



Health Promotion for Young Prisoners

# Toolkit

Health Promotion for Young Prisoners:  
A Toolkit for Prison Staff





# list of contents

introduction .....	1
1. how to deliver health promotion for young prisoners.....	4
2. sexuality and contraception.....	23
3. relationships.....	40
4. hiv and other infections.....	53
5. body and hygiene.....	85
6. oral and dental hygiene .....	99
7. drug and alcohol abuse.....	122
8. sports and exercising .....	142
9. healthy nutrition .....	166
10. supporting mental health well-being.....	184
11. coping with custody and conviction .....	206
12. throughcare .....	236



# introduction

## Acknowledgements

## Preface

The Project „*Health Promotion for Young Prisoners (HPYP)*” received funding from the European Commission, Directorate General, Health and Consumers, Grant Agreement Nr. 20091212. The sole responsibility lies with the authors and the Executive Agency for Health and Consumers is not responsible for any use that may be made of the information contained herein.

## Introduction

Young prisoners have particular needs that are different from other prisoners. They are often more disadvantaged than their counterparts in the community and this can have a negative impact on their health. Providing health promotion for young prisoners in the institutions that house them is a valuable opportunity to develop initiatives to identify and tackle the wider health needs of this vulnerable and socially excluded population. Health promotion and healthcare practice in prison is little known and poorly understood outside the confines of the prison service. However, there is considerable potential for influencing the health of some of the most disadvantaged people in our societies. There is a clear need for prisons to respond with health promotion interventions to address health inequalities endorsing the principle that time spent in custody should aid disease prevention and promote health.

The World Health Organization promotes a whole-prison or settings approach to promoting health that draws on three key components:

- Prison policies that promote health (such as a non-smoking policy);
- An environment in a prison that is supportive of health; and
- Disease prevention, health education and other health promotion initiatives that address the health needs assessed within each prison. (WHO, 2007)

This concept of a health promoting prison has not been extensively critiqued or understood (Woodall, 2012) although in some European countries the concept of prisons becoming more health promoting is now a key item on the policy agenda.

Conceptually, implementing health promotion in the prison environment presents a number of practical challenges, some of which are at odds with the nature of prison settings; political and economic constraints and the overriding concern of security in prison. Key questions about the nature of the wider prison population need to be explored, in particular identifying the reasons why individuals are in prison and what needs to be done on the organisational and wider political level to be able to respond to the health promotion needs of young prisoners.

Throughout the European Union the management of youth justice is a highly political issue. Policy development to address the wide range of concerns relevant to young people and in particular, drug and alcohol related crime are subject to constant review (Goldson, 2000). The concept of welfare versus punishment is important in the development of juvenile justice as it encourages the implementation of health promotion in prison settings. In many EU countries the emphasis in regard to juvenile offending is more on protecting and maintaining the welfare of juvenile offenders and supporting them in their rehabilitation, whereas sentences for adult offenders, are often geared towards deterrence, incapacitation and punishment (MacDonald et al, 2006).

Internationally, youth justice is governed by a number of treaties, standards and agreements that provide a framework for how children who break the law should be treated, these include: the 1966 International Covenant on Civil and Political Rights (ICCPR ); The 1989 United Nations Convention of the Rights of the Child (UNCRC); United Nations Standard Minimum Rules for the Administration of Juvenile Justice 1985 (Beijing Rules); United Nations Rules for the Protection of Juveniles Deprived of their Liberty 1990 (JDLs); United Nations Guidelines for the Prevention of Juvenile Delinquency 1990 (Riyadh Guidelines) and The Council of Europe has also produced detailed recommendations as to the appropriate treatment for children (Recommendation (2003) 20 of the Committee of Ministers)<sup>1</sup>.

This toolkit has been developed under the umbrella of the project Health Promotion for Young Prisoners (HPYP), which was funded by the European Commission, Directorate Health and Consumers and aimed at assessing health promotion needs and developing and improving health promotion activities for young vulnerable people in the prison setting. It specifically aims at the subsequent implementation of a health promotion toolkit for young prisoners widely across European Member States. The project involved seven countries from old and new European Member States (Bulgaria, Czech Republic, England, Estonia, Germany, Latvia and Romania) and brought together a multi-disciplinary network representing a range of different professional groups and practitioners working inside and outside prisons. The project included extensive literature reviews and qualitative research by each partner country (available on the HPYP website [www.hpyp.eu](http://www.hpyp.eu)).

The development of this toolkit on health promotion was based on the views and needs of vulnerable young people in prison as well as on those of prison staff and representatives from non-governmental organisations as possible deliverers of health education in custodial settings (participatory approach). The toolkit shall encourage prison administrations to develop and implement interventions, and make changes in policy to include health promotion as an integral part of health delivery in the prison system.

This toolkit contains twelve modules which follow the same structure:

**WHAT** introduces the issues covered in the respective module, gives some background information, refers to international rules on the topic and if applicable, refers to structural issues.

**WHY** outlines the evidence (research findings, literature etc.) and benefits of implementing the topics covered in the module.

The chapter **WHO** describes the target group for the intervention as well as the level of skills which the facilitator needs. i.e. who can deliver the module, what level of expertise is essential and whether an outside professional is needed.

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<sup>1</sup> [http://www.howardleague.org/fileadmin/howard\\_league/user/online\\_publications/Punishing\\_Children.pdf](http://www.howardleague.org/fileadmin/howard_league/user/online_publications/Punishing_Children.pdf). Accessed 26/3/2012

The chapter **HOW** is the core part of the module and describes how the topics can be translated into specific activities and interventions in prison. It contains different sorts of materials (i.e. leaflet to be copied and handed out, interactive exercise or game, proposals for structural changes) and description, advices, skills and instructions for delivery of the interventions.

If applicable, some examples of good practice in this area are described at the end of the module and references and links to further information are presented.

## References

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- Goldson, B. (2002), *Vulnerable inside: children in secure and penal settings*. The Children's Society, London.
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- WHO (2007) *Health in Prisons: A WHO guide to the essentials in prison health*. Denmark, WHO Regional Office for Europe
- Woodall, J. *Health Promoting prisons an overview and critique of the concept*, Prison Service Journal, July 2012, issue 202, p 6-11

# 1. how to deliver health promotion for young prisoners

## what

This module identifies underlying issues relating to education of young people which underpin any activities aimed at promoting healthy living. The module focuses on the key principles and approaches to learning and teaching health related issues. The key issues are that:

- young prisoners must be treated primarily as children rather than as offenders;
- a participatory approach should be taken to include young people in a transformative process of learning;
- young people need to be kept interested and busy;
- the educational needs of individual children should be assessed from the outset;
- content needs to be relevant;
- alternative modes of delivery need to be considered and used;
- ground rules need to be set early on;
- the role of staff in education should be clearly identified.

The module provides materials for exploring these issues with the young people themselves. It is important to adapt materials to local situations and to reflect differences between different age groups. They are aimed at helping young people to engage and reflect on how they learn.

### General learning outcomes of the training pack

The training pack has the following learning objectives:

1. Trainers will understand the basic principles of delivering health promotion to young prisoners as well as identifying key concerns relating to educating young people.
2. Young people will have gained an understanding that they are to engage in a transformative learning experience rather than simply to be told what to do.

### Rationale

How we impart healthy living messages to young prisoners is fundamental to successful health promotion. Health promotion is an educational activity and needs to be underpinned by important principles of learning and teaching.

Research and practice has increasingly demonstrated the need for a participative approach which treats young people as partners in a transformative learning process and which sees young prisoners as individual children with specific learning needs.



Above all, all educational activities are enshrined in international conventions and are considered a vital part of young prisoners' rights.

### International principles of educating young prisoners

Education in prisons has been described as the 'Cinderella Service' in comparison to other educational contexts (Nahmad-Williams, 2011). Prisons usually support an extensive educational facility and are well qualified to undertake educational activities. Indeed, most prison services in Europe have highly developed education departments. Close connection needs to be made with these departments in order to best educate young people about their health

Prison education not only aims at preparing young prisoners for employment and moral improvement but at their continuing development both during and post custody. The UN's Standard Minimum Rules for the Treatment of Prisoners argues that this involves integration with external education systems in order to ensure continuity (UNHCHR, 1955: § 77.2).

#### *United Nations on Prison Education*

*[Education in detention] should be aimed at the full development of the whole person requiring, among other things, prisoner access to formal and informal education, literacy programmes, basic education, vocational training, creative, religious and cultural activities, physical education and sport, social education, higher education and library facilities. (UNHCR, 2009:7).*

Likewise, the development of a prison education system that is comprehensive and takes account of prisoners' aspirations is a key part of the Council of Europe's European Prison Rules of 2006 (Council of Europe, 2006).

#### *Council of Europe*

*Education shall have no less a status than work within the prison regime and prisoners shall not be disadvantaged financially or otherwise by taking part in education (Council of Europe, 2006: § 28.4).*

Prison educational activities, should, as education in any other contexts, be positive and transformative learning experiences for young prisoners. The learning environment should be a safe place for young people to learn and change.

#### *The Learning Environment*

*[The learning environment should be] an environment that actively promotes and rewards good behaviour, and that addresses challenging behaviour by helping young people to learn and change, with minimal and safe use of disciplinary procedures. (Lewis and Heer, 2008:9)*

# why

This section identifies key issues to be considered when delivering healthy living messages to young prisoners. It takes as its focus key concerns emerging from studies on the broader education of prisoners and from the research carried out to support the development of this training package.

For many staff, delivering healthy living messages to young prisoners is difficult because the young people themselves seem unwilling or unable to understand its importance. According to the research for this training package, young prisoners have a number of negative attitudes towards health.

## Negative attitudes

*[Young prisoners have an] “unwillingness to engage in any activity, even if it is for their benefit”. (Czech Republic, Prison Staff)*

*“Young offenders’ [have] negative attitudes to education with their often irrational, careless, even destructive approach to health, both their own and that of other people”. (Czech Republic, Prison Staff)*

## Taking a Young Person’s Perspective

Many of the topics included in health promotion are not immediately attractive to young people and in order to engage them, messages that promote reducing harm and healthy behaviour need to be delivered in such a way that young people will engage and listen. It is therefore important to use experiential techniques that hopefully will capture and maintain young people’s interest and attention. Adopting informal and flexible learning based on the needs of individuals is an important way to engage young people. Some common features of a experiential learning approach are:

- An emphasis on ‘hands on’ and practical work
- Using a variety of staff to work with the young person
- A relaxed and informal learning environment
- Small group sizes
- Offering a variety of activities that the young people can relate to
- Acknowledging and encouraging the young people to reflect on their previous experiences.

Health promotion must be approached from the perspective of the young people. Health promotion activities should be undertaken with a view that young people are not defined by their offending behaviour. Young prisoners must be viewed primarily as young people rather than as offenders.

## Gaining respect

*“With young prisoners you need much more time and effort to gain their trust and respect. For that all staff member working with young offenders should get training” (Estonia, Prison Staff)*

It is important that young offenders be treated with respect and without discrimination or labelling. One recent website dedicated to helping people to choose new careers noted: ‘Any person wishing to work with young offenders must be dedicated to the

practical and positive rehabilitation of young people, without labelling or discrimination' (A Career Change, 2012).

Furthermore, in order to take more effective children's perspective, it is important to use the children's own perspective in developing activities. In this way, children will be enabled to learn through their own experience.

Educational activities of all sorts are principally concerned with personal development. This is central to any educational activity and not an 'add-on' (Schuller, 2009:6). Learning can be a way of developing a positive identity amongst young prisoners. Education has huge potential for improving young people's self-perception (Schuller, 2009:6).

## A participatory approach

Young people are, in many ways, invisible in society. They have no vote so are not citizens, they pay no taxes, over half are not registered with a GP, don't have driving licence, are not in training/ education. Engagement in learning helps them to re-appear and gain a sense of identity (Schuller, 2009:36).

Taking a 'children first' approach indicates that a participatory, child-centred approach needs to be taken. This is based on the principle that, to make a positive contribution, young people need to be 'listened to, consulted, and fully involved in all decisions made about their health and well-being, and in the design and delivery of policies and services across the establishment.' (Lewis and Heer, 2008:9)

A participatory approach involves engaging prisoners with their own treatment plan. This is increasingly standard practice in health services and in education (Clark and Moss, 2011). Clearly, there are practical issues about introducing such an approach in a detention setting.

There are many reasons why it is important to involve young people in decisions that affect their lives. Article 12 of the UN Convention on the Rights of the Child outlines that children and young people have a fundamental human right to be involved in decisions that affect their lives. However, in practice, we should listen to children because it works (McLeod, 2008)

### *Finding out about what interests young people*

*"I think that there are so many of the leaflets that nobody seems to read them any more. Personally, I think that the kind of contact lectures we do with them, that's popular, they have a chance there to ask about what they are interested in. So, I think this is more the way." (Czech Republic, Prison Staff)*

The participatory approach works in part because young people often respond better to being engaged in a conversation than being told what they must do (Berelowitz, 2011). Engaging young people in a conversation about their experience has the potential for demonstrating that you are interested in their concerns, which, indicated in the research for this training package, is important to young people.

### *Showing interest*

*"What would make you feel better?" "Someone being genuinely interested in us [refers to the prison staff]" (Romania, Prisoner)*

The participatory approach has potential because young people are the experts in their own experiences, so it is vital that we get their views on the health of the environment in which they are living, and their ideas on how it could be improved. Not only do young people want to be listened to, practitioners need to listen and act on what they hear (Lewis and Heer, 2008: 60).

A participatory approach is useful because it can benefit young prisoners. It can empower young people 'to make informed decisions about their own lives' as well as influencing and improving policies and services for their peers. It can provide young people with opportunities to learn new skills but have fun, which in turn can 'improve their confidence, health and well-being and behaviour' (Lewis and Heer, 2008: 60).

At the same time, a participatory approach can provide organisations with the information to develop more needs-led services that can engage young people as they learn directly about their needs. Involving young people in this developmental process can help organisations to think more creatively and to develop new ideas and solutions (Mooney et al., 2007:27).

## Keeping young people interested and busy

It is important to keep young people interested and busy. Not only does this mean that approaches need to be taken that secure the young people's interest, using interesting ways of getting the messages across, but that account needs to be taken of what concerns the young people.

This will mean that the content of any health promotion activity needs to be flexible. At the beginning of any programme or event, it is vital to identify what young people are most interested in. For example, in the research for this training package, prisoners were found to be particularly concerned to receive good food and to be able to take part in sport.

It is important to think about ways to make the sessions interactive. It is standard practice to start off a session with a warm-up activity, such as an ice breaker, before moving on to the more serious work (Lewis and Heer, 2008: 62). Ice-breakers are extremely valuable as a way of starting any group. Ice-breakers can be used to build a trustful atmosphere.

It is important to enable young people to gain control of their lives. There is a need for 'a diverse range of opportunities to support the local community and environment.' (Lewis and Heer, 2008:9). For example, research has found that where young prisoners are involved in the preparation of their own food in custody, they developed an appreciation of healthy diet (Mooney et al., 2007:30).

## Needs assessment

The educational needs of young people need to be identified early on in order to provide effective education. Educational achievement amongst young prisoners is notably low in most European countries and literacy levels are notably poor (see below Table 1).

**Table 1: Levels of literacy in Europe, 2008**

<b>Czech Republic</b>	Less than 0.1 per cent prisoners illiterate; 7.3 per cent have not finished primary education; 43.2 per cent with primary and lower secondary education; 40.2 per cent with secondary education but no qualifications.
<b>Denmark</b>	16.4 per cent of the prison inmates had no form of formal education.
<b>Estonia</b>	19 per cent have primary education; 37 per cent have basic (nine-class) education; 13 per cent have vocational education.
<b>Finland</b>	Around 5 per cent not finished basic education; around 50 per cent have not begun any form of vocational training.
<b>Germany (Berlin)</b>	50-60 per cent have no formal vocational qualifications. Many have completed compulsory education but without gaining any certificates.
<b>Ireland</b>	29 per cent
<b>Italy</b>	Illiterate (1.34 per cent); no qualification at all, including primary school (3.49 per cent).
<b>Kosovo</b>	Dubrava: 4-6 per cent illiterate convicts.
<b>Lithuania</b>	21.3 per cent have primary or no education.
<b>Monaco</b>	39.80 per cent
<b>Norway</b>	Almost half of the prison population has no education beyond primary school.
<b>Slovakia</b>	Illiterate (2 per cent); Incomplete basic education (15 per cent); Basic education (35 per cent); TOTAL without vocational qualification (52 per cent).
<b>Slovenia</b>	14 per cent have not completed primary education. Of these 0.9 per cent are illiterate.

SOURCE: Casey and Jarman, 2011:57

A needs based education, using a range of different approaches, is essential to reflect the diverse needs of prisoners. A needs assessment on arrival in prison is vital to identify learning issues of individual prisoners (Schuller, 2009:6).

Prisoners' lives are often interrupted. Successful learning programmes require stability, continuity and clearly defined potential for progression. In prison education more broadly, Schuller (2009) argues that programmes should be shorter and credits given for young prisoners that can be built up to a qualification. This principle may be explored for health promotional activity: shorter programmes need to be in place particularly for short term prisoners who 'often cannot enrol onto oversubscribed courses' (Casey and Jarman, 2011:59)

Young prisoners face a wide range of particular issues that can affect the way they learn and need to be identified and assessed. There is an increasing number of young prisoners with learning disabilities, mental health issues and problematic drug use according to research. At the same time, prison staff are often unable, through in-

adequate training and awareness, to address the needs of this group (Schuller, 2009:6; Mooney et al., 2007:7).

## Content of Health Promotion Activities

It is clearly vital to get the nature of the content of any health promotion activity right. For young prisoners who have been put off learning at school, providing a programme of learning that addresses their needs is vital. An informal and flexible approach to health promotion is useful because young prisoners are often

- in custody for only short periods;
- have high levels of learning difficulties;
- have poor literacy;
- have a deep mistrust of the formal learning environment of schools. (Mooney et al., 2007:6).

It is important to consider the content of a course of health promotion. The curriculum of school has, as the UK's Youth Justice Board notes, 'considerable influence on how young people experience school... young people may be disengaged if they constantly find themselves failing within a curriculum they have difficulty accessing... This may not necessarily be linked to low academic ability (Youth Justice Board, 2008:11). It is clearly important not to use formal approaches to teaching.

### *Formal or informal learning?*

*"If a prison staff member comes, either medical worker or a tutor... and reads a lecture in front of everybody... it would have... I think... even under ten per cent, a zero result... They would sit a bit, giggle with each other, use that moment, while they are in a crowd... And that's it. I don't think it would have any response. (Latvia, Prison expert)*

A variety of tools can be used. Research in the UK shows that health promotion activities are being undertaken in a variety of ways within the prisons. Along with regular programmes delivered as part of regular prison healthcare or education services, institutions have used one-off events, focussing on a specific theme, and individual opportunistic health promotion were all reported as a means of delivering health messages (Mooney et al., 2007:24).

Learning should be made more relevant and have clear practical application rather than being theoretical.

### *Making learning more relevant*

*I would not stop at posters, I would make stories, stories from real life ... It would be good for them to write [the stories]. We have stories in the psycho-therapeutic manuals, but they can compose themselves and afterwards tell them to someone with talent, an editor, a writer that can put them into a form of presentation, because they are stories from real life" (Romania, Prison psychologist)*

*Make it practical*

*"All the educational programs we have are purely theoretical in nature. The young prisoners read brochures, participate in social-educational groups, watch the media channels available in prison, but don't have the opportunity to apply them. The verification and evaluation are missing" (Romania, Prison psychologist)*

There are indications that using short films can be powerful methods of delivering healthy living messages. Using film can help to catch the young person's attention.

*Using film*

*"Besides the fact that we talk with them, to make your message better understood we should use a film. To have something visual, to watch while you explain the problem ... You're attracting his attention a little with video footage" (Romania, Prison nurse)*

In addition to activities described above, there is a need for a range of materials to be easily accessible to young prisoners. Research in the UK highlighted a need for health promotion materials to be readily available throughout prison buildings rather than to be displayed only in areas of the prison where the young people might not be able to go easily (Mooney et al., 2007:24)

## Making links between prison Healthcare and Education departments

Links between healthcare and education services is important. Where the healthcare and education teams work closely, a more effective educational programme can be developed. This is important as both teams have essential expertise in their fields and they can share experience to provide effective health promotion.

*Links between departments*

*At one UK institution, the healthcare team worked closely with the education department to deliver effective health promotion programmes, 'with education managers regularly reviewing the programme to ensure that the teaching material was age appropriate.' However, at another institution where this arrangement did not exist and health education was 'provided informally on an individual basis by the nursing team during routine clinic sessions, ... Inspectors said that these ad hoc arrangements fell short of the standard required.' (Mooney et al., 2007:24)*

## Alternative delivery modes

It is important to explore the use of alternative modes of delivery. Not all people learn in the same way. Furthermore, many young prisoners will have literacy difficulties and these will affect their ability to learn. For example in the UK, the literacy levels of more than 30% of young people who enter custody are at or below that of a seven-year old (Youth Justice Board, 2008:10).

However, it is important to recognise that individuals learn in different ways and delivery modes should be used to cater for different young people.

It is advisable to explore better use of ICT and seek support for voluntary sector initiatives (Schuller, 2009). In wider learning activities, this is a way of connecting prisoners with learning opportunities outside the prison. However, under a third allow prisoners



to use the internet, and even these do so with restrictions (Casey and Jarman, 2011:xiii).

One medium that is increasingly used in the delivery of messages to young people is theatre. One successful example is that of 'Odd Theatre' ('Offender Development through Drama').

#### *Theatre*

*Odd Theatre Company is a relatively new and dynamic organisation that strives to create a voice for vulnerable groups in society through facilitating issue- based drama workshops. Drama is used in this instance as a creative tool for expression and communication, the development of individual and group understanding and the sharing and appreciation of experiences. The effectiveness of drama for such a task lies in its ability to remove oneself from reality, viewing the world in an entirely different way, perhaps through the eyes of a completely different person, and therefore also being able to see yourself. (Heaviside, 2005:1)*

Another way of engaging young people is through catering. Research for this training package has found that one of the young prisoners' main concerns is being able to eat healthily. Encouraging young prisoners to take a role in the design of menus and preparation of food gives them ownership of healthy eating.

#### *Engaging in healthy eating*

*In prisons in the UK that were providing a health promoting environment, by offering healthy food, residential staff were guiding and monitoring young people's choice of food, catering staff worked with young people and healthcare staff to develop healthy and appealing menus, taught cooking skills and involved young people in food preparation (Mooney et al., 2007:6).*

## Peer mentoring

Research indicates that peer-based approaches can be a mechanism for supporting healthcare delivery and health improvement in prison settings (Institute for Health and Well-being, n.d.). Such an approach has been used with prisoners with problematic drug users in a number of countries since the 1970s (Carbellido et al., n.d.:11).

Evidence indicates that peer-mentoring works. For example, the re-offending rate for those involved in one UK project was less than six percent, which is about a tenth of the national average figure (Edgar et al., 2010).

It is important to explore whether a peer education system exists in your prison and if not whether it is possible. In order to do so, it is vital to work with other agencies to explore the potential in your prison.

Peer mentoring is beneficial for two main reasons. First, mentoring provides a resource to over-stretched prison departments. Second, it gives the mentors 'a sense of worth as they help others to achieve qualifications' (Prisoners' Education Trust, n.d.). As such, it is generally not regarded as an alternative to existing educational processes (Carbellido et al., n.d.:11).

Peer mentoring projects tend to follow a similar pattern. Usually, they involve a small number of young people who are trained to be mentors. Sessions include topics such as values, self-esteem, confidentiality, power, appropriate boundaries, and communication skills. They identify appropriate conduct in mentoring relationships. Sessions are interactive and have a balance between theory and practical elements. On completion, peer mentors gain a recognised qualification.



Training may be initiated by external staff. However, training is gradually transferred to specially trained prison staff. For example, in the UK's Prisoner Education Trust Rochester project, Education Department staff are trained by the Trust to take over this responsibility (Prisoners' Education Trust, n.d.; See below Examples of Good Practice).

## Role of staff

Prison staff are highly influential in the daily lives of young prisoners (Schuller, 2009). They have the potential to be role models as well as authority figures. Prison staff are also important intermediaries for information of all sorts. Staff training is necessary at all levels.

Although some institutions now take a whole prison approach to health promotion, it is essential that all staff have the knowledge and skills to promote health education and to exploit opportunities to deliver healthy living messages. (Mooney et al., 2007:6)

One particularly influential approach is 'pro-social modelling' an approach that encourages staff who have care of 'involuntary clients' (not only in prison settings) to model appropriate behaviour themselves (Trotter, 2009). Pro-social modelling involves exhibiting a range of positive behaviour such as keeping appointments, being honest, reliable and honest, speaking positively about others and respecting other people's views, as well as expressing empathy and sharing experiences (Trotter, 2009:114).

### *Pro-social modelling*

*"There should be coherence between those responsible with prison security and those specialised in social-educational matters. The psychologists should not behave in a certain way, while the guard tougher ... Young persons should be exposed to worthy models ... If the young prisoner goes to a lesson on the negative effects of smoking or to a lesson about hygiene, but sees the guard smoking or throwing the stump on the floor, is not beneficial because the model is important. Even if suggestions are made informally and the young person keeps in mind what it is not good to do, the model counts" (Romania, Prison psychologist)*

## who

The module is aimed at all young people. However, different age groups may need materials adapted for their age.

It is important to liaise with educational staff and the healthcare team in your prison to provide activities that encourage the engagement of young prisoners.

# how

The following activities have been designed to explore with young prisoners ways in which they can engage in a transformative learning experience rather than simply to be told what to do. They reflect general principles of learning that should be applied in all modules.

Activities need to be adapted to the age group concerned.

## Setting ground rules

It is a good idea to establish ground rules before work begins. These are rules that the children and young people and the adults create and agree to abide by.

**Time required:** 10 minutes

**Materials needed:** Post-it notes and pens; Flip chart and marker pens.

**What to do:** The young people should be organised into small groups and discuss what they think is important for a successful lesson. They may be rules relating to behaviour or ways of working. The groups should write their ideas on post-it notes and these should be attached to a notice board. The ideas should be written up neatly by the trainer on a flip chart and attached to the wall for the duration of the course.

The group may decide that consequences need to be set if particular rules are broken. Everyone in the group should agree to these consequences (Lewis and Heer, 2008: 63).

*A potential list of ground rules:*

- *Listen to one another*
- *One person speaks at a time*
- *Respect each other's opinions*
- *Challenge the opinion and not the person*
- *Have fun but do not laugh at each other's viewpoints*
- *Everyone has a chance to speak – participate!*
- *No bad language!*
- *No fighting!*
- *Agree what will happen if someone is badly behaved*
- *Confidentiality and child protection is paramount*
- *Be honest.*

## Participation

The following activities are designed to enable young prisoners to reflect on the roles they could play in the prison's decision making process. This will need to be adapted to local conditions. However, the principle of participation is that activities should be relevant to the prisoners. It is important to explore the different specific activities area in which young prisoners can take part, such as health fairs.

## Snowball discussion

This activity is designed to help give young people ownership of the learning process of learning.

**Time required:** 30–45 minutes

**Materials needed:** A large piece of paper and markers

What to do: Set the participants a question such as: How can we improve drug education? or, How can we improve behaviour in education?

Ask the participants to work on their own for 5–10 minutes and note down any thoughts or feelings that they have about the subject. Next, invite participants to form small groups to compare what they have come up with and decide on a group list of ideas.

If the group is big enough, ask the small groups to pair up to form larger groups and repeat the process so that the larger groups come up with a list of ideas. After the groups have exhausted their ideas, come together as a whole group to discuss each idea and try and agree a unanimous ‘top five’ list of ideas.

## ‘How, how, how’

This activity is designed to start the young people thinking about how young prisoners could play a bigger role in the prison’s decision making process.

**Time required:** 20 minutes

**Materials needed:** A large piece of paper and markers

**What to do:** Write a ‘How ...?’ question on a large piece of paper and draw four or five arrows coming from it. Ask the question, and write down any suggestions at the end of the arrows. Ask for example: How can we get more young people involved in decisions made in the prison?

Explore these suggestions in more detail by asking ‘How...?’ again. Participants might suggest, ‘Talk to us more.’ You must then ask ‘How?’ again, to which they might answer ‘Have more meetings to ask our opinions.’ You need to ask ‘How?’ to each of these. And so on, until you have a long list of their ideas.

## Children first

Young prisoners are often defined by their status as criminals. This activity is designed to help young prisoners reflect on how they see themselves.

## Graffiti wall

The aim of this activity is to explore young people’s needs with them and to encourage them to seek help/motivate them.

**Time required:** 10–20 minutes

**Materials needed:** Large piece of paper, pens and markers

**What to do:** Give the participants an issue or question to discuss, such as: ‘What do you need when you leave prison?’ Ask them to display their opinions artistically using the paper, pens and markers. When everyone has finished, you may want to ask each participant to explain their picture or drawing.

## Identify learning objectives

This activity is designed to help young people set their own learning objectives.

**Time required:** 10–20 minutes

**Materials needed:** Flipchart paper and post-it notes

**What to do:** Ask the participants a question to which you offer them nine alternative responses and ask them to prioritise them. For example, ask: What should the Governor spend their money on? Then offer the following responses to prioritise: better food; curtains and rugs for all bedrooms; more staff; better gym equipment; more work experience schemes; more phone calls for young people; more activities on the wings; more help for young people with mental health problems [and one other option].

Write each idea on a sticky note and ask the group to arrange their nine ideas in a diamond shape (1 idea at the top, 2 second from top, 3 in the middle, 2 second from bottom, 1 at the bottom). Ranked: top as priority number 1 to bottom as lowest priority.

Tell participants that they need to get a consensus as a group and can move the ideas around until they reach an order with which they all agree. As they do this, ask them to explain their reasons and whether there is anything else about life in custody that needs to be improved.

## Self-assessment

This activity is designed to help young people to identify what they need to learn best.

**Time:** 10–20 minutes

**Materials:** Flipchart paper and post-it notes

**What to do:** Ask the participants to get into groups and come up with three things that help them to learn new things.

Get them to write these on post-it notes and stick them on the wall. The trainer should summarise the issues that the groups have identified.

## Organising a health promotion day

Health promotion events have proved effective and it is important to consider running such activities (see Good Practice Example 8). Running a health promotion day builds on skills developed in other areas and engages with confidence building and organisation skills. The young people have first to be engaged and motivated to be involved with this health promotion education day or morning. It would also be good if the young prisoners act as peer mentors with professional staff on the day of the event.

The aims of this activity are to:

- highlight the high rates of whatever the chosen subject is e.g. smoking, unhealthy eating, problematic drug use, mental health and well being and so on;
- explain that, for many offenders, prison presents a unique opportunity to stop or get help;
- raise awareness that such events /initiatives can be highly successful both for prisoners and prison staff;
- involve practitioners from the community in the event;
- involve prisoners as peer educators.

*The basis of this activity comes from a no smoking campaign in prison that provides an excellent guide on how to do this in the prison environment. The 'How to...' booklet is available from <http://www.nosmokingday.org.uk/downloads/settingsguides/Prisons%20Guide.pdf>*

**Time required:** Two or three weeks. The time this activity will take depends very much on the support from prison staff and the areas of health included and the number and motivation of the young people involved.

**Materials needed:** paper, pens, post it notes

**What to do:** The first task is to get the young people to identify the key area that they would like to provide information on – this could be stopping smoking, healthy eating, safer sex and so on. Get the young people into small groups and ask them to brainstorm key ideas for the event. Then ask them to write their ideas on post it notes and arrange them on the wall in order of importance. The next stage is for the trainer to combine the ideas from each group and agree the final topic.

Get the groups to decide what needs to be included in the day using small groups and then final decision with the whole group. Relevant activities could be providing health checks, fitness challenges in the gym, sponsored exercise using exercise bikes, poetry/writing competitions or art competitions.

The young people should then organise who will be responsible for what activity i.e. requesting leaflets, designing posters and so on.

Ask the young people to evaluate the event and in particular to identify what they have learned from this activity and to identify any other learning that they would like to access.

## Examples of good practice

### *Involving Young People – Young people's forum*

*HMYOI Brinsford provided a number of opportunities for young people to participate in the design and delivery of services. A Young People's Forum was established to give young people the chance to air their views on life in the prison and get involved in decisions. Young people met with staff once a month to discuss matters of concern and make recommendations on how services could be improved. Requests that have been acted upon include flasks so that young people can make hot drinks at night, rugs to make their rooms feel cosier and curtains to keep out the light in summer. The forum also influenced Brinsford's decision to employ a full-time race relations officer, increase the phone call allowance for foreign nationals and improve access to the hairdresser.*

### *Enrichment Programme – Keeping young people busy*

*HMYOI Werrington ran an 'enrichment programme' to enhance the range of formal learning opportunities on offer to young people and promote their personal development. This helps to ensure that young people are kept occupied and that their time is spent as constructively as possible. Activities ran every evening in the week and at weekends – including a painting club, a model railway club, a remote-control car club, Lego club, sewing club, bike club and a crafts club. External agencies are also involved in delivering workshops on a variety of topics including wildlife, birds of prey, DJ skills, circus skills and drama.*

### *Healthy Eating*

*HMYOI Huntercome promoted healthy eating in a number of ways. Catering staff worked with a community dietician to review and update menus to ensure that young people receive a balanced, nutritious diet. A 'traffic light' system has been introduced to enable young people to easily identify healthy options and make informed choices. Young people are involved in the planning of food provision on an ongoing basis via monthly forum meetings, where they have the opportunity to make suggestions on menu changes and recommend other ways the prison can promote healthy eating. This has included special themed meals to raise awareness of food from different cultures and encourage young people to try new foods. Young people are also supported to learn about healthy eating and gain cooking skills within education classes and can gain an NVQ [qualification] in catering by working alongside the chefs in the kitchens.*

### *Themed Health Promotion Events*

*Themed events relating to health promotion, sometimes linking into national health promotion topics, take place at several young offenders' institutions, such as a 'Health Fayre' at Werrington and a 'health week' at Thorn Cross. In addition, many young offenders' institutions reported regular sessions either based in healthcare or education. Programmes for sessions tended to be themed around topics including sexual health, diet and fitness, and were arranged on a drop-in basis to take account of the problems in engaging this group of young people in more formal educational activities. At Downview, good links with the Primary Care Trust health promotion adviser enabled a nurse specialist in nutrition to run a weekly weight watchers clinic with an occupational therapist. These sessions also provided opportunities for young people to ask about general or specific health problems, and offered information on a wider spectrum of health topics. At Hassockfield STC, for example, work to promote healthy lifestyles across the whole site had resulted in the centre gaining the 'Healthy Heart Award' (Mooney et al., 2007:26).*

*The CAMHS team, Wetherby Young Offenders' Institution*

*The CAMHS team within the institution has been working with staff and officers to raise awareness of mental health problems and to improve understanding of mental health issues. This was initially a difficult area and was met with some reservation. Initially the role of the CAMHS team was misunderstood, and young men were referred inappropriately, for example for being disruptive in the classroom. The team therefore devised a new training package, working with a range of materials used for offenders and for community provision. The approach for young people focused on promoting their well-being, rather than the emphasis on mental health in standard packages designed for adult prisoners. The training is not yet mandatory, but newly appointed officers spend time in the department during their induction. The CAMHS team believes that the training has resulted in more appropriate referrals, with more staff contacting the team to discuss potential referrals and to seek advice (Mooney et al., 2007:26).*

*Mentoring in prison*

*A mentoring project was carried out at Reading Young Offenders Institution. The project aimed to train and empower prisoners between the ages of 18 and 21, to enable them to reach their full potential by gaining relevant qualifications, including progressing into HE where appropriate. It built on previous work at HMP Spring Hill in Buckinghamshire which had suggested that an effective way of empowering prisoners through mentoring was to move as quickly as possible to a situation where prisoners themselves are acting as mentors.*

*<http://www.lifelonglearningnetworks.org.uk/uploads/document/773/mentoring-for-progression.pdf>*

*Peer mentoring, Rochester, UK*

*At Rochester Young Offenders Institution, the Prisoners' Education Trust is carrying out a peer mentoring training project. Eight young men, aged 18 to 21, are learning to be peer mentors. This training will be recognised by an accredited qualification from the Open Colleges Network.*

*The young men are being trained by four staff from the Prisoners' Education Trust. The team is led by a Youth Education Advisor from the Prisoners' Education Trust along with a volunteer, the Life Skills Team Leader and the Open Learning Tutor.*

*The young men have agreed to a Learning Contract, which sets out rules of behaviour that have been developed in consultation with the men themselves.*

*The course is split into four sessions and covers topics such as Values, Self-esteem, Confidentiality, Power, Appropriate Boundaries, and Communication Skills. It also looks at how appropriate mentoring relationships should be conducted. The sessions are interactive and have a balance between theory and practical elements.*

*The next phase of the project is to train the Education Department staff to deliver the course within their establishment so they can better support their mentors and can train more mentors when necessary.*

*Prisoners' Education Trust (<http://www.prisonerseducation.org.uk/index.php?id=112>)*



*Mental Health Event, UK*

*Thorn Cross Young Offenders Institution organise a week-long programme of activities each year to promote World Mental Health day and encourage young people to look after their mental health. Activities in 2006 included yoga classes, relaxation sessions, a themed poetry competition and a music and mood workshop.*

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## 2. sexuality and contraception

### what

Sexuality is a natural and significant part of human existence. Sexuality is composed of physiological, psychological and social aspects.

During adolescence rapid physiological maturation and sexual development take place, as well as the majority begin sexual activities. So exactly during this developmental period sexuality issues become especially important. Forming and enjoying sexual relationships is a normal part of human development. However, sex is also an arena in which a number of health related vulnerabilities can occur.

“Children and young people are crucial to the improvement of sexual health in general. They need to know about sexuality in terms of both risk and enrichment, in order to develop a positive and responsible attitude towards it. In this way, they will be enabled to behave responsibly not only towards themselves, but also towards others in the societies they live in.”(WHO,2010:5).

Information, support and help is needed to understand one’s changing body and moods, sexual expressions, gender roles and behaviours, sexual needs, sexual relationships and responsibilities. Insecure sexual activities can have negative effects concerning the future sexual and reproductive health. Knowledge about sexuality issues has a key preventive aspect.

This module also covers contraception and condom use issues. “If one is sexually active, there are no other ways to reduce the risk of acquiring or transmitting HIV and other STIs including... consistently and correctly using condoms...”(UNESCO, 2009:32). Condom is recognized both for unwanted pregnancy and disease prevention: „When a risk of STI/HIV transmission exists, it is important that health-care providers strongly recommend dual protection to all persons at significant risk, either through the simultaneous use of condoms with other methods or through the consistent and correct use of condoms alone for both pregnancy prevention and disease prevention. Male latex condoms are proven to be highly effective against STI/HIV when used consistently and correctly.” (WHO, 2010:6)

Activities included in the section will help in creating a more complete and healthier attitude towards sexuality and safer sex practices.

# why

Citation of the World Health Organization (WHO, 2006:1): „Sexual and reproductive health and wellbeing are essential if people are to have responsible, safe and satisfying sex lives. Sexual health requires a positive approach to human sexuality and an understanding of the complex factors that shape human sexual behaviours.”

UNESCO (UNESCO, 2009:2) recognizes that „Few young people receive adequate preparation for their sexual lives. This leaves them potentially vulnerable to coercion, abuse and exploitation, unintended pregnancy and sexually transmitted infections (STIs), including HIV. Many young people approach adulthood faced with conflicting and confusing messages about sexuality and gender.” Besides nowadays the right to sexual education is understood in the context of international human rights law. (Resource Center for Child Protection and Child Rights Governance, available at <http://resourcecentre.savethechildren.se/content/library/documents/human-right-sexual-education>)

At the ICPD (Programme of Action adopted at the International Conference on Population and Development, 1994), countries agreed that “... information and services should be made available to adolescents to help them understand their sexuality and protect them from unwanted pregnancies, sexually transmitted diseases and subsequent risk of infertility. And the World Health Organization (WHO, 2009:47) stresses the importance of education about condom use: “Interventions for high-risk and vulnerable populations.... Including young people, sex workers...it means-development and implementation of age-appropriate...educational interventions (e.g. information and education on sex and relationships, sexuality and correct and consistent )...”.

UNFPA states „While all young people require information and skills to abstain or stay free of the consequences of unprotected sexual relations and enjoy healthy and positive lifestyles, programmes need to target those who are most vulnerable and at risk.”(UNFPA, available at <http://web.unfpa.org/swp/2003/english/ch4/index.htm>)

However, youth sexuality is not only a source of risks and negative possibilities; it can also be an aspect of a healthy lifestyle and personal development. The goal of sexual education is helping to find it out.

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## who

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Target group for the topic is all young prisoners. Knowledge about sexuality issues is important for everybody but level of maturation and previous knowledge can be different. As well as the needs of different age groups of young prisoners can vary.

The best approach is to talk about the issues step by step exploring the level of current understanding and moving further from that point.

Module is mainly composed by activities for group setting for what basic facilitating experience can be an advantage. But these activities also can be used/adapted for individual conversations done by prison staff when needed. To help in that short explanations of used terms is included.

Sexuality is sensitive and complex topic therefore any previous familiarity or expertise with the topic can be helpful. The most important requirement for delivering the topics is open and positive attitude about sexuality and ability to talk about the issue. And based on the situation any prison staff member can use his or her adult experience and talk with youngsters about sexuality issues. Adolescents often don't expect deep expertise about sexuality more a person who is ready to talk and answer unclear questions. Activity about different methods of contraception need some more specific knowledge.

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# how

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This module contains activities that can be used as guidelines for covering important themes on sexuality. This module can be linked with the HIV, Relationship and Body and Hygiene modules.

Five activities and two information sheets are outlined below.

## **Activities**

- 10 words
- Sexuality formation
- Understanding Sexuality and Gender
- Methods of Contraception
- Use of Condoms

## **Handouts**

- Instruction on how to use a condom
- Condom sheet

## Activity 1: 10 Words

### Objective:

- To introduce the topic of sexuality.
- To create and broaden the understanding about the concept of sexuality.
- To clarify the essence of the concept of sexuality.

### Time:

15 minutes

### Necessary materials:

A4 paper, flipchart, stationery, markers

### Methodology:

The facilitator asks the participants to think about the associations coming to their mind when hearing the word “sexuality”. The associations can be words, things, objects, senses.

Ask each of the participants to write down ten words/associations as quickly as possible.

When done, ask the first participant to read out the first word he or she has written on his/her sheet. If the other participants have this word in their lists, ask them to strike it out. Write down the words on the large sheets attached to the wall. Continue round the circle until every word any participant has on his or her list has been written down.

The facilitator can read out the written words or ask one or several participants to do it. Usually, it is a funny activity and works as an ice-breaker for the topic, as well as helps to start talking about sexuality related issues more openly.

The facilitator promotes a discussion on the lists and possible categories under which the words can be put, as well as aspects of sexuality revealed by the words.

Further on, the facilitator divides the participants of the group into three smaller groups and asks to summarize the written words into a statement or definition of sexuality. Each group receives a large sheet. Groups are asked to present their definitions. The instructor adds to the definitions continuing a discussion on the questions:

- - is sex the same as sexuality?
- - what forms sexuality?

*“Sexuality is a central aspect of being human throughout life and encompasses sex, gender, identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious, and spiritual factors.” (WHO2010:17)*

Sexuality is a broader term than sex or sexual intercourse.

