Women prisoners, mental health, violence and abuse

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Available online 1 May 2013

ARTICLE INFO

Keywords:
Women
Prison
Abuse
Health care

ABSTRACT

This article examines the specific experiences of women in prison, focusing on previous (and continuing) physical and mental abuse, the consequent health care requirements of women prisoners, the policy response and the availability of suitable health care in prisons across the EU. It draws from an extensive review of the literature on women prisoners across Europe that was part of an on-going European Project funded by the DAPHNE programme of the European Commission, entitled ‘DAPHNE Strong’. It also uses the field research from the project collected via surveys and in-depth interviews with key personnel in organisations that work with women prisoners or ex-prisoners and staff with a strategic overview of activity from the ministries of justice, police, prison service and women’s support organisations.

The article draws on the extensive review of the literature on women prisoners with a history of violence and abuse across Europe, which was at the heart of the DAPHNE Strong project (Strong, undated). It also uses the field research from the project. The main aim of the DAPHNE Strong project, part of the DAPHNE III programme funded by the Justice Directorate of the European Commission, is to increase knowledge and understanding among criminal justice professionals.

The paper briefly outlines the literature analysis and primary data sources then sets out the context for the health issues faced by abused women in prison. The needs of such women and the availability and suitability of health provision is examined using the existing literature and the outcomes of the close-up study. The article thus assesses how EU member states are responding to the distinct and complex issues faced by women prisoners.

This article focuses on one aspect of an on-going European Project funded by the DAPHNE programme of the European Commission, entitled ‘DAPHNE Strong’. This project commenced in 2011 and is due to be completed in 2013. The project is a partnership comprising experts from six countries: England, Scotland, Finland (who co-ordinate the project), Poland, Lithuania and Germany and an expert from the World Health Organisation (WHO).1

1 Poland and Lithuania are yet to report interim results and the Nordic countries include material on Norway, a member of the EEA but not an EU Member State. However, for convenience the paper will refer to the EU even when including wider EEA members.

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1. Introduction

Women prisoners have been identified as suffering higher levels of emotional distress than their male counterparts (Quaker Council for European Affairs (QCEA), 2007). This level of emotional distress is consistent with other research and “prevalence studies… that link psychological distress with previous abuse, both domestic and sexual, which is the background of many women in prison” (HMI Inspectorate of Prisons, 2007, p. 56).

This article examines the care regimes for women in prison, focusing on vulnerable female prisoners. These are women who have suffered previous (and continuing) physical and mental abuse. Many of these women resort to drug and alcohol misuse and they often self-harm. The article addresses the consequent health care requirements of women prisoners, the policy response and the availability of suitable health care in prisons in the EU. The main focus of this research is a close-up study of six countries that were part of the EU funded DAPHNE projects (EU Justice, 2012). The project identified the lack of appropriate policies across Europe that addresses the health care needs of vulnerable female prisoners. The qualitative empirical study that was part of the project reveals that meeting the health care needs of this group of prisoners is also inadequate in practice. Guidelines are identified, some good practice highlighted and some recommendations are derived from the study.

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http://dx.doi.org/10.1016/j.ijlp.2013.04.014
working with marginalised women in prison who have experienced childhood, intimate partner or other forms of physical and/or sexual violence.

The literature review and research phases of the project were designed to help the team to develop a resource pack for prisons, prison authorities, ministries of justice and grass-roots organisations that included examples of good practise and existing programmes for women survivors of violence and abuse. In addition, the team is developing a training programme for personnel in prisons to help them understand the specific problem sets of female prisoners who have experienced abuse and violence.

The country studies that formed part of the DAPHNE Strong project provide an abundance of empirical material, reported conclusions and recommendations about health care in custody. The projects consist of published separate country reports, composite, themed final reports and a plethora of unpublished material, mostly in the form of qualitative interview notes, briefing documents and so on. For simplicity, the paper will henceforth refer to this extensive material as ‘the in-depth research’.

2. Methods

Following the standard requirements of projects funded by the European Commission, the DAPHNE Strong project is a partnership of teams from several countries in the European Union. The composition of the partnership represents both old and new European member states as well as the different geographical regions of Europe. The partnership also includes individuals with established expertise in the field.

A sequential mixed-method approach was taken; this long-established approach (Park & Burgess, 1921) has been recently reconstructed as a standard social science approach, theorised, for example, by Creswell (2009). The approach combines both quantitative and qualitative research techniques, allowing researchers to identify and map activity and then to explore in greater detail issues that emerge from the quantitative stage of the research. As Yin (2003) noted, this allows investigators to retain the holistic and meaningful characteristics of real-life events such as individual life cycles, organisational and managerial processes and neighbourhood change.

Partners in the DAPHNE project carried out an initial literature review that situates the research and informs the rest of the work. The literature review explored both published and grey (unpublished) literature. The literature review included a range of material. It explored academic and practitioner articles on fields such as prisons, healthcare, law and policy. It explored reports on local projects, NGOs initiatives, findings from local surveys and research reports. The review also included evaluations of interventions. In addition, the review was informed by personal communication with experts.

Common agreed search terms were identified and a range of search engines used. The aim of the literature review for each country was to highlight current practise and policies in providing programmes and actions targeted at female prisoners that have been victims of violence and abuse. The literature review and the document analysis aimed at identifying examples of current training programmes on gender-sensitivity that exist for prison staff. Literature reviews also included general information on the prison system in each country.2

The guidelines for the national literature reviews suggested a 10–15 page length, covering the last decade. The guidance emphasised “The literature review should not only be descriptive, in the final chapter, conclusions regarding the subject at national level should be drawn”. A set of keywords was suggested:

- alcohol, childhood abuse, domestic violence, drug use, female, gender-sensitivity, gender violence, imprisoned women, infectious diseases, intimate partner violence, mental health, offender, perpetrator, physical or psychological violence, prison, prostitution, self-harm, recidivism, re-entry, reintegration, sexual abuse, substance use, suicide, throughcare, trafficked person, and trauma. These keywords are only suggestions to describe the content of the project. They are open for modification and amendments. For each country, the commonly used terms in the respective national language have to be identified. Common databases such as Medline, PsycINFO and EDDRA (EMCDDDA), King's College (http://www.kcl.ac.uk/depsta/law/research/icps/worldbrief/) and Council of Europe (http://www.coe.int/t/dghl/standardsetting/prisons/space_ii_EN.asp) for information on prisons as well as country-specific databases (e.g. RCT: www.rct.dk) can be used.

