

# Identifying the Social Capital of Men in Prison Screening Positive for HCV

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## Introduction

Prisoners have poorer health outcomes across a range of indicators than the general population. This is particularly evident in those with bloodborne viruses such as hepatitis C (HCV). The Australian prison population carries a substantially higher burden of HCV, with 31% of the prison population living with HCV (Butler, Calendar, & Simpson, 2015), compared with 1% in the general population (The Kirby Institute, 2015).

Prisoners are often more likely to access health care whilst in custody than in the community (Australian Medical Association, 2012), thus making prison an ideal setting for treatment of HCV. However, despite the relative ease of healthcare access whilst incarcerated, a majority of HCV positive inmates continue to decline treatment (Butler et al, 2015).

Understanding barriers to treatment has been the focus of some studies, but understanding the sources of social capital (i.e., an accumulation of social supports, social networks, and social cohesion (Almedom, 2005)) available to inmates which may support treatment access are yet to be explored.

Social capital has been shown to be beneficial to individual health among the general population (Rocco, 2013) and is likely a contributor to personal decisions impacting on an inmate's health. Common dimensions of social capital include trust and safety, reciprocity, formal and informal networks, community, civic engagement, culture, health and wellbeing, and agency (Onyx & Bullen, 2000; Putnam, 2000). Although social capital is discussed across a range of fields in the mainstream population, little is known about this social resource in the prison setting.

Understanding the features of social capital among this population group may improve access to HCV treatment whilst incarcerated.

## Aim

This research is from a study which aims to identify the dimensions of social capital which might predict HCV treatment access whilst incarcerated. This component of the study sought to explore what social capital is within the prison context, particularly among men living with HCV.

## Method

In-depth interviews were conducted with thirty male inmates. Three correctional centres across NSW were purposely selected for this study to include a range of security classifications (minimum, medium, and maximum).

Eligibility criteria required that all participants be male, 18+, screened positive for HCV, and incarcerated in one of the participating prisons. Participants were recruited through nurses at each of sites. Participants included men across a range of treatment stages: those who had never accessed HCV treatment, those who were considering treatment, as well as men who were currently undergoing treatment.

Participants received \$10 remuneration for their time; this was paid directly into their inmate account.

Interviews were audio-recorded then transcribed. Analysis was completed using NVivo software to identify existent and emerging sub-themes of social capital among this population group within the prison context. Field notes and analytic memos were recorded and used in the identification of sub-themes.

## Results (Preliminary)

Two key sub-themes emerged that may be relevant to HCV treatment access among men in prison living with HCV:

### 1. Being treated as a person (*trust and safety*)

Participants were asked if they trusted any staff members within the prison system. A determinant of whether an individual staff member was considered 'trustworthy' related to whether the staff person treated the participant as an individual rather than a 'crim'.

*The one that's give us the job, he's not a bad officer and that. [What makes him not a bad officer?] Oh he just, he talks to you like a person, not like a, like you're a crim, or anything. (Lee)*

*Yeah, because [education officers] don't treat you like the officers treat ya. They treat you like you're a student, not an inmate. [What about the nurses?] Yeah, they're...it's the same thing. They don't treat you like you're an inmate, they just treat you like you're a patient. (John)*

## Results (Preliminary)

### 2. External motivation to undergo HCV treatment (*agency*)

Agency encompasses the capacity to make decisions which impact one's own life. External motivation emerged as a sub-theme of agency for accessing HCV treatment. Motivation was commonly interlinked with elements of reciprocity, another dimension of social capital. Motivation for accessing HCV treatment was often described as a commitment to loved ones on the outside.

*I don't want to, um, run the risk of giving it to my son or my partner or anyone like that. (Barry)*

*Because I didn't want hep C. I wanted to be clean. I...I thought about my daughters. I thought about my partner. (Keith)*

## Conclusion

Sources of social capital may be constructed and accessed differently in prison than in mainstream society, particularly among people screening positive for HCV. It is likely that an inmate's social capital influences their decision to access HCV treatment.

If social capital influences the uptake of treatment among those in prison, interventions that promote social capital could be used to improve health outcomes of prisoners.



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