*The term “sex” refers to biological characteristics – the male/female anatomical characteristics (breasts, vagina, penis, testicles). Sex is a synonym to sexual activities or practices involving sexual intercourse – vaginal, oral or anal. (WHO, 2010:17)*

## Activity 2: Sexuality formation

### *Objective:*

To explore one's influences that have formed individual understanding of sexuality and its aspects.

### *Time:*

Approx. 30 minutes

### *Necessary materials:*

Worksheets, stationery.

If the task is to be done in a group – large sheets, markers.

### *Methodology:*

This activity can be used in different forms – as individual conversations with medical staff, a teacher or the head of the unit, as well as in a group activity.

### *For individual performance:*

The client is given a worksheet. He or she is then asked to fill in the sheet by writing all the messages that cross the mind when thinking about what influences the formation about sexuality issues. It can be done during an individual conversation or on one's own and brought with to the next meeting. After the client brings the filled worksheet back staff member can have a discussion about the result of individual work. The following questions can be used:

- What this exercise made you think about?
- What kind of influences you found in your experience?
- Which of these influences you find helpful and which can be with possibly negative impact?

### *Group activity:*

The participants are asked to fill in the worksheets individually. They are then divided into smaller groups; each group is given a large sheet and markers. Each of the groups has to make a summary from their worksheets about the most typical ways of influencing.

Activity can be finished by group discussion.

Same type of worksheet can be used for exploring other topics about sexuality – how was influenced your understanding about:

- -being woman/being man
- -being father/being mother
- -what is family
- -what is love
- -what is pregnancy

When facilitating the activity trainer has to take into account the possibilities of comprehension of exact group of participants. Trainer can use more simple forms of questioning avoiding broad generalizations about sexuality. Instead trainer can ask directly “does your parents talked to you about body parts and personal hygiene?” or “how



and when did you learn about differences between male and female?”, “what are the main messages you have learned from your friends?”.

## Worksheet Sexuality formation

Please, think of your life experience and write how your understanding about sexuality has been influenced by the following:

**FAMILY**

**SCHOOL**

**PEERS**

**CHURCH**

**MEDIA**

**OTHER**

## Activity 3

### Understanding Sexuality

*Objective:*

- To explore different aspects of sexuality – gender roles, sexual orientation.
- To explore myths and misconceptions concerning these aspects of sexuality.

*Time:*

30 min. to 60 min.

*Necessary materials:*

Flipcharts, markers, small cards with words of male/female biological characteristics, qualities, and professions (examples provided). Flipcharts with the titles “Male”, “Female”.

*Methodology:*

The facilitator attaches to the wall sheets with the titles “Male”, “Female”. The participants are given the small cards with words; each gets two or three cards depending on the number of the participants. Every participant reads out loud a word of his/her sheet and chooses to add the word to either the “Male” or the “Female” sheet.

When all the words of the hand-out sheets have been written on the large sheets, the facilitator asks the participants to read out the written words and think whether any of the words could be added to both genders. The facilitator then attaches another sheet to the wall with the title “Both sexes”.

Further, the facilitator suggests analysing the words one by one, striking them off the “Male” and “Female” lists and rewriting on the “Both sexes” sheet by discussing and supporting one’s opinion. The words are categorized until only the words characterising physical gender have left on the “Male” and “Female” sheets.

The facilitator asks the participants to summarize the results and helps with formulation.

The task can be continued with a discussion about the role of gender issues keeping in mind that gender can make an individual more vulnerable both for psychological wellbeing and health issues.

Following topics can be opened:

- What is gender roles and the related behaviour? Gender roles refer to the set of social and behavioural norms that are considered to be socially appropriate for individuals of a specific sex in the context of a specific culture.
- What gender roles would be good to take into consideration as positive examples? What examples can the participants think of as positively characterizing the roles of a woman, a man, a mother, a father?
- What examples can the participants give as gender roles stereotypes holding us back? Think of some examples of the most typical stereotypes for each gender.
- Is gender roles the same as sexual orientation? People often mistake sexual orientation for the stereotypes of gender roles, or sexual behaviour.

Sexual orientation indicates biological gender we feel erotically attracted to. Orientation can be heterosexual (if we feel attracted to the opposite sex), bisexual (if we feel attracted to both sexes), and homosexual (if we feel attracted to our sex). Homosexuality is an erotic and romantic attraction between members of the same sex.

Trainer can use this activity or follow with separate activity paying special attention to sexual orientation issues. A very simple but effective way of starting to talk about it is the following activity.

For visual explanation of the terms of sexual orientation, use the following method:

Draw a line segment on the blackboard and write "Sexual Orientation" above it. Write "Heterosexuality" on the left side of the line segment, and "Homosexuality" on the right; write "Bisexuality" in the centre. Explain that sexual orientation is similar to the line segment from heterosexuality to homosexuality. The sexual orientation of a person lies somewhere on the line segment.

Examples for small cards (can be adapted to typical stereotypes in the country):

Male/Female Biological Characteristics	Qualities	Professions
penis	wisdom	scientist
vagina	weakness	president
breasts	laziness	body builder
beard	sensitivity	lawyer
to give birth	aggression	teacher
sperm	passivity	nurse
vaginal discharge	strictness	cleaner
to breastfeed	loquacity	doctor
testicles	analytical	midwife
oviducts	strong	social worker
mother	sensitiveness	engineer
father	beautiful	street sweeper

## Activity 4

### Methods of Contraception

*Objective:*

- To find out the knowledge of the participants of methods of contraception.
- To clear misconceptions about methods of contraception.

*Time:*

15 min. to 45min.

*Necessary materials:*

Flipchart, markers.

*Methodology:*

The participants are divided into two groups. One group has to write down the methods of contraception used by women, the other group – contraception used by men.

Each group presents the results. The instructor adds to the presentation with comments on each method, as well as corrects inaccuracies and misconceptions.

The instructor has to have preliminary knowledge of methods of contraception. The task can be perfected by using “contraception bag” – where all means of contraception are practically accessible. That gives even better possibility to explore and remember all methods.

*Please note:* The list of contraceptives for discussion must be adapted to local situation.

- List of contraceptives:
- Abstinence
- Fertility awareness
- Withdrawal
- Combined pill
- Contraceptive patch
- Contraceptive ring
- Mini pill
- Implants
- Injections
- Intrauterine device
- Male condom
- Female condom
- Diaphragm
- Contraceptive cap
- Spermicides
- Male sterilization
- Female sterilization

## Activity 5

### Use of Condoms

*Objective:*

To obtain knowledge and skills of proper condom use.

*Time:*

15 minutes

*Necessary materials:* Cards with sequential actions of putting on a condom, condoms, a model of a penis.

*Methodology:*

The facilitator distributes the cards with instructions of putting on a condom to the participants.

The facilitator asks the participants to find their right places in order to form the proper sequence of putting on a condom.

Putting on a condom is tried also practically by asking a participant/participants to demonstrate it using the model.

## Handout:

### Instructions on how to use a condom

#### Buy a suitable condom

*Comments:*

- is it for vaginal or anal use; only highly durable condoms are suitable for anal sex
- check the expiry date

#### The partners should give their consent and be ready for a sexual intercourse

#### Open the package carefully and take out the condom

*Comments:*

- Do not use scissors for opening, be careful with teeth or long nails, do not break the condom

#### Make sure that the condom is held properly against the penis

*Comments:*

- Put the condom with the outside towards the head of penis
- Leave free space at the tip of the condom for the semen by pressing out the air (the free space at the tip is necessary for the semen in order to avoid breaking the condom)

#### Roll the condom down to the base of the penis

#### Sexual intercourse using a condom

#### Ejaculation

#### Remove the condom while the penis is still erect

*Comments:*

- when the erection is over, the condom can slip off spilling the semen

#### Tie the condom up and place it in the trash

*Comments:*

- use a new condom for every single time you're having sex
- do not use two condoms one on another, they may break

## Activity 6:

### Information sheet/activities instructions on how to use a condom, “male” and “female” condom

#### ***Examples for possible activities using the drawings:***

- The sheets of drawings can be used both for individual and group activities.
- The facilitator can distribute copies with the instruction of using a condom to all the participants (or individually) after the activity.
- The images with a condom can be given for colouring in before the activity adding a task to give a name/title, write a story etc.

#### ***Written tasks can be added to the images:***

- Asking to write down as many arguments as possible for using condoms.
- Asking to write down how you can recommend using it to your friend.
- Asking to write the argument about why using a condom could be the responsibility of a woman and/or a man.



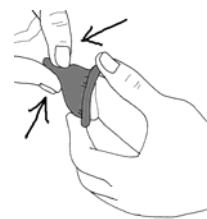
## Handout

### How to Use a Condom

1. Open the package where indicated; do not open it using scissors, teeth or long nails, it may break the condom.



2. Hold the condom properly against the penis. Pinch the tip of the condom to press out the air of it and roll it down to the base of the penis.



3. Remove the condom, while the penis is still erect.

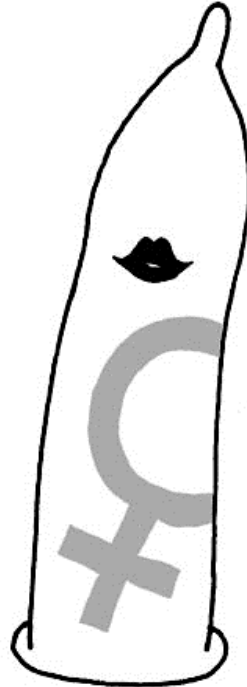


4. Place the condom in the trash after using it.

Condom is the only means of contraception preventing both pregnancy and sexually transmitted infections/ HIV!

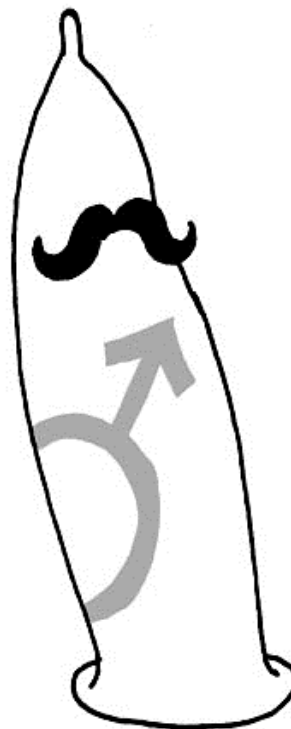
## Handout

### Condom



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### Condom



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# 3. relationships

## what

Adolescence is a period when significant physiological and psychological changes happen, as well as important activities in the fields of social interaction and relationships take place. “During the process of growing-up, children and adolescents gradually acquire knowledge and develop images, values, attitudes and skills related to the human body, intimate relationships and sexuality. For this, they use a wide variety of learning sources. The most important ones, particularly at the earlier stages of development, are informal sources, including parents, who are most important at the youngest ages.” (WHO, 2010:6).

Acquired models are crucial in building relationships; they are found in one’s experience – what an adolescent has seen in his or her family and the environment he or she lives in. Risk-group adolescents may not have positive examples, which lead to the necessity of help and support in getting acquainted with the issues of creating more healthy relationships.

As a part of relationships are sexual relationships. Sexual activity begins in adolescence for the majority of people. These issues are specially covered in the previous Sexuality and Contraception module. But we have to keep in mind that „Even when they do have information, some adolescents engage in unprotected sex because they lack the skills to negotiate abstinence or condom use. They may be fearful or embarrassed to talk with their partner about sex.”(UNICEF, UNAIDS, WHO, 2002:14). In this light training about relationships and communication plays a great preventive role.

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## why

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Preparing children and young people for the transition to adulthood has always been one of humanity's great challenges, with human sexuality and relationships at its core (UNESCO, 2009).

Children and youngsters from risk groups are more exposed to different threats and risk situations at the same time with limited access to information and services. Findings vary but we can conclude that in many places/cases a relationship exists between early sexual debut and greater vulnerability. Studies have found that the younger the individual's age of initiation, the greater the number of likely partners, less likelihood of regular condom use, the greater the chance of pregnancy, contracting a sexually transmitted infections and is more likely to involve coercion. (Sex, drugs and young people: international perspectives, 2006:65-83).

Sexuality and relationships are topics involving not only knowledge but, even to a greater extent, life skills, which should be taught including the aspects of choice, values and respect. Relationships, models of friends and peers can be both a significant risk and protective factor.

The goal of the chapter is to help in creating an understanding about relationships between friends, sexual partners, to be aware of and learn to recognize risky and dangerous relationships, as well as to understand and take into account the physical, sexual and emotional boundaries of other people, and get more information on the importance of communication in building more healthy relationships.

Such skills can contribute to better and more productive relationships with family members, peers, friends and romantic or sexual partners.

All the above factors develop and promote a positive lifestyle supporting health and welfare.

## who

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Target group of the module is all young persons. All activities can be used for adolescent groups emphasizing their respective needs.

All activities are described as group exercises. If used in this way some previous experience with group facilitation is desirable. But all the activities can be adapted for individual use done by any staff member as individual conversations or small discussions about the topics. To work with these issues no specific knowledge and background is required.

# how

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To open up the discussion and exploration of topics on relationships simple to use activities are included in this module.

This module contains four activities and one handout:

- A Good Friend, a Bad Friend
- Relationship Pie
- The Alien
- Making decisions in relationship

Handout

- Traffic lights for relationships and sex

## Activity 1

### A Good Friend, a Bad Friend

#### *Objectives:*

- Creating an understanding about the aspects of positive and equivalent relationships;
- Realising the signs of risky or dangerous relationships.

#### *Time:*

Minimum 20 min up to 1,5 hour

#### *Necessary materials:*

Flipcharts, markers

#### *Methodology:*

The participants are asked to make pairs. A half of the pairs get the task to interview one another asking questions: „What is a good friend?“ „What is a bad friend?“ The other half gets the task of interviewing one another asking questions: „What is a good partner?“ „What is a bad partner?“. Approx. 5 min.

The group facilitator attaches several large sheets on the wall with the titles „A good friend“, „A bad friend“, „A good partner“, „A bad partner“ and asks each of the pairs to present their conclusions after their interview and discussion in pairs. The conclusions are written on the sheets.

The task finishes with a group discussion. The following topics may be discussed:

- What characterises good/healthy relationships?
- What characterises bad/unhealthy relationships?
- What qualities do we expect a good friend or partner will have?
- What behaviour do we expect from a good friend, partner?
- What decisions in our life are influenced by good friends/partners?
- What decisions in our life are influenced by bad friends/partners?

#### *For individual performance:*

The client is given a sheet of paper and asked to write down ideas about the questions - „What is a good friend?“ „What is a bad friend?“, „What is a good partner?“ „What is a bad partner?“ During an individual conversation afterwards you can discuss the relevant topics mentioned above.

When facilitating the activity keep in mind that various terms can be used in different countries to refer to different types of relationships – friendly, romantic or sexual. For example, you can choose to use “sexual partners”, “romantic partners”, “wife and husband” instead of word “partners”.



## Activity 2

### Relationship Pie

*Objectives:*

- To explore the opinions of the participants on the factors creating relationships;
- To create a deeper understanding about values in relationships.

*Necessary materials:*

Flipcharts, markers

*Time:*

Minimum 30 min

*Methodology:*

The facilitator divides the participants into groups of four or five and asks to discuss the topics: what forms partnership? What are the important factors supporting and developing a good partnership? If necessary, the facilitator can mention some examples or ask leading questions, e.g. is respect important in relationships? How important is faithfulness or love?

After the groups have discussed the above topics, the facilitator asks the participants to summarize the discussion results in the form of a „pie“, where each piece reflects a component of relationships. The participants may also be asked to add percentage, so the most significant values will form the biggest piece of the pie, while the less important ones will form the smallest pieces.

Ask the groups to present their „pies“.

Discuss the similarities and differences of the answers given.

When facilitating the activity keep in mind that various terms can be used in different countries to refer to different types of relationships – friendship, romantic or sexual. For example, you can choose to use “sexual partners”, “romantic partners”, “wife and husband” instead of word “partners”.

## Activity 3

### The Alien

*Objectives:*

Discussing and creating an understanding about developing relationships, social norms and risk situations.

*Time:*

Approx. 45 minutes

*Necessary materials:*

Flipchart, markers.

*Methodology:*

The instructor divides the participants into smaller groups (4 to 5 people) and tells the story of the task:

An alien has arrived. He looks like an ordinary youngster/person. The alien is ready to start relationships that may become also sexual; however, he would like to know how to do it. Unfortunately, the alien knows nothing about building relationships, so he asks your group for advice. You have to give him some advice on what to do and what not to do when looking for and developing relationships. You have to help him to understand how to dress, how to behave, how to begin a conversation, how to build intimate relationships, as well as what dangers there are.

One group (if there are more participants, they can be divided into four groups and two groups are given the same task) has to draw the answers and give them to a female alien, the other group has to do the same for a male alien.

Each group presents their results.

When facilitating this activity, take into account the level of intellectual capacity of the participants. If the term "alien" is too complicated facilitator can choose more simple form, for example "a young person who knows nothing" or "a stranger who knows nothing".

## Activity 4

### Making decisions in relationships?<sup>2</sup>

*Objectives:*

To explore communication, decision making and consent issues concerning intimate relationships.

*Time:*

Approx. 45 min

*Necessary materials:*

Situation cards.

*Methodology:*

The participants are divided into seven groups according to the number of cards. Each group gets a situation card with questions. The instructor asks the groups to read the situation and find answers to the given questions by having a discussion. Time for discussion: Approx. 10 to 15 minutes.

If there are not enough participants for small seven groups facilitator can choose other ways for delivering this activity, for example, divide participants in two smaller groups and give the first 3 cards to one group and the other 4 cards to another group.

After the discussion, each group presents their results.

- At the end of the task you can discuss the following questions:
- When do people decide for sexual relationships?
- When do people talk/when should they talk about their desire to have sexual relationships?
- When has consent to sex been given?
- What is definitely not consent to sex?
- What consequences can arise from an indirect communication about sex?
- What can partners tell each other to know their decisions and consent?

This activity can also be used to explore the same questions in same sex relationships. For such reason facilitator can change names of the persons in the cards. When talking about same sex relationship facilitator has to be very sensitive to any discriminating comments.

<sup>2</sup> Adapted from the UK FPA material "Life Happens"

## Handout

### Situation cards

#### Invitation to a date/consent to a date

“John and Anne know each other for some time; they are just acquaintances. It seems they like each other and feel attracted to each other. John asks Anne for dinner and she agrees.”

- a. When a man asks a woman for date, has he decided to have sex with her?
- b. If a woman gives her consent to a date, has she decided to have sex with her?
- c. When two people want to have a date, does it mean that one of them wants sex?
- d. In this case, has consent to sex been given?

#### Choice of clothing/ outer appearance

“Anne and John prepare for their date and choose clothes in which they would look as attractive as possible.”

- a. When a person wears something striking or provocative, does it mean that he or she has decided to have sex?
- b. Should one decide whether they want sex or not before choosing their clothes for a date?
- c. Is clothing means of communicating a desire for sex?
- d. Can one decide that there has been consent to sex judging by person's clothes?

#### The beginning of a date

“John meets Anne before going for dinner. He understands that he feels attracted to Anne and even feels a little excited or turned on. Anne also feels excited.”

- a. Is the beginning of the date an appropriate moment for having a conversation of having sex, as the date goes on?
- b. Does coming to a date means there has been consent to sex?

#### Paying for dinner

“John and Anne went to a good restaurant and had a great dinner. When the bill was brought, John offered to pay it; Anne thanked and agreed.”

- a. When a man spends his money during a date, does he have rights to receive sex for it?
- b. Is paying during a date or agreeing that the other person is paying communication about sex?

- c. Does paying during a date or agreeing that the other person is paying mean there has been consent to sex?

## Suggesting going back to the apartment

“After the dinner and cinema John asks Anne to his apartment. Anne accepts the invitation.”

- a. When a man invites a woman to his apartment, has he decided to have sex with her?
- b. Does agreeing to go to a man’s apartment mean that a woman has decided to have sex with the man?
- c. Before a couple goes to an apartment, should they have a conversation on whether they want to have sex?
- d. Does going to a person’s apartment mean there has been consent to sex?

## Kissing

“John and Anne talked for a while and then started kissing.”

- a. When two people start kissing, does it mean they have decided to have a sexual intercourse?
- b. When two people start kissing, should they decide or talk about whether they want a sexual intercourse?
- c. Does kissing mean there has been consent to sex?

## Foreplay and sex

“John and Anne kissed for a while, and then they began to touch each other intimately. They started undressing each other.”

- a. Before partners get involved in foreplay (touch breasts, genitals), should they decide or talk about whether they want a sexual intercourse?
- b. If partners get involved in foreplay (touch breasts, genitals), does it mean there has been consent to sex?
- c. Before partners undress, should they decide or talk about whether they want a sexual intercourse?
- d. If the clothes have been taken off, does it mean there has been consent to sex?
- e. Before a sexual intercourse, should partners talk about whether they want a sexual intercourse?
- f. If sexual relationships have been started, do people have rights to change their opinion about getting involved in them further on?

## Activity 5

### Traffic lights for sex

*Objectives:*

To explore the understanding of participants about situations when sexual relationships can be welcomed or avoided.

*Method description:*

The handout can be just spread to young prisoners. It can also be used as a basis for a discussion with prison professional.

The handout can be used for group activity as well.

*For example:*

Facilitator divides participants in two groups and gives a flipchart and markers to each. Participants are asked to draw a traffic light on the flipchart. One group is asked to write down all situations and cases when sexual relationships can be welcomed, safe and appropriate ("green light for sex"). The other group is asked to write down situations and cases where sexual relationships can be dangerous, unsafe or risky ("red light for sex"). Each group presents their work. The handout can be used as a guideline for further discussions.

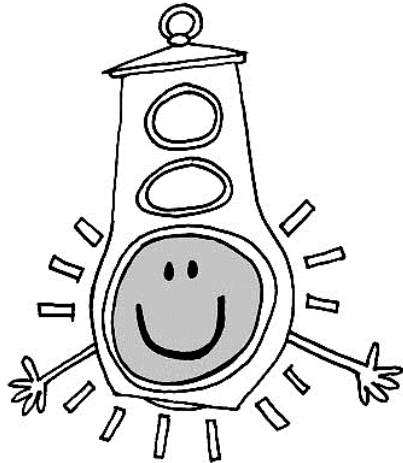
Possible topics can be explored:

- What means ready for sex?
- What are safer sex situations?
- What are risky and dangerous situations for sex?
- How to recognize signs one has agreed to sex?
- How to recognize signs one has not agreed to sex?
- How to accept refusal?
- How to refuse from unwanted sex?

## Handout

### Traffic lights for sex

#### Green light for sex



#### What means ready for sex?

- You are interested in and want it
- You have met a partner who also wants it
- Partner has agreed
- Partner is above 18 years of age
- You have appropriate place

#### Red light for sex

#### Don't buy sex!

You can get HIV or other infections.

#### Don't sell sex!

Don't sell your body for money, alcohol or drugs!

It can be dangerous.

You can get HIV or other infections.

#### For men...

This does not mean she has agreed:

- she smiles to you
- she talks to you
- she looks naïve
- she looks as if she could be 18
- she is drunk

#### Refusal or saying No!

You have the right to say No!

Make it as clear as possible!



#### Refusal or saying No!

Other have the right to say No!

Learn to accept it!

## Further information and references

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## 4. hiv and other infections

### what

Infectious diseases comprise illnesses caused by pathogenic micro-organisms - viruses, bacteria, fungi etc. (Giesecke, 2002:12).

It is well described in the literature that prisoners are particularly vulnerable in the context of infectious diseases (Clough and Merino, 2011:61; Lo et al., 2011:847; WHO, 2007a:43). According to World Health Organization (WHO) in the context of penitentiary system the most relevant (but not the only) infectious diseases include human immunodeficiency virus (HIV) infection, viral hepatitis B and C, sexually transmitted infections (STI) (syphilis, gonorrhea, chlamydiosis and others) and tuberculosis (TB) (2007a:45-50). It is related to the fact that inmates have very limited control over their living circumstances like the density and composition of their surroundings (WHOa, 2007:43). In the crowded and often unhealthy prison conditions infectious agents can spread in a variety of different modes like through the aerosols created in the large and poorly ventilated rooms; through sexual contacts (consensual or non-consensual); through blood contacts (when injecting drugs in the absence of sterile syringes, tattooing, scarification) and so on (WHOa, 2007:44).

Prison health often is not high on the agenda of politicians, but definitely the issue of infectious diseases in the prison context proves the importance of improvement of health care system and comprehensive health promotion and disease prevention activities. Because the epidemics of infectious diseases in prisons are not just about prisoners. The prison circumstances not only allow the infectious agents to flourish and create penitentiary institutions a community reservoir of fatal diseases. The custodial staff is entering and leaving the prison daily. Also visitors of inmates have regular close contacts with them. Thus without adequate health care and preventive measures infectious diseases are inevitably affecting those people in close contact with inmates. As well someday prisoners are leaving the institution and returning in the society. And thus sooner or later the mentioned infectious diseases are spilling out into the general community (WHO, 2007a: VII; WHO, 2007b: 6).

Thus this training material and particularly this module of the material is providing the basic information on infectious diseases (HIV, viral hepatitis B and C, STI and tuberculosis) and methods that can be used during health promotion and disease prevention activities for young prisoners.

# why

## Why we are speaking about young people in the context of infections?

Young people are considered to be on higher risk of contracting blood-borne and sexually transmitted infections comparing to adults and older individuals (UNAIDS, 2010: 12; Heaven, 1996: 1-23, 86-128; Kotchick, 2006: 563-588). This is related to the specific characters of adolescence / young adulthood age period. This period of life is defined as the time of change when significant physiological and psychological changes occur and a person is trying to find his / her identity. Within this age period health beliefs are developing and a person is experimenting with different behaviours, including health behaviours. Literature also underlines that within this age period a person has limited ability to realize and understand the risk and consequences of his / her health behaviour (i.e. risk perception) (Kotchick, 2006: 563-588). Thus this age period often is simply called „time of risks“ or „time of risk taking“ (Heaven, 1996: 1-23, 86-128; Brown, 2006: 226-256).

It is well described in the literature that also trying and initiation of drug use as well as experimenting with sexual behaviour, seeking of sexual identity – actions which are related to higher risk for HIV and other infections – are usually practiced within the adolescence / young adulthood age period. In the literature such kind of health behaviour is related with the seeking of autonomy and independence which is typical for the mentioned age period (Kotchick, 2006: 563-588; Brown, 2006: 226-256).

Thus statistical data shows that for example out of all HIV cases registered in 2010 in Europe, 12% were among young people aged 15-24 years (ECDC, 2011:21-69). And according to WHO estimates for the years 1993-2003 even around 40% (!) of all HIV cases among injecting drug users in Central Europe and 19% in Western Europe were among young people aged 15-24 years. Out of all HIV cases with homosexual transmission (man having sex with men) 14% in Central Europe and 10% in Western Europe were registered within the mentioned age group. Among heterosexually transmitted cases those proportions were 15% and 13% accordingly (Monasch, 2006: 15-41).

## Why we are speaking about prisons in the context of infections?

Although the numbers varies widely between countries, studies worldwide have shown that everywhere the prevalence of HIV in prison settings is much higher than the rate in the general population. It is due to the prison population consists of individuals with greater risk for contracting HIV (and HCV). Such risk factors include injecting drug use, poverty, alcohol abuse, living in medically underserved and minority communities etc. Although the large part of people living with HIV in prisons have contracted the infection before the imprisonment and are just diagnosed in prison, there is a clear evidence that practice of risk behaviours also inside the penitentiary system is common (WHOc, 2007: 16). For example studies show that between 12 and 34% of prison inmates in European countries are reporting drug injection while in prison and even up to 92% of them are reporting sharing of injection paraphernalia while injecting (WHOc, 2007: 23-24). Tattooing is also common behaviour in prisons (different studies across Europe shows that 15-91% of inmates have received a tattoo in prison) (WHOc, 2007: 38-39). To get data on sexual activities (consensual or forced) in prison settings is more complicate. Nevertheless data of studies in European countries shows that be-

tween 1 and 20% of inmates are reporting homosexual contacts while in prison (WHOC, 2007: 31-37).

For young people in prisons there are additional risks for the transmission of infections as for example underage inmates are physically weaker than older ones and may be forced to take part in drug and / or sex-related activities (UNFPA, 2008: 3).

Thus while in general population in Europe the HIV prevalence rate is around 0.2-1.0% (UNAIDS, 2012: 13-14), the indicator in prison settings varies between 0% in Scotland to 34% in Spain (WHOC, 2007: 16).

Prevalence rates of viral hepatitis C (HCV) in prisons are even higher than HIV rates. While WHO estimates that about 3% of the world's general population is HCV infected, prevalence estimates in prisons are even as high as 92% (in Spain) (WHOC, 2007: 16).

Despite the fact that TB is largely a curable and preventable disease, it remains a major health problem in prisons in Europe (WHOb, 2007:3). Prisons are at high risk for the spread of TB because of overcrowding, poor ventilation, poor nutrition and limited access to health care (WHOb, 2007:9). It is estimated that tuberculosis rates in prisons are 10–100 times higher than in the community outside prisons (WHO, 2012). A systematic literature review published in 2010 established that the annual TB incidence (annually diagnosed new cases of the disease) in prison settings is about 23 (12 to 36) times higher than in the general population (Baussano, 2010:1).

The spread of TB in prison settings is promoted also by the high numbers of people living with HIV there. Because an HIV-negative person infected with TB has a 5–10% lifetime risk of developing active TB disease, whereas an HIV-positive person has a lifetime risk of 50% or even more (WHOb, 2007:9).

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## who

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The target audience of the module are all young prisoners. As it is mentioned above, the youth age period is associated with higher prevalence of the psychoactive substance abuse as well as with risky sexual behaviour. Thus it is highly important to inform and educate every youngster on the blood borne and sexually transmitted infections. And taking into account that young offenders are living in closed settings also the air borne infections are essential issue which should be included in every prison health education programme.

As the largest part of the activities provided in frame of the module are developed for group performance it is preferable that the facilitator would have preliminary knowledge on group processes and experience in management of the group work. The field of HIV and other blood born and sexually transmitted infections as well as tuberculosis is quite broad containing different nuances and details. Young people usually are very creative and compose different questions on those nuances. Thus it is again preferable for the facilitator to have preliminary knowledge on the mentioned issues as this module covers only the most essential key information on HIV, viral hepatitis, STI and tuberculosis.

Nevertheless from the other side the experience in many countries shows that the informative and educational activities on the infectious diseases issues are perfectly successfully led by prison employees of different backgrounds – teachers, social workers, psychologists, guards, heads of the units etc. So it is proven that a person definitely should not be an infectologist or a public health specialist to educate young prisoners about infectious diseases. The most important issue is the openness and friendliness towards young people and willingness to promote their health. And then you would be not afraid of some hard and confusing questions. If you don't know the answer you can seek it together!

# how

The module contains six easy manageable exercises and two handouts aiming at the increase of knowledge on infectious diseases, promotion of preventive behaviour among young offenders as well as development of positive attitudes towards people living with HIV.

The handouts are developed in a way that you can directly photocopy them and distribute among youngsters. Exercises are described in detail so that following step by step you can easy manage them. Exercises are supplemented with worksheets as well as with different helpful materials for the facilitator (possible answers to the questions, possible questions for promotion of a discussion etc.).

The module can be used in a whole as the activities are arranged in a logical thematic order. It could be a cycle of lessons or a longer seminar. The activities provided in the module covers issues starting from the evaluation of the level of knowledge of the participants and ending with the promotion of positive attitudes towards people living with HIV:

- Activity No 1 helps to explore participant's knowledge about HIV/AIDS,
- Activity No 2 aims to promote participant's understanding about various degrees of risk of getting infected,
- Activity No 3 demonstrates how rapidly HIV can spread in a closed setting,
- Activity No 4 helps to reflect gained knowledge in a fanny, relaxing way (this method can serve also as an ice-breaking activity,
- Activity No 5 promotes positive attitudes and tolerance towards HIV related issues and people living with HIV,
- Activity No 6 helps to understand what it means to live with HIV.

Nevertheless the link between activities is not mandatory; each activity can be used also separately from other.

Every activity can be adapted also to infections other than HIV – viral hepatitis B and C (as the modes of transmission are identical to HIV) and to some extent also to STI.

As the blood borne and sexually transmitted diseases can be controlled by practicing safe health behaviour whereas the restriction of the spread of tuberculosis more depends on systemic issues the interactive exercises are more targeted to HIV, hepatitis and STI prevention. In its turn the themes on tuberculosis are covered in a handout.

## Activity 1

### Questionnaire on HIV

*Objectives:*

To explore participant's knowledge about HIV/AIDS.

To fill the gaps in knowledge about HIV/AIDS;

To clarify myths about HIV/AIDS.

*Time:*

Approx. 30 min

*Necessary materials:*

Worksheet „Questionnaire on HIV”

Information sheet for the facilitator

*Method description:*

To facilitate activity „Questionnaire on HIV” preliminary knowledge about HIV/AIDS issues is necessary.

Activity „Questionnaire on HIV” can be used for individual work with young prisoners or as a group activity.

*For individual performance:*

The questionnaire is given to a young person and he or she is asked to fill the answers based on his/her knowledge and understanding. After that all answers are discussed together with the client, commenting or adding information where needed.

*For group performance:*

The participants are asked to fill in the worksheets individually. When all have finished the facilitator asks one of participants to start with the first question – to read it aloud, give his answer and explanation. Next participant in the circle reads the next and so on. The role of the facilitator is to comment, add information and clear myths.

## Worksheet „Questionnaire on HIV”

1.	From the appearance you can tell if the person is HIV infected	Yes	No
2.	You can get HIV by inhaling sneeze of infected person	Yes	No
3.	All body fluids of infected persons are dangerous to others	Yes	No
4.	You can get HIV tattooing	Yes	No
5.	HIV infection can be transfered from mother to child	Yes	No
6.	Injecting is the most dangerous way of drug use	Yes	No
7.	There is a risk of getting infected while using the same toilet with infected person	Yes	No
8.	HIV destroys the immune system	Yes	No
9.	HIV infected person should not go on into sports	Yes	No
10.	It is not clear whether you can get infected from insects	Yes	No
11.	You can get HIV during oral sex	Yes	No
12.	To avoid HIV infection you have to use condom in all sex contacts	Yes	No
13.	You can get HIV only once in lifetime	Yes	No
14.	HIV is curable	Yes	No

## Information sheet for the facilitator

1. From the appearance you can tell if the person is HIV infected - **No**

*You can't „see” or diagnose HIV infection from one's appearance. HIV infected person doesn't look ill. The same applies to most other sexually transmitted infections. Also misleading is the idea that HIV infection can be seen from the signs of social status.*

2. You can get HIV by inhaling sneeze of infected person - **No**

*HIV is not transmittable through air or inhaling, so it is not dangerous to stand close or be near infected person. There are three ways of HIV transmission: blood contacts, sex contacts, from mother to child.*

3. All body fluids of infected persons are dangerous to others - **No**

*All body fluids contain HIV virus, but dangerous for transmitting infection are only 4 fluids – blood, sperm, vaginal fluids, breast milk. Tears, sweat, urine also contain HIV, but in a very low concentration – so there is no transmission risk.*

4. You can get HIV tattooing – **Yes/ No**

*If tattooing is performed in official place with sterile single use instruments – no risk of infection. If tattooing is performed in a prison by sharing tattoo supplies (without single use instruments) – high risk of transmission.*

5. HIV infection can be transferred from mother to child - **Yes**

*Yes, that's why infected pregnant women have to take special medications, must undergo childbirth through caesarean section and have to avoid breastfeeding. Complying with all these conditions the risk of infecting a child is minimized significantly (even as low as 1-2%).*

6. Injecting is the most dangerous way of drug use - **Yes**

*Yes, injecting drug use, sharing needles, syringes and other injecting paraphernalia has the highest risk of getting infected with HIV, because of direct blood to blood contact.*

7. There is a risk of getting infected while using the same toilet with infected person – **No**

*You can't get HIV infection by using same household items or objects (like spoon, dishes, cup, stationery, bath or shower etc.).*

8. HIV destroys the immune system - **Yes**

*HIV virus in human body attacks specific white blood cells (T lymphocytes; the cells that the body's immune system makes to fight off dangerous invaders), takes them over, and multiplies. When HIV virus is reproduced in large quantities and number of T-cells falls to an extremely low level, human body can't resist other infections and illnesses. This period is called AIDS (Acquired ImmunoDeficiency Syndrome).*

9. HIV infected person should not go on into sports - **No**

*HIV infected person can do sports and all the same activities as other people. Good care about one's health and active lifestyle is important precondition to maintain health and delay onset of AIDS stage.*



10. It is not clear if you can get infected from insects - **No**

*Studies have shown no evidence of HIV transmission through insects (mosquitoes, ticks, fleas etc.), because HIV cannot live and multiply in insects' bodies..*

11. You can get HIV during oral sex - **Yes**

*HIV can be transmitted during oral sex. Risk is low, but ulcers, small cuts or wounds in the mouths or on genitals increases the risk of infection. Protection should be used during oral sex.*

12. To avoid HIV infection you have to use condom in all sex contacts – **Yes**

*To avoid HIV infection you have to use condom in each and every time you have sexual contact.*

13. You can get HIV only once in lifetime – **No**

*HIV virus has several subtypes and person can get re-infected with another subtype of HIV virus. In such case course of the infection is more severe and treatment therapies are more complicated. To protect one's health status infected persons should use the same prevention measures as not infected persons – condom use in sex and not sharing injecting equipment if using drugs.*

14. HIV is curable – **No**

*HIV is still not curable, as well as no vaccine available till now. But nowadays HIV infection is considered to be treatable or controllable chronic disease because effective therapy is accessible (antiretroviral treatment).*

## Activity 2

### Risk assessment

#### *Objectives:*

- To ascertain participant's knowledge about HIV.
- To find out participant's understanding about various degrees of risk of getting infected - low and high risk situations.
- To bust myths about HIV/AIDS.

#### *Time:*

20 min – 60 min

#### *Necessary materials:*

Small cards with different risk situations; A4 papers with titles „high risk“, „low risk“, „no risk“; Information sheet for the facilitator

#### *Method description:*

This activity is more suitable for group performance but topics discussed in this activity can also be used in individual conversation or with the participation of 2 or 3 youngsters.

Participants are asked to sit down on the floor (you can also sit on chairs) in a circle. Facilitator puts on the floor three sheets with titles „high risk“, „low risk“, „no risk“ and gives small cards to participants – to pull out one or two for each (based on how many cards/participants you have in the group). Each participant reads aloud his/her situation and tries to justify his/her opinion if this situation puts a person at high, low or no risk for getting the infection. After discussion card is put on the appropriate sheet.

Examples for cards are given, but facilitator can add cards based on appropriate situation, national urgencies. In the same way – based on the group evaluation some cards can be left out. For example, if there are no drug users in exact training group you can skip cards about drug using details – as we don't want to teach more information about using details.

Information sheet for the facilitator is prepared to give the main ideas for comments for each card – these comments are mainly aimed at HIV and viral hepatitis transmission.

Facilitator can also use cards for another versions of the game. For example, ask youngsters to take cards and line them up from lowest risk situation to highest risk situation. Or ask youngsters to make such a line of correct order on the

## Examples for cards „Risk assessment”

Basketball game with HIV infected person
Hairdressing
Insect bite
Dental visit
Vaginal sex with condom
Saliva – if somebody bites another person
Urine – if somebody pours on another person
Blood transfusion
Piercing
Manicure, pedicure
Viewing erotic image
Sweat
To stop the bleeding for accident victim
Drug use by sharing the same sniffing equipment
Masturbation
To receive anal sex without condom
Drug injection using sterile needle
Toilet use
Fight with HIV infected person
Sharing towel
Sharing toothbrush
Sharing shaving equipment
To use the mobile phone of infected person
Vaginal sex without condom
Taking drug dose from common container
Sharing syringes, if rinsed with water before use
Sharing syringes, if rinsed with bleach/disinfectant before use
Sharing paraphernalia for drug use or preparation (spoons, filters etc.)
When a drop of blood is applied to the skin

## Information sheet for the facilitator

### 1. Basketball game with HIV infected person – **no risk.**

*There is no risk of getting infected in everyday contacts or through skin to skin contact. Only risk situation can be if the game is rough and fights happen (see a card lower).*

### 2. Hairdressing – **no risk.**

*If your hairdresser cuts only your hair – no risk of HIV transmission, because there is no blood contact. If you share hair cutting machine without proper disinfection – risk rises – especially for contracting hepatitis.*

### 3. Insect bite – **no risk.**

*Studies have shown no evidence of HIV transmission through insects (mosquitoes, ticks, fleas etc.), because HIV cannot live and multiply in insects' bodies.*

### 4. Dental visit – **no risk.**

*If you visit official dentist where all formal requirements of hygiene are met there is no risk of become HIV infected. If any kind of manipulations are done in mouth extraction of tooth in prison cell by other inmate etc.) where injuries to mucous membranes can happen or blood appears – high risk of infection.*

### 5. Vaginal sex with condom – **no risk.**

*If the condom is used properly – no risk of infection. (See information and activities in Sexuality module).*

### 6. Saliva – if somebody bites or spits to another person – **low risk.**

*Saliva contains HIV virus in a very low concentration – so to date contact with saliva has never been shown to result in transmission of HIV. But as in a bite blood to blood contact also can be possible (wounds in biters mouth) – there can be some degree of risk. There are only 4 fluids that can transmit infection – blood, semen, vaginal secretions and the breast milk.*

### 7. Urine – if somebody pours on another person – **no risk.**

*Urine contains HIV virus in a very low concentration – no risk.*

### 8. Blood transfusion – **no risk.**

*If blood transfusion is done in formal medical setting – no risk, because official standards are set to examine all blood products before transfusion (they are checked for HIV, viral hepatitis, syphilis and other diseases), as well as persons donating blood are initially questioned about their health and possible risk factors. So the blood transfusion is maximally safe.*

### 9. Piercing - no risk /high risk.

*The same as with tattooing. If piercing is performed in official place with sterile single use instruments – no risk of infection. If piercing is performed in prison with sharing instruments – high risk of transmission.*

### 10. Manicure, pedicure – no risk /low risk/high risk.

*If manicure/pedicure is done with personal instruments or in saloon where sterilization standards are met – no risk. If this equipment is shared with other persons – there can be low risk of HIV transmission, but high risk of getting hepatitis.*

### 11. Viewing erotic image – **no risk.**

*Watching is safe!*

**12. Sweat – no risk.**

*Sweat contains HIV virus in a very low concentration – no risk.*

**13. To stop the bleeding for accident victim - high risk.**

*If standard precautions for such situations are not met (obligatory use of rubber gloves) – high risk of infection as blood to blood contact can happen. HIV is not transmitted through skin, but there can be some small cuts or wounds on hands. You always have to use gloves in such situation!*

**14. Drug use sharing the same sniffing equipment – low risk/ high risk.**

*If sniffing equipment is shared with another person – there is a risk of infection because drug sniffing damages nasal membranes and blood to blood contact can happen. If personal equipment is used – no risk.*

**15. Masturbation – no risk.**

*Masturbation is a safe way of sexual pleasure.*

**16. To receive anal sex without condom – high risk.**

*Anal sex is very risky because mucous membranes here are very fragile and even small traumas lead to very high risk of HIV infection. Always use condom in anal sex, especially strong condoms are suitable for this kind of sex.*

**17. Drug injection using sterile needle and syringe (using new needle each time) – no risk.**

*Using new needle each time – no risk of HIV infection. But remember that using drugs by injecting damages your blood vessels, also not healing wounds or abscesses can originate*

**18. Toilet use – no risk.**

*You can't get HIV infection by using same household items or objects.*

**19. Fight with HIV infected person – high risk.**

*During a fight there is a high risk for wounds and blood to blood contact.*

**20. Sharing towel– no risk.**

*You can't get HIV from sharing towels, but it's not recommended to share personal items because of hygiene considerations.*

**21. Sharing toothbrush – low risk.**

*Toothbrush is personal object and it is not advised to share it. It is very low risk for HIV transmission, but there is some risk for hepatitis.*

**22. Sharing shaving equipment – low risk/ high risk.**

*It is not advised to share shaving equipment, because small traumas can happen and particles of blood can be left on them. It is low risk for HIV transmission, but high risk for hepatitis.*

**23. To use the mobile phone of infected person – no risk.**

*You can't get HIV infection by using same household items or objects.*

**24. Vaginal sex without condom – high risk.**

*Vaginal sex without condom is a high risk behaviour for getting HIV. Women are at greater risk of becoming HIV infected during the vaginal intercourse than men are be-*

cause the vagina has a larger area exposed to infected body fluid (semen) and because of longer exposure time – semen can resist in the vagina for couple of days after sex.

