or Disability	*68 (28.8)*	*7 (20.6)*	*106 (40.9)*	*28 (34.1)*	*121 (56.3)*	*20 (55.6)*	*295 (41.5)*	*55 (36.2)*	*350 (40.6)*	
Blood and Blood Forming Organs	0 (0.0)	0 (0.0)	0 (0.0)	3 (7.5)	1 (0.5)	0 (0.0)	1 (0.2)	3 (3.4)	4 (0.8)	
Cardiovascular	2 (2.2)	0 (0.0)	6 (4.5)	2 (5.0)	20 (10.7)	4 (11.4)	28 (6.8)	6 (6.9)	34 (6.8)	
Digestive	10 (10.8)	0 (0.0)	15 (11.3)	5 (12.5)	18 (9.6)	3 (8.6)	43 (10.4)	8 (9.2)	51 (10.2)	
Ear	3 (3.2)	0 (0.0)	1 (0.8)	0 (0.0)	11 (5.9)	0 (0.0)	15 (3.6)	0 (0.0)	15 (3.0)	

SELF-REPORTED HEALTH STATUS (continued)	< 25 years		25 - 40 years		> 40 years		Total		Total
	Men	Women	Men	Women	Men	Women	Men	Women	
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Endocrine / Metabolic / Nutritional	1 (1.1)	0 (0.0)	3 (2.3)	1 (2.5)	11 (5.9)	0 (0.0)	15 (3.6)	1 (1.1)	16 (3.2)
Eye	3 (3.2)	0 (0.0)	3 (2.3)	1 (2.5)	4 (2.1)	1 (2.9)	10 (2.4)	2 (2.3)	12 (2.4)
Female Genital	0 (0.0)	1 (8.3)	0 (0.0)	2 (5.0)	0 (0.0)	0 (0.0)	0 (0.0)	3 (3.4)	3 (0.6)
General	5 (5.4)	3 (25.0)	10 (7.5)	3 (7.5)	8 (4.3)	2 (5.7)	23 (5.6)	8 (9.2)	31 (6.2)
Male Genital	1 (1.1)	0 (0.0)	0 (0.0)	0 (0.0)	2 (1.1)	0 (0.0)	3 (0.7)	0 (0.0)	3 (0.6)
Musculoskeletal	45 (48.4)	2 (16.7)	68 (51.1)	12 (30.0)	74 (39.6)	15 (42.9)	187 (45.3)	29 (33.3)	216 (43.2)
Neurological	6 (6.5)	2 (16.7)	9 (6.8)	2 (5.0)	12 (6.4)	5 (14.3)	27 (6.5)	9 (10.3)	36 (7.2)
Psychological	10 (10.8)	0 (0.0)	9 (6.8)	7 (17.5)	11 (5.9)	3 (8.6)	30 (7.3)	10 (11.5)	40 (8.0)
Respiratory	3 (3.2)	2 (16.7)	6 (4.5)	0 (0.0)	9 (4.8)	2 (5.7)	18 (4.4)	4 (4.6)	22 (4.4)
Skin	1 (1.1)	2 (16.7)	2 (1.5)	2 (5.0)	5 (2.7)	0 (0.0)	8 (1.9)	4 (4.6)	12 (2.4)
Social	1 (1.1)	0 (0.0)	1 (0.8)	0 (0.0)	0 (0.0)	0 (0.0)	2 (0.5)	0 (0.0)	2 (0.4)
Urinary	2 (2.2)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.5)	0 (0.0)	3 (0.7)	0 (0.0)	3 (0.6)
Total	93 (100.0)	12 (100.0)	133 (100.0)	40 (100.0)	187 (100.0)	35 (100.0)	413 (100.0)	87 (100.0)	500 (100.0)
Impact on Functioning									
Any Impact on Functioning	*53 (80.3)*	*6 (85.7)*	*72 (69.9)*	*23 (88.5)*	*93 (78.2)*	*18 (90.0)*	*218 (75.7)*	*47 (88.7)*	*265 (77.7)*
Breathlessness	0 (0.0)	3 (50.0)	2 (2.8)	1 (4.3)	3 (3.2)	0 (0.0)	5 (2.3)	4 (8.5)	9 (3.4)
Concentration	2 (3.8)	0 (0.0)	1 (1.4)	2 (8.7)	6 (6.5)	3 (16.7)	9 (4.1)	5 (10.6)	14 (5.3)
Dizziness	1 (1.9)	1 (16.7)	0 (0.0)	0 (0.0)	1 (1.1)	0 (0.0)	2 (0.9)	1 (2.1)	3 (1.1)
Eating	0 (0.0)	0 (0.0)	1 (1.4)	0 (0.0)	4 (4.3)	1 (5.6)	5 (2.3)	1 (2.1)	6 (2.3)
Lifting	3 (5.7)	0 (0.0)	8 (11.1)	3 (13.0)	8 (8.6)	4 (22.2)	19 (8.7)	7 (14.9)	26 (9.8)
Loss of Feeling	0 (0.0)	0 (0.0)	0 (0.0)	1 (4.3)	0 (0.0)	0 (0.0)		1 (2.1)	1 (0.4)
Pain	19 (35.8)	5 (83.3)	22 (30.6)	6 (26.1)	29 (31.2)	9 (50.0)	70 (32.1)	20 (42.6)	90 (34.0)
Physical Activity	14 (26.4)	1 (16.7)	12 (16.7)	3 (13.0)	14 (15.1)	5 (27.8)	40 (18.3)	9 (19.1)	49 (18.5)
Psychological	1 (1.9)	0 (0.0)	5 (6.9)	4 (17.4)	3 (3.2)	0 (0.0)	9 (4.1)	4 (8.5)	13 (4.9)
Reading and Writing	0 (0.0)	0 (0.0)	1 (1.4)	0 (0.0)	2 (2.2)	0 (0.0)	3 (1.4)		3 (1.1)
Restricts Movements	14 (26.4)	0 (0.0)	21 (29.2)	4 (17.4)	29 (31.2)	4 (22.2)	64 (29.4)	8 (17.0)	72 (27.2)
Stops Socialising	4 (7.5)	0 (0.0)	2 (2.8)	2 (8.7)	2 (2.2)	0 (0.0)	8 (3.7)	2 (4.3)	10 (3.8)

SELF-REPORTED HEALTH STATUS	< 25 years		25 - 40 years		> 40 years		Total		Total
(continued)	Men	Women	Men	Women	Men	Women	Men	Women	
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Stops Working	1 (1.9)	1 (16.7)	6 (8.3)	0 (0.0)	6 (6.5)	1 (5.6)	13 (6.0)	2 (4.3)	15 (5.7)
Tiredness	2 (3.8)	0 (0.0)	8 (11.1)	6 (26.1)	17 (18.3)	1 (5.6)	27 (12.4)	7 (14.9)	34 (12.8)
Toilet	0 (0.0)	0 (0.0)	0 (0.0)	1 (4.3)	2 (2.2)	0 (0.0)	2 (0.9)	1 (2.1)	3 (1.1)
Vision and Hearing	6 (11.3)	0 (0.0)	4 (5.6)	1 (4.3)	7 (7.5)	1 (5.6)	17 (7.8)	2 (4.3)	19 (7.2)
Walking	1 (1.9)	0 (0.0)	0 (0.0)	0 (0.0)	6 (6.5)	2 (11.1)	7 (3.2)	2 (4.3)	9 (3.4)
Cut Down on Activities (Last 2 weeks)	27 (40.9)	4 (57.1)	36 (35.3)	14 (56.0)	44 (38.6)	9 (50.0)	107 (37.9)	27 (54.0)	134 (40.4)
Recent Symptoms and Health Complaints									
Symptoms and Health Complaints (Last 4 weeks)									
Abscesses	13 (5.5)	4 (11.8)	18 (7.0)	11 (13.6)	21 (9.8)	1 (2.8)	52 (7.4)	16 (10.6)	68 (7.9)
Appetite Loss	67 (28.5)	17 (48.6)	58 (22.4)	22 (27.2)	44 (20.6)	15 (41.7)	169 (23.9)	54 (35.5)	223 (25.9)
Blackouts	11 (4.7)	1 (2.9)	7 (2.7)	6 (7.4)	1 (0.5)	2 (5.6)	19 (2.7)	9 (5.9)	28 (3.3)
Bleeding Easily	5 (2.1)	1 (2.9)	11 (4.3)	8 (9.9)	11 (5.1)	3 (8.3)	27 (3.8)	12 (7.9)	39 (4.5)
Broken Bones	2 (0.9)	0 (0.0)	6 (2.3)	0 (0.0)	6 (2.8)	0 (0.0)	14 (2.0)	0 (0.0)	14 (1.6)
Bruising Easily	10 (4.3)	5 (14.7)	11 (4.3)	17 (21.0)	19 (8.9)	8 (22.2)	40 (5.7)	30 (19.9)	70 (8.2)
Chest Pains	33 (14.0)	7 (20.6)	22 (8.6)	10 (12.3)	35 (16.4)	8 (22.2)	90 (12.7)	25 (16.6)	115 (13.4)
Constipation	17 (7.2)	10 (29.4)	26 (10.1)	26 (32.1)	26 (12.1)	12 (33.3)	69 (9.8)	48 (31.8)	117 (13.7)
Coughing Blood	6 (2.6)	1 (2.9)	6 (2.3)	2 (2.5)	5 (2.3)	2 (5.6)	17 (2.4)	5 (3.3)	22 (2.6)
Coughing Phlegm	77 (32.8)	6 (17.6)	83 (32.3)	25 (30.9)	56 (26.2)	12 (33.3)	216 (30.6)	43 (28.5)	259 (30.2)
Dark Urine	15 (6.4)	7 (20.6)	27 (10.5)	8 (9.9)	10 (4.7)	6 (16.7)	52 (7.4)	21 (13.9)	73 (8.5)
Diarrhoea	15 (6.4)	3 (8.8)	15 (5.8)	6 (7.4)	14 (6.5)	7 (19.4)	44 (6.2)	16 (10.6)	60 (7.0)
Discharge from Genitals	0 (0.0)	5 (14.7)	4 (1.6)	10 (12.3)	1 (0.5)	2 (5.6)	5 (0.7)	17 (11.3)	22 (2.6)
Dislike of Smoking (current smokers)	54 (27.1)	4 (12.5)	56 (27.1)	12 (18.8)	36 (27.9)	4 (14.3)	146 (27.3)	20 (16.1)	166 (25.2)
Dizziness	34 (14.5)	8 (23.5)	31 (12.1)	25 (30.9)	36 (16.8)	17 (47.2)	101 (14.3)	50 (33.1)	151 (17.6)
Ear Trouble	20 (8.5)	3 (8.8)	22 (8.6)	14 (17.3)	47 (22.0)	12 (33.3)	89 (12.6)	29 (19.2)	118 (13.8)
Eye Trouble	31 (13.2)	8 (23.5)	51 (19.8)	29 (35.8)	83 (38.8)	21 (58.3)	165 (23.4)	58 (38.4)	223 (26.0)
Fears for Safety	19 (8.1)	0 (0.0)	16 (6.2)	7 (8.6)	16 (7.5)	4 (11.1)	51 (7.2)	11 (7.3)	62 (7.2)

SELF-REPORTED HEALTH STATUS	< 25 years		25 - 40 years		> 40 years		Total		Total
(continued)	Men	Women	Men	Women	Men	Women	Men	Women	
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Fever	20 (8.5)	7 (20.0)	20 (7.8)	14 (17.3)	18 (8.4)	5 (13.9)	58 (8.2)	26 (17.1)	84 (9.8)
Fits / Seizures	5 (2.1)	0 (0.0)	1 (0.4)	4 (4.9)	0 (0.0)	1 (2.8)	6 (0.8)	5 (3.3)	11 (1.3)
Forgetfulness	66 (28.1)	12 (35.3)	60 (23.3)	35 (43.2)	57 (26.6)	15 (41.7)	183 (25.9)	62 (41.1)	245 (28.6)
Head Injuries	7 (3.0)	0 (0.0)	5 (1.9)	2 (2.5)	3 (1.4)	3 (8.3)	15 (2.1)	5 (3.3)	20 (2.3)
Headaches	95 (40.4)	16 (45.7)	100 (38.6)	45 (54.9)	91 (42.5)	25 (69.4)	286 (40.4)	86 (56.2)	372 (43.2)
Hearing Voices	12 (5.1)	2 (5.9)	11 (4.3)	9 (11.1)	4 (1.9)	1 (2.8)	27 (3.8)	12 (7.9)	39 (4.6)
Heart Flutters	12 (5.1)	6 (17.6)	16 (6.2)	7 (8.6)	22 (10.3)	7 (19.4)	50 (7.1)	20 (13.2)	70 (8.2)
Irregular Periods	0 (0.0)	14 (40.0)	0 (0.0)	26 (32.5)	0 (0.0)	11 (30.6)	0 (0.0)	51 (33.8)	51 (33.8)
Itchiness	21 (8.9)	6 (17.6)	34 (13.3)	17 (21.0)	44 (20.7)	6 (16.7)	99 (14.1)	29 (19.2)	128 (15.0)
Jaundice	5 (2.1)	0 (0.0)	6 (2.3)	3 (3.7)	1 (0.5)	1 (2.8)	12 (1.7)	4 (2.6)	16 (1.9)
Joint Pains	32 (13.6)	8 (23.5)	47 (18.3)	18 (22.2)	59 (27.6)	13 (36.1)	138 (19.5)	39 (25.8)	177 (20.7)
Miscarriages	0 (0.0)	1 (2.9)	0 (0.0)	1 (1.3)	0 (0.0)	1 (2.8)	0 (0.0)	3 (2.0)	3 (2.0)
Muscle Pains	41 (17.4)	5 (14.7)	46 (17.8)	20 (24.7)	41 (19.2)	13 (36.1)	128 (18.1)	38 (25.2)	166 (19.3)
Nausea	12 (5.1)	2 (5.9)	17 (6.6)	19 (23.5)	12 (5.6)	12 (33.3)	41 (5.8)	33 (21.9)	74 (8.6)
Night Sweats	43 (18.3)	7 (20.0)	48 (18.6)	22 (27.2)	32 (15.0)	14 (38.9)	123 (17.4)	43 (28.3)	166 (19.3)
Numbness	24 (10.2)	4 (11.8)	34 (13.3)	16 (19.8)	27 (12.6)	13 (36.1)	85 (12.1)	33 (21.9)	118 (13.8)
Nose Bleeds	6 (2.6)	3 (8.8)	13 (5.0)	9 (11.1)	10 (4.7)	3 (8.3)	29 (4.1)	15 (9.9)	44 (5.1)
Overdose	1 (0.4)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.1)	0 (0.0)	1 (0.1)
Pain Under Right Ribcage	16 (6.8)	2 (5.9)	23 (8.9)	8 (9.9)	16 (7.5)	3 (8.3)	55 (7.8)	13 (8.6)	68 (7.9)
Painful Period	0 (0.0)	17 (48.6)	0 (0.0)	29 (35.8)	0 (0.0)	11 (30.6)	0 (0.0)	57 (37.5)	57 (37.5)
Painful Urination	5 (2.1)	2 (5.9)	12 (4.7)	4 (4.9)	5 (2.3)	1 (2.8)	22 (3.1)	7 (4.6)	29 (3.4)
Pale Faeces	2 (0.9)	0 (0.0)	6 (2.3)	1 (1.2)	5 (2.3)	0 (0.0)	13 (1.8)	1 (0.7)	14 (1.6)
Persistent Cough	44 (18.7)	7 (20.6)	44 (17.1)	13 (16.0)	44 (20.6)	10 (27.8)	132 (18.7)	30 (19.9)	162 (18.9)
Prominent Scarring / Bruising	12 (5.1)	2 (5.9)	17 (6.6)	12 (14.8)	6 (2.8)	6 (16.7)	35 (5.0)	20 (13.2)	55 (6.4)
Rash Around Genitals	3 (1.3)	2 (5.9)	3 (1.2)	1 (1.2)	6 (2.8)	2 (5.6)	12 (1.7)	5 (3.3)	17 (2.0)
Shortness of Breath	42 (17.9)	11 (32.4)	43 (16.7)	26 (32.1)	58 (27.1)	15 (41.7)	143 (20.3)	52 (34.4)	195 (22.8)
Sleeplessness	110 (46.8)	17 (48.6)	105 (40.7)	42 (51.9)	92 (43.0)	23 (63.9)	307 (43.4)	82 (53.9)	389 (45.3)

SELF-REPORTED HEALTH STATUS	< 25 years		25 - 40 years		> 40 years		Total		Total
(continued)	Men	Women	Men	Women	Men	Women	Men	Women	
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Sore Throat	52 (22.1)	8 (23.5)	50 (19.5)	20 (24.7)	36 (16.8)	8 (22.2)	138 (19.5)	36 (23.8)	174 (20.3)
Stitched Cuts	7 (3.0)	0 (0.0)	4 (1.6)	2 (2.5)	2 (0.9)	1 (2.8)	13 (1.8)	3 (2.0)	16 (1.9)
Stomach Pains	27 (11.5)	11 (32.4)	26 (10.1)	22 (27.2)	22 (10.3)	12 (33.3)	75 (10.6)	45 (29.8)	120 (14.0)
Swollen Ankles	5 (2.1)	2 (5.9)	11 (4.3)	5 (6.2)	12 (5.6)	5 (13.9)	28 (4.0)	12 (7.9)	40 (4.7)
Swollen Glands	19 (8.1)	5 (14.3)	22 (8.5)	12 (14.8)	9 (4.2)	4 (11.1)	50 (7.1)	21 (13.8)	71 (8.3)
Teeth Problems	72 (30.6)	17 (50.0)	90 (35.0)	34 (42.0)	65 (30.4)	15 (41.7)	227 (32.2)	66 (43.7)	293 (34.2)
Tiredness	100 (42.6)	19 (54.3)	100 (38.6)	46 (56.1)	92 (43.0)	23 (63.9)	292 (41.2)	88 (57.5)	380 (44.1)
Tremors	18 (7.7)	3 (8.6)	14 (5.5)	9 (11.1)	21 (9.8)	9 (25.0)	53 (7.5)	21 (13.8)	74 (8.6)
Vomiting	6 (2.6)	4 (11.8)	11 (4.3)	9 (11.1)	6 (2.8)	5 (13.9)	23 (3.3)	18 (11.9)	41 (4.8)
Wanting to Self-Harm	10 (4.3)	2 (5.9)	8 (3.1)	8 (9.9)	3 (1.4)	3 (8.3)	21 (3.0)	13 (8.6)	34 (4.0)
Weight Loss	47 (20.0)	9 (25.7)	53 (20.5)	27 (33.3)	32 (15.0)	10 (27.8)	132 (18.6)	46 (30.3)	178 (20.7)
Wheezing	38 (16.2)	9 (26.5)	43 (16.7)	23 (28.4)	41 (19.2)	12 (33.3)	122 (17.3)	44 (29.1)	166 (19.4)

HEALTH SERVICE UTILISATION	< 25 years		25 - 40 years		> 40 years		Total		Total
	Men	Women	Men	Women	Men	Women	Men	Women	
Hospital Inpatient Visits	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Overnight Admission to Hospital (last 12 months)	40 (17.0)	7 (20.6)	47 (18.2)	17 (20.7)	32 (14.9)	9 (25.0)	119 (16.8)	33 (21.7)	152 (17.7)
Median Length of Stay (last 12 months)	5 (45.0)	2 (7.0)	3.5 (56.0)	2.5 (20.0)	4 (44.0)	4.5 (10.0)	5 (145.0)	3 (37.0)	4 (182.0)
	visits (n)	visits (n)	visits (n)	visits (n)	visits (n)	visits (n)	visits (n)	visits (n)	visits (n)
Prison Clinics									
Visits Per Inmate to Clinic (Last 4 weeks)*	1.30 (226)	1.31 (35)	1.30 (253)	1.43 (82)	1.48 (208)	2.61 (36)	1.36 (687)	1.68 (153)	1.41 (840)
(excludes visits for repeat prescriptions)									
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
General Practitioner Consultations									
Time Since Last Visit to Doctor									
Less than 1 week ago	14 (6.5)	4 (13.3)	21 (8.6)	9 (11.1)	18 (8.7)	6 (16.7)	53 (7.9)	19 (12.9)	72 (8.8)
1 week to less than 1 month ago	43 (20.0)	8 (26.7)	52 (21.2)	25 (30.9)	55 (26.6)	9 (25.0)	150 (22.5)	42 (28.6)	192 (23.6)
1 month to less than 6 months ago	60 (27.9)	11 (36.7)	92 (37.6)	27 (33.3)	94 (45.4)	15 (41.7)	246 (36.9)	53 (36.1)	299 (36.7)
6 months to less than 1 year ago	46 (21.4)	5 (16.7)	36 (14.7)	9 (11.1)	19 (9.2)	5 (13.9)	101 (15.1)	19 (12.9)	120 (14.7)
1 year to less than 5 years ago	43 (20.0)	1 (3.3)	31 (12.7)	6 (7.4)	18 (8.7)	1 (2.8)	92 (13.8)	8 (5.4)	100 (12.3)
5 years or more ago	2 (0.9)	0 (0.0)	6 (2.4)	0 (0.0)	2 (1.0)	0 (0.0)	10 (1.5)	0 (0.0)	10 (1.2)
Never Seen a Doctor	7 (3.3)	1 (3.3)	7 (2.9)	5 (6.2)	1 (0.5)	0 (0.0)	15 (2.2)	6 (4.1)	21 (2.6)
Total	215 (100.0)	30 (100.0)	245 (100.0)	81 (100.0)	207 (100.0)	36 (100.0)	667 (100.0)	147 (100.0)	814 (100.0)
Was the Last Visit to a Prison Doctor?	138 (63.0)	24 (75.0)	188 (76.7)	56 (73.7)	181 (86.2)	32 (88.9)	507 (75.2)	112 (77.8)	619 (75.7)
Health Services Appraisal									
I am Satisfied With the Health Care I Receive in Prison.									
Agree	132 (56.7)	16 (47.1)	155 (60.3)	25 (30.9)	123 (58.3)	17 (47.2)	410 (58.5)	58 (38.4)	468 (54.9)
Not Sure	54 (23.2)	3 (8.8)	39 (15.2)	13 (16.0)	36 (17.1)	1 (2.8)	129 (18.4)	17 (11.3)	146 (17.1)
Disagree	47 (20.2)	15 (44.1)	63 (24.5)	43 (53.1)	52 (24.6)	18 (50.0)	162 (23.1)	76 (50.3)	238 (27.9)
Total	233 (100.0)	34 (100.0)	257 (100.0)	81 (100.0)	211 (100.0)	36 (100.0)	701 (100.0)	151 (100.0)	852 (100.0)

HEALTH SERVICE UTILISATION (continued)	< 25 years		25 - 40 years		> 40 years		Total		Total
	Men	Women	Men	Women	Men	Women	Men	Women	
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
If I Have a Health Problem, I Can Easily See a Health Professional.									
Agree	125 (53.6)	9 (26.5)	133 (51.8)	20 (24.7)	107 (50.5)	12 (33.3)	365 (52.0)	41 (27.2)	406 (47.6)
Not Sure	26 (11.2)	4 (11.8)	23 (8.9)	5 (6.2)	20 (9.4)	2 (5.6)	69 (9.8)	11 (7.3)	80 (9.4)
Disagree	82 (35.2)	21 (61.8)	101 (39.3)	56 (69.1)	85 (40.1)	22 (61.1)	268 (38.2)	99 (65.6)	367 (43.0)
Total	233 (100.0)	34 (100.0)	257 (100.0)	81 (100.0)	212 (100.0)	36 (100.0)	702 (100.0)	151 (100.0)	853 (100.0)
Those Who Provide my Health Care Treat me in a Friendly and Courteous Manner.									
Agree	178 (76.4)	21 (61.8)	207 (80.9)	44 (55.7)	178 (84.0)	25 (69.4)	563 (80.3)	90 (60.4)	653 (76.8)
Not Sure	30 (12.9)	4 (11.8)	31 (12.1)	15 (19.0)	18 (8.5)	4 (11.1)	79 (11.3)	23 (15.4)	102 (12.0)
Disagree	25 (10.7)	9 (26.5)	18 (7.0)	20 (25.3)	16 (7.5)	7 (19.4)	59 (8.4)	36 (24.2)	95 (11.2)
Total	233 (100.0)	34 (100.0)	256 (100.0)	79 (100.0)	212 (100.0)	36 (100.0)	701 (100.0)	149 (100.0)	850 (100.0)
Those Who Provide my Health Care Are Competent and Well Trained.									
Agree	137 (58.8)	10 (29.4)	168 (65.4)	30 (37.0)	144 (67.9)	15 (42.9)	449 (64.0)	55 (36.7)	504 (59.2)
Not Sure	74 (31.8)	12 (35.3)	68 (26.5)	14 (17.3)	48 (22.6)	9 (25.7)	190 (27.1)	35 (23.3)	225 (26.4)
Disagree	22 (9.4)	12 (35.3)	21 (8.2)	37 (45.7)	20 (9.4)	11 (31.4)	63 (9.0)	60 (40.0)	123 (14.4)
Total	233 (100.0)	34 (100.0)	257 (100.0)	81 (100.0)	212 (100.0)	35 (100.0)	702 (100.0)	150 (100.0)	852 (100.0)
Utilisation of Health Professionals Compared to the Community									
Doctor									
More	88 (37.6)	12 (35.3)	83 (32.2)	19 (23.5)	57 (26.9)	6 (16.7)	228 (32.4)	37 (24.5)	265 (31.0)
Same	73 (31.2)	11 (32.4)	104 (40.3)	23 (28.4)	91 (42.9)	8 (22.2)	268 (38.1)	42 (27.8)	310 (36.3)
Less	73 (31.2)	11 (32.4)	71 (27.5)	39 (48.1)	64 (30.2)	22 (61.1)	208 (29.5)	72 (47.7)	280 (32.7)
Total	234 (100.0)	34 (100.0)	258 (100.0)	81 (100.0)	212 (100.0)	36 (100.0)	704 (100.0)	151 (100.0)	855 (100.0)

