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Health Status of Women in Prison: A Situational Analysis

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Abstract:
The considerable escalation of women sent to prison during the latter 20th century finally helped shift attention to the various social, economic, and medical needs of the historically, neglected population. Women are usually imprisoned for petty and non-violent crimes, mainly for property and drug related offences, and often come from socially disadvantaged communities. In comparison to their free world female and incarcerated male counter parts, female prisoners suffer more frequent and serious diseases and injuries and require and utilize more medical and mental health services. Women in prison have higher levels of depression anxiety, phobias neuroses, self mutilation and suicide compared to the general population and male prisoners. Women who enter prison usually come from marginalized and disadvantaged backgrounds and are often characterized by histories of violence, physical and sexual abuse. They generally have more and more specific health problems than male prisoners and tend to place a great demand on the prison health service than men do. Women's more complex reproductive system increases the risk of other female specific disorders. Compared to men, women have higher rates of infective, respiratory and digestive diseases. Further, injuries, ear diseases, headaches, genitourinary disorders, skin and musculoskeletal diseases are more common among women. Today, the three most important health care issues of women prisoners are Pregnancy and gynecology, HIV and infectious diseases and Mental illness. Health care for pregnant women in prison is often far from equivalent to that available in the community. They seldom have access to any maternal education during pregnancy to help prepare them for the birth. The nutrition offered in prisons often fails to meet pregnant women's needs. After giving birth, women in prison are frequently discouraged from breastfeeding as it is perceived as interfering with prison routines, even while it is widely recognized that breastfeeding is the best method of infant feeding. The situation is more pathetic for women prisoners who are aged. At an elderly age they suffer from specific physical and psychological disabilities which are rarely taken care of. For many of the women prisoners screening at a prison for all ill health and diseases may be the first time they have ever undergone a physical examination. It is in this back drop that the present paper aims to increase the visibility of the physical and psychological health status of women prisoners. It also aims to know how effectively these needs are being addressed and how these needs could be addressed. Rehabilitation of prisoners is one of the most important goals of incarceration and the correctional system might be the last best chance of change and improvement.

Keywords*: women, imprisonment, health status, health care services, children*

1. Health Status of Women in Indian Society

Health is an important factor that contributes to human well being and economic growth. Women's health in India can be examined in terms of multiple indicators which vary by geography, socio-economic standing and culture (www.iapsmgc.org/index_pdf/102.pdf). Women's health involves their emotional, social, political and economic context of their lives as well as by biology. A major barrier for women to the achievement of the highest attainable standard of health is inequality, both between men and women, among women in different geographical regions, social classes etc. In the national and international forum, women have emphasized that to attain optimal health throughout their life cycle, equality, including the sharing of family responsibilities, development and peace are necessary conditions. Women have different and unequal access to and use of basic health resources including primary health services for the prevention and treatment of childhood diseases, malnutrition, anemia, communicable diseases, malaria, tropical diseases and T.B. among others. Women also have different and unequal opportunities for the protection, promotion and maintenance of their health in many developing countries. The lack of emergency obstetric services is also of particular concern (http//www.census.gov/ population/institutional/fields/wid_9803.pdf).

There are several factors responsible for the current status of women in India; one of them is culture itself. Women are subjected to malnourishment from birth till end. There is strong preference for the male child in several states promoting illegal sex determination and female feticide. This not only poses threat to the expectant mothers' physical and mental health but also imbalance the sex ratio. It gives rise to several other social problems, health is one of them. Women are not free to control their

fertility and decision regarding medical termination of pregnancy is influenced by husband and other family members. Women are mostly the carers providing both domestic labor and health care for husband, children and elders whenever required and male child preference exists mainly because of the matrilineal nature of Indian society where the property and title are inherited by only the male linage. The indicators of domestic violence also reflect a lot about the status of women in Indian society. Experiencing marital violence not only damages women's physical being but also has serious negative impact on the multiple aspects of women's reproductive and psychological health. Moreover, it is observed that the marital or physical violence by the husband and acceptance of justification for such violence are significantly associated with decreased chances of seeking care (www.iapsmgc.org/index_pdf/102.pdf).

