

# Women in Prison: A Forgotten Population?

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## *Abstract*

*This dissertation examines the gendered experiences of women in prison. Women comprise just 5% of the total UK prison population therefore it is argued that the specific needs of imprisoned women are being overlooked in the development of policy. As a result, there is a view that women are being disadvantaged in terms of the delivery of services within the prison regime including access to appropriate prison rehabilitation programmes and healthcare provision.*

*The literature review identifies the differences in the way men and women experience prison through examples of discrimination. It also highlights the key differences between male and female prisoners including offence type, life experiences and coping mechanisms therefore recognising them as a unique group in need of specialised treatment. However, an investigation into prison rehabilitation programmes and the specific issues facing women in custody such as gynaecological health, pregnancy and childcare, revealed a distinct lack of gender-specificity in available services.*

*It concludes that the small numbers of female prisoners have been subsumed into the majority male population and as a consequence, their needs are failing to be met during custody. This reduces the overall effectiveness of imprisonment as a punitive sanction for women offenders, suggesting that perhaps an entirely new approach is needed.*

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## Chapter One - Introduction

This dissertation is primarily interested in examining the key issues in relation to the gendered experiences of women in prison. In the UK only 5% of the total prison population is taken up by women and consequently it is argued they have been overlooked in the development of policy and in the overall study of penology. Therefore this dissertation aims to add to the existing limited body of literature on women in prison. In particular it will focus on the rehabilitation opportunities for women while they are in prison and the responses to the specific issues in which they face as imprisoned women.

Walklate (2004) claims that as a small proportion of the prison population, female prisoners should, in theory, be well catered for. Instead, many campaign groups and scholars argue that the contrary is true. It is claimed that the specific needs of female prisoners are in fact being overlooked and dealt with inappropriately within the male dominated prison environment to the extent that they are being disadvantaged by sheer virtue of their numbers.

McIvor (2004) argues that 'the small number of women in custody inevitably means that custodial culture is dominated by the needs of men' and as a result, 'women's prisons are inappropriately modelled on institutions designed for men' (cited in Carlen and Worrall, 2004: 9). This can have implications in terms of the overall prison regime and also in relation to specifics such as healthcare provision, education and employment programmes and offending behaviour programmes.

Women's prisons have increasingly become a source of intrigue and controversy, particularly through the broadcasting of a number of television documentaries ('Holloway', 2009; 'Girls Behind Bars', 2011) and the regular publication of shocking newspaper headlines ('Record suicides among women prisoners', BBC 2003; 'Epidemic of self-harm sweeps women's jails', The Independent, 2009). Such media attention has highlighted the prevalence of issues including self-harm, suicide and drug addiction within women's prisons. Although issues such as these are prominent in prisons generally, much statistical evidence, as will be discussed in the following chapters, highlights that they are significantly worse for women than for men. It is perhaps because of these apparent failings that the suitability and effectiveness of the female prison has increasingly become an important policy issue.

Medlicott (2007) argues that female imprisonment ought to be a specialised area of policy; instead what has transpired in the UK is that the women's prison population 'has been subsumed into the male population' with little differentiation between the two in terms of reform decisions (Medlicott, 2007: 246). This view is also highlighted in the highly influential Corston Report, published in 2007, which argues that 'the needs of women in prison are being considered as an after-thought in the development of systems and policies designed for men' (Corston, 2007: 37). The report's author, Baroness Corston argues that one of the key reasons for this is that there is no one person or body responsible for the provision of care and services for women in prison. Without an advocate or 'champion for women', it is argued that female prisoners fail to be recognised as a unique group which is of detriment not only to their individual prison experience but also to the overall effectiveness of imprisonment as a punitive sanction for women.

## **Aims of the Research**

From the premise that the UK prison population is 95% male, this dissertation will investigate the extent and effects of this on the overall experiences for women in prison. It will consider the differences in how men and women experience imprisonment with particular reference to discriminatory practices inherent within the prison regime. It will also investigate whether recommended gender-specific standards are being met through the delivery of appropriate provision in terms of cognitive and behavioural programmes as well as employment and education programmes. Lastly, this dissertation will explore the particular issues they face as imprisoned women such as healthcare, pregnancy and motherhood. The main objective is to determine whether or not their specific needs as women in prison are being met and appropriately managed.

## **Structure**

Four substantive chapters form the structure of this dissertation.

*Chapter Two* begins by demonstrating the ways in which male and female prisoners are treated differently as a result of the so-called gendered nature of imprisonment. The ensuing disadvantageous position of female prisoners will be demonstrated through examples of discrimination. The latter part will consider how female prisoners differ from males with relation to offence type, coping behaviours and criminogenic needs, confirming their position as a distinct, unique group.

*Chapter Three* considers the use of prison rehabilitation programmes within the female estate, including offending behaviour programmes and employment and education programmes. This chapter will investigate whether current provision meets the gender-specific standards in which the UK and Scottish governments have committed to. This will include a case study of Scotland's only all-female prison, Cornton Vale.

*Chapter Four* identifies the particular issues faced by women in prison including healthcare, pregnancy and motherhood. It will then examine how the prison system responds to these issues and to what effect.

*Chapter Five* summarises the main findings and conclusions of the dissertation. Recommendations will then be made with regards to government interventions and key policy changes.

## **Methodology**

This dissertation uses a secondary research approach. There are a number of advantages of this method, primarily related to time and cost (Stewart and Kamins, 1993). McQueen and Knussen (2002) argue that it is obviously quicker to consult information that already exists than to design, carry out and analyse a primary research project. Similarly, the relative ease of access to many sources of secondary data through the use of university and public libraries as well as the internet, has allowed researchers to acquire valuable information for little to no cost (McQueen and Knussen, 2002).

If research were to be conducted in women's prisons, it would require a significant amount of travelling and would therefore incur considerable expense. Furthermore, obtaining access to

prisoners is notoriously difficult due to the risks and ethical considerations involved, as a result 'prison administrators understandably allow very little (if any) undergraduate research to be undertaken within the walls' (Carlen and Worrall, 2004: 184).

However, there can be disadvantages to secondary research. Where internet sources have been used, caution has been observed as information available online is often unregulated and published without peer review, therefore compromising reliability and accuracy.

Likewise, numerous references have been made to 'official bodies' such as the Home Office and the Ministry of Justice and although one might expect unquestionably reliable information, organisations such as these can be guilty of holding back information, particularly if it concerns a controversial topic like women's prisons (Blaxter, 2010; May, 2011). Additionally, although this dissertation is not overly reliant on quantitative data, reference is made to official statistics; 'the deficiencies of which are well known' (Jupp et al, 2000: 58). There is a potential for bias from organisations who release such statistics as they often have their own political agenda therefore caution should be taken.

## **Chapter Two – Literature Review**

The UK prison service is male dominated both in terms of those employed and imprisoned within it (Davies, 2011). Approximately 28% of prison officers are female (Hanson, 2008) while female prisoners comprise just 5% of the total UK prison population (Berman, 2012).

McIvor (2004) argues that this small proportion of women in custody inevitably means that custodial culture is dominated by the needs of men. Similarly, Chesney-Lind and Pasko (2004) have argued that women in prison are handicapped by virtue of their numbers.