HEALTH SERVICE UTILISATION (continued)	< 25 years		25 - 40 years		> 40 years		Total		Total
	Men	Women	Men	Women	Men	Women	Men	Women	
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Specialist									
More	40 (17.2)	10 (29.4)	32 (12.4)	13 (16.0)	29 (13.7)	5 (13.9)	101 (14.4)	28 (18.5)	129 (15.1)
Same	117 (50.2)	14 (41.2)	144 (55.8)	36 (44.4)	114 (53.8)	9 (25.0)	375 (53.3)	59 (39.1)	434 (50.8)
Less	76 (32.6)	10 (29.4)	82 (31.8)	32 (39.5)	69 (32.5)	22 (61.1)	227 (32.3)	64 (42.4)	291 (34.1)
Total	233 (100.0)	34 (100.0)	258 (100.0)	81 (100.0)	212 (100.0)	36 (100.0)	703 (100.0)	151 (100.0)	854 (100.0)
Nurse									
More	149 (63.9)	23 (67.6)	155 (60.3)	51 (63.0)	138 (65.1)	20 (55.6)	442 (63.0)	94 (62.3)	536 (62.8)
Same	47 (20.2)	7 (20.6)	71 (27.6)	14 (17.3)	50 (23.6)	7 (19.4)	168 (23.9)	28 (18.5)	196 (23.0)
Less	37 (15.9)	4 (11.8)	31 (12.1)	16 (19.8)	24 (11.3)	9 (25.0)	92 (13.1)	29 (19.2)	121 (14.2)
Total	233 (100.0)	34 (100.0)	257 (100.0)	81 (100.0)	212 (100.0)	36 (100.0)	702 (100.0)	151 (100.0)	853 (100.0)
Dentist									
More	64 (27.4)	15 (44.1)	76 (29.5)	27 (33.3)	50 (23.6)	5 (13.9)	190 (27.0)	47 (31.1)	237 (27.7)
Same	92 (39.3)	9 (26.5)	108 (41.9)	18 (22.2)	78 (36.8)	8 (22.2)	278 (39.5)	35 (23.2)	313 (36.6)
Less	78 (33.3)	10 (29.4)	74 (28.7)	36 (44.4)	84 (39.6)	23 (63.9)	236 (33.5)	69 (45.7)	305 (35.7)
Total	234 (100.0)	34 (100.0)	258 (100.0)	81 (100.0)	212 (100.0)	36 (100.0)	704 (100.0)	151 (100.0)	855 (100.0)
Psychiatrist									
More	79 (33.8)	14 (41.2)	68 (26.8)	21 (25.9)	51 (24.2)	11 (30.6)	198 (28.3)	46 (30.5)	244 (28.7)
Same	103 (44.0)	17 (50.0)	137 (53.9)	41 (50.6)	113 (53.6)	16 (44.4)	353 (50.5)	74 (49.0)	427 (50.2)
Less	52 (22.2)	3 (8.8)	49 (19.3)	19 (23.5)	47 (22.3)	9 (25.0)	148 (21.2)	31 (20.5)	179 (21.1)
Total	234 (100.0)	34 (100.0)	254 (100.0)	81 (100.0)	211 (100.0)	36 (100.0)	699 (100.0)	151 (100.0)	850 (100.0)
Drug and Alcohol Counsellor									
More	121 (51.9)	16 (47.1)	115 (45.3)	20 (24.7)	82 (38.9)	9 (25.0)	318 (45.6)	45 (29.8)	363 (42.8)
Same	67 (28.8)	13 (38.2)	99 (39.0)	41 (50.6)	94 (44.5)	19 (52.8)	260 (37.2)	73 (48.3)	333 (39.2)
Less	45 (19.3)	5 (14.7)	40 (15.7)	20 (24.7)	35 (16.6)	8 (22.2)	120 (17.2)	33 (21.9)	153 (18.0)
Total	233 (100.0)	34 (100.0)	254 (100.0)	81 (100.0)	211 (100.0)	36 (100.0)	698 (100.0)	151 (100.0)	849 (100.0)
Psychologist									
More	111 (47.8)	14 (41.2)	111 (43.4)	31 (38.3)	102 (48.3)	17 (47.2)	324 (46.4)	62 (41.1)	386 (45.4)

HEALTH SERVICE UTILISATION (continued)	< 25 years		25 - 40 years		> 40 years		Total		Total	
	Men	Women	Men	Women	Men	Women	Men	Women		
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	
Same	78 (33.6)	16 (47.1)	110 (43.0)	36 (44.4)	74 (35.1)	14 (38.9)	262 (37.5)	66 (43.7)	328 (38.6)	
Less	43 (18.5)	4 (11.8)	35 (13.7)	14 (17.3)	35 (16.6)	5 (13.9)	113 (16.2)	23 (15.2)	136 (16.0)	
Total	232 (100.0)	34 (100.0)	256 (100.0)	81 (100.0)	211 (100.0)	36 (100.0)	699 (100.0)	151 (100.0)	850 (100.0)	
Optometrist										
More	34 (14.7)	5 (14.7)	39 (15.4)	8 (9.9)	39 (18.4)	8 (22.2)	112 (16.0)	21 (13.9)	133 (15.7)	
Same	139 (59.9)	21 (61.8)	165 (65.0)	52 (64.2)	115 (54.2)	16 (44.4)	419 (60.0)	89 (58.9)	508 (59.8)	
Less	59 (25.4)	8 (23.5)	50 (19.7)	21 (25.9)	58 (27.4)	12 (33.3)	167 (23.9)	41 (27.2)	208 (24.5)	
Total	232 (100.0)	34 (100.0)	254 (100.0)	81 (100.0)	212 (100.0)	36 (100.0)	698 (100.0)	151 (100.0)	849 (100.0)	
Aboriginal Health Worker*										
More	27 (32.9)	3 (37.5)	25 (26.6)	2 (13.3)	9 (30.0)	0 (0.0)	61 (29.6)	5 (20.8)	66 (28.7)	
Same	28 (34.1)	3 (37.5)	40 (42.6)	10 (66.7)	12 (40.0)	1 (100.0)	80 (38.8)	14 (58.3)	94 (40.9)	
Less	27 (32.9)	2 (25.0)	29 (30.9)	3 (20.0)	9 (30.0)	0 (0.0)	65 (31.6)	5 (20.8)	70 (30.4)	
Total	82 (100.0)	8 (100.0)	94 (100.0)	15 (100.0)	30 (100.0)	1 (100.0)	206 (100.0)	24 (100.0)	230 (100.0)	
Indigenous Health Service Use										
Ever Used Service for Indigenous People Since Coming Into Gaol	44 (68.8)	5 (100.0)	59 (76.6)	10 (83.3)	17 (63.0)	0 (0.0)	120 (71.4)	15 (83.3)	135 (72.6)	
Specific Aboriginal Service Used										
Aboriginal Welfare Officer	35 (53.0)	5 (100.0)	47 (58.8)	7 (58.3)	14 (50.0)	0 (0.0)	96 (55.2)	12 (66.7)	108 (56.3)	
Aboriginal Medical Officer	16 (24.2)	4 (80.0)	28 (35.0)	4 (33.3)	9 (32.1)	0 (0.0)	53 (30.5)	8 (44.4)	61 (31.8)	
Aboriginal Health Worker	6 (9.1)	3 (60.0)	10 (12.5)	1 (8.3)	0 (0.0)	0 (0.0)	16 (9.2)	4 (22.2)	20 (10.4)	
Aboriginal Psychologist	7 (12.1)	2 (40.0)	14 (21.2)	4 (33.3)	4 (16.7)	0 (0.0)	25 (16.9)	6 (33.3)	31 (18.7)	
Aboriginal Legal Aid	4 (6.1)	0 (0.0)	2 (2.5)	0 (0.0)	2 (7.1)	0 (0.0)	8 (4.6)	0 (0.0)	8 (4.2)	
Aboriginal Drug and Alcohol Worker	5 (7.6)	0 (0.0)	5 (6.3)	1 (8.3)	2 (7.1)	0 (0.0)	12 (6.9)	1 (5.6)	13 (6.8)	
Aboriginal Liaison Officer	0 (0.0)	0 (0.0)	3 (3.8)	0 (0.0)	2 (7.1)	0 (0.0)	5 (2.9)	0 (0.0)	5 (2.6)	
Aboriginal Education Officer	0 (0.0)	0 (0.0)	3 (3.8)	0 (0.0)	0 (0.0)	0 (0.0)	3 (1.7)	0 (0.0)	3 (1.6)	
Aboriginal Youth Worker	2 (3.0)	0 (0.0)	1 (1.3)	0 (0.0)	0 (0.0)	0 (0.0)	3 (1.7)	0 (0.0)	3 (1.6)	
Other Aboriginal Worker	0 (0.0)	0 (0.0)	2 (2.5)	0 (0.0)	0 (0.0)	0 (0.0)	2 (1.1)	0 (0.0)	2 (1.0)	

HEALTH SERVICE UTILISATION (continued)	< 25 years		25 - 40 years		> 40 years		Total		Total
	Men	Women	Men	Women	Men	Women	Men	Women	
Pre and Post-Test Counselling for Blood Borne Viruses and Sexually Transmissible Infections	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Ever Tested for HIV, Hepatitis or a Sexually Transmitted Disease Whilst in Prison	177 (75.3)	30 (88.2)	201 (78.8)	66 (82.5)	165 (78.6)	28 (80.0)	543 (77.6)	124 (83.2)	667 (78.6)
Receive Any Counselling or Information From the Nurse or Doctor Before Testing was Carried Out	101 (57.4)	10 (33.3)	123 (62.4)	35 (53.8)	96 (58.5)	15 (53.6)	320 (59.6)	60 (48.8)	380 (57.6)
Pre-Test Counselling Helpful	80 (87.0)	8 (80.0)	102 (87.9)	28 (90.3)	75 (86.2)	12 (100.0)	257 (87.1)	48 (90.6)	305 (87.6)
Received Results of the Test	124 (79.5)	20 (80.0)	153 (85.0)	44 (72.1)	122 (91.0)	17 (68.0)	399 (84.9)	81 (73.0)	480 (82.6)
Receive Any Counselling or Information From the Nurse or Doctor About the Test When Results Received	73 (59.3)	8 (40.0)	100 (65.8)	30 (68.2)	80 (66.1)	11 (64.7)	253 (63.9)	49 (60.5)	302 (63.3)
Post-Test Counselling Helpful	59 (89.4)	7 (87.5)	73 (82.0)	29 (100.0)	65 (91.5)	10 (90.9)	197 (87.2)	46 (95.8)	243 (88.7)
Continuity of Care									
Forced to Stop Health Treatments as a Result of Coming Into Prison the Last Time	36 (15.5)	3 (9.1)	38 (14.8)	21 (25.9)	36 (17.1)	13 (37.1)	110 (15.7)	37 (24.8)	147 (17.3)

DENTAL HEALTH	< 25 years		25 - 40 years		> 40 years		Total		Total
	Men	Women	Men	Women	Men	Women	Men	Women	
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Time Since Last Visit to Dentist									
Less than 3 months ago	33 (14.5)	17 (53.1)	54 (21.1)	35 (43.8)	52 (24.8)	8 (22.2)	139 (20.0)	60 (40.5)	199 (23.6)
3 months to less than 1 year ago	49 (21.5)	8 (25.0)	64 (25.0)	19 (23.8)	60 (28.6)	7 (19.4)	173 (24.9)	34 (23.0)	207 (24.6)
1 year to less than 2 years ago	36 (15.8)	3 (9.4)	37 (14.5)	8 (10.0)	36 (17.1)	8 (22.2)	109 (15.7)	19 (12.8)	128 (15.2)
2 years or more ago	95 (41.7)	3 (9.4)	98 (38.3)	18 (22.5)	62 (29.5)	13 (36.1)	255 (36.7)	34 (23.0)	289 (34.3)
Never	15 (6.6)	1 (3.1)	3 (1.2)	0 (0.0)	0 (0.0)	0 (0.0)	18 (2.6)	1 (0.7)	19 (2.3)
Total	228 (100.0)	32 (100.0)	256 (100.0)	80 (100.0)	210 (100.0)	36 (100.0)	694 (100.0)	148 (100.0)	842 (100.0)
Last Dentist Service Used									
Prison Dentist	102 (47.7)	23 (69.7)	149 (59.6)	53 (67.1)	135 (63.4)	18 (50.0)	386 (57.0)	94 (63.5)	480 (58.2)
Private Dentist	73 (34.1)	9 (27.3)	74 (29.6)	15 (19.0)	62 (29.1)	14 (38.9)	209 (30.9)	38 (25.7)	247 (29.9)
Dental Hospital	25 (11.7)	1 (3.0)	22 (8.8)	11 (13.9)	9 (4.2)	3 (8.3)	56 (8.3)	15 (10.1)	71 (8.6)
Denturist	4 (1.9)	0 (0.0)	1 (0.4)	0 (0.0)	5 (2.3)	1 (2.8)	10 (1.5)	1 (0.7)	11 (1.3)
Aboriginal Dental Service	3 (1.4)	0 (0.0)	2 (0.8)	0 (0.0)	1 (0.5)	0 (0.0)	6 (0.9)	0 (0.0)	6 (0.7)
Juvenile Justice Dentist	4 (1.9)	0 (0.0)	2 (0.8)	0 (0.0)	1 (0.5)	0 (0.0)	7 (1.0)	0 (0.0)	7 (0.8)
School Dentist	3 (1.4)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	3 (0.4)	0 (0.0)	3 (0.4)
Total	214 (100.0)	33 (100.0)	250 (100.0)	79 (100.0)	213 (100.0)	36 (100.0)	677 (100.0)	148 (100.0)	825 (100.0)

INJURY	< 25 years		25 - 40 years		> 40 years		Total		Total
	Men	Women	Men	Women	Men	Women	Men	Women	
Injury	**n (%)**	**n (%)**	**n (%)**	**n (%)**	**n (%)**	**n (%)**	**n (%)**	**n (%)**	**n (%)**
Any Injury (last 3 months)	52 (22.6)	8 (24.2)	53 (20.6)	12 (15.4)	18 (8.5)	8 (22.9)	123 (17.6)	28 (19.2)	151 (17.8)
Injury Type									
Bite (non-venomous)	0 (0.0)	0 (0.0)	0 (0.0)	1 (7.7)	0 (0.0)	0 (0.0)	0 (0.0)	1 (3.2)	1 (0.6)
Burn or Corrosion	1 (1.7)	0 (0.0)	5 (7.1)	1 (7.7)	0 (0.0)	1 (10.0)	6 (4.1)	2 (6.5)	8 (4.5)
Concussion and Intracranial	1 (1.7)	0 (0.0)	1 (1.4)	0 (0.0)	0 (0.0)	0 (0.0)	2 (1.4)	0 (0.0)	2 (1.1)
Contusion	5 (8.5)	2 (25.0)	5 (7.1)	3 (23.1)	1 (5.3)	2 (20.0)	11 (7.4)	7 (22.6)	18 (10.1)
Crushing Injury	0 (0.0)	0 (0.0)	1 (1.4)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.7)	0 (0.0)	1 (0.6)
Dental Injury	2 (3.4)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (10.0)	2 (1.4)	1 (3.2)	3 (1.7)
Dislocation	3 (5.1)	0 (0.0)	2 (2.9)	0 (0.0)	4 (21.1)	0 (0.0)	9 (6.1)	0 (0.0)	9 (5.0)
Electrocution	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (10.0)	0 (0.0)	1 (3.2)	1 (0.6)
Eye Injury (excluding foreign body)	0 (0.0)	0 (0.0)	1 (1.4)	0 (0.0)	0 (0.0)	1 (10.0)	1 (0.7)	1 (3.2)	2 (1.1)
Foreign Body in Eye	0 (0.0)	0 (0.0)	1 (1.4)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.7)	0 (0.0)	1 (0.6)
Fracture	11 (18.6)	1 (12.5)	7 (10.0)	2 (15.4)	1 (5.3)	0 (0.0)	19 (12.8)	3 (9.7)	22 (12.3)
Injury to Nerves Spinal cord	1 (1.7)	0 (0.0)	2 (2.9)	0 (0.0)	0 (0.0)	0 (0.0)	3 (2.0)	0 (0.0)	3 (1.7)
Laceration / Cut	18 (30.5)	1 (12.5)	20 (28.6)	5 (38.5)	7 (36.8)	2 (20.0)	45 (30.4)	8 (25.8)	53 (29.6)
Other Injury	0 (0.0)	0 (0.0)	1 (1.4)	0 (0.0)	2 (10.5)	0 (0.0)	3 (2.0)	0 (0.0)	3 (1.7)
Poisoning or Toxin (non-bite)	0 (0.0)	0 (0.0)	1 (1.4)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.7)	0 (0.0)	1 (0.6)
Sprain or Strain	15 (25.4)	4 (50.0)	20 (28.6)	1 (7.7)	3 (15.8)	2 (20.0)	38 (25.7)	7 (22.6)	45 (25.1)
Superficial	2 (3.4)	0 (0.0)	3 (4.3)	0 (0.0)	1 (5.3)	0 (0.0)	6 (4.1)	0 (0.0)	6 (3.4)
Total	59 (100.0)	8 (100.0)	70 (100.0)	13 (100.0)	19 (100.0)	10 (100.0)	148 (100.0)	31 (100.0)	179 (100.0)
Injury Activity									
Education	0 (0.0)	0 (0.0)	1 (1.4)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.7)	0 (0.0)	1 (0.5)
Legal Intervention	0 (0.0)	0 (0.0)	3 (4.2)	0 (0.0)	0 (0.0)	0 (0.0)	3 (2.0)	0 (0.0)	3 (1.6)
Leisure	28 (46.7)	3 (37.5)	26 (36.6)	8 (61.5)	10 (47.6)	4 (40.0)	64 (42.1)	15 (48.4)	79 (43.2)
Other Activity	0 (0.0)	1 (12.5)	5 (7.0)	0 (0.0)	0 (0.0)	0 (0.0)	5 (3.3)	1 (3.2)	6 (3.3)
Sport	22 (36.7)	0 (0.0)	23 (32.4)	0 (0.0)	2 (9.5)	0 (0.0)	47 (30.9)	0 (0.0)	47 (25.7)
Transport Between Prisons	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (4.8)	0 (0.0)	1 (0.7)	0 (0.0)	1 (0.5)
Working	10 (16.7)	4 (50.0)	13 (18.3)	5 (38.5)	8 (38.1)	6 (60.0)	31 (20.4)	15 (48.4)	46 (25.1)
Total	60 (100.0)	8 (100.0)	71 (100.0)	13 (100.0)	21 (100.0)	10 (100.0)	152 (100.0)	31 (100.0)	183 (100.0)

INJURY (continued)	< 25 years				25 - 40 years				> 40 years				Total				Total	
	Men		Women		Men		Women		Men		Women		Men		Women			
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
Injury Intent																		
Accidental	39	(61.9)	7	(87.5)	54	(72.0)	6	(46.2)	11	(52.4)	7	(70.0)	104	(65.4)	20	(64.5)	124	(65.3)
Intentional Harm by Others	21	(33.3)	1	(12.5)	18	(24.0)	5	(38.5)	9	(42.9)	3	(30.0)	48	(30.2)	9	(29.0)	57	(30.0)
Intentional Self-Harm	3	(4.8)	0	(0.0)	3	(4.0)	2	(15.4)	1	(4.8)	0	(0.0)	7	(4.4)	2	(6.5)	9	(4.7)
Total	63	(100.0)	8	(100.0)	75	(100.0)	13	(100.0)	21	(100.0)	10	(100.0)	159	(100.0)	31	(100.0)	190	(100.0)
Injury Cause																		
Animal Related	0	(0.0)	1	(12.5)	0	(0.0)	2	(15.4)	0	(0.0)	2	(20.0)	0	(0.0)	5	(16.1)	5	(2.8)
Contact Burn	0	(0.0)	0	(0.0)	1	(1.5)	0	(0.0)	0	(0.0)	0	(0.0)	1	(0.7)	0	(0.0)	1	(0.6)
Cutting / Piercing	9	(14.8)	1	(12.5)	6	(8.8)	1	(7.7)	1	(5.0)	1	(10.0)	16	(10.7)	3	(9.7)	19	(10.6)
Electricity	0	(0.0)	0	(0.0)	0	(0.0)	0	(0.0)	0	(0.0)	1	(10.0)	0	(0.0)	1	(3.2)	1	(0.6)
Fall (high)	2	(3.3)	0	(0.0)	4	(5.9)	0	(0.0)	0	(0.0)	0	(0.0)	6	(4.0)	0	(0.0)	6	(3.3)
Fall (low)	11	(18.0)	1	(12.5)	13	(19.1)	2	(15.4)	5	(25.0)	0	(0.0)	29	(19.5)	3	(9.7)	32	(17.8)
Fire, Flames, Smoke	1	(1.6)	0	(0.0)	2	(2.9)	1	(7.7)	0	(0.0)	0	(0.0)	3	(2.0)	1	(3.2)	4	(2.2)
Firearm	0	(0.0)	0	(0.0)	1	(1.5)	0	(0.0)	0	(0.0)	0	(0.0)	1	(0.7)	0	(0.0)	1	(0.6)
Machinery	2	(3.3)	1	(12.5)	5	(7.4)	2	(15.4)	2	(10.0)	1	(10.0)	9	(6.0)	4	(12.9)	13	(7.2)
Motor Vehicle Driver	0	(0.0)	0	(0.0)	0	(0.0)	0	(0.0)	1	(5.0)	0	(0.0)	1	(0.7)	0	(0.0)	1	(0.6)
Motorcycle Driver	1	(1.6)	0	(0.0)	0	(0.0)	0	(0.0)	0	(0.0)	0	(0.0)	1	(0.7)	0	(0.0)	1	(0.6)
Other Causes	7	(11.5)	1	(12.5)	7	(10.3)	0	(0.0)	2	(10.0)	1	(10.0)	16	(10.7)	2	(6.5)	18	(10.0)
Pedestrian	2	(3.3)	1	(12.5)	2	(2.9)	0	(0.0)	0	(0.0)	0	(0.0)	4	(2.7)	1	(3.2)	5	(2.8)
Scalds	0	(0.0)	0	(0.0)	0	(0.0)	0	(0.0)	0	(0.0)	1	(10.0)	0	(0.0)	1	(3.2)	1	(0.6)
Struck by Object / Person	26	(42.6)	2	(25.0)	27	(39.7)	5	(38.5)	9	(45.0)	3	(30.0)	62	(41.6)	10	(32.3)	72	(40.0)
Total	61	(100.0)	8	(100.0)	68	(100.0)	13	(100.0)	20	(100.0)	10	(100.0)	149	(100.0)	31	(100.0)	180	(100.0)
Injury Place																		
Home	5	(7.9)	0	(0.0)	10	(13.3)	0	(0.0)	3	(15.0)	0	(0.0)	18	(11.4)	0	(0.0)	18	(9.6)
Recreation Area	1	(1.6)	0	(0.0)	1	(1.3)	0	(0.0)	0	(0.0)	1	(10.0)	2	(1.3)	1	(3.3)	3	(1.6)
Athletics and Sports Area	5	(7.9)	0	(0.0)	5	(6.7)	0	(0.0)	0	(0.0)	0	(0.0)	10	(6.3)	0	(0.0)	10	(5.3)
Street or Highway	3	(4.8)	0	(0.0)	2	(2.7)	0	(0.0)	0	(0.0)	0	(0.0)	5	(3.2)	0	(0.0)	5	(2.7)
Trade or Service Area	1	(1.6)	0	(0.0)	0	(0.0)	0	(0.0)	0	(0.0)	0	(0.0)	1	(0.6)	0	(0.0)	1	(0.5)
Farm	0	(0.0)	0	(0.0)	0	(0.0)	1	(7.7)	0	(0.0)	0	(0.0)	0	(0.0)	1	(3.3)	1	(0.5)