2 See the project website: http://www.daphne-strong.eu/about.php.

A quantitative survey was implemented across the prison systems of the partner countries. A short questionnaire, agreed by the partners, was distributed electronically and, where necessary, in traditional print format, to all women’s prisons in each of the research partner countries asking for details of existing programmes provided for women with experience of violence and abuse. This process allowed an initial mapping of procedures in place. This stage of the research was problematic because there was a poor response to the survey. The reason for this is not altogether clear: prison staff are under pressure at all times and particularly currently. In some cases, the survey was completed not by prison officers but on behalf of the prison system by individuals. This provided a useful overview but may have missed perceptions of prison officers ‘on the ground’.

The field research was built upon this base. Altogether, 60 in-depth interviews were conducted with key personnel in organisations that work with women prisoners or ex-prisoners. These were carried out in four of the partner countries (United Kingdom (UK), Finland, Poland and Germany). In addition, the four research teams interviewed staff with a strategic overview of activity from the ministries of justice, police, prison service and women’s support organisations.

In the following examination of the situation of women’s health in prisons, the paper will refer to relevant empirical outcomes from the DAPHNE Strong project alongside the literature review and analysis, which was also part of the project, to keep the analysis tight and avoid repetition.

3. Context: Women in prison and definitions

In Europe, the number of women prisoners is growing although they still remain a small minority of the prison population. Prisons are usually designed with men in mind and prison regimes, security procedures, healthcare, contact with family, education, treatment and throughcare programmes frequently do not address the specific needs of women prisoners.

In most European countries, the relatively small number of women prisoners results in there being few women’s prisons and, in some countries, there may be only one single-sex women’s prison. The impact of this on women is that they are often imprisoned far from their homes and families, which places strains on maintaining family ties (Bastick & Townhead, 2008; Council of Europe, 2009).

3.1. Explaining the growing number of women prisoners in Europe

According to the Quaker Council for European Affairs (QCEA Review, 2007) women made up less than 10% of the total national prison populations in Europe in 2003 (in all the countries where data was obtained). The countries with the highest number of women prisoners are France, Germany, Italy, Poland, Spain and England and Wales (Table 1). Bulgaria has the lowest proportion of female prisoners (3%) and Spain has the highest proportion (7.9%).
There are approximately 100,000 women in prison in Europe on any given day. In the Nordic countries the number of women prisoners is quite low, averaging around 70 prisoners per 100,000 population. However, the number of women imprisoned in the Nordic countries has increased during the 2000s. There has also been a significant rise in the number of women prisoners in England and Wales over the last decade (Prison Reform Trust, 2010). This is mirrored in Scotland where the number of women prisoners has almost doubled over the last ten years.

The reason for this increase has caused much debate, resulting in a variety of explanations (Noblet, 2008). In England and Wales, for example, broad policy factors such as the political pressure for a more punitive criminal justice system, the disproportionate effect of the ‘war on drugs’ and welfare reforms that increase poverty among women are all mooted as explanations. Further factors include an increase in the number of short sentences for women offenders, a decrease in the use of suspended sentences and an increase in the number of women being remanded into custody. McIvor and Burman (2011) argued that, in Scotland, the significant increase in the number of women prisoners is the result of longer custodial sentences being imposed on women offenders and the incarceration of more women over 30 years of age. In addition, the (mistaken) perception of the courts that prison provides an opportunity for women offenders to receive drug treatment and mental health services increases the imprisonment rate. In essence, the increase in the number of women prisoners is the result of a combination of social and political factors.

3.2. Defining violence and abuse

Despite recent concerns about gendered violence, there is still a need for more research that would provide a better understanding of its consequences on areas of women’s lives such as work, health, drug dependency (addiction), mental health, family and crime (MIP Project, 2006). For prison services to respond, both at the policy and service level, to women prisoners who have experienced violence and abuse, a working definition would be helpful. This would act as a frame for policy development, and better understanding of the impact of a history of abuse and violence on the female prison population.

There are differing definitions of violence against women. A broad-based definition that includes ‘structural violence’ such as poverty and unequal access to health and education is used by some human rights activists. The need to develop specific operational definitions has been generally accepted so that monitoring and research can become more targeted and have greater cross-cultural applicability (UNICEF, 2000). Violence against women is defined by the United Nations Declaration on the Elimination of Violence against Women (1993) as:

Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

[[UNICEF, General Assembly Resolution 48/104 of 20 December 1993]]

Defining what is meant by the term ‘abuse’ can be problematic because there are a range of definitions that are utilised in different contexts. Abuse can include physical abuse, sexual abuse, emotional abuse and, additionally in the case of child abuse, neglect (HM Prison Service, 2008). According to Hooper (2003):

Domestic violence is now commonly defined to include physical, sexual, emotional, psychological or financial abuse, within the context of a relationship between partners or ex-partners. “Adult

Table 1
Structure of prison populations on 1st September 2009: Female prisoners in EU countries.

