

Women in Prison in the UK. Recent Developments

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1. Summary

The UK follows a global pattern where women represent only a small proportion of the total prison population. Due to being a small minority, women in prison have frequently been 'overlooked'. As a result, not much is known about the specific characteristics and needs of this complex group, which significantly differs from their male counterparts. This paper summarises recent statistics and specific challenges in the UK prison female estates and considers whether any of the planned improvements are likely to tackle the underlying issues.

2. Introduction

Women in prison represent less than 7% of the global prison population. Africa is the continent with the lowest percentage of women in custody (3.4%) and the Americas (North and South) have the highest percentage (8.4%). Despite the small numbers, the global female prison population has increased by 50% over the last 20 years and this growth is expected to persist¹ Owing to the global surge in the percentage of incarcerated women worldwide¹, an increased awareness of the characteristics of this group appears necessary. The UK's total population comprises 51% females and 49% males. Despite an equal gender proportion, the vast majority of prisoners in the UK are males. The total prison population on 30/06/22 was 80,700², of which 96% were male and 4% (just over 3200) were female. This proportion has remained relatively stable over the last five years²⁻⁴. Females tend to serve shorter custodial sentences (17% of female's vs 7% of males were serving sentences lasting less than 12 months on 30/06/22)².

3. Different types of crime

Women commit far less crime than men⁴ and account for only 15% of the total arrests, 21-26% of prosecutions and 21-27% of convictions in the UK^{2,3}. Women commit more acquisitive offences and are less involved in serious violence. The most frequent offences in female offenders are summary non-motoring offences (34-41% of which committed by women), fraud (26-33% of which committed by women), theft (20-21% of which committed by women) and summary motoring (20% of which committed by women)^{2,3}. In 2021, 75% of those prosecuted for TV licence evasion were females and theft from shops was the most common indictable offence for female defendants, accounting for 21% of all female prosecutions for indictable offences, compared to 8% for males². On the other hand, men are responsible for 98% of sexual offences, 91-92% of robberies and 82-84% of offences of violence against the person.

Prison regulations frequently ignore the unique requirements and health of women. In addition to high rates of mental illness and drug or alcohol misuse, many women in jail have also experienced violence and sexual and physical assault. Gender-specific healthcare requirements and family duties are often overlooked by the system⁵. Women in custody are much more likely than men to present with a range of unmet and complex needs² and have disproportionately higher levels of trauma. The complexities of women in custody can be understood as belonging to 3 themes:

A proportion of the issues faced by women may be gender specific, i.e., the prevalence of certain mental health and physical health problems;

Some of the women's complexities relate to their role in society i.e., being the primary carer of their children more often than men⁴.

Some of the women's difficulties are a consequence of the current arrangements within the Criminal Justice System. In this respect, women are disadvantaged because the system has been created for men rather than women².

4. Gender-Specific differences

Women in prison continue to have disproportionately greater levels of health and social care needs, many of which go unmet when compared to incarcerated men and women in the community⁶. For over 20-30 years, the UK has been aware that, compared to males, females in custody present with significantly more disabilities (long-term physical, mental or learning needs), but not enough has been done to fill the gaps. Most women in custody have a diagnosable mental health problem^{2,4} and more than 1 in 2 have a history of trauma^{4,7}. Substance misuse is frequent in prison and this is even more true for females⁷⁻⁹. Proportionally, more women than men also have problems with money and housing when they arrive in prison². Recent evidence suggests that neurodiversity and conditions such as ADHD are much more prevalent in the prison population, indicating a 10-fold increase in adult prison populations (26.2% VS 5%)¹⁰. This data seems to be even more significant in women^{11,12}, with some studies reporting that up to 50% of female inmates have current ADHD and related problems¹³. This would make ADHD by far one of the most prevalent mental health problems in female prisoners, triggering questions on current protocols and interventions. Some argue that untreated ADHD could be a disabling condition which could complicate participation in treatment programs¹⁴ and hinder the possibility of rehabilitation (which is one of the cardinal reasons why prisons exist in the first place). Some authors believe that the assessment of ADHD should be a priority in the initial inmate screening and evaluation¹¹ whilst others remain cautious about this approach, particularly due to the limited resources available¹⁵. Many women in jail have been victims of far worse crimes than those they are accused of committing¹⁶ and 53% of women vs 27% of men report experiencing emotional, physical or sexual abuse as a child¹⁷. There are strong links between women's experience of domestic and sexual abuse and coercive relationships and their offending. Women can become trapped in a vicious cycle of victimisation and criminal activity⁵.

