

# Research briefing

## Needs of women in prison

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### **Overview**

Issues around health, mental health, education and family are particularly pertinent to female prisoners and contribute to the social isolation that many female prisoners feel (Corston, 2007).

Female prisoners tend to suffer from worse health compared to male prisoners across a range of health outcomes (Fair, 2009; Marcus-Medoza, 2010; Gould & Payne, 2004). Despite the volume of research evidence highlighting the needs of female prisoners, it is suggested that because women only represent a small percentage of the overall prison population, prisons are struggling to appropriately address these needs and continue to disproportionately cater to the needs of male prisoners (Fair, 2009).

### **Mental health**

A range of studies indicate that mental health needs are higher in female prisoners (Gorsuch, 1998; Raeside, 1994; Caddle and Crisp, 1997). Evidence that compared a sample of incarcerated young women and non-offending young women on a range of mental health diagnoses found that offenders showed increased levels of conduct disorder, substance abuse disorders, depression and PTSD, with 78% of the offender sample meeting the criteria for three or more disorders (Dixon, Howie and Starling, 2004). It is further implied that the mental health needs of female prisoners increase during their time in prison (Byrne, 2003).

Researchers have described a link between complex mental health needs and environmental factors, which produced the elevated rates of co-morbid disorders reported in female prisoners (Moloney and Moller, 2009). This was supported by another study which looked at data to determine the risk profiles of women in prison with serious mental illness (Nowotny, 2014). It was found that one in five of the women had a current dual disorder (a mental illness in addition to substance abuse issues). The findings also revealed that significantly more women with a current dual disorder had been exposed to violence and drugs at a younger age. Furthermore, approximately one third of the women with a current dual disorder had received no treatment in the past year, which highlights a substantial unmet need. Other studies on co-morbidities have extended on these findings, highlighting

a relationship between serious mental illness, substance abuse and a history of trauma (Butler et al., 2011; Lynch, Fritch and Heath, 2012).

### **Post-Traumatic Stress Disorder (PTSD)**

In a study that examined rates of PTSD in 96 incarcerated women; 65.3% of the sample reported experiencing PTSD at some time in their lives, 48.9% reported currently showing symptoms of PTSD and a further 11.7% showed partial symptoms of PTSD (Cauffman et al., 1998). A large percentage of these participants had been exposed to multiple types of trauma or abuse. Based on this and other evidence, abuse has been linked to the development of anxiety disorders, including PTSD (Byrne and Howells, 2002) which could explain the high prevalence of PTSD amongst female prisoners. This link was identified in research describing the complex relationship between a history of abuse, the development of PTSD and the abuse of substances to manage their symptoms (Raeside, 1994). Consequently, Raeside (1994) recommended that treatment of these disorders should not be done separately.

### **Personality Disorder**

Personality disorder and particularly borderline personality disorder, have been commonly diagnosed in both female offender populations (Eppright et al, 1993; Raeside, 1994) and women with a history of child sexual abuse (Gorsuch, 1998). The findings imply that there could be co-morbidity between these factors; adding another potential dimension to an already complex relationship between mental health, imprisoned women and abuse.

### **Substance misuse**

As with mental health; substance misuse has been found to be a bigger problem in female prisoners than male prisoners (Prison Reform Trust, 2015). Substance misuse can often be related to having suffered physical and/or sexual abuse and being unable to manage distress (Byrne and Howells, 2002). Due to the understanding that substances are known to be abused by female prisoners to manage both abuse and mental health issues, there is a possibility that some prisoners who have both substance misuse issues and a history of having suffered abuse, may also have undiagnosed mental health issues.

### **Self harm and suicide**

A recent report stated that 26% of self-harm in prisons involved female prisoners, despite them representing only 6% of the prison population (Prison Reform Trust, 2015). One of the primary contributing factors to this high rate of self-harm is thought to be separation from family and in particular children. In light of these rather alarming figures, it is crucial that the needs of women in prison be addressed more proportionately and that support and coping mechanisms are provided.

### **Research recommendations for mental health needs**

In terms of management and rehabilitation of female offenders it is recommended that multiple problems/disorders should all be treated as important, co-occurring problems/disorders should be treated simultaneously where possible and training should be provided for staff concerning the nature of co-occurring problems/disorders and their interactive effects (Peters et al, 1997). It has also been recommended that due to the prevalence of traumatic events among female prisoners, prevention and intervention programs should be widely carried out among these groups, particularly due to the links between these factors and mental health (Huang et al, 2006). However, Moloney and Moller (2009) identified a flaw in this recommendation; highlighting that the majority of programmes offered to female prisoners are often not accessible to women serving sentences of less than 2 years. This could be problematic for many women as it was acknowledged by The Prison Reform Trust (2015) that in 2014, 58% of females sentenced to prison were serving a sentence of six months or less.

### **Education and employment**

In addition to above health needs that should be addressed throughout the Criminal Justice System, there are other needs that should be addressed in order for female prisoners to progress once they are released from prison. When considering these needs, Schram et al (2006) concluded that female former prisoners have significant barriers that can prevent them from settling back into society.

Research by Viitanen et al (2012) found that a small proportion of the female prisoners they sampled had been employed prior to their incarceration, with many being incapable of working, or having impairments at the time of the research due to substance abuse issues. This followed on from the work of Petersilia (2003) who suggested that low educational attainment and lack of ties to the workforce were just some of the barriers that ex-female prisoners faced when trying to re-integrate back into society.

A post release prisoner education programme was evaluated by Case et al (2005) and concluded that training in employment and life skills is helpful for prisoners but does not guarantee successful reintegration into society. The same evaluation also established that a greater variety of support is required; identifying that housing, family (particularly childcare responsibilities) and health were just some of the areas of need that influence how well a former female prisoner reintegrates into society.

### **Family**

The family dynamic of female prisoners prior to entering prison is a varied one. Corston (2007) stated that 60% of women were single before entering prison and two thirds were mothers living with their children. This can make life in prison more difficult for women as they are unable to provide care for their children and cannot ensure that their children have

stability. This difficulty is reflected in findings which state that only 5% of children of incarcerated mothers remained in their home once the mother was in prison, with many being cared for by relatives or friends. 12% of children were put into foster care (Corston, 2007). A concerning finding by The Revolving Doors Agency (2004) found that of 1,400 female prisoners, 42 did not know for certain how their children were being taken care of. The Prison Reform Trust (2015) found that on average, female prisoners were imprisoned 60 miles away from their families, making visiting and maintaining family relationships more difficult. These factors run parallel with the stigma of being an incarcerated woman and the attached notions of being a bad wife, partner or mother (Corston, 2007) and contribute to a woman's prison experience - one which may be hard to leave behind once released from prison.

### **The Corston report and subsequent report findings**

The Corston report (2007) is a government commissioned research and recommendations paper which was conducive in bringing to light the issues that faced female prisoners. A subsequent paper, 'Second report on Women with particular vulnerabilities in the criminal justice system' (Howard League, 2011) looked at the achievements made in the years since the report and made recommendations for the future. Some of the achievements included; producing guidance for working with female offenders as part of NOMS, gender specific standards to ensure that programmes are being designed and support is offered that meet women's needs and funding for services to address female prisoners and women at risk of offending in the community. Recommendations from the Howard League paper included providing women's custodial centres in multiple locations so that women could be closer to their families, reserving custodial sentences for violent individuals who are a risk to the public and to not have women remanded in custody who are unlikely to receive a custodial sentence. A report by the Prison Reform Trust (2014) suggested that one way to address some of the remaining issues would be to share knowledge of services that are available UK-wide, which provide services aimed at reducing the female prison population.

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