

## Revolving Doors Agency's response to the APPG on Women in the Penal System Inquiry: Women's health and wellbeing in prisons

Evidence submitted by: **Revolving Doors Agency**

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### **I. The needs of women in prison**

- I.1. The following evidence is taken from our report, *Rebalancing Act*<sup>1</sup>, which is provided as a resource to support stakeholders at local, regional and national level, to understand and meet the health and social care needs of people in contact with the criminal justice system.
- I.2. Women involved in the criminal justice system face distinct challenges and have particular needs. Regarding health needs, women have a substantially higher prevalence of conditions such as substance misuse, mental-ill health and blood-borne viruses than men. Research by Farrell & Marsden (2010)<sup>2</sup> also indicates a substantially higher risk of death (primarily drug related) for women on release from prison compared to men. Women in prison should be recognised as presenting a far greater risk to themselves than to others.
- I.3. Women are also more likely than men to be the main carer of their family and are more likely to lose their home and children as a result of imprisonment: 25% female prisoners are lone parents, compared to 3% of male prisoners, and an estimated 17,000 children have been separated from their parent(s) due to imprisonment. Around 160,000 children per year have a parent in prison<sup>3</sup>.
- I.4. HM Chief Inspector of Prisons annual report 2015–16<sup>4</sup> contained a section specifically considering the particular needs of women in prison, highlighting some of the further challenges that women can face more commonly than men. The chart below highlights some differences found between the needs and experiences of male and female prisoners. For example, the graph shows that more than twice the number of women respondents had attempted suicide at some point (46% of women compared to 21% of men), and a noticeably greater proportion of women were taking medication (70 per cent compared to 48%).

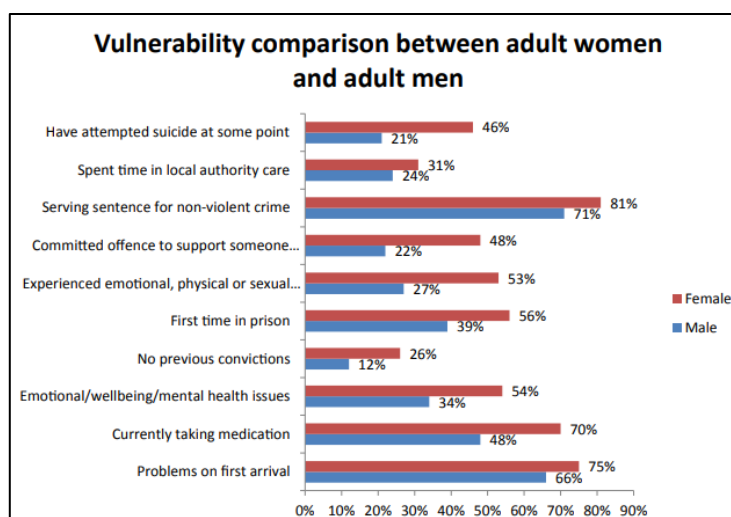
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<sup>1</sup> Anders, P., Jolley, R., Leaman, J. (2017) *Rebalancing Act*, Revolving Doors Agency, London: <http://www.revolving-doors.org.uk/file/2049/download?token=4WZPsE8I>

<sup>2</sup> Farrell, M., Marsden, J (2010) *Acute risk of drug-related death among newly released prisoners in England and Wales*, Kings College, London: [https://www.hri.global/files/2010/08/23/Farrell\\_-\\_Acute\\_Risk\\_of\\_Drug-Related\\_Death\\_\(Prisoners\).pdf](https://www.hri.global/files/2010/08/23/Farrell_-_Acute_Risk_of_Drug-Related_Death_(Prisoners).pdf)

<sup>3</sup> Department for Children, Schools and Families/Ministry of Justice (2007) *Children of Offenders Review*: [https://webarchive.nationalarchives.gov.uk/+http://www.cabinetoffice.gov.uk/media/cabinetoffice/social\\_exclusion\\_task\\_force/assets/think\\_families/offenders\\_review\\_080110.pdf](https://webarchive.nationalarchives.gov.uk/+http://www.cabinetoffice.gov.uk/media/cabinetoffice/social_exclusion_task_force/assets/think_families/offenders_review_080110.pdf)

