

Chapter 3

Women in prison: contemporary issues

From the moment of reception, barring court appearances, visits, segregation or jail transfers, your days blur into a cycle: rising at 6.30 am, muster [roll call] at 7.00 am, breakfast, 8.30 am pill parade and, if you're fortunate, off to work or class, sandwich lunch and muster, work till 3 pm, back to the wing, 3.30 pm pill parade, cook or collect meals from the kitchen, eat, muster, lock-in wing at 4 pm and in cell at 6 pm and the same again tomorrow.

(Hampton 1993: 45)

Introduction

Women are imprisoned as a punishment. In the previous chapter we made the point that there is no direct or positivistic (causal) relationship between women's lawbreaking behaviour and their imprisonment. The process of criminal justice constructs the imprisonable woman, and the seriousness of her crime is but one factor in this construction. Judicial attitudes towards women and changes in sentencing policies and patterns (some of which have not been gender-specific) also play their part (Gelsthorpe and Morris 2002), as do political priorities about the kind of offenders who should be incarcerated at any given time (Worrall 2002a). The decision to imprison women is also influenced by changes in judicial beliefs about what prison can achieve *for* women. As we have seen, there have always been paternalistic and maternalistic tendencies to believe that women can be sent to prison 'for their own good' (Carlen 1983; 1990; 1998) to be made into better women, better wives, better

mothers, better daughters. It is easy therefore to forget that women's prisons are not hospitals, clinics, finishing schools, colleges or health farms. In this chapter we discuss a range of issues that characterise women's prisons in England and, where relevant, draw on examples from other jurisdictions to illustrate the extent to which these issues transcend national boundaries. Hannah-Moffat and Shaw (2000b) call them 'systemic concerns'. In order to avoid simply listing these issues as though they are unrelated, we use a concept favoured by the former HM Chief Inspector of Prisons for England and Wales, Sir David Ramsbotham – that of the 'healthy prison', and we ask the question: Can women's prisons be healthy prisons?

The concept of a 'healthy prison'

The concept of 'healthy prisons' did not originate in England and Wales, nor is it unique to that jurisdiction. The World Health Organisation has been promoting the concept for a number of years (Smith 2000). Within England and Wales, however, it became established in penal policy thinking following its elaboration in the HM Inspectorate of Prisons' Thematic Review, *Suicide is Everyone's Concern* (1999a). Building on previous research (e.g. Liebling 1992) that suicide in prison is influenced by the prison environment and not just by the vulnerability of the individual prisoner, the Chief Inspector identified four key constituents of a 'healthy prison':

- 1 A safe environment.
- 2 Treating people with respect.
- 3 A full, constructive and purposeful regime.
- 4 Resettlement training to prevent re-offending.

He concluded that the concept of a 'healthy prison' was relevant not just to an understanding of prison suicide but that it should be the 'cornerstone of future prison inspections' and a model 'upon which whole prisons may be accredited' (1999a: para. 7.38). As such, it reflects a recent tradition in England and Wales of both justifying imprisonment and seeking to minimise its harm, which has been adopted by officially-appointed critics since the seminal report by Lord Woolf (1991) following the Strangeways riot. The Woolf Report argued for a need to balance security, control and justice within prisons in order to prevent escapes, disruption and re-offending (for a fuller discussion of the report, see Cavadino and Dignan 2000). Such critiques have attempted to acknowledge that the prison environment is more than the sum of its

constituent parts and that a holistic approach to prison and prisoner management is required, which consistently links attention to detail with overall purpose. Symbolic of that paradigmatic shift in penal thinking was the post-Woolf introduction of the Prison Service's Statement of Purpose that appears outside (and inside) every prison:

Her Majesty's Prison Service serves the public by keeping in custody those committed by the courts. Our duty is to look after them with humanity and help them lead law-abiding and useful lives in custody and after release.

Healthy prisons: an oxymoron?

David Ramsbotham (the former Chief Inspector responsible for the central position that the term has achieved in contemporary debates about prison conditions) acknowledges that his use of the term 'healthy prison' must be qualified and that it 'in no way implies that prisons, even those that are very well run, are "healthy" in the full sense of the word' (1999a: para. 7.12). Nevertheless, he considers it to be a useful gauge of the comparative state of the well-being of prisoners. Subsequently, policy makers have tended to confine the use of the term to specific discussions about health care provision in prisons. However, two writers – Carlen (2001a) and Smith (2000) – have taken up the broader definition of the term 'health' in the prison context. Although Carlen does not use the term 'healthy prison', she recognises that suicide and self-harm are not discrete problems but are indicators of the general 'health' of a prison and argues for a 'holistic' approach to the care of women in prison, which is aimed not just at those women considered 'at risk' of suicide but at the whole prison culture and organisational style. This approach, she argues, should be regarded as '*a good in itself*' (2001a: 462) and not simply as a means to an end, however worthy that end might be. There is therefore a distinction to be made between the question of the morality of imprisonment (or its moral justifications) and the question of probity in prison management (or what can be done to prisoners *with probity*). The argument that certain things should happen in prison because they are 'good in themselves' and not because they can be justified in terms of 'outcomes' (preventing suicide, reducing re-offending, and so on) reflects the classical debate about the justification of punishment itself. Retributivism asserts that punishing the wrong-doer is a moral duty which is not dependent on what the punishment achieves in terms of future conduct. In contrast,

utilitarianism asserts that punishment can only be justified if it achieves a 'greater good' – the reduction of crime (through deterrence, incapacitation or rehabilitation – see [Chapter 4](#) for an explanation and discussion of the classical justifications for imprisonment). By the same token, it can be argued that there is a moral duty to treat prisoners as 'ends in themselves' and not as 'means to an end'. This touches on the second key constituent of a 'healthy prison' – the requirement for respect – which will be considered in more detail later.

Smith (2000) provides an interesting critique of the concept of 'healthy prisons', with some significant references to its implications for women in prison. She highlights the dangers of initially laudable health-promoting initiatives turning into 'surveillance medicine' or 'health policing' (2000:343) with women being held responsible (but without power) for their own health in an environment which is intrinsically 'disadvantageous ... for good health' (2000: 349). An example is the increasing trend to ban smoking in the visits areas of prisons. Of itself, this is a laudable policy, since smoke-filled visiting halls are undoubtedly very unpleasant and unhealthy environments. Nevertheless, they are also extremely stressful places for prisoners and visitors alike and smoking prohibitions add to that stress for many. There can be no right answer because the situation is inherently 'unhealthy' in the first place. A further example is the promotion of 'healthy eating' among women in prison. Women are exhorted to eat healthily yet the quality of prison food and the limited availability of salads and fresh fruit make this very difficult. Women in prison have little control over the food that is available to them and in closed prisons often have to eat it in their cells, on their beds and next to their toilets:

The food is far too stodgy, and if, on top of that, they're not getting any physical activity many of them are concerned about their weight. It's all self-image. If you're feeling particularly low, often one of the things you try to do is to maintain your own physical appearance as a way of combating the low self-esteem that you feel ... Women would be more than happy with salads and sandwiches, rather than having three cooked meals in a day [but] three cooked meals is what they get. And obviously quite high in calories.

