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Life histories of women who offend: A study of women in English prisons

by

Laura Siobhan Caulfield

A Doctoral Thesis
Submitted in partial fulfillment of the requirements for the award of Doctor of Philosophy of Loughborough University

March 2012
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First and foremost I would like to acknowledge the women who agreed to be interviewed for this research. Thank you for your openness: I feel I know each of your stories so well. The aim of this research was to represent your experiences, and not to only explore factors that may be directly related to your offending. I hope I have represented you fully.

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Chapter One: Literature Review

1.1 Introduction

Recent years have seen a significant rise in the numbers of women in prison. In 1997 the mid-year female prison population stood at 2,672; in November 2009 this figure stood at 4,266 (Ministry of Justice, 2010a). The female population in custody has risen around three times faster than has the population of males in custody (Home Office, 2006) and the Ministry of Justice expects growth in the female prison population to continue (Ministry of Justice 2009a). Furthermore, while the average female population in custody rose by 173 percent between 1993 and 2002, over the same period the average population of males in custody increased by 50 percent (Home Office, 2003). While this pattern has slowed in recent years, and a slight decrease in the numbers of women in prison was reported in 2009 (Ministry of Justice, 2009b) there still remains a large disparity between the female and male prison population with the number of women in prison increasing by 44 percent in the decade to 2008, as the number of men in prison increased by 26 percent (Ministry of Justice, 2009c). Similar patterns have been found in other countries such as the United States where the number of women in corrections has continued to grow at a faster rate than the number of men (DeCou, 2001).

The implications of the increase in numbers of incarcerated women have been widely debated in the criminological literature, particularly in the UK, Canada, USA and Australia. However, while the number of women being incarcerated has risen the actual nature of women’s offending has remained relatively stable (Gelsthorpe & Morris, 2002), with most known female offending at the minor end of the scale (Ministry of Justice, 2010a; Prison Reform Trust, 2002). The crimes committed by women offenders are largely non-violent, for example, 44 percent of women prosecuted in the UK in 2009 were for theft and handling stolen goods, with greater percentages of females than males being sentenced for theft and handling stolen goods, fraud and forgery, and drug offences (Ministry of Justice, 2010a). Conversely, greater proportions of males were sentenced for violence against the person, sexual offences, and burglary, highlighting clear differences between male and female offending.
Despite the increase in the number of women in prison, the prison system is still predominantly male focused. Men continue to far outnumber women within the prison system and crime is seen as being dominated by men. This appears to be true across a multiplicity of countries and cultures, from Europe (Heidensohn, 2002) to Brazil and India (Lemgruber, 2001; Patkar, 2001). As a consequence of this, women have typically experienced largely the same prison system as men and whilst modifications have been introduced from time to time, they have often been minimal and rarely vigorously evaluated. Throughout the history of women's prisons variations from the typical male-orientated male prison system have typically involved forms of parenting classes, home economics, and moral protection, based on traditional feminine views of women emphasising dependency, resulting in a failure to provide much-needed skills which could aid rehabilitation and successful living (Heidensohn, 2002). During the 1980s and 1990s British research on incarcerated women began to look at the distressing nature of incarceration and the discomfort experienced by female prisoners, finding that women in prison were typically less likely to receive constructive and preventative interventions such as education courses, training and job opportunities, and more likely to spend time on domestic duties and tasks such as cleaning and cooking (Heidensohn, 2002). Furthermore, where interventions have been available for women offenders, they remain designed predominantly for male inmates, thus the applicability to female prisoners is questionable (Funk, 1999). In addition, there remains a “relative lack of evidence about women’s offending-related needs” (Hedderman, Gunby, & Shelton, 2011, p. 16).

This lack of research on the needs and experiences of female offenders has clear implications for prison regimes for women, how women are treated in prison, and interventions for women offenders. Currently regimes, assessments, and interventions tend to be based on male-focused research and practice, sometimes being adapted for use with women but typically lacking any robust underpinning theoretical model (Powell, 2001). Before considering the impact on female offenders of male-focused research and practice it is important to review what is known about the needs and experiences of women offenders and how these may differ from male offenders.
1.2 Risk and Need

When analysing criminal behaviour, the concepts of risk and need are used to distinguish factors that affect an individual's likelihood of committing offences (needs) and as such become a risk of future offending. The ‘Risk-Need’ model of offending behaviour (Andrews & Bonta, 1994) is based upon social learning theory and empirical evidence of factors related to offending. This model proposes that the risk of criminal behaviour is increased by the interaction of environmental and personal influences (Andrews & Bonta, 1994, 1995, 1998, 2003). Stemming from this model, Andrews and Bonta (1994) developed the concept of specific ‘criminogenic needs’ responsible for crime. They suggest that any individual factor or situational circumstance of an offender that when altered affects the chance of reoffending, can be defined as a criminogenic need;

‘Many offenders, especially high-risk offenders, have a variety of needs. They need places to live and work and/or they need to stop taking drugs. Some have poor self-esteem, chronic headaches or cavities in their teeth. These are all "needs". The need principle draws our attention to the distinction between criminogenic and noncriminogenic needs. Criminogenic needs are a subset of an offender's risk level. They are the dynamic attributes of an offender that, when changed, are associated with changes in the probability of recidivism’


Criminogenic needs can be static, such as school performance or criminal history; or changeable, dynamic, relating to situational circumstances such as employment status, or individual patterns of behaviour and attitudes. Furthermore, criminogenic factors vary during an offenders’ criminal career and it is likely that the factors involved in the development of offending behaviour are different from those that maintain these behaviours (Clark & Howden-Windell, 2000; Loucks & Zamble, 1999).

While the predictors of male offending are relatively well established (Farrington & Painter, 2004), they have not been so fully investigated for women offenders. Indeed, it has often been assumed that factors identified as criminogenic for male offenders will also be related to offending in females (Farrington & Painter,
One study that correlated criminogenic factors with reconviction in women found that many of the criminogenic factors known to predict reconviction in male offenders were also present in the female sample (Bonta, Parry, & Wallace-Carparetta, 1995). This research did, however, suggest that while these factors may be present in both male and female offenders they were not necessarily predictive of reconviction in the female offender sample. Bonta et al. suggested factors such as criminal associates and educational levels were less important as an explanation of female offending while adult physical abuse was clearly associated with reconviction among women offenders. These findings suggest there may be clear differences between the criminogenic factors involved in male and female offending behaviour. In addition, Howden-Windell and Clark’s (1999) review of the literature highlighted the high levels of physical and sexual abuse found in female offender populations as a potential female specific criminogenic need, also suggesting that relationship problems (familial, intimate, and mother/child) are predictive of recidivism.

In 1997, the Prison Inspectorate for England and Wales (HMCIP, 1997) conducted an extensive survey of the problems and needs of incarcerated women. The report identified history of abuse, substance abuse, self-harm and attempted suicide, mental health problems, and poor educational/employment histories as key issues among women in prison. In 2009 analysis of the Offender Assessment System¹ (OASys) data of almost 12,000 women under the supervision of probation showed that 89 percent of women had at least one area of need, with significant proportions having multiple needs (Social Exclusion Task Force, 2009).

Although a wide range of needs appear to exist for women offenders, not all of these have been shown to be criminogenic. Furthermore, while many areas of criminogenic need may be the same for men and women, it has been suggested that some may be gender specific (Blanchette, 2002; Byrne & Howells, 2002; Hollin & Palmer, 2006). Questions about the exact nature of women offenders’ risks, needs, and experiences, and how these may differ from those of male offenders are vital issues to address in relation to working with female offenders.

As the criminogenic needs of male offenders are well established in the literature, this provides a solid starting point from which to consider what is known about female offending. As the Level of Service Inventory-Revised (LSI-R: Andrews & Bonta, 1995) has been identified as a valid measure of risk and need for male offenders...

¹ The OASys is a need and risk assessment used by the prison and probation service in England and Wales (see Chapter 2 for further discussion of OASys).
offenders (Gendreau, Little, & Goggin, 1996; Kroner & Mills, 2001), the categories that make up this assessment will form the framework within which the literature surrounding female offenders will be discussed. However, when reviewing this research it is important to highlight that much research with female offenders uses standardised assessments to measure criminogenic need which have been developed from research with male offender populations. This raises the issue that the categories of criminogenic need being assessed may not be appropriate for women, and could conceivably fail to identify any women-specific needs. When reviewing the literature it is also useful to note that sample sizes used in studies with female offenders are often small, particularly in the UK.

1.3 Criminogenic need

1.3.1 Criminal History

A history of previous offending has been clearly identified as a strong predictor of future offending in men (Hollin & Palmer, 2006). However, women are less likely to commit crime and are not likely to be convicted more than once (Home Office, 2003). As such, Hollin and Palmer (2006) surmised that, ‘As a blunt measure of criminogenic need, it appears that an extensive and quickly changing criminal history is not a general characteristic of women offenders on the scale it might be expected with male offenders’ (p.182). Despite this, Lloyd, Mair, and Hough (1994) suggest that a history of previous offending can act as a predictor of future offending for women. Furthermore, age at first conviction, number of previous offences, number of custodial sentences served, and type of current offence have all been found to be significantly related to reconviction in female samples (Clark & Howden-Windell, 2000; Hedderman, 2004; May, 1999). It appears that criminal history may indeed be a criminogenic need for women; however the level of need may differ for men and women.

1.3.2 Education/Employment

Academic underachievement and lack of school attendance have been cited as significant factors contributing to risk of re-offending in male and female juveniles (Moffitt, 1993). Education also appears to be a significant problem in adult offender populations as only 39 per cent of females in prison have some form of qualification, compared with 51 percent of male offenders and 82 percent of the general population
(Home Office, 2001a). However, while prisoners typically have much lower literacy, language, and numeracy skills than the general population, females in prison tend to achieve slightly higher results than male prisoners on numeracy and literacy screening tests (Home Office, 2003). Research supports these findings, showing that while female offenders may have fewer qualifications than male offenders (Mair & May, 1997), they are often more literate than men (Howden-Windell & Clark, 1999).

In addition to low levels of education, much greater proportions of offenders are likely to be unemployed, and for longer periods of time, compared with the general population (Home Office, 2003). Blanchette (2002) reports that Canadian women offenders typically have low levels of education and problems with employment. Furthermore, while 50 percent of male offenders in the UK have been in some form of employment before custody, this figure is only 29 percent for female offenders. Of the remainder, ten percent of unemployed women were not seeking work; 17 percent were looking after the home or family; twelve percent were long term sick or disabled; and 22 percent were living off crime (Home Office, 2003). The Social Exclusion Task Force (2009) report that 32 percent of women offenders have significant problems relating to work related skills, compared to 20 percent of adult male offenders. Thus, while unemployment figures are high for offenders, there may be different reasons behind this for male and female groups. Overall, it is thought that women offenders have more unmet need in the area of education, training, and employment than men (National Offender Management Services: NOMS, 2008).

Education and employment history have been clearly identified as criminogenic needs for male offenders. As education and employment problems are also prevalent in the female offending population, it would therefore be difficult to argue that these are not also criminogenic needs for female offenders.

1.3.3 Financial problems

Gelsthorpe (2004) suggests that increases in women’s crime may be due to reasons of poverty and economic marginalisation, as women continue to be primarily responsible for childcare and domestic tasks even when they are in full-time employment (Office for National Statistics, 2000). This suggestion is supported by UK research that shows women offenders may be more likely than male offenders to complain about financial difficulties (Mair & May, 1997). Furthermore, results from the same study suggest that 41 percent of women compared to 25 percent of men said that needing goods or needing money was a key factor in their current offence.
Financial problems also appear to be related to reoffending in women offenders. For example, Morris, Wilkinson, Tisli, Woodrow, and Rockley (1995) interviewed 200 women on release from prison in England, finding that almost half of the 47 known reoffenders were struggling financially compared to a quarter of the non-reoffenders. These findings are also supported by US findings that ‘Prior to prison admission, female inmates are often burdened with serious financial issues’ (Leigey & Reed, 2010, p. 305). As Hedderman (2004) notes ‘most female offending is acquisitive. It may therefore seem rather obvious to note that their offending is associated with experiencing financial difficulties.’ (p.235). It seems that as with men, financial difficulties act as a criminogenic need for women.

1.3.4 Family/Marital

Within the domain of family/marital needs three key issues are discussed: 1. Victimisation in childhood; 2. Abusive relationships in adolescence/adulthood; 3. Parenthood.

1.3.4.1 Victimisation in childhood

MacEwen (1994) and Smith and Thornberry (1995) suggest that both male and females who experience severe victimisation at an early age, and for a long duration, are the most likely to go on to offend. Childhood experiences of both physical and sexual victimisation have been highlighted as being particularly important in understanding adolescent female delinquency and adult women’s offending (Chesney-Lind, 1997; Seigel & Williams, 2003). Indeed, Harlow (1999) suggests that the number of women prisoners who report a history of childhood sexual abuse is two to three times larger than that of women in the general population. In the UK the 1997 Chief Inspector of Prison’s Thematic Review of Females in Prison reported that almost half of those interviewed had experienced abuse compared with only around two percent in the general population (HM Chief Inspector of Prison’s: HMCIP, 1997). Approximately a third of interviewees reported that they had been physically abused, a third reported sexual abuse, and a third reported both physical and sexual abuse. 40 percent of these females had experienced abuse as a child and 22 percent had experienced abuse both as a child and as an adult (Home Office, 2003). In 2009 the Ministry of Justice suggested one in three women prison have a history of sexual abuse (Ministry of Justice, 2009b).

Many studies examining the links between abuse and criminality do not include both male and female samples making it difficult to determine whether the
relationship between abuse and offending differs between men and women. However, studies that have looked at this issue indicate that women have higher rates of both physical and sexual abuse than men (McClellen, Farabee, & Crouch, 1997). Moreover, Spohn (2000) found that while a history of both abuse and neglect had no effect on male offending over and above the experience of abuse or neglect individually, the combination of both had a strong significant effect on the prevalence of female offending. Chesney-Lind and Sheldon (1998) suggest that this can be explained by the way in which girls’ attempts to escape abusive families have been criminalised; for example, when abusive parents bring in official agencies to deal with behaviours such as running away. Spohn also found that neglect alone could predict both juvenile and adult arrests for males and females in her sample.

The literature on the relationship between childhood victimisation and offending can help to explain how a history of abuse may be a significant aetiological precursor for a number of delinquent behaviours that can lead to involvement with the criminal justice system. Seigel and Williams (2003) suggest that childhood abuse may trigger behavioural responses such as running away, drug abuse, and prostitution during adolescence. In turn, these behaviours may increase the likelihood of arrest and further involvement in criminal activities. Using data from a 20 year prospective study of sexually abused and non-abused girls, Seigel and Williams showed that as juveniles, the women with a history of sexual abuse were arrested more frequently for every category of offence; any, violent, property, and runaway. In addition, the sexual abuse victims were arrested significantly more frequently for violent offences than property offences unlike the comparison group where no difference was seen. As adults, nearly twice as many of the abused group had been arrested as compared to the comparison group, and the rate for violent offences was more than two times greater. Additionally, larger percentages of the abused than matched group had been arrested for property offences and prostitution, but the largest difference concerned drug offences. Of the abused sample 7.8 percent as compared to 1.5 percent of the comparison group had been arrested on drug-related charges. Further investigation using multivariate analyses showed that sexual victimisation made a significant contribution to likelihood of arrest as a juvenile and adult.

Other studies have found similar results (Smith & Thornberry, 1995; Widom, 1989). However, these findings are not without their limitations. First, African-American girls were significantly over-represented in the sample. This may have
been a result of where and how the original information was collected, and could also explain the higher rates of arrests found for violent offences (Simpson, 1991). However, if ethnicity was the main reason for differences in type of offence the comparison group would be expected to show similar results; this was not the case. Second, it is important to note that this group may not be fully representative of all girls who experience sexual abuse as many of the cases here were reported as part of care order hearings, so may be more extreme. Indeed, Bonta, Pang, & Wallace-Capretta (1995) found, in their attempt to validate a risk assessment for use with women offenders, that women with a history of childhood abuse were actually less likely to reoffend. Thus, the relationship is far from clear.

There are limitations to much of the research on the relationship between childhood abuse and adult offending behaviour. Where prospective studies have been undertaken, these have often sampled groups of maltreated delinquents to review how maltreatment affects subsequent delinquency (e.g. Widom, 1989). Many studies in this area have been based on retrospective self-report data, in which respondents may underreport undesirable responses such as child maltreatment and delinquent behaviour (Henry, Moffitt, Caspi, Langley, & Silva, 1994). While it is possible official reports underestimate the prevalence of maltreatment, it has been suggested they may be more reliable than self-reports (Fagan, 2001). A combination of both official and self-reports may therefore prove to be the most effective strategy.

Childhood abuse history is clearly an important factor in the lives of many female offenders. Indeed, as Leigey and Reed (2010) state, ‘female inmates enter prison as survivors of numerous traumatic experiences’ (p. 304). However, whether abuse is a criminogenic need for women offenders in its own right, or a factor that interacts with other life events as some form of mediator clearly requires further investigation. The mechanisms by which abuse history may affect later behaviour - including criminal behaviour - are far from clear, particularly in understanding the experiences of women in the UK.

1.3.4.2 Victimisation in adulthood

The continuation of abuse/victimisation after childhood is associated with offending in men and women.

Many women in prison report a history of abuse as adults, often by an intimate partner (Home Office, 1998). Indeed, McClellen et al. (1997) found that abuse in childhood often continued into adulthood for female offenders. Browne,
Miller, and Maguin (1999) found that 80 percent of women in their sample who reported severe physical violence by parents or carers during childhood and adolescence also reported severe physical violence by an intimate partner as an adult. Similarly, in the UK 22 percent of female prisoners who had been either physically or sexually abused as a child went on to suffer some form of abuse as an adult (Home Office, 2003). Browne et al. also reported that 75 percent of a sample of women prisoners described experiencing severe physical violence by an intimate partner during adulthood. In the UK this is estimated to be approximately one half of women in prison (Ministry of Justice, 2009b). Indeed, it has been consistently found that victims of childhood sexual abuse are more likely to later become involved with a violent partner (Browne & Finkelhor, 1986).

While research evidence exists documenting the high numbers of women in prison who have been victims of abuse and violence, little is reported concerning broader issues related to women’s adult victimisation outside of intimate partner relationships.

1.3.4.3 Parenthood

While parenting is identified in the literature as a ‘women’s issue’, in practice the problems facing incarcerated mothers are often overlooked (Eljdupovic-Guzina, 1999). Mother-child separation has been identified as a primary source of distress and pain for incarcerated women (Shaw, Rodgers, Blanchette, Hattem, Seto-Thomas, & Tamarack, 1990), which may seriously affect female prisoners’ physical and mental well-being (Hairston, 1991). Home Office research shows that around 66 percent of female prisoners in the UK are mothers (Prison Reform Trust, 2005), with 55 percent of women prisoners having children under 16 years of age, and over a third having one or more children under the age of 5. These findings are echoed by research in other countries (e.g. Eljdupovic-Guzina, 1999). Furthermore, over three quarters of female prisoners in England and Wales are single parents (including separated, widowed, and divorced: Home Office, 2003). In every case except where mother and baby units are provided, imprisonment means mother-child separation. As such, many children are moved to a new home during their mother’s incarceration, often staying with maternal grandparents (Shaw et al. 1990), other family members who may be dysfunctional (Sorbelo, Eccleston, Ward, & Jones, 2002), or moving into some form of state-provided care (Hairston, 1991).
Feelings of guilt, shame, despair, frustration, and depression at having ‘abandoned’ her children (Watson, 1995; Jaffe, Pons, & Wicky, 1997) and concerns about their well-being (Hairston, 1991) are compounded by the (often vast) geographical distance separating mother and child (Shaw et al., 1990). This, coupled with inmates’ claims that conditions in prison are less than suitable for children to visit, makes visiting difficult (Blanchard, 2004).

Mother-child separation is clearly a significant problem for many women prisoners, with over 70 percent of mothers in one study citing separation from children as ‘the most difficult thing about being in jail’ (Hairston, 1991). Furthermore, the term of imprisonment in addition to problems with alcohol, drugs, and financial hardships often make the possibility of reunification with children difficult on release from prison, increasing the risk of permanent disruption of mother-child relationships (Hairston, 1991). Therefore, it is likely that parenthood and family ties have a strong effect on offending behaviour. While the exact form this relationship takes appears somewhat unclear, the UK government acknowledges the importance of family ties for rehabilitation and resettlement (Light & Campbell, 2006; Mills, 2003).

1.3.5 Accommodation

Living arrangements prior to and following incarceration have been identified as a criminogenic need for male offenders (Andrews & Bonta, 1995). Furthermore, ex-offenders and criminal justice professionals alike have identified adequate accommodation as crucial to successful reintegration into the community on release from prison (Graffam, Shrinkfield, Lavelle, & McPherson, 2004). Evidence appears to suggest that accommodation is also a significant problem for female offenders.

A Home Office survey (2001a) reports that while 40 percent of females in prison were in rented or owned accommodation prior to imprisonment; 16 percent were living in accommodation where their parents were the householder; 15 percent lived with friends; seven percent were in temporary accommodation; and ten percent were sleeping rough. A more recent analysis of the OASys records of almost 12,000 women under the supervision of probation highlighted that a third of women had accommodation problems, and that the often short custodial sentences women receive can exacerbate these issues. Clearly living arrangements for many female offenders are unstable, with this likely to increase upon incarceration as offenders find themselves unable to finance mortgage and rent payments (Social Exclusion Task Force, 2009). Many women are therefore at risk of being homeless upon
release from prison or of returning to poor accommodation (Queensland Government, 2003). As reconviction rates after imprisonment are higher among homeless offenders than among those who have homes to go to on release (Ramsay, 1986) this clearly presents a problem.

Research has also suggested significant differences in the accommodation problems of male and female offenders. Of those Canadian maximum-security offenders sampled, Blanchette and Motiuk (1997) found that 79 percent of the female offenders had unstable accommodation compared to only 39 percent of the men. Similarly, women offenders in the UK are thought to have greater accommodation needs than men (NOMS, 2008). If women offenders do indeed have less stable living arrangements than male offenders, accommodation problems will almost certainly be a criminogenic need for women.

1.3.6 Leisure/Recreation

Whilst leisure/recreation is noted as a criminogenic need for adult male offenders, little evidence actually exists to support this (Blanchette, 2002). Where research on the relationship between criminal behaviour and leisure/recreation does exist, this has typically focused on juvenile offenders. Farnworth (2000), for example, sampled Australian male and female young offenders, finding that respondents were only engaged in productive activities such as education or employment 10 percent of the time. Furthermore, the time spent in passive leisure occupations was 30 percent higher than for the average adolescent. Farnworth suggests leaving school and a lack of financial and human resources contributes to this engagement in passive leisure activities, highlighting the inter-relationships between certain criminogenic needs. In addition, Farnworth (1999), using the same sample of offenders, found high levels of boredom were experienced by the majority of those in the sample and this was directly related to engagement in illegal activities. Research that reviews the impact of organised leisure activities on youth offending behaviour has found that this acts as a protective factor against criminality (Hoge, Andrews, & Leschied, 1996) supporting leisure and recreation as a criminogenic need. As this appears to be the case for young male and female offenders, and has been identified for adult male offenders, it seems likely that leisure/recreation is a criminogenic need for women.

1.3.7 Companions

While male and female offenders have been found to be equally likely to have family members that have been convicted of criminal offences (Mair & May, 1997),
research suggests that male offenders are more likely to be involved in criminal subcultures while women offenders are more likely to be closely involved with a deviant partner or husband than a number of criminal associates (Jamieson, McIvor, & Murray, 1999). Women offenders are less likely than male offenders to have friends that have been in prison, and when other offenders are known, this has tended to be a smaller number (Mair & May, 1997). Similarly, Woodward, Fergusson, and Horwood (2002) highlight the importance of young people’s partnership choices in influencing the risk of adult offending, suggesting that those involved with a criminal partner display higher rates of offending than those with no criminal partner, and those with a non-criminal partner show the lowest levels of offending.

Whilst companions in the broader sense may typically not be a significant influence on female offending behaviour, companions defined as intimate partner/husband appear to have an effect on female offending and may therefore be a criminogenic factor.

1.3.8 Alcohol/Drug problems

It is well acknowledged that there is a clear link between substance use and offending for males and females (Home Office, 2003). Large numbers of women in prison have been arrested for drug offences or have a drug abuse problem (Henderson, 1998). Home Office research (2003) found high levels of drug dependence among women offenders, with 60 percent reporting a problem staying off drugs before prison compared with 40 percent of male offenders. Furthermore, 47 percent of females reported using crack cocaine and 57 percent reported using heroin in the year before prison, compared with only 28 percent and 35 percent of males respectively. Greenfield and Snell (1999) suggest that women offenders report higher drug use than males on every measure, from ever using drugs to drug use at the time of offence. Similarly, the ONS (2001) reported survey results showing that 38 percent of women offenders admitted to hazardous drinking in the twelve months before prison compared to 63 percent of male offenders (ONS, 1998). Of women offenders reporting an alcohol problem, approximately 74 percent also report a drug problem (HM Inspectorate of Prisons, 2010).

With respect to gender differences in substance use, the existing research suggests that ‘compared with incarcerated men, women inmates are more likely than men to…use hard drugs, such as heroin and cocaine, and to have used them more frequently before incarceration, to have taken drugs intravenously, and to test HIV-
positive’ (Henderson, 1998, p. 580). Furthermore, Peters, Strozier, Murrin, and Kearns (1997) and Langan and Pelissier (2001) found substantial gender differences between male and female prisoners enrolled in substance misuse treatment programmes suggesting that women are likely to pose a greater treatment challenge than men. Women displayed greater levels of drug use, often had family histories of drug abuse, were more likely to have a history or physical and/or sexual abuse, displayed higher rates of health and mental health problems, and typically had employment problems and lower incomes. Peters et al. also add support to previous research findings suggesting an association between women’s drug use and relationships. While both Peters et al. and Langan and Pelissier failed to look at alcohol abuse within the samples, a clear picture of gender differences apparent within incarcerated drug-abusers can be seen.

Stuart and Brice-Baker (2004) found that American drug using women were six times more likely to be arrested than non-drug using women. This is in comparison to male drug users, who were only three times more likely to be arrested than non-drug using males. Findings such as this suggest a stronger association between drug use and crime for women than for men. While empirical research on this issue is limited, Stuart and Brice-Baker (2004) found that female prisoners with a history of drug offences had higher recidivism rates than those convicted of violent or ‘other’ offences, and similar rates to those convicted of property offences. Furthermore, in addition to the 30 percent of the sample that were incarcerated for drug offences, a further 18 percent said that their crime was committed to obtain money for drugs, although the primary offence was not itself drug-related.

Research also suggests a correlation amongst women offenders between substance misuse and risky sexual behaviours such as inconsistent condom use, exchanging sex for money or drugs, and sex with an injecting drug user (Mahon, 1996). It has been proposed that illicit drug use may increase the likelihood of risky sexual behaviours (Cotton-Oldenburg, Jordan, Martin, & Kupper, 1999). This results in high rates of sexually transmitted diseases within the female prison population, with US women offenders almost twice as likely to be HIV-positive than their male counterparts (Henderson, 1998). Crack cocaine and heroin users in particular appear to display higher levels of sexual risk-taking behaviour (Feist-Price, Logan, Leukefeld, Moore, & Ebreo, 2003) suggesting special attention may be required by this group. This is of particular importance as a significantly higher proportion of
women offenders admit to use of crack-cocaine than male offenders (Home Office 2003; Peters et al. 1997).

