



# Inquiry into women's health and well-being in prisons

## Briefing one

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### Key points

- Prisons are not healthy environments. They are unable to address the physical and mental health needs of women and in fact exacerbate them.
- Imprisonment compounds the victimisation of women, the majority of whom have experienced violence or abuse prior to prison.
- The prison system as a whole is designed around the needs of a male majority. Prison rules and prison policy neither support nor prioritise women's health and well-being.
- Most women in prison do not need to be there. Over half of the receptions into prison are of women on remand and a third are of women serving short sentences.
- The prison environment is damaging to women's mental health.
- Existing health disparities relating to sex are amplified in prisons.
- The prison environment exacerbates health inequalities for Black and minority ethnic women.
- The impact of the pandemic has exacerbated existing problems within prisons, increasing the damage prison causes to women's health and well-being.
- The lack of continuity for women coming in and going out of prison is detrimental to their care.
- The Prisons Strategy White Paper is a missed opportunity to address the needs of women in the criminal justice system and to reduce the harm caused by imprisonment.

## Introduction

The All-Party Parliamentary Group (APPG) on Women in the Penal System established an inquiry into women's health and well-being in prison to consider what steps needed to be taken to improve women's health and prevent harm.

The APPG is chaired by Jackie Doyle-Price MP and Debbie Abrahams MP. Baroness Corston is honorary president. The APPG receives secretariat and research support from the Howard League for Penal Reform.

As part of its inquiry, the APPG received written evidence and held oral evidence sessions with expert witnesses to investigate the impact of prisons on women's health and well-being. The APPG on Women in the Penal System is extremely grateful to all those who provided evidence to the inquiry.

### **1. Prisons are not healthy environments. They are unable to address the physical and mental health needs of women and in fact exacerbate them**

In evidence to the APPG inquiry, Her Majesty's Inspectorate of Prisons described the poor living conditions in one prison, where twenty women were sharing two toilets (HMIP, 2021a). Previous inspections had found damp, mould and evidence of an ant infestation in cells on one wing in Downview prison (HMIP, 2021b) and living accommodation units that were 'completely inappropriate for a women's prison' in Eastwood Park prison (HMIP, 2019).

*'On entering these units, I was immediately struck by the sight of rows of women's faces pressed against the open observation hatches of their locked doors, peering out into the narrow, dark, cell block corridor. It was as if they were waiting for something or indeed anything to happen, however mundane, to relieve the monotony of their existence.'*

Many women enter prison in poor health (Independent Advisory Panel on Deaths in Custody, 2021). The unhealthy prison environment does not meet women's needs and exacerbates ill-health, giving women few opportunities to take control of their own health and well-being. Strategies for self-care, such as taking a walk or going for a run are simply not possible in prison. HMIP (2021c) noted: 'the time provided for women to go into the open

air in most prisons was 30 minutes a day, which was too short'. Given that this includes time spent unlocking women from their cells and escorting them to the outside space, it is likely that women will have even less time in the fresh air.

Daily physical activity is limited and reduced further during the pandemic. HMIP (2021c) found that at the beginning of the pandemic most women spent up to 23 hours a day locked in their cells.

The charity Women in Prison (2021) reported that staff frequently gave emergency grants to women who had put on excessive weight due to poor diet and a lack of exercise whilst in prison and could no longer fit into their clothes. The prison budget for food is calculated at just £2.12 per prisoner per day.

Women can struggle to obtain basic necessities such as toilet rolls, soap and sanitary products and have to ask officers for them.

Prison staff act as gatekeepers, controlling women's access to families, external support, medication and hospital appointments. Women can be denied information about dates for medical appointments and planned procedures on security grounds, causing unnecessary stress and anxiety.

The Prisons Strategy White Paper (MoJ 2021c) acknowledged that two thirds of women's prisons had insufficient space, which compromised their ability to deliver key services and rehabilitative work. Proposals to build new facilities must go hand in hand with a reduction in the numbers of women sent to prison and changes to the daily prison regime in order to ameliorate the negative impact of imprisonment.