25. Taking drug dose from common container – **low risk.**

*If drug is prepared in common container and many persons use the same container to take drug from it -there is a possibility for blood particles from other user's equipment to get into container. There is a risk both for HIV and viral hepatitis, but higher for hepatitis..*

26. Sharing syringes, if rinsed with water before use – **low risk.**

*If syringe is rinsed with water in a proper way – low risk for HIV but still high risk for hepatitis.*

27. Sharing syringes, if rinsed with bleach/disinfectant before use – **low risk.**

*If syringe is rinsed with bleach in a proper way – low risk for HIV but still high risk for hepatitis.*

28. Sharing paraphernalia for drug use or preparation (spoons, filters etc.) – **high risk.**

*Also drug preparation equipment can be infected with blood particles of other users – high risk of HIV transmission. High risk for hepatitis.*

29. When a drop of blood is applied to the skin – **no risk.**

*If there are no small cuts or wounds on the skin – no risk as HIV is not transmitted through healthy skin. As soon as skin is not intact – there is risk of infection.*

## Activity 3

### HIV/STI transmission

*Objective:*

To realize the way HIV/STI transmission and spread.

*Time:*

10 min

*Necessary materials:*

Small pieces of paper, pencil

*Method description:*

Activity about transmission process is carried out in group setting. You need at least 12 to 15 participants, but can be used also in larger groups – up to 20 participants.

Before activity facilitator prepares small pieces of paper – number of papers according to the number of participants. On 2-3 papers sign “x” is written. On 1-2 papers sign “P”. All pieces of paper are folded up and put into basket, hat or bag.

Participants are asked to stand in a circle and take one piece of paper each. Participants are told not to open papers, just put into pocket.

Then facilitator instructs participants to walk around the room and everybody has to approach 3 persons and shake hands. But participants has to be attentive and remember the sequence of persons they approach.

When this is done, all participants come back and stand in a circle. Facilitator asks to take papers out of pockets and unfold them. Facilitator explains that in this game “x” sign will mean – infected with HIV/STI. Facilitator asks participants with this sign to come into middle of the circle. After that they have to take into inner circle those with whom they have shaken hands. Now, newcomers in the inner circle think carefully with whom they have shaken hands after the person who has taken them into circle and bring these persons also in. And again – newcomers bring in persons they have shaken hands after the person who brought them in. Usually almost all participants gradually move into inner circle.

Then facilitator asks to raise hands those participants who had sign “C” on their pieces of paper. Facilitator explains that in this game it means “person had used condom”. This means that person is safe and could not “become infected” even if “have shaken hands with infected ones”. Respectively these persons come out of inner circle. Next step is that they can take away from this circle also those who came in this circle after shaking hands with them. Facilitator explains that it means “if you use condom – you don’t become infected yourself and also protect others”.

Activity can be finalized with small discussion on different themes about the topic - ways of transmission, raising awareness that infections are transmitted easily and spread quickly, infections can’t be seen and so on.

At the end facilitator asks participants to return to their places and emphasizes that it was just a game and “nobody is infected”.

## Activity 4

### Compose a story!

#### Objectives:

- to reflect gained knowledge / to acquire new knowledge on HIV/AIDS in a funny, relaxing way (this method can serve also as an ice-breaking activity);
- to promote collaborative skills (by working in a group);
- to promote presenting skills (by telling the composed story publicly).
- Time:
  - 2 min. – the facilitator introduces young prisoners with the rules of the game;
  - 10 min. – time for the group work (composition of a story);
  - 2 min. per group – presentation of a group work.
- Necessary materials:
  - set of 10 pictures for each working group
- Method description:
  - **Take care:** This activity is eligible only for group (or pairs) performance, not for individual work.
  - The facilitator divides young prisoners into groups (or pairs; depends on the total number of persons participating the training), groups need to sit together, separate from other groups.
  - The facilitator gives a set of 10 pictures to each group and explains the rules (always better is to explain the rules at first and only then give the pictures; if it is done in an opposite order, youngsters start to look and laugh on the pictures and do not listen the rules told by the facilitator).
  - The rules of the game – each group within 10 minutes needs to compose a HIV-related story and should include in the story all 10 things / personages showed on the pictures. For a nice atmosphere at the time of the group work the facilitator can switch in some music (e.g. “Queen” as Freddie Mercury is one of the famous people lived with HIV – the facilitator can give this additional information to the young prisoners).
  - After the given 10 minutes each group presents the story. The funny thing is that the set of pictures is the same for all groups but the stories are always different. After the presentation of each group the facilitator invites the other groups to give applause to the presenters (it helps to make a friendly atmosphere).

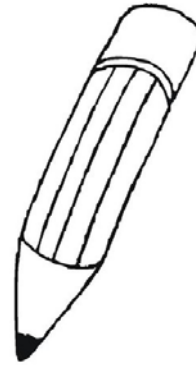
*Example of a story from practice: “It was a CLOUDY, RAINY day; the FOX wrote (using a PENCIL) a birthday invitation to SHREK. The birthday came and SHREK took his pet FLY with him, bought a CAKE and went to visit the FOX. It was an autumn day, everywhere on the ground there were ACORNS and SHREK stumbled. Fortunately the CAKE remained almost undamaged. Our guests reached the house of FOX, the party started. The radio played a nice, romantic VIOLIN music, SHREK and FOX ate the cake and at the end of the party felt so close to each other; they decided to have sex. Unfortunately they forgot about the CONDOM... But as we know, the animals cannot get AIDS, so nobody became infected.” ☺*



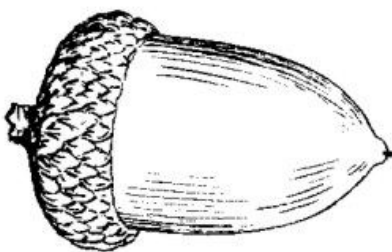
**Take care:** For the game you can use also other pictures, not those showed below. But the suggested principle is to choose pictures as much unrelated to each other as possible. In that case it is more interesting and more complicate to create a story.

**Set of 10 pictures for the composition of a story:**

<http://www.coloring-pictures.net/drawings/Shrek/Shrek-and-Fiona.php>



<http://twistynoodle.com/pencil-coloring-page/>



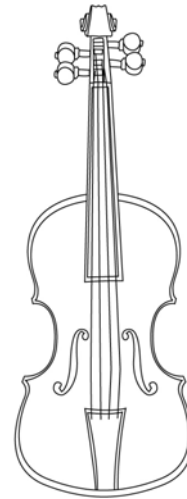
[http://www.gloverandsmith.co.uk/product/47/Acorn Jar Spoons,Jam spoons with hook UK made, spoon gifts, acorn gifts/](http://www.gloverandsmith.co.uk/product/47/Acorn%20Jar%20Spoons,Jam%20spoons%20with%20hook%20UK%20made,%20spoon%20gifts,%20acorn%20gifts/)



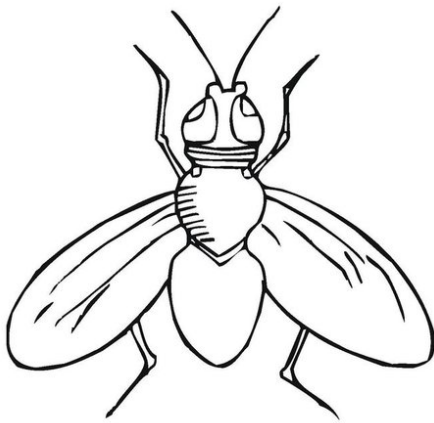
<http://www.supercoloring.com/pages/category/mammals/foxes/>



<http://openclipart.org/people/halattas/raincloud-bw.svg>



[http://www.hellokids.com/c\\_16365/coloring/miscellaneous-coloring-pages/musical-instrument-coloring-pages/violin-coloring-page](http://www.hellokids.com/c_16365/coloring/miscellaneous-coloring-pages/musical-instrument-coloring-pages/violin-coloring-page)



<http://twistynoodle.com/fly-coloring-page/>



<http://familycrafts.about.com/library/color/bcolbirthcake.htm>

## Activity 5

### Carousel of condoms

#### Objectives:

- to rise discussions and promote positive attitudes and tolerance towards HIV related issues and people living with HIV;
- to promote listening, arguing and compromising skills.

#### Time:

- 3 min. – the facilitator introduces the young prisoners with the rules of the activity;
- 7-10 min. – time for the discussion of each statement.

#### Necessary materials:

chair for each participant, music, condoms, pieces of paper with statements (see below), voting cards (see below) printed on coloured paper for each participant

#### Description:

!!! This activity is eligible only for group performance (preferable size of the group – 7-12 persons), not for individual work.

- Before the activity the facilitator should print on the paper the statements on HIV related issues, put each piece of paper with a statement in a condom, blow and tie it up.
- All participants should sit in one circle. The facilitator gives to each participant one voting card with the title “agree” and one with “disagree” (preferably the cards could be printed to coloured paper, like green for “agree” and red for “disagree”, in that case it is visually easier to notice which card is raised).
- Facilitator gives one of the condom balloons to somebody from the group and explains the rules of the game: when the music will play, participants need to give the balloon to each other (whether simply by giving it to the person sitting next or by throwing it to the person sitting on the opposite site of the circle).
- When the music stops, the person who is holding the condom at that moment should pierce it and take the piece of paper with the statement (the facilitator can turn his / her back on the group when playing the music to stop it randomly, not seeing which participant holds the condom). This participant should read aloud the statement and express his / her thoughts about it – whether he / she agrees or disagrees with it and why.
- Then other participants are voting by rising up the appropriate card - whether they agree or disagree to what the colleague is saying.
- The facilitator asks those young prisoners who rose up the red cards to explain, argue why they disagree with the opinion of the colleague.
- To promote the discussion the facilitator can ask additional questions or give examples (see the information below).
- It is important to the facilitator to control the group process. Often the opinions of the group members are opposite and thus hot discussions can start. The facilitator needs to intervene if the youngsters start to offend each other and

tell that those statements usually don't have only one correct answer, and that each person has the right to hold his / her ground.

- Also it is important not allow the discussion to ramble. If the discussion is going hot and already for about 7-10 minutes, the facilitator intervenes by expressing his / her gratitude for such an active participation and by telling the above mentioned truth (that the statements usually don't have only one correct answer, that each person has the right to hold his / her ground) and invites the group to move forward and take the next balloon.
- With the next condom balloon the process starts from the beginning as described above.

!!! It is not necessary to use all statements at one time. According to the amount of time which can be spent for the training you can select only couple of statements from the list below.

!!! You can write also your own statements according to the actualities, urgencies within the concrete prison.

**Statements; arguments that might be helpful for the facilitation of the discussion:**

1. Women living with HIV should be banned from having children
  - Nowadays there is effective therapy available for pregnant women to prevent the vertical transmission; if the pregnant woman gets the prenatal care, gets cesarean section, does not breastfeed the baby and takes the antiviral medication appropriately, the risk of vertical transmission is less than 1-2%.
  - Without the mentioned preventive measures the risk is relatively low – up to 45%.
  - If we ban to HIV positive people to have children, we need to ban it also to other people like those with diabetes or cancer etc. as those chronic diseases can be congenital.
2. People living with HIV have rights to hold this information to themselves
  - As HIV cannot be transmitted via household contacts why should other prisoners / prison staff know whether somebody is infected?
  - If you have a sex partner / would have a sex partner, would you like him / her to tell you the truth in case he / she is HIV infected?
  - Imagine a situation when you are HIV infected. Would you tell this to your girlfriend / boyfriend? Would you tell to anybody at all? Whom would you tell (mother, pastor, psychologist...)?
3. HIV infected prisoners should be separated from others
  - As HIV cannot be transmitted via household contacts why infected prisoners should be separated from others?
  - Sometimes HIV positive prisoners are asking by themselves to be separated / to live together in one cell with other infected inmates... How do you think why they ask for this?

4. I would not mind to live in one prison cell with a person living with HIV
  - Why not if HIV cannot be transmitted via household contacts? What risks can you have?
5. People can only blame themselves for contracting HIV
  - How about infants who got infected from the mother?
  - How about husband / wife who is faithful to the spouse, but whose spouse is not? They are becoming infected not knowing that, trusting the partner...
  - How about woman raped by an infected man?
  - Should a drug injector blame himself for getting infected?
6. Condoms should be freely available in every prison
  - Sometimes there is an opinion that availability of condoms promotes the sex between prisoners... What do you think about this? If the condoms are not available does it exclude the sex between prisoners?
7. In relationships the man is responsible for acquisition of condoms, not the woman
  - The condom should be put on the penis (speaking about male condoms, not female condoms), so it is natural that a man should buy them...
  - Pregnancy can happen only to women – so it's women's responsibility to buy condom before sex.
  - How about partners being equal in relationship? That it does not matter who is buying condoms, both of partners can do this?

### List of statements for photocopying:

**Women living with HIV should be banned from having children**

**People living with HIV have rights to hold this information to themselves**

**HIV infected prisoners should be separated from others**

**I would not mind to live in one prison cell with a person living with HIV**

**People can only blame themselves for contracting HIV**

**Condoms should be freely available in every prison**

**In relationships the man is responsible for acquisition of condoms, not the woman**

### Voting cards

**AGREE**

**DISAGREE**

## Activity 6

### Health wheel

#### Objective:

- to find out – what does it mean for a person to live with HIV, how to deal with HIV;
- to acquire the meaning of the term “health”, to reflect on the term;
- to promote collaborative skills (by working in a group);
- to promote presenting skills (by presenting the results of the group work publicly).

#### Time:

- 3 min. – the facilitator introduces the young prisoners with the rules of the activity;
- 10 min. – time for the group work (composition of a story);
- 2 min. per group – presentation of a group work.

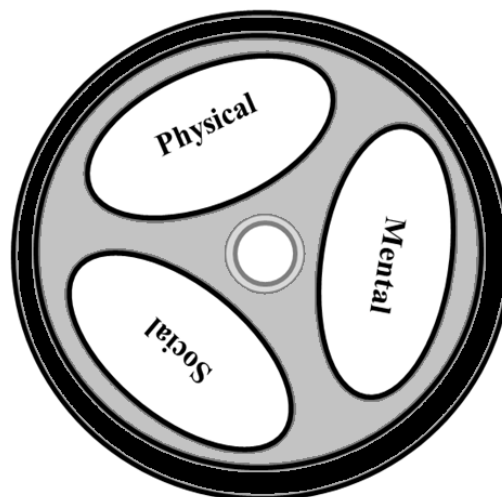
#### Necessary materials:

large (whiteboard) paper sheets, whiteboard marker pens

#### Method description:

!!! This activity is eligible for group (or pairs) performance, as well as for individual work (e.g. if a prison employee is counselling a HIV infected young prisoner, this activity can help to make discussion on how to cope with the lifelong infection).

- The facilitator divides young prisoners into groups, gives one sheet of paper and whiteboard marker pens to each group.
- The facilitator asks each group to draw a big circle on the paper and divide it into 3 segments and write in each segment of the wheel one dimension of the health definition of World Health Organization (see the definition below): physical, mental, social well-being. The wheel could look simple or more artistic (if you have enough time and can dedicate more minutes for the group work):



- Then the facilitator asks groups to write down ideas under each segment of the wheel - what does it mean for a person living with HIV to be healthy; what a



HIV infected individual should consider in order to make his / her “health wheel” to be able to run properly (what is necessary for a HIV infected person to live as healthy life as possible; i.e. suggestions for his / her health promotion).

- After the given 10 minutes each group presents the results of the group work. The facilitator writes down the things mentioned by each group on a white-board and comments or adds other concepts to the list if necessary.

**Information that might be helpful for the facilitation of the discussion:**

The World Health Organization's definition of a term „health”: „Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”<sup>3</sup>.

1. For physical well-being of a person living with HIV:

- nutritionally balanced meals,
- physical activities,
- sufficient rest and sleep (at least 8 hours per night),
- avoid smoking, illegal drugs, alcohol,
- get immunizations (shots) to prevent infections such as influenza,
- avoid attendance of mass entertainment events, especially during influenza or other epidemic,
- practice safe sex to reduce the risk of getting a sexually transmitted infections (STI) or other strains of HIV (re-infection),
- if a person injects drugs - practice safe injecting (sterile needles, syringes and other paraphernalia) to avoid HIV re-infection and getting other blood borne infections (like hepatitis B and C),
- get regular health check-ups to catch any illnesses at the early stages (the earlier the disease is diagnosed the more successfully treated),
- start HAART (Highly Active Antiretroviral Therapy) timely (consult the doctor on the appropriate time),
- be adherent to HAART and other prescriptions of a doctor (e.g. for prevention or treatment of opportunistic infections – diseases which are common among people living with HIV because of weakened immune system (such as tuberculosis, mouth ulcers etc.)).
- For mental well-being of a person living with HIV:
- find ways to reduce stress (find a hobby; listen music; learn relaxation methods like meditation, deep breathing etc.),
- visit a psychologist, psychotherapist,
- find the own sense / goal of life,
- religion, prayer may help,
- find a trustworthy person (see social well-being below).
- For social well-being of a person living with HIV:

<sup>3</sup> Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

- support of family, friends highly important,
- join a support group, find other HIV infected individuals,
- find a professional (doctor) to get counselling, support,
- opportunity to be employed, having a work,
- prevention of stigma and discrimination in prison and outside penitentiary system.

## Handout: HIV

HIV (human immunodeficiency virus), having entered human body, gradually destroys its immune system, and human body loses the power to resist diseases.

AIDS (acquired immunodeficiency syndrome) is the final stage of HIV infection, when human body is no longer able to resist the disease.

### You CAN become infected

- blood contacts  
(sharing syringes, injection equipment, tattooing equipment, shaver)



- sexual contacts  
(anal, vaginal, oral)



- mother-child  
(HIV infected mother can infect the child during pregnancy, labor or while breast-feeding)



### You CAN NOT become infected

- shaking hands, talking



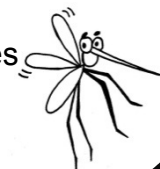
- sharing dishes



- using toilet, shower



- via insect, animal bites



## How to protect oneself

**A = ABSTINENCE**

**B = BE FAITHFULL**

**C = USE CONDOM**

**D = DON'T DO DRUGS**

HIV cannot be cured, but can be successfully treated – thus prolonging the period when a person feels well and postponing the setting in of AIDS.

## Handout

### More information about HIV, hepatitis, tuberculosis and other sexually transmitted infections

#### HIV test

##### How can I find out, whether I have HIV infection?

An answer to this question can be found only by taking HIV test. It is a specific blood analysis, which detects the presence of HIV virus in the body. A person taking HIV test should receive counseling before and after the test, during which the person is informed about HIV related issues and is provided support by the person performing the test.

If the test result is negative, it means that HIV has not been detected in the body – thus either the person has not become infected or has taken the test during the so-called “window period” (see info below) and the test should be repeated after some time, specified by the person performing the test.

If the test result is positive, it means that the person has become HIV infected. The person conducting the test must provide information what should be complied with in the future, living with HIV.

##### Course of infection

- The so-called “window period” starts immediately after getting infected with HIV. A HIV test, taken during this period, does not reveal the presence of the virus in the body, since the body has not yet produced antibodies. “The window” period may last from 2 weeks to 6 months. During this period a person may experience flu like symptoms, however, in the majority of cases a person feels and appears completely healthy. However, the infected person during the window period may infect others.
- The latency or hidden period follows “the window period”, on average lasting 6 - 10 years. During this period HIV virus is detected by tests. The person usually feels and appears healthy. However, also during this period a person may transmit the infection to others.
- During the latency period HIV virus continues to reproduce actively, until human immunity is weakened to the extent that the so-called AIDS indicator diseases set in – tumours, tuberculosis and others. This period is called AIDS stage.

##### Harm reduction or info only for drug addicts

In the interests of your health the best thing would be not to use drugs at all.

However, if you use drugs, remember!

- ☞ Always use new/sterile needle and syringe
- ☞ Do not share syringes and needles
- ☞ Do not share other injection equipment
- ☞ Disinfect tattooing equipment
- ☞ Syringe exchange programmes are frequently available – use them

It is the most difficult thing to protect you against an invisible enemy, for example, against viruses. Viruses are invisible, but it is very easy to get infected with them.



## Hepatitis Viruses

Hepatitis is inflammation of the liver, sometimes called “the jaundice”, because yellowing of skin and mucous membranes can be one of its signs.

Viral hepatitis –infection of the liver, caused by hepatitis virus.

Possible symptoms - weakness, nausea, vomiting, insomnia, itching, dark urine, light faeces.



**!!! However, the disease often can progress without any symptoms.**

### Virus Hepatitis A

- “The dirty hands disease”
- Path of infection - faecal-oral (not washing one’s hands after using the toilet, eating unwashed fruit, drinking dirty water and the like)
- Vaccine available
- Virus Hepatitis B
- “The most contagious” of hepatitis viruses
- The sexual mode of transmission more typical
- 10-15% develop into chronic form, which is difficult to treat
- Vaccine available
- Virus Hepatitis C
- Transmission via blood contact is the most typical, sexual or vertical (mother to child) modes are less frequent
- Up to 85% develop into chronic form, which is difficult to treat
- No vaccine

**! Modes of transmission for viral hepatitis B and C and HIV are identical**

**! The preventive measures against viral hepatitis B and C and HIV are identical**

## Tuberculosis (TB)

Tuberculosis is an infectious disease, caused by tuberculosis bacillus.

It is possible to get infected with tuberculosis by inhaling drops of air containing bacteria. These get in the air when a TB infected person coughs, sneezes...

Not everybody, who inhales bacteria, becomes ill. Human body is able to resist infections. The disease sets in more frequently if a person has weakened immunity: - if a person has become infected with HIV

- if uses drugs, alcohol
- lives in poor conditions or has malnutrition
- TB symptoms:
  - cough and chest pain
  - weakness, fatigue, weight loss
  - sweating at night and slightly elevated temperature
- What should be observed:
  - ! visit a doctor and use the medication
  - meticulously
  - ! do everything possible not to infect others
  - ! rest, healthy nutrition, not smoking
  - ! airing premises



## TB and HIV

HIV infected persons have 113 times higher risk to become ill with TB compared to healthy people.

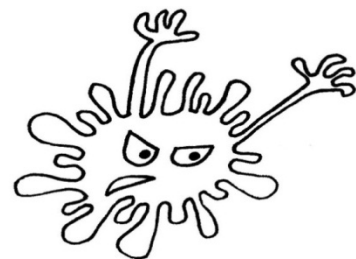
For HIV infected persons TB is dangerous and more severe.

The sooner TB is diagnosed and treatment started, the better the results.

## Sexually transmitted infections (STI)

Sexually transmitted infections are the ones that are transmitted during sexual contacts.

They frequently have no symptoms, if left untreated, can cause serious consequences, for example, infertility.



Caused by viruses

HIV

Hepatitis viruses B, C

HPV (Human papilloma virus)

## Causes by bacteria:

Gonorrhoea

Syphilis

Chlamydia infections

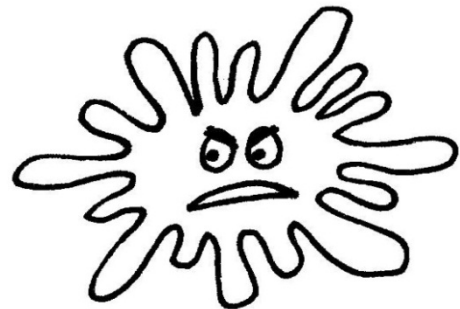
Trichomoniasis

Ureaplasmosis

## TO PROTECT YOURSELF AGAINST SEXUALLY TRANSMITTED INFECTIONS

**!!! Choose your sexual partner carefully****!!! Always use a condom****!!! If you have had sex with an unknown partner, visit a doctor**You should visit a doctorif you have these symptoms in genital area:

- Discharge
- Itching
- Redness
- Burning sensation
- Painful urination



To treat STI, both sex partners should use medication.

During the treatment period, a condom must be used in every sexual intercourse.

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# 5. body and hygiene

## what

Adolescence is complicated transition period when a person changes from a child to an adult. Term puberty is used to refer to all the physical changes that occur in the growing girl or boy. Puberty is the time in which a child's physical and sexual characteristics mature. It occurs due to hormone changes. During puberty, endocrine glands produce hormones that cause body changes and the development of secondary sex characteristics. Production of hormones also causes increased armpit sweating, body odour, acne.

Rapid physical changes are accompanied by important psychological changes relating particularly to the way the adolescent perceives himself or herself. Adolescents have to adjust to the new body image and sexuality issues.

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## why

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The World Health Organization (WHO, 2010:38-50) developed sexuality training standards and recognised that learning objectives as the human body, body development and hygiene are important all through childhood and adolescence.

Puberty brings all kinds of changes in the body – it develops and matures physically and sexually. Not all teenagers have received enough information on the development issues in school or in their family. Even in schools where sex education is taught, many girls and boys still feel unprepared for the changes of puberty, suggesting that these important topics are not being dealt with in ways that are most useful to adolescents (Developing Adolescents: A Reference for Professionals).

The changes come also with a new responsibility – taking care of body hygiene. Youngsters can also be ignorant of this topic. However, ignorance concerning hygiene can have a great influence on the social life of a young boy or girl.

Due to the above, adolescence is the best time for getting to understand one's body, its functions and ways of taking care of it.

Proper, correct and positive knowledge about one's body and hygiene can develop a more respectful attitude towards one's body and oneself, promote health and welfare, as well as reduce risks.

In the research carried out under the umbrella of the HYPY project, both inmates and prison staff expressed the opinion that themes like body changes during puberty should be in the list of topics to be discussed with young prisoners.

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# who

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Target group for the module can be very broad. There is a good reason to talk about these important issues to every young person. These simple activities can be used to discuss broad range of topics – development, body changes, sexuality development, body image, caring for the body, hygiene. Activities can be used to find out the actual knowledge and understanding about the topic as well as to improve one's knowledge and fill the gaps.

Following activities and information sheets can be used by any professional from prison staff – no specific training is needed. Almost every adult person has basic knowledge about body and hygiene and these tools are designed to be helpful to talk about these issues. In the same way they can be used by medical staff in their consultations or included in some training programmes by trained facilitator. So, these tools can be used based on one's knowledge, position and experience.

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# how

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For getting familiar with the issues, the chapter contains several simple to use and attractive tasks, as well as information sheets. This module can be linked with information and activities in Sexuality and Contraception module and HIV module.

There are two activities with worksheets are included in the module together with the description of possible ways of using them:

- Taking Care of My Body. A worksheet included.
- Personal care aids. A worksheet included.

Also three handouts are included that can be just distributed or used as a separate activity:

- Smells or Short Instruction on Smells
- Women info sheet
- Men info sheet

## Activity 1

### Taking Care of My Body

*Objectives:*

To explore participants understanding on body hygiene.

To improve knowledge and clear misconceptions concerning the topic.

*Time:*

30 min or as required.

*Necessary materials:*

Female/male body worksheets, stationery.

If the task is to be done in a group – large sheets, markers.

*Method description:*

Activity can be used in different forms – as individual conversations with medical staff, a teacher or the head of the unit, as well as in a group activity.

*For individual performance:*

The client is given a sheet with a picture of the body of the respective gender. He or she is then asked to fill in the sheet by writing all the familiar ways of taking care of one's body health and appearance. It can be done during an individual conversation or on one's own and brought with to the next meeting. The client can be helped by asking leading questions, for example:

- How do you think one should take care of one's hair?
- What are the ways of taking care of one's nails?
- What kind of recreation or physical activity is necessary for your body?

Afterwards, a discussion with the client takes place about his or her filled in activities and actions; the answers are completed or corrected if necessary.

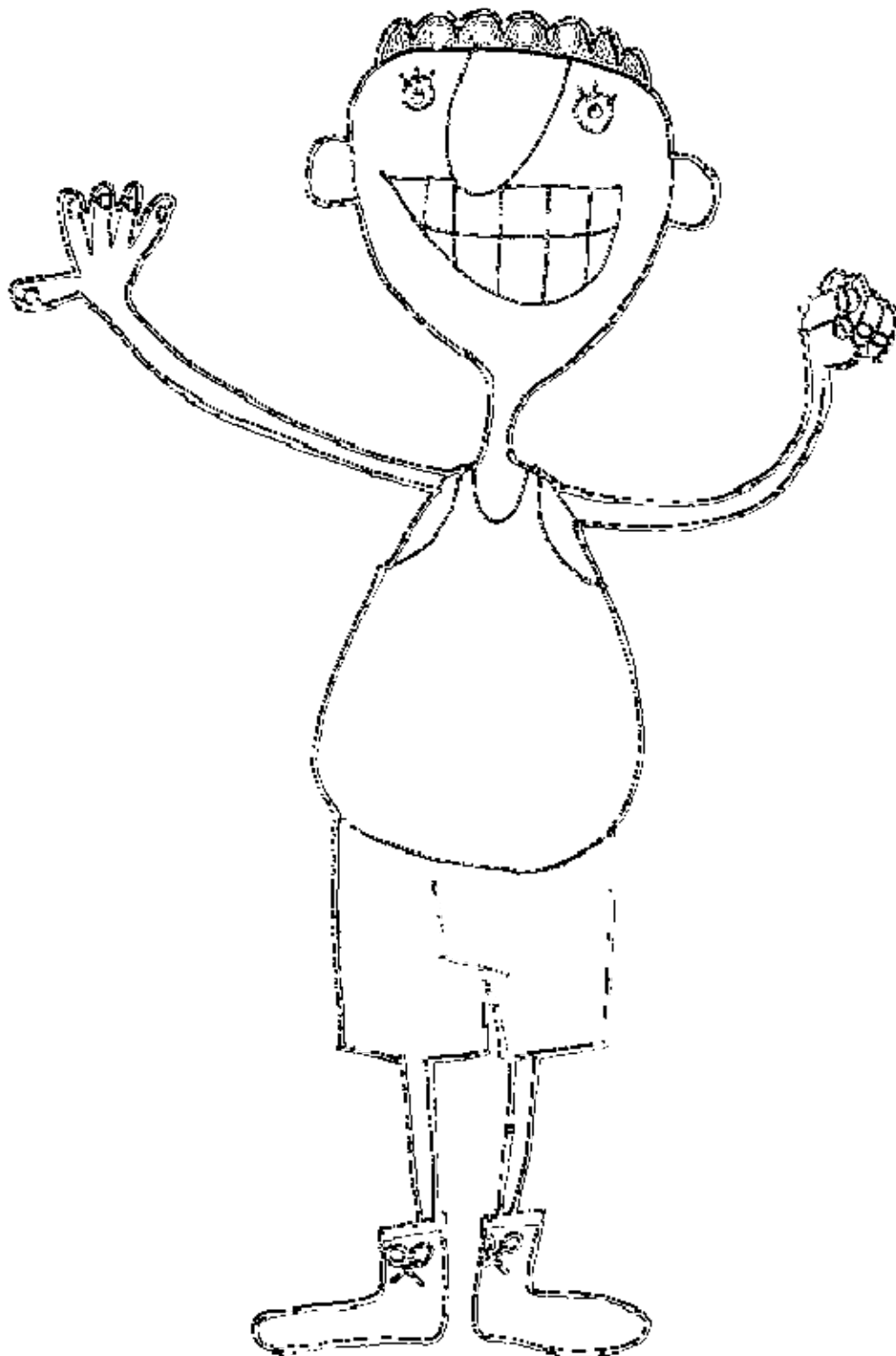
*Performing activity in a group:*

The participants are asked to fill in the worksheets individually. They are then divided into smaller groups; each group is given a large sheet and markers. Each of the groups has to draw a picture of a human body and add all the familiar practices of taking care of one's body. A competition can be launched between the groups for giving the highest number of the practices.

The work finishes with a discussion with adding to or correcting the answers given if necessary.

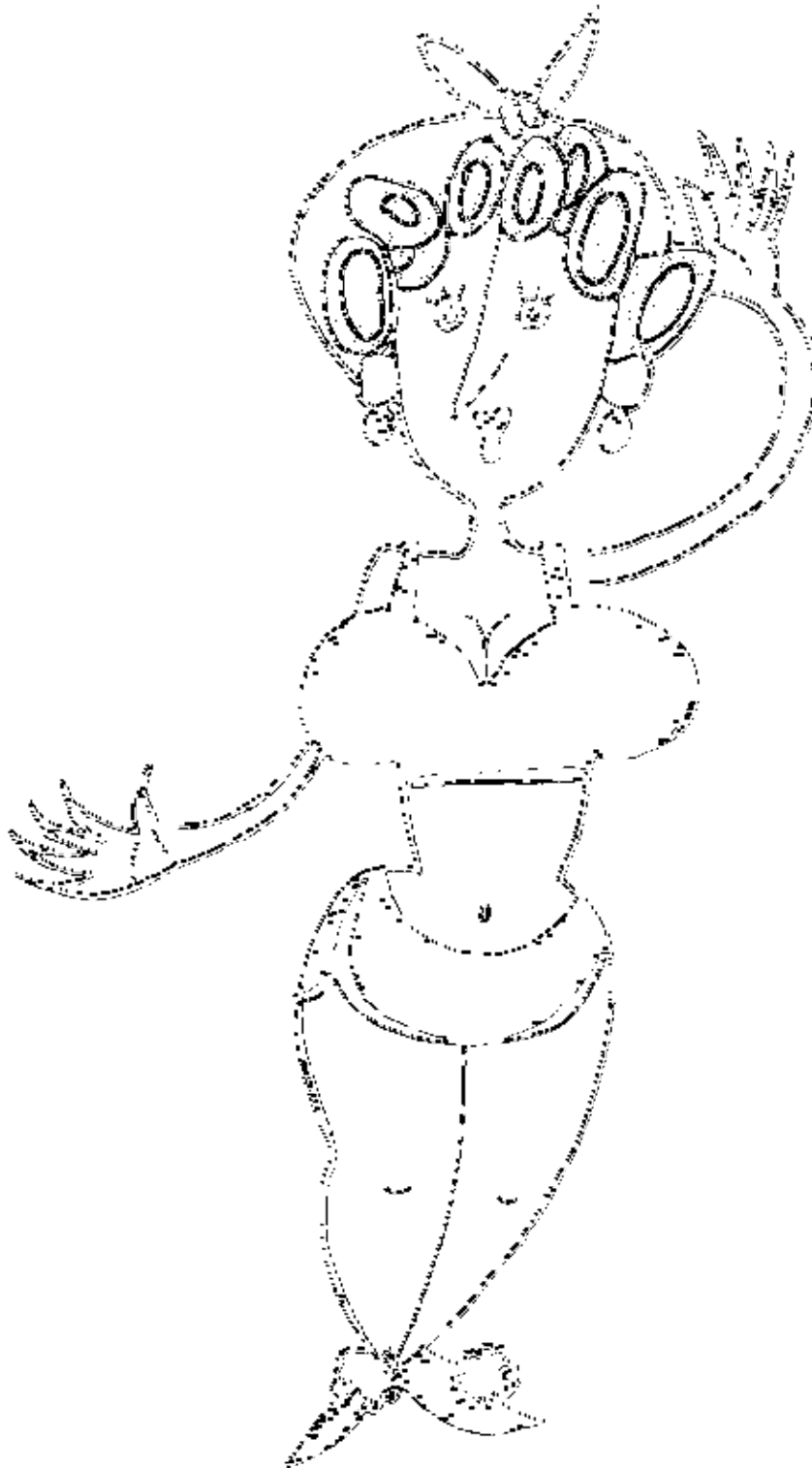
## Handout: Taking Care of My Body

### Men worksheet



## Handout: Taking Care of My Body

### Women worksheet



## Activity 2

### Personal Items

*Objective:*

Getting information on the understanding and knowledge of the participants on using personal/hygiene aids by highlighting the aspects of hygiene and getting infected. Perfecting knowledge and preventing misconceptions concerning the topic.

*Time:*

30 min.

or as required.

*Necessary materials:*

Personal care aids worksheets, stationery.

If the task is to be done in a group – large sheets, markers.

*Method description:*

The task can be done in different forms – as individual conversations with medical staff, a teacher or the head of the unit, as well as in a group activity.

*For individual performance:*

The client is given a worksheet “Personal Care Aids”. The staff worker asks to fill in the worksheet indicating opposite each of the aids whether they can or cannot be exchanged and what the risks of infection are. It can be done during an individual conversation or on one’s own and brought with to the next meeting.

Afterwards, a discussion with the client takes place about his or her filled in activities and actions; the answers are completed or corrected if necessary.

*Performing task in a group:*

First, the participants are asked to fill in the worksheets individually. When done, the instructor of the activity calls out the aids one by one and asks whether they can or cannot be exchanged. The participants have to answer by standing up or raising hands. Then, the participants are asked to defend their opinions.





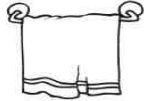

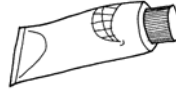





The work finishes with a discussion with adding to or correcting the answers given if necessary.

Facilitator can use HIV module for additional information about risks of infection.







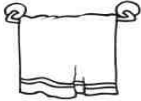

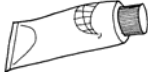





## Worksheet Personal Items

### PERSONAL ITEMS

	Exchange permitted/not permitted	Why? What infections can/cannot be transmitted?
<b>Cup</b> 		
<b>Toothbrush</b> 		
<b>Comb</b> 		
<b>Soap</b> 		
<b>Towel</b> 		
<b>Nail-scissors</b> 		
<b>Toothpaste</b> 		
<b>Pants</b> 		
<b>Razor</b> 		
<b>Antiperspirants</b> 		
<b>Needle</b> 		
<b>Syringe</b> 		

## Answersheet Personal Items

### Personal Items

	Exchange permitted/not permitted	Why? What infections can/cannot be transmitted?
<b>Cup</b> 	Exchange permitted	If you wash your cup before sharing no any danger.
<b>Toothbrush</b> 	Not permitted	Risk of contracting hepatitis.
<b>Comb</b> 	Not permitted	You can get louse.
<b>Soap</b> 	Exchange permitted	No danger.
<b>Towel</b> 	Not permitted	Risk of contracting some STI, skin diseases.
<b>Nail-scissors</b> 	Not permitted	Risk of contracting hepatitis, fungal diseases.
<b>Toothpaste</b> 	Exchange permitted	No danger.
<b>Pants</b> 	Not permitted	Risk of contracting some STI, contagious skin diseases, louses.
<b>Razor</b> 	Not permitted	Risk of contracting hepatitis, HIV and other blood-borne infections.
<b>Antiperspirants</b> 	Permitted/not permitted	No danger when spray. Danger when skin contact.
<b>Needle</b> 	Not permitted	Risk of contracting hepatitis, HIV and other blood-borne infections.
<b>Syringe</b> 	Not permitted	Risk of contracting hepatitis, HIV and other blood-borne infections.

## Handout

### Smells or Short Instruction on Smells

Each person has his or her own odour; some have it stronger than others.

Body odour depends on factors like body peculiarities, diet, hygiene and also health problems.

We get used to our own body odour very quickly, so a person may not smell it himself.

An unpleasant smell pushes other people away!

#### What causes the smell and what to do!



##### Mouth

Bad breath is a very unpleasant thing. It can have several causes – unclean, bad teeth, gum diseases, digestive tract problems.

##### What to do:

Brush your teeth regularly, twice a day is ok.

Use dental floss to remove food particles packed between teeth.

Clean your tongue, as bacteria accumulate on it.

Drink enough liquid.



##### Underarms

All people sweat, some more, some less. Sweat does not have a distinctive smell on its own. Smell is caused by the bacteria living on the skin. When sweat mixes with the bacteria, smell is produced.

##### What to do:

Wash your underarms and the whole body regularly – once a day in the shower and once a week in the bath. The bacteria will have less space. When it's not possible to take a shower daily, wash at least your hands, underarms, neck, genitals and feet in the evening.

If your underarms are shaved, bacteria will have less space to accumulate, which means that the odour will be less intense.

Use antiperspirants, however, only on clean skin. Mixed with unclean skin they can cause even more unpleasant smell.



##### Clothing

Clothes become saturated both with body odour and sweat, as well as odour of the environment.

##### What to do:

Change and wash your clothes regularly.

Clothes have to be dried well, or they will be saturated with a smell of humidity and mould.



##### Genitals

A great attention should be paid to intimate hygiene. During the day, both urine leftover and normal vaginal discharge accumulate around one's genitals.

##### What to do:

Wash your genitals daily, washing both in the morning and in the evening is advisable. If possible, use intimate wash soap.

Change your underwear daily.



##### Feet

Feet and footwear can also spread an unpleasant smell. Unclean or infected feet produce odour.

##### What to do:

Wash your feet every evening, dry them thoroughly using a towel.

A favourable environment for fungal bacteria is a warm and humid environment, which can be facilitated by closed and uncomfortable footwear, synthetic socks.

Change your socks daily, wearing cotton socks is the best.

Do not borrow socks, towels or footwear from anybody.

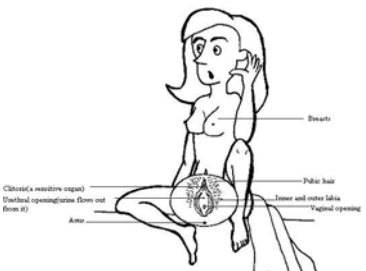
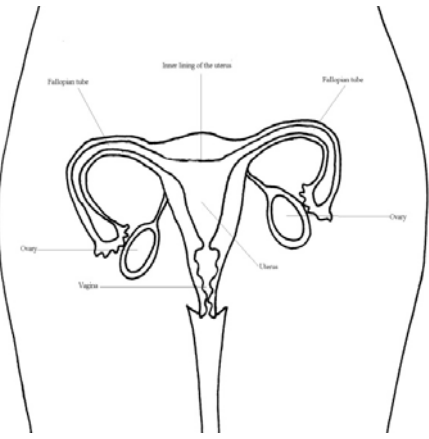
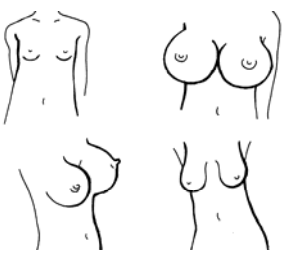
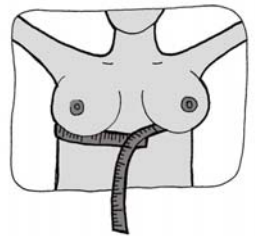

If you wash your feet regularly and they still smell, you probably have a fungal foot infection.

Look for medical assistance!