(Governor cited in Carlen 1998: 92)

In its mildest form, health promotion in prison may constitute an invasion of privacy; less benignly, some procedures (such as the mandatory drug testing of women) may infringe human rights and may

also be counter-productive. In the oppressive environment of prison, the constant focus on 'unhealthy' behaviours (such as smoking, drugs and over-eating) may actually serve to increase their attractiveness when other options are so limited (Smith 2000:350).

What can be meant by the term 'healthy prison'?

We now consider each of the Chief Inspector's key constituents of a 'healthy prison'. As we do so, it is important to bear in mind that there are at least two perspectives on every issue: the prison's perspective and the prisoner's perspective. Much contemporary official rhetoric assumes that the interests of the prison (and, by implication, the community as a whole) and the interests of the 'responsible' prisoner are the same. The 'responsible' prisoner accepts that their punishment is just and seeks to co-operate with the prison in taking every opportunity to 'pay their debt' and rehabilitate themselves. Within this discourse, there is no conflict of interest and the only debate is about the pragmatics of implementation. For many prisoners, the experience *and meaning* of imprisonment is more complex and contradictory.

A safe environment

Security

The term 'security' may mean at least two things within the context of imprisonment. For the prison, it usually means ensuring that prisoners do not escape. This may be achieved in a number of ways – physical measures (high walls, razor wire, locks, keys, dogs, patrols, head counts, restrictions of movement, and so on); dynamic measures (staff-prisoner relationships, constructive regimes, in-cell television, visits, incentives, and so on) and security categorisation (assessing the likelihood of a prisoner attempting to escape and placing them in appropriate accommodation). As we have seen in the previous chapter, women tend not to escape and, if they do, they are very unlikely to be any danger to the community. They will almost always escape (or, more often, abscond from an otherwise legitimate outside visit) in order to go home to see children or to sort out family problems. It is not uncommon for women to abscond for a few days and then return voluntarily to prison to face their inevitable punishment.

While male prisoners are categorised from A to D, reflecting a relatively wide spectrum of security risk (maximum to open), women are categorised only as being suitable for 'closed' or 'open' conditions,

and there are now very few 'open' places remaining in the system (see [Chapter 2](#)). But, as the recent inspection report on women's imprisonment in Western Australia concludes, a 'maximum security' prison for women is not the same as a maximum security prison for men, even when the same terminology is used (Inspector of Custodial Services, WA 2003). The system tacitly acknowledges that women do not present the same security risk as men, yet this is not translated into any explicit policy – and when women themselves are labelled 'maximum security' the public assumes, understandably, that they pose the same danger as a man with the same categorisation. An example of the difference is the blanket policy for all life sentence prisoners to begin their sentence as though they require 'maximum security', even though most homicides committed by women take place within a domestic context (see discussion later in this chapter on female lifers). Women prisoners in England and Wales also suffered disproportionately from the security clamp-down in the mid-1990s following the escapes of men from Whitemoor and Parkhurst prisons (Carlen 1998) and they continue to be held in conditions of higher security than is warranted because of the Prison Service's unwillingness to take the issue of women's different security categorisation seriously.

Assessing the risk posed by women prisoners is presented as a scientific exercise (Clark and Howden-Windell 1999) but is, in reality, an artificial one for a number of reasons. First, regardless of assessed risk, the location of women is heavily dependent on the number and type of places available across the female prison estate. Second, there is a constant conflation of the terms 'risk' and 'need' in the assessment of women (Hannah-Moffat 1999). Women in greatest 'need' are frequently assessed as being, almost by definition, those of highest 'risk'. Mental health, drugs, abuse and parenting 'needs' are translated into issues of 'risk', requiring high levels of security. The vocabulary of 'risk' and 'need' involves two parallel meanings. From the prisoner's perspective, she may view herself as being 'at risk', that is, vulnerable to a range of personal and socio-economic factors that threaten her health and well-being, and thus 'in need' of help. Those same terms, however, may be used by the prison to identify the prisoner as being 'at risk' of escape, disruption or re-offending, and thus being 'in need' of discipline and control.

But 'security' has another meaning for the prisoner, which is more closely associated with 'personal safety'. The Chief Inspector recognised that 'by their nature prisons are unsafe places in which to live' (HM Inspectorate of Prisons 1999a: para. 7.13) Sykes (1971) recognised this when he identified a 'lack of security' as one of the

'pains of imprisonment'. By 'security' he was not referring to the physical security of the prison which prevents escapes. He was concerned about what we might call a 'sense of security'. He pointed out that prison requires people to live in close proximity with other people who may well threaten their personal safety or just be routinely uncongenial in their behaviour and conversation. This enforced association often results in bullying, sexual assault and general intimidation, the implications of which for women will be discussed below.

Control

'Control' is another word with several meanings. For the prison, 'control' means the prevention of disruption, at both a collective and an individual level. This is achieved largely through prison discipline which itself may mean several things (see [Chapter 1](#)). A 'disciplined' prison is, arguably, a well-run and purposeful prison where everyone – staff and prisoners – knows what is expected of them, what they should be doing, when and where. In a well-run prison, the formal discipline system, which punishes specified prison 'offences' serves to buttress a disciplined environment but is not regarded as the sole guarantor of such an environment. Routinely high levels of disciplinary offences indicate an undisciplined prison, rather than its opposite. As we have seen, women routinely commit almost twice as many disciplinary offences as men. The prison may interpret this as meaning that women prisoners are more disturbed and difficult to manage; women prisoners may interpret this as meaning that discipline in women's prisons is more petty or that the pains of imprisonment are more unbearable – or both.

Accommodating women prisoners

What, then, constitutes an appropriate physical environment for women prisoners? Because of the small numbers, it is difficult to decide whether women should be accommodated together centrally where it *may*, but rarely is possible to provide a greater variety of facilities, or in small groups attached to men's prisons, which might be nearer to their homes but provide much poorer facilities. An example of the latter 'solution' can be found in Western Australia where Aboriginal women from remote areas are located in appalling conditions in remote men's prisons in order to be relatively near their families, rather than being transferred to central Perth where facilities are considerably better (Inspector of Custodial Services, WA 2003). In Hawaii, women were moved into men's prisons precisely in order to access better facilities but

the reality was that women had less freedom of movement and ended up with less provision (Chesney-Lind and Rodriguez 2004). In England, increasing numbers of men's prisons are being required to accommodate a small number of women prisoners who invariably become 'second-class citizens' within the prison complexes, having less access to the best jobs, education and recreational facilities than the men – and there is no guarantee that they will end up being any nearer to their families (Carlen 1998).

