Chapter-II
This chapter provides general background information concerning the extent and nature of stress, coping and mental health among prisoners. An attempt is made to critically review the literature of the past research work in relevance to the present study. Some important and relevant studies on stress and coping strategies among the prisoners and also the studies relating to mental health ware presented under the following headings.

**THE FEELINGS OF PRISONER WHEN THEY ENTER INTO THE PRISON**

When they heard the Judgment, they collapsed and they lost everything. Prisoners’ environment is entirely different from others. They are separated from their individuality and their society. All sorts of terrible things are running through their head: afraid of what is to come, thinking about their family being far away, knowing that they are not going to see them for a while. They could not eat and could not sleep for these terrible incidents. The main hardest part is losing their identity. As a grown man and a hard man, they have to admit that they cried until their pillow was wet and there are no more tears left. The thought of not being with their wives and their infancy or young children are devastating. The moment they are looked in cell, they just closed their eyes and cried. When they come through the prison gates into the reception holding cells, the smell and noise hit all these senses at once. They get care from their inmates in their cell. They think that there’s no such thing as a freebee in
jail. They complete isolation in a crowd, and no privacy. The thought that they had lost everything, not only were, they away from their family, they had lost their occupation or job that put food on the table for them. Their feelings are created more stress among them.

**EFFECTS OF PRISON**

Mabli Jerome et al. (1985) examined prerelease stress in male and female inmates (N=98) at a minimum-security federal correctional institution through behavioural measures, Minnesota Multiphasic Personality Inventory scores and Mood States Questionnaire. Results suggest that prerelease stress exists for some inmates.

Taylor and Parrott (1988) examined among custodial remanded male prisoners from Greater London and its surrounds, in 1979-1980, nearly 3% (63 men) were aged 55 or over, about one third of these being over 65. More than 40% were detained on theft charges and few for more serious offences, although serious violence was not unknown and nearly one-fifth of those 65 or over were subsequently convicted of non-violent sexual assaults. Like their younger counterparts, less than one-fifth of those aged 55 or over appeared to be first-time offenders. About half of the men of 55 or over had active symptoms of psychiatric disorder on entering the prison and about half had some form of physical disorder, twice the rates for those under 55. Psychosis and alcoholism were the major psychiatric problems; 27% were alcoholics, to the extent of showing withdrawal symptoms on or soon after entering prison. Schizophrenia was less common than the younger age groups, but affective psychosis more so; 37% of the older men had a major functional psychosis. Two-thirds of the 55-64 age group and over three-quarters of the over 65s were without an address; most of both groups were personally isolated.

Study conducted by Veneziano L and Veneziano (1996) showed that although less than 1% of the prison population suffered visual, mobility, speech or hearing
deficits, 4.2% were developmentally disabled, 7.2% suffered psychotic disorders and 12% reported other psychological disorders. So, it can be estimated, based on this and other studies (Bureau of Justice Statistics, 2000; Veneziano L, Veneziano C, Tribolet, 1987; Veneziano L, Veneziano C, 1996) that 20% of the current prisoner population nationally suffers from either some sort of significant mental or psychological disorder or developmental disability.

Maercker and Schutzwohl (1997) investigated the long-term effects of political imprisonment in the former German Democratic Republic. A group of non-treatment-seeking former political prisoners (n = 146) was compared with an age- and sex-matched group (n = 75). Assessments included the structured Diagnostic Interview for Psychiatric Disorders (German abbreviation: DIPS) for DSM-III-R/-IV diagnoses, a checklist of persecution and maltreatment, and other self-rated measures of post-traumatic stress disorder (PTSD), anxiety, depression and dissociation. PTSD was assessed by the DIPS as current and lifetime diagnoses. Former political prisoners were imprisoned for 38 months on average. The former prisoners had a lower educational and lifetime occupational level than the comparison group. Results regarding diagnoses show a frequency of 30% current and 60% lifetime PTSD in the former prisoners group. Other anxiety disorders (e.g. claustrophobia, social phobia) outnumbered co morbid affective disorders. The level of dissociation was elevated in the former prisoners group. Intrusive recollections and hyperarousal were more common than avoidance/numbing symptoms. Despite differences in imprisonment duration between three historically defined eras of persecution, no differences appeared in the level of symptomatology. The results suggest that political imprisonment in the former German Democratic Republic had long-term psychological effects. Compared with an age- and sex-matched comparison group, the former political prisoners showed higher levels not only of post-traumatic symptomatology but also of other anxiety disorders and dissociation.
Seena Fazel et al. (2001) study to determine the prevalence of psychiatric morbidity in elderly sentenced prisoners. A stratified sample of 203 male sentenced prisoners aged over 59 years, from 15 prisons in England and Wales, representing one in five men in this age group, was interviewed using semi structured standardized instruments for psychiatric illness and personality disorder and results revealed that More than half of the elderly prisoners had a psychiatric diagnosis. The most common diagnoses were personality disorder and depressive illness.

Kjelsberg et al. (2006) gave a comprehensive description of all non-pharmacological interventions provided by the psychiatric health services to a stratified sample of prison inmates. A total of 230 of the 928 inmates (25%), had some form of psychiatric intervention: 184 (20%) were in individual psychotherapy, in addition 40 (4%) received ad hoc interventions during the registration week. Group therapy was infrequent (1%). The psychotherapies were most often of a supportive (62%) or behavioural-cognitive (26%) nature. Dynamic, insight-oriented psychotherapies were infrequent (8%). Concurrent psychopharmacological treatment was prevalent (52%). Gender and age did not correlate with psychiatric interventions, whereas prisoner category (remanded, sentenced, or preventive detention) did (p < 0.001). Most inmates had a number of defined problem areas, with substance use, depression, anxiety and personality disorders most prevalent. Three per cent of all inmates were treated for a psychotic disorder. Remand prisoners averaged 14 sessions per week per 100 inmates, while sentenced inmates and those on preventive detention averaged 22 and 25 sessions per week per 100 inmates respectively. Five out of six psychiatric health services estimated the inmates’ psychiatric therapy needs as adequately met, both overall and in the majority of individual cases.

Falissard et al. (2006) conducted on prevalence of mental disorders in French prisons for men and results revealed that prevalence rates for a diagnosis given independently by both clinicians and for a consensual diagnosis were respectively:
3.8% (6.2%) for schizophrenia, 17.9% (24%) for major depressive disorder, 12.0% (17.7%) for generalized anxiety and 10.8% (14.6%) for drug dependence.

Grennan, Susie and Woodhams, Jessica (2007) investigated the involvement in bullying, the psychological distress and the coping strategies of 99 males in an English young offender’s institution. The Direct and Indirect Prisoner Behaviour Checklist (DIPC; Ireland, 1998), the 21-item Depression Anxiety Stress Scales (DASS; Lovibond & Lovibond, 1995) and the 48-item Coping Styles Questionnaire (CSQ; Roger et al., 1993) were administered. Over 60% of prisoners were involved in bullying (as a victim or bully), as indicated by responses on the DIPC. Emotional and avoidance coping were significantly related to psychological distress. Bully/victims were significantly more depressed than prisoners not involved in bullying, and being a bully/victim was a significant predictor of higher stress scores. Significant correlations were observed between all psychological distress measures and the number of bullying behaviours experienced by prisoners.