**What does not eliminate odours – deodorants, colognes, perfume, rubbing body with soap...**

## Handout: Information Sheet for Women

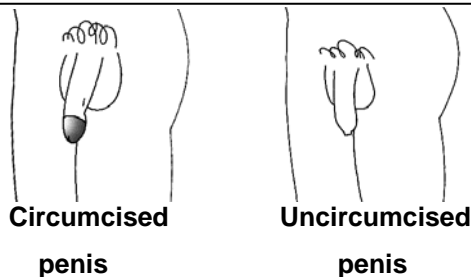
<p><b>External genital organs</b></p> <p>Breast Pubic hair Urethral opening (urine flows out from it) Vaginal opening Inner and outer labia Anus</p>	
<p><b>Internal genital organs</b></p> <p>Fallopian tubes Ovary Uterus Inner lining of the uterus Vagina</p>	
<p>From puberty, an <b>ovum</b> develops in one of the <b>ovaries</b> once a month and moves down the fallopian tube.</p> <p>As the ovum moves down the fallopian tube, the inner lining of the uterus thickens and becomes ready for reception of a fertilized ovum. If an unfertilized ovum gets in the uterus, the inner lining of the uterus breaks down and is discharged from the body together with the unfertilized ovum. The bleeding is called <b>the period (menstruation)</b>.</p>	<p>For buying a suitable bra, you have to know the size of your breasts first. The size of a bra is indicated by the band size measurement under the breasts (centimetres) and the size of the “cup” (A, B, C, D...), for example, 70A.</p>
	
<p><b>External genital organs should be washed up twice a day with water and intimate soap. Vaginal flush is not necessary.</b></p> 	<p><b>Masturbating</b> is touching or caressing one's genitals, as it is pleasant.</p> <p>Masturbating is your own choice. Some do it, some not. It is done by men and women of any age. Masturbating is harmless; it can help a person exploring their body and sexual senses. It is also normal not to do it.</p>

## Handout: Information Sheet for Men



**Sexual maturity** sets in between age of 10 to 18. You grow taller and more muscular. Your shoulders become broader and the voice lower. Your genitals (penis and testicles) grow bigger. There appears hair on some parts of your body.

Some men have their **foreskin** (a skin pocket around the glans) cut, usually for medical or religious reasons. The process is called **circumcision**.



Men have two **testicles** (balls, nuts, sacks) and they are located in the **scrotum**. One testicle (usually the left one) hangs down most frequently slightly lower than the other.

The penis has two main parts: the **glans** and the **shaft**. The glans of the penis is highly sensitive.



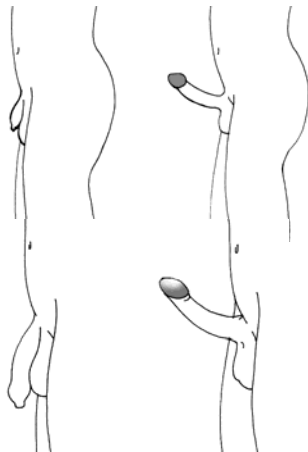
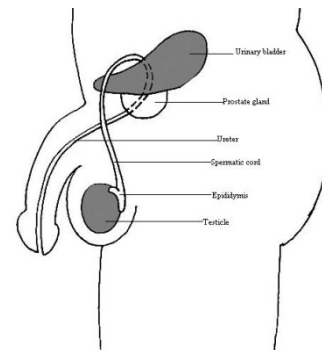
During **erection**, the penis becomes rigid and erect. It often happens in the morning.

**Ejaculation** occurs when semen is ejected from an erect penis.

Penis can be used for two functions – peeing and sex. Peeing and ejaculation **cannot occur simultaneously**.

If you don't wash yourself properly in the evening by pulling back your foreskin, a cream like substance accumulates under it. It is called **smegma**. It is normal. However, if you don't want to smell like rotten cheese, do wash yourself properly.

The penis form may differ for different men. Many have it turned towards one side. The bigger the penis when it is flaccid, the lesser it "grows" when a man gets stimulated. If it is small when flaccid, it probably will be a lot bigger when erected. All men have their erect penis of quite a similar size.



**Semen** is a milky fluid with **spermatozoons** floating in it. The spermatozoons are necessary for fertilizing a female ovum and creating children. One spermatozoon is enough for fertilizing the ovum. During orgasm, about a spoonful of semen is ejected carrying millions of spermatozoons.

When ejaculation occurs in sleep, it is called "wet dream". It is absolutely normal phenomenon.

### Masturbating

Most men use to "rub" themselves to get erection and orgasm (for release).

Masturbating is your own choice. Some do it, some not. It is done by men and women of any age. Masturbating is harmless, it can help a person exploring their body and sexual senses. It is also normal not to do it.



## Further information and references

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## 6. oral and dental hygiene

### what

Oral and dental care is one of the most important medical needs in prisons. Prisoners display many features suggestive of a higher risk of poorer oral health than the general population. The prison population is a unique and challenging one with many health problems, including poor oral health. The literature suggests that the prison population as a whole demonstrates long standing neglect of dental health which, coupled with drug use, smoking and poor nutrition, further exacerbate dental problems. Many prisoners will make their first visit to a dentist when they enter prison.

Prisoners vary in their ability and motivation to take care of their own oral health, often entering prison with a previously chaotic lifestyle. Many prisoners are unemployed before being sentenced and come from communities with a high level of social exclusion. Research has shown that 50% of prisoners are likely to be unemployed before sentencing and enter prison with poor oral health. Further, untreated dental decay is about four times greater in the prison population than the general population from similar social backgrounds. Prior to incarceration, prisoners have lower attendance at dental services than the general population.

The demand on prison dental services has continued to increase in many countries, especially because the numbers of sentenced offenders have increased and hence the need to be more responsive to their clinical needs.

Several factors contribute to prisoners' dental health needs both prior and during the sentence itself. They have many risk factors: disadvantaged social background, consumption of psychoactive substances and a high proportion of persons with mental illness.

Young people in custody are an especially vulnerable population at high risk for diseases and disability. Oral health is a serious problem among prison population that often is unaddressed, unreported and underresearched. Because untreated oral health problems adversely affect the ability to eat, learn, sleep and develop healthy self-esteem, they can substantially affect young people's behaviour, both in and out of detention facilities, and thus should be assessed, studied and treated. A young person with high self-esteem and good social skills who is clear about her/his values and has access to relevant information is likely to make positive decisions about health.

In 1955, the United Nations adopted the Standard Minimum Rules for the Treatment of Prisoners laying out the minimum conditions suitable to the United Nations. The Standard Minimum Rules for the Treatment of Prisoners (1955) advise:

*"Medical services"*

*(3) The services of a qualified dental officer shall be available to every prisoner.*

Furthermore, the World Health Organization has outlined the essentials for dental health in prisons in *Health in prisons; A WHO guide to the essentials in prison health* (2003). Dental care should be seen as integral part of comprehensive health services for prisoners.

*Key points:*

- Prisons should offer a comprehensive dental health care service based on patients clinical need.
- Prisons should provide an appropriate range of dental services.
- Prison administrators should be aware of and responsive to the dental health needs of different prison populations.
- Prison administrators should continually endeavour to improve dental health services and be aware of indicative growth resources for prison population.
- Prisons should work to reduce health inequalities as inequalities do still exist matched to areas of social deprivation.
- Prisons should offer open access to information about services and treatments.



# why

## Definition:

*Oral health enables an individual to speak, eat and socialise without active disease, discomfort or embarrassment. Oral health is fundamental to general health and well-being, significantly impacting on quality of life. It can affect general health conditions. Oral health means more than healthy teeth. The health of the gums, oral soft tissues, chewing muscles, the palate, tongue, lips and salivary glands are also significant.*

*Oral hygiene is the practice of keeping the mouth and teeth clean to prevent dental problems, especially the common dental cavities and gingivitis, and bad breath.*

## Why is oral hygiene important?

Dental health is something that many young people neglect

Some of the effects of poor oral health can range from bad breath to disease. These effects are not limited to appearance and physical hygiene (eg: bad breath) but they can also have emotional consequences since bad breath and mouth infection can cause embarrassment and ridicule, as well as lowered self-esteem

Proper oral hygiene can not only prevent mouth infection and loss of teeth but is also beneficial for the prevention of heart disease and other chronic conditions.

Good oral hygiene helps to prevent dental problems - mainly plaque and calculus which are the main causes of gum disease and caries (tooth decay). Good oral hygiene may also help to prevent or delay dental erosion.

- Dental plaque is a soft whitish deposit that forms on the surface of teeth. It forms when bacteria (germs) combine with food and saliva. Plaque contains many types of bacteria.
- Calculus, sometimes called tartar, is hardened calcified plaque. It sticks firmly to teeth. Generally, it can only be removed with special instruments by a dentist or dental hygienist.
- Some common dental problems related to poor oral hygiene
- Caries (tooth decay) Caries is when holes form in parts of the enamel of a tooth. A main cause of caries is due to a build-up of plaque. The bacteria in the plaque react with sugars and starches in food to form acids. The acids are kept next to the teeth by the sticky plaque and dissolve the tooth enamel.
- Gum disease (periodontal disease) Gum disease means infection or inflammation of the tissues that surround the teeth. Most cases of gum disease are plaque-related. Plaque contains many different types of bacteria and a build-up of some types of bacteria is associated with developing gum disease. Depending on the severity, gum disease is generally divided into two types - gingivitis and periodontitis:
  - Gingivitis means inflammation of the gums. There are various types. However, most cases of gingivitis are caused by plaque.
  - Periodontitis occurs if gingivitis becomes worse and progresses to involve the tissue that joins the teeth to the gums (the periodontal membrane).
- Tooth (dental) erosion erosion is a common problem. It is the gradual erosion of tooth enamel by the action of acid on the teeth. This is different to damage caused by bacteria resulting in tooth decay and caries. Tooth erosion affects

the entire surface of the tooth. In time, tooth erosion can cause thinned enamel, and eventually can expose the softer dentine underneath the enamel. Dentine is sensitive so erosion can lead to your teeth being more sensitive to hot, cold or sweet foods and drinks.

**Impact of poor dental health on young people can result also in:**

- Lowered self-esteem
- Embarrassing bad breath
- Poor future dental health as an adult
- Poor overall health -can affect the heart, lungs and other organs
- Can affect those with diabetes and pregnant women

**Relationships between a healthy mouth and a healthy body**

*Dental Disease and Heart Disease:*

Research has shown that individuals with periodontal disease<sup>4</sup> may have an increased risk of developing heart disease and/or stroke. The infection from periodontal disease may result in bacteria being pumped into the blood stream, which may damage the heart walls or valves. The bacteria may also cause the release of clotting factors that can trigger heart attacks and strokes.

*Dental Disease and Premature (or low birth weight of babies):*

Research shows that inflammation caused from periodontal disease may release a hormone called prostoglandin that is responsible for triggering labour. Women with periodontal disease may therefore deliver a premature, low birth weight baby.

*Dental Disease and Pneumonia<sup>5</sup>:*

Research shows that there may be a relationship between dental disease and upper respiratory infections. Dental plaque acts as a reservoir for many types of bacteria. Certain bacteria may be aspirated into the lungs and upper respiratory tract resulting in pneumonia or upper respiratory infections. Also, gum infections resulting from periodontal disease may contribute to persistent upper respiratory infections and pneumonia.

**Drugs, smoking and alcohol effects on oral and dental health**

Prisoners exhibit poor oral health also due unhealthy behaviours such as tobacco smoking, alcohol use, drug dependency are in commonplace.

The proportion of inmates in the EU reporting ever having used an illicit drug varies according to prisons and countries between 29 and 86 % (over 50 % in most studies, EMCDDA, 2002). Drug users have a special need for dental care. In 2007, the World Health Organization reported that “prisoners with substance misuse problems are likely to report toothache very soon after entering prison, as any opiate drugs they took suppressed the toothache” (WHO, 2007).

Prolonged drug abuse is often associated with self-neglect and the adoption of a diet which promotes tooth decay. Research also shows that the lifestyles of drug users may contribute to oral health problems and low use of services. Drug users therefore comprise a group with special dental needs and need greater access to dental care than most people (Robinson, Acquah & Gibson, 2005).

<sup>4</sup> Periodontal disease means infection or inflammation of the gums.

<sup>5</sup> Pneumonia is an inflammatory condition of the lung.

**Oral Effects of Drugs**

• Infection • Dry mouth • Cavities<sup>6</sup> • Gum disease • Bad breath • Teeth grinding • Gum sores • Black stains

Drugs that carry a high risk to oral health include:

*Methamphetamines*

Methamphetamine is a highly powerful stimulant which is very popular with abusers due to its relatively low cost and its long “high” period. “Meth mouth” is the term which has been used extensively in the scientific literature to describe the devastating, yet predictable, dental effects of methamphetamine use. The buccal smooth surfaces of the teeth and the interproximal surfaces of the six upper and six lower front teeth are affected by decay in methamphetamine users. Other oral findings in methamphetamine users include clenching and grinding of teeth, problems with the jaw, dry mouth, and poor oral hygiene (Maloney, 2010).

*Heroin*

Heroin is an opiate drug which can be injected, snorted, sniffed, or smoked. It is the most rapidly acting and most abused of the opiates. An increase in dental caries has been seen in heroin abusers. This might be the result of their intense craving for sweets, anxiety regarding dental treatment, and poor oral hygiene. Also of importance to the dental professional is the increased incidence of periodontal disease, oral fungal infections, oral viral infections, and hyperpigmentation of the tongue. As the primary oral effect of heroin use is dental decay, the dentist must be aware of this and incorporate measures such as more frequent recall appointments and constant reinforcements of oral hygiene with the patient (Maloney 2010).

*Cocaine*

Cocaine (benzoylecgonine) is an alkaloid which is extracted from the leaf of the Erythroxylon coca bush. There are many dental effects of cocaine use. They are: problems with the jaw, grinding of the teeth, breakdown of tooth structure at the gum line over time, wearing of teeth, corrosion of gold dental restorations, excessive bleeding after tooth extraction, increased rate of tooth decay, and increased rate of gum disease (Maloney 2010).

*Cannabis*

Cannabis is a drug of plant origin which contains a very unique group of chemicals known as cannabinoids. There are three main forms of cannabis- marijuana, hash, and hashoil. There has been a documented link shown between cannabis smoking and many intraoral disturbances. Among these effects are inflammation of the gums, alveolar bone loss<sup>7</sup>, warts that occur in the mouth, hyperplastic gingiva<sup>8</sup>, uvulitis<sup>9</sup>, tongue cancer, dry mouth, and an increased risk of dental caries (Maloney 2010).

*Alcohol*

Alcohol is the most commonly used drug among young people. Depending on the country still the overall prevalence estimates of alcohol abuse/dependence for prisoners is higher than in the general population (Roberts et al 2007).

<sup>6</sup> Cavity or dental caries, damage to the structure of teeth

<sup>7</sup> Alveolar bone loss is a pathological condition where there is resorption of alveolar bone due to conditions such as periodontal disease

<sup>8</sup> Inflammation of the gingival tissue

<sup>9</sup> The uvula is the bit of tissue that hangs down in the back of your throat. A uvulitis is a swollen uvula.

Alcohol abuse appears to lead to periodontal disease, tooth decay and mouth sores that are potentially precancerous. Persons who abuse alcohol are at high risk of having seriously deteriorated teeth, gums and compromised oral health in general.

Heavy drinking can cause:

- Irritation of the gum, tongue, and oral tissues
- Poor healing after dental surgery
- Poor dental health habits

Increase in tooth decay from the increased exposure to sugars and acids in the alcoholic beverage itself

#### *Tobacco*

Data from several studies indicate a proportion of smokers among prisoners between 64-88%. Due to the fact that the majority of prisoners are male (approx. 95% of the European prison population) prevalence rates in prisons should be compared to the average of the male smoking population (which is 40%). This indicates that the prevalence of imprisoned men is one and a half to two times higher than in the general male population. No data are available about the percentage of female smoking prisoners (Hartwig, Stöver, Weilandt, 2008).

Tobacco use is a major preventable cause of premature death and of several general diseases. Tobacco is a risk factor for oral cancer, oral cancer recurrence, adult periodontal diseases and defects at birth. Tobacco suppresses the immune system's response to oral infection, compromises healing following oral surgical and accidental wounding, promotes periodontal degeneration in diabetics and adversely affects the blood circulation. Moreover, tobacco greatly increases the risk when used in combination with alcohol or areca nut. Most oral consequences of tobacco use impair quality of life be they as simple as bad breath, as complex as oral birth defects, as common as periodontal disease or as troublesome as complications during wound healing.

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## who

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The target group of the intervention proposed in this module are young prisoners in general. This module can be delivered by a prison dentist, medical staff, teachers, or other trainers. No special expertise is needed.

# how

## Activity 1

### *Target audience:*

All young prisoners, 10-12 participants

### *Objectives:*

- Participants will:
- Explore problems that may arise with their teeth
- Link dental problems with other health issues.
- Understand that dental and general health problems can be prevented

### *Time:*

20 min or as required.

### *Necessary materials:*

Flipchart or large sheets, markers.

### *Method description:*

- The activity can be used in different forms – as individual conversations with medical staff but as well as in a group activity.
- Discuss with participants the various things that can go wrong with teeth.

List them on the chalkboard under a title such as „Problems with Teeth“.

- Ask participants how each situation may affect the person's health. List suggestions along with the problems. The discussion should touch on the following:
- Gum disease
- Irregular teeth.(May result in a faulty bite, difficulty with chewing food and speaking clearly, and may affect appearance.)
- Cavities (Caused by acid destroying tooth enamel. May result in pain and infection.)
- Point out that sometimes problems arise because of accidents, lifestyle choices (e.g., using tobacco, drugs and alcohol or poor diet, not brushing/flossing), or even for no apparent reason, but that often the problems are preventable.
- Stress to participants that dental disease (cavities and gum disease) is preventable. Have them offer suggestions.

## Activity 2

*Target audience:*

All young prisoners, 10-12 participants

*Objectives:*

To explore participants habits of dental hygiene and to improve knowledge concerning the topic.

*Time:*

15 min or as required.

*Necessary materials:*

Worksheets "Am I taking good care of my teeth?". If the task is to be done in a group – large sheets, markers.

*Method description:*

The activity can be used in different forms – as individual conversations with medical staff but as well as in a group activity. The trainer distributes a quiz sheet to every participant. Participants complete the quiz on their own.

Participants will total their points and get to know to what extent are they taking care of their teeth through interpretation of their result.

## Worksheet 1

### Am I taking good care of my teeth?

Tick where applicable.

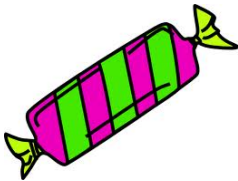
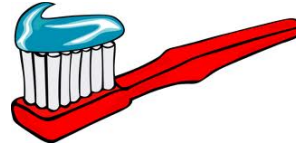
1a. I brush my teeth daily.

☐

1b. I brush my teeth every now and then.

☐

1c. I almost never brush my teeth.

☐


2a. I do not eat a lot of sweets and chocolates.

☐

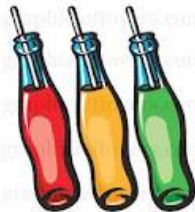
2b. I eat sweet and chocolates every day.

☐

2c. I eat sweet and chocolates more than once a day.

☐

3a. I hardly ever drink



soft drinks.

☐

3b. I drink soft drinks

now and then.

☐

3c. I drink soft drinks

every day.

☐

4a. I visit the dentist every six months.

☐

4b. I visit the dentist once in a year.

☐

4c. I visit the dentist when I have a bad toothache.

☐

5a. I use a toothpaste which is rich in fluoride.<sup>10</sup>

☐

5b. I use any kind of toothpaste.

☐

5c. I do not think that fluoride is important for my teeth

☐


6a. I change my toothbrush every three months.

☐

6b. I change my toothbrush every six months.

☐

6c. I've had the same toothbrush for years!

☐

<sup>10</sup> Fluoride is a mineral that occurs naturally in many foods and water. Fluoride helps prevent tooth decay by making the tooth more resistant to acid attacks from plaque bacteria and sugars in the mouth. It also reverses early decay.



## AM I TAKING GOOD CARE OF MY TEETH?

### SCORING SHEET

If you answered A you get 4 points.

If you answered B you get 2 points.

If you answered C you get 0 points.

### What does your score mean?

Score	Feedback
0-6 points	You need to start taking better care of your teeth or otherwise you are at risk of losing them!
7 – 12 points	You are not taking very good care of your teeth. You might have problems in the future.
13-20 points	Keep taking care of your teeth. But you can even do better. If you do, you are more likely to have strong teeth even when you get older.
20+	Well done! You are on the right track! If you keep this up you should have strong teeth even when you get older.

### Activity 3

*Target audience:*

All young prisoners, 10-12 participants

*Objectives:*

To teach the participants the proper order of brushing teeth.

*Time:*

15 min or as required.

*Necessary materials:*

HELP ME BRUSH MY TEETH THE RIGHT WAY! worksheets, stationery.

If the task is to be done in a group – large sheets, markers.

*Method description:*

Activity can be used in different forms – as individual conversations with trainer or well as in a group activity. Trainer distributes a quiz sheet to every participant. Participants complete the quiz on their own. Then the trainer checks the answers with the participants. This exercise could be a great way to start the discussion on how to brush teeth correctly.

## WORKSHEET 2

### HELP ME BRUSH MY TEETH THE RIGHT WAY!

The stages of how to BRUSH your teeth properly are found below, but they are not in the right order. Number them in the correct order.

- ☐ Clean the inside of the teeth.
- ☐ Floss your teeth using dental floss and rinse mouth with a mouthwash.
- ☐ For the front teeth keep the brush straight.
- ☐ Hold the toothbrush and squeeze a little toothpaste on the toothbrush
- ☐ First clean the front of the upper and lower teeth, brush from the gums upwards and downwards.
- ☐ Brush all biting surfaces.
- ☐ Spit don't rinse your teeth after brushing.

**The correct order to check your answers:**

1. Hold the toothbrush and squeeze a little toothpaste on the toothbrush.
2. First clean the front of the upper and lower teeth. Brush from the gums upwards and downwards.
3. Clean the inside of the teeth
4. For the inside of the front teeth keep the brush straight.
5. Brush all biting surfaces
6. Spit don't rinse your teeth after brushing.
7. Floss your teeth using dental floss and rinse mouth with a mouthwash

## Handout 1

**Objective:** To inform young people on the importance of brushing their teeth regularly and correctly.

### ORAL HYGIENE/DENTAL CARE

It is important for you to brush your teeth and gums twice each day, last thing at night before bed and one other time each day. This will help to keep your teeth and gums healthy.

#### Why should we take care of our teeth?

Teeth are a very important part of our mouth and our body. We use them for lots of things that we do such as talking and chewing our food. We also like to have a nice smile and fresh breath to share with other people and make us feel good too. Taking care of our teeth will make our teeth last longer and mean that we have less problems or pain from them. We can also save money by taking care of our teeth as we will have less need for treatments.

#### Taking care of my teeth

There are a number of important ways to take care of our teeth and gums: by brushing, watching what we eat and drink (sugar intake) - especially between meals - and by visiting our dentist regularly. One step in taking care of your teeth and gums is to brush them regularly. This means at least twice a day, last thing at night before bed and at least one other time each day.

Although it is important to brush our teeth twice a day, how well we brush them is very important too.

#### How do I brush my teeth properly?

1. The first part of brushing your teeth properly is to brush the outside part of the top teeth and gums first. Place the brush where the tooth and gums meet. Start at the back and move forwards slowly. Move the brush in small circles on your teeth and gums. You only need a pea sized amount of fluoride toothpaste on your toothbrush. This means enough to go across the brush head and not down the length of it.  
TIP: IT SHOULD TAKE YOU THREE MINUTES TO BRUSH YOUR TEETH PROPERLY. THIS IS ABOUT THE SAME TIME AS IT TAKES TO HUM A FULL SONG OR LISTEN TO IT ON THE RADIO.
2. Do the same thing on the inside of your teeth and gums. This might take a little bit of getting used to, but practice makes perfect. Your gums are really important because they are like the foundations in a house; they keep your teeth secure in your mouth. If your gums are damaged or get infections, the teeth can become loose and eventually fall out.
3. Clean the inside surfaces of the front teeth by using gentle up and down strokes with the front of the brush.
4. Brush the biting surfaces by moving the brush back and forth.
5. Repeat for the bottom teeth.
6. Spit out the tooth paste from your mouth. Do not rinse your mouth with water afterwards as the extra protective factor of the fluoride in the toothpaste may be lost.

#### What type of toothbrush should I use?

When you are buying a toothbrush, pick it carefully: the brush head should be soft and not too large. You should change your toothbrush every three months, especially if the tufts of the brush are all spread out. A damaged toothbrush will not help you to take care of your teeth.

**What can I eat and drink if I'm thirsty and hungry between my meals?**

Milk and water will help the thirst, and the calcium in the milk will help to give you healthy teeth, bones, skin and nails. It also gives you energy. If you are hungry, you can have healthier snacks such as a sandwich, preferably not with jam or chocolate spread!

Popcorn is a better choice than crisps and makes you feel full. A fruit or natural yoghurt is also a good choice, but not one with a sweet topping on the side such as jam, biscuit or chocolate. A piece of fruit or a plain scone can also fill the gap.

If unable to brush the teeth after eating, you can

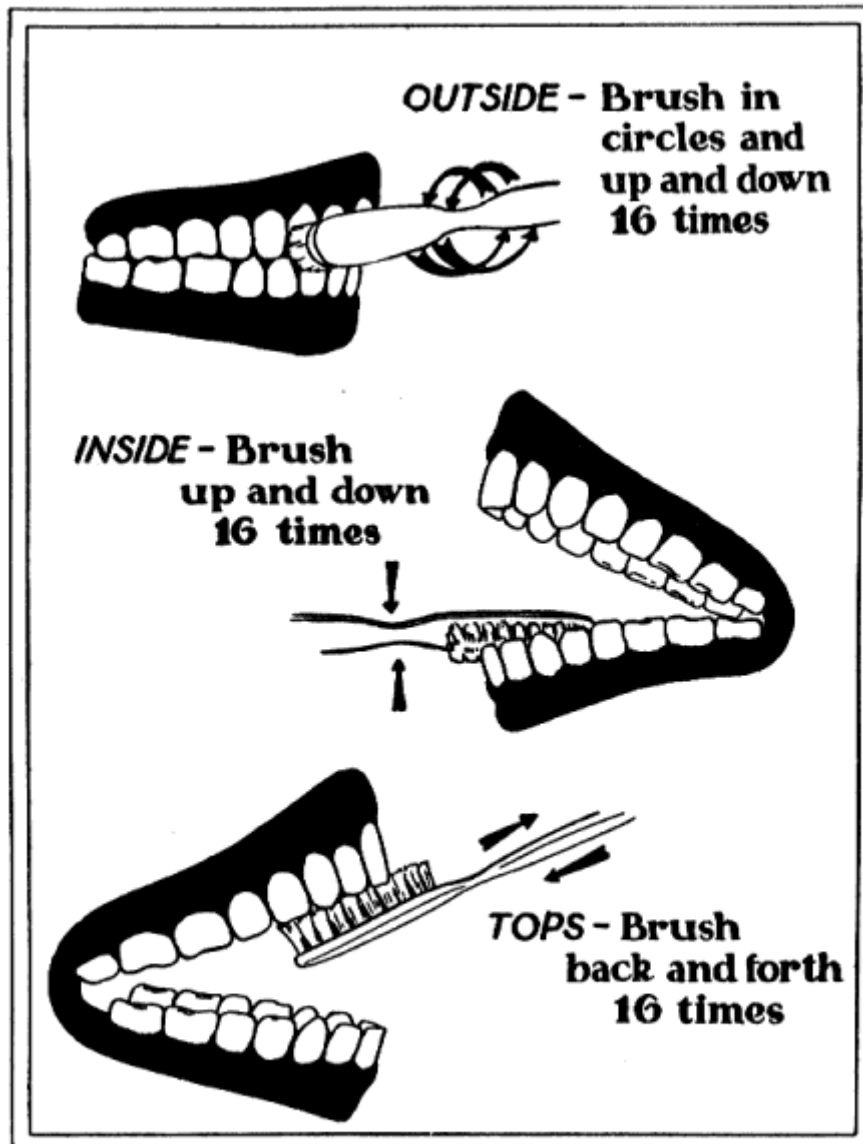
- rinse the mouth with water
- eat crispy foods such as apple, celery, raw carrot, raw turnip, raw cabbage

**Did you know?**

- If you look after your teeth, you can keep them forever.
- Teeth are the hardest part of your body.

## Handout 2

Objective: To give information on how to brush teeth correctly.



*This diagram shows the correct method of brushing the teeth*

## Handout 3

### Smoking and Oral Health

**Objective: To inform young prisoners about the effects of smoking on their oral health also provide tips on how to quit smoking in prison.**

Smoking will stain your teeth and cause bad breath. It also does great harm to your gums, which can lead to gum disease. In gum disease, less blood goes to your gums and this can affect the bone in your gum. The bone in the gum is very important as it helps the teeth to stay in place. So if your gums grow smaller with gum disease, your gums will bleed more easily and you might lose your teeth earlier than you need to. Smoking can also affect our ability to taste and enjoy food.

Did you know?

SMOKERS ARE MORE LIKELY TO DEVELOP CANCER IN THEIR MOUTH THAN PEOPLE WHO DO NOT SMOKE. THE RISKS ARE FURTHER INCREASED IF THEY DRINK HEAVILY AS WELL.

So what can you do?

IF YOU SMOKE THE BEST THING THAT YOU CAN DO FOR YOUR DENTAL HEALTH AND YOUR GENERAL HEALTH IS TO STOP!

Smoking can change your appearance

The damage that smoking causes to your body is significant both inside and out. On the surface, smokers suffer significant damage to their skin, resulting in wrinkling, broken veins and a leathery complexion. Smoking constricts the tiny blood cells of the skin, reducing oxygen flow. Stale tobacco smell lingers just about everywhere – hair, skin, breath, clothes. Tar-stained fingers and teeth, hair thinning, breathlessness, vision damage, poor circulation leading to chronic leg ulcers and possible gangrene. The list goes on and on- and then of course there's the empty pocket syndrome: this occurs when you have to spend all of your money to feed your chronic nicotine addiction.

All this before we even consider the damage inside!!

So what can you do?

IF YOU SMOKE THE BEST THING YOU CAN DO IS TO STOP.

**Practical Tips for people giving up smoking in prison:**

- Get rid of your smoking gear
- Practice saying „no thanks, I don't smoke"
- Keep things with you to replace cigarettes e.g. mints, fruit, music, toothbrush, water
- Take some exercise: 15 minutes of physical activity causes the release of endorphins in the brain – this „natural feel good" drug will help you to feel and sleep better
- Distract yourself: study, read, write a diary, play with puzzles and games, crosswords, do some exercises.
- Talk to others who are giving up/have given up
- Try controlled breathing or meditation exercises

## Handout 4

**Objective: Guidance for trainers when discussing stopping smoking in prison.**

Key messages and practical tips for quitting smoking in prisons:

Key messages for people giving up in prisons

- Prison is an opportunity to stop: use the time and support available
- Healthcare can supply you with patches or other products that can really help
- The chances of quitting successfully are four times higher if you get help
- We can give you ideas and resources to take your mind off smoking
- Talk to people: the support of Health Trainers/other quitters makes all the difference
- It's never too late to stop
- Think of the money you'll save – and what you can buy with it
- Exercise is easier and more enjoyable when you don't smoke
- Giving up will give you a real sense of achievement and control



## Handout 5

**Objective: To inform participants what foods are good and what bad for oral health.**

You are what you eat and that's particularly true for your teeth and gums. When you drink and chew starchy foods, you're not only feeding yourself, you're feeding the plaque that can cause havoc in your mouth.

Plaque is a thin, invisible film of sticky bacteria and other materials that covers all the surfaces of all your teeth. When sugars or starches in your mouth come in contact with plaque, the acids that result can attack teeth for 20 minutes or more after you finish eating. Repeated attacks can break down the hard enamel on the surface of teeth, leading to tooth decay. Plaque also produces toxins that attack the gums and bone supporting the teeth.

Although some foods invite tooth decay, others help combat plaque building up. Here are some foods to seek out and some to avoid.

### THE GOOD GUYS

#### *Fibre-rich fruits and vegetables:*

Foods with fibre have a detergent effect in your mouth and they also stimulate saliva flow, which, next to good home dental care, is your best natural defence against cavities and gum disease. About 20 minutes after you eat something containing sugars or starches your saliva begins to neutralize the acids and enzymes attacking your teeth. Because saliva contains traces of calcium and phosphate, it also restores minerals to areas of teeth that have lost them.

#### *Cheese, milk, plain yogurt, and other dairy products:*

Cheese is another saliva generator. The calcium in cheese, and the calcium and phosphates in milk and other dairy products, help put back minerals your teeth might have lost due to other foods.

#### *Green and black teas:*

Both contain polyphenols that interact with plaque bacteria. These substances either kill or suppress bacteria, preventing them from growing or producing tooth-attacking acid. Depending on the type of water you use to brew your tea, a cup of tea can also be a source of fluoride.

#### *Sugarless chewing gum:*

Another great saliva generator that removes food particles from your mouth.

#### *Foods with fluoride:*

Fluoridated drinking water, or any product you make with fluoridated water, helps your teeth. This includes powdered juices (as long as they don't contain a lot of sugar) and dehydrated soups. Commercially prepared foods, such as poultry products, seafood, and powdered cereals, also can provide fluoride.

## THE BAD GUYS

### *Sugary sweets that stick in your mouth:*

If you eat sweets, go for those that clear out of your mouth quickly. So thumbs down for lollipops, caramels and cough drops that contain refined sugar. Surprisingly, thumbs up for chocolate, which, because its sugars are coated in fat, slips easily out of your mouth. A chocolate bar washes out of your mouth quicker than gummy bears.

### *Starchy foods that can get stuck in your mouth:*

Starches, which are complex carbohydrates, can also linger in your mouth. Examples: Bread or potato chip bits trapped between your teeth. If you get bread stuck in your mouth or at the back of your teeth, bacteria love to feed on carbs.

### *Carbonated soft drinks:*

These drinks are the leading source of added sugar among kids and teens. Besides being laden with sugar, most soft drinks contain phosphoric and citric acids that erode tooth enamel.

Sports drinks, energy drinks, and highly sugared teas and lemonades:

High sugar levels in these drinks promote tooth decay.

Items that dry out your mouth, including alcohol and many medicines:

Be sure your mouth is plaque free and also drink plenty of water. If medications are the cause, consider talking to your doctor about getting a fluoride rinse, or a fluoride gel with which to brush your teeth.

### *Lemons:*

It's OK to eat them but don't suck on them. The very acidic juice will erode the enamel of your front teeth.

## Handout 6

**Objective: To inform the reader about what to do if they knock out a tooth.**

### **What if you knock out a tooth?**

- Get to a dental professional immediately. The quicker you can get dental care the greater the chance of saving the tooth.
- Your dental professional will check your mouth to see what damage has happened and if any treatment needs to be done.

### **What can you do?**

1. Find the knocked out tooth.
2. Only pick it up by the crown (don't touch the roots).
3. If it is clean put it back in the place it was knocked out of. Hold it in with your tongue and lips or by wrapping a piece of aluminium foil around it.
4. If it's dirty, briefly wash it in milk or saline, then put it back in its place. Do not use water to clean the tooth.
5. If you cannot put it back, store it in milk, saline or in plastic wrap.
6. Then go to a dentist straight away.

If you are sure it is a baby tooth you need not put it back in. But if you are in doubt, put it in and let the dentist decide.

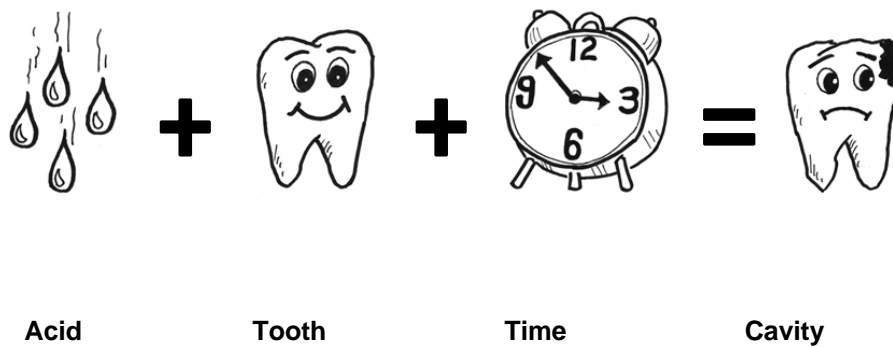
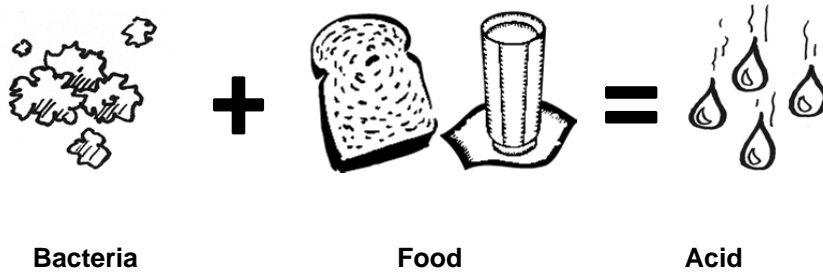
### **What if your tooth is just loose?**

- Push it into place.
- Hold it firmly.
- If it is very wobbly you can hold it in place with your tongue and lips or with some aluminium foil.
- Stop playing the game and go to a dental professional immediately

## Handout 7

**Objective:** To inform the reader about how cavity forms, might also be used by trainers as visual aid to explain the process of cavity formation.

### How Does A CAVITY Form?



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# 7. drug and alcohol abuse

## what

Drug use is a global problem due to the harms that are associated with using drugs, irresponsible and inappropriate use, and what is generally included in the concept of drug abuse. Globally the UNODC estimates that between 149 and 272 million people used illicit substances in 2010, added to which are the significant users of alcohol, tobacco, and prescription and over the counter drugs who develop problems and the range of new substances which are being manufactured without any legal classification but which can be dangerous. Drugs are abused by all sectors of society irrespective of class, culture, religion, social or economic standing. Illegal drug dealing is a major industry earning major amounts of money for those involved in the trade as well as providing an economic means of earning a living for many of those who cultivate drugs.

Compared to the general community, drug use continues to be much more widespread in European prison populations and drug users are over-represented in prisons in Europe.

According to EMCDDA data available from several studies carried out from 2003 onwards, mostly in western European countries, show that a small share, between a third and half of those surveyed reported drug use or regular drug use of any illicit drug in the month prior to imprisonment (one and three percentage respectively). Studies carried out between 2003 and 2008 in Europe show that 1–56 % of inmates report having used drugs while incarcerated, and that up to 12 % report regular use inside prison. Those injecting within prison represent 1–31 % of inmates.

The most damaging forms of drug use may also be concentrated among prisoners, between a fifth six and thirty-eight percentage a third of those surveyed reported to have ever injected drugs.

“Estimates suggest that at least half the EU’s 356 000 prison population has a drug use history and many of those entering prison have a severe drug problem...

and

In some prison drug use is so common that anyone who is not using drugs or is attempting abstinence may experience considerable difficulties...

and

Drug use in prison may also be accompanied by particularly risky behaviour, such as sharing drugs and injecting equipment.” (EMCDDA, 2003)

As Mike Trace, Chairman, EMCDDA Management Board said:

“A high proportion of those with the most serious drug use and addiction problems are to be found in prisons. All prison administrations need to design response that cope with the challenges this presents, and that make the most of the opportunity to intervene in the cycle of drug addiction and crime.” (EMCDDA, 2003).

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## why

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The relationship between offending and substance misuse has been demonstrated in a variety of criminal justice and medical settings. There is evidence that substance use initiation or continuation occurs in prison, and that alcohol use is common. Prison may provide the only opportunity that a marginalized population has to engage with treatment services.

Young people are, in general, considered to be vulnerable to drug use because they are in period of life when patterns of behavior are being formed and when they are most likely to be influenced by peers and role models who may be involved in drug use. Studies have shown that involvement with psychoactive substances during this period is associated with other risk behaviors-unprotected sex that put them at risk to sexually transmissible infections, including HIV. While young people are under the influence of drugs, they may be more vulnerable to violence and exploitation.

Young people are a particularly vulnerable group in prison generally, and specifically in relation to drug use. Inmates who are drug users are likely to go back to drugs once they get out. Difficult issues such as bullying, intimidation, sexual abuse and self-harm are all interrelated problems that complicate working with this group and may interact with or even lead to initiation of drug use or drug injecting.

The research and experience also suggests that:

- rates of drug use appear higher among young offenders compared with the general population of young people;
- young drug users are more likely to be, or to become, involved in other offending;
- young offenders with the most serious and/or persistent offending histories are more likely than their peers to engage in heavy and problematic drug misuse.

Without access to appropriate services in prisons young prisoners do not have the tools, knowledge, or resources to stay clean on the outside. Although the direct beneficiaries of these services are young people and those who play a significant role in their lives, prevention efforts can also have a positive wider impact on the prison environment, community and society as whole.

## who

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Young people are a particularly vulnerable group in prison generally, and specifically in relation to drug use. Target group of the interventions can be all young prisoners.

If you want to deliver the module you need to have basic knowledge on the issue and specific professional position as well. Specialist like social workers, psychologists, psychiatrist can be those that present this module.

Cooperation with external organizations can support all your activities.



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# how

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The module contains several activities and handouts.

You can deliver the activities together or separately considering the needs and specific situation in your prison.

You can use group discussion to deliver the activity.

## **Content**

- Exploring drug use
- Myths and facts about drugs
- Effects of Alcohol on a person's abilities
- How to deal with risky situations

## **Handouts**

- What are "drugs"?
- Effects of drugs
- Drugs and definitions
- **Fact and myth statements-answer key for the facilitator**

## Activity 1

### Exploring drug use

*Objective:*

To develop basic understanding among youngsters on drugs and drug use

*Time:*

40 minutes or as required

*Materials needed:*

Sheets, Flipchart, Flipchart paper, Markers, handout “What are drugs”, handout “Effects of drugs”, handout “Drugs and definition”

You can use the activity as a basic exercise and introduction to the other activities.

*Method*

You can use group discussion to deliver the activity.

Start the discussion with the explanation that the use of substances by young people is a serious health and social problem. Use of substances robs young people of their childhood and leaves them little chance to have a healthy lifestyle in the future.

Then ask the participants to divide into two different groups. Provide them with sheets and markers. Ask the groups to discuss and give a definition of the term “drug”.

Let the group 15 minutes to do the exercise. Then ask one of them to present their answers and write down them on flipchart paper.

You could use the following questions to facilitate a discussion after the groups have made their presentation:

- When did you first hear the term and from whom did you hear it?
- Do you know someone who regularly uses drug/drugs?
- If you think someone you know is abusing drugs, what would you do?
- After finishing the discussion present the definition of “drug”.
- Explain the clients that:
- Drug use is also linked to another emerging health concern among the young people – namely HIV/AIDS.
- Point out the fact that HIV/AIDS is a real threat for young people who inject drugs, as HIV/AIDS is transmitted through contaminated needles.
- Close the activity with the summary:
- Substances affect the thinking, feelings, perceptions and physical functions of the individual using them.
- Substances can be taken in a variety of ways, such as by smoking, swallowing, injecting or bagging.
- There are desired effects that individuals using substances seek. These and other less pleasant effects are short-term. Substances also have long-term effects that damage body organs.
- Use of substances often leads to consequences in the individual, family and the community as a whole.