Interestingly, Loucks and Zamble (1999) highlighted that although often cited as a correlate of recidivism, drug abuse was not found to be significant with their sample of Canadian women offenders. They suggest that while substance abuse may play an important role in the development of offending behaviour, it may not be related to the maintenance of this behaviour. However, other studies have found substance abuse to be an even greater predictor of criminal activity in women than men (McClellen, et al., 1997). Finally, while relatively little is known about the way in which factors relating to women offenders’ substance misuse affect relapse and recidivism (Henderson, 1998), it seems clear that the effects are likely to be significant.

1.3.9 Emotional/Personal

A number of needs fall under this heading, including ‘Self-concept, cognitive problems, impulsivity, problem solving, empathy, behavioral problems (hostility, assertion, neuroticism), mental ability and mental health’ (Blanchette, 2002, p. 34). A survey of psychiatric morbidity among prisoners in England and Wales conducted by the Office for National Statistics (ONS, 1998) showed that 40 percent of female offenders had sought help or treatment for either a mental or emotional problem in the twelve months prior to entering prison, compared with around 20 percent of male offenders. In 2009 the Ministry of Justice reported that approximately 26 percent of women in prison had been treated for a mental health or emotional problem in the year before custody. This is compared with 16 percent of men (Ministry of Justice, 2009b). Official figures here are inherently problematic in this situation as many individuals who are not aware of their condition, or have never received treatment, are overlooked; thus figures may not represent actual prevalence rates. However, further analysis of the 1998 survey showed that 50 percent of incarcerated females in the sample were assessed as having a personality disorder using DSM-IV criteria, while 66 percent were assessed as suffering from some form of neurotic disorder, including sleep problems, worry, fatigue, depression, and irritability (ONS, 2001). The Social Exclusion Task Force (2009) report that 60 percent of women under probation supervision, compared with 36 percent of men, are recorded in OASys as having emotional well-being needs. Recent research also suggests that female offenders are significantly more likely than male offenders to have ever made a suicide attempt (Leigey & Reed, 2010).
Singer, Bussey, Song, and Lunghofer (1995) reported that over half the respondents in their sample of incarcerated females indicated the co-occurrence of substance misuse and mental health problems. The mental health problems experienced by women in the prison system are different from those experienced by men (Shearer, 2003). Young (1998) suggests that this may be in part due to the high percentage of incarcerated women who report physical and sexual victimisation, potentially leading to mental, emotional and physical health problems. The mental health of women offenders is typically characterised by high levels of depression and anxiety, substance abuse, personality disorders, and considerable amounts of self-harming behaviour (Gorsuch, 1998), and incarcerated women are more likely than incarcerated men to be diagnosed with severe mental illness (Teplin, Abram, & McClelland, 1996). Research also suggests clear links between histories of abuse and victimisation and mental health problems; and while researchers and practitioners are aware of these links, Fillmore & Dell (2000) report that a number of women also link their abuse experiences to their self-harming behaviour. It has also been hypothesised that the stress of the confines of the prison environment, particularly on substance abusing women, may exacerbate the incidence and severity of mental health problems (Staton, Leukefeld, & Webster, 2003). Indeed, in the absence of adequate mental health services within prison settings, there is evidence to suggest that women’s mental health problems do not subside, but may in fact increase in severity during periods of incarceration (Byrne & Howells, 2002). A rise in the occurrence of mental health problems may become more apparent among substance abusing women as they enter prison and detoxify, thus the ‘numbing’ capabilities of the drugs disappear and problems must again be faced (DeCou, 2001).

Martin and Hesslebrook’s (2001) study of US women offenders in medium and maximum security revealed that women with the highest levels of mental health needs were the most likely to have experienced childhood violence, had the weakest social supports, and were highly likely to be involved in violent crime. They suggest that the relationships between women’s background, criminal history, and mental health are complex and that too often their mental health problems are unrecognised, misdiagnosed, and inadequately treated. Indeed, Parsons, Walker, and Grubin (2001) propose that existing initial screening procedures in prison overlook the majority of cases of mental disorders, thus the numbers of women with mental health problems may be likely to be even higher than official figures show. Where mental
health problems have been identified and procedures exist to tackle this, these are often seen as insufficient. Fillmore and Dell (2000) for example, state that many current self-harm prevention practices are inappropriate and may in some circumstances actually result in intensifying the problem. In addition, female offenders with psychiatric diagnoses have often proven difficult to place within the prison system, where placements in secure National Health Service (NHS) facilities have been hard to obtain, resulting in long periods of unsuitable prison placements (Gorsuch, 1998). Gorsuch’s study of women in Holloway prison found that the most difficult of these women to place ‘were significantly more likely than the comparison group to have suffered physical and/or sexual abuse in childhood; to have committed a variety of offences; to have committed crimes of serious violence and arson; to have spent time in a secure psychiatric facility in the past; to be considered a danger to themselves and a management problem in Holloway; to have a personality disorder diagnosis; and, eventually, to receive a prison sentence or community disposal rather than a hospital order.’(p. 556). Again, this research highlights the lack of provision, treatment, and services available to deal with women offenders' mental health problems, from anxiety disorders and depression through to more severe psychiatric diagnoses. Clearly mental health problems are apparent within the female prison (Staton, et al., 2003).

Psychopathy in particular has been demonstrated to be a moderately good predictor of recidivism in male offender samples (Tengstrom, Grann, Langstrom, & Kullgren, 2000), however far less is known about the applicability of this to women offenders as prevalence rates, symptoms, and diagnoses differ between males and females (Salekin, Rogers, Ustad, & Sewell, 1998). The overall prevalence rates of psychopathy have been found to be far lower in the female prison population as compared to males (Salekin, Rogers, & Sewell, 1997). The background and symptom pattern is typically very different; and higher rates of comorbid disorders, often anxiety and depression, are also found (Salekin et al., 1998). Using the Personality Assessment Inventory (PAI), the Psychopathy Checklist-Revised (PCL-R), and the Personality Disorder Examination (PDE), to examine female inmates’ recidivism data at a one year interval, Salekin et al. found psychopathy to be a moderate predictor of recidivism with the egocentricity subscale of the PAI, Factor 1 of the PCL-R, and the verbal aggression subscale of the PAI, being the best predictors of future recidivism in the female sample. However, the psychopathy measures used in this study did not perform as well with women as with men.
While emotional and personal difficulties have been identified as a criminogenic need for male offenders, how far specific mental health problems can be seen as criminogenic has not been clearly demonstrated. For example, while the Social Exclusion Task Force (2009) reports that 60 percent of women under the supervision of probation have psychological and psychiatric issues (p. 12), this data does not aid understanding of the most prevalent forms of mental health problem and how this may, or may not, be related to criminal behaviour.

1.3.10 Attitudes/Orientation

The fact that women are reconvicted less frequently than men might suggest that they typically hold less criminal attitudes (Hedderman, 2004). In support of this view, Clark and Howden-Windell (2000) found evidence that in 54 percent of cases studied, women regretted their offences and of those who went on to be reconvicted, only 35 percent had remorse recorded on file, compared with 68 percent of those who were not reconvicted. Research comparing male and female attitudes has found similar results. Barnfield and Tonglet (2000), for example, examined the attitudes of male and female British shoplifters, finding that males expressed fewer moral concerns about their behaviour than females and indicated they were more likely to shoplift again in the future. However, contradictory results have been found. Mair and May (1997) studied almost 2000 male and female probationers, finding that while 16 percent of men said they would not reoffend, only 9 percent of women said the same. Interestingly, lack of money was cited as the most common reason that individuals expected to reoffend, and women were more likely to mention this than men. Indeed, Hedderman (2004) suggests that this may be a sign that women may reoffend due to material circumstances despite not wanting to reoffend.

Clearly the evidence concerning the relationship between attitudes and offending in women is contradictory. The lack of research makes firm conclusions difficult to establish, although Hollin and Palmer (2006) suggest this is likely to be a criminogenic need for women.

1.4 Mutual criminogenic needs

The research shows that all offender populations exhibit high levels of multiple need, and there is some degree of overlap between the criminogenic needs of male
and female offenders. However, having similar needs does not necessitate that levels of need will be the same.

As the presence of the same need does not mean the level of need will be the same, nor does the presence of a need dictate that the aetiology behind this need will be the same (Caulfield, 2010). The nature of the association between the need and offending behaviour may differ between males and females in terms of aetiology, nature, and developmental pathways to criminality. Blanchette (1997), for example, compared the needs of violent and non-violent female offenders, finding support for the idea that women’s violent behaviour is likely to be qualitatively different to male violence. Gender differences have also been found in male and female offenders’ experience and expression of anger (Suter, Byrne, Byrne, Howells, & Day, 2002). As well as differences in overall levels of anger, Suter et al. found gender differences in levels of anger control and triggers for anger. These findings point to a need for a clear qualitative understanding of the experiences of women who offend. Understanding how their experiences affect their later lives and behaviour is crucial in moving forward with appropriate assessment and treatment for women who offend.

1.5 Gender specific criminogenic needs

Research has suggested that the specific criminogenic needs of female offenders may include various factors, such as abuse history, relationships, and depression (Byrne & Howells, 2002; Phillips & Harm, 1997). Similarly, Blanchette (2002) suggests that needs typically proposed as female-specific generally fall into the personal and emotional needs domain, including history of childhood and adult abuse, self-harm and attempted suicide, and self-esteem problems. Furthermore, in a survey of correctional workers’ Van Voorhis and Presser (2001) found that almost all respondents indicated abuse, self-esteem, relationships, mental health, as well as medical care and parenting, to be unique needs experienced by female offenders.

However, observations such as this by workers in the criminal justice field highlight the discrepancy between professionals’ opinions about women offenders and results elicited from traditional research. Although official statistics and research on female offenders clearly show high prevalence rates for mental health problems, substance abuse, history of physical and sexual abuse, and parenting issues, empirical research has typically failed to show any predictive power on reoffending of experiences such as abuse (e.g. Lowenkamp, Holsinger, & Latessa, 2001). Indeed,
while most retrospective studies have demonstrated that a large percentage of offenders have a history of abuse, prospective studies show that although abuse victims may have a higher likelihood of future offending, the majority of victims do not go on to offend (Fagan, 2001).

Lowenkamp et al. discuss an explanation for this enigma, suggesting that while a history of abuse may not be predictive of reoffending, it may interact with areas of criminogenic need to increase the risk of offending. However, although it seems that such ‘intervening’ variables may influence pathways to crime, the exact nature of these interactions is not yet fully understood (Fagan, 2001). It is this interaction between adverse life events and how this relates to offending that requires fuller investigation.

1.6 Interacting factors

Various studies have looked at the relationship between potential female criminogenic needs. For example, Daly (1994) found that for women, drug, alcohol, and psychological problems acted as mediators through which early childhood abuse resulted in subsequent criminal involvement. Histories of abuse, addictions, trauma, and violent unstable relationships, are shared by a majority of women offenders (DeCou, 2001). Furthermore, these problems have been shown to be highly interrelated, creating a pathway to women’s offending behaviour (Covington, 1998). Indeed, DeCou (2001) suggests that almost 85 percent of the US female prison population experience the co-occurrence of these factors and as such she postulates that addictions, trauma, and violence histories must be taken into consideration when developing and implementing prison programmes in order to successfully reduce recidivism rates. Similarly, Fagan (2001) discusses female pathways to crime through childhood victimisation, substance use, sexual abuse, running away, and prostitution, viewing all these as possible risk and/or mediating variables. Fagan suggests that further work needs to be done to find which variables can be seen as criminogenic.

Hollin and Palmer (2006) note that while, for example, histories of abuse are highly prevalent within offender populations; empirical studies have shown little predictive power of abuse history on likelihood of future criminal behaviour. Thus, Hollin and Palmer state that while abuse history almost certainly interacts with other areas of need, abuse alone is not a powerful risk factor for offending behaviour.
Indeed, research has shown high inter-relations between variables seen as prevalent within female offender samples. Recent research has made use of multivariate techniques and so has been able to control variables, allowing factors predictive of offending behaviour to emerge. Several studies have made use of these techniques, allowing a clearer picture of the factors associated with female offending to emerge (McClellen et al., 1997; Spohn, 2000). However, a clear understanding of the mechanisms by which these experiences affect the lives of women is lacking.

1.7 Conclusions

The literature shows some overlap in the criminogenic needs of female and male offenders. Financial problems, education, employment, accommodation, and substance use are all clearly needs for both genders; however the aetiology and level of need is likely to differ for men and women. In addition, there also appears to be some evidence for gender specific criminogenic needs, with some adverse life events being more characteristic of female than male offenders. Indeed, Blanchette (2002) suggests that risk may be ‘gendered’ with some criminogenic needs being different for men and women. However, there is a risk that women specific needs could be falsely translated into criminogenic needs, perhaps due to a lack of understanding of what constitutes a criminogenic need. If, for example, assessment instruments were recalibrated according to these ‘needs’ this could lead to inaccurate assessments of female offenders. This possibility highlights the fact that a thorough understanding of gender specific need is vital when working with offenders to assess need and risk. Any over or under estimate of need could result in an inappropriate level of intervention and falsely elevated or reduced estimates of risk.

In order to prevent inaccurate assessment and to provide appropriate treatment, a fuller understanding of female need is required. As cited above, there remains a “relative lack of evidence about women’s offending-related needs” (Hedderman, Gunby, & Shelton, 2011, p. 16). Reviewing the life experiences of women who offend should aid this understanding by, for example, examining how abuse can affect the lives of women who later offend. Hollin and Palmer (2006) propose that ‘previous life events (static) have social and psychological sequelae that are significantly related to (dynamic) current functioning’ (p.31) so that while a history of abuse or mental health problems may not be criminogenic needs, they may act as a precursor to actual criminogenic needs such as substance abuse.
It is clear that further research is necessary to understand - not simply the prevalence of factors - but women’s experience of these and the effect their experiences have had on their lives. Once these experiences have been highlighted, a deeper understanding of the interactions between adverse life events and psychological variables and how these may relate to offending will be gained. This foundation may in the future aid the development of gender specific risk and need measures upon which better decisions about offender’s risk, need, and treatment can be based. Indeed, if we are to focus on appropriate assessment and treatment in the criminal justice system it is vital to understand the context of the lives of women who offend.

Much work still needs to be done to understand the complex relationship between events in women’s lives and subsequent behaviours (Veysey & Hamilton, 2007). Furthermore, understanding the life histories of women in prison has become increasingly critical given the increases in women’s involvement with the criminal justice system (McCartan & Gunniston, 2010). Research focused on understanding the experiences of women in prison is important as the societal cost of failing to appropriately deal with female offenders may be higher than the incidence of female crime might initially suggest given many women’s roles as caregiver (Block, Blokland, van der Werff, van Os, & Nieuwbeerta, 2010). This is supported by the Social Exclusion Task Force (2009) who highlight the significant negative impact on children with mothers in prison.

Rather than rely on quantitative data alone, interviews with women offenders about their life experiences and views on their own offending will provide greater insight into the routes into crime taken by women. Hedderman, Gunby, and Shelton (2011) discuss the importance of qualitative research with female offenders. While their arguments are based on evaluations of programmes like the Together Women project\textsuperscript{2}, they highlight that relying solely on quantitative measures, such as criminal records, misses key details that help us understand how women experience change. Research focused on the thoughts and opinions of female offenders is sparse, yet is crucial to widen our knowledge in this area. Furthermore, if the criminal justice system as a whole is to provide effective services, regimes, programmes, assessments and rehabilitation to women, a clearer understanding of the causes of

\textsuperscript{2} The Together Women project was funded under the Government’s 2004 policy aimed at responding to women who offend. “The Together Women Programme aims to make a difference to the lives of women offenders and women at risk of offending. TWP aims to help women tackle the reasons they commit crimes by working with key workers and community based women’s centres” (Together Women Yorkshire & Humberside: www.twpyandh.org.uk)
their offending and subsequent needs and risk factors is vital. There is particular importance here on understanding the specific experiences of women in the UK, as much of the research evidence base remains based in the US and Canada.

While qualitative data cannot allow for a statistical assessment of criminogenic need, the depth of understanding afforded from such data allows for a fuller appreciation of the experiences of research participants relevant to their offending behaviour. Indeed, where recent quantitative studies have sought to identify female-specific criminogenic need, the authors acknowledge that the data does not provide an understanding of the reasons underlying the criminogenic needs of women (Palmer, Jinks, & Hatcher, 2010). Given all of the above, this research aims to develop a greater understanding of the experiences and needs of women in prison in areas where the research literature is lacking, or where women's experiences are not yet fully understood.
2 Chapter Two: Methodology

2.1 Rationale

In recent times there has been a move away from research and discussion surrounding the causes of crime (King & Wincup, 2008). While the psychological literature discusses ‘criminogenic needs’ and often asserts that, to a greater or lesser extent, we know the causes of crime, the criminological literature often shies away from investigating causal relationships and has been accused of suffering ‘from a poor understanding of causal mechanisms’ (Wikstrom, 2008, p. 117). Whichever perspective we take, what is clear from the literature is that we do not have a clear, documented, appreciation of the causes of women’s offending behaviour. To some extent we are still in possession of what Heidensohn in 1994 called a ‘patchwork’ of knowledge, with no coherent and valid picture in existence. Too often it is assumed that because we know about men’s pathways into crime, this can be applied to women: this could in fact be used as a criticism of much of the gender mutual literature on offenders, offending behaviour, and the treatment and assessment of offenders.

The review of the literature clearly highlighted that debate still exists about the factors that lead to offending behaviour in women. Research focusing on this area has often used standardised assessment measures and large scale quantitative data sets to determine areas of need and risk that can be directly linked to women’s offending. Whilst this is likely to have some utility, the assessment measures used have typically been developed with, and for use on, male offenders, and so this may not be an entirely valid way to measure need and risk in women offenders (Caulfield, 2010). What is also apparent is the scarcity of research focused on the thoughts, experiences and opinions of women offenders, yet this is crucial to widen our knowledge in this area. Furthermore, if the criminal justice system as a whole is to provide effective services, regimes, programmes, assessments and rehabilitation to women, a clearer understanding of the causes of their offending and subsequent needs is vital.
2.2 Research design

Good research design is important in all research, but this is even more apparent when aiming to conduct research with offenders. When the aim is also to research offenders in a prison setting the need to be well prepared is even greater. Carlen and Worrall (2004) document two main reasons for this: first, because researchers will be dealing with an inherently vulnerable group of individuals; and second, because access to prisons for research is notoriously difficult, once access is gained things must be done right as it is often impossible to return to the research site(s). Doing research in prisons is qualitatively different from other forms of research, often related to the safety and security concerns of the institution (Crighton, 2006). However, even for a novice in prison-based research, there is a good deal of overlap familiar to an experienced researcher, ‘and a good research design outside a prison will often be a good research design within a prison’ (Crighton, 2006, p. 8).

Four decades ago, in 1970, Matza highlighted that research into crime had become too far removed from the key players: the offenders themselves. Despite this acknowledgement the situation has developed little to date, with researchers in the area often relying solely on impersonal statistical data. This appears to be the case across most research with offenders, female and male, juvenile and adult. Clearly, those directly involved and responsible for criminal activity can tell us much about their own lives and the crimes they have committed. We cannot expect to obtain a full picture of the thoughts, experiences, development and needs of any group of people without speaking with them directly. As Nee (2004) states:

“If we can show that we can research offenders’ understandings of their own behaviour reliably...then surely a grounded approach to research, using the offender as expert, is a method we ignore at our peril.”

(Nee, 2004, p.4)

When done well, the information gleaned from interviews with offenders can provide us with a wealth of information that is simply not available through official records. Indeed, Sapsford and Jupp (1996) suggest that self-report methods provide researchers the opportunity to collect information free from the restrictions of official data. However, it is important to note that there are numerous reasons why self-report data from interviews may not be entirely accurate. The reliability of self-report
data relies on the honesty of respondent’s accounts, and there is always a risk that these accounts will provide ‘an imaginative organization of experiences that imposes a distortion of truth....a mixture of fiction and non-fiction....about life and particular lived experiences (Denzin, 1989, p. 24). When interviewing offenders these issues may be even greater, with “self-protection; overconfidence; and inaccuracies of memory to name just a few.” (Nee, 2004). In an attempt to combat this, a ‘triangulation’ of data has typically been found to be the best approach to increase validity. Those experienced in prison-based research suggest that while all information should be taken seriously, researchers should check stories wherever possible (King & Liebling, 2008).

Here, the use of records from the Offender Assessment System (OASys) to cross-check some of the information provided by offenders allows the likely accuracy of the self-report data to be assessed. The OASys is a need and risk assessment used by the prison and probation service in England and Wales (see below - Data collection methods: Offender Assessment System records). The use of these records also allows for the collection of demographic and other data that does not require explanation by the offenders. This then allows more time for discussion of more pertinent issues during contact with participants. Given the time pressures faced by researchers in prison (see below - Practical issues), the ability to save time in this way during an interview is invaluable. While a typical rule of thumb is to begin with records before moving on to data collection with the offender (King, 2000), the rights of informed consent and privacy of offenders must be adhered to. Here it was not possible to review OASys records prior to interviews as interviewees were requested to give written permission for the researcher to view their individual documents.

There is continual debate in the literature surrounding depth versus breadth of approach of research. Criminologists will often favour an in-depth case study approach, while psychologists conducting crime research frequently opt for analysis of large scale data sets or social surveys. Given the particular area under investigation here, an approach using relatively in-depth interviews supplemented by documental evidence seems a both a valid and practical position to adopt.

2.2.1 Data collection methods: Interviews

Discussion with prison staff has highlighted the problems experienced when researchers have attempted to use questionnaires with offenders. Issues with literacy and the length and complexity of some questionnaires often results in prison staff
being needed to help offenders work through questionnaires. This has obvious time
and resource implications and removes anonymity from participants. Staff report
being much happier having inmates interviewed by researchers to avoid the above
issues. Aside from such practical issues, the benefits of interviews have been
espoused by many, being one of the most widely used qualitative research methods
(Bryman, 2008). Researchers have the opportunity to explain questions and topics
and participants may feel less constrained. Importantly there is the opportunity for
researchers to increase rapport with interviewees, thereby hopefully increasing
openness: establishing rapport with research participants is one of the keys to
successful interviewing (King & Wincup, 2008). Semi-structured interviews in
particular are useful for research that aims to elicit information from participants from
a given set of topics, where specific questions need to be asked but the interviewer is
interested in participants’ wider explanation and experience around these topics.
Following a semi-structured interview schedule also has the added benefit of
ensuring adequate cross-participant comparability (Bryman, 2008).

Those with experience interviewing offenders have also commented that it is
preferable, wherever possible, to use individual rather than group interviews (Nee,
2004). As with many other types of research, group interviews or focus groups can
be useful in the initial stages ‘in order to identify salient issues, tighten research
questions and clarify terminology’ (Nee, 2004, p.11) but issues such as poor literacy,
communication, and social skills can result in some participants failing to express
themselves and thus limiting the validity of the data collected. In an individual
interview, the interviewer is more able to work around literacy problems and, as
above, build a rapport with the interviewee, in an attempt to overcome
communication issues. Here, where particularly sensitive issues were approached,
group interviews would have been wholly inappropriate (Madriz, 2000).

As so much research conducted with offenders and within the broader
criminal justice system is reliant on the recall of events, a number of strategies have
been suggested to help improve memory recall when collecting data. In particular,
lessons have been taken from cognitive psychology and the field of witness
testimony (Nee, 2004). For example, researchers have suggested that conducting
interviews in a setting where relevant retrieval cues can be incorporated, such as
visual stimuli, can increase the quality of the data collected. Techniques such as
cognitive interviewing include similar strategies (Fischer & Geiselman, 1992).
However, the inclusion of such materials can be difficult (Nee, 2004) and so the cost
in terms of time, practicality and resources must be outweighed by the benefit in
terms of increased recall accuracy. Within research in prisons the use of retrieval
cues poses a number of issues, particularly issues of a practical nature as it is
typically not possible for the researcher to know what cues would be appropriate prior
to the interview. Even if these appropriate cues could be identified, it is unlikely they
could be sensibly implemented. The above techniques are clearly invaluable in
situations where there is a need for the details of the information collected to be as
accurate as possible, and much thought was given to this here. However, with
research concerned with offender’s life experiences, the minute detail of say, a
specific incidence of domestic violence is less vital to the research than the
knowledge that domestic violence has been experienced by the offender and how
this has affected them.

Asking research participants to talk openly about their life experiences will
undoubtedly result in sensitive issues being broached. As mentioned earlier, building
a rapport with research participants is vital, particularly when expecting openness
about sensitive topics. Additionally, Harvey (2008) reports that in a low-trust
environment such as a prison, emphasising independence and social remoteness
from the prison establishment encourages the disclosure of information. In order that
participants feel as comfortable as possible discussing sensitive topics, and to
promote openness in the interviews, the physical location of the interviews is also
very important (Howitt & Cramer, 2008). Clearly in this situation the general location
had to be the prison establishments, but within each establishment the researcher
requested that a private room be made available for interviews.

Based upon the literature review of female offending, a number of key areas
were identified for inclusion in the interviews. These were either areas of debate
within the literature, where the link between, for example, certain childhood
experiences and later offending behaviour is unclear, or areas where the link
between a number of factors and offending behaviour is unclear. Some of the areas
identified would, in many circumstances, result in sensitive issues being raised. It
follows from this that researchers should be careful where to position questions or
topics of a sensitive nature (Harvey, 2008), as beginning an interview with question
about a person’s history of abuse is unlikely to set the interviewee at ease. This was
taken into consideration when developing the interview schedule (see appendix 1). It
is also important to ask participants if there is anything they would like to discuss that
has not already been covered. Apart from eliciting more information, this also acts as
a mechanism whereby participants feel they have some input into the interview schedule (Harvey, 2008).

The semi-structured interviews covered the following topics:

*Experiences in childhood and growing up*. How have individual women’s experiences in childhood and growing up impacted upon their current imprisonment? Can interviewees describe a path they took which resulted in delinquent behaviour and offending? What do respondents think triggered their offending behaviour or the decision/need to go down this path?

*Adult life circumstances*. Have respondents’ experiences during their adult life been a continuation of patterns, behaviour and lifestyle established in childhood and adolescence? For those who offended during adolescence, what has kept them offending as an adult? For those who began offending as an adult, what led to this?

*Parenthood*. Did having children have any impact upon offending behaviour? Has being in prison impacted upon parenting: practically and emotionally?

*Alcohol and drug use*. Does the respondent have a history of alcohol and drug use? If so, do they feel this had any relationship with their offending behaviour or the behaviours and circumstances associated with their offending? Is alcohol and/or drug use associated with the offence they are currently in prison for?

*Mental health*. Does the respondent have any history of mental health problems (either diagnosed or self-report?). What form did these problems take? Are there any specific life events which the respondent feels may have contributed to their mental health problems? How has the experience of prison affected mental health?

*Experiences within prison*. How do respondents feel about their time in prison? Has it had any impact upon the way they feel or their behaviour and do they think the experience will impact upon their future life outside prison?