Mandeep K. Dhami, Peter Ayton and George Loewenstein (2007) investigated the effects of time spent in prison and quality of life before prison on male, federally sentenced prisoners’ adaptations to imprisonment, controlling for sentence length and prison security level. Data consisted of responses on a self-administered survey completed by 712 prisoners. Findings tended to support the independent effects of the indigenous (deprivation) and importation approaches rather than their interaction effects. Time spent in prison had a direct effect on prisoners’ participation in programs, their thoughts of needing control over their lives, their feelings of hopelessness, and their disciplinary infractions in prison. Prisoners’ quality of life before prison had a direct effect on their participation in programmes, their feelings of happiness and their prison infractions. Finally, time spent in prison and quality of life before prison interacted to affect prisoners’ contact with their family and friends.
Lamiece Hassan et al. (2011) investigated the prevalence and predictors of psychiatric symptoms among prisoners during early custody and found that symptom prevalence was highest during the first week of custody. Prevalence showed a linear decline among men and convicted prisoners, but not women or remand prisoners. It decreased among prisoners with depression, but not among prisoners with other mental illnesses.

Kiran Arbach-Lucioni (2012) study draws on official data to examine the relationship between individual and situational characteristics and misconduct in a sample of 1,330 inmates from 11 penitentiary facilities across a 10-month period. Violent misconduct was less frequent than potentially violent behavior, with prevalence rates of 9% and 13%, respectively. Younger age, being on remand, classification as first degree, prior violent behavior, drug and/or alcohol problems, poor response to treatment, and pro criminal attitudes were significant risk factors of inmate misbehavior in an ordinal regression model (areas under the curve = 0.74 to 0.82). Having a violent conviction offense was not a significant predictor of outcome. The implications for current classification practices are discussed, and the importance of cross-cultural and empirically based research is stressed.

**STRESS AMONG PRISONERS**

Key factors of the prison environment which influenced prisoners’ mental health included isolation and lack of mental stimulation, drug misuse, negative relationships with prison staff, bullying and lack of family contact.

Jones (1976) showed that levels of stress among prisoners were 3.6 times higher than in the general adult population of the USA. The same study also demonstrated that stress levels had a covariant relationship with the age of inmates: the highest levels were found in the population fewer than 25 and over 45.
Masuda, Cutler, Hein and Holmes (1978) studied the life events of individuals who are incarcerated versus individuals who have never been in prison. They found that prisoners led less stable lives than non-prisoners and experienced significantly more incidences of changes in residence, work, divorces and separations, trouble with in-laws, and financial difficulties. Therefore, it may be concluded that individuals who eventually end up in prison are typically experiencing a number of major life stressors before their prison term even begins.

McKay et al. (1979) found higher levels of stress among the prison population, mainly as a result of inmates being deprived of relationships with the outside world.

Ruback, R.B. (1984) in his study, an archival analysis of the records of 561 women prisoners, showed that the average population in the institution was significantly related to the transformed rate of disciplinary infractions, even when other variables had been controlled for. The second study, which used a questionnaire, found that inmates' perceived control was positively related to liking for their room and negatively related to their reported stress and physical symptoms. In addition, the stress inmates experienced was negatively related to liking for their room and positively related to physical symptoms.

Houck, Loper and Booker (2002) surveyed 362 incarcerated mothers to measure parental stress related to imprisonment. They found that mothers exhibited stress associated with self-perceived skills and competence as a parent.

Tye, C.S. and Mullen, P.E. (2006) investigated the rates of mental disorder among women in prison in Victoria and compared with community rates. Eighty-four per cent of the female prisoners interviewed met the criteria for a mental disorder (including substance harmful use/dependence) in the year prior to interview. This rate was reduced to 66 per cent when drug-related disorders were excluded. Forty-three per cent of subjects were identified as cases on a personality disorder screener. For all
disorders (except obsessive-compulsive disorder and alcohol harmful use), women in prison had a significantly greater likelihood of having met the 12-month diagnostic criteria when compared to women in the community. The most prevalent disorders among the female prisoners were: drug use disorder (57%), major depression (44%), posttraumatic stress disorder (36%) and personality disorders. Almost a quarter (24%) of respondents was identified as a 'case' on the psychosis screen. In the present study female prisoners had significantly higher rates of the mental disorders investigated (with the exceptions of OCD and alcohol harmful use) when compared with women in the community. The pattern of disorder found among female prisoners is consistent with the abuse literature, suggesting that histories of abuse among the prison population may account for part of the discrepancy. These results highlight the need for improved assessment and treatment resources to meet the demands of this population. In the present study female prisoners had significantly higher rates of the mental disorders investigated (with the exceptions of OCD and alcohol harmful use) when compared with women in the community. The pattern of disorder found among female prisoners is consistent with the abuse literature, suggesting that histories of abuse among the prison population may account for part of the discrepancy.

Tay, Germaine Hwee Li (2011) opined that understanding the stressors and coping strategies of male and female inmates has become more important because of a worldwide increase in inmates and a significant increase in female inmates; however, past research has not allowed for illumination of gender differences. The current quantitative study extended this area of research by examining the effect of gender and of demographic variables on the stressors and coping strategies of prisoners with the transactional model of stress as a framework. Most of the sample of 103 male inmates and 106 female inmates from three prisons in Singapore (49.8%) rated the overall stress level of prison life either extremely stressful or often stressful. The MANOVA results revealed that female inmates reported a significantly higher level of stress than male inmates for stressors: not fitting in with other inmates, being
bored, feeling guilty for their offense, feeling angry with self, getting annoyed with other inmates, related to no close friends and missing somebody. Female inmates reported using more positive interpretation and growth, more focus on and venting of emotions, more restraint, more emotional support and more acceptance, as coping styles than male inmates. In addition, the perception of stressors by inmates had substantial impact on the type of coping strategies used. The results of this study provided a better understanding of the stressors and coping strategies of male and female inmates, which is crucial to improve and maximize inmate’s adaptation and rehabilitation. Because the current cross-sectional study was a pioneer attempt, future research employing a longitudinal approach is imperative to understand the coping processes of inmates over time.

STRESS AND GENDER

Pearlin and Schooler (1978) and Kessler (1979) found that overall, females are more vulnerable to stressful circumstances than are males. In dealing with such stressful situations, women are more likely to avoid confrontation, accept personal blame and rely on social support networks (Labouvie-Vief, Hakim – Larson and Hobart, 1987).

An interesting study involving 133 male prisoners, a strong relationship was found between an increase in reported stress (operationally defined as the total number of worries, upsets, aggravations, obstacles, sources of tension, or stress), and impaired functioning of the immune system. The later was in turn associated with severe upper respiratory infections (Mcclelland, Allexander and Marks, 1982).