Architecturally, prisons are not designed with women in mind (though some may argue that they are simply not designed with *people* in mind). Until recently, almost all women's prisons in England (with the notable and disastrous exception of Holloway – see [Chapter 1](#)) were either previously used as men's prisons or were used for completely different purposes historically. All three of the women's open prisons fall into the latter category. Askham Grange and East Sutton Park are stately homes and Drake Hall (now a closed prison) was originally a hostel for munitions workers in World War II. In fairness to Drake Hall, a major rebuild in the mid-1990s did attempt to provide village-type house blocks with green spaces and pathways. Unfortunately, most of the old accommodation remained in use, which rather detracted from the limited but welcomed vision. The approach to accommodating women prisoners has taken one of two forms: women are either considered to be no different from men and have been housed in identical structures, or they have been subjected to a paternalistic belief that if they are in 'nice' surroundings, they will feel less imprisoned. Nothing could be further from the truth. Women from inner London are often desolate and disorientated when located in the unfamiliar rural setting of Drake Hall (in North Staffordshire) and many request to be transferred back to Holloway, despite its worse conditions (Worrall 2000a).

The Woolf Report did not consider women's prisons explicitly because no serious collective disturbances have ever taken place in a women's prison in England and Wales. Nevertheless, the implications of his principles for women's prisons, and his advocacy of 'community prisons', were discussed creatively (Nacro 1991; Player 1994; Hayman 1996). In particular, one interpretation of the concept of 'community prisons' was the proposal for a large number of locally-based houses set aside for the purpose, where women would reside (possibly with their children) making use of community facilities and resources to provide their daily regime (Nacro 1991). Examples of such 'transitional' arrangements exist in other countries, such as the Netherlands (see Hayman 1996) and parts of Australia (Carlen 2002h) but in this country

opposition by campaigning groups (on the grounds that such provision might increase the numbers of women sent to prison) and the general under-funding and neglect of hostel provision for women offenders (Howard League 2000) means that there has been no innovative residential provision for women offenders.

Sexuality and cross-gender posting

Since 1988 the Prison Service has officially adopted an equal opportunities approach to staff posting, which enables women officers to work in men's prisons and men officers in women's prisons (Carlen 1998). Despite this, only 17 per cent of prison officers are female and the proportion of female officers ranges from 3 per cent in one men's prison to 90 per cent in one open women's prison (Liebling and Price 2001). The introduction of female officers to men's prisons has generally been welcomed and viewed as having a 'normalising' effect on the prison environment, though their presence has challenged the male-dominated culture of prisons in much the same way as female police officers challenge 'cop culture' (Liebling and Price 2001; Walklate 2001).

Far less has been written about the impact of male prison officers in women's prisons. In US prisons, there is ample evidence of routine sexual assault of female prisoners by male guards, to the extent that the issue has attracted the attention of Human Rights Watch (Chesney-Lind and Pasko 2004). In her research of women's imprisonment at the millennium in England, Pat Carlen (1998) found that, although women prisoners did not object to male officers *per se*, they were often uncomfortable about their presence in the residential parts of the prison. As we have already seen, many women prisoners have past experiences of violent and abusive relationships with men that make them wary of contact with men in their living quarters. For such women, knowing that male officers are authorised to be involved in their daily routines causes anxiety. The counter-argument is that it might be beneficial for such women to experience men 'who are good role models, because a lot of these women have never met a decent man or a man who can keep his trousers zipped up' (Prison governor cited in Carlen 1998: 142). Beyond that specific anxiety, however, it could be argued that, since all women are socialised into being modest and private about their bodies, the prospect of unknown men being able both to discuss and to view them in various states of (un)dress, health and hygiene, is not unreasonably a matter of concern for them:

I've no objection to the employment of men in the prison. In some ways it's quite good. Nice to have some male conversation now and then. But I do object when two men do the patrols on the houses at night. Especially at four o'clock in the morning, they either tip the curtain back and shine a torch in, or they actually walk into the room. I don't like that. It could be very awkward.

(Amanda, cited in Carlen 1998: 139)

While the presence of male officers in women's prisons throws the issue of sexuality and sexual relations into sharp relief, there is 'a silence' about the numbers of lesbian officers working in women's prisons (Carlen 1998:143). There is no evidence to suggest that prison officers in England – male or female, heterosexual or lesbian – are any more sexually predatory than anyone else, but that is not the point. The point is that women who already feel vulnerable by reason of their imprisonment have to contend additionally with a routinised and structured loss of privacy which, quite literally, requires them to be naked before a 'legitimated punitive stare' (Carlen 1998: 142).

Drugs, bullying and violence

The history of women's imprisonment has been a history of the medicalisation of women's problems (Carlen 1983, 1998; Sim 1990) or, as Hannah-Moffat puts it, the power of *pastoralism* – the secular version of concern for the soul of the individual (2000: 8). The rebuilding of Holloway Prison in the 1970s was based on the assumption that women in prison needed medical and psychiatric facilities rather than punishment. Women's prisons were at the top of the prison 'league table' for the prescription of drugs that affected the central nervous system and the psychiatric control of difficult women through medication became one of the main concerns of the campaigning group *Women in Prison* in the 1980s. But, even at the height of this concern, it was acknowledged that prisons were doing no more than reflecting women's widespread dependency on prescribed drugs and that prison doctors were in a 'no win' situation:

If the prison doctor then stops prescribing drugs which the women have been legitimately prescribed outside s/he is likely to be accused of being punitive. If, on the other hand, s/he continues to prescribe large doses of drugs then s/he is likely to be accused of drugging women solely for penal control purposes.

(O'Dwyer and Carlen 1985: 165)

Increasingly, the view was formed among both those working in prisons and in campaigning groups that women turned to drugs – both prescribed and illegitimately obtained – in order to survive the pains of imprisonment. What was not conceded at that time was that women were themselves *drug offenders*.

The recognition, or over-recognition, of women as drug offenders came with the emergence into professional discourse of anti-discriminatory practice and anti-racism training in the late 1980s and early 1990s (see [Chapter 2](#)). By the mid-1990s, concern about drugs in women's prisons reached the point where the Chief Inspector of Prisons expressed the view, after visiting one women's prison, that it was possible for a woman 'to enter a shoplifter and leave an addict' (cited in Malloch 2000: 7). This level of illicit drug use in women's prisons was leading to bullying, trading and violent sexual assault among women (conducting internal searches on other women) (Malloch 2000). Officers began to view drug-users as the most aggressive and disruptive women in the prison: 'the biggest problem in here isn't the murderers, it's the addicts – they're far more devious' (Malloch 2000: 113).

Levels of substance misuse among prisoners are roughly comparable for men and women (Howard League 2000: 5), though women are proportionately more likely than men to be users of opiates and crack cocaine – the drugs most strongly associated with offending (Ramsey 2003; Home Office 2003b). For this reason, the Prison Service Women's Policy Group regards the misuse of drugs as a 'major issue for women in prison' (Stewart 2000: 42) and increasing resources are being made available for drugs treatment in women's prisons. But there is now a danger that courts will send more women to prison precisely because this is the one place in the criminal justice system where such treatment may be available (see [Chapter 5](#) for a discussion of drugs treatment in the community). However, the limited availability of such treatment in prison means that many are simply condemned to an environment of violence and intimidation where their drugs problems worsen rather than improve.