2. Nature of Crime

Women are usually imprisoned for petty and non violent crimes, mainly for property and drug related offences, and often come from socially disadvantaged communities.
(http://www.udel.edu/soc/tammya/pdfs/Issues%20in%20the%20Availability%20of%20Healthcare%20for%20Women%20in%20Prison.pdf). They constitute a very small proportion of the general prison population worldwide usually between 2% and 9% of a country's prison population. Only 12 prison systems worldwide report a higher percentage of women in prison and Azerbaizan the lowest (less than 1.5 %). Although women are a minority in national prison population all over the world, the female prison population is increasing. This increase in women's imprisonment is part of a global trend towards the increasing popularity and use of imprisonment and a corresponding under use of constructive, alternative, non custodial sanctions. This applies particularly to drug offences and non violent theft (Penal Reform International, 2007). Further, the rate of increase in the number of women in prison is much greater than rate for men. For instance, in England and Wales, the number of women in prison has increased by more than 200 % in the past 10 years versus a 50 % increase in the number of men in prison during the same period. Some of the increase is the result of global displacement of women due to war, social unrest, economic crisis and gender insensitive criminal justice system. Worldwide, women are more often imprisoned for drug offences than for any other crime. Drug carriers frequently use women, often from low income countries, to smuggle drug across borders for a small amount of money. (http://www.unodc.org/documents /commissions/CND Session51/ Declaration_Kyiv_Women_60s_health_in_Prison.pdf).

3. Health Status of Women Prisoners

Women who enter prison usually come from marginalized and disadvantaged background and are often characterized by histories of violence, physical and sexual abuse. They generally have more and more specific health problems than male prisoners and tend to place a greater demand on the prison health services than men do. The prison system as seen today came into being at the end of 18^{th} century. India has about 1394 prisons with an authorized accommodation of about 3,43,169 prisoners carry a much greater burden of illness than other members of society. They harbor diseases that are determined both by the environment out of which they come and by the prison in which they live. There are problems of severe drug abuse, alcoholism, trauma, homicide, suicide, AIDS, T.B., skin infection etc. Prison health is a neglected area. Those who are incarcerated represent a medically underserved population and are at a high risk of medical disorders. Although, women should be entitled to the same rights as men, prison systems are primarily designed for men, and many prisoners do not have adequate facilities to protect women's rights or to promote their health. Compounding the difficulty of addressing their problem is the lack of data and research about the women's health status while in prison .Women in prison tend to request more health services than men. Among the reasons for their higher demand for health services are their higher needs for care related to a history of violence and abuse, drug use problems and reproductive needs (http://www.unodc. org/documents/commissions/CNDSession51/ Declaration_Kyiv_Women_60s_health_in_Prison.pdf).

4. Physical Health Problems

The differences between men's and women's physical health conditions and needs are considerable, discrepancies observable in both free society and in correctional systems. Women's more complex reproductive systems increase their risks of female-specific disorders (neoplasm of breast/genitals and genitourinary disorders, such as menstrual and menopausal symptoms). However, even when reproductive conditions are removed from consideration, significant sex differences persist in acute condition incidence and discretionary (non hospital) health care. Compared to men, women have higher illness rates for infective diseases, respiratory and digestive system conditions, injuries, ear diseases, headaches, genitourinary disorders, skin and musculoskeletal diseases. Nonfatal chronic diseases are also more prevalent among women prisoners. Today the most important health care issues of women prisoners are: Pregnancy and Gynecology, HIV and infectious diseases and women are at greater risk than men of entering prison with sexually transmitted infections such as Chlamydia, often as a result of past high risk of sexual behavior and being a victim of sexual abuse. The number of live births in prison is considerably smaller due to miscarriage, abortion, prison transfer policies and so on. Identified deficiencies in the availability of prenatal and postnatal care, prenatal nutrition, and allocation of methadone, maintenance, educational support for child birth and rearing, and preparation for mother child separation after birth. Many women who delivered babies were not given medication to dry up their breast milk, causing them to suffer painful breast engorgement. HIV and other infectious diseases exact a considerable price on the general health care system and those of corrections institutes as well. (http://www.udel.edu/soc/tammya/pdfs/Issues%20in%20the%20Availability%20of%20Healthcare%20for%20Women%20in%20Prison.pdf).