### **2. Imprisonment compounds the victimisation of women, the majority of whom have experienced violence or abuse prior to prison**

Ministry of Justice data cited in a library briefing published by the House of Lords (2019) showed that over half the women in prison reported experiencing emotional, physical or sexual abuse as a child and 57 per cent reported having been the victims of domestic violence as adults. Domestic abuse was found to be the leading cause of brain injury among women prisoners in research cited by the Disabilities Trust (2021). Prison Reform Trust (2017) found:



*'women's histories of abuse and trauma, mental illness and mothers' guilt, grief and distress at separation from their children increase their suffering'.*

It found women in prison were liable to experience intense shame, social exclusion and stigma.

Imprisonment can compound victimisation and women's feelings of powerlessness. Prison practices such as strip-searching and the use of physical and mechanical restraints undermine feelings of safety and impact on relationships between women and staff. Such practices are inherently traumatising and compromise trauma responsive ways of working.

Evidence from Revolving Doors (2021) reported on a study by the University of Surrey which found:

*'The women [ ] 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'.*

Many women can find it difficult to talk about sensitive issues with men, particularly when they have experienced abuse. In prison, women do not always have a choice about who they talk to, as around a third of the 1,388 staff working in the female prison estate are male (Hansard, HC debate 4 November 2021). Ministry of Justice policies, such as the creation of pregnancy and mother and baby unit liaison officers to support pregnant women (MoJ, 2021a), are well intentioned but fail to consider the power imbalance between women prisoners and prison officers and the difficulties of talking about sexual health, pregnancy, childbirth or terminations.

### **3. The prison system as a whole is designed around the needs of a male majority. Prison rules and prison policy neither support nor prioritise women's health and well-being**

Baroness Corston (Corston, 2007) found that women in prison had been marginalised within a system largely designed by men for men. Since that date, the Ministry of Justice has developed a Women's Policy Framework (MoJ, 2018), outlining a gender-informed approach to working with women in prison. There are separate policies for the categorisation of male and female prisoners. However, many prison policies, such as dealing

with disciplinary incidents, continue to be used in both men's and women's prisons.

The proposal in the Prisons Strategy White Paper for specialised recruitment and training for staff in women's prisons to support women who have experienced trauma and abuse is a positive step.

### **4. Most women in prison do not need to be there**

In the year ending June 2021 there were 4,787 first receptions of women into prison. Over half of first receptions were of women on remand. A third were of women sentenced to less than 12 months and 1,331 were of women sentenced to six months or less (Office for National Statistics, 2021).

The female offender strategy (MoJ, 2018b) noted that nine in ten of the women held on remand were of low or medium risk of serious harm. Many of the women remanded to custody will not go on to receive a custodial sentence. In 2019 a third of the women remanded by the magistrates' court and four in ten of those remanded by the Crown Court did not receive a custodial sentence (PRT, 2021).

The APPG on Women in the Penal System has raised concerns about the courts' use of remand 'for own protection' and published a briefing paper calling for repeal of this outdated power (APPG, 2020). The Justice Select Committee raised concerns about the lack of safeguards for the use of remand for own protection and has stated that the use of prisons in this way was wrong on principle (House of Commons Justice Committee, 2021).

HMIP (2022a) was disappointed to find there was 'no systematic process for gathering national data on the use of remand for own protection which means that neither the prison service, the courts nor the Department for Health and social Care know the extent of the problem'. In evidence to the APPG, HMIP reported that in August 2021, it asked six local prisons (three men's prisons and three women's prisons) for information about any individuals remanded in the previous 12 months who were so acutely mentally unwell that they should have been diverted from prison. The three women's prisons identified 68 women who were acutely mentally unwell and had been remanded to prison. The outcome for all of these women was not known but of those for whom the outcome was known, over half were transferred to a secure hospital.