Mandatory drugs testing (MDT) was introduced into prisons in England and Wales in 1995, with little consideration given to its differential impact on men and women (Carlen 1998). Ensuring the provision of an uncontaminated urine sample is a more intrusive process for women than for men – watching women urinate is less socially acceptable than watching men do so! It requires a level of disrespect for privacy that, arguably, comes close to infringing human rights (Smith 2000). MDT may be carried out on prisoners suspected of

drugs involvement but it can also be carried out randomly and the legality of compulsory urinalysis has been successfully challenged in Canada (Smith 2000). Although the argument in favour of MDT is often couched in terms of health promotion and the protection of prisoners, it raises the question of the extent to which compulsorily detained people can be subjected to 'further involuntary interventions in their lives' (Smith 2000: 348). This issue of compulsory treatment (whether medical or psychological) is one to which we return later in this chapter when we discuss 'empowerment' and 'responsibilisation' in the context of cognitive behavioural programmes for women prisoners. We turn now to the Chief Inspector's second key constituent of a 'healthy prison'.

Treating people with respect

'The ways in which a prison can demonstrate respect for prisoners are many and various', according to the Chief Inspector (HM Inspectorate of Prisons 1999a: para.7.19). Decent accommodation and food, privacy, cleanliness, courtesy, a constructive regime and appropriate facilities for physical and mental well-being are all ways in which prisoners recognise that they are being treated with respect – and many books and articles have been devoted to discussing these aspects of imprisonment. What concerns us here are the ways in which *women* in prison may experience gender-specific respect or disrespect and our key argument is that women experience disrespect overwhelmingly when they are treated as *either* being no different from men in prison *or* as being *so* different from men in prison that paternalistic and maternalistic stereotypes of 'what women need' dictate what happens to them. Despite (or perhaps because of) a steady flow of research studies, official reports and reforming campaigns there has been little change in official responses to female offending. Instead, penal repression has been overlaid with 'the trappings of bureaucratic legitimacy' that require prisoners to be 'further humiliated by being forced to collude in their own repression' (Carlen 1998: 144). The potential for disrespect (and even infringement of human rights) now exists in a number of seemingly constructive initiatives within both male and female prisons and we discuss some of these below. But first we argue that the very recognition of 'women in prison' is in danger of becoming a stultified and disrespectful 'add-on' within global penal discourse (Worrall 2000b).

Universal concerns or false consensus?

At one time, writers on imprisonment made little reference to women prisoners who, as Stern says, 'nowhere in the world ... make up more than one in ten of the whole prison population' (1998: 138) and, in many countries, make up less than five per cent of that population. But that is no longer the case. Discussion of 'women in prison' is now an indispensable part of penology's global trading language and many common concerns appear to transcend national boundaries – inappropriate accommodation, distances from families, disproportionate numbers of indigenous, foreign and ethnic minority prisoners, provision for mothers and babies, health care, drugs problems and prison employment (Worrall 1998). Most women in prison around the world are there for crimes of poverty or drugs-related crimes and most crimes of violence are more likely to be intimate and retaliatory following years of abuse.

Alongside these apparently universal concerns, however, every country imprisons women for reasons that are embedded in local legal, social and political contexts (for example, the disproportionate imprisonment of female members of Shining Path – a terrorist group – in Peru, or of Aboriginal women for public order offences in Western Australia). The use of common terminology may mask very different understandings and approaches. Phrases like 'working with women in small groups', 'suitable clothing', 'allowing contact with families', 'suitable work', 'access to education' and so on, may mean very different things in different jurisdictions (Worrall 1998). Alternatively, similar practices may be justified on very different grounds. Teaching women to cook, sew and wash their clothes better may be described by one regime as making them better wives and mothers and by another as giving them survival skills for everyday living. Allowing women to keep their babies in prison may be justified as ensuring mother–child bonding or as being a woman's 'right'. Not keeping babies in prison may be seen as being in the child's best interests or as a means of putting pressure on courts not to send women with small babies to prison – which may, in turn, be seen as encouraging discrimination against women without small children. Maintaining close contact with families may be viewed as essential for the well being of both the woman and her family – or it may be viewed as a way of preventing or minimising lesbianism (Worrall 1998)! Calling women prisoners by their first (rather than last) names may be interpreted as a sign of respect (HM Inspectorate of Prisons 1999) or an infantilising lack of respect (especially when coupled with reference to women as 'girls').

Traditional resistance from public sector prison officers to the use of 'Mr', 'Mrs' or 'Miss', let alone 'Ms', is one of the first 'pains of imprisonment' that all prisoners encounter.

Health care

The Prison Health Care Service is not yet part of the National Health Service although it employs many NHS-trained staff and aspires to provide a comparable standard of care. In April 2003 responsibility for funding for prison health services was transferred from the Home Office to the Department of Health and it is planned that within five years NHS Primary Health Care Trusts will be responsible for health care provision in prisons in their area. Given the notorious reputation of health care in prisons, this has to be good news, though whether such provision commands any priority within the NHS remains to be seen.

It is generally accepted that women's health-care needs in prison – both physical and mental – are more various and complex than men's (Alemagno and Dickie 2002) but the overwhelming experience of women in prison is that their health needs are not consistently dealt with in a respectful and appropriate way. The handcuffing of women in labour is but an extreme example (HM Chief Inspector of Prisons 1997) of a general attitude that regards women's unpredictable bodies as, at best, a nuisance and, at worst, a threat to security. In addition to the respect required in relation to routine menstruation needs, women require special attention in relation to pregnancy, cervical cytology and breast cancer screening, and miscellaneous hormonally-triggered 'women's ailments', which may include chronic mundane conditions such as constipation and other digestive problems. Attention to diet and nutrition generally is of particular importance for women and, given the stressful relationship which so many women have with food and body image outside prison, it is not surprising that eating disorders abound in women's prisons (Carlen 1998: 92).

It is also part of received wisdom that women prisoners suffer a higher level of mental illness than do men prisoners, though it is necessary to examine this claim in more detail. For example, Maden et al., (1994) found an equal prevalence of psychosis in male and female prisoners but women had a higher prevalence of learning difficulties, personality disorder, neurotic disorder (anxiety and depression) and substance abuse. The extent to which the prison environment creates such conditions and the extent to which it exacerbates pre-existing conditions is a matter of debate, though women in prison are twice as likely as men in prison to report having received help for a mental/

emotional problem in the 12 months before entering prison (Department of Health 2002). Maden et al., among many other writers, argue that many women in prison should either be in hospital or be treated in the community (Department of Health 2002).