Given the ratio of male to female prisoners, scholars and campaign groups argue that the prison system is 'organized from a male perspective' (Coyle, 2005), with 'only men's needs in mind' (Carlen, 2002). Heidensohn (1985) and Genders and Player (1987) argue that the development of penal systems in this country has represented primarily a response to deal with male delinquency and crime so as a consequence 'women's prisons have been inappropriately modelled on institutions designed for men' (cited in Carlen and Worrall, 2004: 9).

Prison reformers such as Lowthian and Carlen have long argued for the need for specific policies which will address gender specific issues relevant to women's offending. In fact, this idea was first highlighted by nineteenth-century reformer, Elizabeth Fry. She was the first penal reformer to devote her attention solely to the plight of imprisoned women (Howard League for Penal Reform, 2012). She argued for different treatment for women on the grounds that they committed different crimes, their behaviour differed while in prison and they were different biologically and socially (Carlen and Worrall, 2004; Genders and Player, 1987). As will be outlined in more depth later in this chapter, women tend to commit minor offences which are acquisitive in nature while men tend to commit more serious, violent crimes. Likewise, women prisoners commit more disciplinary offences than men and turn to self mutilation in times of distress, something that is not so prevalent amongst men; therefore demonstrating different behaviour during imprisonment. In relation to biological and social differences most relevant to the prison setting, differences in anatomy result in variations in treatment from a healthcare perspective whereas women are socialised differently in terms of

preserving modesty in comparison to men which can have implications for medical examinations and drug testing procedures; again this will be explored further later.

However, Carlen (2002) argues that historically women in prison have always been treated differently to men and that the difference in treatment continues to the present day. Cook and Davies (1999: 71) account for the different, and arguably unfavourable, treatment towards female prisoners due to the 'profoundly gendered nature of women's imprisonment'. While this may be as a result of relatively small numbers of female prisoners and prisons, it is argued that 'the gendered nature of women's imprisonment in fact stems from traditional female stereotypes and the dominance of patriarchal control' (Genders and Player, 1987: 162).

Carlen and Worrall (2004) argue that the regimes of women prisoners, though subject to the general plethora of prison rules and security regulations, have been routinely fashioned by a mixture of ideologies of womanhood which portray women criminals as masculine, mad, menopausal and maladjusted to their roles in the family and labour market.

Cook and Davies (1999) note that the continued dominance of conventional notions concerning women and women's criminality have operated to ensure that women prisoners remain subject to a unique and highly punitive form of condemnation. Carlen (1983) supports this notion by asserting that the apparent unfavourable treatment of women can be explained by debilitating assumptions of 'normal' female behaviour inherent in social constructions of femininity.

The gendered nature of women's imprisonment ultimately results in discrimination; a theme that is persistent both in historical and contemporary literature concerning women's imprisonment (Carlen and Worrall, 2004).

Bastick and Townhead (2008) argue that women prisoners are discriminated against as compared to male prisoners in almost every aspect of prison life including decisions as to pre-trial detention, opportunities for education and employment and healthcare. However, they are quick to explain that in many cases discrimination is not intended by the prison authorities, but is the effect of the prison system being designed for men (Bastick and Townhead, 2008). This argument is echoed in the revolutionary Corston Report, published in 2007 by Baroness Corston. The report concludes that women 'have been marginalised into a system largely designed by men for men' while Carlen (2002) notes that women 'have been punished as if they were men'; ultimately discriminating against them as women. For example, because women's prisons are not managed separately from men's, they are guided by the same rules; therefore there is no differentiation between genders. Ultimately, women are often treated as though they are part of the male majority (Royal College of Psychiatrists, 2007).

The comparatively small number of prisons for women coupled with the small although growing female prison population means that women in prison tend to be discriminated against in relation to security. In a region where there might be four male prisons with differing levels of security classification, there may just be one women's prison. Where this is the case, that one prison's regime will be determined by the maximum security requirement (Bastick and Townhead, 2008). This means that women prisoners are particularly likely to be held to a security classification that is stricter than could be justified by any assessment of the risk that they pose. Additionally, due to the physical limitations of female establishments, halls are not ranked based on the different types of prisoners within them as they are in

men's. Instead, many women are forced to share cells with those who have mental health problems or those suffering severe drug withdrawals or seizures. This can be an 'exceptionally frightening experience and one that they are often very unprepared for' (Corston, 2007: 32).

Another source of discrimination can be found in the common prison practice of strip-searches. It is argued that women prisoners experience strip-searching in a discriminatory manner as the effect on women is disproportionately greater than the effect on men (Bastick and Townhead, 2008). This is explained by the fact that women prisoners as a group have a higher incidence as victims of previous sexual assault than the general community and male prisoners. Corston (2007) notes that one in three women in prison has suffered sexual abuse compared to one in ten men. These searches can trigger feelings of helplessness common to the experience of abuse itself, to the extent that women are re-traumatized. (Loucks, Malloch and McIvor, 2008). The loss of autonomy and the feelings of shame and isolation are further felt due to the close proximity of male staff who are authorised to be involved in the process.

This position can also be extended to Mandatory Drugs Testing (MDT). 'Ensuring the provision of an uncontaminated urine sample is a more intrusive process for women than men' (Jewkes and Johnston, 2006: 124), while MDT 'generally discriminates against women prisoners' culturally acquired conception of female modesty' (Malloch, 2000). Jewkes and Johnston (2006) explain that all women are socialised into being modest and private about their bodies so the prospect of unknown men being able to discuss and to view them in various states of undress, health and hygiene is an important cause of anxiety for female prisoners. Carlen (2002) concludes that certain aspects of imprisonment which are formally imposed on men and women equally can have a differential impact and are likely to occasion more pain for women than men.

The government introduced a safeguard against such discrimination in the form of the Equality Act 2006. It places a statutory duty on all public authorities, when carrying out their functions, to have due regard for the need to eliminate unlawful discrimination and harassment and to promote equality of opportunity between men and women. Astonishingly, up until this point no Prison Service Standard was written specifically about how the Prison Service should manage women prisoners to meet their different needs (HM Prison Service, 2007). However, some six years after its introduction one must question whether the Act is fulfilling its purpose and protecting the rights of female prisoners successfully.

Despite the threat of discrimination, there is a general consensus amongst contemporary scholars and campaign groups that female and male prisoners should be treated differently. Reminiscent of the words of Elizabeth Fry, Corston (2007) concludes that women and men are different thus the equal treatment of men and women does not result in equal outcomes. Their difference is primarily embedded in their routes into offending and their life histories which in turn impact on their custodial experience and their response to prison rehabilitation programmes.

In its simplest form, the difference between men and women stems from their biology. Corston (2007) outlines that 'women have pregnancies and babies, often in prison...they are governed by a monthly cycle which affects their moods and emotions'. Biological factors have a distinct bearing on the way in which women experience stressful events in their lives.