<table>
<thead>
<tr>
<th>Country</th>
<th>Total number of prisoners</th>
<th>Number of female prisoners</th>
<th>% of female prisoners in the total number of prisoners</th>
<th>Number of female pre-trial detainees</th>
<th>% of pre-trial female detainees in the total number of female prisoners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria*</td>
<td>8674</td>
<td>–</td>
<td>6.7</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Belgium</td>
<td>10,901</td>
<td>440</td>
<td>4.0</td>
<td>163</td>
<td>37.0</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>10,028</td>
<td>298</td>
<td>3.0</td>
<td>29</td>
<td>9.7</td>
</tr>
<tr>
<td>Cyprus</td>
<td>670</td>
<td>39</td>
<td>5.8</td>
<td>13</td>
<td>33.3</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>22,021</td>
<td>1189</td>
<td>5.4</td>
<td>162</td>
<td>13.6</td>
</tr>
<tr>
<td>Denmark</td>
<td>3721</td>
<td>178</td>
<td>4.8</td>
<td>82</td>
<td>46.1</td>
</tr>
<tr>
<td>Estonia</td>
<td>3555</td>
<td>195</td>
<td>5.5</td>
<td>45</td>
<td>23.1</td>
</tr>
<tr>
<td>Finland</td>
<td>3589</td>
<td>241</td>
<td>6.7</td>
<td>39</td>
<td>16.2</td>
</tr>
<tr>
<td>France</td>
<td>66,307</td>
<td>2321</td>
<td>3.5</td>
<td>723</td>
<td>31.2</td>
</tr>
<tr>
<td>Germany</td>
<td>73,263</td>
<td>3918</td>
<td>5.3</td>
<td>606</td>
<td>15.5</td>
</tr>
<tr>
<td>Greece</td>
<td>11,935</td>
<td>–</td>
<td>5.0</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Hungary</td>
<td>16,459</td>
<td>1065</td>
<td>6.5</td>
<td>92</td>
<td>8.6</td>
</tr>
<tr>
<td>Ireland</td>
<td>3919</td>
<td>129</td>
<td>3.3</td>
<td>24</td>
<td>18.6</td>
</tr>
<tr>
<td>Italy</td>
<td>63,981</td>
<td>2740</td>
<td>4.3</td>
<td>1372</td>
<td>50.1</td>
</tr>
<tr>
<td>Latvia</td>
<td>6999</td>
<td>415</td>
<td>5.9</td>
<td>135</td>
<td>32.5</td>
</tr>
<tr>
<td>Lithuania</td>
<td>8295</td>
<td>333</td>
<td>4.1</td>
<td>35</td>
<td>9.9</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>679</td>
<td>32</td>
<td>4.7</td>
<td>14</td>
<td>43.8</td>
</tr>
<tr>
<td>Malta</td>
<td>494</td>
<td>28</td>
<td>5.7</td>
<td>23</td>
<td>82.1</td>
</tr>
<tr>
<td>Netherlands</td>
<td>11,629</td>
<td>725</td>
<td>6.2</td>
<td>333</td>
<td>45.9</td>
</tr>
<tr>
<td>Poland</td>
<td>84,003</td>
<td>2697</td>
<td>3.2</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Portugal</td>
<td>11,099</td>
<td>613</td>
<td>5.5</td>
<td>177</td>
<td>28.9</td>
</tr>
<tr>
<td>Romania</td>
<td>27,028</td>
<td>1268</td>
<td>4.7</td>
<td>139</td>
<td>11.0</td>
</tr>
<tr>
<td>Slovakia</td>
<td>9170</td>
<td>474</td>
<td>5.2</td>
<td>74</td>
<td>15.6</td>
</tr>
<tr>
<td>Slovenia</td>
<td>1365</td>
<td>64</td>
<td>4.7</td>
<td>15</td>
<td>23.4</td>
</tr>
<tr>
<td>Spain (State Admin)</td>
<td>67,986</td>
<td>5391</td>
<td>7.9</td>
<td>1328</td>
<td>24.6</td>
</tr>
<tr>
<td>Spain (Catalonia)</td>
<td>10,356</td>
<td>722</td>
<td>7</td>
<td>170</td>
<td>23.5</td>
</tr>
<tr>
<td>Sweden</td>
<td>7147</td>
<td>374</td>
<td>5.2</td>
<td>92</td>
<td>24.6</td>
</tr>
<tr>
<td>UK. England and Wales</td>
<td>83,454</td>
<td>4296</td>
<td>5.1</td>
<td>554</td>
<td>12.9</td>
</tr>
<tr>
<td>UK. North. Ireland</td>
<td>1456</td>
<td>52</td>
<td>3.6</td>
<td>24</td>
<td>46.2</td>
</tr>
<tr>
<td>UK. Scotland</td>
<td>8113</td>
<td>438</td>
<td>5.4</td>
<td>110</td>
<td>25.1</td>
</tr>
</tbody>
</table>

Reference: Adapted from Council of Europe, SPACE I 2009.3.1 Country.

* Austria and Greece did not answer the Council of Europe Survey. The figures for Austria and Greece came from the World Prison Brief — http://www.prisonstudies.org/info/worldbrief/wpb_country.php?country=141.
women may experience all these forms of abuse, with the probable exception of financial abuse, in other relationships, and sexual or physical violence also from strangers.” (p. 63)

The UK Home Office defines violence or abuse as:

Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality.

[(National Offender Management Service, 2010, p. 4)]

Furthermore, some types of violence, such as trafficking, cross national boundaries. Violence against women is not confined to a specific culture, region or country, or to particular groups of women within a society. The roots of violence against women lie in persistent discrimination against women. According to country data from Unite (2009), up to 70% of women experience violence in their lifetime.

4. Key issues on women prisoners, violence and abuse emerging from the literature review and qualitative interviews

The key interim themes that have emerged from the DAPHNE Strong research both elaborate issues identified in the broader literature and EU projects (MacDonald, Williams, & Kane, 2012; MacDonald et al., 2008) as well as raising other issues not well documented.

4.1. Health and social needs of women prisoners

Women prisoners come from marginal groups often with multiple needs that impact on mental health. The mental health needs of women prisoners are often complex and are frequently symptomatic of a history of abuse, self-harm, homelessness, poor physical health, poor reproductive health, low self-esteem, and problematic personal and family relationships. This situation is often intensified by high levels of drug and alcohol misuse and co-morbidity that are compounded by the prison environment (HM Prison Service, 2008; MacDonald, Unpublished). In addition, many women prisoners have worries about children.