5. Health Problems of Pregnant Women

To protect the health of the mother and of the newborn child, pregnancy should in principle be an obstacle to incarceration, both pre-trial and post-conviction, and pregnant women should not be imprisoned except for absolutely compelling reasons. When a woman in prison is found to be pregnant, the need for her imprisonment should immediately be reviewed and continue to be reviewed throughout the pregnancy. Pregnant women in prison should be considered for non-custodial measures throughout the remaining prison term. Pregnant prisoners should be provided with the same level of health care as that provided to women outside prison, including access to obstetricians, gynecologists, midwives and birthing practitioners appropriate to their culture. They should have access to female practitioners, if requested. Women may also decide not to proceed with their pregnancy in prison, especially if they were previously unaware that they were pregnant. Treatment options equivalent to those available in the community should be guaranteed. Adequate health care during birth is clearly essential for the mother and child. However, many women in prison do not have access to any education regarding childbirth. Depending on the country and the prisoner, women may give birth either in prison or at a public hospital. A public hospital should always be first choice. Regulations governing the transport of pregnant women to a hospital or care centre should be in place (such as facilitating frequent toilet breaks). The use of shackling during labour must be completely banned. Further, male non–health care officers must not be present while women are in labour or delivering (http://www.unodc. org/documents/commissions/CNDSession51/ Declaration_ Kyiv_Women_60s_health_ in_Prison.pdf).

6. Health Problems of Older Women

Older women (older than 50 years) in prison represent a small proportion of the overall female prison population. However, their imprisonment poses particular issues, such as the possibility of compassionate release and special (health) requirements. As a minority within a minority, the special needs of older women in prison are rarely considered separately. However, older prisoners may need greater and often more specific health care than younger prisoners. For some older women, the effects of the menopause may particularly affect their health care needs, and they may have different personal care needs as well. Further, they might have special requirements regarding physical problems and limitations.
(http://www.unodc.org/documents /commissions/CNDSession51/ Declaration_Kyiv_ Women_60s_health_in_Prison.pdf).
The condition of older women is more pathetic in comparison to other women. This is a group that is almost totally overlooked, even in the limited number of studies on women offenders. Older women in society feel vulnerable, at the best of time, as prisoners they receive the kind of attention that borders on pity and contempt. The committee (Krishna Iyer Committee) and judicial pronouncements have provided guidelines for prison administration to release old prisoners when they reach 60 years of age. Prisoners with disabilities related to old age are specifically targeted for early release under these provisions. However, even a cursory look around a prison reveals both the presence of the elderly and the general apathy towards their needs. Frail, wrinkled women with untidy hair and bent backs can be seen crouching against walls or lying spoon-shaped on the floor in many parts of the prison, scared and confused about their future and fearful of dying in custody. That they are in prison is a slur on our society (Shankardass, 2012).

7. Mental Health

In addition to substance use disorders, women in prison have alarmingly high rates of mental health problems such as post-traumatic stress disorder, depression, anxiety, phobias, neurosis, self-mutilation and suicide. This is frequently a result of lifetime abuse and victimization. Research indicates that women in prison have mental health problems to a much higher degree than both the general population and male prisoners. For instance, a study conducted by the Bureau of Justice Statistics of the United States Department of Justice showed that 73% of the women in state prisons and 75% of the women in local prisons in the United States of America have symptoms of mental disorders versus 12% of women in the general population. In England and Wales, 90% of women in prison have a diagnosable mental disorder, substance use or both, and 9 of 10 women in prison have at least one of these: neurosis, psychosis, personality disorder, and alcohol abuse or drug dependence. Other studies show that the rates of mental disorders among imprisoned women are higher in the remand population than in the sentenced population. This would imply that the mental illness rates do not increase over time in prison. It also suggests that women with mental illnesses are likely to be arrested and imprisoned as a result of their mental illness, particularly for relatively minor crimes.
(http://www.unodc. org/documents /commissions/ CNDSession51/Declaration_Kyiv_ Women_60s_health_ in_Prison.pdf).
The leading mental illness problems among female prisoners include physical and sexual abuse/trauma, victimization, depression, and substance abuse. Dual substance abuse and mental health problems are very prevalent among male and female prisoners, but more so for females. Women in prison have higher rates of substance abuse, antisocial personality disorder, borderline personality disorder, post-traumatic stress disorder, and histories of sexual and physical abuse than their male counterparts. Women frequently engage in self mutilating behaviors, are verbally abusive, and report numerous suicide attempts (http://www.udel.edu/soc/tammya/ pdfs/Issues %20 in%20the%20Availability %20of%20Health care%20for%20Women%20in%20Prison.pdf).
A report on Health Care in Prisons Directorate of Health Care of the Prison Service in England and Wales in 1998/9 by Marshall reported that the range and frequency of physical health problems experienced by prisoners appears to be similar to that of young adults in the community. However, prisoners have a higher incidence of mental health problems, in particular, neurotic disorders, compared to the general population. In male prisoners, the prevalence of any neurotic disorder in the week before the study was, 59% in remand and 40% in sentenced prisoners. In female prisoners, 76% and 63% of remanded and sentenced prisoners respectively had a neurotic disorder. In prisons, as in the community, neurotic symptoms and neurotic disorders are more common among female than the male population. In a study of psychiatric disorders among prisoners in UK and Wales, 1997 demonstrated that While 28% of the women in the general population reported sleep problems, 62% of sentenced women and up to 81% of