It is also important to note that women commit a different range of offences than men (Corston, 2007). Loucks (2004) supports this view, observing that the patterns of female

offending differ quite substantially to those of men. Offending by women is disproportionately for relatively minor or non-violent offences, with a particular emphasis on acquisitive crime. Unsurprisingly then, a higher proportion of women are in prison for very short sentences. This has implications not only for the completion of prison programmes but also for the relevance of their content given that the majority of programmes have been designed as a response to male offending patterns and behaviour. Corston (2007) also notes that relationship problems feature strongly in women's pathways into crime. This view is supported by Jones (2008) who observes that women are often 'forced or coerced into crime' by abusive partners. As a result, a fundamental factor that differentiates them from men is that women are far more likely to respond to an emotionally intelligent approach to their criminality and their needs (Corston, 2007). One must question whether such an approach can be achieved from a male dominated prison regime or even from custody at all.

In terms of victimisation, Loucks (2004) observes that there is a recurring theme throughout the research into women in custody; women are victims as well as offenders. Up to 50% of female prisoners reported to having experienced violence at home (Corston, 2007; Women in Prison, 2009) compared to one quarter of men. Evidently, histories of abuse are prevalent for men and women yet statistics show the issue is significantly higher for female prisoners.

Gelsthorpe (2007) notes that 'women are likely to have different criminogenic needs because their routes into offending and reasons for offending are different to those of men' (Gelsthorpe in Sheehan et al, 2007: 50). Hedderman (2004) describes criminogenic needs as 'personal traits or conditions associated with reoffending and which may be subject to change. Hedderman (2004) lists some common factors:

- Strong ties to and identification with antisocial/criminal models
- Strained family relationships
- Displaying high levels of dependency on drugs and alcohol
- Having financial difficulties
- Unemployment
- Low educational attainment
- Having poor cognitive skills

Evidently, the criminogenic needs listed can be associated with both male and female offenders but 'the presence of similar needs does not necessarily mean that the needs are of equal magnitude' (Hollin and Palmer, 2006: 9), their level of importance and the nature of their association may differ. This is significant because it will affect the level of intervention and type of service that is called upon to address that need. The Fawcett Society (2007) concurs that the difference in both needs and life experiences clearly has implications for the focus and content of work within prisons.

Hedderman and Gelsthorpe (1997: 1) note that:

'equal treatment for men and women is a matter of approach not outcome. The underlying assumption is that fairness consists of people in similar circumstances being treated in similar ways, but it must be recognised that men and women do not necessarily appear in similar circumstances.'



Corston (2007) argues that women in prison are disproportionately affected by mental illness, self harm, violence and abuse and drug addiction thus their life experiences prior to incarceration cannot be assumed to be akin to those of men. However, there is a view by some feminist scholars that there are potentially negative consequences of taking into account the female prisoners' histories of victimisation, drug abuse and mental health problems. To the extent that such a portrayal 'encourages women's offending to be attributed to particular types of female pathology, some argue that it robs them of their agency (as well as their responsibility) and feeds into traditional stereotypes' (Kruttschnitt and Gartner, 2003 : 21).

Carlen (2002) argues that due to the difference in need and life experience, there is a need for parity of provision for female prisoners. Recognising women's difference can inform regime and programme design therefore creating an effective gender centred approach.

Female prisoners generally report that institutional adjustment is more difficult for them than it is for their male counterparts (Pogrebin and Dodge, 2001). Corston (2007) agrees, arguing that men in general appear to cope better with institutional life. She attributes this to the view that for men, imprisonment is a mere interruption in their lives while for women; it echoes a sense of permanence. This can be demonstrated in the loss of children and a permanent home on the outside. However, Heidensohn (1996) observes that difficulties in adjustment can be explained by the fact that women in our society are much less likely to have experienced a single sex institutional environment than men. She explains that historically men are more likely to have resided in army barracks and other armed service accommodation; however one can easily see limitations with this theory. Not only do women have equal opportunity to enter these professions now and thus experience communal living more but the majority of male and female offenders do not have a military service background therefore this theory is irrelevant in terms of explaining institutional adjustment.

Discipline is also a particular source of tension in women's prisons. Carlen (1990) argues that discipline is excessively harsh because prison authorities expect higher standards of behaviour from women than they do from men. As a result, female prisoners are subject to special, closer forms of control and confinement (Dobash, Dobash and Gutteridge, 1986).

Carlen and Worrall (2004) note that women routinely commit almost twice as many disciplinary offences as men; this may be interpreted in two ways. The first follows the previous theory that discipline in women's prisons is more stringent; the second stance is that women are more disruptive and difficult to manage. Concerning the latter point, the disruptiveness attributing to such disciplinary offences may be as a result of an expression of distress, depression or mental health problem. Eaton (1993) observes that women can respond to the prison regime in a variety of different ways: by withdrawing, by retaliating, by being incorporated into the system and by self mutilation. The last strategy constitutes a key point of difference in the way women respond to and cope with imprisonment in comparison to men. As a consequence, the comparison in the number of disciplinary offences must be viewed with caution due to the differences in which men and women respond to the prison regime.

As mentioned previously, it is suggested that prison authorities expect higher standards of behaviour from women. This theory is likely to have stemmed from classical criminology writings initially proposed by Lombroso and Ferrero. These traditional stereotypes 'depict the criminal woman as being 'doubly deviant' for she was anomalous compared with other typically male offenders and as a women she was 'odd' because she was acting against her biological nature' (Gelsthorpe in McIvor, 2004: 16). Although proposed over 100 years ago,

this theory still resonates in the minds of many in our society today. Released women prisoners are likely to suffer greater social stigma than male prisoners as a result. Additionally, 'women in prison remain the objects of particular scrutiny' (Cook and Davies, 1999: 53) because it is often assumed by the general public that because few women go to prison, those who do must have committed very serious crimes. In fact, as outlined earlier, Davies (2011) notes that female crime is less serious in nature than men's and the most common offences for women in prison are drugs offences and theft and handling. In contrast, the number one offence for male prisoners is violence against the person.

Lastly, while 'women in prison do suffer all the same deprivations, indignities and degradation as male prisoners, they suffer others that are specific to them as imprisoned women' (O'Dwyer et al in Carlen and Worrall, 1987: 178). Chesney-Lind and Pasko (2004) support this notion, arguing that women encounter problems unique to their sex, the majority of which are health related. It is generally accepted that women's healthcare needs in prison are 'more various and complex than men's', including a range of gynaecological needs, pregnancy and 'miscellaneous hormonally-triggered 'women's ailments'' (Carlen and Worrall, 2004: 61).

After establishing the differences between male and female prisoners, the next chapter will go on to investigate how rehabilitation opportunities in prison accommodate this.

### **Chapter Three – Prison Rehabilitation Programmes**

As the previous chapter examined, the need for gender specific treatment seems clear (Bloom and Covington, 1998). The term 'treatment' can encompass all aspects of the prison regime but this chapter will seek to specifically explore the nature and extent of prison rehabilitation programmes.

The two most widely used programmes in UK prisons at present are the Reasoning and Rehabilitation Programme (R&R) and the Enhanced Thinking Skills Programme (ETS). R&R was developed in Canada in the 1980's and its aim is to provide and promote alternative ways of thinking to enable the growth of thinking patterns and skills that are likely to promote prosocial behaviour (Hollin and Palmer, 2006). Specific targets for change include self-control, social problem-solving skills, emotional management and critical reasoning (Hollin and Palmer, 2006). ETS was developed by the English and Welsh Prison Service and addresses similar targets to R&R although the programme is shorter in length. Targeted towards recidivist offenders, they are both General Offending Behaviour Programmes (GOBP) which use a cognitive behavioural approach focussing on the modification of behaviour. GOBP's such as these operate on the premise that they are 'evidence-based' however Shaw and Hannah-Moffat (2004) argue that they often 'fail to effectively address female offenders' needs because they remain dependent on male offender-based models of intervention' (cited in Martin et al, 2009).