INJURY (continued)	< 25 years		25 - 40 years		> 40 years		Total		Total
	Men	Women	Men	Women	Men	Women	Men	Women	
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Other Place	1 (1.6)	0 (0.0)	1 (1.3)	0 (0.0)	0 (0.0)	0 (0.0)	2 (1.3)	0 (0.0)	2 (1.1)
Prison - Athletics and Sports Area	16 (25.4)	0 (0.0)	19 (25.3)	0 (0.0)	1 (5.0)	0 (0.0)	36 (22.8)	0 (0.0)	36 (19.1)
Prison - Cell	8 (12.7)	0 (0.0)	8 (10.7)	5 (38.5)	4 (20.0)	0 (0.0)	20 (12.7)	5 (16.7)	25 (13.3)
Prison - Work Place	7 (11.1)	4 (57.1)	6 (8.0)	1 (7.7)	5 (25.0)	5 (50.0)	18 (11.4)	10 (33.3)	28 (14.9)
Prison - Kitchen	0 (0.0)	0 (0.0)	1 (1.3)	1 (7.7)	1 (5.0)	0 (0.0)	2 (1.3)	1 (3.3)	3 (1.6)
Prison - Unspecified	12 (19.0)	2 (28.6)	17 (22.7)	5 (38.5)	4 (20.0)	4 (40.0)	33 (20.9)	11 (36.7)	44 (23.4)
Prison - Yard	4 (6.3)	1 (14.3)	5 (6.7)	0 (0.0)	1 (5.0)	0 (0.0)	10 (6.3)	1 (3.3)	11 (5.9)
Prison - Transport	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (5.0)	0 (0.0)	1 (0.6)	0 (0.0)	1 (0.5)
Total	63 (100.0)	7 (100.0)	75 (100.0)	13 (100.0)	20 (100.0)	10 (100.0)	158 (100.0)	30 (100.0)	188 (100.0)
Injury Action									
Hospital - Admitted	2 (3.2)	0 (0.0)	1 (1.4)	2 (15.4)	4 (19.0)	1 (10.0)	7 (4.4)	3 (9.7)	10 (5.3)
Hospital - Not Admitted	10 (15.9)	1 (12.5)	12 (16.2)	3 (23.1)	4 (19.0)	2 (20.0)	26 (16.5)	6 (19.4)	32 (16.9)
Saw Clinic Nurse	28 (44.4)	1 (12.5)	26 (35.1)	4 (30.8)	8 (38.1)	2 (20.0)	62 (39.2)	7 (22.6)	69 (36.5)
Saw Doctor	9 (14.3)	4 (50.0)	15 (20.3)	0 (0.0)	4 (19.0)	2 (20.0)	28 (17.7)	6 (19.4)	34 (18.0)
Self-Treated	14 (22.2)	2 (25.0)	20 (27.0)	4 (30.8)	1 (4.8)	3 (30.0)	35 (22.2)	9 (29.0)	44 (23.3)
Total	63 (100.0)	8 (100.0)	74 (100.0)	13 (100.0)	21 (100.0)	10 (100.0)	158 (100.0)	31 (100.0)	189 (100.0)
Injury Prison / Community									
Prison	49 (79.0)	7 (87.5)	60 (80.0)	13 (100.0)	16 (80.0)	8 (80.0)	125 (79.6)	28 (90.3)	153 (81.4)
Community	13 (21.0)	1 (12.5)	15 (20.0)	0 (0.0)	4 (20.0)	2 (20.0)	32 (20.4)	3 (9.7)	35 (18.6)
Total	62 (100.0)	8 (100.0)	75 (100.0)	13 (100.0)	20 (100.0)	10 (100.0)	157 (100.0)	31 (100.0)	188 (100.0)
Deliberate Physical Injury (Last 12 months)									
Any Deliberate Physical Injury	*57 (27.5)*	*9 (33.3)*	*49 (21.1)*	*21 (28.4)*	*27 (14.3)*	*4 (13.3)*	*133 (21.2)*	*34 (26.0)*	*167 (22.0)*
Boyfriend / Girlfriend	11 (5.3)	5 (18.5)	1 (0.4)	7 (9.5)	0 (0.0)	0 (0.0)	12 (1.9)	12 (9.2)	24 (3.2)
Correctional Officer	6 (2.9)	1 (3.7)	5 (2.2)	1 (1.4)	4 (2.1)	0 (0.0)	15 (2.4)	2 (1.5)	17 (2.2)
Father	0 (0.0)	1 (3.7)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.8)	1 (0.1)
Friend / Acquaintance	0 (0.0)	0 (0.0)	0 (0.0)	2 (2.7)	0 (0.0)	0 (0.0)	0 (0.0)	2 (1.5)	2 (0.3)
Inmate	20 (9.7)	5 (18.5)	23 (9.9)	10 (13.5)	16 (8.5)	3 (10.0)	59 (9.4)	18 (13.7)	77 (10.1)
Mother	0 (0.0)	0 (0.0)	1 (0.4)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.8)	1 (0.1)
Other Family Member	4 (1.9)	0 (0.0)	3 (1.3)	1 (1.4)	2 (1.1)	1 (3.3)	9 (1.4)	2 (1.5)	11 (1.4)

INJURY	< 25 years		25 - 40 years		> 40 years		Total		Total
(continued)	Men	Women	Men	Women	Men	Women	Men	Women	
Police	16 (7.7)	0 (0.0)	20 (8.6)	4 (5.4)	2 (1.1)	1 (3.3)	38 (6.1)	5 (3.8)	43 (5.7)
Stranger	12 (5.8)	1 (3.7)	8 (3.4)	1 (1.4)	4 (2.1)	0 (0.0)	24 (3.8)	2 (1.5)	26 (3.4)
Head Injury	**n (%)**	**n (%)**	**n (%)**	**n (%)**	**n (%)**	**n (%)**	**n (%)**	**n (%)**	**n (%)**
Ever Head Injury in Which Became Unconscious	103 (44.6)	13 (39.4)	116 (45.5)	29 (37.2)	96 (45.5)	14 (43.8)	315 (45.2)	56 (39.2)	371 (44.2)

INFECTIOUS DISEASES	< 25 years		25 - 40 years		> 40 years		Total		Total
	Men	Women	Men	Women	Men	Women	Men	Women	
Human Immunodeficiency Virus (HIV)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
HIV									
Positive	0 (0.0)	0 (0.0)	1 (0.4)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.1)	0 (0.0)	1 (0.1)
Negative	242 (100.0)	36 (100.0)	253 (99.2)	77 (100.0)	207 (100.0)	37 (100.0)	702 (99.7)	150 (100.0)	852 (99.8)
Equivocal	0 (0.0)	0 (0.0)	1 (0.4)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.1)	0 (0.0)	1 (0.1)
Total	242 (100.0)	36 (100.0)	255 (100.0)	77 (100.0)	207 (100.0)	37 (100.0)	704 (100.0)	150 (100.0)	854 (100.0)
Hepatitis A Virus (HAV)									
Hepatitis A Antibody									
Positive	83 (34.2)	14 (38.9)	114 (45.2)	36 (46.2)	123 (60.6)	26 (70.3)	320 (45.8)	76 (50.3)	396 (46.6)
Negative	159 (65.4)	21 (58.3)	138 (54.8)	42 (53.8)	80 (39.4)	11 (29.7)	377 (54.0)	74 (49.0)	451 (53.1)
Equivocal	1 (0.4)	1 (2.8)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.1)	1 (0.7)	2 (0.2)
Total	243 (100.0)	36 (100.0)	252 (100.0)	78 (100.0)	203 (100.0)	37 (100.0)	698 (100.0)	151 (100.0)	849 (100.0)
Hepatitis B Virus (HBV)									
Hepatitis B Core-Antibody									
Positive	54 (22.2)	6 (16.7)	75 (29.5)	30 (38.5)	68 (32.9)	11 (29.7)	197 (28.0)	47 (31.1)	244 (28.5)
Negative	185 (76.1)	25 (69.4)	165 (65.0)	43 (55.1)	131 (63.3)	23 (62.2)	481 (68.3)	91 (60.3)	572 (66.9)
Equivocal	4 (1.6)	5 (13.9)	14 (5.5)	5 (6.4)	8 (3.9)	3 (8.1)	26 (3.7)	13 (8.6)	39 (4.6)
Total	243 (100.0)	36 (100.0)	254 (100.0)	78 (100.0)	207 (100.0)	37 (100.0)	704 (100.0)	151 (100.0)	855 (100.0)
Hepatitis B Surface-Antibody									
Positive	146 (60.1)	24 (66.7)	106 (41.7)	37 (47.4)	70 (33.7)	21 (56.8)	322 (45.7)	82 (54.3)	404 (47.2)
Negative	97 (39.9)	12 (33.3)	148 (58.3)	41 (52.6)	138 (66.3)	16 (43.2)	383 (54.3)	69 (45.7)	452 (52.8)
Total	243 (100.0)	36 (100.0)	254 (100.0)	78 (100.0)	208 (100.0)	37 (100.0)	705 (100.0)	151 (100.0)	856 (100.0)
Hepatitis B Surface-Antigen									
Positive	6 (2.5)	0 (0.0)	8 (3.1)	3 (3.9)	8 (3.9)	0 (0.0)	22 (3.1)	3 (2.0)	25 (2.9)
Negative	236 (97.5)	36 (100.0)	246 (96.9)	74 (96.1)	199 (96.1)	37 (100.0)	681 (96.9)	147 (98.0)	828 (97.1)
Total	242 (100.0)	36 (100.0)	254 (100.0)	77 (100.0)	207 (100.0)	37 (100.0)	703 (100.0)	150 (100.0)	853 (100.0)

INFECTIOUS DISEASES	< 25 years		25 - 40 years		> 40 years		Total		Total
(continued)	Men	Women	Men	Women	Men	Women	Men	Women	
Hepatitis C Virus (HCV)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Hepatitis C Antibody									
Positive	86 (35.5)	29 (80.6)	135 (53.4)	53 (67.9)	60 (29.1)	14 (37.8)	281 (40.1)	96 (63.6)	377 (44.2)
Negative	155 (64.0)	7 (19.4)	118 (46.6)	25 (32.1)	146 (70.9)	23 (62.2)	419 (59.8)	55 (36.4)	474 (55.6)
Equivocal	1 (0.4)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.1)	0 (0.0)	1 (0.1)
Total	242 (100.0)	36 (100.0)	253 (100.0)	78 (100.0)	206 (100.0)	37 (100.0)	701 (100.0)	151 (100.0)	852 (100.0)
Tuberculosis									
Mantoux Tuberculin Skin Test									
Positive	20 (8.9)	1 (2.9)	35 (15.0)	14 (17.9)	39 (19.8)	6 (16.7)	94 (14.4)	21 (14.1)	115 (14.3)
Negative	204 (91.1)	34 (97.1)	198 (85.0)	64 (82.1)	158 (80.2)	30 (83.3)	560 (85.6)	128 (85.9)	688 (85.7)
Total	224 (100.0)	35 (100.0)	233 (100.0)	78 (100.0)	197 (100.0)	36 (100.0)	654 (100.0)	149 (100.0)	803 (100.0)

SEXUALLY TRANSMITTED INFECTIONS (STIs)	< 25 years		25 - 40 years		> 40 years		Total		Total
	Men	Women	Men	Women	Men	Women	Men	Women	
Chlamydia, Gonorrhoea and Syphilis	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Chlamydia									
Positive	10 (4.4)	2 (5.6)	4 (1.7)	0 (0.0)	0 (0.0)	0 (0.0)	14 (2.1)	2 (1.3)	16 (1.9)
Negative	218 (95.6)	34 (94.4)	233 (98.3)	86 (100.0)	206 (100.0)	38 (100.0)	657 (97.9)	158 (98.8)	815 (98.1)
Total	228 (100.0)	36 (100.0)	237 (100.0)	86 (100.0)	206 (100.0)	38 (100.0)	671 (100.0)	160 (100.0)	831 (100.0)
Gonorrhoea									
Positive	1 (0.4)	0 (0.0)	2 (0.8)	0 (0.0)	0 (0.0)	0 (0.0)	3 (0.4)	0 (0.0)	3 (0.4)
Negative	227 (99.6)	36 (100.0)	235 (99.2)	86 (100.0)	206 (100.0)	38 (100.0)	668 (99.6)	160 (100.0)	828 (99.6)
Total	228 (100.0)	36 (100.0)	237 (100.0)	86 (100.0)	206 (100.0)	38 (100.0)	671 (100.0)	160 (100.0)	831 (100.0)
Syphilis									
No Syphilis	222 (98.2)	33 (100.0)	218 (92.8)	67 (94.4)	180 (94.2)	34 (100.0)	620 (95.1)	134 (97.1)	754 (95.4)
Untreated Latent Syphilis	1 (0.4)	0 (0.0)	4 (1.7)	3 (4.2)	4 (2.1)	0 (0.0)	9 (1.4)	3 (2.2)	12 (1.5)
Adequately Treated Syphilis	2 (0.9)	0 (0.0)	1 (0.4)	1 (1.4)	2 (1.0)	0 (0.0)	5 0.8)	1 (0.7)	6 (0.8)
Previous Syphilis Diagnosis Doubtful	1 (0.4)	0 (0.0)	12 (5.1)	0 (0.0)	5 (2.6)	0 (0.0)	18 (2.8)	0 (0.0)	18 (2.3)
Total	226 (100.0)	33 (100.0)	235 (100.0)	71 (100.0)	191 (100.0)	34 (100.0)	652 (100.0)	138 (100.0)	790 (100.0)
Herpes Simplex Virus Types 1 and 2									
Herpes Simplex Virus 1	195 (81.3)	33(91.7)	219 (87.3)	68 (88.3)	181 (87.9)	32 (86.5)	595 (85.4)	133 (88.7)	728 (86.0)
Herpes Simplex Virus 2	18 (7.5)	13(36.1)	48 (19.2)	42 (56.0)	63 (30.7)	20 (54.1)	129 (18.6)	75 (50.7)	204 (24.2)
Immunisation									
Ever Received Injection / Vaccination									
Tetanus	188 (90.0)	213 (88.4)	178 (88.6)	23 (82.1)	67 (91.8)	30 (85.7)	579 (88.9)	120 (88.2)	699 (88.8)
Measles	98 (58.0)	92 (49.5)	94 (61.8)	19 (73.1)	44 (73.3)	17 (56.7)	284 (56.0)	80 (69.0)	364 (58.4)
Hepatitis B	128 (61.5)	137 (57.1)	89 (46.4)	26 (78.8)	43 (58.1)	18 (51.4)	354 (55.3)	87 (61.3)	441 (56.4)
Hepatitis A	30 (16.5)	20 (9.5)	18 (10.1)	4 (14.3)	9 (13.8)	4 (12.1)	68 (11.9)	17 (13.5)	85 (12.2)
German Measles (rubella)	58 (36.7)	70 (38.9)	66 (42.6)	23 (82.1)	57 (82.6)	20 (71.4)	194 (39.4)	100 (80.0)	294 (47.6)

HEALTH RELATED BEHAVIOURS	< 25 years		25 - 40 years		> 40 years		Total		Total	
	Men	Women	Men	Women	Men	Women	Men	Women		
Exercise	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n	(%)
Any Exercise (last 4 weeks)	217 (92.3)	27 (81.8)	233 (90.0)	57 (72.2)	170 (79.1)	23 (65.7)	620 (87.4)	107 (72.8)	727	(84.9)
Activity Rating (12 months before prison)										
Very Active	68 (30.6)	9 (27.3)	94 (36.7)	37 (48.1)	72 (35.0)	15 (48.4)	234 (34.2)	61 (43.3)	295	(35.8)
Fairly Active	91 (41.0)	16 (48.5)	94 (36.7)	32 (41.6)	80 (38.8)	6 (19.4)	265 (38.7)	54 (38.3)	319	(38.7)
Not Very Active	39 (17.6)	5 (15.2)	43 (16.8)	3 (3.9)	29 (14.1)	3 (9.7)	111 (16.2)	11 (7.8)	122	(14.8)
Not at all Active	24 (10.8)	3 (9.1)	25 (9.8)	5 (6.5)	25 (12.1)	7 (22.6)	74 (10.8)	15 (10.6)	89	(10.8)
Total	222 (100.0)	33 (100.0)	256 (100.0)	77 (100.0)	206 (100.0)	31 (100.0)	684 (100.0)	141 (100.0)	825	(100.0)
Activity Rating Now Compared to Before Coming Into Prison										
More Active	104 (47.1)	10 (30.3)	96 (37.5)	14 (17.9)	45 (21.7)	9 (29.0)	245 (35.8)	33 (23.2)	278	(33.7)
About as Active	34 (15.4)	6 (18.2)	48 (18.8)	18 (23.1)	40 (19.3)	4 (12.9)	122 (17.8)	28 (19.7)	150	(18.2)
Less Active	83 (37.6)	17 (51.5)	112 (43.8)	46 (59.0)	122 (58.9)	18 (58.1)	317 (46.3)	81 (57.0)	398	(48.2)
Total	221 (100.0)	33 (100.0)	256 (100.0)	78 (100.0)	207 (100.0)	31 (100.0)	684 (100.0)	142 (100.0)	826	(100.0)
Self-Assessment of Weight										
Very Overweight	1 (0.5)	1 (3.0)	5 (2.0)	3 (3.9)	9 (4.3)	3 (9.7)	15 (2.2)	7 (5.0)	22	(2.7)
Overweight	38 (17.1)	18 (54.5)	46 (18.0)	26 (33.8)	81 (39.1)	15 (48.4)	165 (24.1)	59 (41.8)	224	(27.2)
Normal Weight	127 (57.2)	13 (39.4)	152 (59.6)	38 (49.4)	94 (45.4)	9 (29.0)	373 (54.5)	60 (42.6)	433	(52.5)
Underweight	54 (24.3)	1 (3.0)	52 (20.4)	8 (10.4)	22 (10.6)	2 (6.5)	128 (18.7)	11 (7.8)	139	(16.8)
Very Underweight	2 (0.9)	0 (0.0)	0 (0.0)	2 (2.6)	1 (0.5)	2 (6.5)	3 (0.4)	4 (2.8)	7	(0.8)
Total	222 (100.0)	33 (100.0)	255 (100.0)	77 (100.0)	207 (100.0)	31 (100.0)	684 (100.0)	141 (100.0)	825	(100.0)
Sun Protection Behaviour										
Wear a Hat or Cap When in the Sun?										
Majority	100 (43.1)	10 (29.4)	104 (40.8)	21 (26.6)	95 (44.8)	10 (27.8)	299 (42.8)	41 (27.5)	340	(40.1)
Sometimes	40 (17.2)	6 (17.6)	34 (13.3)	10 (12.7)	29 (13.7)	5 (13.9)	103 (14.7)	21 (14.1)	124	(14.6)
Rarely	92 (39.7)	18 (52.9)	117 (45.9)	48 (60.8)	88 (41.5)	21 (58.3)	297 (42.5)	87 (58.4)	384	(45.3)
Total	232 (100.0)	34 (100.0)	255 (100.0)	79 (100.0)	212 (100.0)	36 (100.0)	699 (100.0)	149 (100.0)	848	(100.0)

HEALTH RELATED BEHAVIOURS (continued)	< 25 years		25 - 40 years		> 40 years		Total		Total
	Men	Women	Men	Women	Men	Women	Men	Women	
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Wear Less Clothing to Get the Sun on your Skin?									
Majority	57 (24.5)	9 (26.5)	69 (27.2)	15 (19.2)	33 (15.6)	5 (14.7)	159 (22.7)	29 (19.9)	188 (22.2)
Sometimes	60 (25.8)	4 (11.8)	72 (28.3)	15 (19.2)	47 (22.2)	4 (11.8)	179 (25.6)	23 (15.8)	202 (23.9)
Rarely	116 (49.8)	21 (61.8)	113 (44.5)	48 (61.5)	132 (62.3)	25 (73.5)	361 (51.6)	94 (64.4)	455 (53.8)
Total	233 (100.0)	34 (100.0)	254 (100.0)	78 (100.0)	212 (100.0)	34 (100.0)	699 (100.0)	146 (100.0)	845 (100.0)
Wear Sunglasses in the Sun?									
Majority	44 (18.8)	8 (23.5)	104 (41.1)	42 (53.2)	96 (44.9)	20 (57.1)	244 (34.8)	70 (47.3)	314 (37.0)
Sometimes	29 (12.4)	7 (20.6)	47 (18.6)	11 (13.9)	37 (17.3)	7 (20.0)	113 (16.1)	25 (16.9)	138 (16.3)
Rarely	161 (68.8)	19 (55.9)	102 (40.3)	26 (32.9)	81 (37.9)	8 (22.9)	344 (49.1)	53 (35.8)	397 (46.8)
Total	234 (100.0)	34 (100.0)	253 (100.0)	79 (100.0)	214 (100.0)	35 (100.0)	701 (100.0)	148 (100.0)	849 (100.0)
Use Sunscreen to Protect Your Skin From the Sun?									
Majority	22 (9.6)	8 (23.5)	42 (16.3)	30 (39.0)	48 (22.6)	13 (36.1)	112 (16.0)	51 (34.7)	163 (19.3)
Sometimes	28 (12.2)	7 (20.6)	40 (15.6)	10 (13.0)	24 (11.3)	8 (22.2)	92 (13.2)	25 (17.0)	117 (13.8)
Rarely	180 (78.3)	19 (55.9)	175 (68.1)	37 (48.1)	140 (66.0)	15 (41.7)	495 (70.8)	71 (48.3)	566 (66.9)
Total	230 (100.0)	34 (100.0)	257 (100.0)	77 (100.0)	212 (100.0)	36 (100.0)	699 (100.0)	147 (100.0)	846 (100.0)
Time Spent in Sun Each Day									
None	4 (1.7)	0 (0.0)	6 (2.3)	3 (3.8)	7 (3.3)	4 (11.1)	17 (2.4)	7 (4.7)	24 (2.8)
Less than 1 hour	13 (5.6)	3 (8.8)	27 (10.5)	9 (11.4)	35 (16.4)	6 (16.7)	75 (10.7)	18 (12.1)	93 (10.9)
1 hour to less than 2 hours	45 (19.4)	5 (14.7)	63 (24.4)	13 (16.5)	54 (25.2)	10 (27.8)	162 (23.0)	28 (18.8)	190 (22.3)
2 hours to less than 4 hours	59 (25.4)	12 (35.3)	52 (20.2)	17 (21.5)	54 (25.2)	6 (16.7)	165 (23.4)	35 (23.5)	200 (23.4)
4 hours to less than 6 hours	58 (25.0)	4 (11.8)	59 (22.9)	27 (34.2)	37 (17.3)	6 (16.7)	154 (21.9)	37 (24.8)	191 (22.4)
6 hours or more	53 (22.8)	10 (29.4)	51 (19.8)	10 (12.7)	27 (12.6)	4 (11.1)	131 (18.6)	24 (16.1)	155 (18.2)
Total	232 (100.0)	34 (100.0)	258 (100.0)	79 (100.0)	214 (100.0)	36 (100.0)	704 (100.0)	149 (100.0)	853 (100.0)
Sunburn Frequency During the Past Summer									
0	140 (61.1)	22 (64.7)	144 (56.5)	47 (61.0)	156 (72.9)	31 (86.1)	440 (63.0)	100 (68.0)	540 (63.9)
1	25 (10.9)	3 (8.8)	34 (13.3)	10 (13.0)	31 (14.5)	1 (2.8)	90 (12.9)	14 (9.5)	104 (12.3)
2	27 (11.8)	3 (8.8)	36 (14.1)	8 (10.4)	13 (6.1)	3 (8.3)	76 (10.9)	14 (9.5)	90 (10.7)

HEALTH RELATED BEHAVIOURS (continued)	< 25 years		25 - 40 years		> 40 years		Total		Total
	Men	Women	Men	Women	Men	Women	Men	Women	
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
3 - 4	16 (7.0)	3 (8.8)	15 (5.9)	8 (10.4)	8 (3.7)	0 (0.0)	39 (5.6)	11 (7.5)	50 (5.9)
> 4	21 (9.2)	3 (8.8)	26 (10.2)	4 (5.2)	6 (2.8)	1 (2.8)	53 (7.6)	8 (5.4)	61 (7.2)
Total	229 (100.0)	34 (100.0)	255 (100.0)	77 (100.0)	214 (100.0)	36 (100.0)	698 (100.0)	147 (100.0)	845 (100.0)
Frequency of Skin Examinations for Cancers in Past Year									
0	179 (76.8)	23 (67.6)	185 (71.7)	50 (63.3)	128 (60.7)	18 (50.0)	492 (70.1)	91 (61.1)	583 (68.5)
1	8 (3.4)	0 (0.0)	15 (5.8)	3 (3.8)	27 (12.8)	1 (2.8)	50 (7.1)	4 (2.7)	54 (6.3)
2	11 (4.7)	4 (11.8)	12 (4.7)	4 (5.1)	17 (8.1)	1 (2.8)	40 (5.7)	9 (6.0)	49 (5.8)
3 - 4	12 (5.2)	3 (8.8)	14 (5.4)	8 (10.1)	16 (7.6)	6 (16.7)	42 (6.0)	17 (11.4)	59 (6.9)
> 4	23 (9.9)	4 (11.8)	32 (12.4)	14 (17.7)	23 (10.9)	10 (27.8)	78 (11.1)	28 (18.8)	106 (12.5)
Total	233 (100.0)	34 (100.0)	258 (100.0)	79 (100.0)	211 (100.0)	36 (100.0)	702 (100.0)	149 (100.0)	851 (100.0)