Together with the disproportionately high prevalence of severe trauma, self-harm and suicide rates are one of the most striking features of women in custody. It has been widely documented that women in custody are much more prone than men to self-harm. To understand the magnitude of this issue, it needs to be considered that despite the small number of women in prison in the UK (4-5% females vs 95-96% males), more than 50% of incidents of self-harm occur in the female estate. Women self-harm repeatedly and prolifically^{2,4,7,8}. In 2021, the number of individuals who self-harmed per 1,000 prisoners was 350 for females and 135 for males². The number of instances of self-harm per self-harming individual was over twice as high for females^{7,8}.

4.1. Social differences

Every year, approximately 13,000 women are incarcerated in the United Kingdom, a figure that has doubled since the 1990s.

The majority of these women are in detention or are serving brief sentences for non-violent offences, frequently for their first offence⁵. In keeping with trends in the general population, women in custody are much more likely than men to be the primary carers of their children⁵. This is why the incarceration of a woman may lead to further social problems, i.e., her children are often removed from their homes and cared for in the care system. Thousands of children are separated from their mothers by imprisonment every year^{5,16}. This may, in turn, perpetuate generational trauma with detrimental consequences both for the mother and the child and added costs to society. Dissimilarly to females, when a man is incarcerated, his children are less frequently removed from their home and they will often remain under the care of their mother^{4,5,17,18}. It is estimated that each year in England and Wales, over 17,000 children are affected by maternal imprisonment¹⁹. Compared to children whose parents are not incarcerated, these children are at considerably higher risk of experiencing significantly poorer outcomes in life, including low educational achievement, mental health problems and an elevated risk of offending. Notably, according to research, a mother's incarceration (as opposed to a father's incarceration) has a much greater negative impact on a child's future results^{17,18}.

4.2. Criminal Justice System's role

In the United Kingdom, prisons are categorised by security level, ranging from A (highest level of security) to D (open prisons). The security level dictates the prison's building structure, some aspects of the prison regime and the relational security inside the prison. This is true for the male prisons but less so for the female prisons. Owing to the small number of women in prison (3200 in 2022, predicted to increase to 4,500 by September 2026)²⁰, there are only 12 female prisons in the UK (England and Wales). Most of the female prisons were not built to detain women but men (and manage their associated risk) and were first constructed as juvenile institutions, immigration centres or male prisons. These environments have had a negative impact on women at a high cost to the community¹⁹. Due to the lack of facilities tailored for women, female prisoners are often held together in the same institutions despite requiring different levels of security. Female prisons often conveniently adopt a "blended" level of security, where fewer "high-risk" inmates may affect the regime of the majority. There are, undoubtedly, women who commit serious crimes and pose a serious risk to the public for whom imprisonment and a high level of security appear appropriate. Nevertheless, the blanket rule appears disproportionate and detrimental for a big proportion of the female prison population, given the quality of crime of the majority of women and the clear need of rehabilitation. As a consequence of the small number of female prisons in the UK, women have more chances than men to be sent far away from home to serve their prison sentences. Geographical distance is often a significant barrier to the ability of a woman to keep in touch with her family and children. Some women arrive in prison when they are pregnant; they may give birth in prison or they are still in their perinatal period. The so-called "mother and baby units" are dedicated spaces inside the prison designed to care for babies and their mothers during the perinatal period. Mother and baby units allow incarcerated women to stay with their children for the first 18 months, following which, whenever their term exceeds 18 months, plans will be made to care for the child outside of prison. Social Services make arrangements for the care of children older than 18 months, such as foster care. There are only six prisons with Mother and Baby units in the UK, which increases the vulnerability and inequity for those women requiring these facilities.