Programme content is established through the identification of particular risk factors or predictors of re-offending and it is here where the problem lies. Despite the fact that male and female prisoners present similar criminogenic needs in terms of alcohol and drug use and unemployment, the effectiveness of the programme for women is compromised by the fact that these needs vary and are not always of similar magnitudes. Such programmes also fail to

address issues which are more relevant for women including histories of physical or sexual victimisation and family and marital relationships (McGuire in Hollin and Palmer, 2006).

Hedderman (2004a) explains:

‘..overall the available evidence suggest that programmes which focus on male criminogenic factors are unlikely to be as effective in reducing reconviction among women offenders as they are for men. This is not only because they focus on factors which are less relevant to or operate differently for women, but also because they fail to address factors which are unique to, or more relevant for women.’

(cited in Sheehan et al, 2007: 50)

A report published by the Ministry of Justice (2008), evaluated the use of R&R and ETS in female prisons. It observed that these programmes were the same as those delivered to male offenders with changes made to pronouns and role plays to make them more gender-relevant in terms of expression. But is this enough? Kendall (2002) thinks not, stating that

‘these programmes claim to be generic or suitable for everyone . While some adaptations are made to suit the participant profile, these are merely cosmetic changes and draw upon sexist stereotypes. For example gender-appropriate language is incorporated (changing ‘he’ to ‘she’) and seemingly more relevant examples employed to illustrate concepts (in using a case study, the person’s occupation is ‘secretary’ instead of ‘builder’ (2002: 196).

R&R and ETS are examples of ‘mixed-gender’ programmes in that they may be applied to both male and female prisoners. However reformers argue that prisoners are not a homogenous group therefore they must not be treated as such in terms of intervention (Hollin and Palmer, 2006). Instead Batchelor and Burman (2004) argue for an entirely separate approach, one that is gender-specific. Gender specific programme models and services comprehensively address the special needs of a targeted gender group; in this discussion, women (Batchelor and Burman, 2004). ‘They are not simply ‘women only’ programmes that were designed for men, but rather take account of the evidence in relation to criminogenic needs and protective factors which are particularly associated with girls and women’ (Batchelor and Burman, 2004: 277). Criminogenic needs most associated with women include having financial problems, high levels of sexual and physical victimisation, relationship problems and mental health issues (Hedderman, 2004) Therefore the protective factors most important to them are; a safe and supporting environment, supportive relationships, financial and educational strengths, problem solving abilities and an ability to cope with anxiety (Zaplin, 2008).

Hollin and Palmer (2006) note that the effectiveness of a programme may be affected by the level at which an offender participates and engages in programme sessions. The responsivity principle states that ‘programme design and delivery style should be matched to offender characteristics in order to increase an offender’s engagement with a programme’ (Hollin and Palmer, 2006: 20). The reservations concerning content have already been mentioned but there are also widely held criticisms concerning programme delivery. Programmes need to be adapted for use with women, taking account of women’s different life experiences, providing examples to which women are more likely to relate or perhaps even adopting a different tone and style of tutoring (Carlen and Worrall, 2004: 68). Educational research has also revealed

differences in the learning styles of men and women, with women responding better to empathy, collaboration and listening therefore there is a need to ensure staff working with women offenders are trained and skilled in these techniques (Hollin and Palmer, 2006).

Regardless of the lack of gender-specificity, Lowthian (2002) argues that the very fact that R&R and ETS are focussed on offending and cognitive behaviour reduces their applicability to women further as women require more holistic, needs based programmes. This approach uses a solutions-based method to help women to resolve difficulties and rewards effort and progress (Lowthian, 2002). This view is also supported by Barry and McIvor (2008) who note that while men tend to respond better to interventions which focus on offending behaviour; women need more emotional support for a wider range of problems during periods of crisis. For women, a focus on offending behaviour within a given intervention was less of a priority than addressing crises in women's lives or issues relating to mental health, drug abuse, volatile relationships and child protection (Barry and McIvor, 2008).

Batchelor and Burman (2004) argue that despite the recognised need for gender specific programming, the UK prison system has made few genuine attempts to pursue this. At present, 'programmes and initiatives designed specifically with women in mind are few and far between' (Batchelor and Burman in McIvor, 2004: 266).

Heidensohn (1996) believes that because there are such small numbers of female prisoners, there can be little specialisation of treatment; although it is not clear if she means this in a practical or economic sense. This view is supported by Batchelor and Burman (2004) who argue that effective working with girls and women is considerably hampered by their low numbers and relative invisibility in a system dominated by men.

Batchelor and Burman (2004) go further to claim that establishing gender specific programmes for female lawbreakers is particularly problematic because low numbers, short sentences and fluctuations in demand mean that facilities are often under-utilised and are therefore not seen as cost effective. Wells (1994) supports this opinion, stating that 'girls programmes are often the last funded and the first cut' (cited in Zaplin, 2008: 28).

For offending behaviour programmes to be fully introduced into prisons, they must first be approved or accredited by The Correctional Services Accreditation Panel (CSAP). The CSAP is a non-statutory body which assists the Ministry of Justice in the development and implementation of offender programmes both for custody and in the community. In their 2009/10 annual report, the panel identified just two accredited programmes that have been designed exclusively for women prisoners: The Women's Acquisitive Crime Programme and CARE.

The Women's Acquisitive Crime Programme was accredited for use in custody and in the community in 2005. It is a programme for adult females who have committed a range of index offences in the context of acquisition crime (Ministry of Justice, 2009). However as this programme has developed, it has become increasingly favoured for use as part of probation rather than during a custodial sentence. This perhaps suggests an underlying belief amongst policy makers that women who have committed such crimes should not be in custody at all.

CARE (Choices, Actions, Relationships and Emotions) was accredited in 2010 for use in custody for the following three years. This programme aims to enable women with a history of violence and complex needs to better understand and reduce the risk they pose to themselves and others (Ministry of Justice, 2009). It is designed for women serving longer

custodial sentences, for more serious or persistent offending, and who are deemed to present a medium to high risk of being reconvicted within two years of release (Home Affairs Committee, 2004). One can immediately draw limitations to this programme as it appears to be appropriate for only a minority of female prisoners.

The fact that the programme is designed for women serving longer custodial sentences quickly excludes approximately 62% of women whose sentences are less than or equal to 6 months (Prison Reform Trust, 2011). Barry and McIvor (2008) note that often prison-based group work programmes require 4-6 months to complete so if we take into account time taken for referral and assessment, one can see how successful completion becomes less feasible.