DIET AND NUTRITION	< 25 years		25 - 40 years		> 40 years		Total		Total
	Men	Women	Men	Women	Men	Women	Men	Women	
Diet and Nutrition	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Consumption of Food Items									
Fruit									
Daily	171 (73.1)	26 (76.5)	190 (73.6)	47 (59.5)	142 (66.4)	23 (63.9)	503 (71.2)	96 (64.4)	599 (70.1)
Weekly	42 (17.9)	7 (20.6)	48 (18.6)	25 (31.6)	52 (24.3)	13 (36.1)	142 (20.1)	45 (30.2)	187 (21.9)
Monthly	6 (2.6)	0 (0.0)	7 (2.7)	3 (3.8)	11 (5.1)	0 (0.0)	24 (3.4)	3 (2.0)	27 (3.2)
Rarely	15 (6.4)	1 (2.9)	13 (5.0)	4 (5.1)	9 (4.2)	0 (0.0)	37 (5.2)	5 (3.4)	42 (4.9)
Total	234 (100.0)	34 (100.0)	258 (100.0)	79 (100.0)	214 (100.0)	36 (100.0)	706 (100.0)	149 (100.0)	855 (100.0)
Salad Vegetables									
Daily	150 (64.1)	21 (61.8)	176 (68.2)	57 (72.2)	143 (66.8)	25 (69.4)	469 (66.4)	103 (69.1)	572 (66.9)
Weekly	49 (20.9)	12 (35.3)	62 (24.0)	19 (24.1)	55 (25.7)	6 (16.7)	166 (23.5)	37 (24.8)	203 (23.7)
Monthly	5 (2.1)	0 (0.0)	1 (0.4)	1 (1.3)	4 (1.9)	1 (2.8)	10 (1.4)	2 (1.3)	12 (1.4)
Rarely	30 (12.8)	1 (2.9)	19 (7.4)	2 (2.5)	12 (5.6)	4 (11.1)	61 (8.6)	7 (4.7)	68 (8.0)
Total	234 (100.0)	34 (100.0)	258 (100.0)	79 (100.0)	214 (100.0)	36 (100.0)	706 (100.0)	149 (100.0)	855 (100.0)
Fries									
Daily	14 (6.0)	3 (8.8)	13 (5.0)	3 (3.8)	7 (3.3)	1 (2.8)	34 (4.8)	7 (4.7)	41 (4.8)
Weekly	50 (21.4)	16 (47.1)	61 (23.6)	28 (35.4)	32 (15.0)	6 (16.7)	143 (20.3)	50 (33.6)	193 (22.6)
Monthly	13 (5.6)	3 (8.8)	15 (5.8)	9 (11.4)	14 (6.5)	5 (13.9)	42 (5.9)	17 (11.4)	59 (6.9)
Rarely	157 (67.1)	12 (35.3)	169 (65.5)	39 (49.4)	161 (75.2)	24 (66.7)	487 (69.0)	75 (50.3)	562 (65.7)
Total	234 (100.0)	34 (100.0)	258 (100.0)	79 (100.0)	214 (100.0)	36 (100.0)	706 (100.0)	149 (100.0)	855 (100.0)
Bread / Rolls									
Daily	209 (89.3)	18 (52.9)	230 (89.5)	54 (68.4)	179 (83.6)	22 (61.1)	618 (87.7)	94 (63.1)	712 (83.4)
Weekly	22 (9.4)	14 (41.2)	16 (6.2)	17 (21.5)	25 (11.7)	9 (25.0)	63 (8.9)	40 (26.8)	103 (12.1)
Monthly	0 (0.0)	1 (2.9)	1 (0.4)	4 (5.1)	1 (0.5)	2 (5.6)	2 (0.3)	7 (4.7)	9 (1.1)
Rarely	3 (1.3)	1 (2.9)	10 (3.9)	4 (5.1)	9 (4.2)	3 (8.3)	22 (3.1)	8 (5.4)	30 (3.5)
Total	234 (100.0)	34 (100.0)	257 (100.0)	79 (100.0)	214 (100.0)	36 (100.0)	705 (100.0)	149 (100.0)	854 (100.0)
Biscuits / Cakes									
Daily	42 (17.9)	4 (12.1)	55 (21.3)	10 (12.7)	44 (20.7)	4 (11.1)	141 (20.0)	18 (12.2)	159 (18.6)
Weekly	100 (42.7)	16 (48.5)	94 (36.4)	46 (58.2)	84 (39.4)	15 (41.7)	278 (39.4)	77 (52.0)	355 (41.6)
Monthly	25 (10.7)	6 (18.2)	16 (6.2)	5 (6.3)	13 (6.1)	2 (5.6)	54 (7.7)	13 (8.8)	67 (7.9)

DIET AND NUTRITION	< 25 years		25 - 40 years		> 40 years		Total		Total
(continued)	Men	Women	Men	Women	Men	Women	Men	Women	
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Rarely	67 (28.6)	7 (21.2)	93 (36.0)	18 (22.8)	72 (33.8)	15 (41.7)	232 (32.9)	40 (27.0)	272 (31.9)
Total	234 (100.0)	33 (100.0)	258 (100.0)	79 (100.0)	213 (100.0)	36 (100.0)	705 (100.0)	148 (100.0)	853 (100.0)
Sweets / Lollies									
Daily	27 (11.5)	12 (35.3)	33 (12.8)	13 (16.5)	29 (13.6)	3 (8.3)	89 (12.6)	28 (18.8)	117 (13.7)
Weekly	84 (35.9)	16 (47.1)	84 (32.6)	41 (51.9)	50 (23.4)	14 (38.9)	218 (30.9)	71 (47.7)	289 (33.8)
Monthly	25 (10.7)	2 (5.9)	25 (9.7)	3 (3.8)	17 (7.9)	1 (2.8)	67 (9.5)	6 (4.0)	73 (8.5)
Rarely	98 (41.9)	4 (11.8)	116 (45.0)	22 (27.8)	118 (55.1)	18 (50.0)	332 (47.0)	44 (29.5)	376 (44.0)
Total	234 (100.0)	34 (100.0)	258 (100.0)	79 (100.0)	214 (100.0)	36 (100.0)	706 (100.0)	149 (100.0)	855 (100.0)

MEN'S HEALTH	< 25 years		25 - 40 years		> 40 years		Total	
Testicular Examination	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**
Ever Examined Testicles	95	(40.8)	123	(48.2)	100	(46.9)	318	(45.4)
Frequency of Testicular Examination								
Once only	2	(2.3)	4	(3.6)	3	(3.3)	9	(3.1)
Weekly	36	(40.9)	26	(23.2)	29	(32.2)	91	(31.4)
Monthly	29	(33.0)	32	(28.6)	24	(26.7)	85	(29.3)
Less than monthly	21	(23.9)	50	(44.6)	34	(37.8)	105	(36.2)
Total	88	(100.0)	112	(100.0)	90	(100.0)	290	(100.0)
Know How to Properly Examine Testicles	93	(40.3)	102	(40.0)	90	(42.5)	285	(40.8)

WOMEN'S HEALTH	< 25 years		25 - 40 years		> 40 years		Total	
Breast Self-Examination (BSE)	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**	**n**	**(%)**
Ever Examined Breasts	12	(34.3)	58	(74.4)	28	(77.8)	98	(65.8)
Frequency of Breast Examinations								
Once only	1	(9.1)	7	(13.0)	4	(15.4)	12	(13.2)
About once a year	2	(18.2)	4	(7.4)	0	(0.0)	6	(6.6)
About twice a year	0	(0.0)	9	(16.7)	6	(23.1)	15	(16.5)
Every two months	1	(9.1)	7	(13.0)	2	(7.7)	10	(11.0)
Monthly	7	(63.6)	21	(38.9)	9	(34.6)	37	(40.7)
Weekly or greater	0	(0.0)	6	(11.1)	5	(19.2)	11	(12.1)
Total	11	(100.0)	54	(100.0)	26	(100.0)	91	(100.0)
Know How to Properly Examine Breasts	20	(57.1)	57	(73.1)	32	(88.9)	109	(73.2)
Cervical Screening								
Ever Had Pap Smear	33	(94.3)	76	(98.7)	34	(94.4)	143	(96.6)
Time Since Last Pap Test								
Less than 6 months ago	23	(71.9)	34	(45.9)	6	(19.4)	63	(46.0)
6 months to less than 1 year ago	5	(15.6)	20	(27.0)	12	(38.7)	37	(27.0)
1 year to less than 2 years ago	3	(9.4)	13	(17.6)	6	(19.4)	22	(16.1)
2 years to less than 4 years ago	1	(3.1)	5	(6.8)	0	(0.0)	6	(4.4)
4 years to less than 6 years ago	0	(0.0)	0	(0.0)	3	(9.7)	3	(2.2)
6 years or more ago	0	(0.0)	2	(2.7)	4	(12.9)	6	(4.4)
Total	32	(100.0)	74	(100.0)	31	(100.0)	137	(100.0)
Frequency of PAP Examinations								
Once only	1	(3.0)	5	(7.8)	3	(11.5)	9	(7.3)
Every two years	11	(33.3)	24	(37.5)	8	(30.8)	43	(35.0)
Yearly	13	(39.4)	23	(35.9)	12	(46.2)	48	(39.0)
Twice a year	8	(24.2)	12	(18.8)	3	(11.5)	23	(18.7)
Total	33	(100.0)	64	(100.0)	26	(100.0)	123	(100.0)
Pregnancy								
Currently Pregnant	1	(2.9)	1	(1.3)	0	(0.0)	2	(1.4)

WOMEN'S HEALTH (continued)	< 25 years n	(%)	25 - 40 years n	(%)	> 40 years n	(%)	Total n	(%)
Number of Previous Pregnancies								
0	11	(31.4)	11	(14.3)	6	(16.7)	28	(18.9)
1	11	(31.4)	12	(15.6)	1	(2.8)	24	(16.2)
2	7	(20.0)	12	(15.6)	3	(8.3)	22	(14.9)
3	4	(11.4)	10	(13.0)	7	(19.4)	21	(14.2)
4	1	(2.9)	10	(13.0)	4	(11.1)	15	(10.1)
5	1	(2.9)	8	(10.4)	4	(11.1)	13	(8.8)
> 5	0	(0.0)	14	(18.2)	11	(30.6)	25	(16.9)
Total	35	(100.0)	77	(100.0)	36	(100.0)	148	(100.0)
Number of Children Given Birth To								
0	18	(51.4)	19	(24.7)	7	(19.4)	44	(29.7)
1	12	(34.3)	14	(18.2)	7	(19.4)	33	(22.3)
2	3	(8.6)	14	(18.2)	7	(19.4)	24	(16.2)
3	1	(2.9)	18	(23.4)	6	(16.7)	25	(16.9)
4	1	(2.9)	7	(9.1)	2	(5.6)	10	(6.8)
5	0	(0.0)	4	(5.2)	4	(11.1)	8	(5.4)
6	0	(0.0)	1	(1.3)	2	(5.6)	3	(2.0)
7	0	(0.0)	0	(0.0)	1	(2.8)	1	(0.7)
Total	35	(100.0)	77	(100.0)	36	(100.0)	48	(100.0)
Ever Miscarried	11	(45.8)	26	(39.4)	18	(60.0)	55	(45.8)
Ever Aborted	6	(25.0)	24	(36.4)	9	(30.0)	39	(32.5)
Body Weight / Shape								
Happy With Body Weight	17	(48.6)	33	(42.9)	14	(38.9)	64	(43.2)

MENTAL HEALTH	< 25 years		25 - 40 years		> 40 years		Total		Total
	Men	Women	Men	Women	Men	Women	Men	Women	
Psychiatric History	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Ever Received Treatment or Assessment by a Psychiatrist or Doctor for an Emotional or Mental Problem	97 (41.1)	21 (60.0)	101 (39.6)	41 (50.6)	88 (41.5)	20 (55.6)	286 (40.7)	82 (53.9)	368 (43.0)
Ever Admitted to a Psychiatric Unit or Ward in a Hospital	31 (13.3)	5 (14.3)	34 (13.4)	9 (11.4)	30 (14.5)	6 (16.7)	95 (13.7)	20 (13.3)	115 (13.6)
Psychiatric Diagnosis									
Previous Psychiatric Diagnosis									
Any Previous Psychiatric Diagnosis	*89 (38.5)*	*21 (60.0)*	*96 (38.2)*	*41 (50.6)*	*83 (39.9)*	*20 (55.6)*	*268 (38.8)*	*82 (53.9)*	*350 (41.6)*
ADD/ADHD	17 (2.0)	0 (0.0)	15 (1.8)	2 (0.2)	1 (0.1)	1 (0.1)	33 (3.9)	3 (0.4)	36 (4.3)
Alcohol Dependence	9 (1.1)	2 (0.2)	22 (2.6)	4 (0.5)	13 (1.5)	2 (0.2)	44 (5.2)	8 (1.0)	52 (6.2)
Anxiety	15 (1.8)	5 (0.6)	34 (4.0)	11 (1.3)	31 (3.7)	6 (0.7)	80 (9.5)	22 (2.6)	102 (12.1)
Depression	48 (5.7)	17 (2.0)	61 (7.2)	30 (3.6)	49 (5.8)	14 (1.7)	158 (18.8)	61 (7.2)	219 (26.0)
Drug Dependence	34 (4.0)	12 (1.4)	36 (4.3)	16 (1.9)	15 (1.8)	9 (1.1)	85 (10.1)	37 (4.4)	122 (14.5)
Drug Psychosis	4 (1.7)	1 (2.9)	5 (2.0)	0 (0.0)	0 (0.0)	1 (2.8)	9 (1.3)	2 (1.3)	11 (1.3)
Manic Depressive Psychosis	6 (0.7)	4 (0.5)	12 (1.4)	4 (0.5)	9 (1.1)	2 (0.2)	27 (3.2)	10 (1.2)	37 (4.4)
Personality Disorder	16 (1.9)	4 (0.5)	7 (0.8)	8 (1.0)	7 (0.8)	5 (0.6)	30 (3.6)	17 (2.0)	47 (5.6)
Post Traumatic Stress Disorder	4 (1.7)	2 (5.7)	2 (0.8)	3 (3.7)	4 (1.9)	0 (0.0)	10 (1.4)	5 (3.3)	15 (1.8)
Schizophrenia	14 (1.7)	3 (0.4)	12 (1.4)	1 (0.1)	6 (0.7)	1 (0.1)	32 (3.8)	5 (0.6)	37 (4.4)
Current Psychiatric Medication and Treatment									
Current Psychiatric Medication									
Any Current Psychiatric Medication	*17 (7.3)*	*9 (25.7)*	*39 (15.3)*	*20 (25.0)*	*35 (16.5)*	*8 (22.9)*	*91 (13.0)*	*37 (24.7)*	*128 (15.0)*
Major Tranquillisers - Tablets	4 (0.5)	2 (0.2)	8 (0.9)	2 (0.2)	6 (0.7)	3 (0.4)	18 (2.1)	7 (0.8)	25 (2.9)
Major Tranquillisers - Injections	1 (0.1)	0 (0.0)	3 (0.4)	0 (0.0)	2 (0.2)	1 (0.1)	6 (0.7)	1 (0.1)	7 (0.8)
Lithium	0 (0.0)	0 (0.0)	1 (0.1)	0 (0.0)	2 (0.2)	1 (0.1)	3 (0.4)	1 (0.1)	4 (0.5)
Anti-Depressants	12 (1.4)	7 (0.8)	26 (3.1)	18 (2.1)	27 (3.2)	6 (0.7)	65 (7.7)	31 (3.7)	96 (11.3)
Minor Tranquillisers	0 (0.0)	0 (0.0)	3 (0.4)	0 (0.0)	1 (0.1)	0 (0.0)	4 (0.5)	0 (0.0)	4 (0.5)
Psychostimulants	2 (0.2)	2 (0.2)	2 (0.2)	1 (0.1)	0 (0.0)	0 (0.0)	4 (0.5)	3 (0.4)	7 (0.8)

MENTAL HEALTH	< 25 years		25 - 40 years		> 40 years		Total		Total
(continued)	Men	Women	Men	Women	Men	Women	Men	Women	
Perceived Psychiatric Treatment Needs	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Perceived Psychiatric Treatment Needs									
Any Perceived Psychiatric Treatment Needs	*32 (17.1)*	*9 (39.1)*	*26 (13.9)*	*13 (27.1)*	*20 (13.2)*	*3 (12.0)*	*78 (14.9)*	*25 (26.0)*	*103 (16.6)*
Alcohol Dependence	4 (2.1)	0 (0.0)	4 (2.1)	1 (2.1)	1 (0.7)	1 (4.0)	9 (1.7)	2 (2.1)	11 (1.8)
Anger Management	11 (5.9)	1 (4.3)	9 (4.8)	2 (4.2)	2 (1.3)	0 (0.0)	22 (4.2)	3 (3.1)	25 (4.0)
Depression	15 (8.0)	6 (26.1)	15 (8.0)	8 (16.7)	5 (3.3)	2 (8.0)	35 (6.7)	16 (16.7)	51 (8.2)
Drug Dependence	17 (9.1)	4 (17.4)	8 (4.3)	3 (6.3)	1 (0.7)	1 (4.0)	26 (4.9)	8 (8.3)	34 (5.5)
Sexual Abuse	3 (1.6)	3 (13.0)	4 (2.1)	5 (10.4)	3 (2.0)	0 (0.0)	10 (1.9)	8 (8.3)	18 (2.9)
Stress / Not Coping	17 (9.1)	2 (8.7)	11 (5.9)	5 (10.4)	12 (8.0)	1 (4.0)	40 (7.6)	8 (8.3)	48 (7.7)
Family Contact									
Visits With Family or Friends (Last 4 weeks)									
0 visits	115 (48.9)	14 (40.0)	122 (48.4)	35 (43.2)	104 (49.1)	16 (44.4)	341 (48.8)	65 (42.8)	406 (47.7)
1 visit	35 (14.9)	3 (8.6)	33 (13.1)	8 (9.9)	38 (17.9)	3 (8.3)	106 (15.2)	14 (9.2)	120 (14.1)
2 - 4 visits	36 (15.3)	8 (22.9)	46 (18.3)	18 (22.2)	28 (13.2)	6 (16.7)	110 (15.7)	32 (21.1)	142 (16.7)
> 4 visits	49 (20.9)	10 (28.6)	51 (20.2)	20 (24.7)	42 (19.8)	11 (30.6)	142 (20.3)	41 (27.0)	183 (21.5)
Total	235 (100.0)	35 (100.0)	252 (100.0)	81 (100.0)	212 (100.0)	36 (100.0)	699 (100.0)	152 (100.0)	851 (100.0)
Phone Calls / Letters With Family or Friends (Last 4 weeks)									
0 phone calls / letters	33 (14.0)	2 (5.9)	40 (15.8)	8 (10.0)	37 (17.5)	6 (16.7)	110 (15.7)	16 (10.7)	126 (14.8)
1 phone call / letter	35 (14.9)	5 (14.7)	25 (9.9)	8 (10.0)	30 (14.2)	5 (13.9)	90 (12.9)	18 (12.0)	108 (12.7)
2 - 4 phone calls / letters	60 (25.5)	8 (23.5)	63 (24.9)	18 (22.5)	52 (24.5)	8 (22.2)	175 (25.0)	34 (22.7)	209 (24.6)
> 4 phone calls / letters	107 (45.5)	19 (55.9)	125 (49.4)	46 (57.5)	93 (43.9)	17 (47.2)	325 (46.4)	82 (54.7)	407 (47.9)
Total	235 (100.0)	34 (100.0)	253 (100.0)	80 (100.0)	212 (100.0)	36 (100.0)	700 (100.0)	150 (100.0)	850 (100.0)
Beck Hopelessness Scale									
Beck Hopelessness Scale									
Minimal Hopelessness	130 (55.6)	16 (45.7)	143 (56.3)	48 (60.0)	124 (59.0)	22 (62.9)	397 (56.9)	86 (57.3)	483 (57.0)
Mild Hopelessness	71 (30.3)	16 (45.7)	75 (29.5)	21 (26.3)	61 (29.0)	7 (20.0)	207 (29.7)	44 (29.3)	251 (29.6)
Moderate Hopelessness	24 (10.3)	2 (5.7)	32 (12.6)	8 (10.0)	16 (7.6)	6 (17.1)	72 (10.3)	16 (10.7)	88 (10.4)

MENTAL HEALTH (continued)	< 25 years		25 - 40 years		> 40 years		Total		Total
	Men	Women	Men	Women	Men	Women	Men	Women	
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Severe Hopelessness	9 (3.8)	1 (2.9)	4 (1.6)	3 (3.8)	9 (4.3)	0 (0.0)	22 (3.2)	4 (2.7)	26 (3.1)
Total	234 (100.0)	35 (100.0)	254 (100.0)	80 (100.0)	210 (100.0)	35 (100.0)	698 (100.0)	150 (100.0)	848 (100.0)
Beck Depression Inventory									
Beck Depression Inventory									
Possible Denial of Depression	55 (23.4)	4 (11.8)	61 (24.0)	11 (13.8)	56 (26.5)	3 (8.6)	172 (24.6)	18 (12.1)	190 (22.4)
Normal	61 (26.0)	11 (32.4)	62 (24.4)	16 (20.0)	52 (24.6)	10 (28.6)	175 (25.0)	37 (24.8)	212 (25.0)
Mild to Moderate Depression	71 (30.2)	9 (26.5)	90 (35.4)	25 (31.3)	60 (28.4)	11 (31.4)	221 (31.6)	45 (30.2)	266 (31.3)
Moderate to Severe Depression	37 (15.7)	8 (23.5)	30 (11.8)	18 (22.5)	27 (12.8)	9 (25.7)	94 (13.4)	35 (23.5)	129 (15.2)
Severe Depression	9 (3.8)	0 (0.0)	10 (3.9)	9 (11.3)	12 (5.7)	2 (5.7)	31 (4.4)	11 (7.4)	42 (4.9)
Possible Exaggeration of Depression	2 (0.9)	2 (5.9)	1 (0.4)	1 (1.3)	4 (1.9)	0 (0.0)	7 (1.0)	3 (2.0)	10 (1.2)
Total	235 (100.0)	34 (100.0)	254 (100.0)	80 (100.0)	211 (100.0)	35 (100.0)	700 (100.0)	149 (100.0)	849 (100.0)
Referral Decision Scale									
Recommended or Referral for Schizophrenia	66 (28.2)	16 (45.7)	78 (30.8)	24 (30.0)	40 (19.0)	9 (25.7)	184 (26.4)	49 (32.7)	233 (27.5)
Recommended or Referral for Manic Depression	51 (21.8)	7 (20.0)	57 (22.5)	19 (23.8)	27 (12.8)	4 (11.4)	135 (19.3)	30 (20.0)	165 (19.5)
Recommended or Referral for Major Depression	110 (47.0)	23 (65.7)	121 (47.8)	52 (65.0)	77 (36.5)	25 (71.4)	308 (44.1)	100 (66.7)	408 (48.1)