those on remand reported sleep problems. While 11% of women in the general population reported depression, 54% of women prisoners reported symptoms of depression. Obsessive symptoms, panic and phobias were also significantly more common among remand prisoners. The prevalence rate for any neurotic disorder was 66% of the sample group as a whole. These rates are much higher than that found in the general household population, where the rate was 16%. Another study examined psychiatric morbidity and mental health treatment needs among women in prison mother and baby units. Sixty percent of the women who took part in the study had mental disorders; 35% had diagnoses of personality disorder; none had psychotic disorders (such as schizophrenia for example); 35% had current neurotic disorders (such as depression, anxiety disorders and phobias), nearly all of whom were depressed (http://www. nimhans.kar.nic. in/prison/chapter _8_co_al_disorders.pdf). A collaborative study between NIMHANS and the National Commission for Women in 1998 examined mental morbidity among women in the central prison, Bangalore and found high levels of mental distress. A report from Tihar Jail Delhi, found that 8% of new entrants had drug abuse (http://www.academia.edu/ 1185496/Mental_Health_and_ Substance_Use_ Prob lems_in_ Prisons_The_Bangalore_ Prison_Mental_ Health_Study_ Local_Lessons_for_ National_ Action).

8. Children of Women Prisoners

Most women in prison are mothers and usually the primary or sole career for their children. Research from many countries has shown that, when fathers are imprisoned, the mother usually continues to care for the children. However, when a mother is imprisoned, the father often does not continue to care for the children, resulting in large numbers of children being institutionalized. In many countries, babies born to women in prison stay in prison with their mother and very young children may accompany their mothers into prison. Facilities vary widely between and within countries. Some countries have mother and baby units, with special facilities to support the mother and the child's development. In others, babies live in the prisons without the state officially noting or monitoring their presence and without any special provision being made for them. In prison, facilities to ensure the safety, health and development of a child are often lacking or inadequate. Nevertheless, studies have shown that young children who are forcibly separated from their mothers experience long-term developmental and emotional harm. When mothers and their children are separated, mothers may not see their children again or may lose track of them. Sometimes this is due to the costs involved in arranging their visits to the prison. In other times it is because the mother rejects the relatives taking care of the children or because the mother has lost custody of the child. These mental and developmental problems tend to stay with children throughout their lives. Both allowing children to live in prison and separating children from their mothers pose difficult problems and dilemmas. In all decisions made concerning a child of a woman in prison, the best interests of the child must be the primary consideration. Contact between mothers inside prison and their children outside prison may be severely and/or inappropriately restricted. In some countries, mothers are temporarily separated (such as by stopping visits) from the children to punish the mother. Children are a life-sustaining force for many prisoners, and breaking up the bond between the mother and child is often punishment of the worst kind for the mother and strongly affects her physical and mental health. It also punishes the child, who has done nothing wrong.
(http://www.unodc.org/documents/commissions/CNDSession51/Declaration_Kyiv_Women_60s_health_in_Prison.pdf).