In some cases, the marginality of women prisoners is accentuated by the criminal justice system. In the Nordic countries, for example, the criminal justice system prefers to use alternative forms of sentencing that keep women out of prison. Those who do end up in prisons usually belong to a much marginalised group with complex difficulties. As a result, they are often more stigmatised than their male counterparts.3

Many women’s prisons are overcrowded (this is often the case in male prisons as well) and this can add additional stress for women who already have multiple problems due to a lack of privacy. The possibility of them accessing treatment, programmes and activities is also often reduced. Women on remand (pre-trial) may feel the ‘pains’ of imprisonment in particular where there is “a risk of re-victimisation... for example, by bullying or sexual assault from other prisoners and/or staff”. On the other hand “while some women may be re-traumatised by the lack of privacy and autonomy in prison, others may see it as an opportunity to break away from situations of domestic violence and receive therapeutic intervention” (Fawcett Society, 2003, p. 97). Women prisoners, in particular those on remand (pre-sentenced), are often failed by prisons due to inadequate support when they arrive in prison (Corston, 2007). The key areas where support is lacking according to Edgar (2004) are lack of drug treatment when it is most needed and too much time spent in a cell with too little purposeful activity and difficulties for prisoners to maintain contact with their families.

While some women prisoners may see being in prison as a respite from domestic violence and abuse, others may find aspects of prison life difficult to deal with:

The prison environment is often described as infantilising, forcing women into dependence on prison staff for meeting the most basic and intimate of needs, and removing what autonomy and control over their lives … An environment in which women are expected to comply with authority without question, in what may often seem arbitrary disciplinary matters, while being isolated from their families and support networks may remind many of abusive situations either in childhood or their adult lives. ...

[(Hooper, 2003, p.106)]

There are many aspects to the problematic situation of women prisoners, but the key issue under discussion in this article is the impact of violence and abuse, drugs and alcohol addiction, on women prisoner’s mental health and wellbeing and availability of appropriate health care and support.

4.2. Self image and blame

The in-depth research also revealed that most women prisoners had a low self-image and a lack of self-esteem with a fear of failing and a lack of independence.

Additionally, the research suggested that many of the women interpreted the violence that they suffered (usually at the hands of a partner) as their own failure and blamed themselves for being a victim. Indeed, in some cases, abuse is viewed, paradoxically, as a sign of the partner’s affection. For example, an NGO representative observed that:

Some of the women that we work with believe that domestic violence and abuse is normal. I know one woman who was embarrassed to talk about a cut on her cheek caused by her partner. Eventually she said that he only did it because he loved her; it was a ‘love punch’. [NGO, United Kingdom, DAPHNE Project]

Many of the women who had experienced violence had a fundamental loss of confidence, trust and reliance and difficulties in developing trusting relationships in their personal lives and in job-related situations.

4.3. Preponderance of abuse and mental health problems

Determining the preponderance of various forms of abuse and self-harm in the female prison population is difficult and estimates vary considerably within and across the countries of the EU. However, despite the variations, the extent of abuse, self-inflicted or inflicted by others, is considerable.

It is estimated, for example, that 75% of women in Europe exhibit problematic drug and alcohol use (Alati et al, 2002 cited in MacDonald, 2005a, 2005b). An EU study of seventeen countries (Zurhold, Stöver, & Haasen, 2004) found that half of the countries classed 10–30% of their female prison population as problematic drug users; in the remaining countries, the number rose to 40–50% of their female prison population.

The findings from the DAPHNE research in Scotland, for example, indicated that 98% of the female prison population had drug misuse problems. In Germany, about 75% of female prisoners have addiction problems with drugs, alcohol, prescription drugs and eating disorders. Finland reported high incidence of drug misuse but without providing a specific figure.

The DAPHNE project also identified the incidence of other forms of abuse and of mental health problems. In Scotland, for example, 70–80% of the female prison population had mental health problems, 50% had a history of sexual abuse and at least 50% of the women were currently in abusive relationships (McDowall, Unpublished). In England and Wales, 50% of women prisoners said they had experienced domestic

3 Un-published DAPHNE Strong Literature review from Finnish partners 2012.
Many female drug users have personal histories of neglect and abuse in childhood and using drugs is their coping mechanism. Research shows that women with problematic drug use are more likely than men to have experienced physical or sexual abuse (UNODC, 2004). In EU Member States, as noted above, a high percentage of women prisoners suffer from an alcohol or drug dependency and problematic drug use rates are higher among women than men (Quaker Council for European Affairs, 2007). Women are also more likely than men to be addicted to ‘harder’ drugs and be more likely to inject than male prisoners (EMCDDA, 2004; MacDonald, 2005a, 2005b).

Prisoners, in general, are more likely to experience problematic drug use than those in the community. Women’s offending is often linked to drugs and drug offences are the most common crimes committed by women.

4.6. Drug treatment

Despite the high levels of drug use, the proportion of women prisoners accessing drug treatment is low (Table 2). The reason for this is that drug treatment programmes are not specifically designed to meet the needs of women drug users. For example, experiences of violence or abuse may be the trigger for women’s initial drug use and a factor for its continuation, but such issues may not be a part of a drug-treatment programme initially designed for male prisoners (QCEA, 2007).

In many European prison systems, women problematic drug users who have short sentences or who are on remand are a group who are unlikely to receive any therapy or treatment for either their drug problems or the underlying problems associated with this (experience of violence or abuse) while in prison (MIP Project, 2006).

4.7. Mental health and self-harm

A particularly vulnerable group in prisons are those with mental health issues. This group often have complex needs relating to the protection of their human rights, including the provision of appropriate mental health care.

The factors that cause mental illness in women will often require gender-specific treatment (van den Bergh, Gatherer, Fraser, & Møller, 2011). Key examples of mental health problems experienced by women are post-traumatic stress disorder, depression, self-harming and eating disorders (World Health Organisation, 2009). Additionally, women prisoners have higher rates of mental illness when compared to men and this reinforces the need for a gender-specific response (Royal College of Psychiatrists, 2010).

