

The State of the Prisons

Women in prison

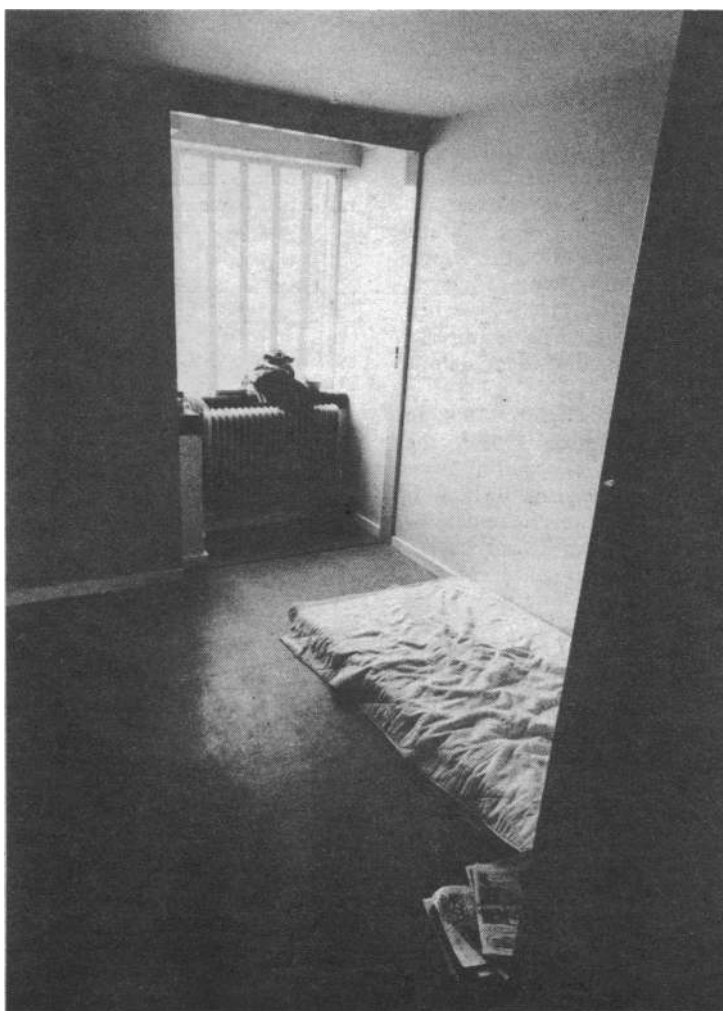
RICHARD SMITH

As recently as 1970 the Home Office took the view that women might disappear from prisons by the end of the century.¹ The report *Treatment of Women and Girls in Custody* said: "It may well be that as the end of the century draws nearer penological process will result in even fewer women or no women at all being given prison sentences." But in fact the average daily population of women and girls has risen from 1035 in 1971 to 1326 in 1982; a peak of 1650 was reached in 1980.^{2 3}

In retrospect that report can be seen as almost the last trace of the age of penological optimism (26 November, p 1614). In the 1960s prison authorities believed that psychiatry and other social engineering enterprises could treat and reform criminals, and this was particularly true for women. Compared with male offenders there have always been only tiny numbers of female offenders, and the tendency has been to see girls and women who offend as having medical and social problems rather than as being hardened criminals. Accordingly the plans for the new Holloway, which were released in 1970, saw the new prison as being more like a secure hospital than a prison,⁴ and Lady Megan Bull, who had been a prison doctor for only four years, was pressurised into becoming the new governor. It was thought that a doctor, not a prison administrator primarily interested in security, should be governor of an institution that was intended to be more a hospital than a prison. But as it turned out Lady Bull felt that her medical knowledge was of little or no use in running the prison, and the senior medical officer at Holloway

said in giving evidence to the expenditure committee in 1978: "The concept that this is a big medical establishment is gone."⁴ It remains true, however, that female offenders carry a heavy burden of physical and mental abnormality, and there are probably even more of the sad and the mad in women's prisons than in men's.^{5 6}