HMIP (2021d) noted in an inspection of Low Newton prison:

*It was very concerning to see that the prison is regularly being used as a 'place of safety' for women with acute mental health difficulties. These women should not be kept in prison where, out of sight, they exist in an environment that does not begin to address their needs. Health care and prison staff do their best to support women who are in profound distress, but they do not have the training, skills or resources to provide for patients who are so unwell. The unintended consequence of the well-intentioned policy designed to prevent seriously mentally ill women from languishing in police cells, has led to the problem being passed onto prisons, which are themselves an equally unsuitable environment. These women should be in hospital where they can be treated, not left in prison where they put an additional burden on already stretched resources. Women attending the health care department for their GP appointments could hear the constant screaming of one of the women.*

Women are remanded to prison as a place of safety by the courts often due to the lack of appropriate mental health services in the community. The proposals in the Prisons Strategy White Paper to enable more women to access bail information services will not resolve this lack of provision for women and is unlikely to reduce the numbers of women remanded for their own protection by the courts.

Women with complex mental health needs should never be remanded to prison for their own protection.

Many women in prison are serving short sentences for non-violent offences. Government data show in the year ending 31 March 2021, two thirds of the receptions of sentenced women were for sentences of six months or less (Office for National Statistics, 2021). In the same period there were over 800 receptions of women into prison for theft. The Female Offender Strategy (Ministry of Justice, 2018b) noted: 'there is persuasive evidence that short custodial sentences of less than 12 months are less effective in reducing reoffending than community penalties'.

The Prisons Strategy White Paper (MoJ, 2021c) proposes the introduction of custodial units for women on short sentences. This undermines the commitment in the female offender strategy (MoJ, 2018b) to reduce the number of women serving short custodial sentences.

## **5. The prison environment is damaging to women's mental health**

Women are entering prison with high rates of mental health problems. The Independent Advisory Panel on Deaths in Custody (2017) noted that 30% of women had had a previous psychiatric admission prior to imprisonment. HMIP (2021c) reported that 71 per cent of women prisoners self-reported having mental health problems.

The prison environment compounds these problems. Revolving Doors published research on former prisoners' experiences of dealing with mental ill-health in prison (Bennet, 2020). It found all participants had experienced the impact of prison on people's mental well-being, either personally, or through witnessing other prisoners' behaviour and emotions. For example, respondents recounted women showing signs of distress, screaming in fear or frustration all day and night. Self-harm was mentioned frequently and all respondents had witnessed it in prison.

HMIP published a paper identifying key findings in the inspection of five women's prisons: Low Newton, Styal, Send, Downview and Foston Hall (HMIP, 2022). The report raised serious concerns about high rates of self-harm and vulnerability across the women's prison estate. A report on Foston Hall prison (HMIP, 2022b) found the highest levels of self-harm in the women's estate. Two women had taken their own lives at the prison since 2019.

An inspection of East Sutton Park prison (HMIP, 2021e) found:

*'many women told us that antisocial and intimidating behaviour took place regularly and in our survey 43% of respondents said they had experienced bullying or victimisation from other women.'*

The charity Trevi (2021) relayed the words of a former prisoner who described how the prison environment impacted on her mental health:

*'Going into prison never made me change. It made me harder and more withdrawn. Every day was about survival and I knew from the beginning that I could not let my guard down and be vulnerable. My whole sentence I felt like I was on edge, my anxiety levels were sky high. The whole experience was traumatising, de-valuing and tapped into my sense of*

*worthlessness and shame. I left feeling even more angry with the world and went straight back to using and offending.'*

## **6. Existing health disparities relating to sex are amplified in prisons**

Women have different health needs as a result of their sex (Royal College of Obstetricians and Gynaecologists, 2019). Research by the Women's Mental Health Taskforce (Department of Health and Social Care, 2018) found that women faced barriers in accessing appropriate mental health support and there were gendered differences in women's experiences of services.

Health disparities which exist in the community are amplified in prisons where women feel even more disempowered and face greater challenges in receiving appropriate support. Clinks (2021) noted that women faced challenges in accessing mental health support and experienced delays in seeing counsellors and therapists.