Fox, J.G. (1982) conducted interviews with female inmates from the Bedford Hills Prison in New York State between 1973 and 1978 and revealed that major causes of stress for prisoners were conflicts between prisoners and guards, loss of adult status, attacks on self-image and separation from children. Most women's
prisons continue to reflect stereotyped sex roles and cultural expectations of caring and nurturing, although reforms were being implemented at Bedford Hills to expand vocational training programs and liberalize visiting policies. During the study period, prisoners also began to exhibit higher levels of political awareness. A frequently cited source of stress for Bedford Hills inmates was chaos and confusion stemming from perceived inconsistency in rule interpretation and enforcement. Many women released their built-up tension outwardly, aware that this was often self-destructive, while others withdrew. Inmates also complained that the guards provoked prisoners by asserting authority in arbitrary ways during routine supervisory activities and treated them as children. Approximately 60 percent of the prisoners had children under 12 years old. These women worried that their children were not receiving adequate care and would stop thinking of them as their mother. The process of change which was intended to improve prison life at Bedford Hills often provoked greater levels of stress and interpersonal conflict. Persuasive, paternalistic tactics were replaced by strict control policies, including the use of physical force. Many inmates felt that this was too high a price to pay for expanded correctional program opportunities. Some counseling and support groups were available, but tended to be overloaded by the magnitude of situational pressures.

Harris, J. W. (1993) considered sample of 942 males and 71 females represented a random sample of 10 per cent of the total male population and 11 per cent of the total female population. It was found that female inmates experienced lower stressor levels on seven of eight adjustment needs identified by the Prison Preference Inventory. In general, female inmates reported significantly less concern for freedom, social stimulation and support than their male counterparts. A greater percentage of female inmates had their Prison Preference Inventory needs satisfied by prison resources than the percentage of male inmates. The traditional role of females is discussed in relation to gender differences found in the study and the stress experienced by most female inmates associated with being separated from their
children is examined. Gender differences in perceptions of environmental resources available to meet inmate needs are addressed.

Teplin, Abram and McClelland (1996) found that amongst women awaiting trial more than three quarters had a psychiatric diagnosis. These included: drug abuse (52%), alcohol dependence (24%), depression (14%) and almost a quarter suffered Post traumatic Stress Disorder.

Christine H. Lindquist and Charles A. Lindquist (1997) examined the influence of gender and environmental stress on the mental health of a sample of 198 male and female jail inmates. Environmental stress is conceptualized as the degree of congruence between inmates' demand and the jail's supply of several environmental features. A state of incongruence was hypothesized to increase the mental distress of jail inmates. In addition, it was hypothesized that female inmates would have higher levels of distress than male inmates, with environmental stress as a possible explanation for gender differences in distress. Female inmates were found to have significantly higher levels of mental distress than males. However, environmental stress was found to be equally detrimental to the mental health of both male and female inmates. Thus, although congruence between environmental demand and supply is a significant predictor of mental health, it is not an explanation for the alarmingly high levels of mental distress found among female inmates.

Keaveny and Zauszniewski (1999) found that female prisoners experienced high levels of stress and significant life events characterized by loss in the 12 months prior to incarceration that were related to their psychological well being and feelings of depression.

Partyka Rhea D (2001) examined the various stressors female prison inmates typically face as well as the coping strategies they employ. The inmate’s appraisal of the stressor was determined and the coping strategies employed were matched with
the particular stressor to which the inmate was responding. Minority inmates reported the use of significantly more planning strategies and positive reinterpretation than European-American inmates, while European-American inmates reported the use of significantly more behavioural disengagement than minority inmates. Both mental disengagement and denial decreased with age. Separation from loved ones was the most commonly reported stressor throughout the inmates’ incarceration; however, problems related to negative aspects of the prison environment, other inmates and ambiguity of the situation increased with time. The use of spirituality was the most commonly reported coping strategy throughout the inmates’ incarceration. Almost all other forms of coping increased with time, except for a decrease in maladaptive coping strategies.

Katarzyna Celinska and Jane A. Siegel (2010) are as the views that although female offenders are the fastest growing population in prison today, relatively few studies focus on their unique experiences as mothers. In this study, the authors utilize 74 semi structured interviews with mothers before trial and during incarceration to document coping strategies employed to deal with potential or actual separation from their children. From the study data, seven strategies emerge: being a good mother, mothering from prison, role redefinition, disassociation from prisoner identity, self-transformation, planning and preparation and self-blame. The findings show that mothers used multiple strategies and tended to employ emotion-focused and adaptive coping techniques.

All these studies have revealed controversial results but gender of individuals has significant effect on experience of stress. In some situations, women experience more stress than men and vice versa.
STRESS AND AGE

Some researchers suggest that older adults are less emotionally reactive to stressors than younger adults are (e.g. Uchino, Berg, Smith, Pearce and Skinner, 2006). Certain life-span theories of emotion regulation are also consistent with the idea of appeased emotional reactivity to stress with age (Carstensen, 1995; Carstensen, Isaacowitz and Charles, 1999; Labouvie-Vief and DeVoe, 1991; Lang, Staudinger and Carstensen, 1998). For example, socio-emotional selectivity theory (Carstensen et al.) posits better regulation of emotion among older adults, and better emotion regulation is a key aspect of optimal aging (Baltes and Baltes, 1990; Baltes, Lindenberger and Staudinger, 1998; Heckhausen and Schulz, 1995; Magai, 2001). Birditt and colleagues (2005) found that older adults were less emotionally reactive to interpersonal stressors; we examine whether this pattern extrapolates to home-based stressors, work stressors and stressors stemming from one’s social network.

Age differences in physical reactivity to specific daily stressor domains remain unexplored. Some research suggests that specific stressors (i.e., occupational or work-related stressors) occurring on a daily basis are associated with lower levels of physical well-being (e.g. Hahn, 2000 and Repetti, 1993). Given that physical symptoms and illness are consistently found to increase with age (House et al., 1994; Rowe and Kahn, 1987), a consideration of the role of age is even more critical when the type of distress under investigation is physical distress (Ensel & Lin, 2000).

Jones (1976) found that on an average, those aged 45 and over exhibited many more symptoms of psychological distress, an indirect measure of stress than either middle aged or young inmates.

Ham (1976) documented that older inmates are particularly affected by insecurity, exaggerated fears of illness and pain and great anxiety about attacks from young black inmates.
Krajick (1979) a journalist, conducted several interviews with older inmates in various age-segregated facilities. He reported that their greatest sources of stress were boredom and loneliness. He noted that these men lacked opportunities for employment and hence had no way of earning institutional privileges and parole.

Silverman and Vega (1990) found that intensity of male and female inmates’ anger in response to stress decreased with age, along with an increase in suppression or control of anger. These findings suggest that inmates are better able to adjust to their environment with time, as measured by symptoms of distress.

Karen Kopera-Frye, Ana Begovic-Juhant, Edward Collins and Janice Hughes (1992) examined age differences in depression among adult inmates. The participants were 140 inmates recruited from four Ohio Department of Rehabilitation and Corrections facilities. Participants completed a questionnaire consisting of the Center for Epidemiological Studies Depression Scale (Radloff, 1977) and questions related to health, family and social support. To examine age differences in depression, an ANCOVA was conducted. The results revealed significant age differences in depression. The middle-aged inmates had the highest mean score while older inmates had the lowest.