Additionally, a pre-requisite for participants of the programme is that their offending must be serious or persistent. With regards to the former, statistics published by the Prison Reform Trust (2011) state that theft and handling accounted for 34% of all women serving custodial sentences in 2009. Arguably, these are generally relatively minor and non-violent offences. It is also important to note that crimes under the heading of theft and handling tend to be acquisitive and related to financial gain. One can easily see that The Women's Acquisitive Crime Programme seems to be the most relevant for this type of offending but it is no longer being delivered in custody. In relation to persistence, 28% of women in prison have no previous convictions (Prison Reform Trust, 2011) therefore essentially excluding approximately one-third of women from the CARE programme. In this way, one can see how this becomes a wider policy issue in terms of appropriate sentencing and the use of alternative punishments for women.

In terms of prison-based offender behaviour programmes in use nationally at present, CARE appears to be the only one that has been specifically designed for female prisoners rather than 'adapted' from an intervention designed for men (Women in Prison, 2009). The CSAP identified a further four programmes that were accredited for women after first being developed and accredited for men. Gelsthorpe (2007) asserts that 'the most troubling aspect concerns whether such programmes can effectively deliver their content when they are based primarily on research about men's offending and desistance' (cited in Martin, Kautt and Gelsthorpe, 2009). In stark contrast, the number of accredited programmes for men reaches in excess of thirty.

The Home Affairs Committee (2004) also noted that a number of women's prisons run short ad hoc offending behaviour programmes for prisoners, specifically devised by the staff of the particular establishment and addressing topics such as domestic violence, self-injury and anger management. While this suggests an attempt to include women serving short sentences in programmes, one has to wonder just how much these can achieve.

Prison based programmes concerning drug and alcohol misuse, anxiety and anger management, can also be considered under the umbrella of rehabilitation programmes. In relation to drug treatment, whilst a variety of basic and intensive programmes have been devised and accredited for male offenders, few efforts have been made to construct equivalent programmes for female offenders (Home Affairs Committee, 2004). The four drug treatment programmes currently running in women's prisons on a national level have been accredited for men in custody but not for women (Ministry of Justice, 2009). Again questions have to be raised over the suitability of these programmes for women as their patterns and prevalence of drug use, as well as their motivations for doing so, are different to those of men (UKDPC, 2008). Women report more frequent and more chronic drug use than men (UKDPC,

2008) and there are also different antecedents to and criminal consequences of women's substance misuse, with abuse and sex work figuring more predominantly (McMurrin, 2006).

However one must note that in 2007, a drug treatment programme which existed previously for men was adapted and accredited for use with women in prison. Despite being accredited some five years ago, Prison-Addressing Substance Related Offending for Women (P-ASRO for Women) does not appear to be widely used throughout the UK's female prisons. There appears to be no obvious explanation for this other than perhaps delivery has been halted due to budgetary cuts.

Aside from cognitive and behavioural programmes, prisons also deliver a range of educational and employment programmes. The development of which can be attributed to the inclusion of 'Education, Training and Employment' as one of the seven 'Pathways to Resettlement', introduced by the UK government in response to a powerful report published by the Social Exclusion Unit (SEU) in 2002 (Corston, 2007).

Despite this, it is argued that overall, employment and resettlement work in both male and female prisons is regarded as being of low priority although the situation is arguably worse in female prisons. Cook and Davies (1999) argue the fact that women have always been vastly outnumbered by men in prison populations has resulted in women prisoners being neglected and denied many of the facilities and opportunities afforded to their male counterparts. This is supported in Belknap's findings in which she notes that there is a lack of diverse educational, vocational and skills-based programmes within women's prisons (Belknap, 1996). Of the programmes which do exist, Carlen (1990) argues that they reinforce gender stereotypical ideas about femininity and domesticity.

This view is supported by the United Nations Office on Drugs and Crime who in a published report state that:

'Programmes that women may have access to typically comprise activities deemed suitable for the female gender, such as sewing and cleaning. This means that prisons continue to impose role models on women which exist in society, thereby failing to help them overcome the restrictions imposed by stereotypical perceptions'.

(UNODC, 2008: 44)

Having the education and skills to gain meaningful employment upon release is regarded as being one of the key elements to successful reintegration into society. However Lowthian (2002) argues that the issue of employment is not so clear cut for women as it is for men; many women are primary carers and will need to address rebuilding family ties and resuming responsibility for children before even thinking about employment as an option. This view is supported by Webster et al (2001) who note that there is a general feeling amongst prison staff that accommodation was a more immediate issue for many women on release than employment.

However what must be remembered is that even the very best employment interventions delivered in prison are unlikely to succeed if offenders face other difficulties such as homelessness on release or have significant substance abuse problems (Webster et al, 2001: V). This is of course applicable to both male and female prisoners.

Despite the wealth of research which indicates the benefits of gender-specific programming within prisons, the Prison Service has shown little in the way of compliance to this recommendation. Both the UK and Scottish Governments have committed to meeting gender-specific standards in female prisons by delivering provision designed for women yet there are very few programmes of this standard available. The following case study will illustrate the extent of this issue in HMP Cornton Vale.

### **Case Study: HMP Cornton Vale**

HMP Cornton Vale is unique compared to women's prisons in other countries because it is the only all-women prison in Scotland (Scottish Prison Service, 2012). There are also small regional remand and short term units for women in Greenock, Aberdeen and Edinburgh. Cornton Vale provides custodial facilities for all female offenders, including young offenders, at all sentence ranges and supervision levels (Scottish Prison Service, 2012). For this reason, this establishment is arguably under greater pressure than most in order to cater for the vast array of needs of those imprisoned there.

In terms of cognitive and behavioural programmes, the HM Inspectorate of Prisons Report (2010) noted that there are a total of eight programmes which normally run: three accredited and five approved. As outlined below, it is evident that of the three accredited programmes, only one has been designed specifically for female prisoners. Constructs has been accredited for use with men but not for women (HMIP, 2011) while SROBP is an example of a programme that was first designed for men but has then been 'adapted' for women.

#### Accredited Programmes

Constructs

Female Offending Behaviour

Substance Related Offending Behaviour Programme (SROBP)

#### Approved Programmes

Drugs Action for Change

Alcohol Awareness

Relationships

Sleep and Anxiety

Parenting

However, during the time of inspection just three of the eight programmes were running: Female Offending Behaviour, Substance Related Offending Behaviour and Sleep and Anxiety. Crucially, just 24 prisoners were taking part in these out of a total of 399 prisoners, this is despite the fact that 35 others had indicated a want to complete a programme but were waiting to be assessed before being allowed to do so (HMIP, 2010).

Perhaps more surprising is that during the follow up inspection in 2011; a practice that is designed to check on the progress of recommended improvements, it was found that just one accredited programme was being delivered: Constructs. As described above, this programme has only been accredited for male offenders but not for women (HMIP, 2011). Surely it cannot be justified that the only accredited programme delivered in an all-female prison is not officially endorsed as being relevant to the needs of women.

Another area with surprisingly mixed provision is parenting. In April 2006 a parenting programme was established within Cornton Vale. The programme, jointly-run by the National Parenting Development Project (NPDP) and the Scottish Prison Service, was unique in Scotland as it was developed to work specifically with women prisoners (Burgess and Malloch, 2008).