SUICIDE AND SELF-HARM	< 25 years		25 - 40 years		> 40 years		Total		Total
	Men	Women	Men	Women	Men	Women	Men	Women	
Suicidal Ideation	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Ever Thought About Committing Suicide	73 (30.9)	18 (51.4)	97 (38.0)	35 (43.2)	70 (33.2)	12 (33.3)	240 (34.2)	65 (42.8)	305 (35.7)
Suicidal Thoughts (last 12 months)									
Daily	5 (13.5)	0 (0.0)	3 (8.3)	0 (0.0)	4 (22.2)	1 (25.0)	12 (13.2)	1 (2.6)	13 (10.0)
Weekly	6 (16.2)	2 (14.3)	8 (22.2)	1 (4.8)	4 (22.2)	1 (25.0)	18 (19.8)	4 (10.3)	22 (16.9)
Monthly	5 (13.5)	1 (7.1)	5 (13.9)	2 (9.5)	3 (16.7)	0 (0.0)	13 (14.3)	3 (7.7)	16 (12.3)
Less than monthly	21 (56.8)	11 (78.6)	20 (55.6)	18 (85.7)	7 (38.9)	2 (50.0)	48 (52.7)	31 (79.5)	79 (60.8)
Total	37 (100.0)	14 (100.0)	36 (100.0)	21 (100.0)	18 (100.0)	4 (100.0)	91 (100.0)	39 (100.0)	130 (100.0)
Suicide Attempts									
Number of Past Suicide Attempts									
0	186 (79.1)	24 (68.6)	193 (76.0)	54 (66.7)	183 (86.7)	29 (80.6)	562 (80.3)	107 (70.4)	669 (78.5)
1	24 (10.2)	0 (0.0)	30 (11.8)	14 (17.3)	12 (5.7)	2 (5.6)	66 (9.4)	16 (10.5)	82 (9.6)
2	13 (5.5)	1 (2.9)	15 (5.9)	5 (6.2)	8 (3.8)	2 (5.6)	36 (5.1)	8 (5.3)	44 (5.2)
3 - 4	7 (3.0)	7 (20.0)	10 (3.9)	6 (7.4)	4 (1.9)	2 (5.6)	21 (3.0)	15 (9.9)	36 (4.2)
> 4	5 (2.1)	3 (8.6)	6 (2.4)	2 (2.5)	4 (1.9)	1 (2.8)	15 (2.1)	6 (3.9)	21 (2.5)
Total	235 (100.0)	35 (100.0)	254 (100.0)	81 (100.0)	211 (100.0)	36 (100.0)	700 (100.0)	152 (100.0)	852 (100.0)
Setting for Suicide Attempts									
Community	28 (57.1)	7 (63.6)	42 (68.9)	16 (59.3)	20 (71.4)	4 (57.1)	90 (65.2)	27 (60.0)	117 (63.9)
Prison	12 (24.5)	0 (0.0)	13 (21.3)	8 (29.6)	4 (14.3)	2 (28.6)	29 (21.0)	10 (22.2)	39 (21.3)
Prison and Community	9 (18.4)	4 (36.4)	6 (9.8)	3 (11.1)	4 (14.3)	1 (14.3)	19 (13.8)	8 (17.8)	27 (14.8)
Total	49 (100.0)	11 (100.0)	61 (100.0)	27 (100.0)	28 (100.0)	7 (100.0)	138 (100.0)	45 (100.0)	183 (100.0)
Any of the Attempts the Result of an Sudden Impulse	31 (70.5)	5 (45.5)	34 (61.8)	16 (61.5)	17 (63.0)	3 (50.0)	82 (65.1)	24 (55.8)	106 (62.7)
Likelihood to Attempt Suicide During this Imprisonment									
Very likely	3 (1.4)	1 (2.9)	9 (3.8)	0 (0.0)	9 (4.5)	0 (0.0)	21 (3.2)	1 (0.7)	22 (2.8)
Likely	6 (2.8)	0 (0.0)	4 (1.7)	1 (1.3)	5 (2.5)	0 (0.0)	15 (2.3)	1 (0.7)	16 (2.0)
Unlikely	16 (7.5)	7 (20.0)	12 (5.0)	4 (5.3)	13 (6.6)	2 (5.9)	41 (6.3)	13 (9.0)	54 (6.8)
Definitely Not	189 (88.3)	27 (77.1)	215 (89.6)	71 (93.4)	171 (86.4)	32 (94.1)	575 (88.2)	130 (89.7)	705 (88.5)
Total	214 (100.0)	35 (100.0)	240 (100.0)	76 (100.0)	198 (100.0)	34 (100.0)	652 (100.0)	145 (100.0)	797 (100.0)

SUICIDE AND SELF-HARM (continued)	< 25 years		25 - 40 years		> 40 years		Total		Total
	Men	Women	Men	Women	Men	Women	Men	Women	
Self-Harm / Self Inflicted Injury	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Frequency of Episodes of Self-Harm									
0	198 (84.6)	23 (67.6)	222 (87.1)	65 (80.2)	199 (94.3)	32 (88.9)	619 (88.4)	120 (79.5)	739 (86.8)
1	15 (6.4)	2 (5.9)	12 (4.7)	4 (4.9)	6 (2.8)	0 (0.0)	33 (4.7)	6 (4.0)	39 (4.6)
2	7 (3.0)	1 (2.9)	5 (2.0)	2 (2.5)	0 (0.0)	0 (0.0)	12 (1.7)	3 (2.0)	15 (1.8)
3	1 (0.4)	1 (2.9)	2 (0.8)	2 (2.5)	3 (1.4)	0 (0.0)	6 (0.9)	3 (2.0)	9 (1.1)
4	5 (2.1)	1 (2.9)	4 (1.6)	0 (0.0)	2 (0.9)	0 (0.0)	11 (1.6)	1 (0.7)	12 (1.4)
> 4	8 (3.4)	6 (17.6)	10 (3.9)	8 (9.9)	1 (0.5)	4 (11.1)	19 (2.7)	18 (11.9)	37 (4.3)
Total	234 (100.0)	34 (100.0)	255 (100.0)	81 (100.0)	211 (100.0)	36 (100.0)	700 (100.0)	151 (100.0)	851 (100.0)
Self-Harm Reason[1]									
As an Attempt to Escape	0 (0.0)	0 (0.0)	1 (1.6)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.6)	0 (0.0)	1 (0.4)
Depression	1 (1.5)	0 (0.0)	4 (6.3)	0 (0.0)	0 (0.0)	0 (0.0)	5 (3.2)	0 (0.0)	5 (2.2)
Despair	2 (2.9)	2 (7.1)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	2 (1.3)	2 (2.8)	4 (1.8)
Drug Abuse / Withdrawal	5 (7.4)	0 (0.0)	5 (7.8)	2 (5.9)	0 (0.0)	0 (0.0)	10 (6.4)	2 (2.8)	12 (5.3)
Mentally Disturbed	1 (1.5)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (10.0)	1 (0.6)	1 (1.4)	2 (0.9)
Moving Gaol	2 (2.9)	3 (10.7)	3 (4.7)	1 (2.9)	1 (4.2)	1 (10.0)	6 (3.8)	5 (6.9)	11 (4.8)
Personal Problems	1 (1.5)	0 (0.0)	4 (6.3)	1 (2.9)	2 (8.3)	0 (0.0)	7 (4.5)	1 (1.4)	8 (3.5)
Self-Punishment	1 (1.5)	1 (3.6)	1 (1.6)	0 (0.0)	0 (0.0)	0 (0.0)	2 (1.3)	1 (1.4)	3 (1.3)
To Get Help	9 (13.2)	1 (3.6)	2 (3.1)	4 (11.8)	2 (8.3)	1 (10.0)	13 (8.3)	6 (8.3)	19 (8.3)
To Get What You Want	7 (10.3)	4 (14.3)	6 (9.4)	2 (5.9)	3 (12.5)	0 (0.0)	16 (10.3)	6 (8.3)	22 (9.6)
To Make Others Listen	1 (1.5)	6 (21.4)	4 (6.3)	4 (11.8)	6 (25.0)	0 (0.0)	11 (7.1)	10 (13.9)	21 (9.2)
To Relieve Tension	38 (55.9)	11 (39.3)	34 (53.1)	20 (58.8)	10 (41.7)	7 (70.0)	82 (52.6)	38 (52.8)	120 (52.6)
Total	68 (100.0)	28 (100.0)	64 (100.0)	34 (100.0)	24 (100.0)	10 (100.0)	156 (100.0)	72 (100.0)	228 (100.0)
Self-Harm During Current Imprisonment[2]	12 (5.2)	4 (11.8)	8 (3.1)	7 (8.6)	7 (3.3)	2 (5.6)	27 (3.9)	13 (8.6)	40 (4.7)
Likelihood to Self-Harm in Prison Compared to the Community[2]									
More Likely	13 (37.1)	2 (18.2)	8 (27.6)	5 (50.0)	4 (33.3)	1 (25.0)	25 (32.9)	8 (32.0)	33 (32.7)
Just as Likely	9 (25.7)	3 (27.3)	10 (34.5)	2 (20.0)	4 (33.3)	2 (50.0)	23 (30.3)	7 (28.0)	30 (29.7)
Less Likely	13 (37.1)	6 (54.5)	11 (37.9)	3 (30.0)	4 (33.3)	1 (25.0)	28 (36.8)	10 (40.0)	38 (37.6)
Total	35 (100.0)	11 (100.0)	29 (100.0)	10 (100.0)	12 (100.0)	4 (100.0)	76 (100.0)	25 (100.0)	101 (100.0)
Think Will Self-Harm Before Release[3]	1 (0.5)	0 (0.0)	1 (0.5)	1 (1.4)	1 (0.5)	0 (0.0)	3 (0.5)	1 (0.7)	4 (0.5)

[1] Up to three self-harm episodes were described with one or two reasons specified for each.
[2] Of those who had reported to self-harm.
[3] All respondents.

BEHAVIOURAL RISKS	< 25 years		25 - 40 years		> 40 years		Total		Total
	Men	Women	Men	Women	Men	Women	Men	Women	
Alcohol Consumption	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Alcohol Use Disorders Identification Test									
(12 months before prison) Alcohol Risk									
Non-drinker	62 (26.4)	17 (48.6)	77 (30.4)	37 (45.7)	53 (25.0)	22 (61.1)	192 (27.4)	76 (50.0)	268 (31.5)
Safe	40 (17.0)	7 (20.0)	48 (19.0)	18 (22.2)	81 (38.2)	7 (19.4)	169 (24.1)	32 (21.1)	201 (23.6)
Hazardous	42 (17.9)	3 (8.6)	32 (12.6)	8 (9.9)	27 (12.7)	2 (5.6)	101 (14.4)	13 (8.6)	114 (13.4)
Harmful	91 (38.7)	8 (22.9)	96 (37.9)	18 (22.2)	51 (24.1)	5 (13.9)	238 (34.0)	31 (20.4)	269 (31.6)
Total	235 (100.0)	35 (100.0)	253 (100.0)	81 (100.0)	212 (100.0)	36 (100.0)	700 (100.0)	152 (100.0)	852 (100.0)
Gambling									
The South Oaks Gambling Screen Probable Pathological Gambler	44 (19.5)	1 (2.9)	55 (22.4)	14 (17.3)	34 (16.4)	2 (5.6)	133 (19.6)	17 (11.2)	150 (18.1)
Like to Give Up Gambling[1]	23 (39.7)	0 (0.0)	20 (30.8)	4 (28.6)	11 (24.4)	1 (50.0)	54 (32.1)	5 (25.0)	59 (31.4)
Tobacco Consumption									
Current Smoker	200 (85.1)	32 (91.4)	213 (84.2)	66 (81.5)	130 (61.3)	28 (77.8)	543 (77.6)	126 (82.9)	669 (78.5)
Daily Cigarette Consumption									
< 5	6 (3.0)	1 (3.1)	3 (1.4)	1 (1.5)	2 (1.6)	0 (0.0)	11 (2.1)	2 (1.6)	13 (2.0)
5 - 10	78 (39.6)	6 (18.8)	62 (29.4)	15 (22.7)	39 (30.5)	9 (32.1)	179 (33.4)	30 (23.8)	209 (31.6)
11 – 20	79 (40.1)	20 (62.5)	101 (47.9)	26 (39.4)	56 (43.8)	11 (39.3)	236 (44.0)	57 (45.2)	293 (44.3)
21 – 30	24 (12.2)	3 (9.4)	34 (16.1)	19 (28.8)	19 (14.8)	7 (25.0)	77 (14.4)	29 (23.0)	106 (16.0)
> 30	10 (5.1)	2 (6.3)	11 (5.2)	5 (7.6)	12 (9.4)	1 (3.6)	33 (6.2)	8 (6.3)	41 (6.2)
Total	197 (100.0)	32 (100.0)	211 (100.0)	66 (100.0)	128 (100.0)	28 (100.0)	536 (100.0)	126 (100.0)	662 (100.0)
Smoking Reduction Strategies									
Any Smoking Reduction Strategy	*117 (59.4)*	*11 (34.4)*	*107 (50.5)*	*23 (35.4)*	*75 (57.7)*	*11 (39.3)*	*299 (55.5)*	*45 (36.0)*	*344 (51.8)*
Quit For Over 1 Month	27 (13.7)	4 (12.5)	17 (8.0)	1 (1.5)	20 (15.4)	7 (25.0)	64 (11.9)	12 (9.6)	76 (11.4)
Tried to Quit But Failed	86 (43.7)	9 (28.1)	71 (33.5)	14 (21.5)	47 (36.2)	7 (25.0)	204 (37.8)	30 (24.0)	234 (35.2)
Changed to Low Tar Brand	14 (7.1)	3 (9.4)	12 (5.7)	2 (3.1)	7 (5.4)	2 (7.1)	33 (6.1)	7 (5.6)	40 (6.0)
Reduced Amount of Tobacco	82 (41.6)	9 (28.1)	73 (34.4)	14 (21.5)	56 (43.1)	6 (21.4)	211 (39.1)	29 (23.2)	240 (36.1)
Used Nicotine Patches	26 (13.3)	3 (9.4)	22 (10.4)	8 (12.3)	24 (18.5)	3 (10.7)	72 (13.4)	14 (11.2)	86 (13.0)
Attended QUIT Smoking Program in Prison	6 (3.0)	0 (0.0)	4 (1.9)	2 (3.1)	5 (3.8)	1 (3.6)	15 (2.8)	3 (2.4)	18 (2.7)

BEHAVIOURAL RISKS (continued)	< 25 years		25 - 40 years		> 40 years		Total		Total
	Men	Women	Men	Women	Men	Women	Men	Women	
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Plans to Give Up Smoking									
Yes, within the next 3 months	49 (24.9)	5 (15.6)	43 (20.2)	6 (9.2)	31 (23.8)	5 (17.9)	123 (22.8)	16 (12.8)	139 (20.9)
Yes, but not within the next 3 months	80 (40.6)	12 (37.5)	75 (35.2)	28 (43.1)	43 (33.1)	10 (35.7)	198 (36.7)	50 (40.0)	248 (37.3)
No	68 (34.5)	15 (46.9)	95 (44.6)	31 (47.7)	56 (43.1)	13 (46.4)	219 (40.6)	59 (47.2)	278 (41.8)
Total	197 (100.0)	32 (100.0)	213 (100.0)	65 (100.0)	130 (100.0)	28 (100.0)	540 (100.0)	125 (100.0)	665 (100.0)
Like to Quit Smoking	159 (79.5)	21 (65.6)	156 (73.2)	46 (70.8)	97 (74.6)	19 (67.9)	412 (75.9)	86 (68.8)	498 (74.6)
Prison Smoking Compared to Community Smoking									
More	99 (50.5)	19 (59.4)	79 (37.1)	28 (43.8)	41 (31.8)	10 (35.7)	219 (40.7)	57 (46.0)	276 (41.7)
About the Same	40 (20.4)	6 (18.8)	74 (34.7)	23 (35.9)	44 (34.1)	6 (21.4)	158 (29.4)	35 (28.2)	193 (29.2)
Less	57 (29.1)	7 (21.9)	60 (28.2)	13 (20.3)	44 (34.1)	12 (42.9)	161 (29.9)	32 (25.8)	193 (29.2)
Total	196 (100.0)	32 (100.0)	213 (100.0)	64 (100.0)	129 (100.0)	28 (100.0)	538 (100.0)	124 (100.0)	662 (100.0)
Tattooing									
Any Tattoos	138 (59.0)	30 (85.7)	177 (70.0)	51 (63.0)	91 (42.9)	10 (27.8)	406 (58.1)	91 (59.9)	497 (58.4)
Number of Tattoos									
1 - 4	98 (72.6)	21 (72.4)	82 (46.6)	35 (68.6)	43 (47.3)	8 (80.0)	223 (55.5)	64 (71.1)	287 (58.3)
5 - 10	24 (17.8)	5 (17.2)	50 (28.4)	12 (23.5)	19 (20.9)	1 (10.0)	93 (23.1)	18 (20.0)	111 (22.6)
11 - 20	4 (3.0)	3 (10.3)	21 (11.9)	2 (3.9)	9 (9.9)	1 (10.0)	34 (8.5)	6 (6.7)	40 (8.1)
> 20	9 (6.7)	0 (0.0)	23 (13.1)	2 (3.9)	20 (22.0)	0 (0.0)	52 (12.9)	2 (2.2)	54 (11.0)
Total	135 (100.0)	29 (100.0)	176 (100.0)	51 (100.0)	91 (100.0)	10 (100.0)	402 (100.0)	90 (100.0)	492 (100.0)
Where were tattoos done?									
Outside Prison	90 (65.2)	15 (50.0)	82 (46.3)	33 (64.7)	64 (70.3)	9 (90.0)	236 (58.1)	57 (62.6)	293 (59.0)
Inside Prison	31 (22.5)	4 (13.3)	32 (18.1)	6 (11.8)	7 (7.7)	0 (0.0)	70 (17.2)	10 (11.0)	80 (16.1)
Both Inside and Outside Prison	17 (12.3)	11 (36.7)	63 (35.6)	12 (23.5)	20 (22.0)	1 (10.0)	100 (24.6)	24 (26.4)	124 (24.9)
Total	138 (100.0)	30 (100.0)	177 (100.0)	51 (100.0)	91 (100.0)	10 (100.0)	406 (100.0)	91 (100.0)	497 (100.0)

BEHAVIOURAL RISKS (continued)	< 25 years		25 - 40 years		> 40 years		Total		Total
	Men	Women	Men	Women	Men	Women	Men	Women	
Body Piercings	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Number of Piercings									
0	156 (69.3)	3 (9.4)	153 (61.9)	9 (12.0)	170 (81.7)	5 (14.3)	479 (70.4)	17 (12.0)	496 (60.3)
1	44 (19.6)	12 (37.5)	51 (20.6)	36 (48.0)	26 (12.5)	22 (62.9)	121 (17.8)	70 (49.3)	191 (23.2)
2	18 (8.0)	8 (25.0)	22 (8.9)	13 (17.3)	5 (2.4)	7 (20.0)	45 (6.6)	28 (19.7)	73 (8.9)
3 - 4	5 (2.2)	6 (18.8)	11 (4.5)	8 (10.7)	6 (2.9)	0 (0.0)	22 (3.2)	14 (9.9)	36 (4.4)
> 4	2 (0.9)	3 (9.4)	10 (4.0)	9 (12.0)	1 (0.5)	1 (2.9)	13 (1.9)	13 (9.2)	26 (3.2)
Total	225 (100.0)	32 (100.0)	247 (100.0)	75 (100.0)	208 (100.0)	35 (100.0)	680 (100.0)	142 (100.0)	822 (100.0)
Where were piercings done?									
Outside Prison	66 (88.0)	23 (76.7)	82 (84.5)	61 (91.0)	37 (90.2)	29 (96.7)	185 (86.9)	113 (89.0)	298 (87.6)
Inside Prison	3 (4.0)	4 (13.3)	8 (8.2)	2 (3.0)	1 (2.4)	1 (3.3)	12 (5.6)	7 (5.5)	19 (5.6)
Both Inside and Outside Prison	6 (8.0)	3 (10.0)	7 (7.2)	4 (6.0)	3 (7.3)	0 (0.0)	16 (7.5)	7 (5.5)	23 (6.8)
Total	75 (100.0)	30 (100.0)	97 (100.0)	67 (100.0)	41 (100.0)	30 (100.0)	213 (100.0)	127 (100.0)	340 (100.0)
Drug Use									
Ever Used Illicit Drug									
Any Illicit Drug	*219 (93.2)*	*32 (91.4)*	*228 (90.1)*	*72 (88.9)*	*113 (53.3)*	*23 (63.9)*	*560 (80.0)*	*127 (83.6)*	*687 (80.6)*
Cannabis	207 (88.1)	29 (82.9)	214 (84.6)	69 (85.2)	104 (49.1)	20 (55.6)	525 (75.0)	118 (77.6)	643 (75.5)
Amphetamines	144 (61.5)	23 (65.7)	152 (60.3)	49 (60.5)	58 (27.6)	10 (27.8)	354 (50.9)	82 (53.9)	436 (51.4)
Heroin	135 (57.9)	31 (88.6)	150 (59.5)	59 (72.8)	58 (27.4)	14 (38.9)	343 (49.2)	104 (68.4)	447 (52.7)
Cocaine or Crack	118 (50.9)	28 (80.0)	100 (39.5)	44 (54.3)	47 (22.4)	11 (30.6)	265 (38.1)	83 (54.6)	348 (41.1)
Hallucinogen	81 (35.1)	11 (31.4)	87 (34.5)	23 (28.8)	49 (23.3)	7 (19.4)	217 (31.3)	41 (27.2)	258 (30.6)
Ecstasy	97 (41.6)	15 (42.9)	71 (28.1)	25 (30.9)	17 (8.1)	4 (11.1)	185 (26.6)	44 (28.9)	229 (27.0)
Poppers	17 (7.4)	4 (11.8)	39 (15.5)	12 (14.8)	9 (4.3)	1 (2.8)	65 (9.4)	17 (11.3)	82 (9.7)
Petrol	23 (10.1)	3 (8.8)	24 (9.6)	3 (3.9)	5 (2.4)	0 (0.0)	52 (7.6)	6 (4.1)	58 (7.0)
Anabolic Steroids	11 (4.8)	0 (0.0)	17 (6.7)	1 (1.2)	1 (0.5)	0 (0.0)	29 (4.2)	1 (0.7)	30 (3.6)
Regular Use in 12 Months Before Prison									
Any Illicit Drug	*193 (82.1)*	*32 (91.4)*	*195 (77.1)*	*62 (76.5)*	*78 (36.8)*	*18 (50.0)*	*466 (66.6)*	*112 (73.7)*	*578 (67.8)*
Cannabis	155 (66.0)	22 (62.9)	143 (57.7)	36 (44.4)	49 (23.6)	11 (30.6)	347 (50.2)	69 (45.4)	416 (49.3)
Amphetamines	88 (37.6)	12 (34.3)	88 (35.1)	28 (34.6)	29 (14.0)	3 (8.3)	205 (29.6)	43 (28.3)	248 (29.4)

BEHAVIOURAL RISKS	< 25 years		25 - 40 years		> 40 years		Total		Total
(continued)	Men	Women	Men	Women	Men	Women	Men	Women	
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Heroin	90 (38.6)	28 (80.0)	95 (38.8)	32 (40.0)	40 (18.9)	12 (33.3)	225 (32.6)	72 (47.7)	297 (35.3)
Cocaine or Crack	63 (27.5)	23 (65.7)	57 (22.8)	23 (28.4)	21 (10.1)	4 (11.1)	141 (20.6)	50 (32.9)	191 (22.8)
Hallucinogen	20 (8.7)	2 (5.9)	12 (4.9)	1 (1.3)	2 (1.0)	1 (2.8)	34 (5.0)	4 (2.7)	38 (4.6)
Ecstasy	40 (17.2)	5 (14.7)	22 (8.7)	3 (3.7)	2 (1.0)	0 (0.0)	64 (9.2)	8 (5.3)	72 (8.5)
Poppers	3 (1.3)	1 (3.0)	4 (1.6)	0 (0.0)	0 (0.0)	0 (0.0)	7 (1.0)	1 (0.7)	8 (1.0)
Petrol	6 (2.6)	1 (2.9)	2 (0.8)	0 (0.0)	0 (0.0)	0 (0.0)	8 (1.2)	1 (0.7)	9 (1.1)
Anabolic Steroids	4 (1.7)	0 (0.0)	2 (0.8)	0 (0.0)	0 (0.0)	0 (0.0)	6 (0.9)	0 (0.0)	6 (0.7)
Ever Injected Illicit Drug	133 (58.1)	31 (91.2)	164 (67.5)	61 (77.2)	62 (30.4)	16 (47.1)	359 (53.1)	108 (73.5)	467 (56.7)
Prison Drug and Alcohol Use									
Ever Consumed Alcohol in Prison	25 (10.6)	7 (20.0)	40 (15.8)	14 (17.3)	23 (10.8)	1 (2.8)	88 (12.6)	22 (14.5)	110 (12.9)
Ever Used Illicit Drug in Prison	127 (54.5)	24 (68.6)	153 (60.7)	40 (49.4)	55 (26.1)	10 (27.8)	335 (48.1)	74 (48.7)	409 (48.2)
Ever Injected Illicit Drug in Prison	46 (21.8)	16 (53.3)	78 (34.7)	33 (48.5)	30 (14.9)	7 (21.2)	154 (24.2)	56 (42.7)	210 (27.3)