Tina Maschi et al. (2011) examined the relationship of age, objective and subjective measures of trauma and stressful life events and post-traumatic stress symptoms among older adults in prison. Results of a path analysis revealed that past year subjective impressions of traumatic and stressful life events had a positive and significant relationship to current post-traumatic stress symptoms. Age was found to have a significant and inverse relationship to subjective traumatic and stressful life events. That is, younger participants reported higher levels of cumulative traumatic and stressful life events and past year subjective ratings of being bothered by these past events.
COPING AMONG PRISONERS

Zamble and Porporino (1990) showed that prisoners used coping styles characterized by emotional reactivity or avoidance rather than problem-focused coping.

Fairbank et al. (1991) in their study on prisoners of war (POWs) found that both approach and avoidant coping were correlated with psychological distress, but this may reflect effort rather than test coping efficacy.

Susana Mohino, Teresa Kirchner and Maria Forns (2004) analyzed diverse aspects relating to the use of coping strategies among prison inmates. The specific objectives are (a) to analyze which type of coping strategies predominate among prisoners, considering both the focus and the method; (b) to relate the use of coping strategies with variables related to the prison environment: time spent in prison, previous convictions (first-time vs. repeat offenders) and custodial status (remand vs. convicted inmates); (c) to relate the coping strategies with the appraisal of the stressing situation previously described by the prisoners; and (d) to relate the cognitive level to the strategies used. The sample is composed of 107 males between 18 and 25 years of age in the Centre Penitentiary de Joves de Barcelona (Spain). The data indicate that the predominant strategies are those of cognitive approach. Likewise, it was found that there was a certain relationship between the appraisal of the problem described and the strategies used. The variables “time spent in prison” and “previous convictions” influenced the use of specific coping strategies. No connection between coping strategies and the intellectual level was found.

Punamaki et al. (2008) examined, first, differences in dispositional and situational coping, and psychological distress between political ex-prisoners and their matched controls, and second, coping effectiveness in protecting mental health from impacts of imprisonment and military trauma. Thirdly, they tested the hypothesis that
compatibility ("goodness of fit") between dispositional and situational coping would predict low psychological distress. Participants were 184 men recruited from a Palestinian community sample, 92 were former political prisoners and 92 non-prisoners. The dispositional coping was assessed as a general response style to hypothetical stressors and situational coping as responses to their own traumatic experiences. Psychological distress was measured by SCL-90-R, and posttraumatic stress disorder, depression and somatoform symptoms by scales based on CIDI 2.1 diagnostic interview. The results showed that compared to non-prisoners, the political ex-prisoners employed less avoidant, denying, and emotion-focused coping strategies. Military trauma was associated with avoidant and denying coping only among non-prisoners. The ex-prisoners showed more mental health and medical problems, especially when exposed to military trauma. None of the coping styles or strategies was effective in protecting the mental health in general or in either groups. However, main effect results revealed that the high level of active and constructive and low levels of emotion-focused coping were associated with low levels of psychiatric symptoms and psychological distress.

Florence Chukwudi (2012) examined and analysed the psychological distress and level of coping in inmates. The concept of imprisonment was expressed. The researcher looked at the pattern of sentence in Nasarawa, the trends and perspectives of prisoner’s mental assessment, the general review of Nigerian prisons system as different from other areas. All these are in literature review. In the discussion, human rights of prisoners in Nigeria, the health and safety practices in the prisons, how prisoners distress are handled by the authorities, what to do to reduce the distress, the range of prison sentences and the age group of the prisoners that are likely to suffer from distress are highlighted. The study consists of one hundred respondents (100). They were sampled from Keffi Prisons Nasarawa state. Age ranges of respondents were aged 18 to 60 years, randomly selected from the prisons in Keffi town. A validated instrument known as questionnaire on psychological distress was
administered on the respondents in groups of A and B that is male and female respondents. There was no difference between the long-term and short-term inmates hence the calculated value is 0.16 at 0.5, df = 1 in hypothesis one. In hypothesis two there is coping adjustment between male and female inmates hence it is accepted with 4.17 at 0.5, df = 1. Based on these findings, it was recommended that the prison environment should be free of stressful events, such as using shift buckets and should encourage more religious activities in the prison yard.

**COPING AND GENDER**

Coping is believed to be an important predictor of adaptation. Effective behavioural or cognitive coping responses to stress are believed to lead to increased feelings of efficacy and reduced levels of stress and anxiety (e.g. Billings and Moos, 1981). There is empirical evidence that coping is associated with psychological symptoms (e.g. Catanzaro, Wasch, Kirsch and Mearns, 2000; Compas, Malcarne and Fondacaro, 1988; Ebata and Moos, 1991; Parker, Cowen, Work and Wyman, 1990; Tennen, Affleck, Armeli and Carney, 2000) and substance use (McCubbin, Needle and Wilson, 1985; Wills, 1986; Windle and Davies, 1999). In particular, coping strategies such as problem solving, cognitive decision making or other active strategies are associated with lower levels of symptoms (e.g. Causey and Dubow, 1991; Compas et al. 1988; Ebata and Moos, 1991; Glyshaw, Cohen and Towbes, 1988; Sandler, Tein and West, 1994; Wills, 1986), whereas avoidant strategies are associated with higher levels of symptoms (e.g. Armistead, et al. 1990; Blalock and Joiner, 2000; Causey and Dubow, 1991; Cooper, Russell, Skinner, Frone and Mudar, 1992; Gomez, 1998; Wills, 1986). Thus, different coping strategies appear to be more or less adaptive ways of dealing with stress.

Gender differences in use of coping strategies have been reported in a number of studies. In general, findings suggest that females appear to favour social support, emotion-focused and avoidant coping strategies relative to males (e.g. Billings and
Moos, 1981; Pearlin and Schooler, 1978; Ptacek, Smith and Zanas, 1992; Stein and Nyamathi, 1999; Stone and Neale, 1984) whereas, males appear to favor stress release through other activities and tend to more often turn to drugs or alcohol relative to females (e.g. Bird and Harris, 1990; Carver, Scheier and Weintraub, 1989; Patterson and McCubbin, 1987; Stein and Nyamathi, 1999). There are inconsistent findings regarding gender differences in the use of problem-focused or active-coping strategies. Some studies suggest that males use problem-focused strategies more often than women (e.g. Brems and Johnson, 1989; Stone and Neale, 1984); some indicate women use them more than men (e.g. Billings and Moos, 1981; Ptacek, Smith and Dodge, 1994) whereas others find no differences (e.g. Hamilton and Fagot, 1988).

Although research suggests gender differences in coping, it may be that gender-role orientation and related personality dimensions, rather than gender itself, account for gender differences in coping. Gender differences in coping may reflect socialization differences in which men are expected to be more independent, instrumental and ambitious, whereas women are expected to be emotional, supportive, and dependent, as reflected in traditional gender-role orientations (Ptacek et al., 1994). Findings indicate that gender role orientation, that is, masculinity and femininity, predict types of coping strategies used (e.g. Hobfoll, Dunahoo, Ben-Porath and Monnier, 1994; Nezu and Nezu, 1987; Ptacek et al. 1994). For example, one study found that neither gender nor feminine gender role predicted coping strategies whereas masculine gender role did. Both men and women who were high on masculinity engaged in more active-behavioral coping and less avoidant coping than individuals low on masculinity (Nezu and Nezu, 1987). Another study did not find that gender-role orientation completely accounted for gender differences in coping. Gender predicted use of support-seeking and emotion-focused strategies, with women using those strategies more often. Masculinity predicted additional variance in emotion-focused coping, over and above gender, with higher masculinity related to less use of emotion-focused coping. Femininity was related to greater use of problem-
focused coping over and above gender (Ptacek et al. 1994). Thus, although gender-role orientation may partially account for gender differences in coping, other variables maybe important mediators of this relation.