Women in prison are not always listened to or believed when they raise health concerns or ask for help. Revolving Doors (2021) reported that one woman felt that her struggle with mental health and substance abuse was used against her when she tried to seek help after finding a lump in her breast and it took a while before she was referred to hospital.

Women in prison have missed hospital appointments often due to the lack of availability of prison staff to escort them (Nuffield Trust, 2021):

*'More than one in five (22%) pregnant prisoners missed midwife appointments and almost a third (30%) of pregnant prisoners missed obstetric appointments in 2017/18. These rates are significantly higher than those in the general population.'*

Two babies have died in women's prisons in the last three years. In September 2021 the Prisons and Probation Ombudsman published a report into the death of a newborn baby in Bronzefield prison in 2019 (PPO, 2021). It found:

*'Ms A gave birth alone in her cell overnight without medical assistance. This should never have happened. Overall, the healthcare offered to Ms A in Bronzefield was not equivalent to that she could have expected in the community.'*

## **7. The prison environment exacerbates health inequalities for Black and minority ethnic women**

The Royal College of Obstetricians and Gynaecologists (2020) highlighted the disparities evident in all areas of healthcare for women from Black, Asian and minority ethnic communities:

*'Black, Asian, and minority ethnic women are more likely to experience a lower quality of healthcare compared to white women. This often results in poorer health outcomes and reports of worse experiences with NHS services.'*

Existing health inequalities are exacerbated in prisons. For example, Black and minority ethnic women are at higher risk of serious long-term health conditions such as sickle cell disease or diabetes yet prison staff often lack the knowledge to recognise conditions affecting Black and minority ethnic women. In evidence to the government's recent Women's Health Strategy consultation, the Howard League for Penal Reform (2021) stated:

*'Howard League lawyers supported one young Black woman who became so unwell in prison that she was hospitalised and spent a month in a coma: prison staff had failed to understand her sickle cell disease and she had been unable to manage it in the prison environment.'*

Prison Reform Trust (2017) found women from minority ethnic groups felt less safe in prison and had less access to mental health support. Research by Agenda and Women in Prison (2017) found: 'mental health issues of women from minority ethnic groups may be classed as "anger management", as a result of racial prejudice and stereotyping, and a black woman is more likely to be sent to segregation than to be referred for appropriate treatment'.

## **8. The impact of the pandemic has exacerbated existing problems within prisons, increasing the damage prison causes to women's health and well-being**

During the pandemic, prison regimes became even more restrictive. Women became more isolated from staff, other prisoners and families with the curtailment of family visits, there was a reduction in education and support services and restrictions in access to physical and mental health services.

In evidence to the APPG inquiry, HMIP (2021c) reported:

*'Many women's physical healthcare needs increased during this time – women who spoke to inspectors reported that their physical health had deteriorated. This included exacerbated skin problems, excessive weight gain and women with conditions such as asthma and epilepsy found they had worsened. At one prison which inspectors visited, 71% of women had told the healthcare provider that their physical health had deteriorated since the start of the pandemic.'*

HMIP (2021a) found that the restrictions imposed on prisons during the pandemic had not taken into consideration the specific needs of women and children in prison. HMIP reported the suspension of release on temporary licence (ROTL) for family contact in response to the pandemic was particularly frustrating for primary carers and disproportionately affected women prisoners. In evidence to the inquiry, HMIP reported that one woman found family visits so upsetting that she had decided to stop them. She could no longer bear to see how distressed her children were at not being allowed to hug her.

Furthermore, HMIP reported that self-harm rates which had been five times higher than rates for men had increased to up to eight times higher during the pandemic. Some women were self-harming daily.

In the twelve months to June 2021 rates of self-harm per 1,000 prisoners increased by 16 per cent in women's prisons compared to the previous 12 month period (MoJ, 2021).

In evidence to the APPG, the Chair of the Independent Advisory Panel on Deaths in Custody (2021) stated that the record levels of recorded self-harm incidents in women's prisons showed the high levels of distress among women during the Covid19 pandemic. The most recent published figures on self-harm in women's prisons in the year to June 2021 showed there were 12,140 recorded incidents. Nearly three per cent of the incidents required hospital treatment. The sudden withdrawal of staff, the withdrawal of contact with other women, the lack of contact with Samaritans Listeners and the break with family members had left women isolated.