Racism

In [Chapter 2](#) we discussed the disproportionate number of black, indigenous and other ethnic minority women in prison around the world and made the distinction (predominantly a drugs-related one) between British and foreign national women in prisons in England and Wales. Here we consider the very limited literature that exists on the experiences of ethnic minority women in prison. The Prison Service has an extensive race relations policy which is designed to prevent direct and indirect (institutional) racism. For example, the ethnic mix in accommodation and work locations is monitored to ensure that no ghettos or exclusions develop and that all prisoners have equal access to the best accommodation and employment opportunities. Prison chaplains are responsible for ensuring that all prisoners are able to worship according to, and have access to an official from, their religion. Caterers are expected to make reasonable provision for culturally diverse diets and many prisons try to recognise a range of cultural and religious festivals. At the same time, however, prison canteens (shops) in women's prisons continue to resist stocking a full range of hair and skin products suitable for black women (Agozino 1997; Worrall 2000a). Women prisoners are allowed to wear their own clothes but foreign national women may have no one to buy clothes for them (Agozino 1997). Black women may be perceived to be aggressive and difficult and therefore less likely to be accepted for education lists, especially if they are not fluent in English (Chiqwada-Bailey 1997). Health-care staff may be lacking in knowledge about illnesses to which black and ethnic minority women are prone. In Western Australia, Aboriginal women are routinely disadvantaged in relation to the better accommodation and work because they are considered not to meet requirements of tidiness, hygiene, attitude or work ethic (Inspector of Custodial Services, WA 2003). By the same token, they are less likely to be moved to minimum security conditions, despite the fact that their offences are consistently more minor and their sentences consistently shorter in length than non-Aboriginal women. In addition to these experiences of indirect or institutional racism, direct racism – racial abuse and disrespect – continues to be a routine part of the experiences of black women in prison (Agozino 1997; Chiqwada-Bailey 1997; Nacro 2001; Inspector of Custodial Services, WA 2003; Henriques and Manatu-Rupert 2004).

Human rights

The Human Rights Act 1998 came into force in England and Wales in 2000. This did not introduce any new rights, laws or procedures but, for the first time, made it possible for the European Convention on Human Rights (to which the UK has always been a signatory) to be enforced in UK national courts. There are numerous books which provide the detail of the Convention but we are concerned here with its impact on the imprisonment of women. The rights are set out in a series of Articles and those which have proved of most relevance to prisoners in the UK have so far been:

- Article 3: the prohibition of torture, inhuman and degrading treatment
- Article 6: the right to a fair trial
- Article 7: the prohibition of punishment without law
- Article 8: the right to private and family life.

Not all the rights are 'absolute' and the 'rule of law' in a civilised society limits and qualifies some of them. Consequently, the Prison Service has been complacent about the impact of the Human Rights Act. Nevertheless, cases are now being brought which challenge prison treatment generally (under Article 3), the prison disciplinary system (under Articles 6 and 7) and restrictions on contact with families (under Article 8). The latter may prove to be of particular significance for women prisoners.

Imprisoning mothers

It is estimated that in England and Wales at least 100,000 children a year experience their father's imprisonment and more than 6,000 children a year are affected by maternal imprisonment (Lloyd 1995). In 1991 the first National Prison Survey interviewed 4,000 prisoners and found that 43 per cent said a family member had criminal convictions, compared with 16 per cent of the general population, and 35 per cent had another family member in prison. Among young prisoners the figures were even higher – 53 per cent had relatives with criminal convictions and 44 per cent had a family member who had been in prison. At the very broadest level therefore having a parent in prison is likely to increase the chances of a child ending up in prison themselves. Pelligrini (1997) interviewed children whose fathers had been imprisoned and she concluded that they went through five stages of adjustment:

establishing the meaning of the father's action; acknowledging the separation from the father and adapting daily activities to the new situation; managing feelings elicited by the situation; accepting the father's temporary separation; and re-adjusting to the father's return. The role of the child's mother in ensuring that adjustment was crucial and, although Pelligrini did not interview the children of imprisoned mothers, one cannot imagine that the impact of maternal imprisonment would be any less. The loss of their role as mother is considered by most prison administrations to be a significant 'pain of imprisonment' for women (Woodrow 1992). But this is not just an individual problem for mother and child. The impact of maternal separation on the future well-being of the state and its citizens is also a consideration.

According to a Caddle and Crisp (1997) 61 per cent of women in prison in England in 1994 were mothers. Between them, these 1,000 women had over 2,000 children and nearly one-third of these were under five years old. While men in prison normally expect their children to be cared for by their female partners, women in prison are heavily dependent on temporary carers such as grandparents or other female relations. The same study noted that children of imprisoned mothers were reported as having a variety of behavioural problems resulting from the separation, including becoming withdrawn, sleeping and eating problems, bed-wetting and problems in making and keeping friends.

So administrators of women's prisons feel obliged to find ways of allowing imprisoned women as much contact as possible with their families. This is done in four ways. First, women are afforded a variety of 'temporary releases' to spend time at home. Second, special facilities are made available to enable families to visit women in prison. Bandyup's Family Support Centre is a good example – a well-equipped and well-maintained building just outside the prison. Here, visitors can relax and obtain refreshment after a long journey to the prison. They can also obtain advice and help with any concerns they have. Children can be cared for while parents visit the prison, or collected from a visit half way through. The Centre is run by a non-governmental organisation, which also runs rehabilitation courses for the women, such as offending behaviour courses (Inspector of Custodial Services, WA 2003). Several women's prisons in England run whole day visits for children. Third and most rarely, women are allowed to postpone their prison sentences until suitable child care arrangements can be made. Fourth, and most controversially, women are allowed to keep their children with them in prison up to a certain age.

In England, there are currently four prisons which accommodate mothers with babies – Holloway, Styal, New Hall and Askham Grange – providing 69 places, although there are plans for two further units to be opened in 2004, offering 22 more places. Babies are allowed to stay up to 9 months in the three closed prisons and 18 months at Askham Grange, which is an open prison. The units are staffed by trained prison officers and employ professional nursery nurses. The prison accepts a duty of care towards the baby in relation to health issues. Abroad, there are many variations of provision (Caddle 1998) and the Ter Peel experiment in the Netherlands is often cited as a model of provision. Here, children remain with their mothers up to the age of four years but attend nurseries outside the prison on a daily basis. Similar provision exists in parts of Australia (Farrell 1998; Carlen 2002h), although the nursery at Bandyup Prison is considered to be problematic. Here there are no suitably trained staff and the health care centre refuses to provide medical care beyond primary health care. If a child is sick, a relative has to be contacted to collect the child from the prison, which is clearly an unsatisfactory and potentially dangerous situation. Lack of supervision has also resulted in babies being vulnerable to abuse (Inspector of Custodial Services, WA 2003).

The debate about mother and baby units is an unresolved one. It can be argued that a baby has the right not to start its life in prison and there has been much criticism of the standards of care and stimulation in units (Department of Health 1994), although there have been many improvements in recent years (HM Prison Service 1999). Their very existence is also said to encourage courts to send mothers with babies to prison instead of seeking out the alternatives. A study by Catan (1992) compares the development of two groups of babies – one in a unit and one cared for by temporary carers. Although the motor development of the group in the unit was slower, they quickly caught up once the mother was released, and this was off-set by a much greater stability of social environment and continuity of care. Many of the separated babies experienced changes of carers and were less likely to be reunited with their mothers. Even those mothers who did resume care of their babies had difficulties in sustaining the parental relationship.

