Health needs of children in prison
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At the end of September 2002 there were 2633 children in prison in England and Wales. Since November 2002, the Children Act 1989 applies to children held in prison. The challenge to paediatricians is to recognise and meet the needs of these vulnerable and needy children. This can be achieved by putting in place similar provisions to those recommended for Looked After Children.

At the end of September 2002, there were 2633 children (those under 18 years of age) held in prison in England and Wales. Article 37 of The Convention on the Rights of the Child states that:

“The arrest, detention or imprisonment of a child shall be in conformity with the law and shall be used only as a measure of last resort and for the shortest appropriate period of time”.

There is a marked gender difference, with boys greatly outnumbering girls (see table 1). Young black people are over-represented in the prison population; 20% of young people in prison are black as opposed to 2% of that age group in the population.

The main offence groups were robbery, burglary, and violence against the person. Less than 25% of offences committed were violent. Boys are held in designated juvenile units, within young offender institutions, and girls are held in adult women’s prisons. Ninety per cent more children are held in prison in England and Wales than 10 years ago. This increase may be attributed to both the increasing use of prison and the increasing length of sentences, despite the development of viable alternatives to custodial sentences. Sadly, reconviction rates for children leaving prison are very high; 88% of children who receive a custodial sentence re-offend within two years.

Boys aged 15 years and older and girls aged 17 years and older, may be held on remand. Children aged 12–17 may be held under sentence on a “Detention and Training Order”, and children aged 10–17, if convicted of a grave offence, may be held under Section 90 or 91 of the Criminal Courts (Sentencing) Act. Once a child is given a custodial sentence, the Youth Justice Board decides whether the child will be placed in prison, in a secure training centre, or a local authority secure unit.

Children in prison are a vulnerable and needy group. A high proportion (approximately 50%) have been “in care”; many have been excluded from school, few have academic qualifications, and almost a fifth admit to having suffered abuse of a violent, sexual, or emotional nature.

Table 2 shows that there is a vastly greater proportion of children in prison in England and Wales than in any other state in the EU.

There is no evidence that the level of youth offending is higher in England and Wales. Two possible reasons for the high proportion of children in prison in England and Wales are the young age of criminal responsibility (the UK age of 10 is one of the highest in Europe) and the attitude to sentencing in this country.

HEALTH NEEDS OF CHILDREN IN PRISON

There have been no studies investigating the health of children in prison. Assumptions have to be made from studies of the health of young offenders (aged under 21 years) and boys aged 12–17 years in secure units.

Physical health

In a survey of 590 young offenders (that is, those under 21 years), about a quarter of males, and a third of females, report suffering from a longstanding physical complaint. Common complaints were respiratory problems and musculoskeletal complaints.

Eighty per cent of the young offenders in this study were smokers and two thirds of male offenders and half of female offenders reported hazardous levels of alcohol consumption. Seventy per cent of the young offenders reported using at least one illegal drug in the same period, and 30% had been using heroin.

In Australia, Coffey and her colleagues found that young people who had served a custodial sentence had a significantly higher mortality rate than the general population of the State of Victoria.

Young people incarcerated in prison, who may already be drug users, are at an increased risk of HIV, hepatitis B, hepatitis C infection, and tuberculosis. There are no recent studies of the prevalence of these infections among young offenders.

Mental health

Levels of mental illnesses are much higher in young people in prison than in the general population. The ONS survey found the prevalence rate for schizophrenia to be 6% for male young offenders and 9% for female young offenders. The rates for 16–19 year olds living in private households is 0.2%.

Boys in a secure unit run by the Department of Health, and managed by the local authority were found to have a high incidence of psychiatric disorders.

In the past 10 years, 18 children have committed suicide in prison. Between April 2000 and November 2001 there were 534 incidents of self harm by children in prison. Ten per cent of young offenders have self harmed and 11% say they have contemplated suicide.

There are no studies of prevalence of attention deficit hyperactivity disorder or autistic spectrum disorders among young offenders in England and Wales.

HEALTH PROMOTION

Since 1997 there has been a Health Promoting Prisons Award. Could any prison be considered to be a health promoting environment, while children are not protected from violence, can be held in solitary confinement, and can be restrained using the same methods as those used for...
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