The research questions focused on the life experiences of the women being interviewed, with particular reference to experiences that may have impacted upon offending behaviour and experience of prison. Very little research exists that focuses on what the women themselves think about what has resulted in their offending: it is crucial that we understand this to appreciate their needs and consequently target rehabilitation effectively.
The interview schedule was physically organised to give adequate space to record identifying information, relevant notes, prompts, thoughts and observations throughout and directly after each interview (see appendix 1). It is also important to be mindful of the wording of questions and how this may affect the information elicited. While semi-structured interviews allow the interviewer to be responsive to the individual interviewee, and so the majority of questions were not fully pre-worded, significant thought was given to how best approach many of the potentially sensitive topics in this research. Questions around mental health provide a suitable example of this. For example, there is often a stigma associated with mental health problems, and thus interviewees may be reluctant to answer a question as direct as ‘Do you have any mental health problems’. In order to circumvent such problems, this topic was generally approached with questions about sleep patterns to begin exploring this. Questions about sleep avoid beginning with sensitive questions, and are relevant as many women report disrupted sleep patterns on entering prison, allowing an easier transition to discussing any worry or anxiety they may have experienced in a non-threatening and supportive manner.

2.2.2 Data collection methods: Offender Assessment System records

The Offender Assessment System (OASys) was developed by the Probation Service and Prison Service in England and Wales as a standardised measure to provide a consistent and in-depth assessment measure. The OASys was piloted three times from 1999, and in 2001 the decision was made to implement the assessment throughout England and Wales prison and probation services. The OASys consists of 13 sections that assess offenders’ criminogenic needs, risk of harm, and likelihood of reconviction based on areas covered in the widely used Level of Service Inventory-Revised (LSI-R: Andrews & Bonta, 1995). The first twelve sections relate to risk of reconviction, while section 13 is used when considering suitability of interventions. Assessment is carried out at the beginning, end, and throughout the sentence and has been designed to highlight areas of risk and need, to trigger further assessments, as the basis for sentence planning, and to measure change. In order to predict the likelihood of reconviction, sections one to twelve of the OASys examine offending history and current offence, social and economic factors, and personal factors. From 2003 implementation of the OASys in electronic format (e-OASys) began and this format is now used throughout England and Wales. Data is collected from a range of sources, including the probation service, courts, and
prison service. The introduction of the OASys was seen as vital within the Prison and Probation Services, and evaluation of the three pilot studies, available through the Ministry of Justice (Howard, Clark, & Garnham, 2006), demonstrate positive findings. Additionally, the measure does assess clearly identified criminogenic needs such as those measured by the LSI-R. However, the same version of the measure is used with both male and female offenders, despite being based on criminogenic needs identified solely for males. Aside from this, from a research perspective, the measure provides a useful tool from which to obtain demographic data collected about offenders and cross-check sections of interview data.

2.3 Ethical considerations

Clearly, within any research it is important to take into account any ethical considerations, but when conducting research with vulnerable populations, such as prisoners, the considerations are multiplied. As researchers we have a duty of care to protect our participants.

The research design has closely followed the ethical guidelines laid out by the British Psychological Society’s guide of ethics and conduct (see http://www.bps.org.uk/the-society/code-of-conduct), paying particular reference to section 3.3: Standard of protection of research participants. The BPS lists four key areas which psychological research must abide by: respect, competence, responsibility, and integrity. These both complement and extend the research ethics guidelines laid out by Loughborough University. Prior to seeking research approval from HMP Prison Service, ethics approval was sought from Loughborough University ethics committee. The research application was granted ethics approval with no restrictions or revisions to the application.

A part of the ethics of research is ensuring the methods used are appropriate (Harvey, 2008). As discussed previously, the use of interviews goes a long way towards avoiding problems with literacy that could cause embarrassment to participants. Additionally, all documentation used during contact with participants was verbally explained.
2.3.1 **Informed Consent**

The research followed the standards of informed consent. Issues such as confidentiality and the right to withdraw were fully considered and explained both verbally and in writing in a participant information form (see appendix 2). The form also introduced the researcher and explained the purpose of the study, and what would happen during and after the interview. Contact address details for the researcher were provided and once any questions about the research had been discussed, participants were asked to complete a comprehensive consent form. As with the participant information form, the researcher talked each participant through the consent form prior to beginning the interview. When conducting research with offenders in prison it is vital to cover all aspects of informed consent verbally as the prison population has lower than average levels of literacy than the general population (Social Exclusion Task Force, 2009). Each participant was also given a written copy of the participant information form and consent form to keep. Both forms were developed along HM Prison Service guidelines (see appendix 2 & 3). The principles of informed consent apply equally to all participants and ‘there are no grounds for not addressing issues of consent from prisoners’ (Crighton, 2006, p. 11).

In order to protect and inform colleagues, all those either involved with the research or likely to be asked about the research were informed of the nature of the study and given the opportunity to discuss this with the researcher. In one prison establishment a formal presentation was given to staff by the researcher and staff were able to ask questions and discuss the research. In the other two establishments relevant staff were given non-technical written materials (see appendix 4; for a discussion of this see Carlen & Worrall, 2004) explaining the research and given the opportunity to discuss the study with the researcher on an informal basis. In the open prison members of a peer-support group, made up of offenders, were responsible for recruiting participants and ensuring the smooth running of the research. In this establishment the researcher spent a morning with the peer support team two weeks prior to commencing the research in order to explain and discuss the research fully.

2.3.2 **Anonymity**

All participants were allocated a unique research reference number. The researcher did not require the names of participants to be recorded. Any person accessing the results would not be able to identify individuals from the results or any data held. All data taken from the OASys was fully anonymised. With reference to
anonymity, there is debate and variation in practice regarding the identification of participating prison establishments. Even where prisons are not named, it is often relatively easy to work out the prison in question. In this instance, each participating prison gave permission to be named.

2.3.3 Data storage

In compliance with the Data Protection Act (1998) and Loughborough University guidelines, statistical data will be held for six years before being destroyed. Interview and audio data will be held for ten years before being destroyed. All data has been fully anonymised and securely stored.

2.3.4 Researcher safety

As discussed above, it was important to have somewhere private within each establishment to conduct interviews. Because of this, staff in the closed prison specifically highlighted researcher safety as a concern. Staff made it clear that while they did not anticipate any problems, it is good practice to either conduct the interviews in a room with a safety alarm or provide researchers with a personal attack alarm. Within the closed prison this was adhered to, as it is obviously unwise to take any unnecessary risks and it is important to ‘respect the safety concerns of staff’ (King & Liebling, 2008, p. 444). Furthermore, in all establishments the researcher queried any potential risks associated with individual participants prior to interview. Within the semi-open prison staff had no generalised concerns regarding researcher safety, but interviews were conducted in a room opposite the psychology staff office in case anything was needed. No safety issues were highlighted in the open prison where interviews were conducted in a variety of locations.

2.4 Pilot Interviews

Prior to conducting interviews with incarcerated women, a small number of pilot interviews were conducted with a sample of women ex-offenders. Robson (2002) suggests that the first stage of any data gathering should involve a pilot study in order to overcome any potential problems before taking the research large-scale. This has been highlighted as particularly important in prison research, where once access to prisons has been granted it is important to get things right (King & Liebling, 2008). Whilst the pilot sample differ from the main research sample here in terms of their status as ex-offenders, their status as women UK citizens who have been in
prison means that they have been through a similar experience and understand the relevant issues. It is however vital to be aware that that the differences between actually living in prison and in the community are significant and so will almost certainly have impacted upon the interviews. Nonetheless, this stage formed an important part of the research development.

Pilot interviews are also useful to ensure appropriate language and terms of reference are being used within the research (Nee, 2004). Within this study the purpose of the interviews was primarily to assess the appropriateness of the questions being asked in the interview, and also in part as a ‘practice-run’ to iron out any problems and to enhance familiarity with the interview schedule. The pilot also acted as a forum to check the language used in the consent form and participant information form. In an ideal world these pilot interviews would have been best conducted in a prison with current inmates to allow the pilot to be as similar to the ‘real’ situation as possible. However, given the difficulties of accessing a prison sample, interviewing ex-offenders provides a suitable pilot sample (Robson, 2002).

2.4.1 Prison Link

The pilot sample was recruited from a charity organisation ‘Prison Link’. Prison Link is a Birmingham based charity, run primarily by volunteers, which has worked with prisoners and their families in the Aston, Lozells and Perry Barr areas of the city for the past 20 years:

“Prison Link aims to empower and support prisoners and ex-offenders and their families and children by offering a range of services designed to maintain family links and stability and encourage positive change.”

(Prison Link, 2007)

The charity also works in partnership with the West Midlands Probation Service with a view to deterring offenders from further custodial sentences.

Volunteers within Prison Link liaised with women ex-offenders who were in contact with the charity, to recruit a pilot sample for this research. Interviews were conducted at the Prison Link premises. Participants were offered payment of 20 pounds sterling for their time. There is considerable debate concerning the payment of research participants, with some suggesting that the payment of research participants is potentially coercive (McNeil, 1997). Much of the debate around this
issue stems from the medical sciences, where ethical debate centres on the capability of participants to assess risk accurately when financial incentives are offered. While these issues also apply to the social sciences, where considerations of risk to participants are paramount in assessing the ethical nature of research, many social scientists argue that participants should be adequately and appropriately reimbursed for their time (cf. Carlen & Worrall, 2004). This was the standpoint adopted here, and furthermore, Prison Link expects this.

2.4.2 Pilot sample characteristics

Four women were interviewed. All were UK citizens and had been previously incarcerated in an English prison. Two women reported having been in prison for financial related offences, and two for drug-related offences.

Their experiences of imprisonment ranged from five to 20 years ago, with three women having been in prison in the past ten years. While it should be acknowledged that being in prison such a considerable time ago makes this sample different to the target sample for this research, the pilot interviews were useful in testing the interview schedule.

The women ranged in age from 34 to 47 years. Two women described their ethnicity as black-African, one as white-British, and one as mixed white-British and black-Caribbean. The women here were asked their ethnicity. However, in the main sample, demographic information was taken from OASys records.

2.4.3 Findings from the pilot

One of the interviews from the pilot exercise was transcribed in order to test out the transcription process. Rather than analyse the specific content of the interviews that took place, the aim of the pilot interviews was to practice and hone interview techniques and the interview schedule. After completing the interview, interviewees were asked to discuss their experience of the interview, and specifically how they felt about the questions they were asked. All four women reported feeling at ease during the interview, and three reported enjoying the opportunity to express their experiences and how they had rebuilt their lives after prison. Of note, was that two of the women felt that the time taken to discuss the research prior to the interview had been important in helping them understand why their part in the research was important. It is possible that because of this they were more open and willing to discuss their past experiences.
All four women spoke at length about their past experiences, with interviews ranging from 40 minutes to 87 minutes. While the structure of the interview schedule flowed well - beginning with broad background questions before approaching any questions of a sensitive nature – when probed, feedback from three participants was that the interviewer could be more direct with some sensitive topics. This feedback was useful in developing a balance between trying to avoid offending participants with very personal questions, and also encouraging them to speak about their experiences in these areas. An example of this is questions about childhood experiences, where initially the researcher was reluctant to ask outright about negative childhood experiences. However, the interviewees felt that as long as interviewees did not feel pressured to respond, the interviewer could be more direct with such lines of questioning.

Overall, the pilot interview process significantly increased the researcher’s familiarity and confidence with the interview schedule. While these interviews were not able to prepare the interviewer fully for the experience of interviewing women in prison, in particular for those women who were emotional during interview, they were vital in developing appropriate language and confidence for the main study.

2.5 HM Prison Service National Research Committee

‘Although there has been a considerable opening up of the closed world of British prisons this is not to say that access is by any means guaranteed’

(King & Leibling, 2008, p. 433)

The process of applying to conduct research in prisons was dramatically revised during 2004 and 2005 to address some of the concerns about involving prisoners in research. The main aims of the current application process are to protect prisoners and ensure resources are used effectively (Crighton, 2006). Further changes have been implemented since this research was conducted: most notably the use of a centralised electronic system. However, the information here refers to the process that was in place at the time this research application was made.

There are a number of application processes that researchers can go through depending on the scale and nature of the research proposal. In situations where the research design requires a number of establishments in more than one prison
service area to be involved, an application must be made to the HM Prison Service National Research Committee (NRC).

‘Applications are assessed against a number of key criteria.

1. The research must be ethically sound.
2. The research must be methodologically sound.
3. The research must be of potential value to the Prison Service or Home Office National Offender Management Service.’

(Crighton, 2006, p. 19)

The NRC also requests that copies of any ethics approval are included in any application.

In January 2007 a research application was submitted to the NRC (see appendix 5). Two weeks after submitting the application a representative of the NRC made contact to query the detail of some parts of the application (see appendix 6) and on Friday 16th February 2007 the NRC, in principle, approved the research application (see appendix 7) with the following guidelines:

“The National Research Committee (NRC) has consulted on and reviewed your application to conduct research at HM Prisons. In principle, we are pleased to be able to support your application subject to the agreement of the Governor and Research Contacts at establishment level and strictly subject to the following:

1. That you update your participant information forms with researchers having to report criminal activity, self harm, and any breaking of Prison rules to a member of staff.
2. That you make it clear to research contacts and other Prison staff that aftercare has been considered and that you have a procedure in place for referring participants to Prison staff, or Samaritans, should they become distressed.
3. That you fully cooperate in a professional manner with requests from Prison staff.
4. That you keep me (and other relevant Prison staff) informed and updated on any changes made to your methodology, especially regarding any visits to Prisons that we are not aware of.
5. That the Prison Service receives a copy of any research dissertation submitted as a result of the research.

6. That the Prison Service receives copies of any papers submitted for publication based on this research at least one month in advance of the publication.

7. That it is made clear to participants verbally, as well as in writing, that they may withdraw from the research at any point and that this will have no adverse impact on them.

8. That you are aware that the NRC may contact you with any additional queries or concerns resulting from your research.”

(HM Prison Service National Research Committee, 16th February 2007)

All points above were adhered to. For example, with reference to point two, the researcher ensured that prison chaplains and counsellors were informed about the research. Interviewees were advised who they could contact should they need to further discuss anything raised during the interviews. With reference to point four, the researcher kept the NRC updated as each of the three participating prisons agreed their involvement.

2.6 Recruiting a sample

2.6.1 Prison recruitment

A number of women’s prisons in England were approached either via a prison governor or lead psychologist at the establishment: whichever had responsibility for research co-ordination within each establishment. Initially contact was made via phone call. Once contact had been established and some discussion had concerning the research, an application letter (see appendix 8) and further information was sent to the establishment for consideration. However, at the phone call stage it was clear that some prisons would not be able or willing to participate. Prisons that declined to participate generally gave reasons of limited time to help with research, although one establishment suggested that the high proportion of non-UK nationals within their establishment might make obtaining a suitable sample difficult.
A key element of research recruitment is benefit selling, whether this is to the NRC, individual prisons, prison staff, or participants. There was clear potential that this research could be beneficial to each of these groups, but it was important to ensure that the particular benefit to each group was made clear. For example, benefits to individual prisons were outlined in the research application (appendix 5), discussed by phone, and then in person with prison staff. The recruitment timeline below outlines the various forms of recruitment activities that the researcher engaged in.

Three prisons responded quickly and positively to the request: one closed prison in the outer London area (HMP Downview), one semi-open prison in the West Midlands (HMP Drake Hall), and one open prison in the southeast of England (HMP East Sutton Park). To some extent it was a surprise that in only one establishment (HMP Drake Hall) the lead research contact was a psychologist as, as Towl (2003, p. 7) notes ‘Psychologists can play an important gate-keeping role….in assessing the aims, methodology and ethical basis of research proposals’. However, in all three prisons, the lead contact felt that the research was relevant and addressed the needs of that particular establishment.

The recruitment process is documented in the timeline below.
2.6.2 Recruitment timeline

December 2006 – Research application and relevant documents (see appendices 1-4) posted to two women’s prisons in the West Midlands.

January 2007 – Letter received from HM Prison Service West Midlands Area Psychology Team explaining that national approval was required so the application was forwarded to HMPS National Research Committee. Letter received from one of the prisons declining to take part in the research due to resource limitations.

February 2007 – Approval to proceed with the research granted by the National Research Committee pending minor amendments (see appendix 7). All documents and notice of approval were forwarded to West Midlands Area Psychology Team.

March 2007 – Made contact with West Midlands Area Psychology Team and informed the documentation had been passed on to the Psychology Team at HMP Drake Hall. The lead Psychologist at HMP Drake Hall confirmed they were happy to proceed with the research, allowing the researcher access to inmates for interview and relevant case file data. However, due to limited resources available in terms of staff time the researcher agreed to initially use posters to advertise the project (see appendix 9). Despite being aware of the relatively low response rate this was likely to result in, the researcher and psychologist agreed that these would be displayed within the prison. 40 colour copies of the poster were sent to the prison psychology team.

April 2007 – By April one inmate had volunteered to participate in the research. This inmate was informed that an interview would be arranged within the next few weeks. As the response rate thus far was poor the prison psychologist agreed that her staff would place letters explaining the project under the door of each inmate. The letters (see appendix 10) explained the scope of the research and included the request for the researcher to be granted an interview with the inmate, also including a reply slip.

May 2007 – By May the letters had elicited responses from a total of 15 potential participants. The research arranged to spend 4 days in June at HMP Drake Hall conducting interviews and reviewing case files. The prison sent the researcher security clearance forms to complete prior to visiting the prison.
June 2007 – The research application (letters, original research application and Research Committee approval letter – see appendices 4, 6, & 7) were sent to relevant contacts at 7 HMP’s across England. A morning was spent at HMP Drake Hall undergoing a security briefing, and discussions with the psychology team about potential participants. However, as security clearance had not yet been received interviews could not go ahead. HMP Downview re-contacted by phone and highlighted their potential interest in the research. The researcher and governor scheduled a meeting for July.

July 2007 – HMP Downview formally agreed to participate. Security staff contacted HMP Drake Hall to share security clearance information.

August 2007 – Email discussion took place with the Area Psychologist and Governor at HMP East Sutton Park and a meeting was arranged for late August. The researcher gave a presentation of the research overview and aims to senior staff at HMP Downview. Discussion was had in relation to follow-up support for participants. The prison chaplain agreed that participants would be directed to her should they require support post-interview. Security clearance was received from HMP Drake Hall and interviews began. The researcher recorded a television interview at HMP Downview (see appendix 11), on their prisoner run television station, and posters were placed around the prison (see appendix 12 – this poster differs from the original as it was noted that the original poster title was the same as a women’s charity and so may cause confusion). The television interview was broadcast throughout the prison numerous times over a two-week period. The researcher met with liaison staff and inmate peer mentors at HMP East Sutton Park to discuss the research and possible recruitment. HMP East Sutton Park officially agreed to participate.

September 2007 - Interviews began at HMP Downview. Peer mentors at HMP East Sutton Park spoke to fellow inmates about the research and arranged interview times on behalf of the researcher. Interviews began at HMP East Sutton Park.
2.6.3 Participant recruitment

Once access had been granted from each of the three participating establishments, a range of participant recruitment activities were engaged in, as documented above in the recruitment timeline. As noted previously, ensuring potential participants were aware of the benefits of the research was essential.

**HMP Drake Hall**

An initial participant recruitment strategy was relatively unsuccessful. Due to limitations on prison staff time, the researcher agreed that posters be placed around the prison (see appendix 9). When this proved unsuccessful, the prison psychologists agreed to place letters under the door of each inmate (see appendix 10). A tear-off slip was included on the letter, and this strategy proved much more successful.

**HMP Downview**

The governor at HMP Downview felt that prior to recruiting participants, it was vital to ensure staff were engaged with the research and understood the purpose. After giving a presentation about the research, the researcher was assigned a member of staff as a ‘research liaison officer’ for the project. The researcher then recorded a television interview at HMP Downview, on their prisoner run television station, and posters were placed around the prison (see appendix 12). The research liaison officer was named as a contact in the television interview and on the posters, and arranged interview times with participants. This strategy proved successful to an extent, but issues with this are outlined later in this chapter.

**HMP East Sutton Park**

The recruitment strategy at HMP East Sutton Park reflected the nature of this establishment and in terms of numbers of participants was the most successful strategy. The researcher spoke at length with prison staff and prisoner peer mentors prior to beginning the research. Subsequently, one peer mentor took overall responsibility for recruitment and organising interviews. The importance of building a rapport with research participants was discussed earlier in this chapter. However, it would be naive to assume that by building a good rapport, prisoners will lose all suspicion of researchers. Many researchers have commented on this mistrust from both prisoners and some prison staff (cf. King, 2000), assuming a ‘spy’ like status. The involvement of a peer support team in the open prison may
have gone some way to alleviating any mistrust prisoners may have otherwise felt, particularly as potential participants were able to discuss the research with peers before deciding whether or not to take part. However, this did result in two participants not fulfilling the recruitment criteria in the open prison, being foreign nationals. The researcher still conducted interviews, in order that the reputation of the research and peer mentor not be damaged. These two transcripts were not included in the data analysis.

In addition to the active recruitment strategies noted above, it is also important to consider how far researcher characteristics may influence the process. In terms of prison recruitment, the researcher consciously maintained a friendly and cooperative manner in all communications with research leads and prison staff. Where the women were concerned, the age and gender of the researcher cannot be ignored. Indeed, Smith and Wincup (2000), when discussing their experiences of conducting research with women offenders, commented that being young and female may encourage participants ‘to give generously of their time, their trust, and their histories’ (p.339). Furthermore, ‘women prisoners were often desperate to outpour to someone willing to listen’ (Smith & Wincup, 2000, p. 341). Rarely are women in prison ‘given much listening space or their views taken seriously, and it is possible that being given the opportunity to talk in as much detail as they wished was of value to these women’ (Smith & Wincup, 2000, p.343). Others have noted that many prisoners find it a welcome break from routine to talk to outsiders (King, 2000). This was certainly the experience of the researcher here, who found the vast majority of the women very open and willing to talk. On a number of occasions interviewees commented that they would like to talk to the researcher ‘all day’.

### 2.7 A summary of the research process

1. **Ethics and approval:** Ethics approval was granted by Loughborough University Ethics Committee and approval to access women’s prisons in England and Wales granted by the NRC.

2. **Pilot interviews conducted:** A small sample of women ex-offenders in the local community where identified through a charity organisation. The pilot interviews were useful in highlighting a number of small issues, but overall the semi-structured
interviews worked well and the structure and content remained the same for the main study.

3. Participating establishments identified: Three women’s prisons in England agreed to participate. One open prison, one semi-open prison, and one closed prison.

4. Participants recruited: Different strategies for recruitment were implemented at each establishment. In total 45 women were recruited and interviewed.

5. Obtaining consent: A participant information sheet was used to explain the research and a consent form was used to obtain consent to interview and access individual OASys records.

6. Interviews: Semi-structured interviews were conducted using, lasting an average of 53 minutes. Interviews were recorded using a digital voice recorder and each participant was interviewed only once.

7. Files: Once consent had been given, information from sections one to twelve of the OASys were printed for the researcher by prison staff. The researcher removed all identifying data from the paper records before leaving each prison. Relevant information was later transferred into an SPSS database.

8. Anonymity: Each participant was allocated a unique research reference number. The research did not necessitate the names of participants to be recorded.

9. Data analysis: Interview recordings were transcribed and this data was managed and coded using the software package NVIVO 8. Other data was analysed using the software package SPSS.

2.8 Participants

2.8.1 Offenders

The inclusion criteria for the research were relatively broad: specifying that participants be adult female UK citizens, over the age of 18, and incarcerated within the Prison Service in England. This inclusion criterion was implemented for two main reasons: the first, so that the research could address questions relevant to women across the prison
estate; the second a pragmatic issue - that any further restrictions on inclusion criteria may limit the numbers of participants willing to take part in the study.

A total of 45 women were interviewed: 20 from the open prison, 13 from the semi-open prison and 12 from the closed prison. However, two of the women in the open prison did not fit the criteria for the study as they were foreign nationals, and therefore their data was not included in the study (as discussed previously in this chapter). The data below on age, ethnicity, age at first conviction, and offence type was taken from the women's OASys records. Unfortunately, the recordings of interviews with two women were too poor to transcribe, due to considerable noise outside the interview rooms and a poor quality recording device used for some of the interviews.

Throughout the data chapters the women are referred to by unique research identification numbers. Women at HMP Drake Hall are DHXX, women at HMP Downview DVXX, East Sutton Park, ESPXX. The OASys record of DH11 was unavailable, and interview transcripts of DV5 and DH6 unavailable. However, DH11’s interview data and OASys records for DV5 and DH6 have been included in the data chapters where relevant.

The women ranged in age from 18 to 59 years; the mean age was 34.38 years (SD=10.43). 80.95% of the women were classified as White, 7.14% Black Caribbean, 7.14% Black Caribbean and White, and 4.76% Indian.

Table 1
*Age, ethnicity, and age at first conviction by type of establishment*

<table>
<thead>
<tr>
<th></th>
<th>Mean age$^3$</th>
<th>Ethnicity$^4$</th>
<th>Mean age at first conviction$^5$</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>34.38(SD=10.43)</td>
<td>White 80.95%</td>
<td>26.88(SD=8.93)</td>
</tr>
<tr>
<td>Open</td>
<td>32.94(SD=8.93)</td>
<td>White 72.22%</td>
<td>27.28(SD=6.60)</td>
</tr>
<tr>
<td>Semi-open</td>
<td>36.42(SD=12.15)</td>
<td>White 91.67%</td>
<td>27.92(SD=10.02)</td>
</tr>
<tr>
<td>Closed</td>
<td>34.5(SD=10.33)</td>
<td>White 83.3%</td>
<td>25.09(SD=10.59)</td>
</tr>
</tbody>
</table>

$^3$ Based on 42 women. The OASys records for one woman were not available to obtain this data, although she appeared approximately 35 years old.

$^4$ Based on 42 women. The OASys records for one woman were not available to obtain this data, although she appeared to be White.

$^5$ OASys data on age at first conviction available for 41 women.
Table two presents the offences committed by the women in this sample, broken down by type of establishment. Unless otherwise stated, the offence listed is taken from the OASys record for each individual.

Table 2
*Category of current primary conviction by establishment type*

<table>
<thead>
<tr>
<th>Offence category</th>
<th>Number of women (percentage of whole sample)</th>
<th>Number of women by type of establishment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Open</td>
</tr>
<tr>
<td>Theft or fraud</td>
<td>7 (16.3%)</td>
<td>4</td>
</tr>
<tr>
<td>Possessing firearms</td>
<td>1 (2.3%)</td>
<td>1</td>
</tr>
<tr>
<td>False imprisonment</td>
<td>1 (2.3%)</td>
<td>0</td>
</tr>
<tr>
<td>Burglary</td>
<td>3 (9%)</td>
<td>0</td>
</tr>
<tr>
<td>Drug offences</td>
<td>19 (44.2%)</td>
<td>9</td>
</tr>
</tbody>
</table>

\(^6\) Five recorded from OASys records, one from interview and confirmed by prison officer post interview.
<table>
<thead>
<tr>
<th>Crime</th>
<th>Count</th>
<th>Percentage</th>
<th>Type</th>
<th>Subtype</th>
</tr>
</thead>
<tbody>
<tr>
<td>Murder</td>
<td>1</td>
<td>2.3%</td>
<td>Semi-open</td>
<td>1</td>
</tr>
<tr>
<td>Death caused by careless driving</td>
<td>2</td>
<td>4.7%</td>
<td>Open</td>
<td>2</td>
</tr>
<tr>
<td>Assault/Grievous Bodily Harm/Wounding</td>
<td>7</td>
<td>16.3%</td>
<td>Semi-open</td>
<td>2</td>
</tr>
<tr>
<td>Conspiracy to murder</td>
<td>1</td>
<td>2.3%</td>
<td>Open</td>
<td>1</td>
</tr>
<tr>
<td>Manslaughter</td>
<td>1</td>
<td>2.3%</td>
<td>Open</td>
<td>1</td>
</tr>
</tbody>
</table>

2.8.2 Prisons

Three prisons participated in the research. Details of the prisons at the time this research was conducted are presented below, with any subsequent changes to the prison noted where relevant.