9. Health Care Services for Women in Prison

Rehabilitation of inmates is one of the most important goals of incarceration and the correctional system may well be the female inmate's last best chance. The period of incarceration, no matter how long or short, provides a window of opportunity to improve the health care of these women with state and local maternal and child health professionals among others assisting through partnerships to provide health services within correctional facilities as well as to arrange for follow-up in the community upon their release. For many of these women a screening at a prison medical facility may be the first time they have ever undergone a physical examination, mental health screening, dental care, and other basic health care routines. The programs and counseling not only identify and help correct medical disorders, but encourage the inmates to continue a healthier path for themselves and any dependents they may have once released. This raises self esteem to a degree and helps aid in the avoidance of future criminal activity. A National Institute of Corrections (NIC) report identified a number of characteristics impacting female inmates that need to be addressed in order to put them on the road to rehabilitation with medical needs being number one, followed by drug and alcohol abuse, sexual and physical abuse and child and family relationships, which are all interrelated
(http://www.corrections.com/news/article/31989-healthcare-a-key-factor-in-rehabilitation-as-female-incarceration-rates-explode).
Women's specific health care needs are often unmet in prison. The prison environment does not always take into account the specific needs of women, such as accessibility to regular showers, the greater need for personal care products due to menstruation, the need to make sanitary napkins and the like available free of charge and to dispose of them properly and adequate nutrition for pregnant women and for women with such diseases as HIV. Women's normal human functions, such as menstruation, reproduction and the need for exercise, are too often medicalized. For example, health care personnel do not need to approve or manage access to sanitary napkins and the like or exercise for healthy women. (http://www.unodc.org/documents /commissions/CND Session51/ Declaration_Kyiv_ Women_60s_health_ in_Prison.pdf). A study conducted in Bangalore prison, finds dissatisfactory conditions of women in prison as about one in four women was dissatisfied with the living and toilet area. In general, however, women prisoners were significantly more likely to be satisfied with the cleanliness of their living, sleeping and toilet areas compared to the men. Nearly one in five women felt that the quantity of food provided was insufficient, and nearly half were dissatisfied with the quality of food. One in five women felt that it was difficult to access medical services. A substantial number of women felt that their health care needs were better met in the prison than in the community (http://www.academia.edu/1185496/Mental_Health_and_Substance_Use_Problems_in_
Prisons_The_Bangalore_Prison_Mental_Health_Study_Local_Lessons_for_National_Action).

Furthermore, health-care for pregnant women in prison is often far from equivalent to that available in the community. Women in prison seldom have access to any maternal education during pregnancy to help prepare them for the birth. The nutrition offered in prisons often fails to meet pregnant women's needs. After giving birth, women in prison are frequently discouraged from breastfeeding as it is perceived interfering with prison routines, even while it is widely recognized that breastfeeding is the best method of infant feeding. In addition, there is often a lack of support for women who have been victims of sexual or physical violence before their imprisonment (http://www.who.int/bulletin/volumes/ 89/9/10-082842.pdf). In a study conducted in Madhya Pradesh, it was reported that medical facilities in most of the 109 jails of the state were in state of disarray. There was a severe dearth of medical personnel, which not only included doctors but also laboratory technicians and operators. In many jails, equipment lies completely disused, as there is no paramedical staff available to run it. There are no incentives provided to attract doctors to work in jails. In sub jails all over the State, government doctors are appointed on a part time basis with a remuneration of only Rs 175 per month (3.5 US$) for holding additional charge of prisons. Low remuneration acts as a disincentive with the result that many doctors refuse to work. Police escorts to refer ill prisoners to outside hospitals, which is evident from the fact that in 2002, only 2,968 police personnel were provided against a requirement of 12,726 escorts. This is even less than 25% of the actual requirement. This drastic shortage means that timely medical treatment is most often an exception rather than the rule. In most jails there are no vehicles available to transport prisoners to hospitals during exigencies. Unfortunately in many instances, authorities often misuse these vehicles for personal work. Tuberculosis is rampant and accounts for approximately 40% of deaths in the jails in M.P. There are no TB specialists and hence diagnosis of the disease becomes a major problem. Other major diseases afflicting the prisoners are anemia, dysentery, abscesses, boils, skin diseases and respiratory problems. There are no lady doctors though there are about 407 women prisoners and there is no question of any special attention for gynecological problems (http://www.humanrightsinitiative.org/publications/nl/articles/india/autumn2003.pdf).