It is also true that there are even fewer scientific studies of women prisoners than of male prisoners. Professor Trevor Gibbens, who spent many years studying the women in Holloway, made this point in 1971 and quoted the sociologist Heidensohn, who wrote: "One might well be forgiven for wondering whether the deviance of women is a non-problem both to the social scientist and society in general, because so little effort has been devoted to studying it."⁵ Professor Gibbens himself, however, failed to get round to publishing the full results of his study before he died, and Dr Pat Carlen, who has just published the results of a criminological study of women in the Scottish women's prison at Cornton Vale, again starts her book by bemoaning the dearth of studies of women prisoners.⁶ She makes the observation which others have made, that officials in women's prisons do not see their prisoners as real prisoners; she quotes the governor of Cornton Vale



A protective cell in the new Holloway prison.

as saying that the fine defaulters and alcoholics who constituted most of her inmates were not "real prisoners." And from society's point of view female offenders are a tiny group who are not nearly as threatening as some male offenders, and most of us therefore care even less for women in prison than we do for men in prison.

But two factors might reverse this neglect. Firstly, the last few years have seen an influx of women peace protestors, most of them middle class, into prison—usually for a short spell—and they are already making it clear how horrified they have been

by the experience.⁷ Some historians who study prisons have seen the suffragettes and conscientious objectors (again most of whom were middle class) as potent agents of change in British prisons, and the peace protestors may be the next group to have this effect (see letter by Dr R M Towey (11 February, p 482)). A second reason why society's view of female offenders might change is because the new freedoms that women are winning for themselves might give them greater scope for committing crimes. Several writers, some of them feminists, have noted this development,⁹ and one study has shown that rates of arrest for women are highest in those countries where women are most equal with men.¹⁰

How many women are in prison and why?

In England and Wales and Scotland women constitute about 3% of the prisoners on any one day. This means that in Scotland there are only about 150 prisoners, and so there is only one women's prison—Cornton Vale near Stirling. It is a spanking new prison and was described by the Scottish press when it opened in 1975 as a Spanish hacienda.⁶ But it is a highly secure institution, and Dr Carlen quotes a social worker as observing that such a "Colditz" is unnecessary and most of its occupants could well be accommodated in a hostel.⁶ In England there are three closed prisons and a wing in Durham prison for category A women prisoners. There are also three open prisons and three remand centres.¹¹ The small number of prisons means that many women are imprisoned far from their homes, and in Scotland the fact that there is only one prison means that the range of facilities is necessarily limited. Also, unfortunately, the small number of women in prison does not stop overcrowding in England: in 1982, for instance, Holloway, which has places for 247, held an average of 315 women.¹¹

In Northern Ireland women constitute an even smaller percentage of the prison population—just over 2%.¹² There are thus fewer than 50 prisoners in Armagh prison. Before the "troubles" women prisoners were almost unknown in Ireland—there were usually less than 10 at any one time.

Women are in prison for very different reasons from men and usually are in for much less time. Mrs Susanne Dell has shown that women are more likely than men to be remanded in custody,¹³ yet only about a quarter of those remanded into custody are eventually sentenced to imprisonment, which is half the rate for men.⁶ In addition, more than 60% of women sentenced are given less than six months. The high rate of remanding women in custody caused Lady Bull to observe that magistrates used it as "simply a device to put women in prison for three weeks—perhaps just in a punitive way."¹⁴ Another reason for so many women being remanded in custody may be that the magistrates are more likely to see women than men as being mentally abnormal in some way and so want social and medical reports, which means a spell in prison. The four full time doctors at Holloway produce about 1000 medical reports a year, of which about 80% are on normal women. Professor Gibbens (see box) thought that far too many women were remanded in custody, and this problem matters especially because many of these women have young children. One study showed that 35% of the women received into Holloway in 1968 had dependent children, and more than a quarter of the 1000 children had to be taken into care.¹⁵

Only about 10% of women are in prison because of violent offences, and about half are there because of crimes against property (not including the serious crimes of robbery and burglary).⁵ About a quarter of women received into prison are fine defaulters, and other common reasons for imprisonment are soliciting and offences associated with alcohol and drugs. Lady Bull summed it up when addressing the expenditure committee: "The vast majority of offenders are committing minor offences and the majority of those are theft or handling stolen goods, and I think it is something like 60% of the people in prison are here on that sort of charge. There are figures too

to suggest that the actual amounts of money involved in their offences are relatively small and on the whole women are petty offenders."¹⁷