5. Discussion

This paper summarised some of the key issues faced by females in the UK prisons. Things have not changed much since the very informative Corston report in 2007 and women

in custody still present with higher proportions of complex and unmet needs as compared to males and women in the community. The inequity, victimisation and extremely high level of trauma in the female prison estate have been exposed through research and the media over the last 2-3 decades. This has led to progressive small steps towards the creation of a women-centred environment in custody and investment in staff training on gender-specific issues, i.e., trauma and mental health.

Despite the current inequalities across the country, prisons in the UK represent a turning point for many. Some female prisons have seen positive and inspiring changes and more and more prisons have chosen to adopt trauma-informed practices, considerably reducing institutional violence^{21,22}.

The government has recently announced the commitment to address the inequalities faced by women in prison and, between other measures, to deliver new facilities rigorously trauma-informed and trauma-responsive in the women's prison estate¹⁹. There are specific plans to increase the number of female prisons within the country and to create facilities equipped to hold a lower level of risk through a combination of open and closed prisons. Expanding the current female prison capacity should enable more women to be held at the correct security level, improving access to resettlement opportunities and Release on Temporary Licences. It is accepted that many of the women in custody are victims of abuse and have an extensive history of unresolved trauma, which is thought to significantly contribute to substance misuse, poor mental health and offending. Based on this and due to the high costs to society of women's incarceration (which also affects a woman's children), it seems intuitive, however, that most of the efforts and support should be placed in the community to prevent women from committing a crime. Support may take the form of accessible psychological therapies helping women process their trauma and step away from victimising realities. It may involve women receiving the training and education which could enable them to become independent. It may involve receiving medical treatment for mental health problems and addictions. It may materialise with concrete support securing housing and employment.

Offering support within the prison estate is certainly a supportive measure and a first step which could be significant and life-changing to many. However, after a period of rehabilitation in custody, many of the incarcerated women will fear the moment of release in the community, where they will undoubtedly receive far less support than they did in custody. Without a job and a place where to live, they will quickly turn back to old habits, including drugs, to try and escape the sad reality they seem to always go back to. Lack of support in such a delicate time is likely to quickly overturn any positive steps taken towards rehabilitation.

Prison staff are familiar with disheartening situations and it is not unusual that for some prisoners, jail has been a rather good alternative to the cruelty of the "outside" world. For many incarcerated women, the prison offers the temporary illusion of a safe place where all basic needs are [or should be] met, mental and physical health problems may be addressed and they may even have a chance to receive some further education and training. All the good work is [ideally] accompanied by the appropriate resettlement support on release, with some concrete help to navigate life's complications.

This is not always the case and more and more women

may be released homeless, with no chances to receive physical and mental health support. The desperation of some women is understandable and on occasion, they will recourse to extreme acts or threaten, as soon as they are released, to commit an offence serious enough to guarantee that they will be "locked up" for some time. They know that outside they will have to fend for themselves in the streets and will easily go back to being victims of physical and sexual abuse. They do know that feeling like a complete outsider, the easiest step is to go back to well-known destructive patterns they worked hard to leave behind. But when the pain is unbearable, the only or more obvious option remains the oblivion of drugs.

The current struggles of the social care system and the NHS mean that extreme situations such as the above tend to happen more and more often. Even when the re-offending is not motivated by a deliberate attempt to go back to prison, it happens far too frequently that the good work done in prison is lost quickly with no adequate support in the community.

It appears a necessity, therefore, to use some of the resources to improve current standards in the prison female estates, with particular attention to equity. But together with this, it is imperative to invest most of the resources in the community, enabling marginalised women to get back as an integral part of society.

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