A workshop on 'Prisons and Human Rights' organized at Bhopal by the Common Wealth Human Rights Initiative (CHRI) in collaboration with the Madhya Pradesh Human Rights Commission (MPHRC), discussed the problems relating to the health of prisoners and lack of adequate medical facilities in Indian prisons. Reference was made to a recent study of custodial deaths done by the National Human Rights Commission, which revealed that a high percentage of deaths were attributable to the incidence of tuberculosis amongst prisoners. Justice Leila Seth observed that even in a high profile jail like Tihar in 1995, out of the 17 sanctioned posts of medical officers, only 6 were occupied. Of these 6, 2 were always on leave. Therefore, for a prison population of 9000 inmates, only 4 medical officers were available of which 3 worked during the day and one at night. Non availability of adequate medical facilities for prisoners is largely due to the lack of full time doctors as well as lack of basic infrastructure, like well equipped ambulances, stretchers, dispensaries, and hospital beds etc. Sometimes, the prisoner may need expert and urgent medical attention which is not available within the Jail. Transporting the sick prisoner out in the absence of vehicles and escort in districts occasionally poses a problem. The workshop also discussed the need to sensitize the prison administration to gender issues and specific needs of women prisoners. Little has been done to attend to the special needs of women inside the prisons. To give one example, the Mulla Committee report of 1983 had recommended "at every prison where there is a sufficiently large number of women prisoners, (say, 25 or above) a fulltime lady officer should be appointed. At other prisons arrangement should be made for part time lady medical officers". There are 120 prisons in Madhya Pradesh and none of them has provided for a lady doctor for women prisoners, leave alone providing extra medical facilities to pregnant women. Justice Seth suggested that women should be allowed to return to their families for delivery, as that time they need special support and care which they cannot get in prisons (www.bhopal _98_workshop_reports.doc).

On account of the short sentences that women often serve, there is a high turnover rate in women's prisons which means that there is an intensive interaction between the prison, the community and wider society. Added to the distance that often exists between women prisoners and their home, this exacerbates the problems. Continuity of care is important in ensuring post-release services for any health problems identified during imprisonment. The rate of post-release mortality among ex-prisoners, especially in the first weeks after release, is unacceptably high and more could be done to reduce it (http://www.who.int/ bulletin /volumes/89/9/10-082842/en/).

10. Suggestions

- Imprisonment of women should be considered only as a last resort when all other alternatives are unavailable or are unsuitable. This applies even more so to pregnant women and to women with children. Women need to be considered holistically in the context of their offending and their social situation.
- Health service provision and programming should specifically address mental illness, especially substance use disorders and post-traumatic stress disorder, as being essential to any prison health care system.
- Needs vary significantly among different groups of women; factors such as pregnancy, having responsibility for children, young or old age, dependence problems, histories of violence and/or abuse and others must be important considerations in health plans for these women.
- Staff dealing with detained women should be trained to deal with the psychosocial and medical problems associated with HIV infection in women. (http://www.unodc.org/documents/commissions/CNDSession51/Declaration_Kyiv_Women_60s_health_in_Prison.pdf) .
- To prevent imprisonment in the first place, community-based services need to be strengthened and more widely used. It should also provide adequate care on release from prison. Evidence concerning community-based residential parenting programmes has led to the recommendation that, whenever possible, custodial parents and pregnant women within the criminal justice system should be housed in community-based settings.

- Important gaps remain in staff training. The determinants of criminal behavior in women and the long-lasting effects of histories of violence and abuse should be known and understood by those providing supervision and care for women prisoners. All staff working with women prisoners should have followed gender-sensitivity training to raise awareness of and improve response to these gender-related issues.
- An Important part of gender equity is acceptance of women's preferences with regard to health care. Health services for women in prison should be individualized as far as possible to meet the specific needs of the women; this would include access to a female practitioner or the rigorous use of chaperones where this is not possible (http://www.who.int/bulletin/volumes /89/9/10-082842/en/).

11. Conclusion

The high cost of imprisonment of women, in financial, social and health terms, makes crime and punishment a challenging problem. When the degree of social disadvantage and the amount of serious disease in prison populations is considered, imprisonment becomes an important public health challenge, especially as most prisoners will be released into the community. An appeal to human rights and internationally agreed recommendations should be enough to correct many of the present difficulties. When combined with strong public health reasons, the case for women is even stronger. Considerable review, policy development and changes are required. While there may have been increased awareness of the problems and perhaps of willingness to change, the overall current position remains unacceptable. Radical change in criminal justice systems would take considerable time, but there are immediate steps that could be taken to deal with the more gross examples of public health neglect, abuse of human rights and failures in gender sensitivity.

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