The health of women prisoners

In 1967 Professor Gibbens and others studied the health of every fourth woman admitted to Holloway, which gave a study group of 638 cases. The full study has never been published, and so we do not know what definitions and methods the

The heavy load of physical and mental illness and abnormality combined with the heavy social stresses to which so many women have been exposed, naturally raise the question of whether prison is the most appropriate place for dealing with such behaviour, which so often accentuates the problems, rather than using other social agencies to assist and persuade them to accept other solutions. In one respect the answer is fairly certain that it is not. Some 80 per cent of women who enter prison do not ultimately receive a prison or custodial sentence. Over a third of these girls and women do not appear to need custody for investigation, and in nearly a third this has been proved to be the case by the fact that the police (who are good judges of the risks involved) had given them bail before they came to court. It seems largely a matter of custom and convenience that investigations should be carried out during 3 weeks' imprisonment rather than as outpatients by the Health Service. Moreover a substantial number of women have young children at home, some of them have to be taken into care as a consequence of the remand. These problems will only be resolved when there is a closer and more flexible liaison between prisons, hospitals and community services, and this will take some time. But it may come about first in relation to women offenders.

T C N Gibbens

group used, but Professor Gibbens has published some of the results.⁵ Among women remanded into custody 15% had a major physical health problem and 20% a major mental health problem; 21% had attempted suicide in the past; 9% had venereal disease, 13% were pregnant, and 24% had at some time been prostitutes. Among those sentenced to imprisonment 21% had a major physical health problem and 15% a major mental health problem. Other striking figures from the study were that 41% of those in prison for failing to pay a fine were diagnosed as alcoholic and 62% of them had at some time been prostitutes. These figures are similar to those from two studies on women entering prisons in New York (one cited by Dr Nancy S Shaw, second international conference on prison health care, Ottawa, 1983).¹⁸ The figures are similar also to those from studies carried out on men (14 January, p 129) but are if anything higher, supporting the contention that women prisoners carry a greater load of physical and mental abnormality. The doctors at Holloway, some of whom have experience in men's prisons, told me that they thought that women's prisons had twice as many medical problems as men's prisons. And Miss Joy Kinsley, the governor, told me quite bluntly that Holloway was "mopping up the problems that the NHS wouldn't take," and that the public rather than being grateful were much more often critical, making scapegoats of both the unfortunate women in Holloway and the staff who had to deal with them.

The high incidence of mental and physical problems at

Holloway is reflected in the high numbers of inmates in the medical wing. There are about 50 inmates at any one time in the ordinary hospital and about another 50 in the wing for the disturbed. Women prisoners from all over England and Wales who present great difficulties are transferred to the disturbed wing (which is known among prisoners as the "muppet wing"), and in some ways it functions as a "female Grendon"—that is, a prison reserved for prisoners who are mentally abnormal but not mentally ill within the terms of the Mental Health Act (11 February, p 472). The doctors at Holloway believe that they have considerable success in managing peacefully some prisoners who have proved unmanageable in other prisons.

But the psychiatric wing is at the same time a focus of discontent within a prison that has more unrest than almost any

All pregnant women and mothers with young babies should be made aware that their babies may be considered for admission to a mother and baby unit in a prison. A baby should not normally be admitted other than temporarily to a unit (a) in a closed prison if he would attain the age of 9 months before the mother's earliest date of release or by the date of her likely transfer to open conditions; or (b) to a unit in an open prison if he would attain the age of 18 months before her earliest date of release. If a baby in prison is not eligible to stay with his mother separation should take place within the first four weeks if the baby is not being breast fed, or at the end of the first four weeks if he is being breast fed, unless the Governor considers this will give rise to serious hardship, in which case he should report the case, with his recommendations, to P4 Division for decision.

other. Prison statistics for 1982 show that for every 100 women in prison 302 offences were punished compared with 155 in male establishments; furthermore, almost 8% of the female offences were thought serious enough to bring before the boards of visitors compared with 5% in male establishments.¹⁹ Women's prisons are known to be more tense than men's prisons, and that tenseness is most noticeable in the psychiatric wing at Holloway. Another problem with the unit is that fully trained nurses with little knowledge of security and discipline officers with no knowledge of psychiatry are working side by side in a way that nobody seems to find satisfactory (18 February, p 554). At any one time, the doctors told me, about a half to a third of the patients in the unit may be suffering from a major psychotic illness. On the whole, it seems to be less difficult to transfer women prisoners to NHS hospitals than it is men, but some psychotic women do linger a long time in the psychiatric wing.