## Handout

### What are 'drugs'?

The word "drug" refers to any substance or product that affects the way people feel, think, see, taste, smell, hear, or behave. The World Health Organization (WHO) defines "a drug" as "any substance, solid, liquid or gas that changes the function or structure of the body in some way". Often, the term "substance use" is preferred, so that all things that affect the way a person feels, thinks, sees, tastes, smells, hears and behaves are included. Thus, glue is a substance used by many street children and methamphetamines are substances used by many young people who go to discos and bars.

Sometimes we use the phrase "psychoactive substance" for drugs to emphasize the fact that the substance produces a change in mental processes.

A drug can be a medicine, such as morphine, or it can be an industrial product, such as glue. Some drugs are legally available, such as approved medicines and cigarettes, while others are illegal, such as heroin and cocaine. Each country has its own laws regarding drugs and their legality.

The use of drugs may have a little or a large effect on a person's life and health. The extent of the effect depends on the person, the type of substance, the amount used, the method of using it, and the general situation of the person.

#### Methods of use

Substances can be taken into the body by many different means. The methods by which substances are taken influence how quickly the substance can produce its effects and also the different health consequences that the individual may experience. It is important to note that the same type of substance may produce the effect faster or more slowly depending on where, specifically, the substance is introduced. For example, injecting the substance into the muscle will not produce the effect as quickly as injecting it into the vein. Absorption through the mucous membrane of the nose is faster than absorption through other mucous membranes.

Below are common ways in which people can take substances, given in general order of how quickly the method allows effects to be felt (fastest methods first).

- Injected with a needle under the skin, into a vein or muscle
- Smoked or inhaled through the mouth or nose, or inhaled by placing a bag over the head ("bagging")
- Placed on a mucous membrane (such as inside the anus or vagina, the nose or under the eyelid)
- Chewed, swallowed or dissolved slowly in the mouth
- Rubbed into the skin.

## Handout

### Effects of drugs

Psychoactive substances have many effects that are the result of direct exposure or use. The effects of psychoactive substances can be short or long term. Short-term effects occur shortly after the substance is taken. They are influenced by the dose, the way the substance is introduced into the body and whether or not the substance is used with another substance. Short-term effects may include a temporary feeling of confidence and loss of inhibitions. It is important to remember that among the short-term effects, there are also unpleasant and dangerous possible effects, such as loss of memory and overdose. The long-term effects are usually caused by progressive damage to body organs, such as the liver and lungs, that result from prolonged use.

#### **CANNABIS**

*What does it look like?*

Marijuana is made from the dried flowering, fruiting tops and leaves of the cannabis plant. It can look like a dried herb, or coarse, like tea. Hashish is the dried, compressed resin separated from the flowering tops of the plant. It is sold in block pieces, and ranges in colour from light brown to nearly black. It is stronger than marijuana. Sometimes, the juice or resin of the hemp plant is extracted. This hash oil or cannabis oil is the strongest form of the drug and is also called honey oil or red oil.

*How is it used?*

Marijuana is usually smoked in hand-rolled cigarettes and can be cooked in foods and eaten as well. Hashish is usually smoked in a pipe or cooked in foods and eaten. Cannabis oil is usually smoked with tobacco, smeared on to cigarettes or occasionally eaten.

*The effects of using cannabis*

Young people may have very different experiences using marijuana depending on the strength of the drug and height, gender and weight of the person. Some people feel happy and they feel like they can do anything. Sometimes they babble and laugh more than usual. Marijuana can make you very hungry or give you “the munchies”, increases your pulse-rate and makes your eyes red. At a later stage, you will find you feel sleepy and become quiet. Regular use of cannabis can make you psychologically dependent on it. Your heart rate usually increases when you use cannabis. Using cannabis also leads to some problems in what are called our “psychomotor” functions, that is, in the ability to coordinate our actions. This is especially important when you are doing things like driving, operating machinery etc.

#### **COCAINE**

*What does it look like?*

Cocaine usually comes in a white powdered form and crack looks like hard white rocks. Cocaine is prepared from coca leaves, which are greenish-yellow leaves of different size and appearance. Cocaine is often called the “champagne of drugs” because of its high cost. It makes you feel like your body is going very fast. Your heart races and the “highs” and “lows” are sudden. Crack, which is smoked, is a much stronger form of cocaine.

*How is it used?*

Cocaine is usually snorted up the nose. It can also be injected or smoked. Crack is smoked.

*The effects of using cocaine*

A small amount of cocaine will raise your body temperature, make your heart beat faster, increase your breathing, make you feel over confident and make you more alert with extra energy. When crack is smoked, all of these feelings are intensified.

Excessive doses may lead to convulsions, seizures, strokes, cerebral haemorrhage or heart failure. Long term effects of cocaine/crack use will lead to strong psychological dependence, and other health problems like destroying nose tissues, breathing problems and losing weight.

**HEROIN***What does it look like?*

Heroin usually comes in a rock or powdered form, which is generally white or pink/beige in color and could come also in dark grey/medium brown.

*How is it used?*

Heroin can be injected, snorted, smoked, or inhaled. This last method is often called “chasing the dragon”.

*The effects of using heroin*

When injected, heroin provides an extremely powerful rush and a high that usually last for between 4 and 6 hours. The effects of heroin include a feeling of wellbeing, relief from pain, fast physical and psychological dependence, sometimes nausea and vomiting, sleepiness, loss of balance, loss of concentration and loss of appetite. An overdose can result in death. One of the most dangerous effects of injecting heroin is the increased possibility of contracting AIDS. A lot of the time, people who inject heroin use each other's needles and this is the main source of infection. Studies have also shown that people who are “high” on drugs tend to have unprotected sex. This too puts you at risk of getting the AIDS virus.

Heroin is a drug obtained from morphine and comes from the opium poppy plant. Heroin is a drug that slows down your body and mind. It is a very strong painkiller and can be one of the most dangerous things to mix with other drugs.

**AMPHETAMINES**

Amphetamines are stimulants and affect your system by speeding up the activity of your brain and giving energy. Ice is a strong type of amphetamine, and is very similar to crack.

Ecstasy belongs to the same group of chemicals as the above category that is, stimulants, and is most often used in the form of tablets at rave parties. Ecstasy is a drug that speeds up your system by increasing your physical and emotional energy. Like amphetamines, ecstasy is also a synthetic (or man-made) drug.

*What do they look like?*

Amphetamines are man-made drugs and relatively easy to make. Usually, they are white or light brown powder and can also come the form of a pill. “Ice” usually comes as colourless crystals or as a colourless liquid when used for injecting.

*How are they used?*

Amphetamines can be swallowed, snorted, injected or smoked.

*The effects of using amphetamines*

Amphetamines can cause an increase in your heart beat, faster breathing, increase blood pressure and body temperature, sweating, make you more confident and alert, give you extra energy, reduce your appetite, make it difficult to sleep and might make you talk more. You may also feel anxious, irritable, and suffer from panic attacks.

Frequent use can produce strong psychological dependence. Large doses can be lethal.

**ECSTASY***What does it look like?*

Ecstasy is usually a small, coloured tablet. These pills can come in many different colours. Some ecstasy tablets also have pictures on them, such as doves, rabbits or champagne bottles. The colour or the “brand” of the tablet is usually unrelated to the effects of the drug.

*How is it used?*

Ecstasy tablets are usually swallowed.

*The effects of using ecstasy*

You'll probably feel happy, warm, loving and more energetic. You would feel emotionally close to others, you might say or do things that you usually would not. Feelings of depression and tiredness after stopping the drug, nausea and vomiting, rise in blood pressure and heart rate, possibly even death due to overheating of the body and dehydration or loss of water are some effects of ecstasy. Prolonged use of ecstasy could lead to brain and liver damage.

**INHALANTS AND SOLVENTS**

Inhalants and solvents are chemicals that can be inhaled, such as glue, gasoline, aerosol sprays, lighter fluid etc. These are not drugs at all and are, in fact, legally available from a large number of shops. However, they are abused widely by the poorer sections of society, particularly street youth.

*What do they look like?*

Inhalants can look like almost anything (glue, paint thinner, gasoline, lighter fuel, cleaning fluids, etc). They usually come in tubes or bottles.

*How are they used?*

Often, the chemical is placed in the bottom of a cup or container and then placed over the nose and mouth. Other methods include: soaking a rag in inhalant; placing a rag in bag or sack; placing the bag over the face and inhaling the vapours.

*The effects of using inhalants*

Inhalants may give you a high for a very brief period of time. They make you feel numb for a short period of time, dizzy, confused, and they give you progressive drowsiness. They can also cause headaches, nausea, fainting, accelerated heartbeat, disorientation, and hallucinations. They can damage the lungs, kidney and liver in the long term. They can also cause suffocation, convulsions, and coma.

**REMEMBER:**

In addition to the direct effects that substances have on the body, their use can have many other consequences. Some of these may be serious. Consequences can occur at the individual level, family and community level.

**AND**

The lives of individuals who continue to use substances frequently begin to revolve around substance use. They may spend most of their time involved in activities such as earning or trading sex for substances, buying substances, using them, thinking about them, and trying to get more and more of them.

## Handout

### Drugs and definitions

**Dependence**

Dependence means a need for repeated doses of the drug to feel good or to avoid feeling bad. Dependence refers to both physical and psychological symptoms.

**Intoxication**

The temporary state that results in changes in the person's alertness, perceptions, decision making, judgment, emotions and behavior due to their use of a substance.

**Abuse**

Using a substance continuously, even with the knowledge that it causes serious problems.

**Polydrug use**

The use of more than one drug at the same time. The combined effects of the substance makes them even more dangerous.

**Tolerance**

A state which develops in the individual using a substance that requires them to take progressively larger amounts of the substance in order to produce the same effect.

**Psychoactive substance**

Any substance that when taken by a person, modifies perception, mood, cognition, and behaviour or motor functions.

**Withdrawal**

When an individual has dependence problems, stopping substance use may lead to withdrawal reactions, which cause discomfort and pain. These reactions may include: restlessness, insomnia, depression, tremors and chills, muscle cramps and sometimes convulsions.



## Activity 2

### Myths and facts about drugs

*Objective:*

To provide participants with correct information about drugs.

*Materials:*

"Myth and fact statements" and information/answer key for myth and fact statements, Flipchart, Paper, Markers, cloth bag or a small box.

*Time:*

40 minutes or as required

*Method:*

You can use group discussion to deliver the activity.

Ask the participants to divide into two teams and sit facing each other on the floor or chairs. Place the bag or box with the myth and fact statements in the middle of the two teams. Explain that each team will draw a statement from the bag alternatively.

The team that draws and answers correctly will get 10 points. If the team draws and fails to give the correct answer, they will get 0 points. If the team draws and passes, then the other team will get 20 bonus points on a correct answer. If both teams fail to give the correct answer, you will provide the answer.

Put a flip chart up to keep scores. Ask for a volunteer to help you if required.

Allow the teams to discuss their answer for 1 minute or so.

After each round encourage discussion by asking the teams to give reasons for their answers.

*Note for the Facilitator*

This is a useful exercise to build awareness and allows participants to explore their beliefs and knowledge about the subject. Make sure that you reinforce the negative impacts of substance/ drug use and clarify any misunderstandings that participants may have about the subject.

## Fact and myth statements-answer key for the facilitator

Fact and myth statements	Answer key for the facilitator
You cannot become dependent on alcohol; it is not a drug.	<b>Myth:</b> alcohol is a drug like any other drug; you can become physically and psychologically dependent on alcohol.
It is okay to use drugs for recreation.	<b>Myth:</b> drug use for any reason can lead to problems and possibly dependence.
A person can become dependent on cigarette smoking.	<b>Fact:</b> most people who smoke become dependent on nicotine.
Many drug users say that smoking marijuana was their first step towards their use of other drugs.	<b>Fact:</b> Usually people who become dependent on drugs start with a drug that is cheap and readily available and one they feel that they can control, like cannabis/marijuana or amphetamines.
People who become drug dependent have no will power.	<b>Myth:</b> drug dependence is not only mental but physical as well.
A cup of strong coffee and cold shower are enough to make a drunken person sober.	<b>Myth:</b> Only time will cause a person to become sober. It takes one hour for the liver to process one half ounce of pure alcohol.
Drugs help a person to deal with his/her problems.  Steroids should be used only after prescription.	<b>Myth:</b> Drugs help people forget about their problems or reduce the pain caused by problems. The problems do not go away, and they often get worse.  <b>Fact:</b> Steroids can have very serious health consequences, such as liver disease, heart disease, sexual dysfunction and mood swings leading to aggressive or depressive behaviour. Sharing needles for steroid use can transmit HIV, the virus that causes AIDS.
One cannot become dependent on drugs prescribed by a doctor, such as painkillers and sleeping pills.	<b>Myth:</b> often people taking such prescription drugs become dependent on them.
Coffee and tea also contain stimulants/drugs.	<b>Fact:</b> Coffee, tea and many soft drinks contain caffeine, which is a stimulant. Caffeine can cause headaches which are a common sign of withdrawal.
More young people use alcohol than any other substance.	<b>Fact:</b> In many countries, alcohol is the most frequently used substance among teenagers. Alcohol can also be expensive, and so, many street children use glue or other inhalants more than they would use alcohol. Where use of alcohol is against the main religious or cultural beliefs of the country, there is much less use of it and tobacco may be the most used substance by young people.

Alcohol dependence is a disease.	<b>Fact:</b> Alcohol dependence is sometimes seen as a disease just as diabetes or epilepsy are diseases. It can respond to treatment, which might include eliminating all alcohol consumption.
<p>If you use drugs without injecting, you will not contract HIV.</p> <p>It is rare for a teenager to be alcohol dependent.</p>	<p><b>Myth:</b> Drinking alcohol or using other drugs can inhibit your ability to use condoms correctly or they may make us forget to use condoms at all.</p> <p><b>Myth:</b> In some countries, approximately 30 per cent of young males and 20 per cent of young females use alcohol more than three times a week. They may or may not be dependent on alcohol, but they certainly are at “risk” of dependence and many other health and social problems, by drinking at that level.</p>
<p>Inhalants are basically harmless even though people make a big deal about them.</p> <p>Anyone using oral contraceptive (birth control pill) has to be careful about prescription medicines.</p>	<p><b>Myth:</b> Using inhalants such as thinners, glue, or cleaning fluids, can cause permanent damage to organs like the liver, brain or nerves. They are also extremely flammable and can cause serious injury if matches are lit nearby.</p> <p><b>Fact:</b> Girls and women who are using oral contraceptives to prevent pregnancy need to tell their doctor if s/he prescribes antibiotics. Some medications make oral contraceptives ineffective and pregnancy could result.</p>
Cigarette smoking can be harmful for the pregnant woman but not for the child in her womb.	<b>Myth:</b> Smoking is equally harmful for the child in the womb.
Alcohol is a sexual stimulant.	<p><b>Myth:</b> Alcohol can actually depress a person's sexual response. The drug may lessen inhibition with a sexual partner, but it causes problems such</p> <p>as lack of erection, loss of sexual feeling or inability to have an orgasm. In addition, alcohol or drugs may cause a person to do something sexually that he or she would not do when sober.</p>
Cannabis/Marijuana is used legally to treat severe pain (in cancer and other chronic illnesses).	<p><b>True:</b> In most countries cannabis/ marijuana is against the law. However, in some countries</p> <p>cannabis preparations are being trialled for wasting conditions (where a person in final stages of cancer or HIV-related illness become very thin from not eating or being unable to eat) and glaucoma.</p>

Heroin use can cause dependence, but not cannabis/ marijuana.	<b>Myth:</b> Experts believe that long-term use of cannabis/marijuana is potentially dangerous and may lead to a decrease in motivation, memory loss, and damage to coordination, impaired judgment, damage to the reproductive system and throat, lung irritation and mental health problems.
Experimenting with drugs is a part of growing up.	<b>Myth:</b> Drugs are a matter of choice and have nothing to do with the growing up process.
Drug dependence can lead to homelessness and loss of life.	<b>Fact:</b> Many drug users lose their social and economic status and can lose their life to overdose and other complications.
Taking amphetamines or methamphetamines only once cannot cause problems.	<b>Myth:</b> Any drug use can cause difficulties for new and regular users. Much of what is sold as amphetamine or methamphetamine (e.g., ya ba) is a combination of many chemicals, mostly mixed in illegal laboratories. Users may never really be sure of what they are buying or taking. The mix can be toxic.
Drugs like alcohol, cannabis/marijuana and ecstasy shouldn't be a problem for young people	<b>Myth:</b> Drugs can interrupt normal growth and development for youth, be associated with problems in relationships and result in unintended pregnancies of STI/HIV because their use can lead to risk taking.
HIV infection among young injecting drug users is on the rise.	<b>Fact:</b> Research shows that HIV infection rates are high and increasing among young IDUs.

## Activity 3

### Alcohol effects on a person's abilities

*Objective:*

To provide participants with knowledge on the effect alcohol can have on their physical and mental health.

*Materials:*

Markers, Paper

*Time:*

40 minutes or as required

*Method:*

You can use group discussion to deliver the activity.

Provide the participants with markers and sheets of paper. Ask them to write their names on the sheet of paper.

Then, ask them to once again write their names using the other hand (one not normally used by the participants). Thus, a person who usually writes with his/her left hand will write with his/her right hand and vice versa.

After the participants have the opportunity to do this activity, have them analyse what occurred. Have them compare their writing samples with each other.

Explain that what the participants experienced was an experiment in which their hand muscles did not work as they usually do. By writing with the opposite hand, they could not function as they normally would. If alcohol were inside a person's body, that person would not be able to use his/her body muscles the way they usually work in a smooth and coordinated manner. That is, it would be similar to writing their name with their left hand, if they normally wrote with their right hand and vice versa.

You may also link this experiment with wider issue of substance use.

*The following questions may be used for discussion:*

- What are some of the activities you would not be able to do if you were drunk or under the influence of drugs?
- Imagine one activity that you like doing and would not be able to do if you were drunk or under the influence of drugs.
- What would the consequences for your family and dear ones be, if you become drunk or begin taking drugs?
- Explained that:
  - An intoxicated person can express aggressive behavior and may injure himself or others.
  - A person intoxicated with alcohol and driving can cause harm to himself and others.

## Activity 4

### How to deal with risk situations

#### *Objective:*

Participants will know how to deal with situations where they might be offered drugs.

#### *Materials needed*

Cases for role-plays (given at the end of the exercise).

#### *Time*

1 hour or as required

#### *Method*

You can use group discussion to deliver the activity.

Ask the participants to divide into groups of 4 to 5. Explain that you will be giving each group a situation, and the group should prepare a role-play showing multiple strategies (ways and methods) of dealing with the situation.

Ask each group to list different strategies to deal with their situation and produce a 2 to 3 minute role-play to demonstrate different ways of resolving each situation.

After about 20 minutes, ask each group to present their case to the entire group.

After each role-play, encourage discussion on the types of strategies depicted:

- Whether there may be other strategies of dealing with the situation?
- Whether anyone in the group has used that type of strategy in their life?
- Is there a best solution and strategy?

#### *Note for the facilitator*

Be ready to help out with strategies and suggestions for the role-plays. Think about strategies that are assertive, aggressive and manipulative, and about threats and persuasion.

Explain the participants that there is not one universal strategy for any case.

The following cases can be used for this exercise.

#### **Case 1**

A friend invites you to a disco where it is rumored that (meth)amphetamines and other drugs are widely available. What might be happen if (a) you accept the invitation, or (b) you refuse the invitation?

#### **Case 2**

You meet an old friend whom you haven't seen for some time. She/he lights a marijuana cigarette (a "joint") and offers it to you?

#### **Case 3**

You are with your friends. Someone offers you some alcohol and some capsules, which someone suggests will take away the effects of the alcohol. How would you respond?

**Case 4**

One of your friends is becoming increasingly involved with another group. You have heard that this group regularly uses solvents and amphetamines. What do you do?

**Case 5**

A friend has been spending a lot of time (and money) at the local video game store. She/he asks to borrow some money from you. What would you do?

## Examples of good Practice

### **Programme *Drug services for young offenders***

The programme was developed in the prison of Varna. Its aim was development of appropriate services targeted at the real drug related needs of young prisoners. The programme was preceded by round table for all stakeholders, experts and institutions involved in the process.

The programme was developed around three interlinked interventions:

1. The assessment tool was used to identify those young offenders already involved with drugs or at high risk. The assessment was made by prison and external experts.
2. Needs assessment. Assessment was made to identify the needs of the young prisoners, to ensure that any intervention exist addresses those needs and to determine the most appropriate interventions for youngsters.
3. The interventions were facilitated and delivered in partnership between professionals from criminal justice, social services, NGO's, community-based programs and other organizations as appropriate.

The services included:

- drug education
- prevention
- information
- peer education
- sport
- psychological support
- family counselling and support for parents

In addition to the interventions listed above, those who were already involved in problematic drug use undergone:

- counselling
- detoxification
- relapse prevention and rehabilitation
- harm reduction advice
- peer support.

Key professionals included: GPs, psychologists, psychiatrists, volunteers, youth workers, teachers, nurses, social workers, drug workers, family therapists. The young prisoners were involved in the process of development of the programme. Their views and feedback on all planned interventions were sought and considered. The parents and significant ones of the youngsters were also involved with the interventions made with their children. Confidentiality of shared information was guaranteed.



## Further information and references

<http://mentorfoundation.org/>

<http://www.emcdda.europa.eu/stats10/dup>

[http://www.emcdda.europa.eu/attachements.cfm/att\\_33706\\_EN\\_Dif07en.pdf](http://www.emcdda.europa.eu/attachements.cfm/att_33706_EN_Dif07en.pdf)

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[http://www.unodc.org/pdf/youthnet/action/message/escap\\_peers\\_00.pdf](http://www.unodc.org/pdf/youthnet/action/message/escap_peers_00.pdf)

WHO (2000). Primary prevention of substance abuse. A workbook for project operators. Retrieved September 9, 2009, from

[http://www.who.int/substance\\_abuse/activities/global\\_initiative/en/primary\\_prevention\\_17.pdf](http://www.who.int/substance_abuse/activities/global_initiative/en/primary_prevention_17.pdf)

<http://www.drugslibrary.stir.ac.uk/documents/DrgsandYngOffndrs.pdf>

# 8. sports and exercising

## WHAT

### Introduction

The following chapter on the implementation of sports and other programmes of physical activities in prison will provide some useful background information on the legal framework, the benefits and the prison specific conditions which you should have in mind when implementing a project in this field of health promotion. There is some material provided which will help you to take the practical actions of planning and carrying out health promotion activities in the area of sports, exercising and any kind of physical activity (Annex 5: Overall checklist and Annex 6: Checklist “From the idea to a practical and applicable activity”). In addition we want to give you some ideas which sports may be very interesting for your target group or are particularly effective for them considering their situation in custody, their health status and their attitude. But you won't find specific exercises or training programmes described, because of two reasons:

There are always hot discussions in the field which exercises are most effective, and if some exercises cause diseases and so on. Research on the topic is going on. Just to state that very clear: The programmes and exercises referred to in this module are not to be seen as the best training or the healthiest exercises. Which effects are reached is always also dependent on the way of instruction and the individual training of the prisoner.

Without thorough consideration of all the conditions, clear advice, which exercises/training programmes will work in your situation and will be most effective for the young people you want to support with your programme, cannot be given. For example: Which facilities are available in your prison? Are you able to instruct exercises for physical training or for a specific sport on your own or do you have to invite an expert? And so on...

Anyway, some ideas for practical training are given:

- some information which kind of sports are interesting for the target group
- some information which exercises are applicable and effective in prison
- an universal training programme
- some links to exercises/programmes<sup>11</sup>

<sup>11</sup> The authors of this toolkit are not liable for any of the contents of webpages by third parties and for any result of using the exercises and training programme recommended on these sites.

## Legal framework

Custody is usually a situation where inmates are physically fairly constrained. The rules declared by United Nations Educational Scientific and Cultural Organisation of the UNESCO emphasise in the International Charter of Physical Education and Sport (1978) the importance to offer athletic exercises for all human beings because sports lead to a successful development and preservation of “physical, intellectual and moral powers” and “enrich social relations and develop fair play, which is essential not only to sport itself but also to life in society”:

“Article 1. The practice of physical education and sport is a fundamental right for all

*1.1 Every human being has a fundamental right of access to physical education and sport, which are essential for the full development of his personality. [...] Special opportunities must be made available for young people.” (accentuation: WIAD)*

Considering this fundamental right daily exercise should also be provided in prison, in particular for those inmates who do not have the opportunity of regular physical activity during the day. The Standard Minimum Rules for the Treatment of Prisoners (1955) advise:

*“Exercise and sport*

*21. (1) Every prisoner who is not employed in outdoor work shall have at least one hour of suitable exercise in the open air daily if the weather permits.*

*(2) Young prisoners, and others of suitable age and physique, shall receive physical and recreational training during the period of exercise. To this end space, installations and equipment should be provided.” (accentuation: WIAD)*

Particularly for young offenders, who are at high risk of re-offending, sports can be effectively used as a “vehicle for change, engaging prisoners and motivating them to take responsibility for desisting from crime” (Meek 2012). Considering the reconviction rate...

*“...Juvenile justice [in particular] shall be conceived as an integral part of the national development process of each country, within a comprehensive framework of social justice for all juveniles, thus, at the same time, contributing to the protection of the young and the maintenance of a peaceful order in society.” (United Nations Standard Minimum Rules for the Administration of Juvenile Justice (“Beijing Rules”) 1985: Part one, 1.4)*

Thus, especially for juveniles a social justice with the focus on rehabilitation is stressed and one of the “Fundamental Perspectives” of the United Nations Standard Minimum Rules for the Administration of Juvenile Justice (“Beijing Rules”) (1985: Part one, 5.1) is for the “juvenile justice system to emphasize the well-being of the juvenile” and thus...

*...“Juveniles in institutions shall receive care, protection and all necessary assistance – social, educational, vocational, psychological, medical and physical – that they may require because of their age, sex and personality and in the interest of their wholesome development.” United Nations Standard Minimum Rules for the Administration of Juvenile Justice (“Beijing Rules”) 1985: Part five, 26.2 accentuation: WIAD)*

Regular physical activity is particularly important for young persons’ physical, social and psychological development (further information on various benefits from exercise in Chapter 2 of this module). Young prisoners have to deal with many issues, e.g. drug use or detoxification in prison, physical and mental illness, unemployment, deprivation of social contacts to family and friends and so on. Physical training and exercise can

be very helpful in this situation. It can improve health and well-being of juveniles and may distract them from their problems and help balancing their moods.

# WHY

Regular physical activity has a positive impact on human beings in many ways. Thus, there are many reasons why sports and exercise are very important for the prisoners and help them to improve their physical health, their emotional well-being and their behaviour. By this, the whole atmosphere in prison can be affected beneficially. The following background information can be used to intrigue young prisoners (Annex 2: Exercise 2 “Benefits of sports, exercising and physical activity”).

## Benefits

First of all sports, meaning regular exercising<sup>12</sup>, is obviously powerful to improve physical health and well-being. Intense physical activity prevent cardiovascular disease, stroke, metabolic syndrome, diabetes mellitus type 2, obesity and furthermore musculoskeletal disorders (e.g. arthritis) and back pain, and even certain types of cancer. Some specific health benefits of exercise are:

- **Heart Disease and Stroke:** Daily physical activity can help to prevent heart disease and stroke by strengthening your heart muscle, lowering your blood pressure, raising your high-density lipoprotein (HDL) levels (good cholesterol) and lowering low-density lipoprotein (LDL) levels (bad cholesterol), improving blood flow, and increasing your heart's working capacity. (coronary death: Rosengren 1997; cholesterol: Kelley 2004, Janssen 2006; stroke risk: Chong do 2003)
- **High Blood Pressure:** Regular physical activity can reduce blood pressure in those with high blood pressure levels. Physical activity also reduces body fatness, which is associated with high blood pressure. (Pinto 2006)
- **Diabetes mellitus type 2:** By reducing body fatness, physical activity can help to prevent and control this type of diabetes with relative insulin deficiency. (Finnish Diabetes Prevention Study 2003)
- **Obesity:** Physical activity helps to reduce body fat by building or preserving muscle mass and improving the body's ability to use calories. When physical activity is combined with proper nutrition, it can help control weight and prevent obesity, a major risk factor for many diseases. (Sarsan 2006; cholesterol: Kelley 2004)
- **Back Pain:** By increasing muscle strength and endurance and improving flexibility and posture, regular exercise helps to prevent back pain.
- **Osteoporosis:** Regular weight-bearing exercise promotes bone formation and may prevent many forms of bone loss associated with aging (Kemmler 2004).
- **Sexual functioning:** Regular physical activity maintains or improves sex live. Physical improvements in muscle strength and tone, endurance, body composition and cardiovascular function can all enhance sexual functioning in both men and women (Bacon 2003).
- **Mood and emotions:** Intense physical activity, like any endurance sports, has proven impact on hormones which control emotions in human beings. Increased endorphin levels in the blood and brain produce a “(runner's) high”

<sup>12</sup> Regular exercising/ physical activity means about 30 minutes on at least 5 days a week.

(Boecker/Tölle et al. 2008) leaving people happy, calm and relaxed. Another neurotransmitter, dopamine, is also associated with emotions and its level is balanced by exercise (Petzinger et al. 2007). Young people often show striking changes in cognition, mood and behaviour because their brain undergo great structural changes particularly in that part in which the circulatory system of dopamine is located. Thus, exercise is powerful to regulate juveniles' moods (Giedd et al. 2009) and provides an alternative to drugs.

Obviously health and physical functioning can be enhanced but exercise is also highly effective for mental health and well-being. Regular physical activity can improve emotional feelings and the way people feel about themselves. Researchers also have found that exercise is likely to reduce depression (Blumenthal et al. 2007; Sarsan 2006) and anxiety and help you to manage stress. Following mental health disorders can be prevented or reduced:

- depression and melancholy
- anxiety and panic attacks
- disposition to self-harm and suicide
- eating disorders

To achieve the specified benefits with sports one need to set up an individualised training schedule (Annex 3: Exercise 3 “Universal training programme”). Exercising has to fit in everyday life and one has to set goals. After how many weeks one will reach a certain training level depends on the kind of physical activity and the individual initial training level? By the accomplishment of set goals in a training schedule one can limber up and at the same time develop more self-esteem.

## Too much of a good thing

As with all good things one can overdo exercising and get health problems rather than enjoy the benefits. Exercising too much or too intensely can lead to inflammation of joints, of a bursa, tendons or ligaments. Also can unbalanced training, with the focus for example only on strengthening of specific muscles, cause skeletal defective positions and consequent pain in some parts of the body. Some people are addicted to sports and cannot live without a high amount of exercising everyday. This can lead to many diseases and additionally to eating disorders as some cases of professional athletes show.

## Specific benefits of sports and exercising for prisoners

Research on health promotion for young prisoners (HPYP 2010-2013) has shown that sports are one of the most important health promotion activities for young prisoners. Around 20% up to 45% of the interviewed young prisoners said that sport is essential for their health and well-being. Sports and regular exercising are one of the most effective ways to address many issues of prisoners. Some of the young prisoners are physically unfit and many of them use drugs and suffer from a variety of diseases. Further, a high proportion shows low self-esteem and has been physically or sexually abused. Exercising plays an important role to cope with many consequences of health behaviour and experienced violence, e.g. attenuation of the side-effects of drug-detoxification and help to deal with confinement.

### Regular exercising in prison

- compensates for less opportunities for physical activity
- improves physical skills

- strengthens self-esteem
- enhances social contacts
- helps to learn social rules and behaviour
- helps transition back into society
- assists to develop a more realistic self-concept and control of emotional feelings
- gives feelings of success
- is an opportunity to show motivation and to open up

Beside physical skills also social behaviour of young people can be improved. Not only sports which are played out in teams or need a partner (e.g. climbing), but also those which develop abilities to express oneself, to endure defeats or to practise self-discipline are worthwhile in shaping young people's behaviour and help them to (re-)build trust in others and to control their own moods. By this means also aggressive tendencies of juveniles can be softened and therefore intensive exercise is often used in the prevention of violence (e.g. YDF 2011) although other parameters which are related to violent behaviour have also to be considered (Mutz/Baur 2009).

Improving social skills, health and well-being in young offenders and get them occupied and confident with regular and intensive sports and exercising will also have a positive effect on the whole atmosphere in prison. Particularly on weekends young prisoners feel isolated and restricted in their cells and get bored. This may lead to aggressive or self-aggressive behaviour. But if they know an easy workout they can do in their cells they might feel more comfortable and calm.

Regular sports can be an alternative to criminal activity and remarkably reduces the risk of re-offending (Meek 2012). As described before tendencies of violent behaviour are lessened and young people tend to lower their consumption of drugs or do not use any at all. By this the probability to be engaged in drug-related crimes is reduced.

#### **All in all, ...**

... regular exercising is obviously conducive to physical health and helps to limber up. But there is more in physical activity. One can get to know the own body and achieve well-being after whatever experiences were made in their past (e.g. drug use, violence).

Sports help to have a positive feeling of your body and trigger the release of the neurotransmitter dopamine and the hormone serotonin which control the emotional feelings and let young people feel more calm and happy.

# WHO

First have a look at your target group (Annex 7: Checklist “target group”). Whom do you want to offer athletic activities? Do you think of amelioration of the whole range of opportunities for physical activity in your prison and therefore address all prisoners? Or do you have a specific group in mind which you think should get some physical training or should be introduced to some exercises they can use for themselves?

Which offers would be reasonable and worthwhile and would have a long-term effect depends on the situation in your prison, resources of personnel, facilities for sports, outdoor facilities and so on, and in particular on your target group:

- Are the young prisoners male or female? Or do you have mixed groups?
- Are they interested in sports/athletic training or are they not so much attracted to physical activity and perhaps reluctant, reserved or too shy to engage in sports training? (<http://wsff.org.uk/publications/fact-sheets/changing-the-game-for-girls>)
- Which kind of sentence do they serve? (Open custody enables many more activities like tournaments, going outdoors or to a swimming pool, or a gym for indoor climbing.)
- Which health status do the target group have? Are they physically fit or do they suffer from any diseases, including side-effects from detoxification?

Individual conditions of prisons and prisoners (e.g. time and kind of custody, health status as drug use or other diseases) determine the project you want to implement considerably. If you do not choose adequate offers and are not able to flexibly amend your concept you risk the success of your project.

## Motivation of the target group

Surely prisoners as a target group are sometimes not easy to motivate. Some do not like to do anything at all; some do not like physical activity and so on. But that is no reason to be frustrated and not to try again and again, because there are also always some of them – particularly out of the young people in prison – who are eager to change something in their lives. Therefore it is very important not to stop but to give it a chance and to carefully adapt your planned activities to the young people in prison who often suffer from many problems.

## Exercise instructor/trainer

Every member of prison staff is able to offer sports activities, in which he or she is personally interested and qualified without any expertise from outside prison. You always should think of your own athletic interests first and try to find out if and how they may be applicable in prison.

Or else you have to invite experts, e.g. from sports clubs, gyms, teachers for sports from school or university, physiotherapists etc. All of them can either offer single training sessions to teach young people in exercises they can do on their own, or implement sports programmes on a regular basis.

Cooperation with outside institutions, NGO's, sports clubs, or individual professionals working in the field of health promotion as physiotherapists, trainer in the psychomotor domain, yoga trainer, is very helpful to implement a long-term offer of sports and exercising. Many problems can be solved when collaborating with experts in the field of sports and physical activity (Annex 8: Checklist “cooperation”). In addition voluntary helpers are a very important resource for many activities or tasks because prison per-



sonnel often do not have the time to fulfil many more than the usual everyday workload. There are often not enough personnel in custody to offer activities above the necessary daily routine.

# HOW

Some questions have to be answered before you start your project:

## Resources

Which project on sports and exercising is applicable is not only dependent from the target group but also often constrained or aided by the facilities available in your prison. You have to check out all resources first, before you start your project (Annex 9: Checklist “resources”):

- **Personnel:** Will you implement the project on your own? Do you need an external expert? Do you have the support of your colleagues? And that of the prison management?
- **Facilities:** Make sure you have the facilities and room requirements you need for the sports/training you want to offer. Do you have enough place outside? Do you need a gym? Basketball baskets? A climbing wall? Do you have the possibility to use the sports infrastructure outside prison? (only if young prisoners are in open custody)
- **Funding:** How is your project financed? Do you need additional funding? Have you checked all possibilities (funding, sponsoring, donations etc.)? Think of applications at the health support service, health insurances, NGOs, Ministries of Justice.
- **Time:** When planning your project you should always bear in mind to suit your activities to the schedule in prison. Have the young prisoners to work/to go to school or else? Which other (free time) activities have to be considered?

## Different sports

Following some different sports, which are possible to offer in prison, are classified to the dimensions outdoor/indoor and activity in groups/alone. The classification is by no means mandatory. Only the most probable context for the activity is shown and sometimes sports appear in two categories because it does not matter if they are played out indoors or outdoors like basketball for example depending on the facilities available.

	in groups	alone
<b>outdoor</b>	football basketball (Beach-)Volleyball athletic sports table-tennis “new games” climbing	Fitness Power training (e.g. Core training, Pilates, Weightlifting) juggling Yoga, Qi Gong, Tai Chi rope skipping acrobatic exercises
<b>indoor</b>	volleyball basketball table-tennis badminton “new games” step-aerobic dancing (e.g. hip hop, zumba etc.) climbing	Fitness Power training (e.g. Core training, Pilates, Weightlifting,) Yoga, Qi Gong, Tai Chi step-aerobic dancing (hip hop, zumba etc.) juggling rope skipping acrobatic exercises

There are usually some sports which are more popular in prison, and some can be recommended for the prison context. Following you find a description of the benefits and specific effects of these sports.

**Power training:** Power training is mostly popular in the group of young male prisoners. If room and equipment for weightlifting cannot be provided due to lack of resources, other training programmes as core training (<http://sportsmedicine.about.com/od/abdominalcorestrength1/ss/Quick-Core-Workout.htm>), any kind of strengthening exercises e.g. pilates (<http://pilates.about.com/od/whatispilates/a/WhatIsPilates.htm>) could be a powerful alternative. Exercises of this kind are especially suitable for the prison context, because inmates can do their workout any time they like and also in their cells. Considering the prison schedule and the barriers of organisation of sports activities, this is very helpful. Also girls may be happy to do power training like these. You can also look for youtube-videos.

**Aerobic training:** Although not that popular some of the prisoners like running and the majority of the young male prisoners like football (see below), and aerobic exercise is one of the most important areas of sports to achieve the multiple health benefits described above. If there is not enough adequate space (e.g. only a small or asphaltic yard) for the prisoners to run regularly than maybe try spinning or dancing.

**Dancing:** Dancing is not only appealing for girls or women but also for young men. New styles of dancing like zumba or particularly hip-hop and breakdance are perfect to stimulate young male prisoners to engage in physical activity.

**Football:** Most of the young men like football. In implementing regular football training you can kill at least two birds with one stone: 1.) The physical training includes aerobic exercise, power training and coordination. 2.) Social skills are demanded to play in teams. In addition it is motivating when matches can be organised maybe also with teams from other prisons or even other institutions in the region like, for instance, schools (YDF: <http://www.za-ydf.org/pages/home/>)

**Climbing:** Climbing is fascinating for young people but not easy to implement in prison unless a climbing wall is put up in prison or young persons are in open custody. But climbing is for many reasons very effective to build up self-esteem, social behaviour, and trust in others. Furthermore not many of the juveniles are experienced in climbing and therefore the hierarchy of those who are used to do sports and those who are not actively engaged in the common sports is lower.

**Acrobatic training, juggling:** The same as for climbing is true for acrobatic training and juggling (<http://www.jugglinginstructions.com/>), which are usually not played out in sports club by children and young people. Thus, all participants are on the same level of experience. Beside positive physical aspects as strength and coordination skills the feeling of success for those who are, until that time, not involved in training is particularly worthy.

**Yoga, Qi Gong, Tai Chi:** Most of the young people are not engaged in these Asian sports but some may have some experiences in martial arts. Some principles are the same although the exercises in Yoga (<http://www.yoga.com/en/exercises/yoga-workout-routine/>), Qi Gong, and Tai Chi do not include any fighting. What juveniles can learn in these sports is very helpful for their lives (as well for the time in custody as for the time after release): Over and above intensive physical training (strength, cardio, coordination) they learn to focus, to stay calm, to be more sensible and careful, to respect others and to control their moods.

**“New games”:** This kind of games is particularly helpful to promote cooperation because players can only win the game when they cooperate. The focus of these games is not that much on physical training although some games can be of high sportive

and athletic intensity, for example when they are played in a high ropes course. In all games, physical activity is combined with the joy of playing, and thus games constitute the best situation for learning. Some German games: <http://www.locker-bleiben-online.de/index.php/spielesammlung>.

Generally exercise and physical activity help to better remember what was learned in a game, about cooperation, about the own body or maybe about a topic which is taught by using the body and motor activity. The connection between motor activity and cognitive learning is strengthened and contents and experiences are better stored in the brain and easier to access.

#### *Participatory approach*

It may be difficult, but maybe you can try out with some of the juveniles to use a participatory approach and involve them at least in the decision which sports and exercises they want to be offered. You can also use the approach of the different dimensions of motivation for physical activity (Annex 1: Exercise 1 “Sports and motives”). Furthermore you can share responsibilities and let them help to plan, organise and implement the project. Some of the participants who attended the project from the beginning can start to be trainers for the new ones.

#### **Universal training programme**

Although one cannot provide a training programme which is applicable in all situations and is suitable for all persons there are some central aspects which are true for all situations of sportive training. For example there are 4 main areas of exercising: 1. Aerobic training, 2. Power training, 3. Coordination exercises, 4. Stretching. Every training session should include at least three phases: 1. Warming-up, 2. Power or coordination training, 3. Stretching and Relaxation. In exercise 3 you find a power point presentation to give an input on that and some empty sheet to set up individual training plans and timetables for young prisoners (Annex 3: Exercise 3 “Universal training programme” and Annex 4: Power Point presentation for exercise 3).

#### **Limitations and Obstacles**

There are many obstacles which can inhibit your success of implementing your idea of physical activity, sports courses or a seminar on exercises for prisoners: resources may be short, not enough personnel may be at hand, time management does not work for the specific programme you planned, collaboration with external experts may be problematic, prisoners are perhaps not interested enough ...

But: There is one important experience made by professionals concerned with the implementation of sports projects in specific settings: DO NOT GIVE UP! One day you will have success. Sometimes it takes years to break through.

Focus always on the good things and on your success (Annex 10: Checklist “sustainability”): Is there one prisoner who was committed to your project and who benefits from it? Yes? Then you have got a success. Did you find a solution for financing your offer? Wonderful, you can expand your efforts to find a fitting activity.

#### **Another perspective**

For young prisoners who are very much interested in physical activity and are athletic themselves one might enhance occupational careers in the field. Some of the young people might get a job in the fitness industry; as assistant gym instructor; weight training instructor; football, basketball, volleyball, or tennis coach and so on.