Prisoners’ access to health is a fundamental human right recognised by various international instruments (Council of Europe, 2006; Møller et al., 2007). The principle of equivalence that applies to all prisoners, means they are entitled to receive the same quality of medical care that is available in the community. However, mental health care, in particular, is inadequate due to under-funded services, understaffed provision and over reliance on medications to manage the symptoms of mental disabilities, rather than providing inter-disciplinary care and supervision.

Table 2

<table>
<thead>
<tr>
<th>Country</th>
<th>% wanting or receiving treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Germany</td>
<td>34.8</td>
</tr>
<tr>
<td>Spain</td>
<td>33.3</td>
</tr>
<tr>
<td>Denmark</td>
<td>34.5</td>
</tr>
<tr>
<td>Lithuania</td>
<td>27.5</td>
</tr>
<tr>
<td>Slovenia</td>
<td>24.0</td>
</tr>
<tr>
<td>Croatia</td>
<td>20.0</td>
</tr>
</tbody>
</table>

Source: Figures are from Quaker Council for European Affairs (QCEA), 2007.
that the treatment of mental disabilities requires. The Royal College of Psychiatrists Survey (2010) in the United Kingdom, for example, indicated that the standards of care for women prisoners were not equivalent to those in the community and that psychological therapies and joint working with community health services were lacking.

Prisoners’ access to mental health care is a major concern especially considering the number of prisoners with mental health problems and co-morbidity of drugs and/or alcohol addiction. Despite limited international research it can be argued that mental health disorders in the prison population far exceed that in the general population (Salize et al., 2007).

A review of 62 prison studies of more than 23,000 prisoners by Fazel and Danesh (2002, p. 5) found that “3.7% of all male and 4% of all female prisoners had a psychotic disorder, 10% of all male and 12% of all female prisoners suffered from major depression, and 47% fulfilled the criteria for an antisocial personality disorder”. The World Health Organisation (WHO) estimates that approximately 40% of European prisoners suffer from some form of mental disability and are up to seven times more likely to commit suicide than people outside prisons (UNODC, 2009).

The Women’s Offending Reduction Programme (Home Office, 2004) in England and Wales stated that 66% of women prisoners suffer from a neurotic disorder compared to 16% of women in the general population and 54% were suffering from depression compared to 11% in the general population. More women prisoners (40%) than male prisoners (20%) reported receiving help for mental or emotional problems in the twelve months prior to imprisonment. Women in European prisons are more likely to have had help for a mental problem, to have been admitted to a mental hospital, to be suffering from functional psychosis or to be suffering from a neurotic disorder than male prisoners (EMCDDA, 2004).

Prison populations are also known to have a high prevalence of problematic drug users and the relapse rate among drug users who have served prison sentences is “high, and there is increasing recognition that incarceration can contribute to a worsening of mental health problems” (EMCDDA, 2004, p. 29).

Mental health problems are not the only link with self-harm, although it is clearly associated with depression and more serious psychosocial or psychiatric conditions. In addition, drug dependency, a history of alcoholism and being a victim of violence can also be associated with self-harm (Shaw, Appleby, & Baker, 2003). In the UK, about half of all self-harm incidents in prison are committed by women despite them comprising only 6% of the total population (Ministry of Justice (MOJ) & National Offender Management Service (NOMS), 2008).

Self-harming can, in some countries, elicit a negative reaction as it is considered as manipulative behaviour (Penal Reform International, 2007). In a study by MacDonald (2005a, 2005b) of ten countries in central and Eastern Europe, self-harm was generally perceived as manipulative and in some cases, prisoners were punished after self-harming incidents.

The treatment options available for women who self-harm are often limited in prison. The review of women in prison in England and Wales (Corston Report, 2007) argued strongly that women with multiple mental health and social needs should, where possible, not be sent to prison as:

It is clear to me that prison cannot be the right place for managing these types of behaviours [self-harm], which stem from deep-rooted long-term complex life experiences such as violent and/or sexual abuse, lack of care and/or post-traumatic stress disorder, in addition to a personality disorder. These are problems created within the community, which is where they should be addressed. The Prison Service cannot and should not be expected to solve social problems … the expectation that prison staff will take on the management of these women, insufficiently trained and sometimes uncomprehending of the motivation that drives women to injure themselves, as part of their normal daily (and nightly) routine is shocking. (p. 76)

The survey by the UK Royal College of Psychiatrists (2010) pointed to the need for training of prison staff on self-harm:

Self-harm in prison has a huge association with untoward childhood experiences, particularly sexual abuse, and is associated with the general mental health consequences of such abuse. The women would often benefit from CBT directed at the experience itself, and at depression, anxiety and PTSD. Sometimes they get it. (p. 33)

There is a lack of understanding of women prisoners’ self-harm that requires staff training, the implementation of effective health screening and the acknowledgement that mental health problems have different causes in women and, as such, require specific treatment.

5. Ability to address multiple needs of women prisoners

This section outlines the extent to which the needs of women prisoners are met in different European countries, based on the DAPHNE literature analysis and qualitative research components.

5.1. Health care and treatment

The health care and treatment provided in prison has to be able to address the various needs and the self-perception of women prisoners. Across the EU, however, there is little evidence that, significant steps have been taken to address these issues. Research has shown that the response of prison systems in Europe and beyond, often falls short of meeting the multiple needs of women prisoners (MIP Project, 2006; Prison Reform Trust, 2010; UNODC, 2009). Indeed, according to the United Nations Office on Drugs and Crime (UNODC):

Female prisoners with mental health care needs are at particular risk of abuse, self-harm and deteriorating mental well-being in prisons. Women without any mental health problems prior to imprisonment may develop a range of mental disabilities in prisons, where they do not feel safe, conditions are poor, dormitories overcrowded and staff not trained to deal with their gender-specific psychosocial support requirements. (p. 13)

5.2. Raising awareness and support programmes for women prisoners

Some prison staff demonstrate awareness of the support that is required by women prisoners. A number of interviewees in the in-depth research indicated awareness that women prisoners had specific needs, often as a result of violent backgrounds, that had to be addressed. A representative of an NGO in Finland commented that:

“Female prisoners need rehabilitation, education and work catered to their needs and separately from the male prisoners”. ([NCO, Finland, DAPHNE Project])

There are a few support and awareness-raising programmes available for women prisoners. However, these are not widespread nor do they necessarily fit the needs of the women.