HMP Downview

“Downview is a closed prison for women at Sutton in Surrey, converted from the former nurses’ home of Banstead Hospital. The prison opened in 1989 as a category C Male Prison. In September 2001 Downview re-roled to a closed prison for adult women and in December 2004 a 16 bed juvenile unit (The Josephine Butler Unit) opened for young female offenders (both remand and convicted) aged from 15-18 in partnership with the Youth Justice Board.”
“The prison provides a positive regime with a variety of vocational training courses and NVQ opportunities contributing to a positive experience for prisoners, offering a variety of opportunities to improve learning and training skills and offending behaviour programmes to help reduce the risk of re-offending upon release. A dedicated resettlement unit provides opportunities for work and education outside the prison.

0745 – 17.00 Unlock, work and activities (lunchtime lock up 1230 – 1330) Association 1730 – 2015hrs weekdays only
Weekend 0830 – 1730 Association and activities (lunchtime lock up 1230 – 1330).”

(HM Prison Service website, 2008)

Downview had an operational capacity: 358 as of 31st January 2006. The prison will accept any adult sentenced female, except for life sentenced prisoners. The prison provides single cell accommodation with in-cell electricity. There are four Wings, A, B, C, D (Resettlement Wing) and a Juvenile Unit.

**HMP Drake Hall**

“During World War 2, Drake Hall was used to provide accommodation for female munitions workers. It became a male open prison in the 1960s, but has been female since 1974. Most accommodation was re-constructed 1994/95. In January 2002, following erection of a perimeter fence, Drake Hall was re-designated from open to semi-open.”

The prison “regime includes incentives, education, workshops, training courses, farms and gardens, works department, gym. Special features, voluntary and paid outwork programmes, a listener scheme, and anti- bullying system are also available”

(HM Prison Service website, 2008)

Drake Hall has an operational capacity of 315 as of 15th March. Offenders are housed in mostly single dormitory houses, although there are some doubles.

In March 2009, Drake Hall was re-designated from semi-open to Closed, although its operational capacity remains at 315 (Ministry of Justice website, 2011).

**HMP East Sutton Park**

“East Sutton Park first opened as a borstal in 1946. The prison is a pleasant mansion house overlooking the Weald of Kent. It holds both adult and young offender women in open
conditions preparing them for resettlement in the community. Amalgamated with Blantyre House in 2007."

"Regime includes provision of farms, gardens, catering and training courses, physical education. There is emphasis on resettlement, good community links with 25 women working outside and plans to increase this up to 50."

(HM Prison Service website, 2008)

East Sutton Park had an operational capacity of 100 as of 3rd January 2007. Offenders are housed in dormitory conditions, with 21 dormitories of varying sizes. East Sutton Park will accommodate all women risk assessed as suitable for an open resettlement prison.

2.9 Practical Issues

A number of practical issues arose during the research process: some of these were specific to individual institutions and could not have been predicted, while other issues were considered in detail prior to beginning the research based upon the written experiences of other prison researchers.

2.9.1 Organisation

In the closed prison a ‘research liaison officer’ was appointed by the governor to take overall responsibility for recruiting participants, ensuring suitable space was available for interviews, and generally ensuring the research ran smoothly. This initially worked well with respect to recruitment and arranging interview times, although unfortunately as the appointed officer was not available the week the interviews were actually conducted there were some issues with organisation. Participants were not always available when they had been called up, resulting in two interviews having to be cut short as time had run out and the participants had to be elsewhere. This clearly highlights some of the challenges faced when conducting research within the prison service. Not only is it difficult to gain initial access, but researchers must be constantly aware of the regimes within prison that dictate when inmates are available. This is both a practical consideration, but also an important point to highlight when applying to conduct prison research as a willingness to be flexible and the ability to work around the demands of the prison should be made clear right from the initial application.
An awareness of the practical issues of prison research, and planning around the prison day, in this research resulted in adequate time being available for interviews in all but the two cases mentioned above. Carlen and Worrall (2004) highlight the importance of working to suit the prison, noting that prison staff can often be “wary of researchers, especially of any who fail to show their appreciation of prison staff priorities or institutional concerns.” (p. 185). Furthermore, while most prisoners who have agreed to participate in research will find it a welcome change, and therefore the imposition is minimal, there are likely to be greater time consequences for staff. Although staff were briefed on the purpose of the research, several women who had agreed to participate only had a very limited idea of what the research was about when they arrived to be interviewed. A number of women appeared keen to participate in research, almost regardless of the subject under investigation. This adds support to the experiences described by other prison researchers as discussed above (cf. Smith & Wincup, 2000).

2.9.2 Context

It became clear at the beginning of several interviews that many of the women were interested in the wider context of the research, rather than the simple explanation that the researcher was interested in their individual experiences. Explaining how speaking to the researcher about their experiences could help improve our understanding of women’s pathways into crime appeared to make them feel very positive about their participation in the research. On at least a few occasions very interesting conversations ensued around the need to review women’s prisons and the processes within them from a fully informed standpoint. Of course, a small number of participants were less interested and ‘just wanted to get on with it’.

2.9.3 OASys

Particular issues were encountered when trying to access OASys records held by the prisons. The NRC and each individual prison had given permission to access records for each participant, provided the individual participant concerned gave consent. In every instance the participant gave her consent. The problem occurred when attempting to transfer information from OASys to Excel spread sheets as the prison service has high levels of IT security, meaning information could not be saved and taken outside of the prison. After debates with various prison personnel involved with the research at two of the three participating establishments, the best course of action appeared to be printing paper copies
of each record and anonymising these prior to leaving the prison, before manually transferring the data into an SPSS file at a later date.

2.9.4 Keys

A number of authors have discussed the issue of researchers holding keys within prison (Genders & Player, 1995; King, 2000; King & Leibling, 2008; Leibling, 1992; Mills, 2004; Sparks, Bottoms, & Hay, 1996). King (2000), for example, argues that researchers should not hold keys to the prison as in the eyes of the offenders this puts researchers too close to the position of staff and thus decreases trust, while Mills (2004) discusses issues of personal safety, particularly as a female researcher holding keys. While some have commented that ‘if the prison want you to do the research, then it is their responsibility to ensure your safety, and to escort you around the prison’ (Cowburn, 2004), the issue is rarely this straightforward. Often the prison may simply be kind enough to let you do the research, rather than actively want you to do the research, and this distinction is very important. What always remains is that gaining access to prisons is never guaranteed and, as discussed above, researchers must be flexible and willing to work around the prison staff and prison regimes. This is the most important factor: holding keys considerably limits the burden on prison staff, primarily by drastically reducing the need for escorts. Pragmatically, the only sensible decision seems to be to do what each individual establishment suggests: if they wish researchers to hold keys, then researchers should hold keys. Here, keys were held in both the closed and semi-open prison, while in the open prison the researcher was free to move around without keys. Holding keys has the added benefit of increasing researchers’ sense of independence within the prison and ability to control their own time.

2.9.5 Involvement

While the majority of research relationships are uncomplicated, on occasion researchers can find themselves very involved with participants, and it is wise for all researchers to be aware of this, particularly when undertaking research of a sensitive or emotional nature. While the nature of the research undertaken here in practice limited involvement with participants, it is easy to see how researchers can find it difficult to walk away from participants and their problems at the end of the research. It is hard not to be affected emotionally by participants who open up to you as a researcher (Smith & Wincup, 2000), and this was certainly the case on a number of occasions during this research. This highlights how important it is for researchers investigating sensitive issues in such an
intensive environment to ensure they have some kind of debriefing process in place. Whether this is formalised with research supervisors or colleagues, or informal with a partner of close friends, it is good practice to have some system in place to deal with these emotional issues.

2.9.6 Payback and feedback

Within prison establishments it is in no way appropriate to provide offenders who participate in research with rewards for their participation, be this monetary or affecting standard of care, privileges or parole. As discussed above, it is often the case that research participation can be a welcome break for prisoners and so the most a researcher can do, other than verbally thank individuals for their participation, is to make the process as comfortable as possible and be considerate to any needs the offender may have as a result of participation. Again, while it is typically not viable or advisable to provide participants with individual feedback, here participants were advised they could receive general feedback from the researcher via the contact details provided in the participant information form.

In general, good relationships between the researcher and prison staff were built throughout the course of the research. Key staff and peer mentors involved with the research were sent ‘thank you’ cards for all their help and support throughout, and each establishment will be sent an overview of the research findings.

2.10 Analysis

2.10.1 Interview data

The 2277 minutes of interviews were transcribed by the researcher into Microsoft Word. Paralinguistic features of the language within the recordings were not transcribed in full, although, for example, pauses and errors of speech were noted. Some interviews were transcribed in the days directly following each interview. However, due to the time practicalities a larger number of interviews had to be transcribed a considerable amount of time after the interviews had taken place. Transcription of this amount of data is both daunting and immensely time consuming, but necessary if each participant’s contribution is to be successfully represented (Atkinson, 1998). Furthermore, transcription is a vital part of the research process, whereby listening, transcription, and reading of the data serve to re-
familiarise the researcher with the interview data and the mood and emotional responses of the participants to particular questions. Indeed it is suggested that “the closer you can get to the text itself, the closer you are to its meaning’ (Atkinson, 1998, p. 57). To improve the level of familiarity with the data, interview recordings were listened to again and transcripts read, prior to beginning analysis.

While approaches such as conversation analysis or discourse analysis aim to describe the structure of conversational interaction or question the hidden meanings behind text, the aim of this research was to develop understanding of the life experiences and thoughts expressed by the research participants. Furthermore, as the research and interview schedule were based upon areas of interest identified from a review of the literature, a thematic analysis of the interview data was conducted aided by the qualitative data analysis software NVivo 8. While “there is no accepted, standardised approach to carrying out a thematic analysis”, “carried out properly, thematic analysis is quite an exacting process requiring a considerable investment of time and effort by the researchers.” (Howitt & Cramer, 2008, p. 334 & p. 336). Thematic analysis focuses on what is said rather than how it was said, allowing key themes to emerge from the data. Braun and Clarke (2006) have provided perhaps the most systematic account of the process of thematic analysis to date. Consisting of six steps to analysis:

1. Familiarising yourself with your data
2. Generating initial codes
3. Searching for themes
4. Reviewing themes
5. Defining and naming themes
6. Producing the report

(Braun & Clarke, 2006)

The decision to use computer aided qualitative data analysis software (CAQDAS) to aid the thematic analysis process was based upon considerations of time and efficiency. CAQDAS is designed to make the process of coding and the analysis of data more intuitive by reducing the physical effort required to analyse textual data (Lee & Fielding, 1991). It enables data to be stored, coded, retrieved and interrogated with more efficiency than can be achieved using traditional methods or a word processor (Lewins & Silver, 2005; Tesch,
1990; Fielding & Lee, 1998). It is important to note that even with CAQDAS software the researcher is still responsible for the cognitive side of the data analysis (Tesch, 1991). Whilst the computer package helps the researcher sort data into meaningful chunks, the software plays no part in the actual analysis or interpretation of results (Weitzman & Miles, 1995). It has been suggested that such packages help enhance creativity through a reduction of the clerical and administrative burden (Tesch, 1991) and the ability to play with the data and explore new analytical perspectives (Tesch, 1990). CAQDAS has been criticised for reinforcing or even exaggerating the fragmentation of data (Weaver & Atkinson, 1995), but by revisiting the original recordings and full transcripts researchers can go a long way to avoiding these issues. Ultimately, users of CAQDAS remain responsible for analysing the data (MacMillan & Koenig, 2004). The reduction in the administrative burden associated with large amounts of interview data and the enhanced possibility of objectivity makes the use of such software highly beneficial in many circumstances.

NVivo 8 software was chosen primarily to aid the organisational aspects of managing such a large amount of qualitative data, and because this programme is thought to retain a greater level of power over the data analysis with the researcher, as opposed to other CAQDAS such as Atlas or NUD*IST (Bringer, Johnston & Brakenridge, 2004). The researcher attended a three day NVivo training course during the early stages of this research in order to ensure a high-level of competency with the software. Bringer et al. argue that perhaps the largest influence on the way CAQDAS is used is the way it is taught, highlighting that systematic analysis and rigour through the use of CAQDAS can only be achieved if the researcher is experienced in the principles of qualitative research.

Being experienced in conducting thematic analysis without the aid of CAQDAS, the researcher sought to apply the same process and principles to this research. The thematic analysis process broadly followed Braun and Clarke’s stages, although did not move through these stages in a straightforward linear process, often returning to previous processes and stages. This is outlined further below. A highly structured approach to the analysis was taken, beginning with an in-depth coding process involving working line-by-line through the entire body of data stored within NVivo. In this context the codes act as ‘shorthand devices to label, separate, compile and organize data’ (Charmaz, 1983, p.186). Braun and Clarke (2006) maintain that the coding process can be done with a data led approach or a theory led approach. While the coding was initially led by themes identified through the literature, noted by the researcher during interviews, when listening to recordings, in the transcription
process, and reading transcripts, subsequently a data led approach was applied to the transcripts. While some researchers taking a data led approach work within a grounded theory approach and so advocate tackling the data with no prior influences of preconceptions (cf. Glaser, 1992), others encourage the use of relevant knowledge (Hutchinson, Johnston, & Breckon, 2010; Strauss & Corbin, 1998). The latter approach was taken here, primarily as a literature review was essential in identifying an appropriate focus for conducting semi-structured interviews in a time-limited setting where the researcher would be unlikely to be able to return to conduct subsequent interviews. Indeed, Bringer, Johnston, and Brackenridge (2006) have demonstrated how NVivo can be used to facilitate this approach, and that the literature can also inform the on-going analysis.

The initial themes acted as a basis for coding, supplemented by new themes emerging during the in-depth coding process. This first in-depth coding process was, if anything, overly inclusive, identifying all possible codes appearing within the data. Every attempt to give the similar data the same codes was made, however with such a large amount of data this was not always possible and code names had to be aligned after the first round of coding.

Next, the list of codes was reviewed in order to search for themes. This involved a process of assessing whether there were any commonalities between codes. Themes therefore represent a coding of the initial coding (Howitt & Cramer, 2008). Once an initial broad list of themes was highlighted, these were reviewed. At this stage it was important to consider whether there was sufficient evidence in the data to support each of the themes that had emerged. Some themes emerged as key themes, with substantial incidences of the codes from numerous participants. Other groups of codes emerged as sub-themes, relevant to the over-arching themes. As key themes emerged it was essential to add a description to each of these. This process related closely to the data from which the themes had emerged, in order to define the distinctiveness of each theme and what it represented.

Throughout the coding process substantial notes of key themes were made in order to aid the thought process for structuring the write-up of the data. The complexity of dealing with this volume of data, and keeping track of the numerous threads, required a strict logical process of coding, note-taking, naming and revising of codes, and merging codes. These processes were worked through many times, not always sequentially. These notes began to form the basis of the write-up of the data chapters, with the write-up subsequently also informing the data analysis. Indeed, the process of analysis, far from being complete at the write-up stage, instead entered further phases of analysis and revision. In this way the
analysis and write-up were intertwined and the entire process developed organically from the data. Indeed, the write-up also formed a fundamental part of the data analysis.

Once the final themes and sub-themes had been identified from the data, and the write-up was underway, an intensive process began of printing the data from each theme and cross-checking the data within each of these to ensure all data relevant to each theme was included within this.

Of note is that the themes that emerged from the data were often unexpected. This is a significant point as it highlights that without a rigorous process of analysis - for example, by relying on memories of ‘key points’ from interviews that may be largely influenced by more charismatic interviewees – the information taken from the data may not represent the entire body of data, or the voice of all interviewees. It is also important to highlight that the rigorous thematic analysis of such a large body of data was a far more intensive process than it is possible to adequately capture in the description of the process provided above.

To summarise, the thematic analysis brought together data from each interview relevant to a particular theme, in order that through the write-up a clear picture of the experiences of the entire participant group could be given in a coherent way. In this way, the thematic analysis transformed the data from individual life stories, to a body of accessible information concerning a particular life experience. This enabled the data to be presented in four data chapters that present the experiences of this group of women. The data chapters present the overarching themes, with sub-themes presented within each chapter: experiences in childhood and growing up; adult life experiences; alcohol and drug use; mental health and emotional issues.

2.10.2 Offender Assessment System records

Once the write-up of the analysis of interviews was complete, this data was systematically cross-checked against the data collected from OASys records. Data from OASys records was manually entered into SPSS. Then a process of manually listing the interviewees who had spoken about each sub-theme was conducted, in order that this data could be cross-checked for consistency with the SPSS database. Producing this list enabled the researcher to highlight any discrepancies between the interview data and OASys records, as discussed in each data chapter. The SPSS database was also useful in collating the demographic data for the participant sample.
3 Chapter Three: Experiences in childhood and growing up

3.1 Introduction and overview

This chapter presents data from 43 women interviewed while incarcerated in English prisons. The chapter focuses on participants' descriptions of their life experiences during childhood and growing up. Participants were asked questions about: their general experiences in childhood and growing up; any perceived relationship between their experiences in childhood and growing up and their current imprisonment; whether they could describe a path they took that resulted in delinquent behaviour and offending; and specifically if they felt any previous experiences influenced their offending behaviour or the decision/need to go down this path. In an attempt to begin the interview questions in a relaxed and rapport enhancing manner, participants were initially asked to talk about where they had lived as a child, and whether they had siblings. Subsequently, the interview questions began to explore any difficulties they may have experienced in childhood. Almost all women appeared to speak freely and openly about their childhood. The findings are presented under the thematic headings identified from the data analysis, with reference made to data from OASys reports where relevant.

As highlighted in chapter one, the role of experiences during childhood in the development of women’s offending behaviour has been the subject of much debate. While poor educational achievement is an established predictor of offending behaviour (cf. Moffitt, 1993), evidence regarding the role of childhood victimisation and abuse is much more mixed. There is no doubt that high numbers of women in prison have histories of abuse and victimisation in their childhood (HMCIP, 1997; Harlow, 1999; Home Office, 2003), however the exact relationship between these histories and subsequent offending behaviour has been the subject of debate in the literature. A number of studies have found that a history of childhood abuse is predictive of adolescent offending (Hubbard & Pratt, 2002; Seigal & Williams, 2003), while other studies have failed to find any predictive validity (Rettinger & Andrews, 2010; Spohn, 2000). Fundamentally, little is known about the mechanisms by which these experiences affect the general life experiences of women and, as discussed in chapter one, there are limitations to much of the research on the relationship between childhood abuse and adult offending behaviour, not least the reliance on official reports and statistical data.
3.2 Prevalence

The prevalence of significant childhood experiences discussed by the women is presented below in Table three. Most of the women included in the table focused their reporting on only one of each experience, despite mentioning that, for example, sexual abuse often occurred in conjunction with other types of abuse. The only exception to this was ESP3 whose experiences are recorded in both the sexual abuse and physical abuse categories. This data adds to the existing picture of women in prison available from the wider research literature and official statistics, and enables comparison of the current sample against samples of women offenders in other research in the UK and internationally. It is clearly important to be able to present the prevalence of need for the women in this sample and to contextualise this against existing statistics and literature. Establishing prevalence of need for this sample and reviewing this against the wider literature also contextualises the qualitative findings outlined below, and suggests how far the life experiences of the women in this current sample may be representative of women in prison more generally.

All women in the sample were asked detailed questions about their experiences in childhood and growing up. 53.5% (23/43) of the sample reported significant negative experiences in childhood. It is of note that the prevalence of childhood issues reported varied between type of establishment: 69% (9/13) participants from the semi-open prison reported significant childhood issues; 50% (6/12) participants at the closed prison reported significant issues in childhood; and 44% (8/18) of participants at the open prison reported significant issues in childhood (although one women did not feel able to disclose the nature of her childhood experiences, she intimated that they were significantly negative).

Table 3

<table>
<thead>
<tr>
<th>Childhood Experience</th>
<th>Number of participants reporting experience</th>
<th>Type of establishment/no. of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parental abandonment</td>
<td>n = 2</td>
<td>Closed</td>
</tr>
<tr>
<td>Category</td>
<td>Percentage</td>
<td>Semi-open</td>
</tr>
<tr>
<td>---------------------------</td>
<td>--------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Ill or disabled parent/family</td>
<td>4.7% of participants</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>n = 5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11.6% of participants</td>
<td></td>
</tr>
<tr>
<td>Death of a parent</td>
<td>4.7% of participants</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>n = 2</td>
<td></td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>14.0% of participants</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>n = 6</td>
<td></td>
</tr>
<tr>
<td>Physical abuse</td>
<td>9.3% of participants</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>n = 4</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>11.6% of participants</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>n = 5</td>
<td></td>
</tr>
</tbody>
</table>

Please note that one participant who intimated significant victimisation in childhood did not feel able to discuss these issues and so is not included in this table.

The figures presented above for history of sexual abuse and history of physical abuse are lower than other studies. For instance, figures from a study conducted by HM Chief Inspector of Prisons in 1997 (HMCIP, 1997) suggested that around two-thirds of women in prison report having been a victim of sexual abuse, while approximately a third report having been a victim of physical abuse. The HMCIP data was taken from interviews with approximately 10 percent of women in prison in England at Wales and so may be more representative of women in prison than the sample here. Indeed, the majority of women in the research presented here were currently serving sentences in semi-open or open conditions, and consequently may not be fully representative of all women in prison. This is discussed further in chapter seven. It is also of note that while the HMCIP report stated prevalence of physical and sexual abuse, no investigation was done of the effects of this on the lives of women in prison, or on any potential relationship between this and women’s offending behaviour. Other studies have reported much higher figures for histories of sexual abuse. Leigey and Reed (2010), for example, found that 60% of their sample of female
offenders reported having been a victim of sexual abuse. However, it must be noted that
their sample consisted of women serving life-sentences in the US and so is not likely to be
representative of the broader female prison population in the US or elsewhere. Despite this,
the figures reported here is still low compared with most studies abroad and in the UK, but
nonetheless do represent a significantly higher incidence of experiences of childhood abuse
as compared with estimates in the general population (2%: HMCIP, 1997). Comparison
figures for other factors listed above are not available through official statistics or the
research literature.

3.3 Women's voice and experience

Presented below are the results of the qualitative analysis of the interview transcripts,
detailing the voice and experience of the women in this sample, and documenting how they
themselves view the links between their own childhood experiences and later events. The
results are presented under two headings: ‘Victimisation’ and ‘School and peer experiences’.

3.3.1 Victimisation

3.3.1.1 Family illness and disability

Five participants discussed how during childhood one or both parents suffered
significant periods of illness. The consequences of this ranged from having to take more
responsibility for oneself and siblings than might typically be expected of a child, to the child
becoming the parent’s carer and also taking on a parenting role in caring for the rest of the
immediate family. While for three of these five women these experiences provide context to
their subsequent life choices, as discussed below for two women a more direct link with their
offending behaviour can be seen.

One participant (DH3) grew up in a family where she describes her parent’s time,
attention and money being invested into a severely disabled brother while she took care of
herself and other siblings. On the death of her parents in her adulthood, she took on the care
of her disabled brother. While this participant spoke with no malice about the situation and
felt that her parents did the best they could, she felt the experience had a significant impact
upon her, particularly in terms of having to cope as a family with very little money.
not necessarily thinking about why you've ended up in prison and why you offended, but if you could go back over anything that’s maybe just influenced the way that your life has, the path that you’ve taken through life.

I wonder if it’s to do with not having anything as a child, and giving my children not the childhood I had. We didn’t have anything.’

(Interviewer & DH3)

‘...we had to take a back seat because we was in Wolverhampton, he was in Liverpool’

(DH3)

The financial hardship experienced by DH3 during childhood, rather than teaching her lessons about how to cope with little money, in fact appeared to have the opposite effect.

‘we never had a lot of money when we were younger and never had anything so I don’t know whether I thought my children aren’t going to do the same’

(DH3)

In addition, DH3 reported how since childhood she had been responsible for caring for family and that in adulthood she would not admit when she was not coping. This particularly relates to her lack of disclosure to husband and family of her debt and the money she was taking from her employer.

DH5 explained how her father was ill throughout most of her childhood and died when she was eleven. Similar to DH3, as a result of the illness the family struggled financially. Her father could not work and her mother suffered with depression, which she attributed to her father’s illness. DH5 felt she was ‘taking my mum’s place’ much of the time.

‘I grew up too quick; my mum always says that I grew up too quick... I kind of grew up on my own...Not on my own, but dealing with a lot of things on my own. That has affected how I am in adult life. Because I’m very...I can’t think what the word is. I don’t go to anybody for anything really.’

(DH5)

DH5 discussed this further, explaining that she was ‘too independent’ and would not ask for help or support. She related her current offence to this, where she had begun selling drugs again in order to cope financially rather than ask for support.
DH11 similarly reports how her father’s illness during her childhood affected the family financially, initially causing her mother to struggle to clothe and feed the family, and resulting in the loss of the family business. DH11 described feeling neglected by her parents due to her father’s illness, the associated financial concerns, and the attention on her older brother who was always in trouble with the police.

ESP9 reports how she had a very happy childhood until her parents became ill when she was in her mid-teens. At this point she became their carer. She also became pregnant around the same time so cared for the baby and her parents until her parents died when she was 18. Shortly after her parents’ death she conceived a second child.

DV2’s experiences of parental illness concerned the mental ill health of her mother. She reported how her mother suffered from significant mental health problems, related to her alcoholism and violent husband.

‘The worst part of my mum’s drinking problems was that she used to suffer from panic attacks, used to suffer from depression. I didn’t understand what was going on but it was quite scary.’

(DV2)

DV2 attributes her substance misuse issues at a young age and problems at school to the confusion and neglect associated with her mother’s illness.

‘I started taking speed and LSD when I was about 11, so I was probably a fully blown speed head by the time I was 12.

Did that have an impact on school…..?

My behaviour. Not going to school, getting stoned by not going to school, the teacher told me to take my bag off my shoulder and I …..so I immediately got expelled.’

(DV2 & interviewer)

3.3.1.2 Death of a parent

Two participants experienced the death of a parent during childhood and the subsequent impact of this. In contrast to those participants who dealt with ill parents who then died when the women were adults, the women here had significant issues as children coping with the death of a parent.

ESP6 explained how it had taken her 30 years to stop hating her father for committing suicide when she was twelve, until she was given counselling in prison and faced her issues with his death.
‘I’ve spent the last, nearly 30 years hating him and being angry with him and everything else, but it’s over now really.’

(ESP6)

She herself developed depression as a teenager and described her family’s concern that she might also commit suicide. ESP6 clearly had difficulties coping with the death of her father, as did DH10 whose mother died when she was nine after a short period of illness.