## Further information and references

There usually is much information material on the webpages of Ministries for Education, particularly for young people information on how exercises of physical activity and sports can be taught to young people. Also you often find many links to further services and organisations dealing with sports, e.g. sports clubs and their superordinate organisations/associations, Olympic associations in the respective country, which may provide useful information. Magazines concerning health topics or usual magazines for women are often a fruitful source for exercises and training programmes. You can find most of their offers online. Following you find the references cited in this article if you want to read more:

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## ANNEXES

ANNEX 1: Exercise 1 on sports and motives

ANNEX 2: Exercise 2 on benefits of physical activity

ANNEX 3: Exercise 3 on an universal training programme

ANNEX 4: Power Point presentation for exercise 3

ANNEX 5: Overall checklist

ANNEX 6: Checklist "From the idea to a practical and applicable activity"

ANNEX 7: Checklist "Target group"

ANNEX 8: Checklist "Cooperation"

ANNEX 9: Checklist "Resources"

ANNEX 10: Checklist "Sustainability"

## Examples of good practice

YDF: <http://www.za-ydf.org/pages/home/>

SPRINT: <http://www.gesundheitliche-chancengleichheit.de/good-practice/sprint/>

## ANNEX 1:

### Exercise 1: Sports and motives (participatory approach)

**Exercise 1a: Which sports do young prisoners like? How can these sports be categorised considering the three main areas of sports and exercising?**

*Materials:*

little cards, crayons

*Time: 20 min.*

*Method:*

This exercise should be like a brainstorming. Give everyone in the group two little cards on which they can write one or two sports they like most. Let the young people pin/tape the cards on the board and let them explain, why they like this sport.

Discuss also for each sport they pin/tape on the board which of the four areas of sport and exercising (aerobic exercise, training of muscular strength, coordination, flexibility of tendons and ligaments) is mainly addressed. You can divide the board in three areas and the cards can be pinned on accordingly.

Sports named frequently are very popular for the young people in this specific group and you should think about to offer exactly this. Compliance will be at best, because the decision bases on the favourites of the majority. Discuss alternatives if favourite sports are not applicable in prison (You can also use exercise 1b to find out which aspects are most important for your target group.).

Otherwise you can use this exercise to show young people how varied the field of sports and physical activity is, and that everybody can find something that he/she likes to do.

### **Exercise 1b: What motivation do young prisoners have to engage in sports and physical training? Which effects do they want to achieve?**

*Materials:*

flip chart with dimensions of sports effects, marker

*Time:*

15 min.

*Method:*

Ask participants what is most important for them in doing sports, which effects they want to achieve. Use the six dimensions of motivation to do sports to categorise the answers:

*Social interaction:*

Social interaction and companionability is the main motivating factor for doing sports. Most important is to get connected to other people and maintain social bonds by engaging in sports.

*Health and fitness:*

Sports and physical activity are used to maintain health and physical fitness. The health benefits, which can be achieved are often the motive for the choice of the sport.

*Excitement and risk:*

Most important is to experience excitement and feel the risk in the sportive activity and by this have a thrill.

*Gracefulness and expressiveness:*

The experience of elegance, beauty and expressiveness of the body are focussed. Gracefulness is the main motivating factor of sports.

*Relaxation and recovery:*

Main focus of the physical activity is to recover, relax and balance everyday life. Training aims mainly at reducing stress, emotional tension and pent-up aggression.

*Asceticism:*

Central is the readiness to train hard and intensively. Athletic success and achievement of high training goals are the main motivating aspect. Part of it can be the preparation of sports competition.

With this exercise you will achieve a clear picture on the motives and reasons why the participants would engage in physical activity and sports. This enables you to choose an offer which is adequate for your target group although you might not be able to implement an activity on the specific sports the young people in your prison like.

On the other hand you will open their minds for all the aspects connected with sports (e.g. the social aspect). Sports are not only beneficial for physical but also for intellectual, emotional and social development of human beings.



## ANNEX 2:

### Exercise 2: Benefits of sports, exercising and physical activity

*Materials:*

little cards, crayons, chart, board, marker

*Time:*

20 min.

*Method:*

Ask participants why people engage in physical training and sports. Let young prisoners write down the benefits of regular physical activity on little cards. There may be more specific and more general aspects like “regular exercising will reduce the blood pressure” or like “sports keep me healthy”. Discuss the different effects on physical and mental health with participants and put the little cards on a flip chart using the categories “physical health”, “mental health”, “good mood and emotions”, “positive social behaviour”.

At the end of the discussion tell a story of a person who does not do any exercising. Describe clearly which diseases will come up, portray how lack of physical activity will lower the mood and confuses emotions, illustrate which mental problems can arise or get more serious and how this issues can influence the social life of persons. Try to end up with a fictional person which may have some of the problems and behaviour participants of your group have too.

Then tell the story in reverse: A person with many diseases and health issues, social problems, aggressive behaviour or depression and melancholy, eating disorders (or what else person you described before) starts to do regular exercising and gets healthier and happier, has friends, is self-confident and successful and so on.

## ANNEX 3:

### Exercise 3: Universal training programme

*Materials:*

power point presentation, empty sheets for a training plan and for a timetable to fill in

*Time:*

45 min.

*Method:*

The following description of an universal training programme is not to be understood as a plan for exercising which can directly implemented like this, but is more a framework which can be filled with different exercises. Specific areas of training can be focussed. First you should give some general information as an input (Annex 4: power point presentation for exercise 3).

Afterwards you should use the time and opportunity to discuss some individual training programmes which prisoners can utilise on their own, in their recreation time in the yard (aerobic training like running, playing football) and also in their cells (power or coordination training like core training, pilates, yoga and else) (Annex 4: example 1 in the power point presentation). Discuss carefully how much time they can and want to spend regularly on exercising and put up a timetable for their work out (Annex 4: example 2 in the power point presentation). You can adapt the example in the power point presentation if you think that this example is not realistic for the situation in your prison. Provide information on how they can motivate themselves to stick to their training when they get bored.

## **ANNEX 4:**

### **Power point presentation for exercise 3**

See the power point presentation attached to this module

“Sports and Exercising – power point presentation for exercise 3”

## ANNEX 5:

### Overall checklist

Control question	Notes and comments	Done <input checked="" type="checkbox"/>
Have you decided which sports/activity you would like to implement?		<input type="checkbox"/>
Is the activity suitable for the target group?		<input type="checkbox"/>
Is the activity applicable in your prison?		<input type="checkbox"/>
Do you have an implementation plan?		<input type="checkbox"/>
Have you planned the resources you need?		<input type="checkbox"/>
Is the funding of your project settled?		<input type="checkbox"/>
Do you need a cooperation partner? If yes, have you established the cooperation?		<input type="checkbox"/>
Can you combine your offer with health promotion activities in your prison?		<input type="checkbox"/>
Do you have a time schedule for the implementation of your activity?		<input type="checkbox"/>

## ANNEX 6:

### Checklist “From the idea to a practical and applicable activity”

Control question	Notes and comments	Done ☑
Have you analysed the situation (e.g. needs of your target group, conditions in prison)?		<input type="checkbox"/>
Is there any specific problem (e.g. lack of physical activity in youth), which you want to solve with the implementation of your offer (overall goal)?		<input type="checkbox"/>
Which sports/physical activity is adequate to solve the detected problem or to support your target group?		<input type="checkbox"/>
Have you precisely defined objectives to reach the overall goal?		<input type="checkbox"/>
Have you put up a plan on the different activities in the project?		<input type="checkbox"/>
Have you decided who is responsible for every task in your project?		<input type="checkbox"/>
What about timing? Have you set up a schedule?		<input type="checkbox"/>

## ANNEX 7:

Checklist “Target Group” Control question	Notes and comments	Done <input checked="" type="checkbox"/>
Do want to provide an activity on sports for all prisoners, only for young prisoners or for a particular group?		<input type="checkbox"/>
Do you have only boys or girls in your group or are they mixed?		<input type="checkbox"/>
Do you have different age groups in your target group or are they pretty much in the same age?		<input type="checkbox"/>
What about the kind of custody? (You have different possibilities for an offer for prisoners in open or in closed custody.)		<input type="checkbox"/>
Have you considered different lengths of sentences in your target group?		<input type="checkbox"/>
Do the offences of the participants matter in the sports activity you want to offer?		<input type="checkbox"/>
Do you have a clear picture of every participant in your target group? Are there any problems/difficulties which can be foreseen?		<input type="checkbox"/>

## ANNEX 8:

## Checklist “Cooperation”

Control question	Notes and comments	Done <input checked="" type="checkbox"/>
Do you need a cooperation with an external partner (e.g. for know-how, funding, personnel or else)?		<input type="checkbox"/>
Have you asked regional sports clubs and providers of sports and health promotion activities? Have you asked sports associations?		<input type="checkbox"/>
Have you asked health insurances and ministries, who sometimes know about suitable cooperation partners?		<input type="checkbox"/>
Have you established a clear agreement for the cooperation?		<input type="checkbox"/>
Have you discussed the expectations from all cooperating partners?		<input type="checkbox"/>
Does the cooperation fully meet your expectations or are there any difficulties?		<input type="checkbox"/>
How can difficulties in the cooperation be solved? Is there a good background for communication?		<input type="checkbox"/>

## ANNEX 9:

### Checklist “Resources”

Control question	Notes and comments	Done <input checked="" type="checkbox"/>
Do you have enough persons who can implement the activity? Or do you need external experts?		<input type="checkbox"/>
Is support from prison management granted? Do you have colleagues who back you up?		<input type="checkbox"/>
Do you have the facilities to implement your activity?		<input type="checkbox"/>
Which material do you need for your offer?		<input type="checkbox"/>
How is your project funded? Have you checked all possibilities (funding from institution, sponsoring, donations etc.)		<input type="checkbox"/>
Do you have a plan how you can finance your project when the first period of funding ends?		<input type="checkbox"/>
Have you set up a timeline for your project (fitting into the schedule in prison)?		<input type="checkbox"/>



## ANNEX 10:

## Checklist “Sustainability”

Control question	Notes and comments	Done <input checked="" type="checkbox"/>
Is the permanent assignment of the personnel in your project ensured (also for external professionals)?		<input type="checkbox"/>
Are the responsibilities unmistakably settled?		<input type="checkbox"/>
Is the offer implemented considering the schedule of prison and can take place on a regular basis?		<input type="checkbox"/>
Does funding of your project end after a period of time? Have you planned how to finance the activity afterwards?		<input type="checkbox"/>
Is information on the project spread to all persons involved (colleagues, prison management)?		<input type="checkbox"/>
Is awareness raised on how important sports and physical activity are for the development of young people?  (Sometimes you cannot ensure, that a project will go on, but if the idea is established. it will be much easier to launch a new sports project.)		<input type="checkbox"/>

## 9. healthy nutrition

### what

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Prisoners have few alternatives as to what they can eat. Contrary to life 'outside', food in prison is compulsory and there is no room for individuality.

For this reason, it is of particular importance to avoid health risks by providing good quality food, which will keep prisoners healthy and won't create health problems once the prisoner is released. The time of imprisonment offers, particularly for young prisoners, an opportunity to teach them healthy eating habits. Many prisoners come from disadvantaged backgrounds where healthy eating and cooking together are not valued.

Young prisoners should be nurtured and not simply fed. Especially for young prisoners, an opportunity arises to foster and enhance their ability to make good choices about food. One has to bear in mind that food also has a cultural aspect. The aim is, particularly in the prison environment, to encourage an appreciation of food, which, in turn, will also promote an improved sense of self (Hagen, 2006).

The World Health Organization Health in Prisons Programme (HIPP) argues for healthy nutrition in prisons: "The quality and quantity of food available in a prison has a major influence on the quality of a prisoner's life. The availability of safe and healthy food is essential in maintaining and improving prisoners' health. Supporting and ensuring a safe and healthy food supply in prison will help to prevent diet-related diseases and promote better overall health of prisoners. Considerable benefits can be achieved when prison services work in a complementary manner to promote healthy lifestyles and facilitate healthy eating. These services include those for catering, education, health care, sports activities, treatment for substance users and activities of outside agencies.

Adequate nutrition should be considered one of prisoners' basic human rights, especially as many have poor health. Healthy, nutritious meals will enable them to take their medication properly and prevent the development of life-threatening infections such as HIV/AIDS and tuberculosis. Also, vulnerable population groups in prisons – such as pregnant and breastfeeding women, substance users, teenagers and elderly people – have specific dietary requirements.

Prison systems in Member States in the WHO European Region differ in the way they provide food to prisoners. In most countries, the prison system provides food centrally and prisoners do not have to cook themselves, although they be able to prepare side dishes to the main meals." (Source: World Health Organization, Regional Office Europe, Health in Prison Network, <http://www.euro.who.int/en/what-we-do/health-topics/disease-prevention/nutrition>)

Overall it must be emphasised that nutrition should not be part of the punishment, but the basis for improved physical and mental health. It is important to understand that food is not mere fuel, but a means of communication and emotional expression that can create relationships: relationships between people, through food preparation and shared meals at a table as communal experience, as well as a relationship to food ingredients and how to use them (Hagen, 2006).

## International Principles

The following international principles refer to food and healthy nutrition in prison:

<b>United Nations Standard Minimum Rules for the Treatment of Prisoners</b> (Source: <a href="http://www2.ohchr.org/english/law/treatmentprisoners.htm">http://www2.ohchr.org/english/law/treatmentprisoners.htm</a> , accessed 11.07.2012)	
20.	(1) Every prisoner shall be provided by the administration at the usual hours with food of nutritional value adequate for health and strength, of wholesome quality and well prepared and served.  (2) Drinking water shall be available to every prisoner whenever he needs it.

<b>Council of Europe Prison Rules 2006</b> (Source: <a href="https://wcd.coe.int/ViewDoc.jsp?id=955747">https://wcd.coe.int/ViewDoc.jsp?id=955747</a> )	
<i>Nutrition</i>	
22.1	Prisoners shall be provided with a nutritious diet that takes into account their age, health, physical condition, religion, culture and the nature of their work.
22.2	The requirements of a nutritious diet, including its minimum energy and protein content, shall be prescribed in national law.
22.3	Food shall be prepared and served hygienically.
22.4	There shall be three meals a day with reasonable intervals between them.
22.5	Clean drinking water shall be available to prisoners at all times.
22.6	The medical practitioner or a qualified nurse shall order a change in diet for a particular prisoner when it is needed on medical grounds.
31.5	Prisoners shall, subject to the requirements of hygiene, good order and security, be entitled to purchase or otherwise obtain goods, including food and drink for their personal use at prices that are not abnormally higher than those in free society.

<b>WHO Promoting the health of young people in custody</b> <a href="http://www.euro.who.int/_data/assets/pdf_file/0006/99015/e81703.pdf">http://www.euro.who.int/_data/assets/pdf_file/0006/99015/e81703.pdf</a>	
<b>Principle Four:</b> Young people in custody should be consulted and listened to concerning their health and wellbeing, both as individuals and as a group.	
<b>Policy to support Principle Four:</b> A variety of opportunities should be created in custody, which would strengthen the feelings of personal responsibility and of empowerment within the constraints of custody. An atmosphere of participation and consultation should prevail, so that young people feel they have some influence on their lives despite the loss of freedom. Where possible, and consistent with maintaining discipline and security, young people should have the opportunity of being involved in decision making in the institution in an atmosphere of participation and personal consultation.	
<b>Principle Six:</b> Young people in custody should have their cultural beliefs and identity respected.	
<b>Policy to support Principle Six:</b> Young people should be supported in building their own positive self-perceptions and self-esteem by respecting who they are in terms of culture and identity. All within the custodial setting should be encouraged to value diversity in culture, race and religion.	

## why

Nutrition is only one aspect of health promotion in prison, but one, which, so far, has received little attention. This is quite clear from the scientific research in the area. In comparison to other sectors, for example mass catering in nurseries, schools or hospitals, there is little scientific work done in the prison context: “There are practically no scientific publications about mass catering in prison” (Krawinken & Halacz, 2006, 310).

For prisoners, and especially for young prisoners, food ranks high in their list of personal values: food is one of the few distractions to the monotony of prison life and therefore is of great importance for the prisoners.

There are few privileges or things to look forward to in prison thus receiving mail, visits and food become very important.

“For many years behind bars, controlled and full of longing and hope, I still have one thing: my little bit of freedom. The independence of my thoughts and the liberty to fill my stomach with whatever I like”. (Introduction to Huhn in Handschellen – Das Knastkochbuch [Chicken in Handcuffs –a jail cookbook], Edition Temmen, 2012)

Prison staff from the Czech Republic mentioned that the need for quality food in larger quantities was frequent subject of complaints from 95 % of prisoners. The most common complaint of prisoners concerns food: “It is of low quality, portions are small, it has no taste.”

In Germany young prisoners were asked: “Can you think of anything else that might help you to be healthier in prison?” (N= 40, multiple answers). The most frequent topics mentioned were food (better, more variety, more fresh food) (n=21) and more sports/physical activity (n=18).

German experts, working in prison as social worker, psychologist, physician, or as a custodian with specific tasks in care for the prisoners, interviewed about problems related to health promotion mentioned the following key issues:

- Young prisoners do not have a sufficient amount of money at their disposal and they are not interested in spending the money available on healthy food;
- According to the security staff, young prisoners prefer to buy cigarettes instead of healthy food (“The price of the food available determines whether young prisoners to eat healthily”);
- “The young offenders are unsatisfied with the food supply, because it is not appropriate for their age (like fast food or pizza)”;
- “The possibilities of obtaining food from outside prison are extremely limited.”  
“Menus are western European style only.”

The general **aim** should be

- to improve young prisoners' nutrition and enhance their understanding of it;
- to introduce a holistic concept of catering so that:
  - Food is seen as a way of creating an environment that allows a positive food culture;
  - the food on offer is nutritionally balanced for both prisoners and staff;
  - Quality of the food provided is maintained at a high standard given what is economically possible;
  - Meal times provide an opportunity for prisoners to be sociable and to interact with others in a positive way;
  - Prisoners should be encouraged to participate in menu planning (bearing in mind financial restrictions);
  - The food provided should represent and positively stress the different cultural groups within the prison population;
  - Working in the kitchen can also provide an education and training opportunity for young prisoners.

However, there are following **problems and obstacles** in prison:

- Food is often seen as part of the punishment;
- Food is seen as purely functional (mere fuel) and its cultural potential is neglected;
- Nutritional regulations (food standards) in prison are simply concerned with quantity of food and calorific intake but not with other measures such as quality, freshness, ways of preparing meals, or taste;
- Any participation of prisoners in the kitchen is purely occupational;
- Prisoners and staff do not get the same food with the same standards;
- With the exception of open prisons, prisoners eat alone in their cells.

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## who

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The following sections comprise ideas about how young prisoners can be engaged in healthy eating. The different elements can be used consecutively or simultaneously. At least in part they can be implemented by staff and prisoners without outside support. However, generally it would be helpful and of great advantage to co-operate with experts, organisations or volunteers. Aspects of nutrition and catering in prison can be developed with external cooks, restaurant chefs, and catering companies, inviting their contribution of ideas for potential further co-operation. Community dieticians could support menu planning. Furthermore a variety of charities (external NGOs, churches, schools, charities) might show an interest in offering, for example, cooking courses for prisoners.

# how

## 1. Cooking Courses with prisoners

In many prisons, young prisoners can participate in cooking courses voluntarily. There is a variety of means to organise, enable and finance cooking courses. The following examples illustrate the various opportunities.

### *Staff-led*

In many prisons there are enthusiastic members of staff who would, either in their free time or during work hours, voluntarily organise cooking courses for prisoners. The problem with these very laudable attempts is the financing, which has to be borne by the prisoners themselves making participation more difficult, while the execution of such projects relies entirely on the enthusiasm of individual members of staff leading to problems in continuity. All this should, of course, not prevent motivated staff being engaged in nutrition and cooking. It should rather encourage them to seek outside support, if at all possible, as is described in the following section.

### *Co-operation with external groups*

There are quite a few examples of co-operative activities between external groups and prisons involved in communal cooking projects, which share cooking and eating as a focus for communication and exchange.

In Detmold prison (Germany) every two weeks a group of two to three volunteers from a local church meet with a group of prisoners in order to cook and eat together. The link between prison and the church group was made possible through the prison chaplain.

At first all participants introduce each other and discuss how the meal is to be prepared. Then they proceed to prepare the meal together, a table is set with great care (the volunteers provide seasonal decorations) and after that all participants eat together in a relaxed and friendly atmosphere.

The project is financed through donations, but prisoners need to contribute, paying €5 per meal. Eating and cooking together is more than just a culinary event, it bridges the gap between the community and prison. Prisoners as well as volunteers profit from these encounters.

*'Through the evenings in prison I saw many things I took for granted in a different light: For example sharing meals with others, being able to run round outdoors whenever I feel like it, meeting friends'. I support the project because one meets people one would not normally meet and it changes the way we see those people.'*

*(Volunteers)*

In a Women's Prison (Vechta, Germany), for many years, students from a nearby secondary school have met with prisoners once a month so they can cook and eat together. The students plan a three-course meal and buy the ingredients. The funds for this are collected through school events. The remarkable thing about this project is that people from different backgrounds can meet in a relaxed atmosphere. For the prisoners this is a sign of mutual esteem, which will strengthen their self-confidence, as people from outside prison are interested in them, they spend time with them and enable a good meal in company with others.

*'I like the cooking project with the students. It is a ray of sunshine in the grey routine of Youth Prison. Like at home you can cook yourself and there are lots of vitamins. If you have to spend some years in jail, this is a brilliant distraction. And we get to meet people from 'outside'.*

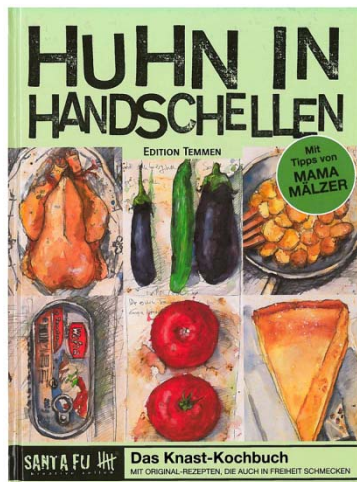
*(Prisoner)*

*'I think that 'Cooking in Jail' serves a good purpose and has always been fun, because it was interesting to talk to the women about their experiences of prison; I felt that we provided a distraction to their often quite monotonous routines. This is a completely new experience for me too, and I think it is important for those 'inside' to talk to those 'outside' without prejudice, to have contact with others; we laughed together lots and had fun cooking together; I think this is a good way for young people to address the issue of 'prison' as an institutions and maybe – through the impressions gained in the project –change their attitudes'.*

*(Student)*

## 2. Prisoners gather recipes and make a cookbook

In addition to cooking courses or as a separate activity young prisoners could be encouraged to gather and collate recipes that they have tried themselves and would like to recommend to others. Beyond the communal experimentation with recipes and their organization prisoners could also be encouraged to write a cookbook. They could, for example, illustrate the recipes with drawings or photos and maybe write little stories or anecdotes.



**This project idea has been successfully implemented in a prison in Hamburg.**

Prisoners and staff gathered recipes, a gifted artist amongst the prisoners illustrated the book with watercolours, a well-known cook from Hamburg wrote an introduction to the book and a publisher willing to produce and distribute it was also found. The Editor is Hamburg's judicial authority. This Jail-Cookbook with original recipes, which also tastes nice 'outside', is now in its fourth edition and has received an award by 'Deutschland-Land der Ideen' [Germany- country of ideas]

It should be emphasised that part of the profit from the sale of the cookbook goes to an organization protecting victims of crime.

Some recipes from this unusual cookbook can be found in the recipe part of this module.

This is a very ambitious project that needs long-term support. A professional cookbook needs time, from the initial idea to printing; time, which is not always available.





With comparatively little effort a small cookbook can be produced which then could be copied and bound in prison.

In another Young Offenders' institution in Germany (JVA Detmold) staff from the social therapy unit, along with prisoners, collated a small cookbook illustrated with drawings and photos. This recipe collection is sold inside and outside the prison.

### 3. Stimulating communal meals

Young prisoners find it difficult to understand that eating is more than simply filling their stomachs if they eat alone (or maybe with another inmate) in their cells all the time. For young prisoners it is especially important to emphasise the social nature of meals. Sitting alone in their cells watching television, they cannot appreciate the food they eat. In Young Offenders' units in particular, it is particularly important to create the necessary conditions for small groups to eat together so that even prisoners in solitary confinement do not have to eat on their own.

Furthermore, young prisoners should be offered the opportunity, at least occasionally, to experience a communal meal preparation, followed by a shared meal at a table that has been set with a personal touch. In this way, the food in itself can acquire a higher status because it is a special occasion in prison's daily routines.

### 4. Participation in menu planning – food as a cultural event

As mentioned, eating does enjoy great significance for the prisoners but this is often expressed negatively, when prisoners complain about the food. This can actually be used positively by letting the prisoners participate in weekly menu planning and letting them make suggestions – together with canteen staff and subject to financial restrictions – which meals should be delivered.

This can only be done in co-operation with those responsible for prison catering, as without support, the prisoners would be overwhelmed by the task of designing a menu.

A simple measure could be to encourage prisoners to name their favourite dish. The kitchen could contact prisoners individually and discuss the various conditions, and possibly financial restrictions, and then they could plan together how best to put together their favourite dish. The name of the person who suggested the meal is mentioned in the weekly menu. If this idea is followed through, more variety is going to be provided by prison menus and the prisoners' culinary preferences are taken into consideration.

## 5. Healthy nutrition as one element for health promotion in youth prisons

In an open youth prison in Göttingen (Germany) a special training programme has been offered to young people from deprived backgrounds since 2007 (SPRINT: sports-prevention-re-integration-information-networking-transfer) which has nutrition (as well as addiction and social contacts) as its main focus. For this project a special health training unit was developed, which imparts social skills in a group setting (Bahrs, 2010). This unit comprises of about 30 hours attendance and is tailored to groups of six to 15 participants and is delivered over a period of six weeks twice weekly for one and a half hours.

The aim of SPRINT is to create a subjective understanding of health in discussion with others and to stimulate an engagement with such issues. SPRINT seeks to enable the young people to make and sustain good decisions about their health by developing problem solving strategies and teaching them how to make better (life-) choices. A further aim of the project is to improve social interaction between the young people (social competence, conflict solving) and to encourage them to take over responsibility for their community.

The key importance of the Empowerment-method (self-restraint, re-gaining of control) is evident as an essential ingredient for successful participation. Empowerment means a development process taking place day-to-day in which individuals, groups or whole organisations discover their own strengths in shaping their environment. The gaining of social skills enables young people to influence their own circumstances in life independently.

The practical execution of SPRINT is determined by the skills of the participants. This means that they bring in their own ideas, experiences and knowledge; they are seen as experts of their own situations. Through this SPRINT-leaders can take the young people's comments and concerns seriously and start a dialogue with them. By contributing their expertise the participants furnish the aims of the training and exercise some influence on the content of the course (motivation and positive re-enforcement). If the young people feel that they are taken seriously, they are usually more motivated. This method offers space and trust, so that they can talk about problems, fears and anxieties.

The instructors on the project take the ideas and concerns of the young prisoners seriously and discuss the issues with them. This interaction between the instructors and the young prisoners as experts motivate and positively reinforce their feelings of self worth. If young people are taken seriously they will also be motivated. This approach creates a safe space where the young prisoners feel confident to discuss their problems, fears and worries.

The health education offered by SPRINT does not focus on an intellectual examination of health topics but rather meetings involve a lot of physical exercise, games and movement with the following components

- sport and fitness
- body consciousness
- relaxation techniques
- team-coaching and team-game

As far as nutrition is concerned, a 'nutrition quiz', 'cooking competitions', 'food-memory games', a visit to an organic farm and other similar team activities encourage the exchange of theoretical and practical experiences amongst the participants. The aim

here is to impart knowledge about nutrition and stimulate the re-thinking of individual eating-habits.

## 6. Encouraging healthy nutrition: equality at table

Meals provided in prison offer few choices thus it is important to reinforce the importance of healthy eating to the young prisoners so that they can take responsibility for healthy eating when they are released back to the community. The food offered to prisoners should never be part of the punishment and the food offered should be at least at the same standard as that offered to staff in prison.

A simple and effective measure to enhance nutritional consciousness is to serve (at least for a limited period) the same food to prisoners and staff emphasising equality between them (one prisoner noted that 'at table we are all equal'). Prison staff can only do this voluntarily. If prisoners and staff eat the same meals, food quality will improve! It is essential, therefore, that prison staff are aware of their responsibilities for prisoners' nutrition and that they experience this in their own bodies and stomachs.

## 7. Charity Events: Gourmets behind bars

An idea for an especially successful experiment comes from Volterra in Tuscany: here prisoners organised regular gala dinners for guests from 'outside'. The prison in Aachen in Germany has also used this concept.

The prison management succeeded in finding a local chef willing to participate in the project. The ingredients for the dinner were funded externally. The chef, the canteen manager and the prisoners prepared the meal together and served the guests. Guests from 'outside' paid €75 for their meal. Guests invited to the dinner included leading civil authorities, members of the district court, the police and public prosecution, the mayor and other figures of public life.

The prison uses this event also for publicity. Before each dinner a guided tour of the prison is offered. Proceeds of the event are used to finance the prison's cooking courses.

## 8. Chef-training in prison

The prison canteen is not only for the provision of healthy food to prisoners and staff, but can also be used as a training ground for prisoners. Prisoners can learn a profession and might then get an opportunity to enter the work force. Since 2004 a private firm, which also caters for prisoners and staff, trains prisoners as chefs in the young offenders unit in Cottbus, Germany. Places for the two-year training funded by the European Social Fund are very popular. The training programme is identical to what the company offers nationwide to trainees outside prison. Many prisoners experience nutrition and the enjoyment of food in a way they have not experienced before. If they complete the training successfully they are guaranteed jobs in canteens or top restaurants after completion. Their certificates contain language that is phrased objectively and do not contain any indication that the training has been completed in prison so that the young cooks are not discriminated against even after finishing their sentence. The trainees are highly motivated. Before their exams some trainees asked to be

transferred to shared cells. In 2006 all trainees at the Young Offenders Unit Cottbus passed their exams.

Similarly in one of the biggest Youth Prisons in Germany (Hamel) young prisoners have been trained as cooks since 1984. 120 apprentice chefs successfully completed their exams. To celebrate 25 years of the chef training programme at Hameln youth prison young trainees organised a gala diner under the heading 'culinary delights behind bars'. Guests came from outside prison and the proceeds of the event went to a group supporting social education in the prison.

## Further examples of good practice

### Denmark: Prisoners preparing their own food

Food provision in most prisons in Denmark is unique in that prisoners are responsible for buying and preparing their own food. Renbaek is an open prison in southern Denmark. It has a capacity of 160 and all prisoners are male and sentenced. The prisoners have a right to occupation through work, education or other approved activity, including treatment possibilities. If prisoners are occupied, they receive a salary, part of which they have to use for purchasing food in the prison shop.

The prisoners in Renbaek choose, buy and prepare their own food. They have access to all necessary kitchen facilities in their living quarters and are responsible for preparing their own meals. The prison doctor and nurses can offer nutrition advice upon request or when prisoners enter the health care clinic with conditions that need nutritional intervention.

The joint cooking stimulates prisoners' interaction and communication. Additionally, in Renbaek and other prisons in Denmark, the prisoners and prison staff eat their meals together, especially in treatment facilities, where treatment programmes include training prisoners in healthy eating and developing and maintaining positive social relationships. The collective dinner stimulates valuable interaction between prisoners and staff, including communication about food, nutrition and all other issues, in the informal setting of the dinner table.

The system in Renbaek works very well and is characteristic for most prisons in Denmark. It reflects the concept of normalization: creating an environment where prisoners can live a life as similar as possible to that outside the prison. (Source: World Health Organization, regional Office Europe, Health in Prison Network, <http://www.euro.who.int/en/what-we-do/health-topics/disease-prevention/nutrition>)

### United Kingdom: Engaging in healthy eating

In prisons in the UK that were providing a health promoting environment, by offering healthy food, residential staff were guiding and monitoring young people's choice of food, catering staff worked with young people and healthcare staff to develop healthy and appealing menus, taught cooking skills and involved young people in food preparation (Mooney et al., 2007:6).

### United Kingdom: Healthy Lifestyles - weekly drop-ins

A health promotion specialist at HMYOI Thorn Cross runs a weekly drop-in session for young people to access advice and support about health related concerns. The session are often focused on a particular theme to encourage young people to think about different areas of health - including dental health, healthy eating, smoking and mental well-being. A young people's health committee has been established to give young people direct opportunities to shape health promotion activities on offer at the prison. Representatives from the group meet once a month to discuss ideas and have so far influenced changes to the canteen and food menus, and helped plan a series of activities for World Mental Health week.

## United Kingdom: Healthy eating

HMYOI Huntercome promoted healthy eating in a number of ways. Catering staff worked with a community dietician to review and update menus to ensure young people receive a balanced, nutritious diet. A 'traffic light' system has been introduced to enable young people to easily identify healthy options and make informed choices. Young people are involved in the planning of food provision on an ongoing basis via monthly forum meetings, where they have the opportunity to make suggestions on menu changes and recommend other ways the prison can promote healthy eating. This has included special themed meals to raise awareness of food from different cultures and encourage young people to try new foods. Young people are also supported to learn about healthy eating and gain cooking skills within education classes, and can gain an NVQ in catering by working alongside the chefs in the kitchens.

## Annex

## Recipes

## Recipe suggestions

(Note for translation: These recipes have been provided by the German team. They might not be appropriate for other countries due to cultural difference. Please check the recipes and adapt them to national eating habits).

The following recipes should not be an instruction how to do things, but should rather be seen as suggestions how, even in prison, with a little creativity and improvisation delicious meals can be prepared out of simple ingredients.

All recipe suggestions are quite flexible and if some ingredients are not available, they can either be omitted or replaced by others.

We have selected various recipes containing bread because bread is a leftover in prison and often discarded.

## Recipes

<b>Cheese-soup with croutons</b>	Preparation time: 35 minutes (approx.) source: <a href="http://www.chefkoch.de">www.chefkoch.de</a>
<b>Ingredients (serves 2)</b>	<b>Method</b>
<i>3 pieces of bread (stale)</i> <a href="#">onion</a> <i>1 small carrot</i> <i>1 small potato</i> <i>1 tsp Oil</i> <i>1 tsp margarine</i> <i>salt, pepper, herbs, fresh or dried</i> <i>garlic</i> <i>100g cheese spread</i> <i>100g cheese, grated</i> <i>½ l of water</i>	Peel the onion, potato and carrot and cut it into small cubes. Season with plenty of salt, pepper, parsley and garlic. Stir and leave to soak. Meanwhile cut the bread into cubes and soak in water for a short time depending on how hard the bread is. Heat the margarine in a pan and fry the bread cubes with the mixed herbs (I had an Italian herb mixture) till crisp. Heat oil in a pot and fry the onion-carrot-potato mixture for only a short time. Add some white wine and leave to cook till the wine is gone; then add water. Reduce heat and leave to simmer. Once the vegetables are soft, blend the vegetables. Reheat the blended vegetables and add the cheese spread and grated cheese. Once the soup has an even consistency, re-heat the croutons and distribute them onto two plates. Pour the soup into the plates and garnish with small pieces of chives

<b>Flat Bread</b>	Preparation time: 5 minutes (approx.) Cooking/Baking time: ca. 20 Min. Source: <a href="http://www.chefkoch.de">www.chefkoch.de</a>
<b>Ingredients (serves 2)</b>	<b>Method</b>
<i>600 g bacon in cubes</i> <i>400 g bread, stale, cut into cubes</i> <i>4 cloves of garlic</i> <i>4 tsp fat or oil</i> <i>salt and pepper</i>	Mix all ingredients in a bowl, apart from the fat, form it into flat bread. Melt the fat in a pan and put in the bread, deep fry it on both sides, but be careful it does not brown too much.  Eaten with salad this is a very cheap dish.
<b>Bread-Onion-Cheese Bake</b>	Preparation time: ca. 20 minutes Baking time: 35 -45 minutes Source: <a href="http://www.chefkoch.de">www.chefkoch.de</a>
<b>Ingredients (serves 2)</b>	<b>Method</b>
<i>90 g bread</i> <i>75 g onion(s)</i> <i>60 g cheese</i> <i>1 egg</i> <i>100 ml milk</i> <i>100 ml stock</i> <i>oil for boiling</i> <i>pepper (a little)</i> <i>salt (a little)</i> <i>cheese</i>	Cut the bread in small pieces. Mix stock with milk, cover the bread and leave to soak.  In the meantime peel the onions and cut it into small pieces. Heat some oil in a pan, fry onions for a short time. Put them aside and let them cool down.  Heat the oven to 200° C and butter a casserole.  Mix the eggs lightly, add it with the cheese to the bread mixture and stir it all well. Add the onions to the bread mixture, season with salt and pepper. Put the mixture in the casserole, if required sprinkle grated cheese on top and bake in the oven for approximately 35-45 minutes.
<b>Tomato-soup with croutons</b>	Preparation time: 15 minutes Source: <a href="http://www.chefkoch.de">www.chefkoch.de</a>
<b>Ingredients (serves 2)</b>	<b>Method</b>
<i>400 g tomatoes, tinned or fresh</i> <i>125 g bread, stale, cubed</i> <i>½ onion</i> <i>Herbs, fresh or dried</i> <i>¾ l meat broth</i> <i>olive oil, salt, pepper</i>	Cut the onions in small pieces and fry them in 2 tsp of olive oil. Then add the bread cubes and turn till they are slightly brown. Now add the tomatoes and let everything simmer for about 5 minutes. Add the broth to turn it into thick soup. Season with salt and pepper and leave to cook for a further 30 minutes.  Serve with crème fraîche and decorate with herbs.



<b>Fried aubergine slices</b>	Preparation time: ca. 15 minutes Source: <a href="#">Santa-Fu</a> : The Jail Cook Book
<b>Ingredients (serves 2)</b>	<b>Method</b>
<i>2 medium aubergines</i> <i>4 egg yolk</i> <i>12 stale bread, grated</i> <i>4 tsp grated parmesan</i> <i>(or other grated cheese)</i> <i>salt and pepper to sea-</i> <i>son</i> <i>ca 6 tsp oil (to cover the</i> <i>bottom of the pan in oil)</i>	Wash aubergines and cut into 2 cm wide slices. Cover the slices on one side lightly in salt, remove excess water after two minutes dabbing with kitchen roll. Put egg yolk in a flat bowl; in a second bowl mix bread-crumbs, cheese, salt and pepper. Cover the aubergines slices first in the egg yolk, then in the cheese-bread crumb mixture. Fry in a pan till golden brown. Serve with spicy yoghurt sauce if desired.

<b>Spaghetti</b>	Preparation time: ca. 15 minutes Source: <a href="#">Santa-Fu</a> : The Jail Cook Book
<b>Ingredients (serves 2)</b>	<b>Method</b>
<i>plenty of spaghetti</i> <i>½ onion</i> <i>1 x mackrel in tomato sauce</i> <i>(tinned) or other tinned fish</i> <i>salt and pepper</i>	Cut the onion in cubes, warm the tinned fish on steaming water (don't cook it otherwise the tin will explode when you open it!) and cook the spaghetti 'al dente' in salt water. Put the spaghetti into a plate, add first the onion and then the warm fish in tomato-sauce. Season with salt and pepper.

<b>Home-made yoghurt</b>	Source: <a href="#">Santa-Fu</a> : The Jail Cook Book
<b>Ingredients</b>	<b>Method</b>
<i>milk, as much as is required</i> <i>1 tsp yoghurt</i> <i>a small piece of butter (not</i> <i>essential)</i>	Heat the desired amount of milk (with butter) and stir constantly, but remove before it boils. The milk must not burn. Maybe use a small pot, which is placed in a bigger pot filled with water.  Cool the milk down in on steam till it's only lukewarm and quickly stir in tablespoon of yoghurt. Pour the milk into preserving jars and leave for a day without touching it. Caution: the milk has to be left to set to turn into yoghurt. You can turn it into a delicious dip with lemon juice and herbs.

<b>Garlic mayonnaise without egg</b>	Source: <a href="#">Santa-Fu</a> : The Jail Cook Book
<b>Ingredients</b>	<b>Method</b>
<i>3 eggcups of milk</i> <i>pinch of salt</i> <i>1-5 garlic cloves (to taste)</i> <i>vegetable oil</i>	Put milk in cup, crush garlic and add it to the milk, then stir (mixer on highest level) and add oil gradually drop by drop. Once the desired thickness is reached, the mayonnaise is finished.  This mayonnaise cost little and tastes great and even the most boring piece of bread out of the storage cupboard is turned into a delicacy.



<b>Salad fresh from the (prison-)yard</b>	Source: <a href="#">Santa-Fu</a> : The Jail Cook Book  In most prison yards grow wild herbs (dandelion, daisy, ground elder, chickweed), which can be used to make a wild herb salad or could add taste to a normal salad.
<b>Ingredients</b>	<b>Method</b>
<i>1 tsp salt</i> <i>1 pinch of sugar</i> <i>2 tsp vinegar</i> <i>olive oil</i> <i>some mustard</i>	Harvest lettuce leaves (only take fresh, young leaves) and wash them. Mix all the ingredients to a salad dressing and mix it well with the leaves.  Tip: The herbs can be finely chopped and added to some low fat soft cheese.
<b>Sweet Consolation</b>	Preparation time: ca. 10 minutes Source: <a href="#">Santa-Fu</a> : The Jail Cook Book
<b>Ingredients (for about 50)</b>	<b>Method</b>
<i>500g chocolate</i> <i>100g cornflakes</i>	Liquidize the chocolate with a drop of oil on steam. Pour in the cornflakes, stir, take out portions with a spoon and put them on baking paper. Finished  You might want to add raisings or flaked almonds. Roast the flaked almonds without fat in a pan till golden brown.
<b>Bananabread</b>	Preparation time: 60 minutes Source: <a href="#">Santa-Fu</a> : The Jail Cook Book
<b>Ingredients (one big bread)</b>	<b>Method</b>
<i>4 ripe bananas</i> <i>4 tsp vegetable oil</i> <i>100 g sugar</i> <i>1 pinch of salt</i> <i>300 g flour</i> <i>100 ml milk</i> <i>1 baking powder</i> <i>1 egg</i>	Mush up the bananas, add eggs, milk, sugar, salt, oil and baking powder, in the end stir in the flour and put the mixture in a baking tin. Bake at 180°C in a pre-heated oven for about 50 minutes. Tastes gorgeous. And fills you up.
<b>Pancake variations</b>	Preparation time: ca. 15 minutes Source: <a href="#">Santa-Fu</a> : The Jail Cook Book
<b>Ingredients</b>	<b>Method:</b>
<i>200 g flour</i> <i>250 g Quark (German low fat soft cheese)</i> <i>about 250 ml milk</i> <i>3 eggs</i> <i>sugar (as required)</i> <i>1 pkg of vanilla sugar</i> <i>baking powder (if you want thick pan cakes!)</i> <i>1 pinch of salt</i>	Cream the eggs and the sugar and add milk and salt and stir in the flour. Add a little melted butter (the pancake come off the pan a bit easier that way). Leave to soak for about 15 minutes.  Heat the oil or butter and put about one scoop into the pan so that the bottom is covered. Turn once the mixture is nearly hardened on one side. Then finish frying 4-5 minutes each side. Sprinkle with icing sugar, serve warm or cold.  With oats  Use less flour, but add oats. Soak the oats in milk for 20 minutes

<i>oil or butter for frying</i>	<p>before you prepare the mixture. Add the milk later. Add a little oil to bind the oats.</p> <p>What can go into the mixture:</p> <p>Apple rings, raisins, bananas, cherries, also small chocolate pieces are a tasty variety, there is so much!</p> <p>Special tip:</p> <p>Fill the pancake with a mixture of sweet corn, onion, and kidney beans and mince meat. Roast all the ingredients first, season with spices –then fill the pancake.</p>
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<b>Eggy Bread</b>	<p>Preparation time: ca. 10 minutes</p> <p>Source: <a href="#">Santa-Fu</a>: The Jail Cook Book</p>
<b>Ingredients (serves 4)</b>	<b>Method</b>
<p>3 eggs</p> <p>125 ml milk</p> <p>1 pinch of salt</p> <p>butter</p> <p>8 pieces of bread</p> <p>castor sugar</p>	<p>Mix eggs, milk, and a pinch of salt in a soup bowl. Dunk the bread in the mixture and fry both sides in a pan in melted butter till golden brown. Sprinkle the sugar onto it. Alternatively you can use sugar and cinnamon, jam, honey or other sweet spreads.</p> <p>TIPP: You can add grated cheese to the egg mixture and season it with pepper.</p>

## Further information and references

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World Health Organization (WHO) Promoting the health of young people in custody,  
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aid infodienst Ernährung, Landwirtschaft, Verbraucherschutz e. V., Bonn, <http://www.aid.de/>

Viele altersspezifische didaktische Materialien vorhanden, die auch im Vollzug eingesetzt werden können z.B.: Unterrichtsmaterialien Ernährung, didaktische Poster, 3-dimensionale Ernährungspyramide, „Schmexperten“ – Reihe, REWIS – Moderne Ernährungs- und Verbraucherbildung in Schulen, „Talking food“, Food Literacy etc.