In recognition of the growing calls for gender sensitive approaches to interventions in prison, a substantial amount of time was devoted to developing appropriate materials, content and methods of delivery (Burgess and Malloch, 2008). It was noted by one programme leader:

‘The main (challenge) was making the content fit for purpose, given the vulnerability of the client group and their need to be emotionally defended. It’s hard enough for men in prison but even harder for women, given the way they are viewed – as being out of control and if mothers, even worse, seeing themselves negatively and with substance misuse issues even more so. So they have reasons to be emotionally defended and we unpick all this at our – or rather their – peril’.

Burgess and Malloch (2008: 15)

Despite the success of the programme, delivery has been halted over the past three years due to insufficient funding. Interestingly, male parenting programmes including Positive Parenting (Polmont); Encouraging the Long term Father (Shotts); Parenting from Prison Programme (Greenock) and Healthy Fathering Project (Barlinnie) appear to be consistently sufficiently funded. This supports the contention that in the fight over resources, male establishments will always win by sheer virtue of their numbers. To this day, a permanent programme for women is yet to be established.

Nonetheless, one does not want to overlook the areas of good practice within the domain of parenting which exist in Cornton Vale. A specially designed room within the prison chapel hosts what are known as ‘Little Cherub Visits’. The room provides a comfortable and inviting setting which provides an opportunity for more interaction, play and bonding than what would normally be possible within the regular visiting room (Nugent and Hutton, 2011). The visit lasts for two hours and is solely for the child and the mother; there are no prison officers present. This maximises the opportunity for quality physical and emotional interaction as they are not restricted in terms of privacy and space.

Regarded as an enhanced privilege, these visits give women the opportunity to gain additional visits on top of their statutory two hours a fortnight in the regular visiting room. In terms of eligibility, women must be serving at least nine months in custody, have served two months of their sentence, have had no serious discipline reports, their last MDT must be negative and they need to be cleared by their social worker and security (Loucks, 2005).

The Little Cherubs Visits are viewed as an essential part of maintaining a strong parent-child relationship while they also encourage confidence with regards to the parenting skills of the mothers (Nugent and Hutton, 2011). As of March 2011, these types of visits were only taking place in Cornton Vale which perhaps suggests a real recognition of their unique roles as mothers.

This chapter has highlighted the lack of gender-specific programmes within UK female prisons, the next chapter will consider the issues which women face while in custody and examine how the prison service responds to these issues and to what effect.



## Chapter Four – Issues for Women in Prison

Issues that women face while in prison are in most cases similar to those of men (Loucks, 2004). For example both groups have difficulty finding housing and employment upon release; both are separated from children and family and both may be struggling with addiction and the stress of imprisonment (Loucks, 2004), however these are not necessarily experienced in similar magnitudes. Female prisoners also face other issues unique to them as imprisoned women such as pregnancy.

This chapter will examine some of these issues under the following headings:

- Healthcare
- Mental Health
- Pregnancy
- Motherhood, Families and Homes

### Healthcare

It is generally accepted that women's health care needs in prison – both physical and mental - are more various and complex than men's (Carlen and Worrall, 2004; UNDOC, 2008). Although women and men in prison face similar health problems, for example, substance misuse, mental illness and communicable diseases, there is a significant difference in the nature, intensity and complexity of the problems in the gender groups (Ash, 2003). Women are also likely to have additional and different needs not only with respect to maternity care and gynaecological health but also to psychological health and a greater incidence of past or recent abuse whether physical, emotional or sexual in nature (Ash, 2003).

The idea that women in prison have more health problems than men is perhaps reached by the fact that they have a far greater expressed need for medical care than men as approximately 20% of women prisoners ask to see a doctor or nurse each day, more than twice the figure for male prisoners (Medlicott, 2007). However, this statistic could be misleading as it may only indicate that women are more willing to seek help than men, not that they necessarily have more health problems.

The Department of Health within the University of Oxford conducted one of the largest studies examining the health of female prisoners in England and Wales. Published in 2007, the study involved interviews and focus groups with over 400 women from 2 remand prisons in England, over a 6 month period.

One of the key findings was that the women perceived a number of issues with both the regime and the health care provision which impacted negatively on their health (Plugge et al, 2006). With regards to the former, it is argued that the prison environment itself does little to promote health due to poor standards of hygiene, poor diet and few opportunities to exercise (Plugge et al, 2006). While this view is pertinent to both male and female prisons, there are aspects of the regime which are particularly disadvantageous for women. For example, it is argued that there is often limited access to personal hygiene products and restricted access to bathing and shower facilities, which was found to be particularly problematic for women during menstruation.

With regards to health provision, it was reported that women were especially critical of the difficulties in accessing care and medication, the attitude of staff and the lack of confidentiality (Plugge et al, 2006). In terms of attitude, one can perhaps explain the negative response felt by female prisoners by the general stigma attached to prisoners. They are often stereotyped as being responsible for their own health problems and are deemed unworthy of quality care (Wolf et al, 2007). This is especially the case for women who are arguably subject to greater condemnation as they are considered to have broken both gender roles and the criminal law (Owen, 1998). Concerning the lack of confidentiality, the prison environment itself provides little in the way of privacy. As explained in Chapter One, women are socialised into being private and modest about their bodies therefore the practice of having to ask staff for sanitary products and supplies can be humiliating. Likewise, the disposal of such items is made more difficult by the public nature of washing and toilet facilities (UNDOC, 2009). Carlen and Worrall (2004) support this view, asserting that the overwhelming experience of women in prison is that their health needs are not consistently dealt with in a respectful and appropriate way.

### Mental Health

Mental health problems are far more prevalent among women in prison than in the male prison population; up to 80% of female prisoners have diagnosable mental health problems (Corston, 2007). This alarmingly high statistic covers all problems ranging from depression and anxiety to neurosis and psychosis. Within this domain, one can also consider the greater prevalence of self-harm within female prisons. The Ministry of Justice (2011) states that approximately 30% of women in prison self-harm compared to 7% of men. Female prisoners also account for over half of all reported self-harm incidents despite representing only 5% of the total prison population (Davies, 2011).

Wolf et al (2007) argue that gender differences in mental health are informed by women's difficult histories of physical and sexual abuse. This is supported in a report published by the United Nations Office on Drugs and Crime in 2009 which states that the mental health problems of women in prison are frequently a result of lifetime abuse and victimization.

However, there is a contention that mental illness in fact results from imprisonment (UNDOC, 2009). This stems from the fact that women in prison have a significantly greater prevalence of most mental disorders when compared with women in the community (Ogloff and Tye, 2007).

Plugge et al (2006) note that the most significant factor in terms of detriment to mental health for female prisoners is the separation from family, especially children. Separation from family is something that is also experienced by male prisoners yet the situation can be significantly worse for women. This is because there are a relatively small number of female prisons which exist in the UK therefore by definition, female prisoners are more often than not, held at greater distances from home. As a consequence, visits from family and children are often more problematic than what would be expected in relation to a male prison due to increased travelling time and costs; an issue which will be addressed in more depth later in this chapter. As highlighted in Chapter Two, it is also argued that search and supervision practices in prisons can retraumatise women with histories of abuse, particularly if male staff are performing these practices (Wolf et al, 2007).

However, the extent to which the prison environment creates such conditions and the extent to which it merely exacerbates pre-existing conditions is a matter of debate (Carlen and Worrall, 2004). Ogloff and Tye (2007) argue that there is little doubt that the process of incarceration has some detrimental effect on people's mental state however there is no evidence that incarceration causes or explains mental illness in prisoners, whether male or female.