The most notable programmes in the EU are VINN and Freedom to Change. VINN, the Motivational Focused Support Group for Women, was originally developed in Norway as a response to the specific needs of female prisoners, with the first manual launched in 2003. VINN is also used in Sweden, Finland and Denmark, Russia and Estonia.

VINN is frequently mentioned by staff interviewed in the DAPHNE project. It is “a multimodal programme that does not solely focus on substance abuse or criminality, but starts to look at a person’s life from their own history” (NGO worker, Sweden).

The approach involves group sessions covering themes important to women such as ‘identity and self-esteem’, ‘openness and communication’, ‘substance abuse and dependency’, ‘grief and loss’, ‘children’, ‘boundaries in relationships’, ‘anger’, ‘violence’ and ‘network
and relationships. There is also the opportunity for individual sessions. Experts in Sweden and Norway emphasise that VINN is an early-stage motivational programme, which should be implemented at the beginning of a woman's stay in prison. When asked whether VINN improved the situation of female inmates, a representative of an NGO worker in Sweden said:

Difficult to answer. What I see as a secondary effect is that [...] there are positive effects on staff, they respect the women more. [...] It's been very good for staff. This in itself is an important argument.

Another programme used in Finland was developed as part of the SPREAD (Spreading throughout Europe expertise and intervention programmes with men perpetrators and women survivors of gender violence who are in prison) (undated) project for victims of violence. It has been run in two prisons twice and has attracted positive feedback from the women and staff involved. However, this is indicative of the small-scale, cottage-industry approach to addressing the support needs of women prisoners who have suffered from abuse. The Freedom Programme that addresses domestic violence runs in five prisons throughout the UK. This programme involves eight sessions, two sessions a week for four weeks. Support is also provided for the women between sessions. The programme is modelled on the Duluth Model that is based on cognitive behaviour designed to address the issue of how survivors internalise the myths that perpetrators give them about their relationship. The course aims to raise the women's self-esteem and engage with the issue of what is acceptable behaviour in a relationship. The women receive a certificate at the end of the programme and a report is written that can be shared with agencies offering support to the women in the community.

The Power to Change programme developed by Women's Aid is being piloted and will provide an alternative to the Freedom Programme. Interviewees working in prisons in England and Wales were familiar with the Freedom Programme. Power to Change, however, was much less well known. In addition, NGOs referred to specific support programmes for women who have experienced violence that are provided for some prisons by community agencies.

In Germany, there is a three-day training programme (Frei-Raum) for female prisoners that emphasises careful examination of the women's own biography to discover inner resources and power to gain better self-esteem.

In most cases, the support programmes are project-based developments, often not much more than pilots, or short-lived offerings that are not sustained. Respondents and interviewees demonstrated knowledge of some of the support programmes for women but clearly indicated that the availability of programmes varied considerably between and within the partner countries in the DAPHNE research.

Many prisons do not provide projects or programmes to help imprisoned women to cope with experiences of violence or abuse. Even if programmes and services are available, many women are not able to participate as they have not been identified as victims of violence and abuse. According to the Finnish respondents, female prisoners have fewer opportunities to participate in programmes and courses, even though they might be more suited for group-oriented work. Furthermore, most programmes and activities offered to women are male-oriented in their approach as all the programmes that are brought into Finnish prisons from abroad are programmes for men.

This lack of universality and non-systematic implementation of support programmes is also reflected in other forms of advice and guidance literature available to women prisoners who have experienced violence. In Finland, for example, posters, brochures and leaflets on violence are available for all female prisoners in five prisons but not available in five other prisons. In Germany, a brochure called 'Where are you going?' aims to raise awareness on the correlation between crime and violence and the impact of violence on children.

The United Kingdom probably has the most systematic approach to information provision. In Scotland, England and Wales, posters, brochures and leaflets are available in all of the women's prisons. While leaflets and posters are a useful way to provide information, it should be noted that they are more effective as part of other provision (Stower, MacDonald, & Atherton, 2007; UNODC, 2008; Warrior & Gauge, 2008) especially when we consider between 20 and 30% of prisoners have reading and writing difficulties (Prison Reform Trust, 2008).

In England and Wales, the prison staff interviewed felt that there should be a range of provision that meets the needs of different groups of women and, indeed, the prisons adopted a variety of approaches, such as:

- referral to specific named senior official within the prison who has responsibility for violence and abuse;
- making use of the chaplaincy as a resource;
- encouraging prisoners to read self-help books;
- using informal and therapeutic approaches, such as encouraging women to write down their feelings; to write letters to the abuser (but not to send them) that describe their feelings; and express themselves through other activities such as painting.

One of the key elements of many of these support mechanisms was to encourage women prisoners who had suffered an abusive relationship to recognise that they were the victims, that this was not a normal state of affairs and that they were by no means alone in being abused. For example, one NGO representative in Germany said that in explaining to women prisoners that they were victims, she would say:

You are not the only one, you are actually part of the majority of victims, you are a victim and you do have the power to get out of these mechanisms—for your own sake and the sake of your children.

[[(NGO, Germany)]]

Linking with outside agencies was seen as important by the majority of respondents. The Nordic countries, the United Kingdom and Germany all had links with NGOs offering programmes or counselling to address violence and abuse. It was evident, however, that some countries had more links than others.