In most of the studies more women were included reflecting the gender differences in the prevalence of depressive disorder. In some studies gender differences were found and the general tendency was that men tend to distract themselves using active coping strategies, whereas women use strategies involving expressing emotion [Billings and Moos, 1984; Dekker and Ormel, 1999; Lam, Scuck, Smith, Farmer and Checkley, 2003). Other studies found no gender differences (Schouws et al. 2002; Ravindran et al. 1995; Yamada et al. 2003) however, most studies did not take gender into consideration in the analyses. According to the hypothesis of Nolen-Hoeksema (1987), the increased vulnerability of women to developing depression is related to gender differences in coping; men's response to their dysphasia is more behavioural and dampens their depressive episodes, whereas women's response to their dysphasia is more ruminative and amplifies them. Accordable to a review by Piccinelli and Wilkinson (1987) of gender differences in depression, it is possible that men tend to distract themselves from their mood by engaging in physical or instrumental activities, whereas women are less active and ruminate over the possible causes and implications of their depression. These hypotheses are compatible with findings from other studies (Wilhelm and Parker, 1993; Angst et al. 2000) the latter study involving data covering representative population samples from six European countries. Conversely, in an older prospective one-year study by Folkman and Lazarus (1980) 100 healthy community-residing men and women, in whom participants were interviewed seven times at four-week intervals, found no g-nder differences in emotion-focused coping. Another study (Nazroo, Edwards and Brown, 1997) of couples that recently had experienced at least one threatening life event that was potentially depressonigenic for both showed that women had a greater risk than men of depressive episodes following the life event.
The greater risk was restricted to episodes which followed events involving children, housing or reproductive problems. Women's greater risk was only present among those couples for whom there were clear gender differences in associated roles.

Pearlin and Schooler (1978) and Kessler (1979) found that overall; females are more vulnerable to stressful circumstances than are males. In dealing with such stressful situations, women are more likely to avoid confrontation, accept personal blame, and rely on social support networks (Labouvie-Vief, Hakim- Larson, and Hobart, 1987).

Folkman, Lazarus, Pimley and Novacek (1987) found that men tended to keep their feelings to themselves more than women, and that women used more positive reappraisal. In looking at the use of coping in a middle-aged community sample, Folkman and Lazarus (1980) found no gender differences in the amount of emotion-focused coping.

McCrae (1982) found that older individuals cope in much the same way as younger individuals, and where they did utilize different coping strategies, it appeared to be largely due to the type of stress that was being faced. He also found that middle-aged and older individuals were less likely than younger individuals to rely on hostile reactions or escapist fantasy to deal with stress.

Folkman, Lazarus, Pimley and Novacek (1987) it was found that younger individuals used more active, interpersonal, problem-focused forms of coping, whereas older individuals used more passive, intrapersonal, emotion-focused forms of coping.

Jones (1988) found that female inmates tend to organize into relatively enduring primary relationships in order to cope with their stress, such as friendships, romantic relationships, and groups which resemble a family structure.
MacKenzie, Robinson and Campbell (1989) conducted research on female prisoners and coping, and found no support for their hypotheses that those who were imprisoned longer would possess better coping skills than those newly incarcerated or that sentence length affected female prisoners coping abilities. They found that the ability to cope had more to do with the skills that the prisoners had acquired prior to incarceration.

Silverman and Vega (1990) found that female inmates controlled their anger significantly more than males, who were more prone to direct their anger outward.

Levanthal, Suls and Leventhal (1993) found that middle-aged individuals tend to use more avoidance and delay in coping with stress, which they suggest may be due to risk aversion due to biological decline.

McGown and Fraser (1995) which utilized a sample of individuals with physical or sensory disabilities, it was found that males make significantly more use of active-cognitive coping than females.

Woods and Carlson (1997) found that female prisoners who possessed positive coping skills were less likely to feel depressed or anxious compared to those who used negative coping strategies.

Jacinta Pollard and Deli Baker (2000) explored the relationship between experiences of abuse, current trauma symptoms and the coping skills of 70 women prisoners. The data was collected as part of Car niche’s drug and alcohol service delivery at the Metropolitan Women's Correctional Centre (MWCC) in Victoria. As part of a clinical interview the women were asked to complete the Car niche Self Report Questionnaire (SRQ), the Coping Resources Inventory (CRI; Hammer, 1983) and the Trauma Symptom Inventory (TSI; Briere, 1995). Among our findings is that this sample of women prisoners report high levels of physical, emotional and sexual abuse in childhood and adolescence. Their results on the TSI indicate that they
Michele J. Eliason, Janette Y. Taylor and Rachel Williams (2004) examined the health of women in prison, taking into account social structures such as racism, classism, sexism and the stigma of drug addiction in their daily lives. Women are the fastest growing segment of the criminal justice system and are entering the system with far greater health problems than men but with less access to health services. Incarcerated women are disproportionately poor women of colour who have experienced years of minority stress, drug addiction, violence and abuse. The article identifies the need for better prison health services, increased access to substance abuse treatment, and a reconsideration of current drug policy and laws. There is a critical need to create broader community-health-oriented responses to the epidemic of drug addiction in our society. Such responses extend beyond individual risk factors for disease and address wider societal issues.

Pilar Matud (2004) examines gender differences in stress and coping in a sample of 2816 people (1566 women and 1250 men) between 18 and 65 years old, with different sociodemographic characteristics. The results of MANCOVA, after adjusting for sociodemographic variables, indicated that the women scored significantly higher than the men in chronic stress and minor daily stressors. Although there was no difference in the number of life events experienced in the previous two years, the women rated their life events as more negative and less controllable than the men. Furthermore, he found gender differences in 14 of the 31 items listed, with the women listing family and health-related events more frequently than the men, whereas the men listed relationship, finance and work-related events. The women scored significantly higher than the men on the emotional and avoidance coping styles and lower on rational and detachment coping. The men were found to have more emotional inhibition than the women. And the women scored significantly higher than
the men on somatic symptoms and psychological distress. Although the effect sizes are low, the results of this study suggest that women suffer more stress than men and their coping style is more emotion-focused than the men.

Sadia Rasheed, Mabood Sawal, Rizwan Taj and Najma Najam (2005) compared the convicted and under trial female prisoners on suicidal ideation, coping skills and social support. Sample of the study consisted of 40 female prisoners in which 20 were convicted and other 20 were under trial. Majority of the sample was in the range of 25-35 years (57.5%), unmarried (50%) and educated till middle (67.5). Instruments used were Beck Suicidal Ideation Scale, Social Support Questionnaire and Brief COPE. The result shows that under trial female prisoners use more avoidance copings as compared to convicted female prisoners. It means that un-convicted female prisoners have more negative thinking, more self-blame, behaviour disengagement venting and denial as compared to convicted female prisoners. But the difference is no significant (t=1.43, p=.16).