SEXUAL HEALTH	< 25 years		25 - 40 years		> 40 years		Total		Total	
	Men	Women	Men	Women	Men	Women	Men	Women		
Sexual Health	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n	(%)
Number of Sexual Partners in Past Year										
0	83 (35.3)	2 (5.9)	105 (42.3)	18 (23.1)	138 (65.4)	18 (50.0)	326 (47.0)	38 (25.7)	364	(43.2)
1	66 (28.1)	14 (41.2)	83 (33.5)	38 (48.7)	54 (25.6)	15 (41.7)	203 (29.3)	67 (45.3)	270	(32.1)
2 - 5	62 (26.4)	16 (47.1)	44 (17.7)	20 (25.6)	15 (7.1)	3 (8.3)	121 (17.4)	39 (26.4)	160	(19.0)
6 - 10	16 (6.8)	2 (5.9)	10 (4.0)	2 (2.6)	4 (1.9)	0 (0.0)	30 (4.3)	4 (2.7)	34	(4.0)
> 10	8 (3.4)	0 (0.0)	6 (2.4)	0 (0.0)	0 (0.0)	0 (0.0)	14 (2.0)	0 (0.0)	14	(1.7)
Total	235 (100.0)	34 (100.0)	248 (100.0)	78 (100.0)	211 (100.0)	36 (100.0)	694 (100.0)	148 (100.0)	842	(100.0)
Number of Lifetime Sexual Partners										
0	1 (0.4)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.2)	0 (0.0)	1	(0.1)
1	9 (4.0)	0 (0.0)	1 (0.4)	1 (1.3)	4 (2.0)	2 (5.9)	14 (2.1)	3 (2.1)	17	(2.1)
2 - 5	46 (20.6)	9 (28.1)	41 (18.0)	43 (55.8)	40 (19.9)	17 (50.0)	127 (19.5)	69 (48.3)	196	(24.7)
6 - 10	59 (26.5)	12 (37.5)	52 (22.8)	16 (20.8)	29 (14.4)	9 (26.5)	140 (21.5)	37 (25.9)	177	(22.3)
11 - 20	59 (26.5)	7 (21.9)	52 (22.8)	9 (11.7)	57 (28.4)	4 (11.8)	168 (25.8)	20 (14.0)	188	(23.6)
21 - 50	32 (14.3)	2 (6.3)	45 (19.7)	0 (0.0)	41 (20.4)	1 (2.9)	118 (18.1)	3 (2.1)	121	(15.2)
51 - 100	11 (4.9)	0 (0.0)	14 (6.1)	0 (0.0)	14 (7.0)	0 (0.0)	39 (6.0)	0 (0.0)	39	(4.9)
> 100	6 (2.7)	2 (6.3)	23 (10.1)	8 (10.4)	16 (8.0)	1 (2.9)	45 (6.9)	11 (7.7)	56	(7.0)
Total	223 (100.0)	32 (100.0)	228 (100.0)	77 (100.0)	201 (100.0)	34 (100.0)	652 (100.0)	143 (100.0)	795	(100.0)
Previously Diagnosed Sexually Transmitted Diseases										
Chlamydia	2 (0.9)	3 (8.8)	6 (2.4)	2 (2.5)	3 (1.5)	5 (13.9)	11 (1.6)	10 (6.7)	21	(2.5)
Cold Sores	39 (17.0)	8 (23.5)	53 (21.7)	23 (28.8)	32 (15.9)	8 (23.5)	124 (18.4)	39 (26.4)	163	(19.8)
Genital Herpes	3 (1.3)	1 (2.9)	6 (2.4)	2 (2.5)	7 (3.4)	4 (11.1)	16 (2.3)	7 (4.7)	23	(2.8)
Genital Warts	6 (2.6)	2 (5.9)	13 (5.2)	4 (5.0)	13 (6.3)	4 (11.1)	32 (4.7)	10 (6.7)	42	(5.0)
Gonorrhoea	5 (2.1)	1 (2.9)	11 (4.4)	1 (1.3)	22 (10.7)	1 (2.8)	38 (5.5)	3 (2.0)	41	(4.9)
Pubic Lice	24 (10.3)	2 (5.9)	52 (21.0)	11 (13.8)	43 (21.0)	2 (5.6)	119 (17.3)	15 (10.0)	134	(16.0)
Syphilis	3 (1.3)	0 (0.0)	13 (5.2)	1 (1.3)	7 (3.4)	0 (0.0)	23 (3.4)	1 (0.7)	24	(2.9)
Urethritis or Non-Specific Urethritis	3 (1.3)	1 (2.9)	3 (1.2)	4 (5.0)	12 (5.9)	2 (5.6)	18 (2.6)	7 (4.7)	25	(3.0)
Bacterial Vaginosis	--	0 (0.0)	--	2 (2.6)	--	0 (0.0)	--	2 (1.4)	--	

SEXUAL HEALTH (continued)	< 25 years		25 - 40 years		> 40 years		Total		Total
	Men	Women	Men	Women	Men	Women	Men	Women	
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Candidiasis	--	6 (18.2)	--	24 (30.8)	--	6 (17.6)	--	36 (24.8)	--
Gardinerella	--	0 (0.0)	--	1 (1.3)	--	0 (0.0)	--	1 (0.7)	--
HPV	--	2 (5.9)	--	0 (0.0)	--	0 (0.0)	--	2 (1.4)	--
PID	--	2 (5.9)	--	4 (5.1)	--	3 (8.8)	--	9 (6.2)	--
Trichomaniasis	--	1 (3.0)	--	3 (3.8)	--	3 (8.8)	--	7 (4.8)	--
Prison Sex									
Ever Sexually Harassed or Threatened With Sex by Another Inmate	9 (3.9)	1 (2.9)	16 (6.4)	5 (6.3)	7 (3.3)	1 (2.8)	32 (4.6)	7 (4.7)	39 (4.6)
Childhood Sexual Abuse									
Sexual Abuse Before the Age of Sixteen	87 (37.7)	19 (63.3)	76 (31.5)	50 (65.8)	87 (42.0)	16 (44.4)	250 (36.8)	85 (59.9)	335 (40.8)
Partner Abuse									
Sexual Violence Since the Age of Sixteen									
Any Sexual Violence	*11 (5.1)*	*10 (31.3)*	*14 (6.2)*	*30 (39.5)*	*10 (5.0)*	*10 (27.8)*	*35 (5.5)*	*50 (34.7)*	*85 (10.8)*
Actual Violence	9 (4.2)	9 (28.1)	14 (6.2)	24 (31.6)	4 (2.0)	8 (22.2)	27 (4.2)	41 (28.5)	68 (8.7)
Person Using Their Weight or Size to Immobilise Inmate	5 (2.3)	7 (21.9)	4 (1.8)	25 (32.9)	4 (2.0)	8 (22.9)	13 (2.0)	40 (28.0)	53 (6.8)
Threat of Violence	9 (4.2)	9 (28.1)	10 (4.4)	26 (34.2)	7 (3.5)	9 (25.7)	26 (4.1)	44 (30.8)	70 (9.0)
Types of Abuse									
Any Type of Abuse	--	*20 (57.1)*	--	*43 (56.6)*	--	*18 (50.0)*	--	*81 (55.1)*	--
Forced to Take Part in Unwanted Sexual Activities	--	7 (20.6)	--	7 (9.2)	--	3 (8.3)	--	17 (11.6)	--
Knowledge and Access to Money Stopped	--	7 (20.6)	--	15 (19.7)	--	9 (25.0)	--	31 (21.2)	--
Physically Hurt	--	15 (42.9)	--	26 (34.2)	--	6 (16.7)	--	47 (32.0)	--
Tried to Limit Contact With Family or Friends	--	11 (32.4)	--	19 (25.0)	--	8 (22.2)	--	38 (26.0)	--
Verbally Abused	--	17 (50.0)	--	37 (48.7)	--	13 (36.1)	--	67 (45.9)	--

APPENDIX 3 - Inmates' Comments

On completion of the survey, inmates were given the opportunity to comment on the survey and health matters in the correctional system in an open response format. These comments have been transcribed with minimal editing below. They provide a fascinating insight into prisoners' attitudes and concerns regarding prison health services and prison life in general, beyond the quantitative findings.

Prison	Comment
Bathurst	Better access to clinical staff & clinic.
Bathurst	I think all gaols should have nurses in the gaols 24 hours a day.
Bathurst	On the whole, most things in relations to CHS seem as well as can be given the circumstances. However to see the GP seems to be like a production line (quickly in and out) and there is no actual examination nor are we given time to explain symptoms.
Bathurst	Aboriginal health workers should pay more visits more often to inmates.
Bathurst	A permanent doctor based at all prison centres instead of having one on call and waiting for him/her to arrive. Who knows when an emergency may happen better to be safe than sorry.
Bathurst	The medical treatment received in prison is poor. I believe this is due to the attitude of the care givers. But more to the point of the problem correctional health services are restricted by out dated restrictions place on the health service. This then restricts the ability of the care givens to proper care.
Bathurst	Access to doctors, dentists is poor. Transferring of sick inmates to specialists handcuffed. Better type of transport for these who are sick.
Bathurst	You should be able to get your tablets more privately in the minimum security area.
Bathurst	I think that it was very interesting.
Bathurst	More surveys
Bathurst	Hard to see the Dr. Have to put name down and wait for long time- especially when sick and in pain. Not enough Aboriginal health workers in gaols.
Bathurst	I feel nicotine patches are far too expensive for inmates to buy and should be provided & groups should be organised for quit smoking.
Bathurst	Don't feel the clinic & doctors take enough time to understand their patients. Not called up for appointments.
Bathurst	More access to psychiatrist. Feels Aboriginals should be housed in special gaols and racial segregation should be practiced.

Bathurst	It is extremely hard to see a dentist, saw one 3 months ago and he was halfway through 2 root canals and then gave me 2 temporary fillings and said he would see me next time. That was over 3 months ago and I'm still trying to see him. Also had a lot of problems at Lithgow in getting a correct diagnosis for Crohn's disease in which I ended up in hospital for 3 months and had 3 major operations.
Bathurst	A good interviewer.
Bathurst	Due to the irregular supply of medication to the clinics I feel if the available type of medication is working, it should be continually supplied, not as it is, supplemented by a like medication. I also feel that on entry to prison an inmate should be able to undergo a complete check-up if he/she wishes it, the same upon reaching their release.
Berrima	I feel that the responsibility of the government to governing body (DCS) to administer the minimal required health services which at present are insufficient & unsatisfactory.
Berrima	Survey was a bit simplistic.
Berrima	Some leeway is required in some questions. Especially D&A questions. Terms such as occasionally etc. May be more appropriate.
Berrima	Concerned about lack of education with prison officers regarding their attitude towards Milton or bleach and the condom issue. Lack of time to consult with clinic, everything is pushed through very quickly even the doctors visit. Every visit is rushed. No time to talk.
Cessnock	Food rather tasteless and overcooked. Would prefer if it was like it used to be - cooked on wings - got more of it and it appeared to be better quality. More choice of doctors and better access to them. Have resident dentists. Often long list and little movement. More family contact days.
Cessnock	Better gym to exercise. Longer times out of wing. More visits. More variety of healthy foods. Better variety of fruits
Cessnock	Cells are unhygienic. Plastic utensils should be given out each meal. Washing powder should be dumped - causes too many irritations.
Cessnock	Better attitude of doctors toward inmates. They never explain things regarding my illness. If it wasn't for the nurse we wouldn't know anything regarding our health conditions. It would be nice to have a choice of foods. Thinks nurses should get paid double for what they do. More surveys regarding quality of care to all. Also long waiting times for doctors. Got ill on Friday, have to wait until at least Tuesday before being seen.
Cessnock	Should have a Dr. mon-fri. Chiropractic services on a regular basis. Regular dentist mon-fri. Cook meals in each individual jail. Medications should not be changed when you come into jail.

Cessnock	Inmate not co-operative. Thinks these questions are stupid. He has been in gaol since he was 14, does not want to be bothered.
Cessnock	Should have better doctors & specialists and be able to see doctors at short notice. Not having access to Panadeine needs to see a doctor and has a lengthy wait.
Cessnock	Needs a referral for gambling.
Cessnock	Open, fair questionnaire, got the point.
Cessnock	Staff do not show regard for alleged crimes, treat everyone as whinging criminals. Would like more access to family. His family haven't been well and he had difficulty in contacting them regularly. Doesn't recognise the jurisdiction of the legal system, not guilty of alleged crimes and therefore shouldn't be here. More access to education. Getting trained ("criminal academy") to commit crimes on outside - learn too many bad behaviours and how to commit crimes. One bloke asking other girls to come in on visits to bring in drugs for them, especially if them don't have visits from family, friends. Racism in gaol - if you upset one person, the others will attack you, you fear for your life. Kooris are often the worst for racist comments. One Koori was too white to attend an Aboriginal day. Asians mainly control all the drugs coming into gaol. Limited placements for low classo making visits for family difficult if not placed in metro area.
Cessnock	General hygiene of gaol environment is lower. He expects that health standards are lower. Problems in accessing hygiene products, insecticide, soaps, laundry soaps. No one is responsible for cleaning up.
Cessnock	Health service could be improved for those who need help. More sympathetic attitudes. Don't bother getting help. Doctors difficult to access. More access to clinic, more sympathetic hearings, more dental services.
Cessnock	Has history of Ca of bowel (age 6 yr). Cannot eat the frozen meals, needs fresh veg & fruit. Needs Weetbix x4 each morning to keep bowels open. Inmate not happy regarding above as inmates needing methadone do not appear to have a problem getting it.
Cessnock	Better public health information & regular updates for Hep C patients. Better educational facilities to help patients who are backward or unable to read and write - big need in jail. Education for health issues e.g. testicular examination, skin for sun spots etc. Sick of people encouraging others to use heroin many of whom have never used - should be educational classes to encourage non-drug users to stay drug free. Many believe they have illnesses therefore want everyone else to have them. More food variety and access to fresh foods in buy-up e.g. lettuce, tomatoes, cucumbers etc. Wing cooking therefore adequate portions for each person some have more, some less - less standover behaviour for food, particularly buy-ups.

Cessnock	The survey too long. Health care and nurses in prison are good. Good service.
Cessnock	Feels questions are stupid and repetitive
Cessnock	Feels that more psychological screening should take place. Many people are in goal due to psych. problems. Group therapies should be available. More education on psych. problems. More availability of free vitamin/mineral substances. Increased availability to inmates of physical training/fitness.
Cessnock	Excellent and I enjoyed it because you are an excellent interviewer.
Cessnock	Very limited access to psychiatrist. Only saw him once in 2 months on d ward. Dentist not very frequent. Faster access to doctors, often 2 months waiting list. Insufficient food supplied, would prefer to cook food on wings rather than cook-chill. Going for higher pay rate to increase healthy foods as insufficient funds to pay for them.
Emu Plains	Clinic staff at Mulawa are less helpful and say "what do you need". Just give you Panadol. Staff at Emu Plains are helpful and friendly and they want to help you.
Emu Plains	I am very pleased with this interview and had a good conversation with the interviewer who understood me and gave information about keeping healthy. Thank you.
Emu Plains	I feel this is very good that this information is important and hope the project is successful.
Emu Plains	Very dissatisfied with medical treatment at Mulawa. Nurses rude. Waiting times increased. Medical conditions worsened because condition not treated. Not enough access to clinic.
Emu Plains	The health care of prisoners should be listened to a lot more than they are & treated as a patient not a prisoner. Health carer's need to be more compassionate and confidence should stay within medical staff only. Better treatment for those who have an obvious illness.
Emu Plains	Happy with survey, no complaints.
Emu Plains	The only things I have to add is there needs to be less waiting time for nurses, doctors and health services and I think they need to listen more to what people say instead of disregarding their thoughts. Except for these I think the service is pretty good.
Emu Plains	I think it is a good thing having the survey.
Emu Plains	I feel that women in prison should be allowed to wear skirts or dresses. It is unhygienic to be wearing shorts and trousers 24/7.
Emu Plains	Enjoyed survey. Being able to talk with people on survey was good. Feel people have been interested in me and my health.
Emu Plains	Shortage of Aboriginal health workers makes seeing people difficult. Should be addressed in gaol.

Emu Plains	I have been trying to see the dentists for months to no avail, my teeth have been getting worse by the day. I have to take other peoples pain killers to kill my pain. The dentist here is useless and very unreliable all the time. My toothache is making me lose working time and money, plus I find it hard to sleep because of the pain.
Emu Plains	Good idea to do survey because I think health problems in jail should be taken seriously.
Emu Plains	Problems in accessing dentist because of long waiting list. Drug & alcohol workers difficult to access at Mulawa should be more workers.
Emu Plains	Appreciated being included in survey, glad to know that people are taking an interest and trying to improve things.
Glenn Innes	I feel that inmates should be able to be one on one with the doctor for privacy. It is difficult to be open and honest with the doctor with the 'screw' looking over your shoulder. It is pretty poor to have teeth pulled out that could have been saved.
Glenn Innes	The survey I thought was not a bad idea because after a year now in prison it's good to know this sort of survey is being carried out for the benefit of the prisoners. Also it's good to get a good physical check-up.
Glenn Innes	I feel that the Aboriginal medical centres should be made more accessible to the Koori inmates whilst being in jail.
Glenn Innes	I broke my arm 6 months ago but had to wait 4 days before I could even see a doctor or get proper pain killers and then had to wait another 3 days for plasters.
Glenn Innes	As a fitness person I would like protein on normal buy-up and other supplements. I would like to see remission for good behaviour.
Goulburn	Lack of psychiatrists and doctors, referrals are never acted on.
Goulburn	I strongly feel inmates should be given regular access to qualified psychologists not intern psychiatrists and be given yearly medical check-ups. Drug addicts should be sent to a rehabilitation prison where they are weaned off drugs entirely before being put into the mainstream prisons. The methadone program perpetuates their drug dependency. Psychiatric patients should be held in a proper secure hospital and treated by the health department not corrective service officers who have no idea about the handling or needs of inmates with mental illness.
Goulburn	It's a good idea.
Goulburn	My main concern is to get my insulin on time.
Goulburn	Other than taking too long time to get to the clinic to see doc etc. I have experienced no problems with this staff at the clinic.
Goulburn	Better access to medical files so the individual can read them.
Goulburn	Survey has been very well done. RN have been polite & explained everything.
Goulburn	This survey is a good idea.

Goulburn	Getting to see doctor can be slow process.
Goulburn	I think there should be more access to the clinic and more privacy when discussing health e.g. not at windows. Every time I come to gaol I detox do a sentence & then I'm released with no D&A counselling or follow-up. My crimes are drug related for last 15 years
Goulburn	Waiting times are too long.
Goulburn	Being able to see a doctor without having to wait two weeks.
Goulburn	Interesting question and interesting things.
Goulburn	Long bay MMTC needs an adjustment of nurses and doctors. This survey was alright.
Goulburn	Treatment received is good.
Goulburn	See doctor more often. Nurses should pay more attention to inmate.
Goulburn	Has been helpful - has brought attention to the fact that I have problems that need to be seen by a doctor. The referral to the clinic was helpful.
Goulburn	I think it's good because I can find out if I have anything.
Grafton	The nurses are doing a good job on the survey.
Grafton	Have second opinions from doctors due to personality clashes etc.
Grafton	There should be more dental visits once a week is definitely not enough. Waiting time should be shorter.
Grafton	My only problem with health care is having to go to Sydney for some specialist appointments and not being able to access the local hospital as a c2/c3 inmate for a hernia operations. Local correctional health were very supportive but custodial restrictions thwarted their efforts. Thanks for the health-check as part of the survey.
Grafton	The food is disgusting - nobody eats it because it's so terrible - everyone just throws it away. A waste of money.
Grafton	There are a lot things e.g. psychologists not helping the young blokes and the waiting list is 6 months.
Grafton	Flu medication should be available for genuine cases. Nurses become blasé about it. Easier quicker access to medical officers. Should be give free fruit juice. Should be able to get oranges, dried fruit.
Grafton	The food is disgusting and unfit for human consumption.
Grafton	Poor variety of food. Lack of food. This gaol has poor gym equipment. No access to oval area. I think syringes in gaol should definitely be supplied to inmates. Should be telephones in cells, units. There should be more fruit, oranges supplied, lack of vitamins in gaol.

Grafton	Should have access to medical files. Longer phone calls be made available. Issued with new mattresses. More cooking facilities e.g. microwaves. More milk & coffee supplied (at work) more winter clothing supplied e.g. jackets, beanies, gloves, better footwear supplied. Better food.
Grafton	Concerned about having to wait to see a psychiatrist for my medication, depression, 6 weeks so far.
John Moroney	Suitable biscuits not available for diabetics. No nutritional support for diabetics needs generally. Diabetics not adequately catered for.
John Moroney	Food is the main problem. Lack of quality foods, vegs & fruit forced to eat.
John Moroney	Food has deteriorated - no fresh food available. More work and variety of work. More useful training. Adequate wages to be paid for work - as an incentive. Support services should be improved for people being discharged such as psychologist, drug & alcohol etc. Use of local medical facilities should be used by goals.
John Moroney	That there be a full-time Aboriginal clinic person in every prison.
John Moroney	Health services would be improved if local community services were more strongly linked to goal health services. More time is needed to spend with health providers & more communication feedback about results.
John Moroney	The questions that are asked do not take into account drug related issues when 1st coming into prison and during your time in prison. The mental question section 15 does not allow for variations from drug related issues to the norm.
John Moroney	Waiting list for dentist is too long. Unhappy that Panadeine forte treatment replaced with methadone treatment. Dissatisfied with treatment received for chronic back pain.
John Moroney	In some gaols the health care towards inmates is better than others. I think one of the biggest problems is the lack of understanding by the inmates towards health care they can receive. Windsor could do with another dentist, one day a week for 600 inmates.
John Moroney	Vermin such as cockroaches. Unhygienic conditions. Health, issues: one person gets sick due to close contact and all get sick. Officer refused to contact nursing staff when inmates have headaches etc. After hours. Could be serious. Meningitis, and stroke. Could officers give Panadol if requested by inmates?
John Moroney	I think that the health survey is good to help people find out about themselves especially as goal is not a healthy place, you don't really know what you can catch in gaol so to me it helps a lot.

John Moroney	Survey is very long. Waiting list too long. Every goal should have a mental health nurse to do assessments. Health care visits are too rushed. Need a better follow-up process.
John Moroney	Too long wait for dental treatment. Feels not enough help for inmates. Has domestic problems feels no support. That corrections health should be able to have input into classifications decisions.
John Moroney	I would like to see some alternative treatments for depression like yoga or tai chi. I think mental health is very important and to be taken more seriously as self-esteem of new comers is very low
John Moroney	In some goals the attitude of the nurses subverts the provision of medical services given.
John Moroney	Health services at Long Bay hospital need urgent review as do the facilities at Goulburn gaol.
Junee	In some prisons e.g. Junee, it is so difficult and frustrating trying to get to the clinic for medication that it is not worth the trouble and I have gone off medication despite the risks involved.
Junee	This inmate believes that there are improvements needed in health care with the prison system.
Junee	Enjoyed the survey. Drug questions difficult to answer.
Junee	Inmate feels health care services are good and have been helpful during prison term.
Junee	I applied over 12 month ago to see a dentist urgently and I am still waiting!
Junee	Occasionally Celebrex is needed for my back. I don't like waiting in line daily. I need a weeks supply. Dentist budget restrains partial fillings only not proper fillings.
Junee	Food on average is well below my usual intake as free person. I am not a fanatic but balanced food is not available as I need.
Junee	I feel that it's been very comprehensive and have hope that it will benefit us.
Junee	Health care generally in prison is well below average standard compared to community. Should have access to minor medication more freely - mouth washes, Savlon etc. Never had any induction seminar on health issues in prison let alone on any other issues in prison. What's missing in this survey is the spiritual dimensional as I have 2 things: a strong faith, loving family & friends.
Junee	I live under a level of anxiety and stress. Gaol is a very stressful place. Access to health care can be obstructed by prison officers.
Junee	Waiting times for operation 13 months putting up with pain in knee whilst waiting.

Junee	Junee gaol is covered by one full time doctor with 750 inmates. There needs to be more doctors, quicker time for inmates to see doctor (maybe same day inmate can see doctor). The doctor should send inmates for x-rays if there is assault, injures should be examined in detail. At present the doctor just writes down the problem and refers on tablets only. Inmates should be sent to specialists as soon as possible with physical injury to head etc.
Junee	Need more access to doctor. Less barriers at the clinic. Dental treatments should include cleaning teeth and root canal therapy.
Junee	Food is too fatty and should be steamed. Less oils & fats. Doctors should be more available especially for workers. Waiting too long. Need better explanations regarding health matters.
Junee	Hope it does something for the health care system.
Junee	The interview was good
Junee	Need more harm-minimisation courses & posters. More treatments for general health & drug issues. Access to vegetarian diets & variations to gaol diet. "no name" brand foods only available on buy-up - healthy ones. Courses & information given on diet, exercise & hygiene. More gym equipment. Vitamin therapy to supplement or substitute drugs. Aromatherapy, massage, fitness instructors. Non smokers units and away from smokers on escort trucks. Exhaust fans in cells to get steam out from showers.
Junee	I believe prison is a place for violent criminals and not a place for victims of Johnny Howard's war on drugs.
Junee	Conjugal visits would relieve a lot of the tension. Community should be more proactive about drugs and rehab post prison ie. More living skills, community living, insight into addictions.
Junee	Good that such a survey is being conducted for the benefit of the prisoners.
Junee	I think this is the worst prison in the system - attitude of officers, food situation. I have become unwell because of food.
Junee	I think the prison health system has improved immensely over the last couple of years.
Junee	More dentists needed. I need dental work but have been told I have to wait 6mths, before I can reapply to see dentist.
Junee	Health care needs help. You shouldn't have to put in forms to see medical doctor
Junee	Would like to see larger & more healthy meals available as some inmates do not have large account available to fill buy-up with. Air conditioning in transit van to be turned off during cold weather or more suitable clothing to wear on long transport trips. Quicker access to doctors.
Junee	Happy with questions.
Junee	From Q7.4 - could not afford to continue to pay for nicotine patches they did work. Believes they should be supplied.