‘But what I find is, I mean we both went to see a child psychologist, and I just seem to have blocked it out, even though I can remember certain bits of her being ill.’

(DH10)

3.3.1.3 Maternal abandonment

Leading on from the above discussion of participants who experienced the death of a parent in childhood, two of the participants described how their mother left when they were young and ceased contact with them and the family. Rather than the experiences of parental divorce experienced by other participants, where they maintained contact with both parents, these participants had no further sustained contact with their mothers.

DH2’s mother left her with her father when she was very young, and went to live with another man. Her mother had children with her new husband but refused contact with her daughter.

‘I’ve been going to her and she doesn’t open the door at all. I’ll see her moving the curtain but he don’t open the door.’

(DH2)

DH2 explained how she saw the lack of a close female parent figure as explaining her history of violent behaviour.

‘I think if my Mum was around I wouldn’t have been so...like with my male cousins and, being brought up the way I was. But it was all males around me, like my Dad, and my Dad’s attitude is when someone hits you hit them back.’

(DH2)

ESPB6 was older when her mother left, taking her younger sister with her:

‘my mum and my sister, they just left one night. Didn’t know they were going. And plus I was just starting secondary school as well when they left.’

(ESPB6)
She talked about how confusing and upsetting she found this, and subsequently missed a year of school due to ‘all the stress that was going on with my mum leaving’ (ESPB6).

3.3.1.4 Sexual abuse

Six participants reported having experienced childhood sexual abuse. While for most this was also in the presence of physical and psychological abuse, it was the sexual abuse that they felt had been most significant for them and so focused discussion on this.

DH8 was sexually abused by her father in the presence of his girlfriend. With the support of DH8’s family he was prosecuted for the abuse and she was placed in Local Authority care. She described how she was ‘violent with my mum when I was a kid because of what happened in the past’ and reports the emotional impact the abuse continues to have on her.

‘I get depressed and need to get some tablets to calm my nerves down and they have it down that I’m a violent person.

Is that because you used to get into a lot of fights and things like that?

Yes and I just started before yesterday I just went to an officer and I started crying saying you don’t know what happened to me…’

(DH8 & Interviewer)

ESP3 was the victim of ‘a lot of abuse. Sexual abuse, physical, mental’. She believes her mother was aware of the abuse and had a difficult relationship with her, feeling that her mother ‘was more interested in her own life’. As a result of the abuse and lack of family support ESP3 experienced mental health problems from a young age, which she states prompted her substance abuse.

‘when I was young I used to see psychiatrists, social workers, all that but I never ever really dealt with any of my problems.

So it wasn’t…that help wasn’t there?

I can’t say that they wasn’t helpful, I just didn’t want them to help me.

Right okay. Do you think that was an age thing then, maybe just because of…?

Yeah I think it was, block it all out and I can deal with it myself sort of thing. do you know what I mean? But obviously it didn’t work, but I didn’t get to realise that till later on in life. Until I started taking drugs and that, smoking crack and that…

How old were you when you started taking drugs?
Similar to DH8, ESP3 also spent much of her childhood in care, moving between her mother, foster family, and children’s homes. As with DH8, she feels she never dealt with the abuse.

*Over, the physical side of it, mentally no, because I never dealt with it.*

(DSP3)

DH7 was also in Local Authority care as a child, but was sexually abused by her foster parents. She and her sister were abused from the age of four or five, and when this came to light when she was eleven they were moved to different children’s homes. DH7 began running away from the children’s homes at the age of 13. At eleven or twelve she had started taking drugs and subsequently began stealing to obtain money for drugs.

*‘The first time I got into any trouble I was at the children’s home. We used to have order books for clothes and we’d go to the shop and get which clothes we want and hand the book over. I got the order book and instead of going to one shop and buying one pair of jeans I went into about six different shops and got… That was the first time, although I was made to believe I was in trouble for telling what S had done but I wasn’t lying, as much as they tried to make out that I was lying. The first time I went to court I think I was 17 for fighting, I was always fighting.’*

(DH7)

As with DH8, DH7 also became violent in her teens and stated that this continued until her current prison sentence.

Continuing the pattern of reports from the women in this research, DV12 was also a victim of sexual abuse and had been in Local Authority care. She was abused by a worker in the children’s home.

*I actually got abused by the man that does nights, he had sex with me in his car and I’m taking ...Social Services to court... for the abuse and the psychological damage it's done.*

(DV12)

She did return to her family home at times during her childhood, but described how she was the victim of neglect. DV12 also began a similar pattern to other participants of running away and substance abuse.
‘I was taking ...... and was off my head. I was totally blocking out reality, I was blocking out being abused in care.’

(DV12)

As with DH7 she began to get into trouble for theft to fuel her drug habit. In her mid-teens she also developed an alcohol problem.

‘my whole life I’ve been treated like shit and scum and abused and I had people taking advantage of me and I kept drinking.’

(DV12)

DV7 presented a now familiar pattern of sexual abuse at the hands of her foster carer, and how she felt angry and turned to illegal drugs to deal with this. By the age of 13 she had developed significant substance misuse issues.

‘I started by smoking joints and moved on to a bit of gear here and there and just progressed. I was taking more or less anything that was going.

So it was a problem, it wasn’t social?

No, I don’t remember it being social.

So it was more of an everyday thing from quite early.

I can remember it being the norm, I used to take speed to stay awake.’

(DV7)

She also became increasingly violent in her adolescence.

‘I think it was fuelled by drugs but it was also fuelled by the fact that we were the kids in care, we were different from anyone else...Being in care had a lot to do with that, I’d always been picked on or bullied. I think it was inevitable that I got into trouble, I can’t see any way or anything that could have been different that could have stopped me from getting into trouble, apart from different foster parents.’

(DV7)

As with every other participant in this research who had been a victim of childhood sexual abuse, DV8 had also been in Local Authority care. When she was a baby her parents were deemed unfit and their children removed from their care. However she and her siblings were able to be placed with her paternal grandmother, whom she lived with her until leaving school. During her childhood she and her siblings continued to have contact with their parents. Between the ages of eight and twelve she was sexually abused by her alcoholic father and various uncles. She had never told any of her family about her abuse because:

‘I think about my family and the other people in it and the uproar it would cause.’

(DV8)
DV8 described still feeling anger about her abuse.

‘I notice if I drink and I drink really bad all the memories come back, and the last time I actually saw my father I broke his nose.’

(DV8)

3.3.1.5 Physical abuse

Four participants reported having been the victim of severe physical abuse as children. ESP3 described being a victim of ‘sexual abuse, physical, mental’ and this is discussed above.

DV11 was placed in Local Authority care as a baby and from age five to 13 was physically abused by her foster mother. She reports how this led her to suffer considerable emotional issues, being nervous of people older than herself. She went to boarding school, where she was bullied, but still reports feeling safer there than at home.

‘I started to drink as soon as I left my boarding school.’

(DV11)

ESPB10 was brought-up with alcoholic parents. Her father was violent towards her, her mother, and siblings. She describes that as a consequence of this, by the age of eleven she was living on the streets and substance abusing.

‘I left home at 11 I was on the streets at 11 so….I never went to school.

What happened from 11 onwards?

Drugs.’

(ESPB10)

ESP8 presents a similar story of growing up with alcoholic, violent parents. Her older siblings also developed issues with alcohol during her childhood and she describes how she ‘had a lot of problems in my upbringing.’ She experienced her parents’ violence towards herself and her siblings, and towards each other. At school, although apparently quite passive, she described how she got into a lot of fights.

3.3.1.6 Other

Five participants discussed other childhood experiences not covered in the sections above, that they experienced as particularly negative and of influence in their development into an adult.
ESPB7 described similar childhood experiences to some of the participants who had been the victims of abuse by parents or carers. However, she was a victim of significant physical and mental abuse by her older step-siblings. She described how this impacted upon her school life.

‘I go into school it would be I don’t like big people, big people are horrible...sometimes I would go in and I would have a good day and the next time it would be it depends on what happened at home really...right I would be ready to fight...and I lost of fights, yes my temper was so bad I made a pact with myself when I was younger that if anybody tried to hurt me I would hurt them back and I would give them three chances and on the first chance I would hit out, and I made that pact and that was what my life was like.’

(ESPB7)

ESPB8 explained how she was treated differently in her family. She left the family home to live with her grandparents aged eleven due to arguments with her parents, while her siblings remained at home.

‘I’m different than the rest of my family’.

(ESPB8)

DH1 reported a stressful childhood due to her parent’s volatile relationship, constant arguments, and the threat of family separation. While DH13 did not report any specific childhood trauma, she felt very strongly that her parent’s passivity through her childhood led her to being unable to be an assertive adult.

‘I actually apportion my situation to when I reflect back now on things, I think my family are quite passive. My parents are quite passive. They’re not confrontational and so I think that didn’t make me then equipped to deal with an abusive partner.’

(DH13)

DV9 was unusual in this research, as she was the only participant who made reference to the openly criminal lifestyle of her parents. Her parents were not abusive or aggressive towards each other or their children, but, through crime, gave DV9 anything she wanted.

‘the reason I am the way I am is because I’ve seen certain things. I’ve seen things my mum has done and I wish I hadn’t seen certain things because if I had children I wouldn’t be showing them nothing, because if you’ve seen your mum and dad doing certain things you’re going to think it’s okay.’

(DV9)

3.3.1.6.1 Comparing interview and OASys data: Experience of childhood
13 women were classified in their OASys records as having significant problems in their experience of childhood. Reviewing these records highlighted that the reports mention a range of experiences, from childhood sexual abuse, being placed in local authority care, to fighting at school. ‘Experience of childhood’ is one of seven factors that make up the ‘Relationships’ section of the OASys. The other six sections that make up ‘Relationships’ in OASys relate to current adult family and intimate relationships and consequently are discussed in chapter four. Of these 13 women, two were not discussed in the qualitative data presented above. One of these, ESPB4, had alluded to the fact that her childhood was particularly difficult but had not felt emotionally able to talk about this during interview. On reviewing her OASys record there was indeed brief mention of her experiences of local authority care and childhood sexual abuse. No qualitative data was available for DV5 as the recording was too poor to produce a transcript (see note in Chapter Two). Her OASys report states that she was placed in local authority care at age 13 but does not expand upon this.

While 13 women were highlighted through their OASys reports as having significant problems in childhood, it is important to discuss the differences between OASys data and the interview data. There are a total of twelve women who might, from their interview data discussed above, be seen as having significant problems in childhood, yet who are not recorded in OASys as such. For two of these women there was no data in OASys for the area of experience of childhood. Six women were recorded as having no problems in this area, and four as having some problems. Most strikingly, two of the women who spoke about difficult experiences similar to other women recorded as having ‘significant problems’ (sexual abuse and local authority care, DV12; violent alcoholic parents and the consequences of this, ESP8) were not highlighted in their OASys reports as having had significant problems in childhood. Indeed, DV12 was recorded as having ‘no problems’ in this area, while ESP8 was deemed to have ‘some problems’. Perhaps worryingly, the experiences of childhood sexual abuse highlighted in DV12’s interview were mentioned in her OASys report but not recorded to inform her need/risk score. ESP8’s OASys record says very little about her childhood problems, which during interview she talked about at length. In addition to these two occurrences – which might be seen as mistakes or due to limited discussion by the offender, or poor judgement on the part of the individual completing the OASys assessment – there were many more instances where women spoke about a range of issues. Indeed, of the four women who specifically stated that they felt their childhood issues were a direct cause of their subsequent offending, three were recorded in OASys as having ‘no problems’ in the
area of childhood experiences. The fourth woman was recorded as having ‘some problems’ in experience of childhood. Of course, this does not mean these experiences were a direct cause of their later offending, but what is important here is that the women see their own childhood histories and offending in this way, and yet they were not recorded as having need in this area. For the main part (eight women), it was women who had either been a carer or experienced the death or abandonment of a parent whose childhood problems were not seen as significant, despite some of these women clearly stating during their interviews that they had struggled throughout their lives to deal with these experiences. Another woman described a history of violence and exclusions from school. The final woman explained how her parents led an openly criminal life and that she was violent in school. She saw her parent’s lifestyle and teachings as directly relevant to her own offending and criminal attitudes.

3.3.1.7 Discussion of findings: Abuse, neglect, and experiences of care

Clearly not all women in prison have histories of abuse and trauma (Daly, 1992), and this is evidenced in the sample here where, during interviews, 20 women reported no significantly negative experiences during childhood. In terms of abuse history, fewer women in this sample reported childhood sexual abuse than in other studies (cf. Leighy & Reed, 2010). Additionally, not all females who experience abuse will go on to be offenders (Salisbury & Van Voorhis, 2009). However, the findings here add support to previous research that suggests that many more women in prison have histories of significant abuse, neglect, and trauma than those in the general population (HMCIP, 1997). Furthermore, as female children are more likely to be abused by someone close to them, the frequency and time period over which the abuse occurs are likely to be greater, and this has been clearly linked to emotional and mental health issues and substance use (Gelinas, 1982; Salisbury & Van Voorhis, 2009). While a full discussion of the mental health and substance use issues of these women can be found in chapter six, the data presented in this current chapter clearly points to the relationship between a history of abuse and these later issues. Indeed, it is widely acknowledged that a range of emotional, mental health and behavioural problems are prevalent among those with a history of childhood sexual abuse (Levitan, Rector, Sheldon, & Goering, 2003; Oates, O'Toole, Lynch, Stern, & Cooney, 1994; Weiss, Longhurst, & Mazure, 1999). However, just as not all individuals with a history of childhood sexual abuse go on to offend, nor do all individuals with this history go on to suffer from psychological problems. In this vein, Asberg (2009) highlights that more work is needed to understand the mechanisms,
moderators and mediators that affect the relationship between histories of abuse and later outcomes. Asberg’s own work sought to compare the experience of offenders and college students in an attempt to identify what these moderators and mediators might be. She concludes that severity of abuse, lack of social support, and substance abuse were predictors of offending behaviour in women with a history of abuse. However, the specific influence of child sexual abuse on women’s criminality remains far from clear in the research literature (McCartan & Gunnison, 2010). Here it is of note that women with a history of sexual abuse had spent time in local authority care, suggesting a potential lack of support. As discussed in chapter one, there has been debate surrounding abuse as a risk factor for future offending. While empirical support for abuse as a risk factor is emerging (Van Voorhis, Salisbury, Wright, & Bauman, 2008), other recent research has found no such predictive link over and above gender-neutral risk and need variables such as educational background and criminal history (Rettinger & Andrews, 2010). However, in McCartan and Gunnison’s (2010) study of 131 female inmates in a US prison, those with a history of childhood abuse had greater incidences of abusive adult relationships, more significant criminal histories, and poorer employment histories. They suggest that ‘women with a history of sexual abuse appear to be travelling down the path to criminality at a faster pace and a deeper level.’ (2009, p. 1462). These links will be explored through subsequent data chapters and the final discussion chapter.

The relatively small sample and qualitative nature of the data presented here means conclusions about the predictive nature of abuse history as a risk factor for offending behaviour cannot be drawn; nor is the data able to show how predictive abuse history would be of future offending given the lack of follow-up reconviction data. However, what this data does show is the very real negative impact that a history of abuse has had upon women who subsequently become incarcerated and the life course events that these experiences of abuse may have prompted.

Based on the data presented here, and data presented in recent quantitative work (Ministry of Justice, 2010b; Rettinger & Andrews, 2010), it is not possible to conclude that for all women in prison with a history of abuse, it is this history that is directly responsible their offending behaviour. However, what it is possible to say is that many women in prison have experienced abuse, neglect, and trauma as children and that, according to the findings presented here, they themselves attribute much of their current situation – prison – as due to these childhood experiences. This is in line with previous research, where delinquent girls
clearly identified their past experiences of abuse and trauma as a major causative factor in their subsequent offending behaviour (Belknap & Holsinger, 2006). This clearly demonstrates that these histories continue to have a significant effect on these women into adulthood.

Furthermore, the majority of the women in this sample appear not to have dealt with their past experiences and consequently find it difficult to deal with more recent issues with substance use and mental health – which for many in this sample stemmed from negative past experiences in the first place, thus creating a negative cycle (see chapters five and six for a full discussion). Numerous examples of this were presented throughout this current section. For example, 16 of the 18 women who had experienced parental abandonment, illness, or death, or physical or sexual abuse either directly discussed their failure to cope with this or how they used drugs and alcohol in an attempt to cope with psychological damage. When thinking about reducing risk of recidivism it is necessary to focus on known criminogenic need – needs such as substance use and mental health issues. However, if the underlying reasons behind these needs are not adequately addressed it is unlikely that the needs themselves will be reduced. For example, Salisbury and van Voorhis (2009) found that while a history of child abuse did not directly affect recidivism in their sample of 313 women probationers, it created a number of indirect pathways that led to offending behaviour, most strikingly through depression and substance abuse.

The indirect pathways discussed by Salisbury and van Voorhis refer to what Rettinger and Andrews (2010) highlight are ‘responsivity factors’ (p. 30). They suggest that these are factors that ‘may best be viewed not as major risk and criminogenic need factors but as minor risk factors, noncriminogenic needs’ (p.30). However, the qualitative data presented here evidences that women in prison with a history of abuse may be likely to have difficulty dealing with their own history even decades later. This suggests that while history of abuse may not have been found to be a ‘major risk’ for offending and reoffending (Rettinger & Andrews, 2010), it is a major factor in relation to emotional well-being. Rettinger and Andrews highlight that their own data may have failed to capture any relationship between history of abuse and offending as they were reliant on archived statistical data that ‘provided only a binary assessment of occurrence of abuse (yes or no)’ (p.30), thus limiting understanding of any potential relationship.

The data here also suggests that many women in prison may have suffered from a much broader range of victimisation and difficult experiences than solely the sexual and
physical abuse that are the focus of much of the literature. For example: parental death; parental/family member illness resulting in child becoming carer; parental neglect; parental desertion; trauma. Indeed, other recent research has found that in childhood female offenders are not only more likely than male offenders to have experienced abuse, but also to have suffered from a lack of emotional support and stability as noted above (Leigey & Reed, 2010). While some literature exists broadly on the social and psychological effects of neglect on children (Crouch & Milner, 1993; Dubowitz, Papas, Black, & Starr, 2002), children as carers (cf. Aldridge & Becker, 1993), and the effects on children of having a parent die during childhood (Worden & Silverman, 1996), there is a lack of literature on women offenders and their experiences in these areas.

In terms of links with offending behaviour, seven women explicitly stated that they felt their childhood problems were linked to their offending behaviour. While one woman spoke about her experience of sexual abuse in care, others cited a range of reasons that had a significant impact upon them: poverty; being in care and being bullied; lack of pro-social role model/presence of pro-criminal role models; early drug use; parental separation and resulting life changes. While it was clear from the descriptions by several of these women that there was not always malicious intent behind the trauma they experienced, or they did not perceive any malicious intent, it may be wise to broaden the definitions of childhood victimisation used in relation to female offenders to reflect the real experiences of women who offend.

As noted above, all of the women with histories of sexual abuse had also experienced being looked after in local authority care – either being placed in care after being abused, or the abuse beginning after being placed in care. Many of the risk factors associated with offending behaviour are associated with entering the care system (Bebbington & Miles, 1989; Quinton & Rutter, 1988; Cleaver, Walker & Meadows, 2004). Given the importance of life events in the development of offending and anti-social behaviour in children and young people (Farrington, 2002), entering care will clearly have a significant impact on children and young people who are already likely to be at risk. However, Darker, Ward, & Caulfield (2008), in their study of 250 young people in local authority care, found that the care episode itself was unlikely to be the sole cause of delinquency. It is likely that pre-existing risk factors, coupled with a care episode, can explain higher rates of offending by those in care. Indeed, the women here had already experienced
significant traumatic events prior to care, although experience of care may have worsened this.

In sum, little research has been able to provide any depth of insight into the abuse and trauma, and the effects of these experiences on women in prison. As discussed earlier, knowing that history of abuse, for example, is relatively common among women in prison, and even acknowledging the possibility that a history of abuse may be a criminogenic need, does not provide us with the knowledge to fully understand how this affects women and the mechanisms by which this part of their history has impacted upon their route into offending. Several studies have collected a wealth of information about the type and extent of women’s victimisation through self-report victimisation scales and surveys (Belknap, Fisher, & Cullen, 1999; Belknap & Holsinger, 2006; Salisbury & Van Voorhis, 2009). These studies have provided a greater level of detail than much of literature that simply states the prevalence of victimisation, but fail to provide any insight into how women actually think and feel about their experiences and how this has impacted on the rest of their lives. This section has provided this insight by showing that women view their early experiences as highly significant in their lives, related to poor coping skills, with some seeing a direct link between early experiences and their offending behaviour. However, not all women see this link, and most would not view these past experiences as an ‘excuse’ for their behaviour. What this chapter has highlighted is how relevant early traumatic experiences are in the lives of these women, yet little space is given to identifying issues in this area in official measures. This chapter also provided multiple measures of these women’s childhood experiences by collecting data from in-depth interviews and from individual OASys records.

3.3.2 School and peer experiences

Educational achievement and school issues are identified as a criminogenic need for men, and chapter one outlines the broad agreement within the research literature that this is also a criminogenic need for women. Through OASys, several aspects of offenders’ educational background are recorded: issues with reading, writing, and numeracy; educational or formal professional/vocational qualifications; attitude to education/training. However, what is not routinely monitored is the experiences of offenders at school in terms of their relationships with peers and teachers, and delinquency within school. Given that the educational factors measured by OASys have been identified as related to offending for females and males (cf. Moffitt, 1993), it is possible to understand why further information is not collected. Indeed, detailed questions about school experiences were not asked during
In total, 15 women spoke about educational and school related issues. Questions about schooling and education did not form part of the main questions designed for the interview schedule. While some women spoke about school when discussing their childhood with no prompting, in some interviews the interviewer used the word ‘school’ when asking about the various aspects of childhood experiences. In other interviews questions about school occurred as a natural response to participants comments. For example, where a participant had been placed in foster care, the interviewer asked if this had meant a change of school. Eight of these women spoke about regularly being involved in aggressive incidents at school. For instance, DV9 reported gaining a ‘reputation’ with staff and pupils alike for her aggression and violence. Despite describing herself as bright, she left school with no qualifications. ESPB2 left school with limited qualifications, but felt that if she had gone to a ‘better’ secondary school she may well have gone to University. However, at school she got into trouble on numerous occasions.

‘I always had a bit of a temper; [...] for sports and sore loser, so anytime if I was in trouble at school, it’d be more because, fighting over losing some games’

(ESPB2)

‘I have been…suspended for a few days, and that will be due to; it was always due to some form of sports.’

(ESPB2)

Similarly, ESPB9 was expelled from school at age 13.

‘What did you get in trouble for at school?’

Scraping. Constantly fighting with others. And lack of attendance.’

(ESPB9)

DH11 reported a similar school history, also being expelled for violent behaviour and a lack of attendance. DH2 had been temporarily suspended from school for fighting on numerous occasions, resulting in a court case after a fellow pupil’s neck was fractured during a fight. However, she explained that this case was dismissed as witnesses supported that DH2 was not to blame.
Of the eight women who reported being aggressive at school, two also explained how they had been the victim of significant bullying themselves. DV2 explained how she was bullied from a young age, and how this, in addition to her substance abuse discussed earlier, related to her later problems in school resulting in expulsion.

‘I was getting bullied at school and I hated school and from that - that was junior school. From you get bullied as a kid that's it, you're not interested’

(DV2)

She reported being aggressive at school, in addition to her drug-taking. For ESPB7 it was the bullying from her siblings that she stated had resulted in her aggressive behaviour at school, which led to her eventual expulsion. DH7’s experience of bullying stemmed from being in local authority care, and she felt that this in part led to her being aggressive and violent. DH7’s first court appearance at age 17 related to a fight she had been involved in.

Other women had been the victim of bullying, but did not report being aggressive or violent themselves. ESPB6 explained that she was bullied after her mother left home, and that this combined with the stress of the family breakdown resulted in her missing a year from school. While ESPB3 now felt that what she had experienced at school was bullying, she explained that she didn’t view herself as a victim of bullying at the time.

‘I didn't consider it bullying because I didn't feel it, but I think I was bullied. In what way?

K(town) at the time was a very white area. It's not so much now. I was the only like coloured girl in school.’

(ESPB3 & Interviewer)

She felt that this experience had resulted in her lacking assertiveness.

‘I think that's where my insecurities stemmed from.

So is that a problem now or has it been a problem?

I think my assertiveness has been a problem’

(ESPB3 & Interviewer)

Similarly, DV4 reported how she had been very unassertive at school. While not as a result of bullying, she felt that she would have liked to have ‘been more open and upfront about things’. DH13 also explained that, while she had once been involved in a fight at school, she felt her passivity at school and in later life was the biggest issue she wished to deal with.
Perhaps not surprisingly, a number of women in the sample explained how much they had disliked school, and had consequently left before age 16.

‘I didn’t like school from the day I started to the day I left. If people asked what my ambition was I’d say just to leave. I don’t think you can force people to learn, I think adult education is a wonderful thing; you can do it when you’re ready.

How old were you when you left school?

15.’

(DV6)

Similarly, ESPB8 left school aged 14 when she moved in with her boyfriend and found paid work, while DV8 reported consistently failing to attend school.

For a number of women in this research, their first sign of delinquent behaviour related directly to issues discussed in this chapter. For some this was school issues, as discussed above. For others, they began running away from home. DH7, mentioned above as she was bullied during childhood, began running away from her foster home at age 13. DV8 also reported beginning running away from home for weeks at a time from the age of 13. It is interesting to note that only two out of this sample of 43 women discussed running away, as previous literature on female offenders has suggested how this can often be the origin of delinquency for many women (Arnold, 1991; Chesney-Lind, 1989). However, research that has cited this as a factor related to girl’s and women’s offending has typically been US based and little recent research has discussed this issue. While DV8 would return home, DH7 was placed back in a children’s home and later got into trouble there for theft. However, she explained that she didn’t come to attention of the police until she was 17 and was arrested over her involvement in a fight. DH8 explained that, like DH7, she also first began to get into trouble during childhood for theft, after she committed a string of shoplifting offences from the age of 14 onwards. She reported receiving a police caution during her teens for theft, before committing burglaries for which she was eventually arrested and sentenced to prison during at age 21. She also reported becoming violent during her teens.

3.3.2.1 Discussion of findings: School and peer experiences

There is some research that points to alienating school experiences as being risk factors for offending for women in prison (Arnold, 1990; Gilfus, 1992) and those women who experienced bullying at school are likely to have felt alienated by this. Such peer experiences have been strongly correlated with the development of delinquency in boys (cf.
Farrington, 1997), and a number of studies suggest that negative peer influences may well also be a risk factor for the development of delinquent behaviour in girls (e.g. Laub & Lauritsen, 1993). Six of the women here reported significant behavioural issues at school leading to temporary or permanent exclusions from school and/or voluntarily leaving school early. However, a number of women in this study reported relatively good school experiences, explaining that they enjoyed school and felt they achieved a good level of education. Indeed, according to the women’s OASys records, none of the women in this sample were classed as having ‘significant problems’ in the area of education. Similar findings have been presented in recent research on incarcerated young offenders in the US where over half of the sample of female and male young people reported positive school experiences (Belknap & Holsinger, 2006).