McDonald (2006) conducted a study of an in-prison substance abuse therapeutic community for female prisoners. Her qualitative research led to the conclusion that participation in a therapeutic community could improve the positive coping skills (improved problem-solving abilities and seeking of social support) and reduce the negative ways of coping (avoidance) of its female participants.

Stephen L. Brown, Sara Ballarini and Jane L. Ireland (2006) explored the structure of maladaptive personality in adult prisoners, and examined relationships between coping, personality and psychological distress. One hundred and forty one adult male prisoners took part. It was predicted that there would be an evidence of co-morbidity between personality and psychological distress, that coping would mediate the relationship between these variables and that maladaptive personality would comprise of a number of factors. Maladaptive personality traits were found to be associated with maladaptive coping and greater psychological distress. A three factor
structure was found amongst maladaptive personality traits with correlated factors emphasizing antisocial and asocial personality and a third representing anxious/dramatic personality. Exploratory Structural Equation Modelling showed that maladaptive coping may mediate the relationship between asocial and anxious/dramatic personality and psychological distress. The results are discussed with regards to issues of co-morbidity between maladaptive personality and psychological distress and the importance of accounting for individual coping style in understanding this association.

Shanhe Jiang and L. Thomas Winfree Jr. (2006) explored ties between social support mechanisms and reported rules infractions of a nationally representative sample of male and female state prison inmates by using a multilevel analysis. Findings suggest that female inmates experienced more social support than did their male counterparts. Some of the included social support mechanisms seem to affect inmate’s adjustment to prison and the effect of marital status on misconduct varies by gender.

Harreveld et al. (2007) examined the relationship between coping strategies and prisoners psychological and physical well-being. They found that prisoners who accepted social support from others had improved moods, better psychological well-being and better health. They concluded that prisoners who believed in their own coping strategies were more likely to have a greater level of well-being.

Emily M. Wright, Emily J. Salisbury and Patricia Van Voorhis (2007) aimed that the needs of women offenders may be qualitatively different than the needs of male offenders. The “pathways” and “gender-responsive” perspectives of female offending have recently garnered attention in both practitioner and scholarly arenas. The pathways perspective focuses attention on the co-occurrence and effects of trauma, substance abuse, dysfunctional relationships and mental illness on female offending, while the gender-responsive perspective also suggests that problems
related to parenting, childcare and self-concept issues are dire needs of women offenders. Few studies have examined whether or not these are risk factors for poor prison adjustment. With a sample of 272 incarcerated women offenders in Missouri, they examined how each gender-responsive need is related to six- and twelve-month prison misconduct, and whether the inclusion of such needs to traditional static custody classification items increases the predictive validity of such tools. Results suggest that women offenders do, in fact, display gender-responsive risk factors in prison.

All these studies have revealed controversial results but gender of the individuals has significant difference on the use of coping strategies.

COPING AND AGE

Age differs among the studies but most studies had a broader age range. How age influences the stress and coping process is not clear. The Normative Aging Study (Aldwin et al. 1996), a longitudinal study, examined stress, appraisal and coping in three groups' middle-aged, young-old and old-old men. The study followed 2280 men for more than 30 years. A significant overall effect of age on coping strategies: instrumental action, cognitive reframing, social support and interpersonal hostile strategies were found and all coping strategies showed linear decrease with age. The relation between age and coping is complex and there is no clear answer as to whether persons cope better or worse as they age. In a recent study, the association between life events and onset of depression and mania was not found to change throughout life (Kessing, Agerbo and Mortensen, 2003).

McCrae (1982) found middle-aged and older individuals were less likely than younger individuals to rely on hostile reactions or escapist fantasy to deal with stress.

In a study by Folkman, Lazarus, Pimley and Novacek (1987), it was found that younger individuals used more active, interpersonal, problem-focused forms of
coping whereas older individuals used more passive, intrapersonal emotion-focused forms of coping.

Mann (1984) has also found that female inmates often form family systems within the prison. Specifically with other inmates with which they have become close. This is a response to loneliness, and can help to create a sense of belonging, security, emotional support, and help to reduce preoccupations with the outside world.

Jones (1988) has found that female inmates tend to organise into relatively enduring primary relationships in order to cope with their stress, such as friendships, romantic relationships, and groups which resemble a family structure.

Silverman and Vega (1990) found that intensity of male and female inmates’ anger in response to stress decreased with age, along with an increase in suppression or control of anger. These findings may suggest that inmates are better able to adjust to their environment with time, as measured by symptoms of distress.

Leventhal, Suls and Leventhal (1993) found that middle-aged individuals tend to use more avoidance and delay in coping with stress, which they suggest may be due to risk aversion due to biological decline. For instance, it has been found that bitterness and expression of demoralization by the prison environment were most evident by a group of inmates who had served the shortest length of time. Also, a similar group of inmates having served the least amount of time showed a pattern of greater distress on measures of anxiety, depression and hopelessness (Sapsford, 1983).

Negy, Woods and Carlson (1997) hypothesized that for female inmates, strategies which attempt to manage the emotional distress rather than the actual stressor will work best since the inmate is often unable to change many facets of her environment. However, they found that both types of coping resulted in better adjustment.
Zamble and Porporino (1998) have found that over time, inmates tend to cope by withdrawing from social contact or activities. There is an increase in the amount of passive behaviours, such as watching television or listening to music throughout the first three to four months. They also increase their amount of inner-directed hostility (Heskin, 1974). However, after learning the “rules” of the prison, inmates begin to feel an increased sense of control (Zamble and Porporino, 1998). They also gain experience with aging and they know how to get things done for themselves, as well as what to expect from officers.

Ruchkin et al. (1999) in a study of 178 adolescent offenders aged between 15 and 18, found a greater reliance on both cognitive and behavioural avoidance strategies as compared with a control group.

Susana Mohino; Teresa Kirchner; Maria Forns (2004) study identified and characterized the coping strategies used by young male inmates in the prison setting. The sample consisted of 107 young male inmates being held in a correctional facility in Barcelona, Spain. The Coping Responses Inventory Adult Form was used to evaluate coping strategies. The analysis focused on the type of coping strategies that predominated among inmates, considering both the focus and the method; the use of coping strategies in relationship to the characteristics of the prison environment; the relationship of the coping strategy to the inmate's perception of the stressful situation; and the relationship of the inmate's cognitive level to the strategies used. The variables reflective of the prison environment where time spent in prison, previous convictions (first time or repeat offender) and custodial status (remand or convicted inmate). The data analysis indicates that the inmates used "approach" strategies (direct efforts to resolve the stressful situation) more often than avoidant strategies, and cognitive strategies were used more often than behavioural ones. This coping pattern is similar to that observed in non-prison populations. The time of exposure to a stressor was a variable that produced changes in the specific coping strategies used.
Also, first-time inmates were more likely to use the strategy of "seeking alternative rewards" than were repeat offenders. Contrary to what might be expected, custodial status did not influence the type of strategy used. Neither as a relationship found between cognitive ability and individual coping styles. A degree of consistency was found between the inmate's perception of the problem and the preferred strategy for dealing with it.