Junee	Methadone is given too late and makes me tired and then it's difficult to get to sleep.
Kirkconnell	Health service is excellent. Health survey was good to do.
Kirkconnell	Custodial staff need to change their attitude and let us access medical care if needed.
Kirkconnell	Feel more could be done for those suffering mental illnesses. There could be better access to psychologists and services.
Kirkconnell	Waiting list for dentist too long. More privacy with Dr.
Kirkconnell	Pleased to be part of the survey.
Kirkconnell	Feels health service is ok. Survey interesting good.
Kirkconnell	Says health care in prison is good.
Kirkconnell	Health service sucks, at maximum security goals. Custodial staff take a long time to get you to clinic. Enjoyed doing survey.
Kirkconnell	Inmate feels that DCS have too much say in how inmates are treated by nursing staff. Lack of access to services.
Kirkconnell	Health care pretty good.
Kirkconnell	Survey pretty good.
Kirkconnell	Inmates should be given clean fits.
LB Hospital	Would like to have regular blood tests (3 months) to check for infectious diseases as moving from jail to jail. Worried about what he might catch. Otherwise happy with the care and attention he receives.
LB Hospital	Worry about transfer of diseases - particularly Hep C & HIV. Offering more info. on admission & talks, literature. Drug free or disease free units pls. Regular updates on health issues particularly in relation to transferring diseases. Doesn't want to share cell with another inmate. Very short of beds. Big push to share with others. All should have own space. All inmates should work for their money therefore they could earn more money to buy luxuries/food items to supplement. When locked in cell for long periods of time drives you mad being locked up for so long - nothing to do.

LB Hospital	To get more access to health food on buy-ups and to reduce the limits on what you can and cannot have. More access to coffee/tea provisions. People who bring drugs should be punished. Far too easy to get drugs. It ruins our health and exposes our families to it. There should be more access and encouragement to get people onto harm-minimisation programs rather than using drugs in jail. Psychiatrists should pay close attention to what the patients say - "fed up by being told that they are delusional". More info. regarding mental health issues in understandable language. Being able to have a drug free environment to encourage abstinence of drugs especially if one has a low tolerance to using drugs. Because there are many drugs in the main jail he is unable to be placed there and likely to take drugs again and become unwell. More posters that mention the effects of transmitting diseases and the dangers of sharing etc. Over using drugs. (patient a victim of the outbreak of HIV/Hep in MRRC)
LB Hospital	Thinks main problem is D&A. Was used to the 12 steps of AA. Unable to have continuing access to this in jail. Currently on medication daily. Is able to dispense his own medication and feels he should do this himself. On care plan management has an agreement where he can go into cell for some time out once weekly. Sometimes not granted by nurses although on care plan. Buy-up unit has remained the same over the last few year but GST & inflation prices have decreased our overall limit. Constant supply of coffee/tea - restricted access when cold wet and miserable outside, a coffee would be a welcome refreshment. Ward meeting-pass motions -things never get going disillusionment of meetings now they don't occur. No action ever taken when had meetings. Staff sometimes meetings and psychologists - didn't deal and the issues raised and refused to discuss these issues.
LB Hospital	He is happy with his care in prison. He feels that if he had not come to prison he would have committed suicide. Has been able to access mental health care not available to him on the outside.
LB Hospital	Doesn't see the psychiatrist very often and unable to have regular access or given time to explain how he is feeling. More respect from the staff generally. Better food and more variety, better when cooked on the premises than cook-chill. Often insufficient food available. Have been waiting a long time for tribunal to get future sorted out, remain on wards, gets boring after 2 weeks. More groups, counsellors, very few nurses run groups, especially in the evenings when nothing to do. Not much in way of exercise, work out equipment - could do with more in ward area.

LB Hospital	Cost of tobacco expensive and unable to buy sufficient. Have no money left over for luxuries therefore stuck to hospital food. When unwell unable to get extra money. If given job needs to be regular in order to get extra money. Don't qualify for pension like many other patients on the ward. More open days for communication with family/friends. More ongoing education regarding mental illness in easy to understand language. Doctors don't understand me when I say I am not mentally ill. They say I have no insight but I know I need medication to stay well. Having own food provisions to cook themselves e.g. on barbeque to maintain skills that will have to be re-learnt on the outside. More surveys more frequently to improve conditions.
Lithgow	Too long a waiting list for dentist
Lithgow	Recommend conjugal visits. Do survey on every one.
Lithgow	I feel that the time period that it takes for people to see a dentist or doctor is too long. People should have daily access to these people.
Lithgow	Says health service in gaol is poor. It takes too long to get seen in clinic. Waiting long time to see an MO.
Lithgow	Stop giving us low joule artificial sweetener instead of natural sugar - it is giving brain tumours to lab rats.
Lithgow	A lot less crabby nurses but a lot are more friendly. The dentist programme should be a bit more better.
Lithgow	I believe we should have more access to seeing doctors.
Lithgow	I believe there should be more training equipment available to inmates for health and fitness.
Lithgow	Problems in clinic, officer rings clinic to make appointment, tells the wing worker/officer outside clinic times. Difficult when trying to explain to nurse why it was outside clinic hours. When explaining my problem - "itchy between the toes" - the prison officer commented - "tell him to have a bath".
Lithgow	Hard to get access to dentist and Dr. services.
Lithgow	Health service is as good as they can be under the circumstances. Some care more than others.
Lithgow	Better facilities for the nurses.
Lithgow	Health service has improved but still needs improving ie. Access to professional & competent staff, long waiting lists for specialists.
Mannus	I think that surveys are a good idea for prisoners.
Mannus	This survey is a good chance for the health services to listen to the needs of inmates. At some prisons the level of health service is poor compared to others & clinic staff are more responsive to the inmates' needs at some prisons.
Mannus	This survey has been interesting to me for self-awareness. Thank you.

Mannus	Clinic not explaining treatments to inmates. Some medications are given inappropriately without consultation.
Mannus	The survey is good and there should be more of it and the food should be healthy.
Mannus	I feel the chance to do this survey is excellent in the hope that something can be changed for the better. As an inmate, you feel that your voice cannot be heard, so in that respect you can't get anything changed in the system. The people who have done this survey have been professional and friendly and I thank you for the chance to participate. There should be more surveys done covering a greater scope as the health one has done.
MMTC	Medical services are stretched because of the amount of people in gaol. Hard to go to Long Bay for medical treatment and it is not reliable, should use local doctors. Lack of Aboriginal health workers. Information could be shared due to easy access of files and relationships between officers and nurses.
MMTC	Not enough D&A services in gaol particularly maximum security.
MMTC	Too much time locked in cells, not enough time for exercise. Was treated well when carpal tunnel was repaired at MMTC. Too many inmates of different classos mixed together after surgery. There is concern for convalescing inmates being injured by others awaiting psychiatric consultations or those inappropriately placed.
MMTC	Limited poor privacy in the clinic. Problems in accessing welfare - not interested in problems. No follow-up with LFTs - not enough time out of cells.
MMTC	Feel it's unfair to have to purchase decent food on buy-ups because the food here is bad. No help or follow-up when seeing clinic staff and IDS staff. Not enough help afforded counselling wise. Inmates are punished by bad attitude and lock down due to poor staffing levels. Bad system makes inmates worse due to no help and dehumanisation.
MMTC	That there was a lack of treatment. For my orthodontic work the corrective services refused to continue or repair damage already existing while serving my 9mth sentence. Treatment was refused as not deemed urgent, plus it started at a private practice.
MMTC	I believe the waiting list for the doctor is too long. He needs to come in more than once a week. A shortage of blankets in this correctional facility.
MRRC	Not enough milk or meat of good quality. We should have choice to quit smoking without the cost of nicotine patches
MRRC	Conjugal visits are needed, this would help relive tension, give inmates achievable goal to work towards. Welfare and psychology are ineffectual only here for the cheque. Difficult to access, D&A also but not to the same extent.
MRRC	Lack of privacy when consulting with nurse or doctor. Lack of confidentiality between patient/doctor and nurses. Non-professionalism of some nurses whereas others are extremely professional
MRRC	Too much drama involved in seeing a nurse at the MRRC. It takes 3-4 days just to see a nurse.

MRRC	Problems with gaining access to the clinics. Puts name down in the wings and does not get called.
MRRC	Been trying to see a nurse for 1 month put my name down everyday. I want to see them about painful feet and painful teeth.
MRRC	Referrals made by inmates don't go through to staff. Inmates never get seen unless you see a welfare worker in person, they can put your name down in a book.
MRRC	Long wait for clinic when names are put on the list in the wing. Shortage of Aboriginal health workers. Not enough privacy when seeing MO officers always present. Shortage of drugs and alcohol workers. Shortage of NA meetings. No fresh vegetables available on buy-ups or in the gaol menu.
MRRC	Not enough Aboriginal health workers. Not enough fresh food, fruit in gaol. Put name down in the wing for the clinic and don't get called or takes a long time. No delivery of medication. Under treated by clinic only Paracetamol given when complained about toothaches.
MRRC	Difficult to see dental health. People complaining of hearing voices, medication not working, not renewed by psychiatrist.
MRRC	Not enough time for Koori Dr in goal hard to see. Not enough Koori health workers, D&A nurses, welfare. Put name down in wing for clinic and takes too long for reply if at all. Too long wait for dentist. No pre-release programmes that are effective for long serving inmates. Never taught to live like normal people on the outside.
MRRC	Limited access to exercise due to being continually locked up. Problems in accessing clinic from the wing. Difficulty in seeing psychology & welfare. Can't access the library, makes frustrated. Worried about the preparation of food, makes many people sick. Limited access to education, should be more easily available.
MRRC	I was very keen to take part in this and for my voice & concern to be aired. Helen was a very nice person & made me feel at ease so I answered the questions with not much stress & I was honest in my answers. Overall it was good & learning time for me. I just want to add that there should be a better effort by all health professionals in dealing with indigenous inmates and we should look at the mind & spirit as well as the body. Thank you.
MRRC	I put a form in for the nurse on Monday 24th. It is now Friday 28th and I haven't seen one. Should have overnight private visits from our partner/spouse.
MRRC	Regarding this survey, the lady was very professional and caring. I believe that the results of this survey will be at sometime in the near future, passed on to other government institutions. Also that the health care, both physical and mental in the MRRC is virtually obsolete, as far as promptness and delivery go. In two months I have been asked once to use the gymnasium and twice to use the oval.

MRRC	We should have fresh food not precooked food. Need healthier items on the buy-up list. We don't get paid enough for the work we do. We should be allowed to use our mobile phones as long as they are monitored. We should be able to stay outside longer. There should be more leisure activities. We should get to choose if we want to be in a 1 out cell or share with someone. There should be more healthy food for inmates. Corrective Services needs to stop bringing up my juvenile record they're suppose to be erased, because you wrote a letter to me last year saying all my juvenile records had been erased. We should get better solicitors, no crappy legal aid. There should be more female screws. Non smokers should be separated from smokers. We should be grouped according to age. We should have more TAFE courses. We should be able to have more than $60 sent into our account etc.
MRRC	Name on clinic request sheet in pod not answered causing frustration. Access to dentist is almost impossible causing physical discomfort and frustration. Definite shortage of Aboriginal health workers, non-existent at MRRC. Problems in access the helpline for health problems.
MRRC	Should be more fresh foods available in gaol on buy-up list - spices, more vegetables, fresh meat/chicken. Overnight visits from partners should be allowed, it would stabilise anger and reduce frustration. Could be behaviour related. Keep family together.
MRRC	Sex on visits should be allowed as it helps to keep the family together.
MRRC	Unhappy with health care due to condescending nature of health staff. They should be more respectful and sympathetic, nurses should not make medical decisions they are not qualified to make.
MRRC	Inmate has congenital defect of his right foot and requires special orthopaedic shoes and has found it impossible to get these from his property.
MRRC	Put name on the clinic request list on the wing and not called to the clinic.
MRRC	Problems accessing the dentist - long wait. Name on list for clinic for long time in the wing - often not called. Poor access to oval for exercise not enough fresh food on buy-ups. Not enough Aboriginal health workers.
MRRC	If you are in your cell & you need serious medical attention there's a good chance you'll die before help gets there. Takes weeks to see welfare. Too hard to get the right medication. An occasional sleeping tablet doesn't mean a person is addicted. The doctor wrote me up for Rivotril and I haven't received it, I need it. It will take me forever to see a psych. again.

MRRC	Tests are done and results aren't given back.
MRRC	There's no point using the emergency button. I won't go to the clinic until I see who is working. I have no faith in their skills. These are a few who are great. The dentist should be here once a week, people wait in pain for months.
MRRC	I feel at classification that I should be sent to a gaol closer to home so that family can visit and access me more easily. Food should be improved, better variety and preparation.
MRRC	There is a problem when I knock up in the evening getting to see someone. It is not taken seriously. Inmates are often forced to endure toothaches, headaches etc.
MRRC	Difficult to see the dentist - long wait. No fat free diet, no fresh veggies or salad - fed carcinogens. No regular LFT screenings. No vitamins supplements available. Stopped Tegretol on admission - sent to Long Bay for treatment assessment - not seen. Problems when put name down in pod for primary health assessment but not called. No medical assistance or assessments forthcoming. No withdrawal regime for amphetamines (prolonged use) poor medical treatment.
MRRC	There is limited access and opportunity to participate in any form of exercise at the MRRC. Welfare is difficult if not impossible to access.
MRRC	Doctors stereotyped me and should not be judgemental. Assumed I was drug seeking and should have contacted my doctor on the outside.
MRRC	No continuity, was unable to finish Hep B course due to unavailability of vaccine. Problems with medical access. Name on sheet in wing takes a long time to be called to the clinic. Minor treatments are not treated. Causing feelings of loneliness & isolation. Feels dental services should be easier to access for check-ups. Little education on men's health.
MRRC	Gaol is not the answer to many crimes. People commit crimes and come to gaol because they can't cope with the outside and are not taught coping strategies. Not enough sexual abuse counselling specialists available.
MRRC	Should have overnight visits from partners - it would help preserve marriages - lower stress levels in gaol - earn the right through good behaviour.
MRRC	I feel that this survey needs to be done in all prisons.
MSPC	Don't care if helps or not. Don't like police. Survey shows we are taking notice. My hearing has always handicapped me.

MSPC	Nurses should listen to the patients more carefully to take things the patients say as being true. When it is poor winter weather, limited room and lack of shelter - diseases go around quicker and need to be treated quickly by nurses and doctors. Improve nursing attitude. Transit jail takes too long to get clean clothes. Should be some rules that patients should change their bedding regularly - often people come in for weeks without changing clothing and share with cleaner person. Sexual predators pick on young offenders and not able to stop this. Nowhere to tell people - lots of standover behaviour in this way. Being able to talk to staff in confidential way without being called a dog, rock spider etc. Power imbalance between patients and staff.
MSPC	Questionnaire too bloody long. Should have improved access to medical professionals. Shorter waiting lists.
MSPC	The lack of psychiatrist(s) in this centre needs to be addressed.
MSPC	Helpful to get more services. Bloods result will be important to me. Because I have never done before.
MSPC	Long time to wait when wanting to see some services e.g. welfare and social work - lead to frustration and anger while waiting. Was unable to continue with dexamphetamine - there is a lack of prescribers in gaol. Without this, his behaviour is a lot more violent. Better variety of food and sufficient quantities. Cater for everyone equally, not just Koori days, all races given equal opportunity.
MSPC	Haven't seen dentist, want to see. Education lacking Choice to be let out or not - thrown out in cold with no jacket etc. Locked up at 15.30 let go at 08.30. No TV. Should be allowed to rent one. Repairs to cell not done ie. Leaking sink. Methadone too restrictive when on the outside, need to get off before release to enable a normal life.
MSPC	I would like to see citrus fruit (oranges etc) available or vitamin c tablets provided. Also salt to be provided as standard ration and sugar.
MSPC	I think the survey is a good thing because I think it will be good for the prisoners & correctional staff to get on better with each other & the prisoners' will get more of what they think they need.
MSPC	Would like access to dietician in gaol.
MSPC	I think conjugal visits would be good for inmates depending on behaviour & would stop sexual assaults in prison. Every inmate in gaol in NSW thinks the food is absolute fucking shit and I wouldn't feed it to my dog - he would bite my leg off.

MSPC	Worries re returning to the community and having to start again. Having somewhere to go would be a good help reintegration into the community. Difficult to save in jail as need to spend money on food as prison food is disgusting. The day to day food should be at an enjoyable standard -this is a joke. Has to use money on outside to supplement the wages given in jail given $48.00 weekly for 7 days. Too many drugs coming in jail, where there are drugs there is too much tension which causes standover behaviour. More education relating to drug/alcohol use – harm-minimisation. Discouraging non-drug user not to take up the habit.
MSPC	More family contact and closer jail to family & allow overnight stays from wife, husband, fiancé, defacto, regular partner.
MSPC	I think it's a good idea provided the information is used properly. I think it could be beneficial to inmates that someone is interested in them.
MSPC	Programs available to patients while in jail, it not only passes the time but improves people's understanding. The violence prevention program (VPP), how to handle anger. More time out of cells to do exercises, activities etc. Can cook in VPP but most maximum jails food provided is not good. Pre-packed, reheated, often tasteless, no choice. Visits in VPP better then general population, the jails should have some privilege that people can earn this reward to have more intimate visits.
MSPC	Wings should be totally renovated, full of cockroaches. More specialists e.g. physiotherapy. More time outside locked doors. More individual therapy, more time for individual problems (sexual problems, abuse), more work for prisoners on long term jail sentences. More access to legal services. Being able to have BBQ regularly where then can cook & prepare own food. Activities to get the weight off - physical exercise encouraged.
MSPC	More buses for inmates - truck travel has no access to driver.
MSPC	More accessible to patients to visit nurse - currently restricted times. More access to parole & welfare officers - ongoing problems. Clothing issue - difficult to get appropriate clothing - e.g. work boots. Cooking own food on wings - everyday items. If jails were drug free things would be a lot freer. Too easy to get access to drugs - makes it easy for everyone - affects group activity when people are using.

	More activities in area - library. Gym equipment, pool table etc. More books, regular supplies updated frequently.
MSPC	Exchange fits for clean sterile ones on person-to-person basis due to high usage of one needle and syringe - needles become very blunt often numerous uses. Including having supplies of meats and fresh vegetables. Introduced to drugs since coming into jail - perhaps all non-drug offenders should not be mixed with those who regularly abuse drugs or have infectious diseases (patient contracted Hep C from jail). More info. regarding harm-minimisation techniques when coming into jail. All patients should be able to cook on their wings food bought for buy-ups
MSPC	In maximum jail, sexual assaults because of use of drugs in jail. However many young users offenders are still being used as sex objects when they are hanging out for drugs. More education and programmes like 60 minutes to understand the danger of drugs and the chance of transmission of diseases. Affects families of these people which makes it difficult.
MSPC	Make more professional people more available - difficult to get seen regularly if in urgent need. Do away with all waiting lists. On outside used to go to A&E and would be seen that day. Having jails nearer the person's home to allow for visits. Buy-up should be broader in content e.g. more variety of makes, decent steaks, pork chops etc. Insufficient activities whilst in jail e.g. at night time inter-team activities - snooker, weights (gym area). Often too long in cells (not here in MSPC Area 3). Should have more activities to encourage interaction exercise etc.
MSPC	Better nutritional intake, being able to cook own food. In MSPC more cleaning equipment to clean cells themselves e.g. spray, wipes. More time allocated to cleaning cells. More activities on offer during the day to stop boredom, more jobs available - this would stop fights and tension in yard from people sitting around. Being in gaol where family access would be encouraged or more accessible.
MSPC	I consider the standard of health care in prison to be average but even an average standard system is well below average if you can't get to it. It takes so long you learn to live with the problem and lose trust and faith in the system that is there to help us. As inmates it seems the only way you get to see a medical staff member is you are a junkie or of Aboriginal descent.
MSPC	I think this survey is a good idea because it will help people.
MSPC	Need to pick up their acts & change attitudes to inmates. Survey a bit personal. Same question asked 2-3 times.
MSPC	Dental care – waiting 4mths toothache. Concerned that will not be done before discharge. Medical doctor not interested and concerned. Nursing staff are excellent.
MSPC	I have taken part because it might be helpful to improve things.
MSPC	This needs to be done. It is confusing to answer

MSPC	Telephone calls - max length of 6 minutes costs 40cents. Would prefer mobile for making personal calls - numbers could be tapped and others calls blocked. Food cooked here should be able to be taken home by relatives (patient made muffins for son, unable to take home). No home cooking allowed in jail, our food is from a vending machine. If drug addicts were separated from other jail population to allow for foods to be brought into jail would improve health and have a more settled jail. Lots of standover behaviour relating to drugs. Too easy to get drugs into jail. Increased activities and/or work to take up people's time in jail otherwise become easily bored and fed-up. No gym equipment available here. Should be a compulsory 60 minute workout/exercise daily. Activities in the evening when locked in early. Leave the pods open so that they have free access to each other within the pod area. Keeping families together by offering more visits or at minimum keep children with their fathers/mothers to assist in maintaining long-term relationship
MSPC	Shouldn't have compulsory attendance to groups in order to obtain parole.
MSPC	More facilities e.g. art groups (only 10 allowed) rather than locking them up in yards with nothing to do. When they get art they are a lot more focussed and positive. When locked in yard for hours, it is depressing and tension runs high. Now in maximum - most programmes appear to have stopped, especially art, literacy, leather work. More rehab. before discharge back into community. Is a bit like visiting a zoo - animals in cages, locked up with nothing to do and minimal activities. Life styles programmes good but limited to 8 people for 6 weeks. Some sort of programme for those with long sentences to aid returning to the community and being set up to cope rather than fail.
MSPC	Control standover behaviour regarding drugs in maximum jail. People who were on methadone were targeted recently. Having to write form to access services, often long and complicated process, should be simplified. More milk, yoghurt etc. available. Also variety of fruits rather than apple and pear. More (free) access to vitamins/minerals to supplements diet. More education. Meaningful long-term education. Certificates have little meaning on the outside. Having integrated activities which could be continued on the outside or vice versa. Those with minimal funds, difficult to buy other things if you are a smoker. Attends art group but only gets $1 extra per week - enjoys group but has no money. Parole courses should be more geared to motivational activities to enhance themselves on the outside. Doing meaningless courses are often worthless on the outside.
MSPC	It will be useful to help get resources and better conditions for inmates. It has helped me to look at myself.

MSPC	Food should be fresh and cooked by patients in all wings. Jails - not use processed foods etc. Better access to health facilities e.g. doctors, dentists, optometrists. Better understanding of patients needs - not taking seriously sometimes. Better understanding by workers and their attitudes. Would like access to sugar because of healthcare. Be able to buy red meats - any variety. Better variety of vegetables - raw.
MSPC	Being able to use our cooking skills in the evenings to buy and prepare and cook from. Easier access to medical staff e.g. doctors and second opinions if you don't get the treatment you feel you require. More Aboriginal health workers. Family should be able to drop shoes off for patients.
MSPC	More Aboriginal contacts e.g. a doctor - not visiting frequently. Ordinary doctors don't understand our culture. Offer services for unresolved issues e.g. previous sexual assault which impact on how you're feeling currently and may also affect reasons for current crimes. Used to structure all his life difficult to cope without this. When leaving gaol would be useful if services could be continued into the community e.g. support services to allow people like myself to succeed rather to fall foul of the law without any supportive structure. Once offend get a record or label - difficult to get rid of this label - community stigma.
MSPC	Lack of provisions of milk - only given 1 carton per day. Much more healthy food for meals. Cooking on the wings. Money given weekly ($12) shouldn't have to be spent on supplementing their daily intake of food. Officers & nurses - often not private & confidential - discuss in front of other inmates. More access to Dr's when sick - currently have to wait 5-7 days to be seen. More health posters e.g. risks to health in jail and general health. Information to be regularly updated & supplied to all wings in jail. Being aware of the free health care number e.g. Hep C line, mental health.
MSPC	I hope that this survey helps get inmates more, needs to help them on their way back to the community and help them not come back to gaol.
MSPC	When going to court, unable to take own tobacco. Cannot be given smokes there unless they have their own. Good to have cooking facilities to be able to do own cooking (no spicy food often unappetising) which is a skill required by work people on discharge. Kettles in own rooms to drink as required. More milk rations only given 250ml daily - insufficient if this is used on cereals - none for drinks etc. Can't buy milk or milk powder on buy-up. More variety of foods stuff available on buy-ups. Also cost of items on buy-ups has risen but amount allowed to spend has remained at $60 weekly.
MSPC	I have enjoyed doing it.
MSPC	Life is what you make it. Officers' attitudes make life harder, negatives breed negatives.