In some prisons, it was possible for women to be referred to outside agencies for counselling. This was, however, usually only available for sentenced women prisoners. Counselling on violence was generally offered for sentenced prisoners with some pre-sentenced prisoners also able to access this service. If therapeutic groups are available inside prison, they can usually only be attended by sentenced women (not those on remand). Very few prisons allowed women to attend therapy sessions outside the prison and, when this occurred, it was for sentenced women only.

5.3. Programmes for staff

A common theme emerging from the interviews is that prison staff requires training in order to better respond to women prisoners who have experience of violence and abuse.

In principle, everyone [among staff] should have basic knowledge about violence against women in general, but the matter is delicate: even the smallest trivialisation [made by a staff member] may lead to a situation where the woman blames herself again.

[[(Prison staff, Finland)]]

Further training is clearly a concern for interviewees, including information on female-oriented work, effects of trauma and violence...
and how this affects the way the women behave. Some experts mentioned that violence is a very delicate subject and talking about it is often seen as disconcerting:

It [violence] isn't visible unless you have some injuries that really show. So, if the prisoner does not seek help for it, then it's not identified. Prisoners often want to keep these things to themselves; they don't want to talk about such issues. It's just as hard to bring up here as it is outside.

[[NGO worker, Sweden]]

Some interviewees said that they purposely ask about the issue of violence and this approach was often successful in encouraging women prisoners to open up about their history. This is reflected in the following comment:

What is interesting is that the women are extremely relieved when we talk about it. [...] Most of the women feel [relieved] that finally someone wants to know about this horror and the need to talk is extremely big.

[[NGO worker, Sweden]]

One respondent, echoing the Corston Report (2007), maintained that prison guards are not therapists and cannot learn those skills in a training session that lasts a few days. Instead, they can and should learn how to identify the victims and to refer them to the experts.

It would also be important that the staff knew what kind of help they could offer for the female prisoner who has experienced violence and where they could get this help.

[[Prison staff, Finland]]

As mentioned previously, many programmes and activities currently offered are male-oriented in their approach:

Also all the programmes that are bought into Finland from abroad are men's programmes, so no one has time and can't focus on women, because you always have the larger crowd that has to be dealt with—and men reoffend more often than women anyway.

[[Prison staff, Finland]]

Some respondents from Germany also felt that there was no therapeutic role for prison staff as therapeutic measures should always be delivered by an expert. They did concede however, that the needs of victimised women are diverse and prison staff should at least be aware of the issues and difficulties these women face.

Some prison staff felt there was a conflict between meeting the needs of female prisoners and the constraints and duties of custody. Currently, in Germany, there is no regularly applied programme to support prison staff who work with (victimised) imprisoned women. Others identified that there was a need for awareness training on the issues and symptoms of victims of violence and on developing empathetic relationships with women with experience of violence and abuse.

In Finland, only one prison indicated that regular training for prison staff addressing violence and abuse and the various related problems experienced by female prisoners is offered. Four respondents said that such training is offered on demand but the majority (eleven respondents) said no such training is provided. Respondents indicated that training staff on how to bring up the themes of violence and abuse with the women they work with is clearly needed.

Prison staff in Sweden observed that the Swedish Prison and Probation Service runs a one-week training course for all new staff (including pre-trial detention staff) working at women prisons. The training includes issues of security in women's prisons and how these differ from men's prisons, violence against women and women's specific needs in prison.

The DAPHNE project research from the United Kingdom and Germany identified that government policy, regarding violence and abuse in general, has resonance for policies for women in prison who have experienced violence. In Germany, the Governmental Action plan II Combating Violence Against Women (2007) based on Action plan I (1999) focuses on particularly vulnerable groups such as those engaged with sex work, imprisoned women, female refugees and Turkish and East-European minorities. The focus on refugees and ethnic minorities is particularly important as the majority of European countries have populations drawn from these groups. Their needs, particularly those resulting from experience of violence and abuse, will be different to those of national women in prison and will often go unacknowledged by prison administrations.

Work with prisoners who have experienced violence or abuse, appears to be more developed in England than in other EU countries, with the establishment of a Women's Policy Group within HM Prison Service that develops policy and services for women prisoners. England and Wales seems to be unusual in providing a range of training that is supposedly available for prison staff. These include: self-harm training; training to identify suicide risk and two programmes, Women Awareness Staff [Training] Programme (WASP) and Sex Workers in Custody and the Community programme (SWICC) (previously Sex Workers in Prison (SWIP) programme).

However, prison staff interviewed in the UK noted that the two-day WASP event was the only training they had been given on how to address the needs of women prisoners and that specific training is patchy. Interviews with UK NGO staff indicated that there is more focused training, which tends to be provided by women's support organisations. This tends to be for specific groups of professionals, such as nurses, and not necessarily available or adapted to the prison situation. For example, an NGO representative noted that:

We do train lawyers, case workers, Teeside police, sex liaison officers and sex workers. With the lawyers and case workers, it's about addressing myths about the support we're giving to the women; with the health workers it's about helping them to recognise the symptoms when someone is presenting and how you would ask the woman about these issues; and then what you have to do. With the solo officers, we train them how they've got to understand why victims of SA [sexual abuse] act in the way they do.

[[NGO, women's support organisation, North East of England]]

Coverage however, is often inconsistent and seldom provided nationally owing to cost implications. Nonetheless, there has been a concerted effort to develop frameworks and strategies over the last five years to support female prisoners. This is due, in no small part, to the activities of the Women in Prison group, Women's Aid Federation of England and the Women's Team of the (NOMS) Management Service who have lobbied for and produced guidelines on supporting abused women in prison.

Since the publication of the Corston Report (2007), action has been taken to improve responses to women offenders. For example, in 2008, NOMS and MoJ produced the National Service Framework: Improving Service to Women Offenders. This is a high-level policy paper outlining a strategic framework to improve service delivery to women in the criminal justice system aimed at reducing offending. In the same year NOMS and the Probation Service produced, The Offender Management Guide to Working with Women Offenders (NOMS, 2008). This aims to promote the best possible provision for this vulnerable offender group at all stages of their ‘journey’ through the criminal justice system, with the aim of breaking cycles of re-offending and, where appropriate, providing effective alternatives to custody for socially excluded women at risk of offending.