<sup>4</sup> HMIP (2016) *HM Chief Inspector of Prisons for England and Wales Annual Report 2015–16* [https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2016/07/HMIP-AR\\_2015-16\\_web.pdf](https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2016/07/HMIP-AR_2015-16_web.pdf)



1.5. Around half of women in contact with the criminal justice system are affected by domestic violence, at a cost of almost £3.5bn per year, largely shared between four groups of services: the CJS, health, social services and housing.<sup>5</sup> A report published jointly by the Prison Reform Trust, the Association of Directors of Adult Social Services and the Centre for Mental Health<sup>6</sup> highlights a number of promising approaches to meeting the needs of women who offend, including women-specific services and women-centred working.

## 2. Disproportionality

2.1. Black and minority ethnic women are disproportionately affected by the criminal justice system and have different needs and challenges than white women in the system.

2.2. As highlighted in the Lammy review, Black and minority ethnic defendants are more likely to go to prison for certain types of crime. One finding from the review was that for every 100 white women handed custodial sentences at Crown Courts for drug offences, 227 Black women were sentenced to custody<sup>7</sup>. The disproportionality analysis also found that, among those found guilty, a greater proportion of Black women were sentenced to custody at Crown Court than white women.

2.3. Prison Reform Trust's briefing *Counted Out*<sup>8</sup>, highlights that women from minority ethnic groups feel less safe in custody and have less access to mental health support. The briefing also detailed how mental-ill health amongst women from minority ethnic groups are often missed and are instead classed as 'anger management issues', as a result of racial prejudice

<sup>5</sup> Anders, P., Jolley, R., Leaman, J. (2017) *Rebalancing Act*, Revolving Doors Agency, London: <http://www.revolving-doors.org.uk/file/2049/download?token=4WZPsE8I>

<sup>6</sup> Prison Reform Trust, Association of Directors of Adults Social Services & Centre for Mental Health (2016) *Leading change: the role of local authorities in supporting women with multiple needs* <http://www.prisonreformtrust.org.uk/Portals/0/Documents/localauthoritybriefinglo.pdf>

<sup>7</sup> Ministry of Justice (2016) *Black, Asian and Minority Ethnic disproportionality in the Criminal Justice System in England and Wales*: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/639261/bame-disproportionality-in-the-cjs.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/639261/bame-disproportionality-in-the-cjs.pdf)

<sup>8</sup> Prison Reform Trust (2017) *Counted Out: Black, Asian and minority ethnic women in the criminal justice system* <http://www.prisonreformtrust.org.uk/Portals/0/Documents/Counted%20Out.pdf>

and stereotyping. Due to this, a Black woman is more likely to be sent to segregation in prison, rather than be referred to appropriate treatment.

### **3. Women's lived experience of prison**

#### **3.1. Cancer care**

3.2. The following evidence is taken from a research project concerned with cancer care in English prisons. The project is led by University of Surrey and members of the Revolving Doors Lived Experience team were peer researchers.<sup>9</sup> The women in this study reported that their prison clearly did not deal with a lot of cancer cases and one woman noted *"I must have been the first one, I hope it will be better for others"*. If cancer care for women in prison is such a rarity, the sharing of case studies between prisons will be essential to learn from each other and to improve cancer care.

3.3. The women in this study also reported that cancer care is complicated, and more time could be spent explaining all the difficult terms to do with cancer care. A non-British woman particularly reported not understanding what doctors were saying and felt mocked for this. But equally, the British women in our study felt more time and consideration could be given to explaining things like treatment plans and outcomes more clearly.

3.4. Women entering prison may have complicated life histories, making it difficult to prioritise their health once released. Prison thus, ironically, is a place where they can sort out their health. In one case, a woman had found a lump in her breast before being imprisoned, but it was not until she was in prison that this was diagnosed. She felt that her struggles with mental ill-health and substance use was used against her when she tried to seek help for the lump in her breast, and it took a while before she was referred to hospital. Having their health concerns believed and taken seriously are therefore important for the health outcomes of women in prison to improve.