Medien und Materialienliste von AID finden sich unter  
<http://www.aid.de/shop/infos/3264/index.html>

Fünf am Tag- Initiative <http://www.5amtag.org/>

Deutsche Gesellschaft für Ernährung (DGE), siehe Medienservice <http://www.dge-medienservice.de/fach-und-schulungsmedien.html>

In Form: Deutschlands Initiative für gesunde Ernährung und mehr Bewegung <http://www.in-form.de/>

Bundeszentrale für gesundheitliche Aufklärung (BzgA) [www.bzga.de](http://www.bzga.de)

# 10. supporting mental health well-being

## what

Research shows that the proportion of the prison population with mental illness is increasing. Left untreated and unstable, inmates with serious mental illnesses— particularly youngsters and those suffering untreated alcoholism or drug addiction after leaving the prison may break the law and then re-enter the criminal justice system. Prisoners also 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.

### **According to the World Health Organization:**

“Less well recognized is that prisons can be a setting for reducing the harm and offering benefit to the mental health of vulnerable people. The main burden of care in prisons is to support people with poor mental health; it is now known that their capacity to benefit from prevention and promotion is potentially very significant. Only a minority of mental health problems of prisoners are linked to offending. The vast majority of people with mental disorders in prison, far from public perception, are not dangerous psychopaths, but in fact suffer the same mental health problems that are common in the community itself (WHO Collaborating Centre for the Health in Prisons Project, Department of Health, London, May 2006. Improving the Mental Health of the Population: A submission in response to the EU Green Paper).”

and also:

“Mental disorders occur at high rates in all countries of the world. An estimated 450 million people worldwide suffers from mental or behavioral disorders. These disorders are especially prevalent in prison populations. The disproportionately high rate of mental disorders in prisons is related to several factors: the widespread misconception that all people with mental disorders are a danger to the public; the general intolerance of many societies to difficult or disturbing behavior; the failure to promote treatment, care and rehabilitation, and, above all, the lack of, or poor access to, mental health services in many countries. Many of these disorders may be present before admission to prison, and may be further exacerbated by the stress of imprisonment. However, mental disorders may also develop during imprisonment itself as a consequence of prevailing conditions and also possibly due to torture or other human rights violations.

Prisons are bad for mental health: There are factors in many prisons that have negative effects on mental health, including: overcrowding, various forms of violence, enforced solitude or conversely, lack of privacy, lack of meaningful activity, isolation from social networks, insecurity about future prospects (work, relationships, etc), and inadequate health services, especially mental health services, in prisons. The increased risk of suicide in prisons (often related to depression) is, unfortunately, one common manifestation of the cumulative effects of these factors.”

The rates of mental disorders (psychosis, depression, post-traumatic stress disorder, substance misuse) are substantially higher in young offenders than in young people in the community. They are specific group of prisoners who are especially vulnerable to adverse consequences of imprisonment and to tackle with the problems they may try to harm themselves, or even commit a suicide. The levels of previous physical, sexual and emotional abuse, school exclusion, low educational achievement and unemployment among young prisoners are also high and in addition, a significant group of them are exposed to further victimisation (eg bullying, violence, unwanted sexual attention) while in prison.

Activities can be taken that will improve the mental health of young prisoners and these activities can be adapted to the cultural and social context within that country. These can include: sport and exercises (see chapter “Sport and exercising”), stress management and tackling with the sleeplessness (see chapter “Coping with custody and conviction”), development of assertiveness skills, building of self-esteem, coping with depression, etc.

Mental health is an integral part of good health and without action to support mental wellbeing and reduce the prevalence of mental health problems, young prisoners are unlikely to adjust to community life and fulfil their potential.

## why

The prison environment, the rules and regimes governing daily life inside prison can be seriously detrimental to mental health. Youngsters are specific group of prisoners who are especially vulnerable to developing mental health problems and the incidence of poor mental health among them is high. History of abuse, deprivation, homelessness, unemployment and substance misuse are common. Yet prisons cannot provide the range of services young prisoners with mental problems need in the necessary quantity and quality.

Apart from the mental health services that may or may not be provided, prisons typically treat prisoners with mental problems identically to all other inmates. Changes in sentencing and overcrowding in the prisons additionally exacerbate any mental health problems young offenders bring with them into the criminal justice system. There are particular stressors for youngsters-physical isolation, social isolation, violence, etc.

Activities for supporting young prisoners mental health well-being will support them to:

- improve their health (mental and physical);
- achieve better quality of life;
- reduce their risk of re offending.
- cope better with issues that can result from being within the prison environment

Young offenders are particularly vulnerable to developing mental health problems and by supporting their mental health we will improve the probability that upon leaving prison youngsters will be able to adjust to community life, which may, in turn, reduce the likelihood that they will return to prison.

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## who

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Target group of the intervention can be all young prisoners who are especially vulnerable to mental problems.

In your work with young people you may notice some warning signs of mental health problems. Diagnosis and treatment can only be carried out by qualified health professionals so it is important that you encourage the young prisoner to see a doctor or mental health service as soon as possible.

If you want to help young prisoners with their mental health problems you also need to have basic knowledges and certain skills to help them uncover and begin to understand and deal with their problems. Some of these include the skills of listening and responding to what the young prisoners are saying, treating them with respect and taking the problem seriously.

If you have networked successfully with outside services they may be able to offer you further supports.

# how

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The module contains several activities and information handouts. Activities can be used as group activity or individual conversation with the facilitator.

## **Activities**

- What affects young prisoners' mental health?
- Do I have symptoms of depression?
- Building high self-esteem for better mental health
- Tips to feel good about myself
- Changing negative thoughts about myself to positive ones

## **Worksheet**

- Do I have symptoms of depression?

## **Handouts**

- How to cope with depression
- How to reinforce my self-esteem



## Activity 1

### What affects young prisoners mental health?

*Objective:*

This activity is designed for young prisoners to identify what affects their emotional well-being in prison.

*Time:*

30 minutes or as required

*Materials needed:*

Sheets, Flipchart, Flipchart paper, Markers, Method:

You can use group discussion to deliver the activity. Split participants to work in two groups and provide them with sheets and markers. Ask one of the group to write on the top of the sheet the question:

- What kind of things make me feel good?

Then ask the other group to write on the top of the sheet the question:

- What kind of things make me feel not so good, worried or frightened?

Ask both groups to write down everything that comes into their heads.

Tell them they have 15 minutes for this.

After that display the sheets, and discuss with the whole group: Could the answers/reasons be grouped in any way, e.g. those to do with other inmates, those to do with events, etc?

Group the answers of both groups in different categories and write them on flipchart paper as shown:

What kind of things make me feel good?		What kind of things make me feel not so good?	
Categories	Examples	Categories	Examples
Achievements	In sport, other	Achievements	Bad results, etc.
Relationships	Positive relationships with other inmates, staff, making new friends, etc.	Relationships	Breaking friends, having no friends, arguments with other inmates/staff, being physically abused
Possession	Money, technical devices, etc.	Possession	Lack of possession
Food and drink		Unwell	Illness Accidents
Leisure times and hobbies	Playing games, sport, music, reading books, etc.	Major loss	Death, Parents divorced,
Environment	Open spaces, etc.	Environment	Not access to open spaces
Other	Spiritual beliefs, more sleep, etc.	Appearance	Not looking good, too fat.
		Other	

Explain participants that while in prison different factors make them feel good or not so good- e.g. those to do with other inmates, those to do with events, those to do with

food, etc. If they cannot change or use all factors to feel good, they can always use the others. Give them some simple tips they can use to support their mental health wellbeing in prison:

- Talk about their feelings-how you are feeling, what is bothering or depressed you, etc.
- Sleep well/get enough sleep (see module on “Coping with custody and conviction”)
- Keep in touch with people they like
- Find a hobby
- Ask for professional help
- Play sport and exercises (see module on “Sport and exercising”)
- Spend more time at open spaces

## Activity 2

### Do I have signs of depression?

*Objective:*

To provide young people with basic information on depression

*Time:*

30 minutes or as required

*Materials needed:*

Sheets, Flipchart, Markers, Worksheets "Do I have symptoms of depression?", Handout "How to cope with depression"

*Method:*

This activity can be used in different forms – as individual conversations with the facilitator but as well as in a group activity. The facilitator distributes a worksheet to every participant. Give participants 10 minutes to complete the sheet on their own.

## Worksheet

### Do I have symptoms of depression?

If you experience symptoms of depression or low moods it is likely that you will recognise many of the feelings, physical symptoms, thoughts and behaviour patterns described below.

*Tick the boxes which regularly apply to you.*

#### Feelings

- ☐ Sad
- ☐ Upset
- ☐ Miserable
- ☐ Irritable/low patience threshold
- ☐ Lonely
- ☐ Unmotivated

#### Physical Symptoms

- ☐ Poor concentration
- ☐ Poor memory
- ☐ Increase or decrease in appetite
- ☐ Lethargic/lacking in energy
- ☐ Sleeping too much or too little

#### Thoughts

- ☐ No-one likes me
- ☐ I'm no good
- ☐ Things will never change
- ☐ I'm a failure/I'm going to fail
- ☐ It's not worth going on

#### Behaviour Patterns

- ☐ Spending more and more time alone
- ☐ Staying in bed longer than usual
- ☐ Stopped doing the things you enjoy

If you have ticked a number of these boxes it is possible that you experience symptoms of low mood or depression.

## Instructions for facilitators

### What is depression?

After completing the sheet explain participants that everyone feels 'low,' sad, or unmotivated from time to time. Depression is essentially a more extreme form of this. For example, depression tends to describe when these feelings last for most of the day, over an extended period of time. When depressed, people also find that their motivation is low, their appetite is reduced, their sleeping patterns are disrupted and their concentration and memory are poor.

Write on flipchart paper common signs of depression:

- Persistent feelings of sadness
- Losing interest in activities previously enjoyed
- Losing appetite
- You sleep too much or not enough
- Feeling tired, lacking energy or motivation, or alternatively feeling anxious
- Feeling bad, worthless or self-critical
- Negative and pessimistic thoughts
- You're thinking about death or suicide. (If this is true, talk to someone right away!)

Conclude with giving youngsters some tips for coping with depression:

- Try not to isolate yourself
- Play sport and exercising
- Avoid alcohol and drugs
- Avoid using negative words about yourself (worried, frightened, upset, tired, bored, not, never, can't)
- Spend time with people who make you feel good about yourself—people who treat you well. Avoid people who treat you badly
- Sleep well/ get enough sleep
- Spend more time at open spaces
- Ask for help if you are feeling depressed, worried, etc.

## Handout

### How to cope with depression

**Objective:** To provide young people with basic information on how to deal with depression

### Feeling depressed? Some tips to deals with depression

#### What depression looks like

When depressed, people usually find that their motivation is low, their appetite is reduced, their sleeping patterns are disrupted and their concentration and memory are poor. Some typical signs include:

- You constantly feel irritable, sad, or angry.
- Nothing seems fun anymore, and you just don't see the point of trying.
- You feel bad about yourself—worthless, guilty, or just "wrong" in some way
- You sleep too much or not enough.
- You have frequent, unexplained headaches or other physical problems.
- You've gained or lost weight without consciously trying to.
- You just can't concentrate. Your grades may be plummeting because of it.
- You feel helpless and hopeless.
- You're thinking about death or suicide. (If this is true, talk to someone right away!)

#### What you can do to feel better

Depression is not your fault, and you didn't do anything to cause it. However, you do have some control over feeling better.

##### *Try not to isolate yourself*

When you're depressed, you may not feel like seeing anybody or doing anything. Spend time with friends, especially those who are active, upbeat, and make you feel good about yourself. Avoid hanging out with those who abuse drugs or alcohol, get you into trouble, or who make you feel insecure.

##### *Play sport and exercising*

Physical activity can be as effective as medications or therapy for depression, so get involved in sports and exercising. Any activity helps! Even a short walk can be beneficial.

##### *Avoid alcohol and drugs*

You may be tempted to drink or use drugs in an effort to escape from your feelings and get a "mood boost", even if just for a short time. However, substance use can not only make depression worse, but can cause you to become depressed in the first place. Alcohol and drug use can also increase suicidal feelings. In short, drinking and taking drugs will make you feel worse—not better—in the long run. If you're addicted to alcohol or drugs, seek help. You will need special treatment for your substance problem on top of whatever treatment you're receiving for your depression.

*Challenge negative thoughts*

Depression puts a negative spin on everything, including the way you see yourself, the situations you encounter, and your expectations for the future. But you can't break out of this pessimistic mind frame by "just thinking positive." Happy thoughts or wishful thinking won't cut it. Rather, the trick is to replace negative thoughts with more balanced thoughts. Avoid using negative words about yourself (worried, frightened, upset, tired, bored, not, never, can't).

*Sleep well/ get enough sleep*

Try to plan regular and consistent bedtimes. Having a regular sleeping pattern can help improve your mood and energy levels. Try not to sleep less 8 hour per night.

*Ask for help if you are feeling depressed*

If you find your depression getting worse and worse, seek professional help. Needing additional help doesn't mean you're weak. Sometimes the negative thinking in depression can make you feel like you're a lost cause, but depression can be treated and you can feel better!

**Coping with suicidal thoughts**

In the meantime, the following suggestions can help get you through until you feel ready to talk to someone:

*There is ALWAYS another solution, even if you can't see it right now*

Many young people who have attempted suicide (and survived) say that they did it because they mistakenly felt there was no other solution to a problem they were experiencing. At the time, they could not see another way out, but in truth, they didn't really want to die. Remember that no matter how horribly you feel, these emotions will pass.

*Having thoughts of hurting yourself or others does not make you a bad person*

Depression can make you think and feel things that are out of character. No one should judge you or condemn you for these feelings if you are brave enough to talk about them.

*If your feelings are uncontrollable, tell yourself to wait 24 hours before you take any action*

This can give you time to really think things through and give yourself some distance from the strong emotions that are plaguing you. During this 24-hour period, try to talk to someone—anyone—as long as they are not another suicidal or depressed person. Call a hotline, an inmate you trust and like or talk to someone from the staff. What do you have to lose?

*If you're afraid you can't control yourself, make sure you are never alone*

Even if you can't verbalize your feelings, just stay in places with other inmates—anything to keep from being by yourself and in danger.

Above all, do not do anything that could result in permanent damage or death to yourself or others. Remember, suicide is a "permanent solution to a temporary problem." Help is available. All you need to do is take that first step and reach out.

## Activity 3

### Building high self-esteem for better mental health

*Objective:*

To inform young people on the way in which self-esteem is connected with their mental well-being.

*Time required:*

30 minutes or as required

*Materials needed:*

Flipchart, Papers, Sheets, Markers, Method:

Activity can be used as group activity. Split participants into two groups and provide them with sheets and pens.

Ask one of the groups to write on the top of the sheet the sentence:

*Someone with low self-esteem is...*

Then ask the other group to write on the top of the sheet the sentence:

*Someone who has high self-esteem is...*

Ask both groups to complete the sentences with everything that comes into their heads.

Give them 10 minutes to complete the sentences.

Ask someone in each group to feedback the main points of their discussion.

Write the points on the flipchart and use them to prompt discussion about what self-esteem is.

Explain that:

- Self-esteem is how you feel about yourself as a person. Those with high self-esteem believe that they are adequate, strong and worthy of a good life, while those with low self-esteem feel inadequate, losers and worthless.
- Low self-esteem can develop in childhood and continue throughout adulthood, causing great emotional pain. Therefore, it's important to develop a healthy, positive sense of self.
- Low self-esteem can predispose them to developing a mental disorder, and developing a mental disorder can in turn deliver a huge knock to their self-esteem.
- Low self-esteem is often linked to depression.
- Sometimes poor self-esteem can be deeply rooted and have its origins in traumatic childhood experiences such as prolonged separation from parents, neglect, or emotional, physical, or sexual abuse.
- Young people should think about themselves as deserving attention and admiration, keeping the following statement in mind: "I am a very special, unique, and valuable person. I deserve to feel good about myself."





## Handout

### How to reinforce my self-esteem

**Objective:** To provide participants with basic tips to raise their self-esteem

### How to reinforce my self-esteem

#### Some simple steps

##### Why is important to raise my self-esteem

Self-esteem is how you feel about yourself as a person. Those with high self-esteem believe that they are adequate, strong and worthy of a good life, while those with low self-esteem feel inadequate and worthless. Low self-esteem can develop in childhood and continue throughout adulthood, causing great emotional pain. Therefore, it's important to develop a healthy, positive sense of self.

You should think about yourself as deserving of attention, admiration and proper maintenance. Avoid the pitfall of paying too much attention to the happiness and well-being of others and too little to your own. Maintaining self-esteem involves becoming fully aware of your strengths and seeing challenges as opportunities to employ those strengths.

Low self-esteem is often linked to depression. If your emotions feel overpowering or out of control, one way to build self-esteem around this issue is to learn to manage your mood and gain control over your feelings. Some people are able to do this with the help of friends and family. Others need to work with a mental health professional to manage the problems that may lie beneath the surface of low self-esteem.

##### What to do?

1. Make three lists: one of your strengths, one of your achievements, and one of the things that you admire about yourself. Try to get a friend or other inmate you trust to help you with these lists. Keep the lists in a safe place and read through them regularly.
2. Think positively about yourself. Remind yourself that, despite your problems, you are a unique, special, and valuable person, and that you deserve to feel good about yourself. Identify and challenge any negative thoughts that you may have about yourself, such as 'I am a loser', 'I never do anything right', or 'No one really likes me'.
3. Pay attention to your own needs and wants. Listen to what your body, your mind, and your heart are telling you. For instance, if your body is telling you that you have been sitting down too long, stand up and stretch, listen to your favourite music, or stop thinking bad thoughts about yourself, take those thoughts seriously.
4. Pay special attention to your personal hygiene: for example, style your hair, trim your nails, floss your teeth.
5. Exercise regularly and take more vigorous exercise (exercise that makes you break into a sweat) three times a week.
6. Ensure that you are getting enough sleep.
7. Make your living space clean, comfortable, and attractive. Display items that remind you of your achievements or of the special times and people in your life.

8. Do more of the things that you enjoy doing. Do at least one thing that you enjoy every day, and remind yourself that you deserve it.
9. Set yourself a challenge that you can realistically achieve, and then go for it!
10. Do something nice for another person. Smile at someone who looks sad. Say a few kind words to other inmate.
11. Try to spend more time with those you hold near and dear.
12. Take advantage of opportunities to learn something new or improve your skills.
13. Avoid people, places, and institutions that treat you badly or that make you feel bad about yourself. This could mean being more assertive. If assertiveness is a problem for you, ask a healthcare professional about assertiveness training.
14. Give yourself rewards—you are a great person. Listen to a CD or watch a movie.
15. Take advantage of opportunities to learn something new or improve your skills.  
Visit some education programme in the prison.

You may be doing some of these things now. There will be others you need to work on. You will find that you will continue to learn new and better ways to take care of yourself. As you incorporate these changes into your life, your self-esteem will continue to improve.

## Activity 4

### Tips to feel good about myself

*Objective:*

To provide participants with information on things they can do to raise their self-esteem

*Time:*

40 minutes or as required

*Materials needed:*

Flipchart, Papers, Sheets, Markers, Clock

*Method:*

Facilitator introduces different activities that will reinforce young people self-esteem and help them feel better about themselves. Both exercises can be used in different forms – as individual or a group activity.

#### **Exercise 1: Reinforcing a positive self-image**

Distribute to participants sheets and markers. Ask them to write their name across the top of the paper. Then they write everything positive and good they can think of about themselves. Tell them to include special attributes, talents, achievements and avoid making any negative statements or using any negative words—only positive ones. They can use single words or sentences, whichever they prefer. Explain them that can write the same things over and over if they want to emphasize them. Tell them they have 10 minutes to do it.

Set the timer for 10 minutes. When the 10 minutes are up, tell them to read the paper over to themselves. Explain them that they may feel sad when they read it over because it is a new, different, and positive way of thinking about themselves – a way that contradicts some of the negative thoughts they may have had about themselves. Those feelings will diminish as they reread this paper.

After that tell them to:

- read the paper over again several times
- put it in a convenient place—their pocket or the table beside bed
- read it over to themselves at least several times a day to keep reminding themselves of how great they are
- find a private space and read it aloud

#### **Exercise 2: Developing Positive Affirmations**

Start the activity with explaining youngsters that affirmations are positive statements that they can make about themselves and make them feel better about themselves.

After that distribute them sheets and markers. Explain that they have to make a list of their own affirmations and describe ways they would like to feel about themselves all the time. They may not, however, describe how they feel about themselves right now.

Give them the following examples of affirmations that will help them in making their own list of affirmations:

- I feel good about myself

- I take good care of myself. I eat right, get plenty of exercise, do things I enjoy, get good health care, and attend to my personal hygiene needs
- I spend my time with people who are nice to me and make me feel good about myself
- I am a good person
- I deserve to be alive
- Many people like me

Give them 10 minutes to write their own statements and after that to read the affirmations to themselves.

Advise them to keep this list in a handy place, like their pocket. Tell them to read the affirmations over and over to themselves—aloud whenever they can. They can share them with others when they feel like it and write them down from time to time.

Explain youngsters that as they do this, the affirmations tend to become true for them and they gradually come to feel better and better about themselves.

## Activity 5

### Changing negative thoughts about myself to positive ones

*Objective:*

To provide participants with tips to develop positive thoughts about themselves

*Time:*

30 minutes or as required

*Materials needed:*

Flipchart, Papers, Sheets, Markers, Method:

The activity can be used in different forms – as individual or a group activity.

Provide participants with sheets and pens. Ask them to write negative messages that they often repeat over and over to themselves. Give them 5 minutes to do it.

Then explain them that many people give themselves negative messages about themselves. These are messages that they learned when they were young. You learned from many different sources including other children, your teachers, family members, caregivers, even from the media, and from prejudice and stigma in our society. Some examples of common negative messages that people repeat over and over to themselves include: "I am a jerk," "I am a loser," "I never do anything right," "No one would ever like me,"

After that tell them to take a closer look at their negative thought patterns to check out whether or not they are true. When they are in a good mood and when they have a positive attitude about themselves, they should ask themselves the following questions about each negative thought you have noticed:

- Is this message really true?
- Would a person say this to another person? If not, why am I saying it to myself?
- What do I get out of thinking this thought? If it makes me feel badly about myself, why not stop thinking it?

Then tell them that the next step in this process is to develop positive statements they can say to themselves to replace these negative thoughts whenever they notice themselves thinking them. They can't think two thoughts at the same time. When they are thinking a positive thought about yourself, they cannot be thinking a negative one. In developing these thoughts, use positive words like happy, peaceful, loving, enthusiastic, warm.

Explain them they can work on changing they negative thoughts to positive ones by:

- Replacing the negative thought with the positive one every time they realize they are thinking the negative thought.
- Repeating their positive thought over and over to themselves, out loud whenever they get a chance and even sharing them with another person if possible.
- Writing them over and over.
- Making signs that say the positive thought, hanging them in places where they would see them often-like on their door-and repeating the thought to themselves several times when you see it.

They can do this by folding a piece of paper in half the long way to make two columns. In one column to write their negative thought and in the other column write a positive thought that contradicts the negative thought as shown:

Negative Thought	Positive Thought
I am not worth anything.	I am a valuable person.
I always make mistakes	I do many things well.
I am a jerk.	I am a great person.
I don't deserve a good life.	I deserve to be happy and healthy.
I am stupid.	I am smart.

Explain them that changing the negative thoughts they have about themselves to positive ones takes time and persistence. If they use the following techniques consistently for four to six weeks, they will notice that they don't think these negative thoughts about themselves as much.

## Example of good practice in mental health promotion for young offenders

The Lovetch prison in Bulgaria has witnessed a significant increase in the number of young offenders diagnosed with mental health problems upon admission. To respond to this trend the staff of the Medical and Social Unit in the prison designed a programme to promote mental health among young offenders.

The programme was called better mental health initiative.

### Better mental health Initiative

During the programme the prison staff worked with the offenders during their incarceration and created linkages with community based services, to create collaborative approach and to ensure that a continuum of mental health care is provided through to their release back into the community.

The programme consisted of variety of activities:

- Mental health team in Lovetch prison identified offenders who are experiencing significant psychological distress at intake. Subsequent assessments offered a clearer picture of an offender's mental health needs.
- Mental health team provided offenders with access to comprehensive mental health care. The team employed a multi-disciplinary approach, focusing on mental health promotion, mental illness prevention, early interventions, treatment and support, as well as continuing care. The teams also provided support and advice to other institutional sectors and partners, to promote and sustain quality mental health care for all offenders.
- A three day mental health training package is being delivered to the prison staff. The training is designed to increase staff awareness of mental health issues and enhance their skills in working with offenders with mental problems.
- Distribution of two factsheets on mental health, one for prison staff and the other for inmates.
- Links with social services and employers was created, to facilitate job training/job-search and overcome any prejudices among employers.
- Extending the partnership with public health services.

The development of the programme and activities was informed by a comprehensive needs assessment.



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# 11. coping with custody and conviction

## what

Research has shown that prisons hold a high proportion of prisoners with mental disorders and adjustment problems (Sudhinta, 2010). Adjustment refers to the “psychological processes through which people manage or cope with the demands or challenges of everyday life” (Weiten, Dunn and Hammer, 2011). Therefore, prison adjustment refers to the processes through which inmates manage and cope with the demands of the prison environment and its experiences. The social environment in a prison is governed by largely by prisoner subculture and the unwritten rules dictated by it. Those who fail to conform to these rules, by not fitting in, by informing on others or having a general lack of awareness concerning these rules, risk becoming targets of bullying.

Undoubtedly, bullying and violence among prisoners pose a very serious problem. It concerns every single prison, whether it is a facility for male, female, juvenile, young, or adult offenders. Prisons represent very specific conditions in which aggressive behavior may involve bullying on the one hand, while on the other hand such behavior may be viewed as an adaptive way of dealing with a problem. Thus, it is hardly surprising that cases of aggression and bullying occur in this environment far more frequently than in schools, for example.

## why

Ideally the penitentiary institutions should create such an environment for the young prisoners that after release from prison they will be able to lead the normal way of life. So that the knowledge and education received in prisons should avoid the further criminal and risky life style. Also young prisoners should become healthier, using the facilities available in prisons to improve health, consulting the medical specialists, physicians, psychologists, etc. They should get sufficient knowledge on HIV/AIDS, hepatitis, tuberculosis, etc. There should also be an opportunity for the young prisoner to develop ethic knowledge, to use the help of religion and to create the spiritual basis which will prevent them from crime in the future. This also requires the involvement into the correctional process the young prisoner's family members.

The adaptation to imprisonment is almost always difficult. The prisoners are forced to undergo increasingly harsh policies and conditions of confinement in order to survive in the prison and at times, the prison environment creates habits of thinking and acting that can be dysfunctional. These prolonged adaptations to the deprivations and frustrations of life inside prison lead to certain psychological changes. Maladaptive responses such as emotional disorders, self-mutilation, suicide attempts, and prison misbehavior are most common during the early phases of incarceration.

Young offenders exhibit significant adjustment problems in the institutional environment and are twice as likely to be problem inmates as older offenders. The experience of incarceration may be particularly difficult for young offenders who are separated from their families and friends.

Social isolation experienced by inmates is one of the main factors which affect their adjustment to imprisonment. Research has found that disconnection from family is a primary reason given for suicide attempts in prison. Many other studies have also found a link between frequent visits from family and friends and positive prison adjustment. Similarly, inmates seem to adapt better to imprisonment when they are allowed some measure of control over their immediate environment, suggesting that lower security prisons allow for better adjustment (Picken, 2012).

Younger weaker prisoners who are bullied or coerced into smuggling drugs, or other contraband into the prison system in these cases, may find the adaption experience becomes mutually destructive as they compromises all their ethics and values. Coping strategies are soon developed to cope with the threat of being bullied and this may be in the form of a prisoner offering up under duress portions of his food ration to his aggressor. Whilst in the short term this may avert an act of immediate violence, such a strategy will mark the prisoner out as being vulnerable and others may also try to exploit his vulnerability.

Bullying involves a wide range of aggressive behaviour which is often recurrent and unprovoked by the victim. The aggressor's intention is to make the victim feel frightened or anxious and/or harm them. The imbalance of strength often plays an important role in this respect (Farrington, 1993). Inmates who tend to fall victim to bullying include: (1) people who are physically weak or show lower mental capacities; (2) those who are not familiar with prison life; (3) people committed to prison for specific types of offending, such as sex crimes, and (4) those who are socially isolated (Ireland, 2005). As regards the prevention of bullying and aggressive behaviour, young prisoners make up a relatively specific group of the prison population, as a number of studies indicate that this group of offenders is associated with higher levels of verbal, psychological, and physical aggression than those recorded among adult inmates (Ireland, 1999; Ireland and Power, 2004). The estimated levels of bullying differ across

studies. The rate of bullying is estimated to range from 20% to 70% among young offenders, while the respective figures for the population of adult offenders range between 0% and 62%. The levels of victimisation estimated on the basis of victims' self-reporting range from 30% to 75% in the population of young offenders and between 8% and 57% among adult ones (Ireland, 2002). For many people, being in prison is very stressful in itself.

Additional stress posed by bullying may thus lead to self-harm or even suicidal behaviour as the only way of escaping from the situation. Another motive for self-harm may be a deliberate effort to be transferred to another wing or prison. What aggravates the issue of bullying within prisons is that the victims are often reluctant to step forward and address the problem openly because of peer/environmental pressure: taking such action might expose them to the risk of additional bullying, as "grassing" is considered crossing the line between the two worlds – us, the inmates, and them, the prison staff.

Most studies show that young inmates, and recently arrived inmates are more likely to violate prison rules than their inmate counterparts (Adams, 1992). Research has also shown that in the initial periods of incarceration offenders report high levels of depression, anxiety, social difficulty, and somatic symptoms (Duncan, Conway and Islam-Zwart, 2012). Therefore, separating and isolating young prisoners may lead to additional risk for suicidal actions, which can happen at any time of their confinement. Juveniles who are placed in adult correctional facilities should be considered to be at particularly high risk of suicide.

Liebling (1992) found a clear link between the pain of imprisonment and harm, both self-inflicted injury and suicide. The most powerful predictor of suicide in prisons is the amount of time spent at the particular institution; 10% of those who commit suicide do so within 24 hours of their arrival, suggesting a high risk period.

Furthermore, there are certain factors which can predispose inmates to suicide when they face crisis situations such as imprisonment. These include: recent excessive drinking or use of drugs, loss of stabilizing resources, guilt or shame, mental illness, a history of suicide or an approaching court date. This shows there is a complex relationship between imprisonment and harm caused to inmates and that individual differences must be considered.

## who

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This module was created to provide professionals who work with young offenders with an effective tool that can be used to quickly reduce tension and practice assertive behaviour during group counselling sessions. Professionals are understood as psychologists, special education professionals, social workers, and educators. As regards special skills, it is particularly recommended to complete a course focusing on any one of the following areas: conducting counselling or therapeutic interviews, motivational work, and facilitating a group session. The target group comprises young prisoners, both men and women.

# how

## Activity 1

### Identifying anxiety and coping with it

*Target audience:*

All young prisoners, 10-12 participants

*Objectives:*

The objective of this group activity is to increase people's awareness of their signs of anxiety, as well as seeking effective anxiety management strategies.

*Time:*

40 min or as required.

*Materials:*

Flipchart and markers

The facilitator will allow the first 5-10 minutes for the group members to give the facilitator an idea of what the group makes of the term "anxiety". Each group member will be asked to say one sentence about what they personally understand by anxiety. This input may be encouraged by asking "What is the first thing you can think of when you hear me say 'stress'?"

The facilitator writes the individual key words on the flipchart. In approximately the next 20 minutes, the facilitator gives a brief account of stress and its signs. It should be emphasised that stress, i.e. a bodily reaction to excessive strain, is an inherent part of every person's life. It is a natural response to various stimuli which indicate the existence of a real threat to us or something we may personally view as posing danger. A reasonable degree of stress is healthy and constitutes a driving force needed to overcome difficulties. The line between "useful" and "devastating" stress varies greatly from person to person. A problem usually arises when stress is excessive and enduring. In such cases, individuals experience anxiety which may develop into persistent psychological and physical problems or even serious illness. Anxiety involves a range of sensations and each person may experience it differently. The facilitator then reviews the notes on the flipchart and, working together with the group, divides them into three categories:

1. bodily reactions;
2. cognitive reactions, and
3. behavioral reactions. Each of the areas will then be used by the facilitator for the final brainstorming of personal experiences of anxiety. Previous practice shows that 10-15 minutes should be allowed for this part.

### Training in relaxation techniques

This group activity builds upon the previous focus group. Its purpose is to provide practical training in strategies that may be used to achieve physical relaxation by systematically tensing and relaxing groups of muscles. In other words, the objective is for the clients to learn relaxation skills. Remember to point out that, as with every other skill, regular practice is important. The techniques may be used to induce a state of relaxation before sleeping or as a defense against stress in a "stressful situation".

About ten people make an ideal group for relaxation technique training. The aids recommended for this activity include pencils and exercise mats. This activity requires a room that offers enough space and good ventilation.

The facilitator opens the session by describing to the group members how the body responds to stress. It should be explained that, in a stressful situation, adrenalin is released into the bloodstream and produces the “fight or flight” response in the individual. However, if such a person cannot defend themselves, they cease to make any efforts and succumb helplessly to whatever may come.

During this activity, the group members learn strategies that make it possible to switch the system off. The most effective reaction to stress is an active relaxation response that strengthens the person’s natural adaptation, which may be both psychological and physical. Following the brief theoretical introduction, a test is administered to measure the current levels of stress. Taking approximately 5-10 minutes to complete, the test addresses exclusively the physical and psychological signs of stress that is currently being experienced. For each item, the level of intensity of the symptom currently (i.e. today or in the past several days) being experienced by the person should be identified. The results of the test serve to provide general guidance only but may also be used to help choose a suitable technique.

## Handout 1

**Objective:** To inform young people on how to tackle the problem of not getting a good night sleep.

### Not getting a good night's sleep? Some ways to tackle the problem

Sleep problems are caused by different things for different people. Common causes include worry (for example, about being bullied or taxed), getting used to unpleasant shocks (such as being sent to prison, getting a longer sentence than you expected, a failed appeal), physical illness, too much noise, sleeping during the day so that you are not tired at night and drinking too much coffee and tea.

#### **Sleeping pills are not the main answer**

Sleeping pills are not the answer to sleep problems, except for short periods at a time -even if you are able to get them while in prison. Sleeping pills can be helpful for a period from a few days up to 2 weeks for someone facing a sudden problem, like hearing some very bad news, which is stopping them sleeping. But, if you take sleeping pills for longer than this, you may need larger and larger doses for them to work. If you then stop taking the pills, you may suffer severe anxiety, sleeplessness and nightmares. People who have been taking sleeping pills for a long time may need help from a doctor in order to come off them. Note too that sleeping pills can be very dangerous if taken with alcohol or other drugs

Generally the following is true about all substances which can make you sleepy, whether sleeping pills, alcohol or other drugs. They seem to help you sleep at the beginning. But, if you keep using them to get to sleep, they stop helping and can make your problems worse.

The answer to most people's sleep problems is to tackle the causes yourself. Prisons vary a great deal and things that are possible in one may not be possible in another. Here are some steps which are worth trying out, if you think they could apply to you and if you can do them in your prison.

#### **Keep yourself awake and as active as you can during the day**

Some people sleep a lot during the day, especially if they are locked up for a large part of the day with nothing to do. They may sleep to help the time pass or out of boredom. This then makes it likely that they won't be tired enough to sleep properly at night. Use

any opportunity you can to get out of your cell, to go to work, to education or the gym. Regular physical exercise can help you sleep better. If you are not able to go to the gym very often or regularly, try doing some exercises in your cell - but do not do them near to your sleep time.

#### **Try to watch your coffee drinking and smoking in the evenings**

For most people in prison coffee and cigarettes are their main luxuries and many people are heavy smokers. Although it may be very difficult to cut down on coffee and cigarettes in the evening, it may help you to sleep at night if you can manage to do so. Coffee, chocolate, tea and cola drinks all contain caffeine. Tobacco also contains chemicals that keep you awake. Any caffeine drunk after 4pm will still have some effect by late evening and may keep you awake. Smoking cigarettes within an hour of going to bed or if you wake in the night is likely to keep you awake too. Fruit juices don't contain caffeine.



### **Do your thinking about problems during the daytime; do other things just before sleep**

For many people in prison, it is when the cell door is locked in the evening that they find that their worries and problems trouble them most. If you find that it is worries or troubled feelings that are keeping you awake, it may help to talk your problems through with a friend, Listener, Buddy or member of staff during the day. Then, if you possibly can, find something completely different to do during the evening before sleep. A good book, a radio programme or a Walkman may help. Particularly during the 30 minutes before you try to sleep, make sure that you are doing nothing that makes you worked up in body or mind. Reading, listening to music or a relaxation exercise may be suitable.

### **Establish a bed time routine**

Whatever you choose to do just before you settle down to sleep, try making it part of a short routine, which includes things like washing and tooth-cleaning, which you can do in the same order each bedtime. Having a regular bedtime routine can improve your chances of falling asleep quickly.

### **A relaxation exercise as part of your bed time routine**

If you want to do a relaxation exercise as part of your bed time routine, here is an exercise - if you do not already know one.

- breathe in slowly - counting to three (say in your mind 'one-hundred-and-one, one hundred-and-two, one-hundred-and three')
- when you get to 3, breathe out to the same slow count
- pause and count slowly to 3 before breathing in again
- after you've been doing this for 5 minutes or so, say the word 'relax' to yourself as you breathe out. For the breathing, breathe through your nose, not your mouth. And let your stomach rise and fall as you breathe, rather than breathing only in your chest.

You could practice this exercise for 5 to 10 minutes each night, sitting or lying comfortably. For the exercise to bring benefits, you have keep repeating it for some days. You do not need to try to relax or sleep. Just to carry out the exercise is enough.

### **Try ways of reducing noise or light at night**

If your sleep is upset by noise or light, you may be allowed to use foam ear-plugs or cloth eye-shades. Some people find these a great help. If these are not allowed, there may be other practical ways of reducing noise or light too - like bunk-side curtains or switching your pillow to the other end of the bed. You may be able to block out the noise by using 3a walkman or headphones for a stereo if available. It's worth trying.

### **If you still can't sleep**

Try to avoid lying in bed worrying or trying to sleep for long periods of time. If you cannot sleep, seek instead to do something else, if this is possible without disturbing those around you, like sitting up and reading or listening to a radio or tape-recorder. Make sure in advance you have your book, tape-recorder or headphones handy. Don't try to sleep again until you feel sleepy.

### **If you are troubled by nightmares**

Nightmares are common when people are distressed, particularly after a big stress such as an assault. Often they disappear on their own. If frightening dreams happen repeatedly, people sometimes become scared of going to sleep. If this happens, it

can be helpful to talk to someone you trust about the dream, or to write it down, describing it in detail. Do this several times reminding yourself that it is "only a dream" and cannot harm you.

**When a doctor or nurse can help**

There are certain illnesses which can cause sleep problems - like headaches, back-aches, indigestion, heart disease, diabetes, asthma, sinusitis and ulcers. If you suffer from any of these, a doctor may be able to treat the illness so that your sleep improves. Doctors can also help if you suffer from some special sleep disorders.

- You might be suffering from a special sleep disorder if any of the following apply to you:
- You have been told that your snoring is loud and suddenly stops and starts.
- Sudden attacks of sleepiness during the day when you cannot keep yourself awake, however much you try.
- Uncomfortable feelings in your legs or feet before falling asleep or muscle twitching during the night.

## Activity 2

### Which of the common causes of sleeplessness might apply to you?

*Target audience:*

All young prisoners, 10-12 participants

*Objectives:*

To explore participants habits on their sleeping routine.

*Time:*

15 min or as required.

*Necessary materials:*

“Which of the common causes of sleeplessness might apply to you?” worksheets.

If the task is to be done in a group – large sheets, markers.

*Method description:*

Activity can be used in different forms – as individual conversations with facilitator but as well as in a group activity. The facilitator distributes a quiz sheet to every participant. Participants complete the quiz on their own.

## Handout

### Check it out for yourself

*Which of these common causes of sleeplessness might apply to you?*

Every now and then everyone has a night of poor sleep. It's normal to have a few bad nights after a bad event or when in a strange place – like when you first come into prison. But if you keep on sleeping badly, it's worth asking yourself whether any of the following apply to you. They are common causes of sleeplessness – and causes which often you can do something about.

	<i>Sounds like me</i>	<i>Like me sometimes</i>	<i>Not like me</i>
Much mental activity soon before bedtime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy physical activity soon before bedtime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Little physical exercise during the	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daytime naps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No regular bedtime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No regular getting up time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating soon before sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coffee, tea or chocolate before bedtime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy smoking before bedtime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Too much light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worries on your mind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anger on your mind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling sad or depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frightening dreams most nights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have ticked any of the last four items, consider talking about the problem with someone you could trust - maybe a personal officer, chaplain or health care staff.

## Activity 3

### Deep Breathing Exercise

*Target audience:*

All young prisoners, 10-12 participants

*Objectives:*

Participants practice deep breathing techniques as part of stress reduction

*Time:*

15 min or as required.

Necessary materials: none

*Method description:*

Activity can be used in different forms – as individual conversations with as well as in a group activity.

The facilitator introduces and demonstrates the concept of deep breathing as a stress reduction strategy that can be used in the present moment as well as an excellent skill to master to more effectively cope with future stressors.

All participants stand with comfortable space between each other or seated in a chair.

Provide participants with the following directions:

1. Stand straight up with feet shoulder-width apart
2. Arms and hands are relaxed downward
3. Body is relaxed
4. Eyes closed
5. Focus on lower abdomen (belly) and imagine a small balloon in that space
6. Breath in slowly and deeply through nostrils, imagining the balloon inflating (getting bigger/larger/growing) slowly, hold a few seconds
7. Slowly exhale through the mouth, imagining the balloon gently deflating (getting smaller, shrinking); blow out of the mouth as if blowing out a candle
8. Tip: Place a hand over the lower abdomen to feel it go up and down, and make sure you're not breathing with the chest
9. Repeat at least 10 times

Ask participants how different their bodies feel after the exercise. (Are they more relaxed/calm? Do they feel lighter? Great? Tired?)

## Activity 4

### Progressive Relaxation

*Target audience:*

All young prisoners, 10-12 participants

*Objectives:*

Participants learn deep muscle relaxation as an easy stress reduction activity

*Time:*

15 min or as required.