Against this background, what rights do prisoners' children have? The answer is, not many. The UN Convention on the Rights of the Child is important in that it emphasises that all the rights it identifies apply to all children and that there should be no discrimination on the grounds of the activities or status of the child's parents. The key right is in Article 9 of the Convention which is the right to maintain regular contact with

both parents unless it is contrary to the child's interests. The Children Act 1989 similarly emphasises the right of regular contact. A useful set of principles is proposed by Save the Children (Pelligrini 1997):

- 1 The interests of the child are paramount. Children should be helped to understand what is going on and be consulted about and involved in all decisions that affect them.
- 2 The child should suffer minimal disruption when a parent is imprisoned.
- 3 The child of an imprisoned parent should have good quality regular access to his or her imprisoned parent.
- 4 The parental responsibilities of the prisoner should be taken into account at the time of arrest and in any subsequent proceedings.
- 5 The support needs of the parent or carer looking after the child of an imprisoned parent should be recognised by social services departments, the probation service and other support agencies, and the response co-ordinated.
- 6 The maintenance of life within the child's established home and community should be given priority in any arrangements made concerning her or him. This requires co-ordination of services and sensitivity, awareness and training for all agencies concerned.

It could be argued that 'treating people with respect' is an overarching theme, rather than individual component, of a 'healthy prison'. Nevertheless, we turn now to the third key feature – that of providing a 'full, constructive and purposeful' regime.

A full, constructive and purposeful regime

There are a number of arguments in favour of keeping prisoners fully occupied. From the prison's perspective it makes control of the prison easier and less confrontational than simply locking prisoners up – it is part of 'dynamic' or interactional security. It is likely to give a prisoner some limited sense of purpose and thus help to reduce self-harming and suicidal behaviour. Prison work provides a modest but important source of income. Finally, education, work skills and other activities (such as programmes) might contribute, either directly or indirectly, towards the reduction of re-offending once a prisoner is released. In

other words, keeping a prisoner constructively occupied is regarded as a 'good in itself' and its efficacy should not have to be proven. The underlying argument in this section is that, all too often, keeping women constructively occupied in prison is not viewed with the same (admittedly limited) priority as keeping men occupied. The moral (or capitalist) imperative to produce disciplined members of the work force is less strong for women than for men and the assumption that women will 'make do' with poorer prison provision is tenacious.

Employment and education

Much has been written about the paucity of the regimes in many women's prisons and the driving assumption that women in prison need to be made into better wives and mothers by improving their domestic skills of sewing, cooking, cleaning and, less frequently, gardening (Carlen 1990; Carlen and Tchaikovsky 1996). Kitchens, laundries and sewing workshops are the main sources of employment, though it might be argued that this is true also of men's prisons. It is the greater shortage of alternatives that is the distinctive feature of women's prisons and the overall shortage of employment provision. Including an element of training and recognisable qualification is a feature of some women's prisons, though its level and purpose varies greatly. Clerical qualifications and NVQs in hairdressing, catering and computers are among the most common, though there is a high level of unmet need (Hamlyn and Lewis 2000). Standards of education in women's prisons also vary, though the contracting out of education services in England and Wales to colleges of further education has brought an improvement in the range of provision. Despite this, there is little integration of work and education opportunities and many women are disadvantaged because of the short length of their sentences (Hamlyn and Lewis 2000). The opportunity to work outside the prison is a privilege reserved for minimum-security women. Community work in local shops, factories and, in some cases, schools and care homes, is facilitated in some prisons, though security concerns have meant that the practice is less widespread than in the past.

Programmes

Over the past decade, the central plank of rehabilitative work within prisons in England and Wales has been a range of cognitive behavioural programmes, devised and supervised by psychologists and delivered by specially trained prison and prison welfare (probation) officers.

These programmes may be offence-specific, such as the Sex Offender Treatment Programme, Anger Management Programme or Violent Offender Programme, or they may be generic, such as the Reasoning and Rehabilitation or Enhanced Thinking Skills programmes. Cognitive behavioural programmes are premised on social learning theory and a belief that offenders have cognitive deficits, that they view the world differently from non-offenders and that their cognitive distortions can be un-learned. The link between 'anti-social thinking' and 'anti-social behaviour' is said, by programme advocates, to be well established and the aim of programmes is the laudable one of helping prisoners to improve their problem-solving abilities through developing better information gathering, analytical and social skills. Beyond being regarded as something which may be 'good in itself', however, programmes claim to instil 'correct' or 'pro-social' thinking and to reduce re-offending as a direct consequence of their completion. The programmes have a long history in Canada, where most originate, and there is extensive published evidence of their efficacy (see the website for the Correctional Services of Canada, www.csc-scc.gc.ca). Until recently, the generic cognitive skills programmes have been considered to be particularly successful in England and Wales (Friendship et al. 2002). They are, however, very controversial, even when applied to white, male prisoners, (Cann et al. 2003) but criticism is dismissed as 'knowledge destruction' by some of their more extreme protagonists (Andrews and Bonta 1998). Questions about the 'voluntariness' of participation and the inconsistency of programme availability across prisons also raise human rights issues, especially when the completion of programmes is a key factor in Parole Board considerations about early release. Further reading relating to this important and fascinating debate is recommended at the end of this chapter. Our concern here is to examine the implications of such programmes for women in prison, where the evidence of efficacy is far scarcer, as indeed it is in relation to indigenous and other ethnic minority prisoners.

Although there is nothing inherently wrong in helping women prisoners to 'think better', nor is it suggested that women 'think differently' from men in any essentialist sense, there has been a great deal of criticism about the suitability of cognitive behavioural programmes as vehicles for the rehabilitation of women in prison. There are two broad criticisms. First, it is argued that the delivery of the programmes is inappropriate – that they do not take account of women's *responsivity*. By this is meant that the 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, perhaps even adopting a different tone and style of tutoring. This is the official Prison Service response to criticism (Clark and Howden-Windell 1999) and some psychologists are prepared to go even further in recognising the difficulties in running programmes for women:

It is often found with individual women that it is impossible to dismiss the distress element and ignore the continually repeated background history of abuse or domestic violence. We find that women bring emotional distress into offending behaviour group programmes such as R & R. If this is not addressed outside the programme, they may be unable or unwilling to engage cognitively.
(King and Brosnan 1998: 14)

One of us has visited a programme which will not accept pregnant women on the grounds that the other women will always want to talk about pregnancy, childbirth, child-rearing and related topics and that this will be a distraction from the business of discussing offending.

But underlying this response is a resistance to the suggestion that women's crime may have different causes from men's crime. To use the correct parlance, women have broadly the same 'criminogenic needs' as men (Clark and Howden-Windell 1999).