Allegations about the use of drugs are made more often about Holloway than about any other prison,⁷⁻⁸ and it is true that Holloway dispenses more psychotropic and hypnotic drugs and drugs acting on the central nervous system per head than any other prison.² But it also has a high turnover rate and a high incidence of mental abnormality, and almost certainly more women than men who are admitted to prison are already taking a drug affecting the mind or the central nervous system—we know that this is true in the community. The doctors at Holloway certainly think that far more women than men arrive in prison taking such drugs, and they insist that they spend more of their time trying to stop women taking drugs than sedating them. I believe them and so do most other doctors who have experience of the prison.

In addition to its four full time doctors Holloway has several part time psychiatrists and psychotherapists. Various consultants visit regularly, and much of the routine care is provided not by general practitioners working part time as in other prisons but

by medical and psychiatric registrars from the Royal Free Hospital. So far as I could gather, neither the prison doctors and authorities nor most of the registrars much enjoy this arrangement.

Babies in prison

One particular problem that arises with women prisoners is that of providing for those who come to the end of their pregnancies while in prison and for those who already have young children when sent to prison.⁴⁻⁶ The problem is potentially large because about 10% of women admitted to prison are pregnant and about a third have children. Many of the women who are pregnant are not in long enough to come to term, some ask for terminations, and a very few are pardoned before delivering, but still 51 prisoners gave birth in 1982 (and 74 in 1981).¹⁹ All of these births (except one in 1982) took place in NHS hospitals.¹⁹

The prison system in England and Wales does make some provision for pregnant women and mothers with babies: Holloway has 12 places for pregnant women and seven for mothers and babies; Styal, a closed prison, has 22 places for pregnant women and 12 for mothers and babies; and Askham Grange, an open prison, has places for six pregnant women and 15 for mothers and babies.¹⁸ The prisons in Scotland and Northern Ireland have no special units for mothers and babies. In Northern Ireland pregnant prisoners are looked after by nurses with midwifery qualifications seconded from the health service, and their babies are delivered in NHS hospitals. On returning to the prison they are kept in the prison hospital for about a month and then returned with their babies to specially adapted cells. Provision for mothers and babies is inadequate to meet demand in England and Wales, and the prison department has to ration places. It has recently issued a new standing order on the problem, and partly to give readers the flavour of one of the prison department's hundreds of standing orders it is reproduced in the second box. Priority is given to women who will have their babies while in prison, but only those who can expect to leave a closed prison before the baby is 9 months old or an open prison before he or she is 18 months old are allowed to keep their babies. Women who already have babies when imprisoned thus have a smaller chance of being able to keep their babies with them.

This rationing of the places arises not only through shortage of facilities but also because the authorities understandably think that prison is not a good place for babies to grow up and first experience the world. Not only is prison an unnatural place (without, for instance, men, animals, and traffic) but also the atmosphere in the mother and baby units is not much less rigid and strict than that prevailing in the rest of the prison. The mothers worry, too, that their babies may be snatched away if they transgress the rules, while the staff complain that many of the mothers are inadequate, and boards of visitors are concerned that the mothers are not encouraged to do enough for themselves in looking after the babies.¹⁶

This is one of the many prison problems where there can never be a solution that will please everybody. It is obviously unsatisfactory to separate women from their babies²⁰ but it is also undesirable to have infants growing up in prison. But remembering that most women are sent to prison for only a short time and that many are remanded in custody for a few weeks without eventually being sentenced to imprisonment, I think that steps should be taken either to stop these women being imprisoned or to ensure that there are enough places in the prisons for them to keep their children.

Conclusions

The debate over what prisons are for (26 November, p 1614) is sharpened when we consider women. Few women are career

criminals and few present a serious threat to society. Most women sent to prison are petty offenders who have severe mental, social, alcohol, or drug problems, and prison has little or no success either in deterring them from committing further crimes or in rehabilitating them. Indeed, because it plucks them out of their communities and families and separates them from their children prison is more likely to aggravate the problems of both the women and their children. Fifteen years ago the Home Office thought that women's prisons might eventually be unnecessary and at the same time (see first box) Professor Gibbens was wondering if there might not be some much better way of dealing with female offenders than sending them to prison. Now we have many more women in prison, but the conviction that we imprison far too many women remains alive in all sorts of quarters—including the prison medical service.