MSPC	I think I need to see the psychiatrist
MSPC	Out of gaol in 2 days. No interest in giving up drugs, likes the feeling, is unsure about the future, feels helpless and hopeless at times.
MSPC	Food should be dished out fresh rather than cook-chill; often unpalatable by the time it is served. Some gaols really bad for standover behaviours & drugs. Often families get roped into bringing in drugs.
MSPC	Hasn't had much contact with medical services. Many systems in place that hinder health treatment, everyone is tarred with the same brush ie. if has a headache hard to get analgesics. Greater level of credibility should be given to inmates who turn up to clinic infrequently. Has spent lots of money on dentistry but dentist here tends to take teeth out rather than use preventive dentistry. Lack of intellectual stimulation in gaol - has had one computer course. If sharing needs to be with suitable buddy as locked up 18 hours per day. Food often close to use by date.
MSPC	I think we need more rehabilitation and health education and they should get more funding
MSPC	Parts not understood by inmate - there was a language problem, the questions were a little difficult to explain. It would be a good idea to have an anatomy chart somewhere in the survey as physical explanations can be and have been hard to overcome. I found this inmate to be a very lonely no family to visit, no family contact from his own country. He does not seem depressed about it but the humanity aspect hasn't been addressed. I am sure there must be support groups from his country in Australia who would visit and give some hope.
MSPC	Food often overcooked therefore supplies own food. Provide food to allow own cooking. In this jail good activities but should be adequate access to gym equipment, IDS services. Improved attitude from staff toward patients needs, treated more humanely, not feel the staff are punishing you for being here. More surveys to highlight inefficiencies and defects in the jail system/healthcare. All cells should be one out, why should we have to share cells with people we don't know especially for lengths of sentences. Sometimes need your own space.

MSPC	More access to health foods. Perhaps even cooking on the wings. More access to fruits. Smoke free wings to non-smokers. More activities when locked in cells. Free access 24 hours daily. Wearing own clothes as part of the discharge planning. Lots of standover behaviour relating to drugs. People getting themselves into debt when buying drugs, people getting assaulted because they owe money but still have to pay debt. Debts ongoing and constant, will catch you on return to jail. Breaks up families by amount of drug use, forcing people to bring drugs in, put money into bank accounts on outside etc. Drugs free wings - peer pressure to abstain from drugs. No support package when leaving jail makes it hard when returning to the community especially if haven't got family.
MSPC	It a good thing to do, to find out if there is anything wrong.
MSPC	I have recently been a patient at Long Bay hospital following surgery at the Prince of Wales. I must say I was extremely disappointed and at some periods distraught by the lack of professionalism and care. Basic needs were not catered to at all. This survey has both been interesting & well thought out. I'm glad I had the chance to participate.
MSPC	I am 2 out and have always been 1 out this is difficult for me. Staff will not listen to me, they treat me badly e.g. request to go to clinic to have object removed from my eye - it was denied. They speak to us with a bad attitude.
MSPC	This inmate had a lot of trouble understanding the questions.
MSPC	Should be allowed to have own cells in every aspect. No info. given if sharing with someone who is HIV or Hep C positive. At least you could make a decision about whether you want to share with the person. Could put other inmates at risk if don't know. More help to quit drugs, including methadone. Looking at after gaol when have been on drugs - too easy to go back to old ways. Perhaps introducing some sort of needle exchange in gaol, also having drug free wings. More access to fresh foods and cooking on wings. Minimum security - wearing own clothes around pods/wings. When going to D&A have to impress the person as they have a lot of power.
Mulawa	Complaining of earache, states not treated. Wants to go for an operation on blood clot in brain D Ward.
Mulawa	Lot more in-depth explaining treating follow-ups. Very happy with medical survey.
Mulawa	Medical service not good enough at Mulawa - the only treatment for any complaint is Panadol. There is only one welfare worker, she is Koori and gives preference to Koori inmates.
Mulawa	To many bullshit questions some that have no relevance
Mulawa	I think the survey is a good idea. I have only just come to prison but believe your health staff do quiet a good job looking after our heath and that maybe only a few things need to be introduced or looked at. Thank you.

Mulawa	Health care in prison is inadequate. Access to doctors is difficult. Basic care I would give to my dog.
Mulawa	Sometimes I feel people who attend the clinic often get seen first before me (favourites). I feel we need to have more surveys, enjoyed taking part. Felt comfortable throughout the survey.
Mulawa	The only time I have used unsafe injecting equipment is in prison. This issue needs to be addressed it's a shame that classo almost forces people to see D&A, psychology as these are very busy services & could free up time. Should be only those who want to genuinely see them. The issue of sick certificates should be more easily available in the mornings or should be able to stay in cell until nurse/Dr. is available to see person. Not made to wait at clinic for up to 2-3 hrs.
Mulawa	Recently we have been lucky enough to have new nurses employed that care & are compassionate. The older nurses (both in age & longest employed here) are rude, complacent & have lost all sense of compassion. Nurse X (women's health) has an excellent manner. The doctors do a fantastic job and don't get enough credit. Dr S deserves a knighthood. At least the order of Aust. The waiting time for methadone placement is ridiculous & the waiting time to see either doctor is also ridiculous. It seems plainly obvious that more health workers are necessary. The above complaints have been hollered about by inmates & voiced by the IDC (inmate development committee), which incidentally has been non-existent since Governor X came to power) for many years, yet nothing seems to change. I can only hope & wish for these surveys to achieve the goals we as inmates have been striving for e.g. more health workers who really care about the women they come into contact with. Also, we have a huge need for a full time physiotherapist. I have no doubt that there are enough women in need of physiotherapy to keep someone more than busy.
Mulawa	The health workers within the prison system are generally uninformed & somewhat incompetent.
Mulawa	I think the clinic here is not all that good. We are all human and I think we shouldn't be treated like animals. I think the officers in Mulawa are very rude and have power trips. Being in protection we get spoken to very harshly and called dogs by a number of officers. The protection girls should have more sunlight and exercise equipment.

Mulawa	Problems with getting medications when first in goal. 2-week delay. Dr ordered meds. Without seeing and review first clinic medication not accessible. Long wait for medical attention. Too many people not enough resources for the amount of people in goal - psychology welfare etc. Poor attitude of medical staff and officers to inmates. No educational programs for inmate rehabilitation. Not enough to occupy mentally. Not enough time out of cells for exercise. No cooking facilities in protection. Not enough television sets for inmates. Should be more easily accessible.
Mulawa	I think they need to be more helpful when someone comes in hanging out, the medication they give doesn't help at all. I also think the waiting list and time to get on methadone is unbelievable, and you should be treated more like a person, not just a number.
Mulawa	Don't know how to access services within prison. People in protection need to have time to relax and possibly go to the chapel or sit in a quiet space. Can't even sleep or see sunlight in Conlan. Panadol for everything. Need to have real treatment.
Mulawa	Poor access to clinic - poor times. Problems getting basic care e.g. analgesia for toothaches, headaches. Have long unnecessary waits. Miss out in lockdown. Nurses' attitudes often stink. Welfare, psychology D&A services poor - hard to access because of numbers waiting.
Mulawa	Problems with constant lockdown having problems exercising. Problems accessing IDS staff, psychs., welfare, optometrist-too many inmates not enough workers.
Mulawa	IDS and medical staff difficult to access, time is short not enough people seeing inmates. Problems accessing methadone an admission if come in on w/ends. Clinic not accessible easily. Problems seeing nurses. Gym hard to access opens unreliably. Not enough health foods on buy-up. Clinic inconsistent with supply of items such as iron tablets, skin creams. Can't get hats from gaol. No orientation available on intake - not made aware of times and services.
Mulawa	I would appreciate not being told any health problem or symptom I have does or doesn't require Panadol. I don't feel health issues are taken seriously here. So now I don't even go to the clinic.
Mulawa	The level of medical care is definitely not as good as that received outside of jail. The staff don't seem to be as well trained. I have a simple varicose vein which bothers me, I need attention but they say they can do nothing for it here. I had an x-ray for my cheek & have still not been told the results. Nurses don't seem to work long hours & it takes a while to see them.

Mulawa	I think that the nursing staff should be more caring and have more access if you are genuinely sick.
Mulawa	No privacy in clinic, officers always about. Worry about confidentiality. Medical care second rate. Hard to see people at the clinic, welfare & psychology are difficult to access, not enough workers for the amount of inmates. Medical staff are often rude.
Mulawa	I think prison health care is good it let's you catch up on what you missed on the outside world, like I never went to a doctor on the outside.
Mulawa	I think that the nurses should be much nicer to the inmates than they are now. They have to support us and help us with what every problem we have and not just turn there back on us. There should be more services of everything such as dentist or optometrist.
Mulawa	There should be more doctors available when people have accidents. There should be follow-up, physically assessed and mentally supported. The inmates that yell and scream get the attention, those who don't get pushed back to end of line.
Mulawa	Being in Conlan we don't get to see the nurse in the afternoon, because it's too hard for an officer to take us strict protection up to sick parade, and some of us really need to see a nurse or doctor. Sometimes we wait up to 3 weeks and by then the problem has become worse then it was when we just asked to see someone.
Mulawa	Fruit supply not reliable not accessible. Every day sick parade hard to get to. Not always easy, record name but not always called.
Mulawa	Not easy to access medical problems. Not enough time for personal interaction due to pressure of numbers. Difficult to access psychology due to large numbers wanting to see them.
Mulawa	It took 3 months for me to get an interview for methadone. Name on dental list for 6-7 months.
Mulawa	I really enjoyed doing this survey, I think that more of these should be done to improve our current medical situation. Thank you for your time.
Mulawa	Nurse/officer conflict makes it difficult to get care. Interfere with staff with prescribed treatments. Officers don't pass on messages to inmates re. medical appointments. Protection inmates don't have time or facilities for exercise. Work 08.00 to 16.00. Gets frequent lockdowns and restriction of time out of cells. Sick parade is hard to access, no officer to take to clinic. Problems with IDS staff (welfare) not attending protection. Deprived of essential services. No cooking facilities in protection - 1 frying pan & microwave between 30 inmates.
Mulawa	This survey I found to be very thorough and the questions covered a lot of issues. The health department should be aware that the system here could be run a lot more effectively in many areas. If the nursing staff (all-areas) could get more staff then there would be more hours put into helping us and less long hours for the nurses, dentist, women's health etc.

Mulawa	I just would like to say that although I haven't had the opportunity to visit the annex often, but the times I would of liked to go, I would have liked to be seen without difficulties. Waiting for long period of times, writing your name on a list and 5 months later still haven't been called up. And last but not least dental needs for women in gaol really need urgent attention our teeth are rotting away, I am not a drug user. Could you imagine if I was, I would probably be toothless now. Thank you.
Mulawa	Concerned about seeing mental health nurse at Mulawa. The process is to see clinic first and they decide if you get to see mental health. Sick parade - problem getting to it by 2.15pm so we miss out. There is only 15 mins to register for sick parade. Waiting list for dentist is long.
Mulawa	I get turned away when I'm sick because it's not the right time for sick parade and I can't stay in bed if I'm sick because I need a medical certificate and by the time you get to sick parade the day is over.
Mulawa	I think oral care should be taken a lot more seriously than it is at this time. You shouldn't only be able to see dentists if there is something wrong. We should have 6mth check-ups to keep our teeth in as good condition as possible. If I was outside I would do this, why can't I in here. When I came to jail in 95 there was no mental health available to see me, not that I would have asked. But if there was somebody I'm sure they would have seen me, I more than likely need a little help.
Mulawa	Clinic staff are finding it hard to cope due to increasing numbers. Not enough attention given to those in need.
Mulawa	I feel the dental here at Mulawa is too slow as I am still waiting for dental to see me. I have medical letters from doctor to say I really need teeth as I am losing too much weight.
Mulawa	Medical staff don't take inmates seriously, attitude toward inmates is atrocious. Irregular fruit not much fresh vegetables. Psychology is difficult to communicate with and are reluctant to help.
Mulawa	Should be more Aboriginal workers such as doctors, counsellors, nurses etc.
Mulawa	Poor care in prison hospital when had food poisoning. Officer would not provide clean sheets when vomited. Refused towels after shower. Shortage of nursing staff. Inability to get new denture due to 2½ yr sentence but already served 10/12 in remand. Problems with access to clinic for sick in cell. Must go to clinic in pm for sickness in am.
Mulawa	I think that clean syringes & needles should be issued to inmates by the clinic. Confidentiality should be given so that officers don't know who is getting new needles. Make it like a needle exchange within the jail, give out swabs, clean cotton balls.
Mulawa	The health system at Mulawa is disgusting and much worse than outside.

Muswellbrook	The only serious complaint re. care, is because of the dentist. He would not attend to peridontitis & plaque. I've paid $100 to visit local dentist. Has great concerns for lack of choice on buy-up. Mostly inadequate. Would like to purchase fresh food.
Muswellbrook	Many questions don't relate to me- many too long- should break it down.
Muswellbrook	Does not like being with drug addicts. Afraid of catching diseases.
Muswellbrook	Due to 'cook-chill' meals and the stressful environment I have observed that in this, and other gaols, it would be appropriate for DCS and CHS to agree to the supply of vitamin b and multi-vitamin tablets to each inmate on a daily basis (supplied with breakfast rations). Vit b alone will improve mental behaviour of inmates& decrease stress.
Oberon	Happy to be part of the survey.
Oberon	Survey was good.
Oberon	Feel that more doctors should be provided
Oberon	Go home in 11 months happy with service.
Oberon	Well conducted in professional manner with all respect given to me. System at Oberon is fantastic.
Oberon	I understand that (gaol) clinic sisters have a lot of time wasters or people who want to get out of work lying to them, but I feel that the sisters could make more effort to ascertain between these people and people who are genuinely ill.
Parklea	Happy with health care
Parklea	I think the prisoners' health is well looked after.
Parklea	Inmate should have more time out of cells to exercise.
Parklea	After this survey I think the health care given to inmates needs improvement: 1) diet, 2) more dental services, 3) more access to doctors. Fund raising for inmates' health and for medical needs of inmates.
Parklea	It would be more helpful if the nurse would be more understanding re. my hay fever and not be judgmental. Dr here is worse than the nurses.
Parklea	Dental services poor waiting times very long.
Parklea	This inmate has had problems getting an appointment to see the psych. Has been to clinic to try and make an appointment, nil success.
Parklea	Happy with health care at Parklea.
Parklea	The system should supply better medication for all problems. Stressing out- no medication for stress.
Parklea	Please note wasn't prepared to have something injected as I didn't comprehend form due to the way it was written.

Parramatta	More psychologists etc. less officers, combined roles - ie. officers with psychology background, education.
Parramatta	When they lock you up you think it will be just as you left it but you have lost your job - hard to get started again. Along comes your old friend and you're back to square one. I want a job to give me a future. If you have been in prison they don't want to know you, don't trust you. I think there should be a start up programme which starts up before you leave jail and continues when you leave to get jobs.
Parramatta	Feeling disillusioned currently as in transit to another jail. Difficult to plan ahead and get into a routine or attend classes. Should encourage quit smoking programs or provide free patches or heavily subsidised patches to those who have little money or no additional funds available for buy-ups. Cannot pay for nicotine patches
Parramatta	States that while we are asking many questions there will be no change or very little.
Parramatta	The survey is a good thing to try improve the health care for all.
Parramatta	Find it difficult to access dental services. I have been waiting to be treated in pain for 4 months.
Parramatta	Would like have inter gaol competitions. Better gym equipment, better food, fresher produce, more choice, daily visits. Longer hours out of cells, more electrical equipment to be able to cook food. More educational input. Limited D&A counselling. Information about each jail should be given to all patients when arriving as so many operate differently. Jobs, activities, courses. Clinic opening could be in this info. pack. More Aboriginal health workers. Haven't seen staff of Aboriginal descent at Parramatta.

Parramatta	Doesn't really get sick but worries about what health care he would get if he did as very hairy stories given to him by other patients. Given inadequate information on medical procedures ie. refused Mantoux test because of insufficient information regarding side effects, what it is, dangers etc. Limited ongoing support to abstain from drugs on release. Too easy to get back into jail by defaulting. Should be allowed to smoke pot to take the edge off an often intense environment. It would calm people down and there would be less violence and assaults. Mattresses are of poor quality, back problems are made worse. More smoke free environments and encourage more people to quit whilst in jail. Unable to be on naltrexone unless they pay for in themselves - with limited budget impossible to self fund. Shoes are bad for people's feet - made of rubber, sweat profusely. Sunglasses and shoes can't be provided by relatives - have to buy everything through the jail system, therefore much less choice and generally poor quality. Dental floss & better toothpaste should be offered. Decent shampoo and deodorant. Lots of problems shaving in gaol. No Australia day but lots of Koori weeks, Turkish days etc. - what about the Australians.
Parramatta	Not satisfied with the medical attention and treatment from the doctor. Satisfied with nursing staff. Thinks those on methadone should be able to be dosed prior to going to court. Results in hanging out through the day.
Parramatta	When dealing with psychiatric problems, all staff have to be involved. Has to ring the dentist themselves to make appointment and the dentist had trouble with phone account. Therefore hasn't used service but needs dental treatment.
Parramatta	Restricted access to fresh air working 5 days weekly. Should have more access out of cell or longer activity days e.g. for the gym, exercise in yards etc. More variety and choice of food and fresher foods to be provided. Basic ingredients to cook with on wings. More educational activities when working. Has no or limited access to these facilities especially things like D&A counselling. If he doesn't work then has insufficient funds to buy extras such as food to supplement his dislike of prison food. Vulnerable people are targets for sexual abuse within jail. Perhaps extra education or info. Given to these people on admission to jail who are thought to be vulnerable.
Parramatta	Open the clinic more often for medication.

Parramatta	Waiting for mental health nurse & D&A counsellor for more than 3 months. Difficulty having access to these services in this jail and has experiences similar problems in other jails. Has never seen a psychiatrist since being in jail, have been here for 4½ months - currently on Cipramil which has been on outside. Meals appears to be higher in fat content and floating in fat, meal often fatty, veggies overcooked sloppy (not crisp) margarine butter is 87 percent fat, no choice of low fat spread. Availability of getting sunglasses into the jail is not possible- doesn't know whether can buy them here in jail. More access outside of cells-when working has less access to outside in sun (fresh air) and availability to exercise & socialise. This should be extended to encourage patients to work but also be able to participate in other activities ie. Shouldn't be penalised for working by having less time to do other activities. More access to D&A workers. Have access to methadone- often long visiting list if not on methadone.
Parramatta	Prison has had -ves and +ves: +ve - attitude improved, in future wants to work. Health has improved, off drugs. -ve - lack of freedom has made me worry about my family. Meet people who want to make you continue with crime. Good place to advance your criminal skills.
Parramatta	More provisions on buy-ups to be able to cook own food. Often insufficient food. Given only one milk 225ml & one small box of cereal. More visits and allow smoking - should be allowed to wear greens on visits. Limited work available and program available. Should be increased e.g. ports, work in wings on rainy days - should be allowed to go inside, have to go outside all day.
Silverwater	I would appreciate if the interviewer could give the results independent of the clinic.
Silverwater	Doing a good job under trying conditions & stupid inmates.
Silverwater	CCF causes the plunger to swell in syringes therefore not many use it anymore.
Silverwater	I just think the health care in prison could be better.
Silverwater	I have found that you cannot get medical help for normal illnesses (arthritis, blood pressure etc). I am questioned by the nurses then make judgement whether you can see the doctor or not regardless of pain you are in. If you miss the clinic time you have to wait 24 hours some time in pain to see the nurses.
Silverwater	Survey too long.
Silverwater	More access to psychiatrist and like services.
Silverwater	Thinks inmates should have private visits from partners but not overnight.
Silverwater	If you are unwell you are told to go away until the clinic is open. That can be 5hrs away or they give Panadol instead of seeing what's wrong with you. The clinic is only open once a day.

Silverwater	No exercise area, nowhere to walk. Requested nicotine patches, over 6 weeks waiting period. It takes 5 visits to see doctor, still haven't seen him. Can only get minor dental treatment done otherwise have to pay for escort and treatment.
Silverwater	Care is adequate except that to see a doctor it takes too long so you have to undergo unnecessary procedures. To see a dentist is almost impossible and in the end we should be allowed to see our own dentist.
Silverwater	Survey is very good. Gambling is an important part of this survey. Need more groups at all gaols not only minimum security. Survey questions good all in all.
Silverwater	Easier access to specialists.
Silverwater	I have noticed over the years a gradual improvement in the health service and the attitude and social skills of some staff towards inmates, but at times the old attitudes of "fuck them, they're only crims" still comes to the fore.
Tamworth	A bit too long.
Tamworth	It is good we have these surveys to find out about their problems e.g. gambling, D&A.
Tamworth	This man is illiterate and had very poor understanding of questions.
Tamworth	Repetitive test. No dental health at Tamworth, small jail, population changes quickly.
Tamworth	I feel privileged to have been randomly chosen. I feel this is a good thing for all concerned and can only help us.
Tamworth	Think the survey is good. Thanks to the test people. Enjoy getting results in the next few weeks. Enjoyed being a dummy.

APPENDIX 4 – Physical Measurements Protocols

Peak Expiratory Flow

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.

Blood Pressure

Blood pressure was recorded using an OMRON Blood Pressure Monitor (M1). Readings were taken whilst seated.

Eye Sight

Eye sight was tested at a distance of six metres using a Snellen Chart. The protocol for recording eye sight detail was to:

1. Advise the inmate to stand behind the line marked on the floor.
2. Instruct the inmate to cover one eye with the card provided.
3. Advise the inmate to read the chart starting from the bottom line.[i]
4. Repeat for the other eye.

Blood Sugar

Blood glucose was measured using a MEDISENSE Inc., Precision QID Blood Glucose Monitoring System. The protocol for recording the blood sugar was in accordance with the user manual provided. Respondents with high blood glucose levels (ie. > 8.0 mmol/L) readings were referred to a doctor for further investigation, apart from those known to be diabetic.

Height and Weight measurements

To record height, inmates were required to stand with their backs to the wall looking straight ahead. Height was recorded in centimetres using a tape measure suspended from the wall.

Inmates were weighed without shoes and lightly clothed using a set of bathroom scales. Weight was recorded in kilograms.

Hip and Waist measurements

The waist was measured at its narrowest point and the hips at the widest point using a tape measure.

Mantoux Tuberculin Skin Test

Inmates were injected intradermally with a 0.1mL solution of CSL Human Tuberculin PPD. Seventy-two hours later, the reaction was read by trained staff using the ball-point method.

[i] Note: Subjects who wore glasses were tested with them on

Reactions of 10mm or greater in persons with no BCG vaccination history and 15mm or greater in persons with a BCG vaccination history were considered positive and referred to a chest clinic or departmental x-ray service for a chest x-ray.

APPENDIX 5 - Blood Tests

Human Immunodeficiency Virus (HIV)
GENELAVIA MIXT ELISA. SANOFI (France)

Hepatitis B Core-Antibody
Anti-HBc Enzyme Immunoassay. GENERAL BIOLOGICALS (Taiwan)

Hepatitis B Surface-Antigen
HBsAg Enzyme Immunoassay. MUREX (UK)

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

Chlamydia Trachomatis & Gonorrhoea Neisseria
Roche AMPLICOR Chlamydia Trachomatis/Neisseria Gonorrhoea test

Syphilis Rapid Plasma Reagin (RPR)
RPR. PANBIO (Australia)

Syphilis - Treponema Pallidium Particle Agglutination (TPPA)
SERIODIA TPPA. FUJIREBIO (Tokyo)

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

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

Herpes Simplex Virus Type 1 (HSV-1)
HSV-1 was screened using a commercial EIA. MRL Labs CA(USA) and confirmed using a Western Blot.

Herpes Simplex Virus Type 2 (HSV-2)
HSV-2 was screened using a commercial EIA. MRL Labs CA(USA) and confirmed using a Western Blot.

ABBREVIATIONS

ACCHS: Aboriginal Community Controlled Health Services
ASCO: Australian Standard Classification of Occupations
AUDIT: World Health Organization's Alcohol Use Disorders Identification Test
BDI: Beck Depression Inventory
BMI: Body Mass Index
BSE: Breast Self-Examination
CHS: NSW Corrections Health Service
CIDI: Composite International Diagnostic Interview
CSI: Corrective Services Industries
DCS: NSW Department of Corrective Services
HASI: Hayes Ability Screening Index
HAV: Hepatitis A Virus
HBV: Hepatitis B Virus
HCV: Hepatitis C Virus
HIV: Human Immunodeficiency Virus
HSV-1: Herpes Simplex Virus Type 1
HSV-2: Herpes Simplex Virus Type 2
ICPC-2: International Classification of Primary Care 2nd Edition
LAAM: l-alpha-acetylmethadol
MRRC: Metropolitan Remand & Reception Centre
MSO: Most Serious Offence
MSPC: Malabar Special Programs Centre
NSMHWB: National Survey of Mental Health and Wellbeing
PEF: Peak Expiratory Flow
PHCH: NSW Prisons Hep C Helpline
PPV: Positive Predictive Value
RDS: Referral Decision Scale
SACC: Standard Australian Classification of Countries
SF-36: The Short-Form-36
SOGS: South Oaks Gambling Screen
SPC: Special Purpose Centre
STI: Sexually Transmitted Infection
WAIS-R: Wechsler Adult Intelligence Scale-Revised

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