## **9. The lack of continuity for women coming in and going out of prison is detrimental to their care**

A short period in prison, whether on remand or serving a short sentence, can result in a woman losing her job, her home and her children.

Women in Prison (2021) reported that women were frequently being released to homelessness. HMIP (2021a) noted that some resettlement services were no longer on site as a result of the pandemic and prisons had lost important links with the community.

A prison sentence is disruptive to treatment or medication a woman might have been receiving prior to custody, for example for drug or alcohol addiction. NHS Inclusion (2021) reported that women serving short sentences faced disruption to their recovery journey. Research by Revolving Doors (2021) found that women who came into prison with an existing diagnosis described suffering for weeks without their usual medication. One 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.

The pandemic has made continuity of care even harder as many services have withdrawn from prisons. Other services and charities in the community have moved online and women in prison have been left behind as access to mobile phones and the internet is restricted for security reasons.

## **10. The Prisons Strategy White Paper is a missed opportunity to address the needs of women in the criminal justice system and to reduce the harm caused by imprisonment**

It has been over a decade since Baroness Corston called for a radically different approach for women with particular vulnerabilities in the criminal justice system, including '*a clear strategy to replace existing women's prisons with suitable, geographically dispersed, small, multi-functional custodial centres within 10 years*' (The Corston Report 2007).

Despite the overwhelming evidence that prisons impact negatively on women's health and well-being, there has been little progress in reducing the number of women sent to prison.

In December 2021 the Government published a Prisons Strategy White Paper (MoJ, 2021c). The white paper rightly recognises that women in the criminal justice system have complex needs. However, it is a missed opportunity to address the specific issues facing women and to reduce the harm caused by imprisonment.

Instead the proposals will lead to an expansion of the prison estate, resulting in more women and children experiencing the harms of prison when it is not necessary or appropriate. New 'trauma-informed' buildings will not prevent the re-traumatising experience of prison for women. Similarly, plans to introduce family units in women's prison will not prevent the negative impact of imprisonment on mothers and children and are not in a child's best interests.

The focus should be on reducing the unnecessary use of prison for women and on improving and expanding provision for women in the community.

## **Evidence to the APPG Inquiry into Women's Health and Well-being in prisons**

Written and oral evidence to the APPG on Women in the Penal System Inquiry into women's health and well-being in prisons can be found at <https://howardleague.org/our-work/women-in-the-penal-system/all-party-parliamentary-group-appg-on-women-in-the-penal-system/inquiry-into-womens-health-and-well-being-in-prisons/>

Organisations and individuals who gave evidence to the inquiry:

- Dr L Abbott, University of Hertfordshire
- Birth Companions
- Clinks
- Dr L Baldwin, De Monfort University
- The Disabilities Trust
- Her Majesty's Chief Inspector of Prisons
- NHS Inclusion
- Independent Advisory Panel on Deaths in Custody
- The Nuffield Trust
- Prisons and Probation Ombudsman
- Prison Reform Trust
- Revolving Doors Agency
- Sunflower Women's Centre, Trevi
- Together Women
- Women in Prison

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## About the APPG on Women in the Penal System

The APPG on Women in the Penal System was set up in July 2009 with secretariat support from the Howard League for Penal Reform.

The APPG comprises MPs and Members of the House of Lords from all parties and works to increase knowledge and awareness of issues around women in the penal system.

The APPG has conducted inquiries into the sentencing of women, the treatment of women in the criminal justice system, preventing the unnecessary criminalisation of women and on girls in the penal system.

## About the Howard League for Penal Reform

The Howard League is a national charity working for less crime, safer communities and fewer people in prison.

We campaign, research and take legal action on a wide range of issues. We work with parliament, the media, criminal justice professions, stakeholders and members of the public, influencing debate and forcing through meaningful change.

[www.howardleague.org](http://www.howardleague.org)

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