Jane L. Ireland, Rebecca Boustedt, Carol A. Ireland (2006) explored the role of coping styles as a predictor of poor psychological health among adolescent offenders compared young and juvenile offenders. Two hundred and three male offenders took part: 108 young (18–21 years) and 95 juvenile (15–17 years) offenders. All completed the General Health Questionnaire (GHQ-28) and a revised version of the Coping Styles Questionnaire (CSQ-3). Young offenders reported using emotional, avoidant and detached coping styles more than juveniles. They also reported more overall psychological distress than juveniles with a trend to report increased depression, anxiety and insomnia. For both young and juvenile offenders, emotional coping predicted increased psychological distress. This was consistent across different symptoms (i.e. somatic, anxiety and insomnia, social dysfunction and severe depression). For young offenders, rational coping predicted a decrease in overall distress and was found across all symptoms. For juveniles, although detached coping predicted a decrease in overall psychological distress, across symptoms it only predicted social dysfunction. Increased rational coping was also found to predict decreased depression for juveniles. The study highlights differences between young and juvenile offenders regarding coping styles and how this relates to psychological distress. It highlights the complexities of trying to understand the coping-health relationship in a prison setting and asks if such settings are increasing the potential for adolescents to over-use coping styles that may not be the most effective.
Stephen L. Brown and Carol A. Ireland (2006) researched on the relations between coping style and well-being in adolescent prisoners. The previous research suggests that the stress of incarceration may be moderated by coping style in adult prisoners. Detachment and low emotional expression may assist incarcerated adolescents to adapt more positively to the initial period of imprisonment, and prisoners may adopt these more effective coping styles over time.

**COPING AND DURATION OF IMPRISONMENT**

Zamble and Porporino (1988) have found that over time, inmates tend to cope by withdrawing from social contact or activities. There is an increase in the amount of passive behaviors, such as watching television or listening to music throughout the first three or four months.

Phil Reed, Yousef Alenazi and Fenella Potterton (2009) studied to explore the coping strategies used in stressful situations, and the relationship between prison sentence length and the coping strategies employed. Prisoners completed the Eysenck Personality Questionnaire, and the Ways of Coping Scale. Coping strategies that focused on emotions, rather than on the source problem, were found to be most often employed. Shorter-term prisoners adopted problem-focused strategies more than longer-term prisoners, while longer-term prisoners adopted emotion-focused strategies more than shorter-term prisoners.

**MENTAL HEALTH AMONG PRISONERS**

The prisoners are forced to undergo increasingly harsh policies and conditions of confinement in order to survive in the prison. These prolonged adaptations to the deprivations and frustrations of life inside prison lead to certain psychological changes. The person who suffers the acute pains of imprisonment necessarily manifests psychological disorders such as post-traumatic stress disorder or other
forms of disability may be in the form of diminished sense of self-worth and personal value (Sykes G. Princeton, 1958).

Around 70% of sentenced prisoners suffer two or more mental health problems (Singleton et al., 1998) and 20% of male and 15% of female prisoner have previously experienced a psychiatric acute admission to hospital (Prison Reform Trust, 2007). Remand prisoners are also more likely to have several such problems (Singleton et al., 1998).

Many prisoners have a combination of mental health problems, substance misuse, personality disorder and learning difficulties as well as a range of other issues to deal with.

Although the prevalence of mental health problems in prison is high, most of these will be common conditions, such as depression or anxiety. A smaller number have more severe conditions such as a psychosis. Not all prisoners enter prison with mental health problems: for some, being in prison will lead them to develop depression or anxiety, for example.

From evidence given to it, the Joint Parliamentary Committee on Human Rights (JCHR, 2004) concluded that “prison actually leads to an acute worsening of mental health problems”.

The number of women in prison has increased dramatically (Rickford, 2003). Women prisoners are twice as likely as their male counterparts to have received help for a mental/emotional problem in the 12 months prior to imprisonment (Prison Reform Trust, 2000).

Women serve shorter sentences, but during that time their children may be taken into the care of the local authority, and they may lose both their job and their home, increasing the likelihood of reoffending and mental illness. The Women’s
Offending Reduction Programmed (Home Office, 2004) has acknowledged this and aims to reduce women’s re-offending by ensuring that women receive greater support before, during and after custody. The Home Office-commissioned Corston Review recently recommended completely replacing the women’s prison estate and creating better alternatives (Home Office, 2007).

Young people in prison have an even greater prevalence of poor mental health than adults, with 95% having at least one mental health problem and 80% having more than one (Lader et al., 2000). Few have any qualifications or had worked prior to prison and most had traumatic experiences prior to their incarceration. They are 18 times more likely to commit suicide in prison than in the community (Prison Reform Trust, 2007).

According to recent studies (Bjorngaard, J.H., Rustad, A.B., Kjelsberg, E. 2009) the mental illness rate in prisoners is three times higher than in the general population and it is more common in females rather than males. Of late, this problem has come to the surface and has attracted public attention, while most prisons were aware of the problem as early as in the 1980s.

Most mentally ill prisoners find it a nuclear task difficult to adjust in accordance with the prison rules. Most get in trouble for destroying state property and fighting with guards. Others are more prone to be taken advantage of by other inmates. Some are abused, raped and have their belongings stolen (Bjorngaard JH, Rustad AB, Kjelsberg E. 2009).

Johan Hakon Bjorngaard, A. B. Rusted, Eileen Kjelsberg (2009) and Kjelsberg et al. (2006) studied and found that prisoners are characterized by elevated mental and physical health related morbidity. The Bureau of Justice Statistics reported (Bureau of Justice Statistics, 2000 and 2001) that more than half of all prisoner and jail inmates have mental health problems.
Ashkani, H. Dehbozorghi, G. and Shoja, A. (2002) investigated the prevalence of mental health disorders among the male prisoners of Adel-Abad Prison in Shiraz. About 200 male prisoners selected through stratified random sampling were evaluated by SCL-90-R for the purpose of preliminary screening. Following clinical interviews based on DSM-IV, two psychiatrists who worked independent of one another assessed the subjects. The final diagnosis for each case was made and cases of probable malingering were excluded. Only the subjects, whose diagnosis was confirmed by both psychiatrists, participated in the study. The findings showed that 75.1% of subjects were affected by mental disorders, of which 41.9% suffered from mood disorders, 33.2% from personality disorders, 8.1% from anxiety disorders, 6.45% from organic-brain disorders and psychosomatic disorders, 5.64% from psychosis and 5.64% from somatoform disorders.

Luke Birmingham (2003) appraised that mental health problems are the most significant cause of morbidity in prisons. Over 90% of prisoners have a mental disorder. The prison environment and the rules and regimes governing daily life inside prison can be seriously detrimental to mental health. Prisoners have received very poor health care and, until recently, the National Health Service (NHS) had no obligations to service this group, which was the Home Office’s responsibility. The NHS is expected to take responsibility eventually, following a new health partnership with the Prison Service. NHS psychiatrists will have to be much more active in the development and delivery of health care to prisoners who now have the right to equal health care. There are positive developments but concerted and determined action is required to bring prison health care up to the acceptable standards.