The second, and more radical, criticism is that cognitive behavioural programmes, at a fundamental level, fail to contextualise women's offending within their often long-term victimisation, and insist that they have more rational choices in their lives than they do. In a now much-quoted government statement, it is asserted that women only '*believe* that their options are limited' by 'poverty, abuse and drug addiction' (Home Office 2000a: 7). A number of writers (Hannah-Moffat and Shaw 2000a; Kendall 2002; Carlen 2002c) have argued that such programmes are not part of the process of the 'empowerment' of women, but rather of their 'responsibilisation'. Instead of empowering women to make genuine choices, cognitive behavioural programmes hold women responsible for their own rehabilitation. It is accepted, even by advocates, that there is a lack of evidence to support the effectiveness of programmes for women but this is, perhaps unsurprisingly, regarded with some complacency (Worrall 2003).

Resettlement training to prevent re-offending

So, finally, we reach the fourth component of Sir David's 'healthy prison'.

Preparation for release

The Social Exclusion Unit (2002) published a report entitled 'Reducing re-offending by ex-prisoners' in which it identified nine key factors that influence the 'revolving door' of prison-release-re-offending-prison for both men and women. These were:

- 1 Education.
- 2 Employment.
- 3 Drug and alcohol misuse.
- 4 Mental and physical health.
- 5 Attitudes and self-control.
- 6 Institutionalisation and life-skills.
- 7 Housing.
- 8 Financial support and debt.
- 9 Family networks.

The report goes on, using these indicators, to demonstrate how much of a socially-excluded group ex-prisoners are and how little chance they stand of not re-offending unless these issues are addressed (see also HM Inspectorates of Prisons and Probation 2001). It includes an Annex which specifically discusses women prisoners, summarising the high level of disruption they experience even in relation to short sentences, often losing housing and children in an impact that is disproportionate to the sentence itself (see also Nacro 2001). Employer attitudes to women with prison records further disadvantages them in the job market on release and child-care costs prevent many from taking up employment, even when they were working before their sentence. Hamlyn and Lewis (2000) found that 44 per cent of the women in their survey had worked in the 12 months prior to their sentence, but, although 90 per cent of them worked in prison, only 37 per cent found work on release and that was through friends and family – and largely related to their pre-sentence work. They did not feel they had learned any useful new work skills in prison. Many of them claimed that they would not re-offend but this was because they had found prison such a negative experience, not through any positive gains from work or programmes.

Planning for release is a difficult task even when a woman knows the exact date of her release. One particular group of prisoners remains in prison for many years without knowing their release date. These are life sentence prisoners, whose length of stay in prison is indeterminate and we turn now to a case study of female life sentence prisoners.

Indeterminacy – the case of the female lifer

A life sentence is a sentence like no other. The ultimate weapon in the penal armoury of England and Wales, its uniqueness lies in its indeterminacy, a feature which sets it apart from even the longest determinate sentence. In populist punitive discourses it remains the Other of the capital punishment debate – the overly lenient and undeserved escape from death for those who have taken or endangered the lives of ‘the innocent’. In 2001 there were 4,810 life sentence prisoners in England and Wales (see [Chapter 2](#)). The population of male lifers has increased from 2,800 in 1991 to 4,648 in 2001, while the population of female lifers has increased from 96 in 1991 to 162 in 2001. The number of prison receptions sentenced to life imprisonment has doubled from 1991 to 2001, with male receptions increasing from 246 in 1991 to 512 in 2001 but the trend in receptions is less clear for women. Because the numbers are so small, they fluctuate from year to year but the highest figure was 22 in 2000.

Drawing on interviews undertaken with 47 (about half) of the female lifers incarcerated in the mid-1990s, Walker and Worrall (2000) identified some of the gendered ‘pains of imprisonment’ that were specific to the experiences of female life sentence prisoners. Much has been written about the ‘pains of imprisonment’ experienced by both men and women, particularly those serving long sentences who, in addition to those losses experienced by all prisoners (for example, privacy, autonomy, heterosexual relations, family contact, personal security, and so on) also experience a great fear of physical and mental deterioration. What remains relatively unexplored are the losses specifically associated with indeterminate sentences – the losses that become more, rather than less, difficult to bear with time because there is no known release date, no end point to be worked towards. For women, many of these losses are bound up with motherhood. Even – perhaps especially – those women who do not have children suffer extensive gender-specific loss as the result of a life sentence. For example, the ticking of the ‘biological clock’ means that women serving life sentences may be deprived of the chance to have children directly as a result of their sentence. They may also ‘lose’ their children to long-term foster care or adoption because of their inability to plan for their return home. For those who retain contact with their children, there is the additional pain of seeing them brought up – sometimes for the whole of their childhood – by other people. Since many female lifers have killed the father of their children, their sense of guilt at seeing their children lose both parents for an unknown number of years is the single most painful aspect of their sentence.

Lifers can be certain of only one thing – that nothing is certain. Tariff dates offer only tantalising and slender hope of release. All life sentence prisoners come to learn, as they are socialised into lifer culture, that tariffs may be extended, provisional release dates withdrawn and release criteria altered. The life sentence prisoner is 'helpless in a world of nightmare uncertainties' (Sapsford 1983: 19) When (if) released, the life sentence prisoner remains on *life licence* for the rest of her life and is subject to recall to prison at any time, if she commits an offence or otherwise fails to comply with the conditions of her licence. According to Kershaw et al., (1997), 9 per cent of lifers released between 1972 and 1993 were recalled within two years and 17 per cent within five years. A more startling statistic is that, of the 52 female lifers released since 1981, no reconvictions for a standard list offence had been recorded against them by 1995 (HM Inspectorate of Prisons 1999b). By and large, then, life licensees, and particularly women, are a compliant and conforming group of ex-prisoners (Woodward 1999) who settle back into the community well and are 'indistinguishable from other members of the public' (Coker and Martin 1985: 235).

Coping with a life sentence has been likened to coming to terms with having a terminal illness – a living death – but without the sympathy and support afforded to the terminally ill (Jose-Kampfner 1990). Women lifers, who most often kill close relatives, are additionally vilified for being responsible for the lasting damage caused to their children. They are viewed as having forfeited their right to 'grieve for the loss of themselves and their outside world' (1990: 112). Building on the widely accepted stages of grieving, Jose-Kampfner argues that female lifers (should be allowed to) experience (not necessarily sequentially) *denial, anger, depression, mourning, acceptance and hope*.

The prison environment, however, is uniquely unsuited to such a process. Lowthian (2002: 177) summarises the concerns which make it disingenuous to describe women's prisons as 'healthy':

- Deterioration in standards of healthcare and hygiene
- Pressures relating to staff shortages resulting in non-mandatory tasks (e.g. housing and resettlement support) being dropped in order to ensure that statutory functions (e.g. security and discipline) are carried out
- Inappropriate allocation of prisoners due to the inexorable demand for places
- Staffing shortages resulting in the failure to maintain adequate

standards of care and thus increasing the risk of bullying, self-harm and suicide

- Staffing shortages reducing cover to the extent that regime activities and education are curtailed since women cannot be unlocked
- Focus on offending behaviour and other accredited cognitive behavioural programmes resulting in a lack of holistic, needs-based programmes for women.