However, what is perhaps most important to note here is how the data discussed above provides evidence of the overlap between being a victim and a victimiser, and between status as a bully, victim, and offender for these women. While previously this chapter considered abuse and neglect, and thus these women as victims, the data above demonstrates how some have histories of victimising others – even if this may stem from their own victimisation at school. This overlap between bully and victim status is not unusual finding in the prison population (Ireland, 1999, 2006). Indeed, that eight women openly discussed early violent behaviour is concerning, but for most this was not a long-standing behaviour. Indeed, only one of the eight women with a history of violence at a young age was currently serving a sentence for a violent offence. Furthermore, there appears to be no link in this sample between the presence of a history of sexual and/or violent abuse and violent behaviour during school-age years, although there is a link between these early experiences and later convictions for violent offences. This supports previous research by Makarios (2007) who found that abused children were more likely to be arrested for a violent offence later in life, particularly girls.

3.4 Summary

The findings presented in this section identify the significantly troubled childhoods of over half of the women in this research, but also highlight that a large number did not report having experienced significant negative events in childhood.
In terms of a relationship between women’s histories and later risk of reoffending, it is interesting to note the following: of the 40 women in this sample for whom OASys Risk of Reconviction scores were available, 20 were categorised as low risk, 16 medium risk, and four high risk. Of those deemed high risk, three had self-reported being a victim of sexual abuse in childhood. Furthermore, of the eight women who had experienced sexual and/or physical abuse in childhood and for whom risk score was available, all fell into the medium or high risk group. The fourth woman who was deemed high risk of reconviction (DV2) had reported numerous childhood issues, including coping with her mother’s severe mental health problems, being bullied at school, and drug addiction from age eleven. Clearly, this data is not sufficient to state a causal link between women’s history of abuse and later offending. However, given that OASys Risk of Reconviction score is made up of scores from various areas of need (as discussed in chapter two), this does demonstrate that these women are likely to have multiple needs. Here it is also relevant to highlight some striking differences between OASys records and research interviews, whereby interview data highlighted many more women with problematic backgrounds. Given the partial function of OASys records in identifying need, there are significant issues for appropriately addressing need, and therefore risk.

In line with previous research (cf. Sered & Norton-Hawk, 2008), the lives of many of the women who participated in this research have been characterised by abuse, violence, neglect, and disrupted living. However, as highlighted earlier, it is important to note that this has not been the case for all of the women in this research. The relationship between abuse and offending in female offenders suggests a need for early intervention for victims of abuse (Leigey & Reed, 2010). However, previous research has not been able to clearly identify the mechanisms by which abuse leads to offending behaviour for female offenders.

Leigey and Reed (2010), in their sample of US women, found a positive, although non-significant, relationship between a history of sexual abuse and incarceration for a life sentence. A number of theories have sought to explain the role of victimisation in the development of criminal behaviour. For example, social learning theory suggests offending is learnt through social interaction, thus some victims will become offenders. General strain theory would explain that negative experiences, such as abuse, incite negative feelings such as anger that may lead to crime (Broidy & Agnew, 1997). Leigey and Reed (2010) suggest the feminist pathway approach provides a solid framework for understanding the transition for women from victim to offender as it “specifically advances the need to identify childhood
traumas as precursors to delinquency (and adult offending)” (Belknap & Holsinger 2006, p.65). This highlights that women may be placed on pathways of traumatic and destructive lives from an early age. Indeed, these early problems are likely to be related to later maladaptive coping and poor decision making and thus potentially criminal behaviour (as noted earlier in this chapter, and also see discussion in later chapters of this research). As opposed to viewing criminal behaviour as the focal point around which to understand other experiences, criminal behaviour appears to form only one piece in a jigsaw, where it can be viewed as just one part of the broad picture of the traumatic and destructive lives of some of these women.

Violent offences are also over-represented in women in this sample with a history of sexual and/or violent abuse. Within the entire sample, eleven women were currently serving their sentence for a violent offence. Of these eleven, six had reported a history of sexual and/or violent abuse during childhood. Indeed, two-thirds of the women with a history of sexual and/or violent abuse were serving their sentence for a violent offence. These women presented particularly traumatic and destructive past histories, with some clearly failing to cope.

The evidence presented here points to a potential need for interventions that focus on the root of women’s emotional and mental health and substance abuse issues, but it is also vital to keep in mind that the reasons behind these issues are different for each individual. The women in this sample who had experienced abuse and neglect had typically not been able to come to terms with this. It could be argued that specific interventions to tackle women’s on-going issues with their past experiences would prompt improvements in mental wellbeing and potentially reduce issues with substance abuse. It is also vital to be aware that, despite much of the focus in the literature, vast numbers of women in prison do not have a history of abuse. They may still have issues with mental wellbeing and perhaps substance abuse, but the reasons behind this are likely to be very different. It is arguable that the prison system already caters for this group of women through a variety of courses in prison; including assertiveness and cognitive skills programmes, and through counselling. A discussion of women’s experiences of these can be found in chapter six.

To conclude, there is no doubt that many women in prison have very troubled childhoods. While this research cannot say that specific elements of these histories are criminogenic – and it does not aim to do so – it clearly identifies that many women in prison are still struggling to come to terms with events in their childhood and growing up, that they
themselves directly attribute to their subsequent problems with mental wellbeing, substance misuse, and other issues. This research suggests that for many women in prison these experiences are specific responsivity factors that, while perhaps not criminogenic, require specific input in order to tackle the reasons underlying identified criminogenic needs. This chapter also highlights that many women in prison do not have histories of particularly troubled childhoods. Finally, Palmer et al. (2010) acknowledge that their own recent large-scale study of UK probationers does not allow us to understand the reasons behind the criminogenic needs of women. The data presented in this chapter adds to this and other recent large-scale quantitative analyses of women’s needs (cf. Rettinger & Andrews, 2010) by providing detail of the aetiology of these needs.
4 Chapter Four: Adult life experiences

4.1 Introduction and overview

This chapter presents data from 43 women interviewed while incarcerated in English prisons. The chapter focuses on participants’ descriptions of their life experiences and circumstances during their adult lives. Participants were asked questions that explored: their offending history; their life circumstances during adulthood; whether any childhood experiences and behaviours continued during adult life; how any offending in adolescence continued into adult life; what may have led to offending as an adult; and issues around parenthood, including the impact of prison. The findings are presented under the thematic headings identified from the data analysis, with reference made to data from OASys reports where relevant.

Chapter one highlighted that many women in prison report experiences of abuse, often by an intimate partner (Home Office, 1998; Ministry of Justice, 2010b). However, chapter one also highlighted that while the prevalence of experiences of intimate partner violence of women in prison is well documented, broader issues related to women’s adult victimisation remain relatively unreported.

Additionally, there is some suggestion in the literature that intimate partners may have an effect on female offending behaviour, specifically where the partner is ‘deviant’ (Woodward, Fergusson, & Horwood, 2002). In discussing relationships, women were asked about any involvement of a partner with their offending behaviour, where discussions in the interview suggested this might be a possibility. Data relating to this is presented in section 4.2.2. of this chapter and also highlighted in the discussion. As discussed in chapter one, while it seems unlikely that criminal companions more broadly are a criminogenic need for women, it is possible that negative intimate partner relationships may be significantly relevant to women’s offending behaviour.

Chapter one also highlighted the importance that should be afforded the impact of parenthood on women in prison. Given this, and the suggestion that this may be an area of criminogenic need for women, an analysis and understanding of the effects of prison on the experience of women as mothers is important. Much research has either focused on the impact on the children, or the importance of family ties in reducing risk of reoffending.
primarily in groups of male offenders (Light & Campbell, 2006; Mills, 2003; Mills & Codd, 2008; Social Exclusion Task Force, 2009).

4.2 Women’s voice and experience

Presented below are the results of the thematic analysis, detailing the voice and experience of the women in this sample, and documenting how they themselves view the significant experiences in their own adulthood, and the relationships between these experiences and their offending behaviour. The findings are presented under three main headings: Past experiences in adulthood, Relationships, and Parenthood.

4.2.1 Past experiences in adulthood

4.2.1.1 Family problems

While some of the women in this sample reported strong family backgrounds and supportive family relationships, eight women spoke of significant family problems they had experienced throughout adulthood. DH11 spoke of how her relationship with her brother and twin sister broke down during adulthood when their lives took different paths.

‘I’m, kind of, the black sheep, really. My twin sister, yes, I don’t trust her very much, never have done, but she, she joined the police force and she’s in the CID. So, again, I’m, kind of, the black sheep.’

(DH11)

DH11 explained how she was not the only of her siblings to have a troublesome background. She reported how her twin sister was disruptive at school, and her brother was involved in criminal activity as a young man. However, DH11 was the only one who had continued these negative behaviours, while her siblings had ‘calmed down a lot’. She did not provide a clear explanation of these differences, but later in the interview discussed how she had met a ‘crazy’ boyfriend at age 14, with whom she missed school. Furthermore, as discussed later in chapter five, DH11 also became involved with drug use during her teens.

A further three of these eight women explained that their lifestyle and offending behaviour caused the breakdown of relationships with their siblings during adulthood. ESP6 explained how:
‘when I was on drugs I did horrible things to my mum, took money off her all the
time, never paid it back and…You know, just lived in this bubble and hurt her a
lot and didn’t realise. But, of course my sister did and then it just turned M(sister)
against me really.’

(ESP6)

DV10 talked about her brother’s decision to have no further contact with her after she
was sentenced to imprisonment. Similarly, ESPB7 explained how her relationship with her
brother and sister broke down after she began offending.

‘When I got arrested…they were in care for what was it eight months and then
my sister took ‘em and she started telling them that I was nasty, I wasn’t a nice
person and all that and really confusing my kids’

(ESPB7)

For DH8 the relationship with her sister and mother was severely affected by her drug
taking and subsequent imprisonment. In complete contrast to the above, DH3 spent much of
her adult life caring for her disabled brother after the death of her parents. She explained
how her sister had moved away and thus she became her brother’s carer. DH3 reported
feeling great pressure from this role alongside her other family commitments.

‘Does your husband feel the same sorts of pressure?
No not really because he’s not, he’s very supportive don’t get me wrong, but he’s
got his hobbies like fishing and golf where he can get away. I’m not in all the time
but I feel like I couldn’t go out on Sunday because his mum and me brother
expect a dinner.’

(Interviewer & DH3)

DH9 reported that her first prison sentence was related to her relationship with her
adult son.

‘My son got into an awful lot of trouble gambling and I began bailing him out.’

(DH9)

4.2.1.2 Traumatic experiences

21 women discussed events during their adult lives that they felt had a significant
impact on their general well-being. Throughout this section, where information is available,
these experiences are discussed with specific reference to women’s offending behaviour.
However, these experiences are discussed more broadly in seeking to explore the context of
the lives of the women in this sample. Three women described how they had been the
victims of sexual assault by a non-partner and the effects of this experience. Other women in
the sample had been the victim of sexual assault perpetrated by a partner and this is
discussed later in this chapter under the section: Relationships. ESPB3 explained how, at the age of 16, she was raped by a friend of one of her college classmates. She further explained that she did not report the rape for fear that it would bring shame on her family, and so only confided in a friend. During her trial for the current offence she was diagnosed by a psychiatrist as suffering from Post-Traumatic Stress Disorder (PTSD) as a result of the rape. DV11 was also raped by a non-partner. She reported how she was raped by a man she met in a pub:

‘I ended up in a pub and I started talking to ……., we had a couple of drinks and he wanted a couple of drinks in a nearby park. It was alright for about 10 minutes and then he said he knew how I wanted it and then he did the business and then politely walked me back to the station and then I got on a train, managed to tell a passenger and I got off at Croydon Police Station. They couldn’t find any evidence so it didn’t get taken to court.’

(DV11)

DV11 explained how her current offence was related to this assault, in that she told a friend about the event and this prompted the attack on the man who had assaulted her.

‘We spent the whole day drinking and then he brought the subject up again, asking where R lived and I showed him where he lived for him to have a word and I didn’t know exactly what he was going to do. M kicked the door down and held him on the floor and started kicking the crap out of him, kicking him hard.’

(DV11)

Another woman, DH11, had experienced sexual assault on more than one occasion and discussed this in the context of other violence she experienced whilst working as a prostitute.

‘Yeah, but I think also when you’ve put up with that day in and day out it’s not a big thing….and physical pain doesn’t even bother me no more. I’ve been beaten up by four blokes and, like, six foot-odd and knuckle dusters. So, it doesn’t, you know, physical pain doesn’t even bother me anymore. It’s the mental stuff does my head in.’

(DH11)

DV8 had also been involved in prostitution. In contrast to DH11 she was not involved in street prostitution, but prostitution through working as an escort. She spoke about the experience in a rational way, explaining that she had not had negative experiences during her time doing this work and had never been a victim of assault through this work.

‘I did have sex but it was my choice, it wasn’t money for drugs or anything like that, it was money so I could be stable.’

(DV8)
Eight women spoke about issues around pregnancy, including miscarriage and terminating pregnancies, and all of these women clearly still felt upset talking about these experiences. ESP6 and ESPB4 explained that they were unable to have children. ESPB4 explained that a partner left her for a woman who could have children, while ESP6 expressed how difficult she found it when her ex-partner had a child.

‘They had a baby and it ripped me to pieces because I couldn’t. I tried for years with him.’

(ESP6)

Conversely, DH1 reported a series of abortions throughout her adult life, but explained that she did not feel she had dealt with the first abortion, becoming visibly upset when discussing this experience from her young adult life. DH5 became pregnant at 15 and chose to terminate the pregnancy. Four women spoke about losing pregnancies. ESP5 was one of these women. She spoke about a stillbirth when she was 18 and her job working as a nanny.

‘I had a stillbirth and then after that I just wanted to change. Whether I didn’t want to look after kids….And that’s when I started just doing retail stuff.’

(ESP5)

For DH2, a miscarriage led to a bout of serious depression and suicide attempt.

‘I got home, and I didn’t wanna do it, but I didn’t know anything else, any different.’

(DH2)

DH8 also had a miscarriage, and subsequently found herself unable to conceive. ESP8 spoke about a range of issues throughout her adult life that influenced her addiction to alcoholism, including becoming pregnant with twins but losing the twins through an ectopic pregnancy.

Six women spoke about child-related events that had affected them during their adult lives. ESP9 described the challenges of looking after four very young children with disabilities and it being ‘far in excess of a full time job dealing with that’ (ESP9). Similarly, DH3 reported how, through much of her adult life after her mother’s death, she had been a carer for her own children and her disabled brother.

‘When my Mum died I don’t think I could cope with that fully.’

(DH3)

In particular DH3 spoke about the pressure she felt to look after both her own family and her husband’s and receiving little support or time for herself. Similarly, DH9 - whilst not a
carer - did report how after her mother’s death she became the main source of support for her younger brother, in addition to looking after her own young children.

Three women explained how their children had been taken from them, and how difficult they found it to cope with being separated from them. DV10 explained how her violent husband took her children:

‘He absconded with my two children out of South Africa 13 years ago whilst I was still in South Africa.’

(DV10)

DH7 explained that one of her children had lived with his father since he was a baby and she was not allowed contact with him.

‘I was a homeless kid, 19, on the street with a drug habit and the Solicitor said you’re not going to stand a chance in court, so I didn’t drag it through the courts, I didn’t think it was fair on M (child) to drag it through the courts. Over the years I’ve had a couple of attempts at contacting M to let him know where I am. I got a letter back off S’s (child’s father) Solicitor saying that S didn’t think it was a good time in M’s life.’

(DH7)

For DV12, her child was taken by Social Services as a result of her aggression issues, and she spoke about this experience as a direct precursor to her drug addiction.

‘Social Services came to my home a week later and took my little boy to a foster carer that night, the biggest fucking mistake they every made - they were taking a child to care from a person who had been in care who knew what being torn from ones family was about, and I knew it wasn’t just for one day....It was my fault because from that day forward I was on drugs, until I was 24 I was taking speed to cope with the pain of being a mother without a child.’

(DV12)

As mentioned above, DH7 had been homeless in her early adult life. ESPB10, DH11, and DH12 also reported periods of homelessness. Notably, all of these women had drug and alcohol issues, but while the others were using drugs before becoming homeless and report how drug addiction contributed to their ending up homeless, ESPB10 explained that the drug and alcohol use were a consequence of her homelessness. However, this relationship is not entirely straightforward as she had a significant history of drug use (see chapter five).

‘Yeah and then I went to prison in me 30’s, come out and I started using alcohol and valium cos I was homeless. Yeah I come out, I come out of prison…slung me out of prison and I was homeless.’

(ESPB10)
While many women had separated from and divorced partners, DV6 suffered the loss of her husband in her early thirties, after ten years of marriage. This prompted her to want to leave her old life behind.

‘My husband and I had been planning to go to Cornwall and get work down there so I thought I’d go anyway.’

(DV6)

4.2.1.3 Discussion of findings: Past experiences in adulthood

It is interesting to note that while much of the research literature has considered the impact of family and intimate relationships upon the lives and offending behaviour of women in prison, there has been a lack of discussion around the impact of their offending – and related – behaviour upon family relationships. It was clear that for at least five of the women here poor relationships with family members were precipitated by what was perceived by their family to be unacceptable behaviour. In addition, while five women spoke about this with reference to adult family relationships, as noted later in this chapter, two of these (plus another three women discussed later) also reported how their behaviour and lifestyle impacted negatively on their relationships with their children.

The data presented above also highlights the severe traumatic experiences reported by some women in this sample. That almost half of the sample here reported a history of traumatic experiences during their adult lives, separate from the intimate relationship issues discussed in the section below, provides insight into the difficult lives of many of these women. These issues have typically been neglected in the research literature. Many of the traumatic experiences of these women can be viewed as relevant to their being female – that is not to say that men are not also the victims of, for example, rape and sexual assault, but for the most part the experiences reported by the women are ones that are viewed as more likely to be experienced by women. For example, women spoke about: the impact of infertility, miscarriage, and terminating pregnancies; the impact of having children taken from them; the impact of sexual victimisation; the huge toll on a minority of women of childcare and family-care. Specifically many women described the emotional pain these experiences had caused them, and a significant proportion spoke about the direct links between these events and their mental health issues. While only one woman reported having been formally diagnosed with PTSD, these results add some support to previous research findings that women who are the victims of sexual abuse in adulthood are significantly more likely to suffer mental health problems than controls, and as likely to suffer PTSD as female victims.
of childhood sexual abuse (Thompson et al., 2003). Also of note are the causal links
between substance misuse and homelessness for four women in this sample.

As highlighted in chapter one, experiences of trauma are a striking feature of the
lives of many women in prison. This adds support to the idea presented in chapter three that
criminal behaviour is perhaps best viewed in the context of the traumatic and destructive
lives of the women with these histories, rather than criminal behaviour being viewed as the
axis around which we aim to understand their lives. Indeed, traumatic experiences such as
sexual abuse, including rape, are commonly experienced by women (Leigey & Reed, 2010).
Furthermore, studies report that between one third (McClellan et al. 1997) and one half
(Zlotnick, 1997) of women in prison in the United States report being the victim of sexual
victimisation in adulthood (either in or out of an intimate partner relationship). Given the data
discussed in this section and in chapter three, it seems that the women in this sample are no
exception to this. In addition, many women spoke of traumatic experiences in intimate
relationships, as outlined in the relationships section below.

The only OASys section that might relate to the data discussed above is Section 6.1:
current relationships with close family members. Given the understanding of the importance
of family ties in reducing re-offending (Light & Campbell, 2006; Mills, 2003; Mills & Codd,
2008; Social Exclusion Task Force, 2009), it is no surprise that this section is included in the
OASys. Three women were identified as having ‘significant problems’ in this area. For DV2
and DV12 this related to their children being adopted, as discussed later in this chapter.
From her interview data and notes in her OASys it is difficult to work out why DV8 is
recorded as having significant problems in this area, except that ‘numerous members of her
family have criminal records’ (OASys report notes), although this does not seem entirely
relevant to section 6.1. Of note is that none of the issues discussed above are formally
recorded as part of women’s need/risk and no questions specifically related to other adult
experiences or parenthood, other than those around intimate relationships, partner/family
criminal records, and domestic violence. Despite this, it is clear that these experiences form
a fundamental part of who these women are and the lives that they lead. While it is not
possible, or indeed appropriate given the data in this research, to suggest these experiences
are a direct cause of offending for these women, these experiences are fundamental to the
context of their lives.
4.2.2 Relationships

Many of the women in this sample spoke about their intimate relationships with partners and/or husbands, and for the majority the relationship experiences they described had been very negative. For example, seven women blamed partners for financial problems they had experienced and 18 women reported how they had been in controlling and violent relationships, with some of these women expressing how through much of their adult lives they had moved from one violent relationship to another.

ESPB4 was in prison for fraud and explained how this was related to a new relationship she had become involved with.

‘No. It sounds stupid, but he was just [...]. And I was living with somebody, they weren’t showing me any affection, and this person was. And I got involved with him; he wanted some money to…for his company.’

(ESPB4)

She also explained how in the past she had been involved in long-term relationships, all of which had been problematic. During her first long-term relationship she discovered her fiancée had been having an affair, and during a later relationship:

‘And then I was married to somebody else, and that lasted for seven years. And then because I couldn’t have children he went off with somebody else who could have children.’

(ESPB4)

ESPB3 said she had not realised at the time, but her long-term boyfriend appears to have been involved in the blackmail she claimed to have been the victim of relating to her financial related offence.

While DH9 highlighted at many points throughout the interview that she had generally been happy with her husband and that he had been supportive to her throughout her sentence, she explained that the family had got into debt:

‘It was just that I’d got into an awful lot of debt.

How did you get into debt?

My husband was made disabled in 1994 and it sort of just got out of control.’

(DH9)

DH9’s way of attempting to deal with this situation was to take money from her employer. However, her inability to manage family finances had been demonstrated prior to this sentence when she was arrested for her first incidence of theft from an employer some
years earlier. DH10 also explained how her financial issues were related to her partner, albeit in a very different way to DH9. She explained how she felt she was in prison because of her boyfriend and his debt.

‘And then while he was in prison he got into debt, and I had a phone call saying he was in debt, and these people, not friends of his but somebody he knew in there, who had people on the outside, give them the keys to the car, and the logbook, and that will be the debt sorted. He gave them my address, a stupid thing to do, but anyway, they came round. I gave them the logbook and the keys to the car, and the long and the short of it is they threatened me and threatened my daughter, smashed the car up, wrecked the house, and just said that if I knew what was good for me I’d take this package into the prison, to get the debt sorted. They frightened me to death, and I lived in fear.’

(DH10)

DH5 described how she went from being debt free to owing 17,000 pounds during her most significant adult relationship. Her partner suffered from mental health and drug problems and had very poor financial management skills.

‘And like I said you can think they’re at work, and then when payday comes, they haven’t been to work all month. They’ve been doing something else.’

(DH5)

DH5 explained that she remained in the relationship for a very long time as she felt he needed the support she offered. However, eventually she found it ‘crippling’ and separated from him. Similarly, ESP5 reported how she was financially very secure before a nine year relationship with a drug user.

‘I did buy a house but and from the moment I bought the house he sat in that house, took drugs and….so I never wanted to go in.’

(ESP5)

On trying to leave the relationship she explained how he damaged her financial situation.

‘I tried to get rid of him for about four but he made it very, very difficult. Extremely difficult, I had to leave my own property and give everything up because he was you know a right pain in the backside. He wouldn’t get out and then he made the claim that, he had never paid for anything it was all in my name, he made the claim that he actually paid for half of the house. And tried to take off...my money all off me. But in the end he wrote up loads of debts and so I left the place for about two years because he was just an absolute nightmare. So I wasn’t with him all of that time. I say that for about six years it was okay for. Yeah it took me proper nine years to get rid of him.’

(ESP5)
However, aside from this experience, ESP5 talked about her current long-term partner, whom she had a child with, in a very positive way. Conversely, the relationship experiences described by DH1 were less than positive. She got married very young and explained how she hadn’t wanted to get married but felt pressured by him. This marriage broke down relatively quickly and DH1 then entered a relationship with a controlling and violent man.

‘He was very dominating, but he made me laugh. He made me feel like, like I’d got a bit of energy. But he also made me feel like shit.’

(DH1)

She explained how this relationship was related to her first offence for stealing money from an employer.

‘He got paid money; I got paid direct into the bank. So all the money that got paid into the house in my account went on the bills, and his money was supposedly for food but he kept most of it and drank it. Gave me very little so I started spending on my credit cards. Starting taking money, well not taking money, started ordering...I had access to a company credit card so I started ordering food shopping on the credit card and having it delivered home. Because I’d no money to pay for food. Every time there was nothing in the fridge I used to get battered for it.’

(DH1)

She eventually left this relationship and met a man who she was living with at the time of the current offence. While she generally spoke positively about him as he had continued to support her during her prison sentence for theft from an employer, it was clear her family felt he was controlling.

‘I mean he’s fantastic. Mum sees him from a completely different side to how I see him.

How does your Mum see him?

Mum sees him as manipulative, selfish.’

(DH1)

She explained how her Mum believed her partner should take some responsibility for her current offence.

‘In what way does she think he should take responsibility?

Because he should have known that he was only giving me 50 quid a week and that there’s absolutely not a cat in hell’s chance that I could have bought food at the time for 4 of us, and put petrol in the car, and buy clothes and shoes.’

(Interviewer & DH1)
Similarly, ESP10 spoke about an early relationship with a controlling man whom she met at 17. Likewise, DV4 explained how the father of her child tried to be controlling but she ‘could manage that’, with the relationship eventually breaking down as she no longer wanted sexual contact with him. However, unlike many of the women in this sample, ESP10 and DV4’s controlling relationships were not violent. DH13 is one of the 15 women who reported experiencing violence in a relationship. She spoke about being very upset at an early relationship breakdown and from then on ‘trying to seek some sort of approval, some sort of validation’ in relationships. As discussed above, DH13’s first involvement with the police was for shoplifting, which she reports she did because her controlling partner told her to.

‘At the time, I was quite prepared to do anything that he told me.’

(DH13)

She explained how this pattern was repeated in subsequent relationships, and how during her last relationship she experienced years of control and various forms of domestic abuse.

‘Yes, yes, and I remember running into the bathroom and locking myself in the bathroom, and him shouting through the bathroom. I couldn’t get anywhere else, because it was at the end of the house, and then the violence started then, and I was very passive. I would go into the foetal position and…’

(DH13)

During this relationship, and as a consequence of the physical, sexual, mental, and emotional abuse she explained being subjected to, she developed depression.

‘We went to see a counsellor, I think, him and me, we went, because he was saying, you need to see a counsellor. Let’s go and see a counsellor, but then I think he wanted to get, he was thinking of it as a way of getting more information out on me.

So, you might open up more?

Yeah, so that then there were more things that he would know, so then sent me to a hypnotherapist, but the hypnotherapist, he wanted to ask specific questions, and he didn’t want that, and the hypnotherapist said no, so that went nowhere.

So, he didn’t?

No, I did see, when I was diagnosed by, at some point I was sent from the doctor, and I can’t remember now if it was, at what point, whether it was when I was assigned medication, or when it was before, when I had had the suicide attempt, but at some point I went to see a counsellor, that I think I maybe made one appointment or something and then there was always some reason why I
couldn’t get there. He couldn’t get me there, and he was…anything that really
gave me contact with other people where he wasn’t involved and he wasn’t in
control, he would stop that.’

(DH13 & Interviewer)

DH13 reported how she felt unable to leave the relationship, and still sought his
approval despite the abuse. The relationship broke down when she was arrested and placed
on remand.