*Necessary materials:*

none

*Method description:*

This activity can be used in different forms – as individual conversations with as well as in a group activity.

The facilitator introduces the concept that relaxation is a good way to reduce stress. Tell participants that they are going to do an activity that will help them relax by tightening and releasing different muscle groups in their bodies. Participants may sit or lay down on their backs (depending on space).

Demonstrate/model each step for participants in preparation for their participation. Then read and model the following instructions to participants twice for each direction:

1. Raise your eyebrows and wrinkle your forehead. Try to touch your hairline with your eyebrows. Hold for 5 seconds...and relax.
2. Make a frown. Hold for 5 seconds...and relax.
3. Close your eyes as tightly as you can. Draw the corners of your mouth back with your lips closed. Hold for 5 seconds...and relax.
4. Open your eyes and your mouth as wide as you can. Hold for 5 seconds...and relax. Feel the warmth and calmness in your face.
5. Stretch your arms out in front of you. Close your fist tightly. Hold for 5 seconds...and relax. Feel the warmth and calmness in your hands.
6. Stretch your arms out to the side. Pretend you are pushing against an invisible wall with your hands. Hold for 5 seconds...and relax.
7. Bend your elbows and make a muscle in your upper arm. Hold for 5 seconds...and relax. Feel the tension leave your arms.
8. Lift your shoulders. Try to make your shoulders touch your ears. Hold for 5 seconds...and relax.
9. Arch your back away from the back of your chair (or off the floor). Hold for 5 seconds...and relax.
10. Round your back. Try to push it against the back of your chair (or against the floor). Hold for 5 seconds...and relax. Feel the tension leaving your back.
11. Tighten your stomach muscles. Hold for 5 seconds...and relax.
12. Tighten your hip and buttock muscles. Hold for 5 seconds...and relax.

13. Tighten your thigh muscles by pressing your legs together as close as you can. Hold for 5 seconds...and relax.
14. Bend your ankles toward your body as far as you can. Hold for 5 seconds ...and relax.
15. Curl your toes under as far as you can. Hold for 5 seconds...and relax. Feel the tension leave your legs.
16. Tighten all the muscles in your whole body. Hold for ten seconds...and relax. Let your entire body be heavy and clam. Sit quietly (or lie quietly) and enjoy this feeling of relaxation for a couple of minutes.

## Activity 5

### Simple Meditation

*Target audience:*

All young prisoners, 10-12 participants

*Objectives:*

Introduce participants to meditation as an effective, widely practiced activity that can reduce stress.

*Time:*

15 min or as required.

*Necessary materials:*

None. Seated exercise in a chair or on the floor.

*Glossary:*

Meditate – to think calm thoughts in order to relax or have a spiritual activity.

Meditation – the word was adopted in late nineteenth century to refer to various spiritual practices from Hinduism, Buddhism, and other Eastern religions.

*Method description:*

Introduce participants to the activity by talking about the widespread practice of meditation throughout the world. Check in with participants by show of hands how many have done meditation before. Explain to that through this activity they will calm their body, mind and spirit.

Warm up

1. Begin by sitting comfortably, balanced, and relaxed (if seated in a chair, feet on the ground). Breathe easy and from the abdomen/"belly breathing" (not chest breathing).
2. Practice a few deep breaths with the group.
3. Rotate the head in easy, slow circles; change direction and rotate in slow, easy circles.
4. Look up; tilt your head way back. Look down; put your chin on your chest.
5. Drop your arms and hands to the side and shake them gently and easily.
6. Raise your feet off the floor and gently and easily shake the knees.
7. Straighten your spine while meditating. Practice (repeat two times)
8. This is done SILENTLY.
9. When the facilitator says, "Close your eyes", close your eyes. (Once your eyes are closed, simply relax your mind and do not make an effort to think about anything; slowly your mind will clear and relax). When the facilitator says, "Open your eyes", open your eyes.
10. Now, sit straight up, relaxed, and balanced.
11. "Close your eyes" (two minutes elapse)
12. "Open your eyes"



13. Ask for feedback: How was that? (Participants may give thumbs up or thumbs down.) Now everyone practice it again.
14. Repeat exercise: “Close your eyes”...two minutes elapse...“Open your eyes” (Optional: take heart rate and compare to heart rate before meditation).
15. Ask for feedback.

## Activity 6

### Visual Imagery

*Target audience:*

All young prisoners, 10-12 participants

*Objectives:*

Participants learn the process of visual imagery as a technique to help themselves calm down

*Time:*

15-20 min or as required.

*Necessary materials:*

None. Seated exercise in a chair or on the floor.

Take care: This exercise should be carried out in a group where trust had been established or/and the exercise is facilitated by an experienced group work facilitator.

*Method description:*

Facilitator leads participants through the process of visual imagery as a relaxation technique.

*Instructions:*

1. Participants sit comfortably for this activity
2. Use a calm, low, slow voice and give sufficient time between each visual suggestion for participants to “ease” into the vision and “see” each step
3. Create your own visual scenario appropriate to participant's age, experience and interest.

*Example:*

Close your eyes. “See” in your mind’s eye a beautiful beach. The sun is shining warmly, the breeze coming from the ocean is soft and warm, palm trees are overhead and a few seagulls circle about. Imagine walking barefoot in the warm sand, feel your feet sink in the sand with each step.

Walk toward the water’s edge and let the water roll over your feet. Jump in the water; it is warm, gentle and very refreshing. Come out of the water and walk to your big beach towel, lay down and relax. Rest for a while in all the peace and beauty surrounding you. Imagine how it looks, how it sounds, how it smells. Breathe in deeply the warm ocean air, stay as long as you like. When you are ready to leave, go to the edge of the water and throw in anything that has been bothering you, anything you wish to be rid of in your life, anything you are feeling sad or angry about, anything you worry about (e.g. problems at home, violence in your neighborhood, bullies, death of a loved one, issues with friends). Picture it as a big rock, a chain, a heavy bag over your shoulders, or any image that helps you see it as undesirable. Throw it in the ocean as far as you can. Watch it sink and get taken by the waves. When the “visit” is done, be thankful for the release of the burden, the problem, the worry; then walk peacefully back through the warm sand and take a rest on your beach towel.

4. Practice this imagery in group for 10-20 minute.

5. Allow time for participants to debrief and share about where they went in their visualization and what they felt about the experience/technique. This can be done in pairs, small groups or sharing with whole class.
  - Sample guiding questions:
  - Where did your visualization take you?
  - Do you feel more calm/relaxed after going through this exercise?
  - What did you see, hear, feel, smell during your visualization/did anything in particular stand out?
  - What was it like throwing your burdens into the water?
  - How does it feel to be back in the classroom?
  - Is this technique/exercise something you might do in the future to clam down, relax and reduce your stress?

## Activity 7

### Mind-Body Connection

*Target audience:*

All young prisoners, 10-12 participants

*Objectives:*

Participants will identify physical and emotional feelings related to stress

*Time:*

20-30 min or as required.

*Necessary materials:*

"Mind-Body Connection" worksheet for each participants and markers

*Method description:*

Have the participants make their first really hard for 30 seconds and then say, "Let go." Ask them how it felt when they made their fist and when they relaxed it. Explain that today's activity will focus on how our body acts under stress.

1. Distribute the mind- body connection worksheet to each participant.
2. Encourage participants to think of a time when each of them felt stressed out in the past two weeks. Tell them to think back to how the stress made them feel.
3. Invite participants to draw on their individual body handout where stress was and how it made them feel. They may draw any pictures or symbols and may use any colours they choose.
4. After 5 minutes, go around and have each participant share. Ask them to talk about the stress, how it felt, and why they used the symbols and colors on their handout.
5. Continue the discussion by asking participants how they coped with the stress and if they did anything to make the emotional and physical feelings go away.
6. If you have time, explain that one way to deal with stressful situations is relaxation breathing. Go over the way to do it with the box to the right.

**Closure:** Remind the participants to pay attention to how their bodies feel when they experience stress and suggest that they can use relaxation breathing for self-calming.

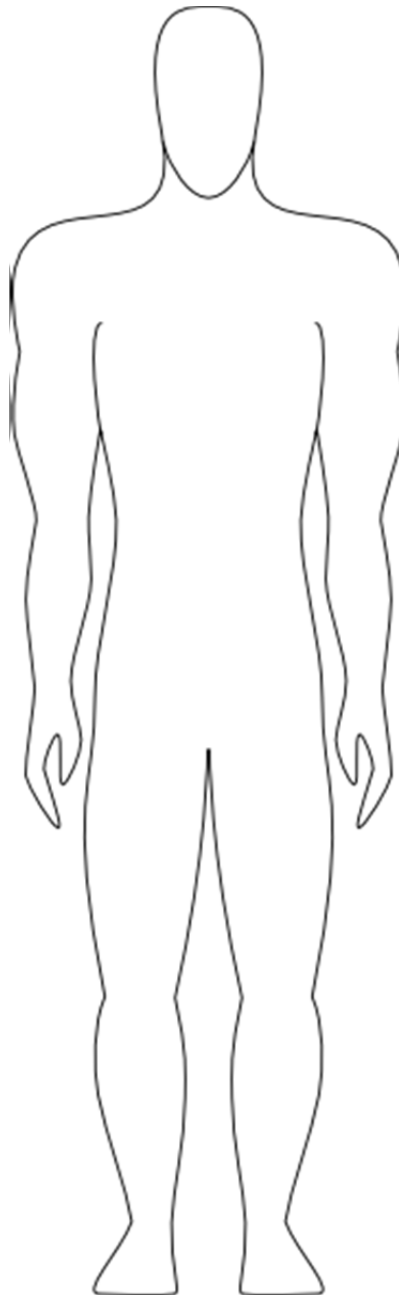
### **Mind-Body Connection**

**Think of a specific time when you felt stressed out in the past two weeks.**

**How did that stress make you feel?**

**On the body below, draw where and how the stress affected you.**

**You may draw any pictures or symbols and may use any colors you choose.**



## Activity 8

### What do we mean by bullying?

*Target audience:*

All young prisoners, 10-12 participants

*Objectives:*

Participants define bullying and strategies to deal with bullying.

*Time:*

40 min or as required.

*Necessary materials:*

Flipchart, flipchart paper, markers, paper, pencils

*Method:*

Split participants up into small groups. Provide each group with a sheet of flipchart paper. Ask participants to discuss and define what they think bullying involves.

Let the small groups discuss for 10 minutes and ask them to write down their definition on the flipchart paper. Tape each group's flipchart paper on the wall and ask the group to present their results.

Then ask each group to list coping strategies to deal with bullying behavior in the workplace.

Let the small groups discuss for 10 minutes and ask them to write down their main responses on the flipchart paper. Again, tape each group's flipchart paper on the wall and ask the group to present their results.

*Ensure that the prison's anti bullying strategy is discussed if there is one. If there is not one, ask the group if they would find an anti-bullying strategy helpful.*

After the exercise provide any of the following information that was not raised during the group discussion.

- Bullying is actions, criticism or personal abuse in public or in private, which is offensive, intimidating, malicious or insulting.
- Bullying behaviour can occur between personnel of the same sex, or opposite sex, between personnel of the same grade, by a manager to a subordinate, by a subordinate to a manager or by a member of staff to another of the same grade.
- It is usually persistent, systematic and ongoing behaviour.
- For example, stopping a person from speaking by using aggressive and/or obscene language; constantly interrupting, publicly humiliating or ridiculing someone; finding fault, withholding information or setting meaningless tasks.

Bullying behavior can have a serious impact where the person who has been bullied can feel threatened, upset, humiliated and vulnerable. Bullying can undermine a person's self confidence and increase their stress levels. Bullying also impacts on the effectiveness and efficiency of the whole prison where staff have low morale and increased absenteeism related to bullying.

A culture of bullying in prison can be linked to an unsatisfactory work environment with a perceived lack of management support and a negative work culture.

**Techniques to deal with bullying**

- Do not be tempted to strike back at the bully or be aggressive. You should try to be assertive. Firmly tell the person to stop, that you don't like what they are doing and then simply walk away.
- Give out the message that you refuse to be a helpless victim.
- Confide in someone you trust.
- Consult the anti-bullying strategy, if there is one, and follow the suggested procedure.

## Handout 2: How to avoid conflicts

**Objective: To introduce to the young prisoners on how to avoid conflicts with other prisoners.**

Because prison is such a dangerous environment, interaction between inmates can be intense and sometimes violent. With all the diverse backgrounds joined together with intolerance, hate, ignorance, manipulation, and anger, it is difficult for an inmate to focus on steps to effective communication.

**Here are steps to consider and try avoiding conflict with others in prison.**

- Avoid situations that are certain to intensify.
- Avoid people that are known to initiate and/ or participate in aggressive or violent situations, such as gangs.
- Avoid screaming or yelling when disagreeing with others.
- Avoid being alone or in a position you cannot break away from.
- Get involved with programs provided through the prison that is designed to help inmate's rehabilitate.
- Get a job in the prison.
- Set goals and focus on achieving those goals. (Parole date, family visits, reading, education, work out, sports, etc.)
- Respect others even if you do not like them.
- Learn to tolerate and not judge.
- Keep in touch with family and friends.
- Do not threaten anyone.
- Try to understand other's points of view.
- Do not get defensive.
- Learn your body language communication and avoid making negative gestures.
- Remain calm and alert.
- Keep your distance and do not invade personal space which is around 2 feet from others.
- Don't share your personal information e.g. telephone number, addresses, family contacts.
- Don't lie, better not say anything.
- Be aware of your personal hygiene.
- Don't borrow things from other and don't borrow out things for others.



## Activity 9

### Trading Faces

*Target audience:*

All young prisoners, 10-12 participants

*Objectives:*

Participants will learn the difference between reacting and responding to a conflict.

*Time:*

45 min or as required.

*Necessary materials:*

none

*Method description:*

1. Explain that participants will work in pairs to role play about conflicts between two people.
2. Explain that each pair of participants will think about the relationship between the people, come up with a conflict that is common, and practice acting out the conflict and solving it.
3. Invite participants to get into pairs and to find a space to work in.
4. Pick one of the following relationships for each pair of participants:
  - Parent and young prisoner
  - Guard and a young prisoner
  - Two young cell mates
5. After five to ten minutes, stop and get the attention of the pairs. Explain that in a minute, you will go around and have each pair act out their conflict for everyone else. Invite the teens to look for whether the people are **REACTING** or **RESPONDING** to the conflict.

*REACTING involves being aggressive, like losing your temper or intimidating someone. It also could involve manipulation.*

*RESPONDING involves taking time to assess the situation, listening to the feelings of the other person, and then choosing an action that is best for all concerned.*

6. Have each pair act out their conflict and the response to the conflict. In order to keep things moving, tell the teens that they only have 2 minutes. Invite the entire group to comment on whether the person is reacting or responding and why.
7. After all pairs have presented, tell the pairs that they will have five minutes to go back and practice the role play again, this time with the person responding rather than reacting. If they already responded, the pair can choose an entirely new relationship and conflict to practice.

**Closure**

Ask the participants what they thought about the activity. Did they feel that they were more successful when they responded instead of reacted? Ask them which one produced less stress.

Remind participants to respond rather than react when they are in a conflict.

## Activity 10

### Training in asking for a favour or exercising one's rightful claim

*Target audience:*

All young prisoners, 10-12 participants

*Objectives:*

Participants will exercise assertive behaviour.

*Time:*

45 min or as required.

*Necessary materials:*

none

*Method description:*

The facilitator introduces the group session with a short brainstorming phase on what favours and rightful claims or demands are. This is followed by a short discussion focusing mainly on the identification of criteria used to differentiate between a favour and a rightful claim or demand and the boundaries between them. The facilitator makes notes on the flipchart and, at the end of the discussion, summarises the input and provides definitions of both terms, if needed. The facilitator continues with a brief explanation of the general prerequisites for dealing with the refusal of a favour without any or very few bad feelings. They include:

- the courage to overcome the fear of refusal
- the willingness to overcome social discomfort
- the use of an appropriate form

The form plays a very important part in asking for a favour. The facilitator therefore focuses a great deal of attention on the requirements for an appropriate form. In their presentation, the facilitator underlines several points which they have also written on the flipchart for the group members to look at. The requirements for an appropriate form are as follows:

- it must be absolutely clear that we are asking for a favour, not something we are entitled to
- our request may be repeated 2-3 times at a maximum – further requests reduce the self-worth of the person who keeps asking
- to provide a clear, relevant, and brief explanation of what I am asking for and, if applicable, why
- to use the word “please”
- to show appreciation

- to assess the feasibility of the request, not to ask for something ridiculously excessive
- the request should allow for the possibility of refusal, i.e. the failure to be granted the request, as it is not a claim.

The following exercise involves role-playing activities that make it possible to simulate the course and developments of various situations. Ideally, the facilitator lets the group members choose by drawing lots the roles they are going to perform in specific model situations. The facilitator makes a brief introduction to provide a context for each situation. The situations involve the following tasks:

- to ask a stranger about the name of the street
- to ask a stranger on the bus for an explanation of where to get off
- to ask a person queuing ahead of you at the newsstand to let you move in front of them so as not to miss the bus
- to ask the educator for permission to make a phone call. You have not heard from your partner/relative/friend for a long time and are afraid that something may have happened, and

In the course of the exercise, the facilitator encourages discussion on the different ways of articulating the requests and the effects achieved in each case. In addition, the facilitator supports mutual feedback in order to draw a distinction between functional and dysfunctional forms of asking.

The next session is dedicated to the exercising of one's rightful claim. The facilitator brings the sheet with the results of the brainstorming from the previous session and reviews the definitions of the concepts of a favour and a rightful claim. They point out the strategies that are useful in successfully dealing with a situation in which a person wants to exercise their rightful claims. They include:

- to clarify whether it is truly something they are entitled to
- to persist and stay calm
- to stick to the original demand
- to set one's mind on success or compromise; ideas such as "this can't work out" hardly ever lead to success, and
- to articulate the demand and repeat it

As in asking for a favour, the form is also very important in exercising a rightful claim. The facilitator highlights the following points in their presentation:

- formulate the demand for oneself, i.e. use sentences such as "I want...", "I would like...", and "I don't want..."
- stay calm
- keep repeating the demand
- disregard misleading questions
- ignore manipulative statements inciting feelings of guilt and uncertainty
- avoid apologising
- insist and do not allow the discussion to turn to a different topic
- judge the situation; when it is impossible to assert the demand, devise a reasonable compromise

- use politeness; say “please”, explain why you are making your request. When the other party ignores and manipulates us, however, the “stuck record” strategy should be deployed.

The second part of the session is reserved for the practising and discussing of specific examples. Ideally, the facilitator lets the group members choose by drawing lots the roles they are going to perform in specific model situations. The facilitator makes a brief introduction to provide a context for each situation. The situations involve the following tasks:

- to complain about spoiled food in a shop
- to ask a waiter to return your change
- to make your room-mate put away his or her things that are placed on chairs that are to be shared
- to ensure your room-mate only takes things from your cabinet with your permission

In the course of the exercise, the facilitator encourages discussion on the different ways of exercising one’s rightful claims and the effects they produce in each case. In addition, the facilitator supports mutual feedback in order to draw a distinction between functional and dysfunctional forms of making such demands.

## Examples of best practice

### Example 1

In 2005 NGO Convictus Estonia in cooperation with young prisoners wrote a pocket book (18 pages) "Letter for my younger brother" aimed to support young prisoners in their adaption to prison life. With the financial support from with the Ministry of Justice the book was published and made available both in Estonian and Russian language.

The book was written as a letter from an older brother, who already had experienced prison to the younger brother on how to manage with imprisonment. Illustrated with the drawings by young prisoners the book discussed the challenges that young men may face on the first days in prisons and also gave them advice on how to cope with the new stressful situation. The book addressed the reality of drug withdrawal, depression, prison culture and unwritten rules, how to cope with conflicts and behave with prison guards. The letter to the younger brother also gives advice and information on sexually transmitted diseases including HIV. In the very end there is an additional page for notes and thoughts for the reader.

Illustration made by a young prisoner for the pocket book "Letter for my younger brother".



## Example 2

Stress management procedures are incorporated into the treatment programme provided by the specialised compulsory drug treatment department to male offenders serving their sentences in the Rynovice Prison in the Czech Republic. The learning of stress management skills is a prerequisite for successful abstinence from both alcohol and drugs other than alcohol.

Coping with stress is viewed as a skill which the offenders develop during their stay in the specialised wing, particularly as part of the programme component focusing on relapse prevention. In total, relapse prevention encompasses three stages. Within the first stage, what should be achieved is that the client understands the basis of a stress reaction and is able to make an informed decision concerning a certain stressful event. The second stage focuses on the identification of dysfunctional stress management methods and the learning of new strategies. Finally, the third stage involves practicing the newly acquired skills.

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# 12. throughcare

## what

This module provides key information for staff about throughcare and guidelines on how to communicate the importance of identifying/planning to meet their needs when released to young prisoners.

The context identifies what is meant by the concept 'throughcare', key international regulations and explores why throughcare is so important and how health promotion fits into it.

The guidelines are designed to help young prisoners understand the value of seeing healthy living in a broader life context.

Activities are provided that include a number of case studies that help to illustrate different scenarios that may affect the young people and helps them to think about the support that they will need.

### **Aims and Objectives**

This module aims to raise awareness amongst trainers and young people of the link between healthy living and other aspects of life. The module is designed to help prison staff working with young prisoners to identify:

- ways in which healthy living and other parts of their lives are related;
- support that is available.

### **Learning outcomes**

This module will achieve the following learning outcomes:

- Trainers will understand the importance of placing health promotion for young prisoners within a broader context of throughcare.
- Young people will be more aware of their overall needs on release, how these needs can affect healthy living and how to seek support.

### **Rationale**

Healthy living is not just an 'add-on' but related, often closely, to other aspects of young prisoners' lives. Poor health or unsafe practices, such as drug or alcohol use, lead to poor performance in a range of other areas of life, such as relationships, employment or maintaining accommodation. At the same time, difficulties in these areas of life can often result in poor health and unsafe practices. Furthermore, individual health issues are usually interlinked in some way.

Therefore, health promotion to young prisoners cannot take place in a vacuum. For it to be effective and have long-term impact, it has to be underpinned by a range of supporting activities that are, collectively, known as 'throughcare'. Research and experience has shown that without an effective throughcare process in place, it is difficult to ensure that healthcare of any sort will be successful (Fox et al., 2005; McAllister et al., 1992).



### **What is 'throughcare'?**

Throughcare is the continuous, co-ordinated and integrated management of offenders from their first point of contact with correctional services to their successful reintegration into the community (Clay, 2002). The principle idea, outlined by the World Health Organisation (WHO), is that offenders should experience a coordinated and smooth progression of care (Møller et al., 2007). Throughcare services are therefore concerned to assist prisoners to prepare for release, to help them settle in the community and to prevent reoffending.

One of the key principles of throughcare is the commitment to supporting prisoners as individuals from arrest through to release and beyond. Young prisoners are not a homogenous group: they are all individuals with specific support and treatment needs (see Text Box 1). Indeed, according to the Howard League for Prison Reform, the needs of young prisoners, especially those aged 18 to 24, are often ignored (Howard League, 2012).

#### *Text Box 1: Why is reintegration important?*

*Reintegration is a particularly acute concern for those who have been detained or placed in a custodial setting, as a result of their offending behaviour. These children and youths combine the double challenge of overcoming the impact of institutional care and the stigma and consequences of their offence(s) and offending behaviour. They face huge internal and external risks and obstacles to a smooth reintegration in society (European Council for Juvenile Justice, 2011:10, The social reintegration of young offenders as a key factor to prevent recidivism. (www.ejjo.org))*

### **Throughcare: an internationally accepted requirement**

There are clear moral, social and economic reasons for ensuring that effective throughcare is in place. However, it is also enshrined in the United Nations Convention on the Rights of the Child (Office of the United Nations High Commissioner for Human Rights, 1990). The four core principles of the Convention are: non-discrimination; devotion to the best interests of the child; the right to life, survival and development; and respect for the views of the child.

The Convention emphasises the importance of 'promoting the child's reintegration and the child's assuming a constructive role in society' (Office of the United Nations High Commissioner for Human Rights, 1990). This is fundamental to throughcare. The obligation to comply with the Convention applies to all states, devolved and local governments.

The rights listed in the Convention are central to the human dignity and best development of every child. The Convention protects children's rights by setting standards in health care; education; and legal, civil and social services. They are human rights standards, and as such they mark the minimum acceptable standard to apply in respect of all children and young people under the age of 18 (Office of the United Nations High Commissioner for Human Rights, 1990).

Worryingly, in some countries in the European Union, governments are increasingly using prison as a punishment for children and young people. Yet this contravenes Article 40 of the Convention, which not only forbids the use of adult courts for under 18 year olds, but requires that judicial proceedings should be avoided when possible:

*A variety of disposals such as care, guidance and supervision orders; counselling, probation, foster care, education and vocational training programmes and other alternatives to institutional care shall be available to ensure that children are dealt with in a manner appropriate to their well-being and proportionate both to their circumstances*

*and the offence. (Office of the United Nations High Commissioner for Human Rights, 1990)*

Clearly, however, it is important to recognise that EU member states are at different stage of development towards an effective throughcare system, owing to systemic and political circumstances. Throughcare is a set of principles towards which members should be aiming to provide for young prisoners.

The WHO, as long ago as 1996, emphasised that promoting good health amongst offenders is the responsibility of prison staff, families and the wider community rather than of medical staff alone (World Health Organisation, 1996). In some countries, such as the UK, this holistic or 'whole prison' approach underpins prison service approaches to the care and management of young prisoners (HM Prison Service, 2006).

There is increasing recognition at the WHO that effective throughcare services are essential in supporting prisoners with deep seated health issues (Møller et al. 2007; see Text Box 2). This is particularly true for prisoners with problematic drug use. Evidence indicates that where throughcare services are in place, ex-prisoners are less likely to return to their drug use or to re-offend (Holloway et al., 2005).

Throughcare is also an important key to providing equality of healthcare. The international principle of equivalence of healthcare, where the standards of healthcare in prison should be equivalent to that provided in the community at large, is now largely accepted by the WHO, as well as commentators and researchers but in reality, prisoners face particular difficulties in gaining access to effective healthcare (Møller et al. 2007: 7).

*Text Box 2: Access to effective healthcare is a human right*

*The United Nations (1990) Basic Principles for the Treatment of Prisoners states that 'Prisoners shall have access to the health services available in the country without discrimination on the grounds of their legal situation' (cited in Møller et al. 2007: 7). It is also important because, for many prisoners, unresolved health issues are a key factor in their offending behaviour (Hult, 2011; Social Exclusion Unit, 2002).*

## why

There is much evidence that the promotion of healthy living is dependent on good throughcare. The connection between health promotion and wider issues relating to prisoner management has long been known. Health promotion has been connected broadly with the notion of the 'whole prison' approach where all staff are involved in the delivery of healthy living messages (Hayton, 2006; Baybutt, 2006).

Whilst health promotion clearly needs to take account of the practical issues such as cleanliness, good diet, sport and exercise, it also needs to take account of issues that might be less obvious, such as access to health care, maintaining appropriate accommodation and managing finance, developing healthy intimate and family relationships and engaging in education, training and employment. These can be vital to young prisoners maintaining a healthy lifestyle both during custody and after release (Mooney et al., 2007:9; see Text Box 3).

### *Text Box 3: Continuity of treatment*

*"Mostly, within the prison walls, everybody is full of enthusiasm and motivated, but once they step out, everything goes up in smoke, doesn't it? So, maybe, when the court makes the decision..." (Czech Republic, Prison Staff)*

Young prisoners suffer multiple disadvantages that need to be addressed to ensure that they can become part of society and lead law abiding lives. Successful reintegration is essential to reduce reoffending and the evidence indicates that holistic interventions are more likely to be effective in reducing reoffending (Sapouna et al., 2011: 12).

### **Healthy living choices and support**

Understanding that healthy living is not an optional item is an important part of successfully resettling young prisoners. This will help young prisoners understand that good choices in all aspects of their lives have an impact on their health but also that poor health is often a symptom of things going wrong in one or more of those areas.

Personal awareness is clearly vital, but young prisoners also need to know where they can turn for support. Importantly, they need to know that they will receive support when they look for it. It is vital, therefore, that young prisoners are helped to build up 'meaningful links whilst in prison with a range of community services that can offer continuing support' (Sapouna et al., 2011: 14).

### **A collaborative framework of support**

Effective throughcare necessitates a collaborative approach to working. Different agencies working with young prisoners need to work together in a collaborative manner, sharing data and working together to support the individual prisoner (see Text Box 4).

### *Text Box 4: Working in Partnership*

*Reintegration is a common responsibility of institutions and society. Institutions cannot fix it alone: for successful reintegration, they need chain partners in society. Re-offending is for a non-negligible amount the result of bad transition management from custody to society. Therefore, a coordinated approach between all social partners is an important prerequisite. (European Council for Juvenile Justice, 2011:22, The social reintegration of young offenders as a key factor to prevent recidivism .www.ejjo.org)*

Throughcare comprises four main strands of often interconnected support relating to key aspects of the young prisoner's life (MacDonald et al., 2012:10). These are outlined below:

### **Health**

Many ex-prisoners often have a range of health issues, in particular, problematic drug use and mental health issues. Young prisoners are often engaged in a range of harmful behaviours, such as problematic drug or alcohol use which, in turn, are often the result of significant mental health issues. Such issues are often diagnosed in prison and require continuity of treatment and support throughout the prison term and after release (SEU, 2002:8).

For many young prisoners, prison is the first opportunity they have of accessing good healthcare and healthier lifestyles. Some prisoners, for example, say that they eat better in prison than they did before or that they receive better health care than before (see Text Box 5). Indeed, it is well known that over half of prisoners in the UK were not registered with a GP before they were sentenced (Schuller, 2009). Prison, in this context, can be seen as an opportunity to improve the lifestyles of young prisoners and introduce them to healthier, more sustainable regimes.

#### *Text Box 5: Prisoners access to medical treatment*

*"Most of the prisoners do not have health insurance and access to health care but in prisons they often undergo medical examinations for the first time" (Bulgaria, Prison staff)*

*"Here I can use some medical services, outside I did not have the opportunity..." (Bulgaria, Prisoner)*

*"I have no health insurance but in prison it does not matter - the state pays" (Bulgaria, Prisoner)*

### **Family**

Many prisoners experience issues relating to their families yet research shows that good family support, integrated with the offender management process, can be very positive for young prisoners. In particular, families need to be involved more closely in the preparations for release and in the development of offenders' case management plans. In some cases, this is provided by voluntary sector groups (ExOCOP, 2011; Codd, 2009).

Many young prisoners come from dysfunctional, chaotic family backgrounds and often find it difficult to keep in contact with family and friends. This can be detrimental to their well-being (Lewis and Heer, 2009). Families can have a range of problems that are linked closely with an individual's offending behaviour and there is often a history of depression, abuse and un-met educational needs (Glover and Clewitt, 2011). A great deal of support is required to help families play their valuable role in helping to resettle prisoners.

### **Finance and Housing**

Ex-prisoners often come out of prison with no money, significant debts, nowhere to live and a poor understanding of what help they can receive. Safe, stable accommodation, preferably in a new environment is recognised as making a significant impact on re-settlement of young prisoners on release (Howard, 2006; SEU, 2002:94).

Supporting young prisoners to develop skills in maintaining a tenancy and managing their finances is vital for prisoners after their release but the work done in prison is lost on return to the community. Effective links need to be made with external support agencies to smooth this transition.

## Employment

Young prisoners need work to give them a sense of purpose and provide stability in their lives. Having a job can provide offenders with a positive attitude as well as motivation to avoid offending behaviour. Good mental health can be encouraged by employment. It is recognised by staff and prisoners that a daily structure and going to work every day are essential in achieving successful social reintegration (see Text Box 6).

### *Text Box 6: prisoners and employment*

*"If I do not have a job and money, so I cannot take care of my health" (Bulgaria, Prisoner)*

*"I have no qualification and job - how to pay for health insurance outside, I have no access to doctors..." (Bulgaria, Prisoner)*

Time spent in prison can have a negative effect on individuals' job skills, while a lack of job opportunities upon release can push newly released prisoners into further criminal activity. Young people need finalized plans for work and/or school or college placements in advance of leaving custody, including plans to help ensure they attend. They also need to learn about work and learn new skills by carrying out a variety of jobs as part of their wider sentence and resettlement plan (Lewis and Heer, 2008).

## Healthy living, Throughcare and Desistance

Successful, well planned throughcare can help young people to live healthier lifestyles, which can, in turn, help them to steer away from offending behaviour (see Text Box 7). Research indicates that throughcare is closely connected with desistance from crime. The key issues emerging from much of the work on desistance are:

- it is important to understand and respond to individual circumstances and be aware of their current motivation i.e. too be aware that 'one size fits all' throughcare is not effective;
- the process of change is seen as a joint enterprise with the offender;
- empathetic support that sustains the offender's motivation, assists in skill development and acknowledges that setbacks may occur is provided;
- help in solving practical problems and social problems is provided;
- relapse may occur and this should not be seen as evidence of failure.

### *Text Box 7: Early planning for release is vital*

*Research indicates the importance of commencing planning for release with young prisoners at an early stage of their sentence, as this may increase the chances of the throughcare services arranged being successful (Lewis et al., 2003; Maguire and Raynor, 1997).*

A key element of successful throughcare is assessing the young prisoner's needs. This should start as soon as the young person comes to the prison. There are various ways of doing this either by staff in the prison or with outside agencies working with the prison (see Text Box 8).

**Text Box 8: Assessing needs**

*In the Netherlands an example of best practice is the use of 'network and routing consultations'. Within a week after entry in a juvenile custodial institution, the youngster will be discussed in the network consultation: a consultation in the custodial institution where the youngster stays, the Child Protection Board and youth probation services. The aim is to gather information, evaluate the time to be spent in the institution and divide tasks regarding the personal plan and aftercare.*

*Two weeks after the network consultation, the routing consultation takes place: a consultation in the municipality where the youngster lives among all the earlier mentioned parties plus a representative of the local government. The aim is to make arrangements for the counseling of the youngster and his/her parent(s). In this way, a coordinated approach between all social partners can be achieved.*

*(European Council for Juvenile Justice, 2011:32, The social reintegration of young offenders as a key factor to prevent recidivism .[www.ejjo.org](http://www.ejjo.org))*

## who

This module is aimed at all young prisoners because throughcare is primarily about identifying how healthy living affects all aspects of life rather than its being a self-contained entity.

However, throughcare is a concept that requires the support and intervention of all those who are responsible for the care of prisoners and cannot be left simply to the prisoners themselves.

Trainers may invite a range of other staff both from the prison and from external agencies to help the young prisoners to gain from health promotional activities. Their role may be to explain key issues to the young people.

More than one trainer is essential for this module. Having more than one trainer on the team allows for varied styles of presentation and for different perspectives to be provided.

*Note: The module is aimed at helping the young people to explore key issues so should be engaged in interactive activities where they identify key issues. These can be fed into further promotional activities and development of strategy.*

# how

The following activities have been designed to meet the learning objectives outlined above. They reflect and explore with the young people the key elements of throughcare as discussed above:

1. healthcare, which enables young prisoners to continue treatment for health issues that are often diagnosed during custody;
2. accommodation and finance, which provide young prisoners with appropriate housing and the skills to manage their finances;
3. family and interpersonal relationships, which facilitates better, more supportive family and interpersonal relationships;
4. employment and training, which enable young people to find work or training.

There are suggestions for facilitating discussion between the young people, each other and the trainer. In addition to discussion, the trainer must be prepared with a list of useful telephone numbers and addresses to provide support for the young people.

The activity called 'Scenarios' provides a number of stories, each illustrating a common situation relating to the needs of young prisoners. The other activities are designed to get young people to think about their own needs and the needs of other prisoners.

## *Relevance to specific groups*

Activities must be adapted to local situations and to suit the target audience. Differences between the ages of young prisoners will need to be taken into consideration

*Note: Materials must always be adapted to suit the target audience. Differences between the ages of young prisoners will need to be taken into consideration. Prisoners aged between 14 and 18 may have different needs from those of 18 to 24 year olds.*



## Activity1

### Ice breakers

The following ice breakers are good methods of getting the young people to think about the ways in which healthy living is connected with other parts of their lives.

#### **Young person's outline**

This activity is designed to identify the support needs of young prisoners.

*Time required:*

5–10 minutes

*Materials needed:*

Large (person-sized) piece of paper, sticky notes, pens and markers

*What to do:*

Ask a participant to lie down on the piece of paper and another to draw around their outline. Either ask the participant to give the outline a person's name. Tell the participants that the outline represents an imaginary character who is a young person in custody.

Give the participants a scenario: such as 'this young person has just arrived at reception and it is their first time in custody – how are they feeling?' or 'this young person is about to leave custody'. Then ask participants to imagine how the young person is feeling and write their ideas within the character's outline. Next, ask them to consider all the things that might help the young person and write them outside the outline.

Use the answers to prompt discussion about what needs to happen within the prison to support other young people in that situation.

## Activity 2

### Healthy person vs. unhealthy person

This activity is designed to help young prisoners identify areas of life that they might need support with.

*Time required:*

20 minutes

*Materials needed:*

pens, paper, flipchart, marker pens

*What to do:*

The young people should be asked to describe as a group, a healthy person and an unhealthy person. The trainer should set this out on a flipchart as the example below shows:

Health/healthy person	Unhealthy person
Job	Unemployment
High income	Loneliness
Friends	Bad luck
Good spirits	Poverty
Home	Poor neighborhood
Healthy food	Lack of family support
Respect	

This activity could involve small group work. In this case, get the young people into small groups and write down what they understand as the key attributes of a healthy and an unhealthy person and then feed back into the larger group.

*What do you think?*

This activity is designed for young people to think about their feelings about different aspects of their lives and how important they are.

*Time required:*

5–15 minutes

*Materials needed:*

Marker tape, flipchart, marker pens

*What to do:*

Make a line across the room with marker tape. Explain to participants that this line is a continuum with two opposing views at each end – one end is 'strongly agree', the other is 'strongly disagree'.

Ask the group to consider a statement that is relevant to the topic you wish to explore and ask them to stand on the line according to their opinion. Statements could include the following:

- It is important to find a good place to live after leaving prison;
- It is easier to live more healthily in prison than outside;

- Family and relationships can help support young prisoners;
- Jobs and training are important to you when you leave prison.

Invite each participant to explain why they agree or disagree with the statement and to give examples. When every participant has spoken, ask the group for their ideas on what could be improved to make it healthier or safer for them.

## Activity 3

### Scenarios<sup>13</sup>

The following scenarios are fictitious but all drawn from real-life experience. The scenarios can be used in all sorts of ways. Depending on the age of the group you will need to pick the most age appropriate scenario or adapt one of those provided.

*Time required:*

30 minutes

*Materials required:*

pens, paper, post it notes

*What to do:*

The young people should be divided into two small groups. Read out to the young people each of the scenarios (select which ones in the red boxes below, A–E are appropriate or even make up your own). Get the two groups to consider each scenario in detail and consider the implications of each for the character. Ask the young people to consider a good ending and a bad ending and then follow up with a discussion of how the first ending helped to be successful.

You may want to ensure that the following points are covered in the discussion:

- Identify which areas of the character's life are being illustrated (there may be more than one);
- Identify which course of action was the most effective;
- Identify some useful sources of support.

#### A) Finding a Home for Ivan

*I am 17 years old. My home life was difficult as far back as I can remember, what with my Mum who always shouted at me and when she wasn't shouting at me, she just wasn't interested in what I wanted to do. My Dad left when I was tiny and my Mum has had a load of boyfriends since. Boris is the latest one and he's always been horrible to me – when he's not hitting me, he's hitting Mum. I couldn't stand it any longer and one night after a beating, I left home and 'sofa-surfed' with some friends. I got involved in a bit of drug dealing to make a bit of money but got caught and sent down. I am due for release and I have three choices:*

- 1) I can return to my Mum's place because no other accommodation has been arranged. Nothing much has changed between my Mum and me and Boris is still there;*
- 2) I can sofa-surf with my old friends, most of whom use drugs regularly, including heroin, and are involved in a range of criminal activity;*
- 3) I can seek help with an appropriate agency who could find me new accommodation and assist me in doing some training in tool making. I've always been interested in tools.*

*Discuss with the young people what each of these scenarios might mean for Ivan. Get the young people to consider each scenario in detail.*

<sup>13</sup> The scenarios may be perceived as problematic in some countries where there is concern that using them will create unrealistic expectations.

**B) Keeping Katarina Clean**

*I am 18 and really hated living at home with Mum and Dad. Mum and Dad always rowed and I couldn't stand it anymore so I left home and moved in with my boyfriend. We started doing all sorts of things together and we got into drugs. The problem was that we met loads of other people who did far worse things than we'd done and that was how I became addicted. When we couldn't afford our place anymore, we moved in with some of our friends but none of us had any money so we had to steal to get enough money for drugs. That was how I ended up in prison. In prison, I was put on treatment for my drug habit and am now clean. I am worried that I will start using drugs again as I still think about drugs a lot. I am due for release in a few weeks and they say I have a few choices:*

- 1) I can return to flat with my boyfriend and all the old friends who I think are still there and who continue using drugs;*
- 2) I can move in with some other friends I have – I'm sure they'll put me up;*
- 3) I can seek help with a housing association I've heard about in town to try and get a flat.*

*Discuss with the young people what each of these scenarios might mean for Katarina. Get the young people to consider each scenario in detail.*

**C) Peter's treatment**

*I am 15 years old and have always found it difficult relating to people and I've often been picked on by other kids. I often get into fights because of the way they treat me and I've also attacked my Mum because she tries to stop me doing what I want to do. One time, I was arrested for a really big fight and was sent to prison. While I was in prison, they found out I had some serious mental problem and I have started having treatment. I feel a lot better now not so down and I can contain my anger and don't want to get into fights. My mum hasn't visited me the whole time that I have been in here. I've got a few weeks left in prison and I don't really want to think about when I leave here as I feel safe and I don't have a GP and so I am worried that I won't be able to get my pills.*

*How would you advise Peter? Where should he go for support? Who should he talk to?*

**D) Anna's dilemma**

*I am 16 years old and am pregnant by my ex-boyfriend. My Mum and Dad threw me out of the house and I moved in with my boyfriend but then he didn't want me around and, after a big row, I moved in with some friends. I needed food and there wasn't any so I had to steal. I was caught shoplifting and sent to prison. The nurse in healthcare has given me a load of leaflets about being pregnant but I find them hard to read. Some of the other girls have been telling me horror stories about giving birth. I feel very frightened and don't know what is going to happen when I am released in four weeks.*

*What would you say to Anna? Who should she go to for support?*

**E) Patrick**

*I am 20 years old and I have been in this prison for three years. I used to be very aggressive and always in trouble. I drank a lot and this seemed to make my moods go very bad. I have a girlfriend. She was pregnant when I was arrested and I now have a little boy aged three years. I have never met him but my girlfriend sends me pictures. I want to be a proper Dad to him but I am not sure what that means as my dad left when I was five years old and I have never seen him since. I can't wait to get out but there is a lot I need to know but I don't know who to ask for help.*

*How would you advise Patrick? Where should he go for support? Who should he talk to?*

### Provide information about support available

Provide the young people with a list of support that is available in your country. The list should include in-prison and external sources of support. The list might include information about where to go if you have a drug or alcohol problem, where to go if you have sexual issues, if you want to learn better parenting skills or work out your problems with you family.

*Note: this is to be used as a support to prisoners and not as the only source of information for them. This should work in tandem with authorities/ agencies who are mentioned in the training session.*

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