With regards to provision, Durcan and Knowles (2006) note that the ways in which women's mental health needs are initially assessed in prison are somewhat questionable. They argue that there is evidence to show that most assessment tools have been developed with the needs of white men in mind, therefore rendering them unsuitable for assessing the needs of women. Ramsay et al (2001) support this, asserting that although there is now a broad range of standardised assessments tools, none have been designed specifically to assess the needs of women.

The Royal College of Psychiatrists (2007) argue that there is still insufficient knowledge of the specific needs of female prisoners to be able to confidently say that any of the service models which are available, are appropriate to be applied in the female prison. This insufficient knowledge is perhaps a reflection of the relative indifference towards women with regards to gender specific healthcare in prison. Corston (2007) notes that no one person or body is responsible or accountable for the provision of mental health care and services for female prisoners; in this way, it is somewhat unsurprising that the rate of mental illness in female prisons is so high.

Rickford (2003) argues that there is an unacceptable gap between the complex needs of women prisoners and the resources provided by the Prison Service. She explains that there is an over reliance on medication while not enough attention is being paid to a support focussed counselling or mentoring approach, which women are shown to respond well to. This is supported by Corston (2007) who argues that only by expanding the range of psychological therapies available, will the unique needs of women with mental illnesses be met.

In a report published by the Sainsbury Centre for Mental Health, it was revealed that in 2007/08, the average expenditure on prison mental health per prisoner was £304 for men and £302 for women. This shows that spending on provision for men is greater, albeit by a small proportion, despite the fact that the higher prevalence of mental illness and therefore the greater need for increased mental health spending lies with women.

### Pregnancy

The experience of pregnancy in prison can be an exceptionally difficult one. While this dissertation will not attempt to debate the ethics of imprisoning pregnant women or keeping children in prison, it is important to discuss the plight of pregnant prisoners in order to fully understand the unique experience of imprisonment for women.

Pregnant women require specialised resources and attention with respect to diet, exercise, clothing, medication and medical care (Women in Prison Project Group, 2007). However it is argued that the prison environment is incompatible with the needs and care of a pregnant body. It is more difficult to catch up on missed sleep and missed meals due to the inflexibility of the prison regime while alerting staff to a medical problem may be difficult, particularly at night (Women in Prison Project Group, 2007).

Additionally, although the responsibility for prison health care was transferred from the Prison Service to the NHS in April 2006, which in theory means that prisoners should have access to the same range and quality of services as are available to the general population, this has not necessarily been the case for imprisoned pregnant women. They face challenges in terms of consistency in the standards and quality of maternity care due to limited access to midwives and poor continuity of care (The Royal College of Midwives, 2008). There are also difficulties in securing transportation from prison to health care checks and scans, as well as gaining access to any education in breathing and birthing techniques to help prepare them for the birth (UNDOC, 2009).

In a report published by the Maternity Alliance in 2006, it was noted that although a Prison Service Order (PSO) relating to the Management of Mother and Baby Units existed, there was not one for the treatment of pregnant prisoners. This seems to make little sense as pregnancy is a necessary precursor of motherhood. The lack of PSO means that there are no formal guidelines specifying how the Prison Service should manage and treat these women while in custody. As a result, this has led to a great deal of inconsistency in practice between prisons (North, 2006), leaving many women disadvantaged.

In saying this, the Prison Service has made attempts to rectify this although arguably, they have not gone far enough. As mentioned in Chapter Two, a PSO was published in 2008 which identified specifically how the Prison Service should manage women prisoners to meet their different needs. However, within this, only a very small section was dedicated to the treatment of pregnant prisoners, the content of which remains vague. North (2006) argues that only by introducing a specific Pregnancy Prison Service Order will pregnant prisoners receive the appropriate standard of care required.

### Motherhood, Families and Homes

One of the issues which is markedly different for women in prison compared to men, relates to their status as carers and mothers (Davies, 2011). Corston (2007) argues that women are far more likely than men to be primary carers of young children and this factor makes their prison experiences significantly different.

According to Women in Prison (2011), approximately 66% of female prisoners are mothers corresponding to more than eighteen thousand children being separated from their mothers by imprisonment every year (Corston, 2007).

However, whereas in the majority of cases the children of male prisoners are looked after by the prisoner's spouse or partner, this does not apply in the case of female prisoners (Kesteven, 2002). Devlin (1998) noted that 91% of the fathers in prison leave their children in the care of the child's mother or another female partner, while only 23% of the mothers in prison said that the child's father or another male partner was performing the same role. More recently, Corston (2007) depicts the situation as being far worse, asserting that just 9% of children are cared for by their fathers or equivalent, while their mothers are in prison.

For the remaining children of imprisoned women, as many as 25% are cared for by grandmothers while 29% are cared for by other family members or friends (Corston, 2007). Where no family or friends can be found, some form of temporary care or fostering

arrangement has to be made (Devlin, 1998). Mothers in prison are powerless to help or intervene in these circumstances and the stress and worry of the uncertainty about the care of their children can make the prison experience even more difficult. Kesteven (2002) notes that the frustration and anger accumulated as a result of this may also manifest into breaches of prison discipline, self-harm or suicide.

It is argued that men's home lives outside prison are for the most part sustained during their absence in prison. The women in their lives care for their children, maintain their homes, visit them in prison and send them money (Corston, 2007). However, the situation for women in prison is very different.

Women are more likely to lose their housing while in custody in comparison to men (Loucks, 2004). Corston (2007) states that at least 30% of women in prison lose their homes during incarceration, although some would say this is a conservative figure which is more likely to be almost 40% (Davies, 2011). This may be explained by the fact that women are more often single parents and have tenancy agreements in their own names while men are more likely to have a partner at home to maintain the tenancy (Loucks, 2004).

A lack of accommodation has significant implications for the lives of women on release. Often during the process of possession of a property, the contents, or more specifically, the occupiers' possessions, are disposed of. This can make the early stages of release particularly difficult and unsettling. Also, many women are unable to regain their children from care without suitable accommodation yet this is made difficult but that fact that they often cannot get access to housing in the first place without being the main carer of their children (Social Exclusion Unit, 2002). Homelessness can act as a barrier against support services such as benefits and registration with a GP. Without a fixed address, it is also harder to find a job and make money legitimately (Social Exclusion Unit, 2002).

There is a general understanding that the closer to home prisoners can be held, the better their chance of maintaining links with their family and reintegrating into society on release (Coyle, 2005), however visits to women in prison can be problematic. The small number of women held in custody means that few prisons exist which hold women (Loucks, 2004). Currently 15 female prisons exist in the UK; 14 in England, 1 in Scotland and none in either Wales or Northern Ireland (Davies, 2011: 138). By definition then, this means that many women will be located at a greater distance from their homes and families (Loucks, 2004). Consequently, women's family links and supportive friendships are more likely to be strained and pressured by their having longer distances to travel for visits and the greater travel expenses incurred as a result (Davies, 2011). The fact that women are held further from home also makes it harder to maintain links with housing providers (Social Exclusion Unit, 2002), therefore only exacerbating the already large percentage of women who lose their homes during custody.