DV10 explained that for a long time she had stayed in an abusive relationship with her
husband because she worried she would not be able to care for her children if she left. She
described suffering severe abuse.

‘Because he was violent, mentally, physically, sexually, every way you could
imagine. You couldn’t imagine it if you hadn’t been through it.’

(DV10)

Eventually she explained how she left the marriage but had no home so left the
children with her husband. He then left the country they were living in at the time taking the
children with him.

DH2 also explained how she had been in an abusive and destructive relationship. She
explained how she entered a long-term relationship in her late teens, and how during the
early stages of the relationship her partner had an affair with her cousin. She stayed in the
relationship, suffering a miscarriage and depression, before the relationship became violent.
DH2 described how the fighting began as ‘play fighting’ but escalated and resulted in a
routine of physical violence over three years. DH2 described how she felt she could not end
the relationship.

‘I couldn’t end it because…I tried ending it but he come to my house, blacked out
window sat there for days, so he said come to the door so I said I won’t open the
door cos my Nan’s not here or my Dad’s not come from work, but I’ll come to the
window I’m not coming out. This one that he had a back to my window. I’m not
coming out (...) I’m gonna smash the window, smash you face. He says I’ve
gotta come out through the window. Cos my window’s quite big and I could’ve
opened it and climbed out so I had too. He’d threatened and stupid things. So at
the time I thought just forget it, I’m gonna go, I don’t want a scene outside my
house, I don’t want my dad to find out, my dad’s gonna find out I’m going out with
a Muslim. That’s gonna be the worst thing.’

(DH2)

However, in the end she wasn’t able to continue to hide the relationship and abuse
from her family, and this prompted the end of the relationship.
‘I don’t think my dad knew I was going out with him but he never asked me, he never questioned in the end. But when I came back that day I was bad, bleeding and marked, ripped clothes, my Dad couldn’t hold back. And then the police took my Dad to the police station and said we’ll keep you here for the night to calm you down.’

(DH2)

A number of the women discussed below reported patterns of violent relationships with different men. However, DH2 explained that after the violent relationship discussed above she had entered another relationship and, while the relationship she described did not perhaps sound like an ideally balanced partnership, there had been no apparent signs that he would be controlling or violent.

‘I tell him what to do, he does it.’

(DH2)

ESPB9 had explained how her first long-term relationship was violent, but subsequently she had met a man who she believed to be fair and respectful and good with her children, and she planned to marry him on release from prison. However, her early violent relationship with the father of her children had lasted several years. She eventually left him, but explained that she saw her part in the violence.

‘But then it was just fighting and drugs and more fighting.

So you, was it on both sides?

No, I was never aggressive towards him, I never laid a hand on him.

But he was towards you.

Yes. The only time I laid hands on him was the last day he ever hit me, [...] that was my way of saying piss off, I’ve had enough of you. And that was the day I walked out and left him. Is he, [...] he’d sit there and he’d be an arse hole, it was in the house, and because I’ve got severe attitude or did have severe attitude up until I got banged up, I used to bite on it. And of course I antagonised the shit out of him and then we’d end up arguing and then the fists would fly. So this is what I’m saying about that Freedom course. They can’t just blame one person because it isn’t one person.’

(ESPB9)

ESP6 also explained how her first serious boyfriend had been violent towards her. Although she reported subsequent relationship problems with other men, such as one having affairs and another whom she felt she ‘probably destroyed him mentally’, only this first relationship had been violent. ESP6, in explaining why she stayed with this man for so long, mentioned that he was like her Dad. As discussed in chapter three, ESP6’s father
committed suicide when she was a child and she felt that her subsequent mental health issues were a direct consequence of this.

‘Why, just, why did you stay with him for so long?

Because I didn’t, because I thought I could change him. Because there were some parts of him that were great really. Yeah and he was a good mate and he was like my dad. You know, he’d never let anybody else hurt me and nobody knew that he hurt me.’

(ESP6)

ESPB5 explained she had been involved in two serious relationships prior to meeting the man who became her husband. She reported that her family ‘realised he was no good’ but she married him anyway, and shortly after the wedding ‘he changed and became very violent and controlling’. ESP6 described how it was not just the violent abuse that affected her.

‘I was a very confident person before I met my husband and very slowly, he eroded that for me, bit by bit by bit, almost imperceptibly, without me realising what was going on, and that’s why I ended up in a position where I didn’t even have a door key, you know. I had no friends.’

(ESP6)

‘It was sexual abuse, it was mental abuse, it was physical abuse. It was horrendous. And out of all of those, the worst was the mental because, you know, as I said to my counsellor, bruises fade, fractures heal, semen washes away, but the mental stuff, I don’t think it ever leaves you; I think it scars you. And even though I’ve had some pretty intense counselling, I still need to work some more on myself and I recognise that and I do. But I’m okay, you know. I’ve come through it.’

(ESP6)

ESP6 explained how she told a social worker who had been to the house about the abuse.

‘I told her what was going on and within 24 hours I had support services at my door, literally within 24 hours. And some 18 months after that, with some serious work and help and financial support and practical support and emotional support, I managed to find a place and find the courage to leave, and that was the bravest thing I’ve ever done because my husband had made me believe that had I left him, he would find me and kill me and then kill the children.’

(ESP6)

ESPB6 also explained how her husband was violent towards her. She began a relationship with him at age 16 and separated from him when she came to prison aged 19. Similar to other women in this sample, ESPB6 described how the abuse – physical and
mental - began after she had married him, and how she had lost her confidence and trust in people. On entering prison she attempted to get a divorce.

‘I tried to get a divorce, but then I found out that our marriage isn’t even legal anyway. It’s good, but then everything’s all been one big lie.’

(ESPB6)

While ESPB8 did not marry her long-term partner, she explained how he became violent ‘a few years in the relationship’. Unlike many of the women in this sample, ESPB8 left the relationship quickly after the violence began.

‘He started like beating me up, so I just left. I wasn’t gonna stick around getting beat up, so I just left. I moved away.’

(ESPB8)

DV7 was one of eight women who reported several violent relationships during their lives.

‘Every relationship that I’ve been in they’ve either been violent or was an alcoholic or drug addict and that turned into violent obviously.’

(DV7)

She described a life of violent relationships, beginning at age 16 and continuing throughout subsequent relationships. She explained how she had made numerous attempts at suicide related to her relationships.

‘15 and I ended up marrying him. I was 15 when I started seeing him and 16 when he first hit me. I had 37 broken bones by the time I finally left him.’

(DV7)

Similarly, DH11’s first experience of a violent relationship was with her first boyfriend. She described multiple relationship problems with subsequent partners, including being left when pregnant, significant drug use, and infidelity. However, she described that the main relationship issues had been control and violence.

‘I started seeing this guy who I’d known for a while but, like, we ended up in the same hostel. And I think I must just have one of those faces because it ended up he broke my jaw, my teeth, broke my nose, my ribs and everything.’

(DH11)

‘he controlled everything I did. And he kept me away from everybody I was close to. But I didn’t really see it that way when I was on the gear because you’re really clouded by everything that’s going on.’

(DH11)
DH7 reported a similar history of drug fuelled violent relationships and explained that all of her adult relationships had ‘been violent and abusive’. She described how she saw a pattern between her childhood abuse and abuse in adult relationships.

‘What I find myself doing is picking people that look like them, the abusive type people.

So there’s a bit of a pattern now?

Very much so. (DH7)

Like many of the women here, she suffered severe abuse in relationships.

‘D was violent, S would hit me, S would whip me with a whip but with D it was scary, he took it to another level. D would quite happily drive the car at me, he would quite happily set fire to the house – these were things I didn’t know about him before. With S it was when he was drunk but with D it was more sinister.’ (DH7)

Worrying, this pattern appeared to continue even during her prison sentence when she began a relationship with a friend of a friend and saw him on her day releases from prison.

‘He put his arms around me and held me so that I couldn’t get away and said you’ve had 18 months off me – and I thought here we go again – I panicked (it was in the car park out here) came in, ended up lapsing, ended up using smack, I was upstairs terrified – I thought why, what is it about me that I keep picking these sort of people. I went and told staff what I had done, told them what had happened, was given a choice of what I wanted to do and I put all the stops to the contact. Got security to stop it, told social services…..because he’d got a gun in the house. One of the things he was saying was anybody that tried to split us up he would kill so I don’t want he to come and see me.’ (DH7)

ESP8 also explained how she had a pattern of becoming involved with violent, controlling men. Like other women in this sample, she highlighted a potential link between her poor relationship choices and childhood experiences.

‘You could put 100 men in a room, put one really domineering bastard…I’d go for him.

Do you know why… you’d end up with these sort of men?

I don’t know…people…I spoke to my counsellor, she said that it is like a father figure right, which I hated my dad. I hate my dad now for what he put me through, for where I am. Blame him for a lot of it.

Right. What do you blame him for specifically?
Making me weak around men because he was so controlling yeah...for the way he treated my mother. I tend to let blokeys treat me the same.’

(ESP8)

As outlined with DH7 above, ESP8 had also become involved with a man during her prison sentence, and on meeting him on home leaves noticed him becoming controlling. Despite this, and whilst claiming that prison had helped her see how poor her relationships choices had been in the past, she was reluctant to end the relationship.

ESPB10 presents a slightly different history, in that during her violent relationships – of which she reported several – she explained how the violence had been on both sides. Her current offence related to a violent relationship

‘He hit me and I stabbed him.’

(ESPB10)

However, at the time of interview she found the events surrounding the offence too difficult to talk about in detail.

DV8 also explained how her current offence related to a violent relationship. She had been in a series of drug fuelled violent relationships, beginning at age 16 when her first boyfriend began being violent around a month into the relationship. She explained that attempting to cope with this led her to self-harm.

‘It got to me that much I kept...on him, I kept cutting myself up...

Because of that?

Yes. I didn’t feel as though I was worthy of anything, and I cut my hair off.’

(DV8)

She recalled how the relationship she was in immediately prior to coming to prison was good until they began using crack-coke. As this point she reported that he became violent towards her, until she decided to leave him.

‘And did you retaliate?

No but when I left him I did because when he got hold of me he tried to kill me and he held a bit of wire around my neck and the only thing I could do was grab out for what I could reach for and this is the accusation, that I committed a crime. I hit him with an iron in the head and that really did knock me, seeing all the blood and the state he was in and me covered in blood.’

(DV8)
DH8, although not in prison for a violent offence, reported how previously she and a partner had both been arrested for assault on one another. She detailed how boyfriends had been ‘cruel’ to her in the past, but that she also fought with them.

DV12 and DV2 both described histories of violent relationships, but also explained their struggles to cope with being in relationships with ‘good’ men. Both had a history of being with men who ‘kept beating the shit’ (DV12) out of them in their drug-fuelled relationships.

‘I don’t think I could get my head around that, I didn’t understand that because I’d never had that. How do you understand somebody who totally loves you to bits - totally adored me but I didn’t think I could be loved.’

(DV12)

‘He was Mr Perfect but I think where I’m damaged he’s been at arm’s length and I wouldn’t let him get close.’

(DV2)

Four further women in this sample highlighted that they had histories of negative relationship experiences. Although not violent, they described a variety of experiences, from DH12 who blamed her return to drug use on finding out her husband was having an affair, to DH3 who felt that her husband was unsupportive while she felt over-burdened with family commitments. ESP6 described how her husband left her because ‘he obviously got bored and looked elsewhere... I’d got fat, I’d had six pregnancies’, while ESP3 explained that her drug importation offence was committed with her previous partner who, despite being described as ‘more of the leader of the pack’ (ESP3), did not receive a custodial sentence.

4.2.2.1 Comparing interview and OASys data: Relationships

A number of factors from Section 6 of OASys (Relationships) are relevant to this section: Current relationship with partner; previous experience of close relationships; evidence of domestic violence/partner abuse (victim or perpetrator). Two women were recorded as having ‘significant problems’ in their current relationship with partner. One of these was DV5 whose interview recording was not of sufficient quality to be transcribed (see Chapter Two). However, it is difficult to ascertain from the notes in her OASys record what these significant problems refer to as the notes state that her husband committed suicide when she was sent to prison, and make no reference to another partner. While DV12 explained a long history of problems in relationships and is recorded as having significant problems with her current relationship, there was nothing to suggest she had current
problems in her interview. On cross-checking this with her OASys record, the notes state 'she is not currently in a relationship' and so it is difficult to understand why this area was recorded as problematic. Other women in this sample who did appear to have potentially problematic current relationships were not highlighted as such in their OASys records. Of the three women in this sample whom it seemed during interview may have current relationship problems, two were not highlighted in OASys (DH1 & ESP8), while DH7 was noted as having 'some problems'. As OASys records are typically updated only periodically they may not always reflect the most up-to-date information on areas of dynamic risk. However, DH1’s relationship was long-standing.

20 women were recorded as having 'significant problems' in previous experience of close relationships (Section 6.6 of OASys). Of these 20, one was not discussed in the findings presented above as no transcript was available (see chapter two for an explanation). However, it is reported in her OASys records that this woman (DV5) 'has had many abusive relationships in the past'. A further ten were recorded as having 'some problems', and OASys data was missing for DH11 who, as discussed previously, outlined a long history of violent and destructive relationships. However, four women who highlighted at interview past problems with relationships were recorded as having 'no problems' in this area of OASys. For two women, these problems related to a perceived lack of support and so perhaps would not warrant inclusion on the OASys as it stands. ESP10 reported previously being in a controlling relationship, while DH2 spoke at length about an abusive and destructive relationship yet was not classed as having problems in this area. Conversely, two women were recorded in OASys as having 'some problems' with previous experience of close relationships, but this was not highlighted in the qualitative interview data discussed above. Of these two, ESP1 does not appear to have had relationships problems, although her current partner had a criminal record. However, ESPB7’s OASys report states that 'she has experienced domestic violence as both victim and perpetrator'. While ESPB7 spoke at length during interview about childhood problems with family, she did not speak about adult relationship problems, and on re-reviewing the interview transcript it seems this question was not actually directly asked of her during interview. This is an unfortunate oversight. It appears there were other omissions in the questions asked to ESPB7 – in particular see chapter six of this thesis. While the responsibility must lie with the interviewer for omitting certain questions, the post-interview notes state that this was 'a difficult interview. Interviewee focused on experiences of death and 'ghosts'.

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Linking to problems in relationships, 23 women were recorded in OASys as having been the victim of domestic/partner violence and nine women as having been the perpetrator of domestic/partner abuse. DV5 was one of these, but as discussed earlier her interview data could not be included in the analysis. As highlighted above, ESPB7’s status as a victim and perpetrator was not discussed during her interview. ESP3 was highlighted as having been a victim and perpetrator of domestic/partner abuse, although this was not raised at interview. On reviewing the notes in her OASys record it seems this relates to a one-off incident where a partner hit her and she hit back. Interestingly, while she did not appear willing to speak at length during interview, DV1 stated that neither of the men she had long-term relationships with had ever been physically abusive towards her. However, her OASys records her as both a victim and perpetrator of domestic/partner abuse and states: ‘her partner was physically and verbally abusive. However, she states she gave as good as she got’.

DV6 was also recorded as being a victim of domestic/partner abuse, but this had not arisen during interview as she was preoccupied with discussing her most recent relationship and the relevance of this to her offence (she had been convicted of conspiracy to commit the murder of this man). Her previous relationship, where according to her OASys report her partner often fell into alcohol induced ‘rages’, was barely discussed at interview. Although ESPB4 had spoken about some relationship issues (see earlier in this chapter), as discussed in chapter three, she felt emotionally unable to talk about her childhood issues and was also unable to discuss many of her difficult adult experiences. According to the notes in her OASys report she had been physically and sexually abused by a previous partner, although no further details of this were available. What is perhaps odd is that despite not being recorded as having problems with past close relationships, DH2 was recorded in OASys as having been a victim of domestic/partner violence. This is supported by her interview data.

Two women clearly described experiences of domestic/partner violence but this was not recorded in OASys. As discussed earlier in this chapter, no OASys record existed for DH11 at the time of interview. For DH1, while she explained having been in a relationship with a violent and controlling man early in her adult life, she entered another potentially controlling relationship. This was not documented in OASys.

In total ten women were recorded as the perpetrator of domestic/partner violence. Six of these are discussed earlier in this section, and four are not. For these four, two appear to
have been recorded as perpetrators of domestic/partner violence based on their current offence. DV4 was recorded in OASys as a perpetrator of domestic/partner violence ‘as is evidenced by the current offence’ (OASys report for DV4). However, there is no evidence to suggest any previous domestic/partner violence apart from the current offence for ‘wounding and other acts if endangering life’ where she stabbed her ex-husband in an argument over custody of their child. The same applies to DV12 who was sentenced for ‘wounding or inflicting grievous bodily harm’ on her ex-partner. It seems that the record of being a perpetrator of domestic/partner violence does not broadly apply in either of these cases. DV7 was recorded as being a perpetrator of domestic/partner violence in her past, despite her own assertions outlined in OASys notes and interview that the violence was from her partner’s side. However, she was recorded as a perpetrator as the judge had stated that while the relationship was ‘difficult and violent’ it was not always from her partner’s side.

While DH5 spoke at length about the problems in her previous relationships, she did not suggest that she was violent towards her husband, although this was recorded in her OASys.

4.2.2.2 Discussion of findings: Relationships

Palmer et al. (2010) add support to previous literature that women have high levels of need in the area of relationships, but highlight that what is unknown is how far these needs relate to current or past relationships. Palmer et al. explain that this ‘is an important question in terms of intervening in this area in order to reduce reoffending’ (p. 92, 2010). 18 women in this research discussed their histories of violent and controlling relationships, representing 47 percent of the sample. This figure is broadly in line with previous studies (around 50%, Corston, 2007; 53%, McClellan et al. 1997; almost 70%, Fletcher, Rolison, & Moon 1993). Of note is that national OASys data collected at the same time as this data suggests an almost identical figure (46% of over 26,000 women offenders in prison and the community, NOMS, 2008). The relationship between interview data and OASys reports was discussed above.

That intimate partner relationships were a significant theme from this data, despite not being a primary focus for this research, supports the assertion in chapter one that relationships are likely to be a criminogenic need for women. The relationships described by the women in this sample were characterised by abuse and control, often from a relatively young age. For several women these abusive and controlling relationships had formed a pattern throughout their lives, where they had moved from one negative relationship to another. Furthermore, for many women the abuse was on-going as opposed to isolated
incidents, which supports previous research on female offenders (Owen & Bloom, 1995). The abuse experienced by the women in this sample was not just about physical and sexual violence, but for many women involved psychological abuse and control, resulting in a loss of self-esteem and confidence. The experiences here are not unusual of victims of domestic violence and the numerous forms that domestic violence takes are well documented in the literature (cf. Buzawa & Buzawa, 2003). Indeed, two of the women in this sample had continued this pattern even while in prison, beginning relationships that showed signs of aggression and control when they were able to spend time with these men on home leave. This highlights a need for women’s poor relationship choices to be addressed within prison, helping them to understand, recognise, and challenge their negative relationships patterns. To some extent this has begun to answer the question posed by Palmer et al. (2010), and the data suggests these patterns are likely to continue for at least some of these women. For a minority of women their partner was a co-defendant (see below) and some clearly suggested a direct influence of relationships on their offending behaviour. Even where women suggested they were aware of issues in their relationships, a number spoke about their relationships in a way that suggested current problems that may relate to their offending behaviour, and that certainly relate to their patterns of poor decision making. Indeed, this is not just a factor of violent and controlling relationships; even in non-violent relationships a lack of being supported has clearly had an impact on some women in this sample.

It is also of note that the violent relationships described within this chapter were not always one-sided. Some women explained their part in the violence, although this was a minority and typically concerned those whose relationships were characterised by drug and alcohol abuse. This data provides further evidence of the overlap between being a victim and a victimiser for some of these women, leading on from discussion of this in chapter three. While much of this current chapter has considered these women as victims, some of the data demonstrates how a number of women have been actively involved in two-sided violence – even if this may be influenced by their own victimisation and/or other negative experiences such as drug and alcohol use. This overlap between bully and victim status is not unusual finding in the prison population, and often thought to occur due to a lack of appropriate problem solving skills (Ireland, 1999, 2006). However, OASys reports suggested a higher number of women had in fact perpetrated violence against a partner than was disclosed during interview. While anything up to 20 percent of this sample may have been the perpetrators of domestic violence, for the majority this was not sustained violence, and
for almost all formed part of relationships that were violent on both sides. This does not excuse the behaviour, but is in line with previous research that suggests women are far more likely than men to be victims of domestic violence (Daly, 1994).

As discussed in chapter one, there is no debate that financial problems are a criminogenic need for female offenders, and it is well established in the US and UK that women typically carry many financial burdens prior to imprisonment. As this is firmly established, these issues were not directly addressed within the interviews. However, six women in this research explained that their financial concerns and intimate relationships were highly interconnected, blaming their partners for their financial problems. For three of these women the financial problems experienced during relationships were directly related to their offending. While some women spoke about the links between their relationship and offending in a broad sense - for example that debt built up by a partner prompted their offending – several women spoke about the relationships between them and a partner as co-defendant. Three women identified a criminal partner as directly involved with their current offence, while others spoke in broader terms, where the partner’s drug use related to the current offence. These findings add to the suggestion that intimate partners may have an effect on female offending behaviour (Woodward et al., 2002). All of these women spoke about their being coerced, misled, or forced into committing crime by the partner, and this is in line with previous research on the relationship between female offenders and their co-defendants (Jones, 2008; Mullins & Wright, 2003; Welle & Falkin, 2000). However, this does not mean this is accurate or representative, and these women formed a minority of this sample, with the majority acting alone in their current offence.

It is also important to note that there were positive stories told by some women who had significant histories of violent relationships who had then gone on to have non-violent relationships. While these were not the norm in this sample, it is vital to recognise the potential for positive intimate relationships in maintaining the well-being of offenders and the potential contribution to reducing recidivism. Romantic relationships are typically influential to the well-being of women (Beer, Morgan, Garland, & Spanierman, 2007), and in recent years the Government has focused on the importance of maintaining family ties while offenders are in prison (Mills & Codd, 2008) given research evidence that having family ties can reduce the risk of reoffending by 39% (Ministry of Justice, 2009d). However, for women offenders in particular, the focus has been primarily upon support in maintaining relationships with, and managing care for, their children – even if there are on-going issues
with this (see the next section of this chapter). While there is also some recognition that many women may need support in breaking away from abusive relationships, there has been no sustained Government discussion focused on helping women develop positive adult relationships (Ministry of Justice, 2009d). Given that research in the US has shown strong links between offending behaviour and relationships with men for many female offenders (Leverentz, 2006), and that negative and/or stressful relationships can be harmful to mental health (Beer et al., 2007), this seems an area that has perhaps been accepted as the norm without engaging in a much needed discussion of how to provide support for women. While this research does not suggest that these relationship factors are a direct cause of offending behaviour for the majority of women in this sample, as discussed earlier in this section, these factors are fundamental to the context of women’s lives and tied up in their poor decision making and poor coping skills. Additionally, it is important to remember that while high numbers of women in this research reported traumatic and negative adult life experiences, many did not.

4.2.3 Parenthood

4.2.3.1 Childcare

While the life histories and experiences of women were of primary concern for this research, it was not practical, or indeed desirable, to discuss parenthood solely in terms of past experiences. For a parent in prison – particularly a primary carer – being away from a child is clearly extremely significant and so warrants discussion in the context of past, current, and future experiences. Indeed, it is difficult to imagine a parent in prison who, when asked about their relationships with their children prior to prison, would not want to discuss the effects of prison on this relationship. Furthermore, given the suggestion that parenting may be relevant to the realm of family/marital as a criminogenic need for women (see chapter one for a discussion of this), an analysis of the effects of prison on the experience of women as mothers is important. Primarily, the importance of this stems from the acknowledgement that maintaining family ties is significant in reducing reoffending (Light & Campbell, 2006; Mills, 2003) and therefore understanding how far ties with children are able to be maintained by mothers in prison is vital.

Of the 18 women in this sample who had children under 16, 14 women were the primary carer for their children directly before entering prison. One woman was the primary
carer for one child, while her other child was in local authority care. Of the remaining three cases, the children’s father was the primary carer.

Of the three women whose children were already living with their father before imprisonment, two (DH11 & DV10) reported how their coming to prison had no effect on childcare, although DH11 described the detrimental effect of her imprisonment on her son’s behaviour. The third of these three women, ESPB9, explained that since she had come to prison her children had moved from living with their father to living with their maternal grandmother. Despite not being the children’s primary carer, prior to her imprisonment she had taken some role in childcare and the removal of this support for the children’s father appeared to have prompted the move for the children to live with their maternal grandmother. ESPB9 also explained that her children did not visit her in prison and she saw them on home leave every eight weeks.

Of the 14 women who were primary carer for their children prior to imprisonment, two reported that their children had gone to live with their father. DH12 explained that as her children already had close contact with their father’s the upheaval for them had been limited. However, for ESP9 the experience had been much more difficult as the wife of the father of her children had tried to prevent her children visiting the prison and seeing her on primary care home leave.

‘I am entitled to home leave, child resettlement. Yeah, and I got here (open prison) very early from my sentence, on the grounds that they refused to bring them to prison. So they knew how much my kids meant to me and I hadn’t seen them for 20 months. So they said, “Right, come here and you can have your home leave.” Well when I went for my home leave his wife phoned up the police in W. Well she phoned up the police in her area…, said, “I don’t want Miss T coming up this area.” Well being a serving prisoner, I not allowed to go up there. So for the last so many years I’ve had to fight through the courts, and I’ve just got access to them now.’

(ESP9)

On entering prison, childcare for a further two women had been split between the children’s fathers and grandparents. ESP5 reported how she was concerned that her partner, the father of her child, might not be able to cope with full-time childcare and consequently she sent her pre-school daughter to live with her maternal grandmother. However, the child regularly visited her father and later decided she wanted to stay at the family home. ESP5 was satisfied that her daughter was happy and that the upheaval for her had been as minimal as could be hoped. This was facilitated by regular phone calls and visits by her partner and child during the early part of ESP5’s sentence and by primary care
home leave every eight weeks for four days later in her sentence, which was due to increase to five days every four weeks.

DH1’s children stayed at home under the primary care of her husband, but with regular visits, childcare, and support from both sets of grandparents. However, DH1 explained that she had been refused primary carer home leave. Although upset about this, she had rationalised the situation to herself.

‘When they knocked me back the first time for that reason and I sat back and thought about it, really I’d done 12 weeks at that point in time, you’re really being, not selfish, but as fantastic as it would’ve been for everybody to have had those 4 days it would’ve made everybody go back to the beginning for such a short space of time. So for them to know that when I go home they’re gonna have me home for good, then to me that’s miles more important than thinking well Mum’s gotta go away again, then she’s gotta come back.’

(DH1)

The children of five of the 14 women who had previously been primary carer were now being cared for by their maternal grandmothers: DV3, ESPB2, DH10, ESP4, and DV4’s children had all moved in with their maternal grandmothers/grandparents on their mother’s imprisonment. In DV4’s case the children’s father had unsuccessfully tried to get custody of them.

‘My ex did not get custody because apart from the criminal trial they also had a family trial. The family trial decided that he could not have custody but he could still have regular responsibility which I’m happy with.’