Prison Order 4800 on Women Offenders (HM Prison Service, 2008), gives guidance to prison staff on dealing with women who have experiences of domestic and sexual violence and is specifically about making
prison staff aware of gender-specific issues. In the same year, the Women and Young People's Team within the NOMS (2008) published Supporting Women who have been Affected By Violence: Guidelines for Staff. More recently, a joint Cabinet Office and MoJ short study (Social Exclusion Task Force, 2009) examined how to better meet the complex needs of women offenders and benefit from what it regarded as improved support. It reinforced the view that women offenders’ lives and needs are complex and outlined interventions and systems that can make lasting change.

In 2011, Women’s Aid Federation of England produced Supporting Women Offenders Who Have Experienced Domestic and Sexual Violence for the Women’s Team of NOMS. This is a framework for supporting women offenders who have experienced abuse and aims to create an environment where such women are able to disclose the abuse and ask for and receive help and support. Further, they should receive a sensitive and safe response, and be referred appropriately to have their needs met with due recognition of safeguarding the needs of any children.

Beyond the confines of the EU, the United Nations (UN) is a step closer to agreeing international standards on the treatment of women in prison. The UN Commission on Crime Prevention and Criminal Justice passed a resolution in May 2010 adopting the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules). These have been influenced by the United Kingdom; Laurel Townhead, Women in Prison’s Policy and Campaigns Manager, participated in the initial drafting of the Rules that are intended to supplement the UN Standard Minimum Rules on the Treatment of Prisoners.

6. Conclusions

Existing research, from EU projects and other published sources, has frequently identified a link between early and continuing abuse and later offending behaviour (WHO, 2007). Practitioners interviewed during the Daphne project are clearly concerned that large numbers of women prisoners have experienced abuse and that such abuse lies behind women’s offending behaviour. Official methods of identifying women prisoners with a history of domestic abuse often fail to recognise large numbers of women with this experience. The scale of the problem is probably far larger than officially recognised. Although research has long highlighted that abuse lies behind women’s offending (Willis & Rushforth, 2003), failure to address this finding means that it remains a significant barrier to resolving the situation of many women prisoners.

Many of the women prison population have experienced violence and abuse and may mask this by problematic drug and/or alcohol use as well as self-injury. These are key areas that training programmes for prison staff need to address. For example, in Germany, standard procedures to inform and support prison staff are rare and they have to find out for themselves about the issues confronting female victims of violence. The DAPHNE research indicated that many staff interviewed were aware of their limited understanding of women’s needs and wanted training in this area. Programmes designed for women with experience of violence and abuse are increasingly being used in prisons, but they need to be promoted more vigorously and made more widely available.

In addition to a history of abuse, it is well established that women prisoners are addressing a wide range of issues that are associated with imprisonment and that they lead ‘complex’ lives. Various ‘organisational’ issues make the lives of women prisoners, especially those with a history of domestic abuse, even more complex.

The need for gender specificity of treatment and responses to women with experiences of violence in prison, is frequently raised both in the literature and by respondents involved in the DAPHNE Strong EU project. However, the interviewees have criticised current policy for failing to take seriously the issue of women prisoners with experience of violence and abuse. The Finish partners argue that the role of political leaders and the decisions they make are crucial if women inmates are to receive (any) attention — VINN, the Motivational Focused Support Group for Women in Norway and Sweden is cited as a good example. Even when there is a continuing barrage of strategy and guidance documents, as is the case in the United Kingdom, there seems little willingness within the criminal justice system to provide alternatives to custodial sentences. To compound the issue, public spending cuts have impacted negatively on the ability of the prison service to provide training. The German partners point out that although some Ministries of Justice in the Federal States are concerned with the impact of violence and abuse on women prisoners, there is still not a nationwide approach to address the issue.

The availability of services is inconsistent within countries let alone across the countries of the EU. The political will to address the situation of women in prison, as distinct from the norms applied to men, is variable and it seems to take the determined efforts of active lobby groups to make inroads into an area of latent inertia. Resources aside, action is, in part, dependent on the availability of service providers. It further depends on the willingness of the prison regime itself to engage with outside agencies, even if national policy advocates a supportive role.

Even where external agencies work with women prisoners in collaboration with the prisons, provision is often inconsistent and depends on factors such as distance from the prison location, project initiatives and funding.

There were various suggestions from the partners in the DAPHNE project about how the needs of women prisoners could be met and what treatment should be made provided if the political will and resources were made available. The women need support, including substance abuse counselling, as well as the possibility to talk about their experiences individually and in groups.

Treatment on substance abuse was considered to be extraordinarily important due to the fact that drug use is correlated to experiences of violence and abuse as a coping strategy. The women need to be able to process their traumatic past and learn new ways of dealing with their problems: they need strategies and tools for problem solving, parenting and for taking control over their own lives. In Germany, for example, it was considered to be important to provide counselling and conversation during the nights.

The number of women being sent to prison is increasing and this makes it more pressing that prison administrations respond to their needs. This includes identification of a history of violence and abuse, provision of treatment dealing with the same and treatment for drug or alcohol abuse that often masks such experiences. Training for prison staff to increase their understanding about the impact of violence and abuse on women prisoners is also necessary. The World Health Organisation and UNODC Women’s Health in Prison (2011) provide a useful summary of what is required to improve current practice with women prisoners:

- Pre-trial detention and imprisonment should be used as a last resort in the cases of women who have committed non-violent offences and who do not pose a risk to society.
- All policies affecting women in the criminal justice system must recognise the gender specific needs of women.
- Health service provision and programming should specifically address mental illness, in particular disorders relating to substance use and post-traumatic stress disorder.

Acknowledgements

The research upon which this article is based has been supported by funding from the European Commission, DAPHNE Programme 2011. (http://ec.europa.eu/justice/grants/programmes/index_en.htm).
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