Ultimately, it is not difficult to see why worries about what is happening at home to children and families may make the prison a harder place to be for women than men (Kesteven, 2002). Corston (2007) argues that the custodial experience is somewhat more relaxing and hassle-free for men as they usually have females whether it is their mother, sister, aunt or girlfriend to take care of their needs (Corston, 2007). Childcare and housing concerns can amount to a huge amount of stress for women in prison, in a way that is not necessarily felt by men, therefore making the custodial experience disproportionately harsher.

This chapter has identified a number of issues specific to imprisoned women and has highlighted the general inadequacy of the prison service's response to them. The following and final chapter will conclude the findings of the dissertation.

## **Chapter Five - Conclusions and Recommendations**

This dissertation has examined the experiences of women in prison and identified how and in what ways it is affected by the fact that the total UK prison population is 95% male. Given their minority status, it was argued necessary to determine whether or not their specific needs as imprisoned women were being met and appropriately managed within the male dominated prison environment.

It is argued that women receive different and unfavourable treatment in comparison to men due to the profoundly gendered nature of female imprisonment. There is a view that this results from the influence of traditional female stereotypes and the continued dominance of conventional notions concerning female criminality (Genders and Player, 1987; Cook and Davies, 1999; Carlen, 1983). However, a report published by the Quaker United Nations Office (2008) asserts that any form of discrimination is not the fault of sexist views held by prison authorities; instead it is the effect of the prison system being designed for men. This idea seems to be the most plausible in our modern society and is supported by a number of theorists such as Coyle, Carlen, Worrall and Heidensohn. Given the ratio of male to female prisoners, it is argued that the prison system is 'organized from a male perspective' (Coyle, 2005) with 'only men's needs in mind' (Carlen, 2002). Indeed, it is claimed that the small number proportion of women in custody inevitably means that custodial culture is dominated by the needs of men (Loucks, 2004).

The differences in treatment and experience between male and female prisoners were demonstrated in Chapter Two through examples of discrimination inherent within the prison regime. The smaller number of women's prisons compared to men's means that there is less opportunity to provide institutions of different levels of security classification. As a result, the prison's regime is determined by the maximum security requirement meaning that female prisoners are likely to be held to a classification that is stricter than could be justified by any assessment of the risk they pose. The common practices of strip-searching and Mandatory Drugs Testing (MDT) are also experienced by women in a discriminatory manner as the effect is disproportionately greater than the effect on men (Quaker United Nations Office, 2008). This is explained by their higher incidence as victims of sexual and physical abuse as well as their culturally acquired conceptions of modesty and privacy. Lastly, as Carlen (1990) rightly argues, discipline is excessively harsh in female prisons, although this appeared to be because prison authorities expect higher standards of behaviour from women than men; a view which resonates with the theory of patriarchal control (Genders and Player, 1987).

Nonetheless, scholars do agree that male and female prisoners should receive different treatment although not in the manner in which it is achieved at present. The justification for this stems from the fact that male and female prisoners are different in every sense whether it is in relation to the offence committed, criminogenic factors, coping behaviours or healthcare needs. Carlen (2002) argues that due to the difference in need and life experience, there is a need for parity of provision for female offenders. This means that women would have equal access to programmes but there would be room for differences in the content of that

programme. However investigation into available offending behaviour programmes in Chapter Three revealed that there is a distinct bias towards men in terms of content. Most programmes have been designed for use with men, focussing on the criminogenic needs which affect them as a group most such as alcohol and drug abuse and unemployment. When these types of programmes, particularly R&R and ETS, are used with women, the content, although relevant, fails to address the issues which are more significant for them including histories of sexual or physical victimisation and family relationships (McGuire, 2006). Attempts have been made to adapt programmes for more effective use with women through the adoption of different scenarios or examples to which women are more likely to relate, however this does not go far enough as the specific needs of women are still not being met through the content. It was discovered that there is only one offending behaviour programme in use at present which has been designed specifically for female prisoners rather than adapted from an intervention designed for men (Women in Prison, 2009). Compare this to the 30 designed and accredited for use with men and it becomes obvious that there is very much a gender bias. Scholars attribute the lack of gender-specific programmes and specialisation of treatment to the fact that there are so few female prisoners therefore spending in this area is not deemed to be cost effective.

In addition to the flaws within the domain of prison rehabilitation programmes, it was also found that certain aspects of the overall prison regime are incompatible with some of the issues which women face while in custody (Women in Prison Project Group, 2007). Chapter Four highlighted the fact that women's health care needs in prison – both physical and mental - are more various and complex than men's (UNDOC, 2008). There is a greater prevalence of mental illness amongst the female prison population in comparison to men but the provision available and the spending in this area are insufficient to deal with the scale of this issue. However, it would be inaccurate to say that this is an area which in effect 'favours' men, as mental health provision is substandard in most prisons regardless of the gender of those imprisoned within it. Unlike men, women can experience pregnancy while in prison. Pregnant women require specialised resources and attention with respect to diet, exercise, clothing and medical care; elements which the prison environment cannot always adequately provide (Women in Prison Project Group, 2007). It was discovered that there is no Prison Service Order (PSO) in place relating to the treatment of pregnant prisoners which means that there are no formal guidelines specifying how the prison service should manage and treat these women while in custody. This gap in policy is a fundamental flaw and demonstrates an incidence where the specific needs of women have been significantly overlooked. Lastly, much literature presented in Chapter Four referred to the unique roles of imprisoned women as mothers and carers. Custody of children is generally more of a concern for women in prison than for men as they are less likely to have a partner at home to continue the childcare in their absence. Statistical evidence supported this as Devlin and Corston show that the children of imprisoned women are significantly more likely to go into care than those of imprisoned men. It became apparent that the home lives of male prisoners are largely sustained while in custody as the women in their lives maintain their homes, send them money and care for the children (Corston 2007). For imprisoned women, the situation is very different as tenancy agreements tend to be in their name therefore a period in custody can result in the loss of accommodation and the possessions within it. Evidently, childcare and housing concerns amount to a huge amount of stress for women in prison in a way that is not necessarily experienced by men. In its present form, the prison system provides little in the way of safeguards or appropriate help in these areas. There are only 15 women's prisons in the UK which ultimately means that female prisoners are held at greater distances from home. The often isolated geographical locations of these prisons only exacerbates the

problem as it make visits from children and family and maintaining contact with housing providers and social services more difficult.

According to the evidence presented, it seems clear that the current prison system in the UK does not 'fit' with the specific needs of female prisoners. The small numbers of female prisoners should not excuse their apparent submersion into the majority male population; instead Walklate (2004) argues that policy makers should capitalise on this group as a way of experimenting with new ideas and initiatives. The ideas proposed by Baroness Corston wholly embrace this ideology. Following her criticisms of the treatment of women at present, she has called for a radical rethink by proposing the introduction of small regional women's community centres as an alternative to the women's prison. These centres would promote a holistic, women-centred approach dealing specifically with the issues which affect women most, including victimisation, mental health and substance misuse. For this to be made possible, it is necessary that a named individual or group be accountable for women's justice at a national level, a recommendation also made in her report. Arguably, without at least one of these strategic changes, further progress will be very limited within the domain of female imprisonment.



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