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MATERIA NON MEDICA

A bouquet for BR

My wife, accompanied by our teenage daughter, decided to use the family rail card to pay a flying visit to her elderly mother in Dundee. They left home at the uncivilised hour of 5.45 one Saturday morning to catch the 6.10 from Carlisle to Glasgow. It was late arriving so that the connection from Glasgow to Dundee had already left, leaving their plan for a day return apparently in ruins.

My wife, an ex-ward sister, was not for taking this laying down. She headed for the area manager's office and demanded action. The response was gratifying. Would the two of them like to travel on a football special, carrying Rangers' supporters, shortly to leave for Aberdeen which would be stopped specially for them at Dundee? They would be locked in a carriage by themselves, with a police guard.

They gratefully accepted and duly climbed aboard ahead of the well behaved fans. When the waiting relative at Dundee was summoned to the station master's office by an announcement over the public address system she needed resuscitating with brandy on hearing that her sister and niece were aboard a Rangers' soccer special.

The train duly made its unscheduled stop, causing intense curiosity as to why this was happening. My wife and daughter were released from their locked carriage and dismounted to a chorus of good natured ribald comments from the fans, leaving the station staff with the difficult job of preventing the thirsting, bursting supporters from likewise leaving the train.

Mission completed, the return journey was uneventful—just as well, for Rangers lost.—R H SALTER, consultant physician, Carlisle.

Tibetan rites

The first time we visited the Tashilumpo, hoping to hear a service, we were turned away. Permission had not been obtained from the Ministry of Culture in Lhasa (or perhaps Peking), and nobody will act in bureaucratic China without the proper authority. We had to be content with staring at the mass of buildings which formed the monastery stretching up the hillside, catching the gleaming of the golden roofs of the temples.

The second chance came when we returned to Shigatse on the way back from Everest. This time permission had been given, and we were able to visit the second most important monastery in Tibet—

one that fortunately escaped the ravages of the red guards in the cultural revolution—and the only one in Tibet still functioning as a religious institution. We climbed up the narrow streets, passing a group of wizened monks carrying sacks of barley and bundles of furze. We went through the lower temples with their ornate shrines and guardian demons, and the all pervading smell of rancid butter and incense, till we reached the highest temple, up against the towering rocks of the hillside, with its marvellous view across Shigatse and the plain of the Tsang Po river. From the external balcony of the great hall we watched several monks (mostly old) in their burgundy robes cross the yard, climb the steps, and take off their sandals before entering the temple. A deep gong reverberated inside the building before the sound of chanting began. Each monk found his place on one of the long lines of yak hair cushions which stretched across the temple towards the shrine. He sat cross legged and pulled around him a thick, dirty yellow cloak with a high collar, and, putting on his yellow hat, joined in the intonations.

The chanting was led by a deep voice coming from the darker recesses of the temple. This bass lead started a wave of chanting, in part it seemed repetition, in part unrelated to the previous phrases. The length of the response varied, sometimes seeming that the caller had stopped altogether. Occasionally a bell with a single note would punctuate the chanting, whilst all the time an old man, in a rather grander, but still dirty yellow robe, walked up and down the rows or monks, wafting an incense burner. Although we did not know what was being said, the rhythmic sound, the changing cadence, the smell of incense mixed with the smell of Tibet, and the images and paintings of Buddha, of scholars, and of lamas all around opened a deep awareness of spiritual experience and of continuity, a fleeting understanding of the wealth and importance of religion in this otherwise barren land.

Rather abruptly, the chanting stopped and, after a chorus of coughing and spitting, was replaced by a muted expectancy. In came three youngish monks, each carrying an enormous brass pitcher. They split up and made their way down the rows of monks, each of whom from the depths of his robes had now produced a cup, shaped like a goblet and made of brass, or silver, or polished wood. Each monk received a cup of tea, stirred by a spoon which all Tibetans carry round their necks, and noisily sipped. Religious experience and daily life are still fused together in Tibet, and even the most devout ceremonies are interrupted for a tea break.—J S RODGERS, district medical officer, Kettering.