Conclusion

Prison authorities often argue that the women they have to deal with are already so damaged that it is extraordinarily difficult for them to achieve anything approaching genuine rehabilitation. One has to sympathise with this argument to some extent. But when Ruth Wyner (2003) was imprisoned under highly controversial circumstances, she found her intelligence, education and management skills wholly inadequate for personal survival. Her profound sense of shock and injustice suffuses her account, as does the evidence of the real and lasting damage caused to her by her imprisonment.

A professional charity worker, Wyner was imprisoned for failing to disclose to the police the names of drug dealers *who had been banned* from the shelter for which she was responsible. Leaving aside the issue of whether or not she should have been imprisoned at all, her story provides an almost clinical case study of the impact of prison on an otherwise 'normal' woman. Her story is one of an assault on identity that affected both her mental and physical health in ways from which she is still recovering. In addition to the routine physical privations detailed in this chapter, it was also clear that the prison was incapable of dealing with her in anything other than a wholly standardised way. As a trained journalist, Wyner offered to be a 'classroom assistant' on the English courses but was apparently told that this could not be allowed ('It seems that as well as being unable to help myself, I am not allowed to help anyone else' [p.66]). Almost 20 years on, Carlen's observation (above) about 'good prisoners' not thinking themselves better than other women still seems pertinent. Instead Wyner was obliged to attend an art class in which she had no interest and for which she had no aptitude, and to work in the gardens which, as it happened, turned into something of an oasis of sanity for her. That Wyner suffered with migraines and depression throughout her sentence appears to have been a matter of little concern to the medical authorities in the prison.

That she was offered an offending behaviour course for drug importers ("‘I’m not in for that’, I protest. ‘It’s all we have to offer’, the probation officer replies’ [p.131]) illustrates the absurdity of inflexible approaches to offender rehabilitation. That, as a Jewish woman, she had to subject herself to a regime of evangelical Christianity in order to live in half-decent surroundings could be viewed as an abuse of Human Rights.

The prison authorities would probably say that Ruth Wyner was a ‘difficult’ woman because she challenged every perceived incident of disrespect (including being referred to as a ‘girl’ rather than a ‘woman’) and she occasionally seems to have stirred up her fellow prisoners. But, by and large, this is an account of a woman trying to be professionally, if not personally, conciliatory – as much for her own survival as for the benefit of others – and feeling herself thwarted on every hand. Presumably, it was her attempt to relate to prison staff in a ‘professional’ manner that most irritated them. When she was reduced to a crying or giggling ‘girl’, she was easier to handle.

This chapter has not aimed to provide a comprehensive list of every issue and concern relating to women’s prisons. There is a wealth of literature from many countries to which the reader can turn for that level of detail – and we provide a full bibliography at the end of this book. Instead, we have sought to highlight some of the more controversial issues and to place those within a conceptual framework that will allow readers to go beyond bemoaning the inadequate provision in women’s prisons to a more thoughtful exploration of the purpose of women’s imprisonment and the extent to which women’s prisons can be regarded as ‘healthy’ environments.

Concepts to know

black: the term ‘black’ is often used (as here) politically to denote an opposition to ‘white’ and as a common term for women of African, Caribbean and Asian origin. The term ‘women of colour’ is the preferred term in the USA since the term ‘black’ there refers only to women of African origin. ‘Aboriginal’ (with a capital ‘A’) and ‘indigenous’ are the respectful terms for the first inhabitants of Canada, the USA, Australia and New Zealand. The term ‘First Nation’ is also used in the North America and ‘Maori’ in New Zealand. It is important to recognise that the terminology is contested but the term ‘coloured’ is unacceptable.

cognitive behavioural approaches: treatment programmes based on social learning theory which argue that offenders have cognitive deficits and need help to change the distorted thinking that is claimed to be the major cause of anti-social behaviour.

criminogenic needs: factors regarded officially to be linked directly with offending (such as poor thinking skills, criminal associates, impulsivity, lack of self-control, poor educational attainment). Non-criminogenic needs are viewed as those that contribute only indirectly to offending (such as low self-esteem, a history of abuse, depression and anxiety and structural factors like race, gender and class).

empowerment: a term which has been (mis)appropriated from feminist discourse by prison managers to imply that it is possible to organise women's imprisonment in such a way as to enable women to make genuine choices about how they live their lives in prison and in preparation for release.

indirect or institutional racism: features or regulations in an organisation which, while not overtly advantaging particular groups, nevertheless make it likely that other particular groups will be unable to fulfil the requirements. In this context, an example would be giving the best prison accommodation to kitchen workers, knowing that black prisoners are under represented as kitchen workers.

responsibilisation: the consequences, whether intentional or not, of advocating 'empowerment' within an environment of total constraint. Prisoners (male and female) are required to accept responsibility for their own health, well-being and rehabilitation but without any genuine power to make the necessary choices.

risk assessment: an actuarial approach to predicting likelihood of recidivism (re-offending); static (fixed) factors such as age, gender and criminal history are quantified alongside dynamic (personal and social) factors to produce a predictive score which is used for a variety of purposes within the prison system (for more detail see Kemshall 1995).

social exclusion: in this context, a term that indicates the marginalisation of ex-prisoners and their likely re-offending as a result of a range of unaddressed social and personal needs.

tariff: the length of time (set by the trial judge) that a life sentence prisoner has to serve for purposes of retribution before their release can start to be considered.

Further reading

- Caddle, D. and Crisp, D. (1997) *Imprisoned Women and Mothers*. Home Office Research Study 162. London: Home Office
- Carlen, P. (ed.) (2002d) *Women and Punishment: The Struggle for Justice*. Cullompton: Willan.
- Fox, K.J. (1999) 'Changing violent minds: Discursive correction and resistance in the cognitive treatment of violent offenders in prison'. *Social Problems*, 46(1): 88–103
- HM Prison Service (1999) *Report of a Review of Principles, Policies and Procedures on Mothers and Babies/Children in Prison*. London: HM Prison Service (available to download from www.hmprisonservice.gov.uk)
- Inspector of Custodial Services, Western Australia (2003) *Bandyup Prison and the Imprisonment of Women in Western Australia*, Perth (available to download from www.custodialinspector.wa.gov.au)
- McGuire, J. (ed.) (1995) *What Works: Reducing Re-offending*. New York, NY: Wiley and Sons
- Social Exclusion Unit (2002) *Reducing Re-offending by Ex-prisoners*. London: Cabinet Office (available to download from www.cabinet-office.gov.uk/seu/publications)

Topics for discussion

- 1 Which common concerns about women in prison appear to transcend national boundaries?
- 2 How useful is the concept of a 'healthy prison' in understanding women's experiences of imprisonment?
- 3 Explore the arguments put forward by writers who contend that the use of the term 'empowerment' in relation to women's imprisonment is disingenuous.

Essay questions

- 1 To what extent is it possible for women's prisons to be 'healthy prisons'?
- 2 'It is no more important for prisons to take account of a woman's role as a mother than a man's role as a father'. Discuss.
- 3 Describe and analyse the main features of cognitive behavioural programmes for prisoners. In what ways are these programmes suitable for women and in what ways might they be unsuitable?