Jo Nurse, Paul Woodcock and Jim Ormsby (2003) studied “Influence of environmental factors on mental health within prisons: focus group study” and revealed that prisoners reported that long periods of isolation with little mental stimulus contributed to poor mental health and led to intense feelings of anger,
frustration and anxiety. Prisoners said that they misused drugs to relieve the long hours of tedium. Most focus groups identified negative relationships between staff and prisoners as an important issue affecting stress levels of staff and prisoners. Staff groups described a “circle of stress” whereby the prison culture, organisation and staff shortages caused high staff stress levels, resulting in staff sickness, which in turn caused greater stress for remaining staff. Staff shortages also affected prisoners, who would be locked up for longer periods of time; the ensuing frustration would then be released on staff, aggravating the situation still further. Dearth of staff also affected control and monitoring of bullying and reduced the amount of time in which prisoners were able to maintain contact with their families.

Doris J. James and Lauren E. Glaze (2006) compared the characteristics of offenders with a mental health problem to those without, including current offense, criminal record, sentence length, time expected to be served, co-occurring substance dependence or abuse, family background and facility conduct since current admission. It presents measures of mental health problems by gender, race, Hispanic origin and age. The report describes mental health problems and mental health treatment among inmates since admission to jail or prison. Findings are based on the Survey of Inmates in State and Federal Correctional Facilities, 2004, and the Survey of Inmates in Local Jails, 2002. Highlights include the following: Nearly a quarter of both State prisoners and jail inmates who had a mental health problem, compared to a fifth of those without, had served three or more prior incarcerations; female inmates had higher rates of mental health problems than male inmates (State prisons: 73% of females and 55% of males; Federal prisons: 61% of females and 44% of males; local jails: 75% of females and 63% of males); over one in three State prisoners, one in four Federal prisoners, and one in six jail inmates who had a mental health problem had received treatment since admission.
Drapalski, Youman, Stuewig and Tangney (2009) compared male and female jail inmates along a wide range of symptoms of mental illness using identical assessment methods and examined gender differences in treatment seeking before and during incarceration. Results revealed that women were more likely to report clinically significant symptoms of anxiety, borderline personality features, somatic concerns and trauma-related symptoms. However, trauma-related symptoms and borderline features were also common among male inmates. Although both men and women reported high rates of drug-related problems, alcohol-related problems were twice as prevalent among male inmates. Female inmates were more likely to seek and be enrolled in jail-based treatment and there were no differences in reported help seeking prior to incarceration.

Mar iam Yousaf, Zahira Batool and Haq Nawaz Anwar (2009) investigated about health problems of female prisoners. A well thought and well structured interview schedule was prepared as data collection tool. The women respondents were interviewed through this tool. The sample size of 80 respondents was selected randomly. It was revealed from data analysis that women were suffering from two types of diseases (mental disorder and physical disorders).

Sudhinta Sinha (2010) investigated the adjustment and the mental health problem and its relation in the prisoners. The results obtained showed poor adjustment in social and emotional areas on the adjustment scale. The study also revealed a significant association between adjustment and mental health problem in the prisoners.

Zainab Fotowwat Zadeh (2012) explored the mental health issues of women prisoners in a Karachi jail. The data was collected using the convenience sampling method. A total of 16, women between 21 and 60 years of ages were interviewed for the research. A detailed clinical interview and a Mental State Examination were used to assess the mental health issues of the inmates. The following research questions
were postulated for further exploration in order to firstly find out what are the types of mental health issues prevalent in women prisoners and secondly, to discover if there is a relationship between the type of crime committed and the nature of mental health symptoms present in women prisoners. The results show that the women prisoners had a total of 12 different symptoms. Out of these, the highest ranking symptoms were those of insomnia at 19 %, aggression at 17 %, tension defined as a subjective feeling of stress and worry at 16 % and psychosomatic complaints at 14 %. Symptom clusters show that neurosis is far more prevalent than psychotic conditions. The typology may thus be broadly categorized into three distinct groups of neurosis related to depression and its related features, borderline tendencies, and anxiety features. The results also indicate a link between this categorization and the type of crime committed. Other variables analysed included age and marital status. This research has implications for the designing of structured group interventions in the jail setting. Special programmed should be made to address the unique psychological needs and issues of the women prisoners.

MENTAL HEALTH AMONG WOMEN PRISONERS

The fact that prisoners have higher rates of psychological distress and mental health problems when compared to the general population (Fazel and Danesh, 2002). Needless to say, the rates are much higher in the case of women in custody. Although women still constitute a small minority of the prison population across the world, the number of incarcerated women is increasing (Slotboom et al. 2007). In addition to the common kinds of distress both men and women experience in prison, women are more vulnerable for gender discrimination, neglect, violence, physical and sexual abuse. Studies have documented that relative to their male counterparts, women incarcerated in state prisons are more likely to have mental disorders and a history of physical and sexual abuse (Blitz et al., 2006; Brown et al., 1999; Hartwell, 2001). Despite the magnitude of problems, little attention has been given to the unique health
concerns of women prisoners. Mental health care and attention to the psychological distress that occurs because of imprisonment of women, is almost non-existent.

Women in prison have a double disadvantage. The gender disadvantage and discrimination gets worsened during imprisonment, which is further amplified upon their release from prison. Gender sensitive interventions need to take into account psychological distress in a life stage perspective.

Women usually lead protected lives and are good home makers. They are not exposed to the travails of the outside world. When they come in conflict with law and are imprisoned, they find it very difficult to cope with the prison environment. Prison isolates the women from their family and friends. They cannot perform their usual duties. This causes sadness, guilt and puts tremendous stress on them. The physical and mental health needs of women are different compared to men. Traditionally, most of the prison inmates are males, and the prison environment is therefore shaped by the needs of males (Slotboom et al. 2007) and do not cater to the special needs of women prisoners.

Mental health problems among women in prisons all over the world are very high. These include both mental disorders and a high level of drug or alcohol dependence. Women in prisons frequently come from deprived backgrounds, and many have experienced physical and sexual abuse, alcohol and drug dependence and inadequate health care before imprisonment (Messina et al., 2006; Reyes, 2000). Further, women entering prisons are more likely than men to have poor mental health, often associated with experiencing domestic violence and physical and sexual abuse (Reyes, 2000; UNODC, 2009).

A study conducted by the Bureau of Justice Statistics of the United States, showed that 73% of the women in state prisons and 75% in local prisons in the United States have symptoms of mental disorders compared to 12% of women in the general
population (Covington, 2007). A study supported by the National Commission for women evaluated mental health problems among women in the Central Prison, Bangalore (Murthy et al. 1998).

Kumari (2009) appraised that women prisoners perceived that they would face problems in all spheres of life in future because of their imprisonment. They were also worried about economic and family problems. There is hope about the redemption of the prisoners through counseling and rehabilitation.

**Appraisal**

A brief review of some of the investigations concerning prisoners stress and coping reveals that more researchers studied the effects of stress on prisoners. This chapter has provided an overview of literature pertaining to middle age people in prison. It has highlighted a variety of research findings, issues and unanswered questions.

It is observed there is no study, which has attempted to investigate the impact of gender, age, educational status, size of the family on prisoners stress and coping. Therefore to fill the gap in the existing knowledge in the area of prisoners stress and coping an attempt is made in the present investigation to study the impact of age, gender, educational status, father occupation on prisoners stress and coping.

In addition to the above, the impact of prisoner’s occupation and father’s occupation on prisoners stress, coping, personal relations and emotional stability is also studied.