3.5. The women in the study reported the shame of being handcuffed whilst visiting a hospital. Furthermore, the gender of the prison officer determined whether they felt comfortable sharing certain stories, or asking particular questions pertaining to their health. In these sensitive cases, having female officers present can aid women trying to seek healthcare.

#### **4. Mental health**

4.1. The following evidence is taken from our research conducted as part of a review of the implementation of the Prisons & Probation Ombudsman's (PPO) recommendations into self-inflicted deaths in custody<sup>10</sup>. It builds on the views and experiences of people with lived experience of the criminal justice system to consider what actions could support the mental health of prisoners and reduce the occurrence of suicide in prison.

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<sup>9</sup> The project is being led by Dr Jo Armes and Dr Renske Visser at the University of Surrey, members of Revolving Doors Lived Experience Team have been peer researchers on the project, co-facilitating interviews and co-analysis the findings.

<sup>10</sup> Bennett, L. (2020) *Suicide in Prisons Review: Former prisoner perspectives*, Revolving Doors Agency, London: <http://www.revolving-doors.org.uk/file/2500/download?token=Ran37WYyS>

- 4.2. The small qualitative research project involved three focus groups with former prisoners, to learn more about experiences of dealing with mental-ill health in prison. Everyone who took part in the research experienced the impact that prison can have on people's mental wellbeing, either personally, or through witnessing other inmates' behaviour and emotions. Although these focus groups included men and women, the following evidence focuses on the all-women groups.
- 4.3. Experiences of mental health were felt to be different based on whether someone was in a private or public prison, because of the resources and processes available, and based on the length of their sentence. For example, those on short-term sentences were sometimes released before they had the chance to access health and wellbeing support. Contact with family proved to be a key issue for women, particularly those who had children. In all focus groups respondents spoke about the guilt they felt for missing milestone events.
- 4.4. Although suicide was not discussed in detail, self-harm was mentioned frequently. For example, all respondents had either witnessed other people self-harming whilst in prison or knew of another inmate that had done so. They provided vivid descriptions: "*She cut her stomach open and put prison forks inside her... over the next few days blood seeped through her bandage*". Some of the women also spoke about other prisoners self-harming as a means to try and gain access to medication.
- 4.5. In addition to self-harm, the focus groups also covered other signs of distress amongst individuals in prison. For example, the women discussed how other prisoners used to scream in frustration and/or fear all day and night and do things such as throw food around their cell. Although the women in the focus group were initially sympathetic and concerned about this behaviour, because they recognised that those screaming were unwell, such pity evolved into anger because this impacted their own wellbeing.
- 4.6. The women also explained that those individuals who were distressed and/or self-harming were often moved around to different wings of the prison, which was viewed as ineffective rather than as a solution: "*All prisons have these inmates – they don't help them they just move them from wing to wing to wing...*"
- 4.7. The women also spoke about the stress of being around certain types of people in prison, such as those in prison for sexual and/or violent offences against children. They described a 'natural hatred' of these inmates because of their crimes and explained that they were difficult to avoid and impacted on their wellbeing.

## 5. **Access to treatment in prison**

- 5.1. Lack of access to medication, including medication that was previously prescribed, was raised as a key issue in all focus groups. For example, women who came into prison with an existing diagnosis described suffering for weeks without their usual medication. Another respondent explained that by the time her medication got sorted out she was close to being released, and that because she was not going to be in the prison for a long time, she did not have access to counselling or wider health support services: "*In a women's jail you literally,*

*you're on a short sentence you're left to manage it yourself. There's no counselling, anything like that unless you're on a long sentence. So literally you are just left to sort out yourself and the one time I was in, they left me a month and no anti-depressants and then waited the week before I came out to start giving me them again".* The women also said that there was a very long waiting list to access talking therapy.

- 5.2. Lastly, we hold monthly forums for women who have lived experience of the criminal justice system. In these forums, women have discussed the lack of access to gynaecologists in prison and including access to smear tests and GUM services.