(DV4)

While her children had moved house they were able to remain in the same school and had lots of other family support. However, for ESPB2’s daughter living with her grandparents had meant a move to a different part of the country, but as the child was too young to attend school ESPB2 felt the upheaval was as minimal as possible. Conversely, ESP4’s son had moved schools.

‘Yeah, well he’s changed school, because obviously for my mum and dad to pick him up is more closer.’

(ESP4)

The children of ESPB7 were initially placed in local authority care when she was arrested, but subsequently moved in with their maternal aunt. However ESPB7 did not think this was an ideal situation.

‘When I got arrested...yes I think it was about because they were in care for what was it eight months and then my sister took em and she started telling
them that I was nasty, I wasn’t a nice person and all that and really confusing my kids…

How old were the kids?

When I left them one was eleven and one was six…so they were six and eleven…and now the eldest one is 15 and the youngest one is eleven now so what happened she was just being really nasty and she would like say horrible things and every time they came to see me they were kind of withdrawn because they weren’t allowed to show me any emotions, stuff like that.’

(ESPB7)

Similarly, DH7’s children were being supported through a mix of family support and local authority care. One child had moved over 200 miles to live with his maternal aunt and the other had been placed in foster care. She reported receiving regular visits from her daughter who was brought to the prison by social services, but not from her son who she explained felt angry at her for her drug-related offence.

Like DV4 discussed above, the father of DV2’s children had tried and failed to get custody on her imprisonment.

‘He’s been in prison on two murder charges. I came to prison in 2004 he tried for custody over my eldest boy so I filed for an adoption to stop him getting access. At the time I thought it was the best thing for them. The youngest is adopted and the eldest is in foster care and hopefully by the time I get out he’ll be 16 and hopefully coming to live with me.’

(DV2)

ESPB5’s children were also placed in local authority care on her imprisonment, but she had worked closely with social services to put in place a care plan. As discussed earlier in this chapter, ESPB5 had removed herself and her children from her violent husband and she was not in contact with her own family so family care was not an option. Three of her four children were placed together in foster care and she described how ‘they are so well-cared for and well-supported’. One child was placed separately, and ESPB5 felt happy with the situation and was looking forward to her primary carer home leave.

‘Three are together and one, the middle boy, who was the one, he’s a very sensitive boy and he was the one that my husband focussed his anger on, he was the boy that used to get beaten up. So he’s now on his own….so they’ve got this little seven year old who is spoilt rotten which is a brilliant thing for him because he, he needs an awful lot of one-to-one.’

(ESPB5)

DV7 also explained how her teenage daughter had been placed in local authority care.
‘I has just got her own little flat at a YMCA in M (town). She was in foster care and the placement broke down – I had a few problems with drinking. The foster placement broke down so we got her a place at the YMCA and it’s been absolutely fantastic for her.’

(DV7)

DV12’s eldest child had been adopted years before her prison sentence and then in the months leading up to her current offence her youngest child had been identified by social services as being at risk. On her imprisonment he was formally taken into local authority care and she felt concerned that he would be adopted.

4.2.3.2 Effects of prison on the parent-child relationship

While several of the women discussed above reported that they were satisfied in the knowledge that their children were being well-looked after and in the best situation under the circumstances, five women did speak in detail about the effects of their imprisonment on their relationships with their children. As discussed above, DH7’s son was reluctant to have contact with her as she reported he felt angry about her drug-related offence. This was not the only instance a child’s anger was discussed: ESP9 explained how her children felt angry towards her and that she felt her ex-husband’s wife had made this worse.

‘Well at first my kids didn’t really want anything to do with me. Which is understandable I suppose. They were angry, they were hurt and you know I’ve been taken away from the, so they had every reason to be angry, they were a victim. As far as I could see, they were victims. And yeah I think it had a lot of…I think it them hard. At first. And plus they couldn’t really hear my side of anything because she stopped them from seeing me.’

(ESP9)

DH10 explained how she and her young daughter ‘were best friends’ and how that had broken down despite speaking by phone every day, although it did help knowing she was ‘well cared for’. Similarly, ESP4 spoke about how her young son was always with her and that being separated had a big impact on their relationship. However, while discussing the impact of prison on her relationship with her children, DH11 acknowledged that while her children were ‘gutted’ when she went to prison her relationship with them was already very damaged.

‘Not just being in prison, though, it’s things that happened before, I think. When I was on heroin, and stuff, I didn’t even, and I hate to say it, I didn’t have time for them, you know.’

(DH11)
4.2.3.3 Telling the children

For many of the women with children in this sample it was clear that their children knew they were in prison as they had visited them. However, five women spoke about trying to keep their children from finding out. DH1 explained that she had not told her young children and instead they were told she was working away. Similarly, ESP5’s very young daughter did not know her mother was in prison.

‘She comes here all of the time, she doesn’t even know that I’m in prison because she’s too young know that. Yeah she just thinks that I’m at work. So she doesn’t even, because I used to work away doing residential social work anyway. So she’s okay.’

(ESP5)

This was also the case for ESPB2. Given that she was now in an open prison she found it easy to let her daughter think this was her work place.

‘She thinks I’m at work, so when, and because she’s only three, and she, it’s not like she will know if, there’s no, there’s not really signs up saying, prison, and only the entrance one when you first come in, and when you first drive in, but that’s not something that she would notice, and so I’m fine.’

(ESPB2)

DH11 had told her young daughter that she was away working, although some months into the sentence the child’s paternal grandmother told the child the truth. DH11 explained that she thought her daughter was too young to understand and had not wanted her to visit the jail she was originally at.

DH12’s children were aware she was in prison, but she had told her youngest child this was for a driving offence as she had not wanted him to know her offence was drug related.

4.2.3.4 Children’s prison visits

When discussing prison visits from their children there were mixed reactions from the women in this sample. For example, on being asked ‘how do you feel about it when she (daughter) comes to visit you here?’ DH10 expressed ‘I love it’ while DH11 said ‘I hate it’. A range of opinions in between this were expressed. While no other women appeared quite as enthusiastic as DH10, DV4, for example, said that the visits - facilitated by her parents - were fine. Her children attended standard visits every two weeks and the day-long family days put on by the prison every two months. Again, she said this was ok and she was pleased that got to see them, but explained that her older child got bored at the family days. DV3’s son was also brought to standard visits and family days by her parents, and although
she explained that she found it very upsetting when they left each time she understood that everybody must feel that way and said she coped with it.

Other women did not have such regular visits, and ESPB7 had not received any visits from her children.

‘They won’t come here…They won’t because one’s in a gang.’

(ESPB7)

DH1 also had not received visits from any of her children, or her husband. Her sentence was relatively short and she had decided to keep contact by phone and letter instead.

‘I haven’t seen the kids since the day I came into prison I said I wouldn’t see the kids.

Why?

I wouldn’t have been able to cope and I don’t think it’s fair on them to bring them into prison.’

(DH1)

DH12 had received visits from her children, but felt that prison was not an appropriate place for her ten year old son and preferred telephone contact. Her grown-up son was able to facilitate visits for other family members, including her young son who had asked to visit, although she had only let him visit once.

‘It’s not... You know, all you can do is sit in a chair, and them sit in a chair and I don’t, you know, for a ten-year-old.’

(DH12)

Other women expressed that they would like to see their children more, but the practicalities of visiting made that difficult. For example, DV10 explained that her children could not visit as often as she would have liked as the prison was so far from where they lived. Similarly, DH11’s children were able to visits about one every month rather than every two weeks as it was a two and a half hour journey and had to be facilitated by social services. However, she explained that she would not let them visit her in her previous prison because ‘It’s a horrible jail’. Instead she contacted them by phone and letter.

ESPB5 was also able to see her children every month through social services and had weekly phone and letter contact. She explained that she would like more contact but she appreciated the regularity of the visits and felt this kept her bond with her children. However,
she did highlight a point potentially relevant to all women whose children’s visits are facilitated by social services.

‘How do you feel when they come and visit?

Oh, it’s very artificial. I feel that I can’t be Mommy....I couldn’t be myself around my children and my children, however, however young they are, they still picked up on that and I wanted to run and hug them and cuddle them and, come on, let’s do this....but I couldn’t do it. And there was also the element that not only did I have an officer sitting in there, I had two social workers who brought the children over and I also had this feeling of, oh my God, they’re watching every move I make.’

(ESPB5)

The visits for one of DH7’s children were also facilitated by social services. While one of her children refused to visit her in prison, DH7 was pleased that her daughter visited every few months and she also reporting keeping in contact with her by phone and letter every week. As expressed by many of the women, she didn’t like her child coming to the prison but accepted this was better than not seeing her.

DV2 had given birth to her second child in prison and described this as ‘liveable’. After the baby reached 18 months old, and so too old to stay with her in prison, social services facilitated visits and family had brought her elder child to the prison, although she had later been granted primary carer home leave to keep contact with her children outside of prison.

Women in the open prison in receipt of primary carer home leave were able to discuss how this impacted upon their relationship with their children. ESPB9 received primary carer home leave and so saw her children at home rather than have them travel to the prison. ESP5 explained how her partner brought her daughter to visit regularly and they had lots of phone contact, but that she also received primary carer home leave for four days every two months and this was set increase to five days every month. However, she did express frustration about the lack of family days in the prison.

‘Well we haven't had one (a family day) in six months. They had them when I first came here and they’re meant to be every three months at least.’

(ESP5)

ESP5 felt that because many people were able to go out of the prison for visits there was a lack of momentum behind organising the family days. However, of note is that on the second research visit to this open prison some seven months later ESPB2 mentioned that the family days were now happening regularly and so it seems this situation had been rectified. ESPB2 reported how difficult she had found visits in closed conditions. However,
she had been transferred to open conditions quickly and felt fine with her daughter visiting there as she explained ‘here doesn’t feel like prison’. She also received primary carer home leave every two months.

‘At closed, and that wasn’t nice, and that felt a bit uncomfortable, because they say, you know, you can kiss her hello once, and you can kiss her hello once goodbye; oh sorry, you can kiss her once to say hello, kiss her once to say goodbye; I couldn’t have her sit on my lap, I couldn’t, I couldn’t, like, hold her and stuff; the things that you would naturally want to do. And obviously, to me, I’d feel like she’d think, I haven’t seen you, why are you not showing me the affection that you, you know, yeah. And so, I couldn’t; but here, you’re allowed, you know, to take her to the toilet, she needed to go toilet, I’m allowed to take on the mother, that mother role when she’s here; do you see what I mean; which is nice.’

(ESPB2)

While the other women who spoke about seeing their children on home leave were very positive about this, the interview with ESP4 took place the day she had returned from home leave and she clearly felt very emotional about this.

‘I’ve just come off my home leave today yeah.

How many days was that for?

Five days, Friday to Tuesday. Yeah, but I think it’s a wind up.

Right okay why?

It’s because that you’re out there and you get back to normal and everything, and having to come back and just like…And I see what they’re saying to kind of get back into the community and everything but you could kind of understand why people do abscond. You’ve got to kind of like be very strong. To come back, because to come back to the prison, do the prison house cleaning and everything to kind of be around…Do you know what I mean people that you’ve met in prison, not your real friends and family and that is…It’s horrible man. I wanna do it, because I have to see my son every month and everything, but I can’t stand it.’

(ESP4)

4.2.3.5 Parenthood: Discussion of findings

18 of the 43 women in this sample (44%) were the mothers of young children, with 14 of these women the primary carer for at least one of their children prior to their current prison sentence. It is not possible to compare these figures to OASys data or official statistics as this information is not routinely collected. However, these figures are broadly in line with previous UK research studies (50%, Dodd & Hunter, 1992; 65%, Hamlyn & Lewis, 2000).
For almost all of the children of the women in this sample, their mother’s imprisonment meant significant upheaval. While no official statistics exist on this, the Corston report (2007) estimated that only around five percent of children stay in the family home when a mother enters prison. Here, of the fourteen women who were primary carer for their children prior to prison, all the children were subject to upheaval, with two sets of children moving to live with their father, two being cared for by the father and other family members, five by maternal grandparents, two between family and local authority care, and three solely by local authority care. In addition, even where a father was the primary carer prior to the mother’s imprisonment, the lack of the mother’s support meant he could no longer continue this care role. The effects of parental imprisonment are discussed in the UN Convention on the Rights of the Child (2002):

‘The imprisonment of parents, particularly of mothers of dependent young children, is deeply problematic, because the child is being punished along with the parent. While it is argued that the punishment of offenders always has repercussions on innocent relatives, where young children are concerned the effects can be particularly catastrophic to the children.’

However, while the oftentimes difficult experiences of children with a parent in prison - particularly a mother given that they are more likely to be primary carer for the children - cannot be ignored, this is not the focus of this research (for a discussion of these issues see Light & Campbell, 2006). For a parent, the knowledge that a child is dealing with disruption, upheaval, and separation, can only add to the emotional burden of prison. Unsurprisingly, having supportive family relationships and/or intimate partner relationships resulted in outcomes for children that mothers were happier with and also more regular prison visits. The importance of regular visits and maintaining strong family ties was reported by the women in mixed ways: some felt positive about the visits; some did not like children coming to prison as they felt this was not a good experience for the children, thus adding to the stress experienced by the women.

Since the 1990s the UK Government has placed emphasis on the importance of family ties for resettlement and reducing reoffending. However, as identified above, facilitating visits for children and family is not always straightforward. While for many men in prison it is the mother who facilitates visits, this is not typically the case for women and was not the case here where the maternal family often fulfilled this role. Furthermore, the relatively small number of women’s prisons means that they are geographically dispersed and consequently
women are often placed a considerable distance from their family home. Aside from the issues faced by family in arranging visits, often the distances involved and cost of travel make regular visits very difficult. However, here, as a large number of women were currently in an open prison and had been there for some time, they were eligible for home visits. Women reported generally finding these home visits positive as they disliked bringing children into the prison environment. Where women’s children did visit them in prison, there was a lack of consistency around the types of visits received, with ‘family days’ happening at times, but not regularly or in every prison.

4.3 Summary

While not arguing these adult experiences are the cause of these women’s offending behaviour, it is crucial to understand the context of their lives. Many of the experiences discussed in this chapter are experiences specific to women. If we are to focus on appropriate assessment and treatment in the criminal justice system it is vital to understand the context of the lives of women who offend, and how this context and related needs differ from those of men. As so much evidence exists on the needs of men, a comparison sample is not necessary.

Key themes have emerged from the women discussed in this chapter and, while not all women had experiences in these areas, the data has highlighted the poor decision making and poor coping skills of many of these women. This is highlighted by the relatively large numbers of women in this sample who have consistently made poor decisions about relationships and presented an inability to cope with past assault and violence. For example, as discussed earlier, DV8’s described how she used self-harm as a way to attempt to cope with her experiences of violence, while ESPB3 reported not being able to cope after she was raped and was subsequently diagnosed with PTSD. This also links to data presented in the following chapter, chapter five, that discusses the interaction between these factors, relationships, and drug misuse. With respect to the importance of family ties, there may also be a need to focus future research, policy, and action on the role of positive relationship experiences in reducing recidivism – and also the benefits to women’s emotional and mental health problems, which in turn are a criminogenic need. The focus in this chapter has not been solely on criminogenic or potentially criminogenic factors, but on the broader context of
these women’s lives to provide a fuller understanding of their experiences and potential needs.
5 Chapter Five: Alcohol and drug use

5.1 Introduction and overview

This chapter presents data from 43 women interviewed while incarcerated in English prisons. The chapter focuses on participants' descriptions of their experiences with alcohol and drugs. Participants were asked questions about: any history of alcohol and drug use; any relationship between alcohol and drug use and their offending behaviour, or the behaviours and circumstances associated with their offending behaviour; whether alcohol and/or drug use are associated with their current offence; and experiences of treatment in prison. The findings are presented under the thematic headings identified from the data analysis, with reference made to data from OASys reports where relevant.

As discussed in chapter one, large numbers of women in prison have a history of drug and/or alcohol abuse (Home Office, 2003), and research suggests that they may display greater levels of drug use and present a greater treatment challenge than men (Peters et al., 1997; Langan & Pelissier, 2001). Furthermore, greater percentages of women are incarcerated for drug-related offences than men (Social Exclusion Task Force, 2009). However, despite the clear evidence of the prevalence of drug and alcohol abuse in samples of female offenders, there remains a lack of knowledge about the mechanisms by which this abuse affects recidivism (Henderson, 1998; Hollin & Palmer, 2006).

Although alcohol and drug use are typically considered to be highly linked to one another, and are often assessed as one criminogenic need in risk assessments, a number of studies have suggested that the prevalence of drug and alcohol use differs significantly in offender populations (Hollin & Palmer, 2004; Nunes-Dinis & Weisner, 1997). Recent research by Palmer et al. (2010) similarly found a lack of association between drug and alcohol use in their sample of English female offenders, and they suggest that drug and alcohol use should therefore be considered separately in research, assessment, and intervention. This is currently the case with the OASys assessing drugs and alcohol separately.

When citing the reasons for their offending behaviour, and what they feel has led them to this point in their lives, it is interesting to note that of the 29 women who felt able to cite this only two cited drug and alcohol issues as the key cause, despite 16 having histories of
drug use, eleven of alcohol abuse, and 20 being in prison for drug related offences. Rather, the women felt that other factors in their lives had a more significant impact upon their route to offending. For some this related to past experiences that prompted their initial drug use, and for others this related to the financial problems that precipitated crimes such as drug importation. A further six women discussed how, while it was their drug and/or alcohol abuse or drug dealing that led directly to their current offence, this was symptomatic of the wider issues in their lives at the time that led them to their drug-related offending. Clearly this does not suggest that drug and alcohol use has not been significant, or that it is not related to their offending, but further highlights the need to explore these issues in depth. As discussed in chapter three, a number of women in this sample began misusing drugs and/or alcohol at a young age. This is discussed further in this chapter.

5.2 Prevalence

Women in the sample were asked detailed questions about their experiences with drugs and alcohol. 20 (46.5%) were currently in prison for drug-related offences (including importation, possession with intent to supply, attempting to bring drugs into prison). In terms of examining the link between drug misuse and persistent offending, according to OASys reports, ten out of the 41 women for whom this data was available had served previous custodial sentences. In total, six of the ten women who had served previous offences had a history of substance misuse. In investigating these ten women, two women who were currently in prison for stealing from an employer had served one previous sentence for this offence. Neither of these women had drug or alcohol problems. Four women currently in prison for violent offences had served previous sentences: two women having only one previous custodial sentence; one woman four previous custodial sentences; and one woman seven previous custodial sentences. One of the women with one previous offence and both with multiple previous offences had previous drug problems. Of the four women serving their current sentences for drug-related offences, two had served two previous custodial sentences, one had served three, and one had served four custodial sentences. One of the women with two previous offences and both with more previous offences had current and past drug problems. Six of ten drug and alcohol users are compared to 14 of the overall sample of 41 (34%) for whom this data was available. While the sample size is not large enough to suggest this is significant, it is at least worthy of note.
5.3 Women's voice and experience

Presented below are the results of the qualitative analysis, detailing the voice and experience of the women in this sample, and documenting how they themselves view the links between alcohol and drugs, and their own offending behaviour. While some of the women have had issues with both drug and alcohol abuse at various points during their lives, for some of the women only one of these had been a significant problem. Given this, drug and alcohol abuse are considered separately in the section below. Women’s histories of drug abuse are considered first, and following this details of how drug abuse relates to current and past offending in this sample. Finally, alcohol abuse is considered with reference to history and offending.

5.3.1 Drugs

5.3.1.1 Histories of drug use

While 16 women discussed histories of drug use, this section has been further divided into a number of sub-sections to reflect the key sub-themes that emerged from the data. In particular, a distinction has been made between those with significant and severe drug related issues and those for whom the evidence from interview and OASys records suggests their drug involvement might best be termed ‘recreational’.

5.3.1.1.1 Severe

Eleven women talked about their long-lasting histories of drug abuse. For most of these women their involvement with drugs (illegal and legal) had been long and complicated, impacting upon many aspects of their own lives and the lives of those around them.

DH11 discussed her long and severe drug abuse. She began taking drugs at the age of 17, reporting taking amphetamines socially, but quickly began taking the drug daily.

‘I met my ex-husband and then our house got busted for speed. I was about 18 then, I think. And then it was, like, speed and E. It was all that, sort of, them days, anyway, weren’t it?...It was, kind of, a recreational thing for maybe about nine or ten months.

And how long did that go on for?

Years and years.’

(DH11 & Interviewer)
DH11 left her husband and in the following couple of years she did manage to hold down a job and pay rent on a house. She then reports beginning a six-year relationship with an ex-heroine addict and that he quickly became violent towards her. After several months DH11 and her partner began taking heroin and crack-cocaine and she has never returned to work since this point. The cost of their drug taking was met by committing crimes such as theft and dealing drugs. During her mid-twenties she had drug-free spells during pregnancy, but these were never long-lived.

‘So, when you had your children you weren’t taking drugs through that period?

I weren’t through the pregnancy because I didn’t really go out, or anything, either. But as soon as C was, like, maybe, well, not even that old, probably about five weeks old, I went back out again.’

(Interviewer & DH11)

She left this partner after she states she realised she would ‘never get clean’ if she was with him. They continued some contact because of their children, but she gradually saw less and less of him and explained how she then turned to prostitution to fund her drug addiction. The times she tried to give up taking drugs she turned to alcohol instead. During her two previous prison sentences she underwent rehab, but explained that due to the brevity of these sentences there was never a chance to deal with the causes of her drug use and on leaving prison she returned to drugs. At the time of interview she had been clean from drugs since the beginning of her sentence and explained the impact of her drug taking.

‘Massive; they’ve ruined my life. I didn’t want to wake up anymore. I hated it. I didn’t have a life. So, I will never [...] that again ever.’

(DH11)

When examining the reasons for DH11’s drug use and past failures to get clean she explained that she now felt that she wouldn’t go back to taking drugs because of sustained support during this prison sentence.

‘there’s things that I’ve never spoken to anyone about, you know, like, I don’t know, things like my youth; things like that, I’ve never spoken to anyone about. And I’ve always had this stuff in my head and I’ve never felt like I could talk to anyone. I’ve never, I’ve had a real big problem with drugs and I still do. And my key worker, I, you know, I sat through, it was just her in the one to ones and I ended up opening up and I told her a lot of things I’ve never spoken to anybody about.'
Just had that support and [...].

‘Yeah, and I think once I’d, like, I’d faced all that and addressed all that I felt like I could then, sort of, let it go and move on.’

(DH11 & Interviewer)

However, getting and staying clean for any length of time had meant facing some elements of her past.

‘Worrying about seeing my kids, and stuff, as well but, like, even when I’ve got clean in jail I’ve, like, I’ve had a really big problem with guilt. And I think that’s another thing that I’ve, kind of, I ended up coming on in rehab; I’ve dealt with it. Because I used to carry so much guilt around with me that I [...] to function every day, so…’

(DH11)

Using drugs from a relatively early age was the case for a number of women in this sample. ESPB10 being one of the youngest when she started using drugs at age eleven. Throughout her teenage years she lived mainly in a squat, taking heroin, before getting married at 16 and having her first child at 17. After the breakdown of this relationship she became involved with and married a man who used and sold heroin.

‘So how long were you a heroin addict for?

Ten years.

Right so until your early 20’s then. What happened to stop that?

I went into rehab in 1991 and…

And that worked?

Yeah.’

(Interviewer & ESPB10)

She spoke about moving from one relationship with a heroin addict to another, and explained that leaving these relationships helped her remain drug-free after rehab. However, while ESPB10 gave up her heroin addiction completely, she continued other involvement with drugs and alcohol.

‘Yeah and then I went to prison in me 30’s, come out and I started using alcohol and valium cos I was homeless. Yeah I come out, I come out of prison…slung me out of prison and I was homeless.’
During this time she was arrested and convicted numerous times for possession and possession with intent to supply, the offence for which she was currently in prison.

DH8 reported using heroin from the age of 14.

‘Heroin and crack cocaine.

And how did you get hold of that?

My ex-boyfriend, he was using so I did it.

Were you just doing it socially or were you doing it every day?

I did it when he had it but when I was around other people who had it I was doing it all the time.’

(DH8 & Interviewer)

DH5 began taking drugs in her late teens and considers that she had an addiction by the age of 20. She reports that she had two jobs at the time and ‘started using amphetamines then, as a bit of a…to-to keep me awake basically. So that when I’d been to work at number one job and number two job, I still had some time for me’ (DH5). Her drug use influenced her social and working life and offending behaviour.

‘And then ecstasy had come out then and then I started getting into all that. And then once…once that happened I changed my pub job, got one that was less hours, and then eventually…well I think it wasn’t really that I did it intentionally I think because most people didn’t take drugs, when we was going somewhere people would be like, “Can you get me some?” I think that’s how I kind of ended up doing it because it wasn’t widely available.’

(DH5)

She continued taking ecstasy and cocaine and reports ending up in considerable amounts of debt to pay for drugs. To pay off this debt she began dealing drugs on a larger scale, leading to involvement with the criminal justice system as discussed later in this chapter.

DH7 began using drugs at a very early age and tells a similar story to DH5 in that she first began supplying drugs through ‘picking up for myself and picking up for somebody else’ (DH7). Her drug use continued for decades but although she had been supplying drugs for around ten years this current sentence was the first time she had been caught for this crime.
However, she did have numerous other convictions related to her drug taking, such as theft to fund her drug use and a series of ‘violent, drug fuelled relationships’ (DH7), and her current offence for supplying was, it seems, to fund her own drug use.

Like the women discussed above, DV2 began taking drugs at an early age.

‘I started taking speed and LSD when I was about 11, so I was probably a fully blown speed head by the time I was 12.’

(DV2)

DV2’s drug use had a significant impact upon her life from this point on, being expelled from school before beginning to use crack-cocaine at the age of 15. She had her first child in her teens and then became involved in a long-term violent relationship with the man who she bought drugs from. She explained that this early relationship had been a significant trigger for her involvement in serious drug use and offending.

‘I used to buy cannabis from him. My mum use to have my son at the weekends so I still had a life. He had a lot of money, he had a nice car, I was struggling, he’d send me flowers, buy me clothes and give me money to go out on the weekends so I got drawn into it.

After two years what happened?

He became violent.

What made him violent?

His drug habit. …children in different places …..social services saying they were going to take them…..I had my second child in prison.. I completely struggled, I came out of jail and he was still the same, things didn’t change and I was deteriorating within myself. If I couldn’t protect myself how was I going to protect my kids. That’s when I took my kids and ran away.’

(DV2 & Interviewer)

She explained how her drug use, relationship, and drug-related offences were all intertwined and the impact of this on her life.

‘Can you think of the impact that drugs and alcohol has had on all your life generally - can you summarise that?

They have both destroyed my life - ........they make you think a certain ways instead of looking at all the options, you’re thinking in an emotional state, you never think of consequences, you hurt everyone around you, you lose a lot of respect from people - it’s had a big impact on my whole life.’

(Interviewer & DV2)
DV12 explained how she began taking drugs at the age of 18 and had never really
stopped. Her history of drug-related involvement with the criminal justice system is
discussed later in this chapter.

Unusually, although DV8 began taking drugs at the age of 15 or 16, the majority of her
offences were related to her heavy alcohol consumption and it seems that her alcohol
consumption and drug-taking were equally problematic for several years, although her drug
use did subside.

‘I was binge drinking every day and taking ecstasy, weed, cocaine.

And that was from 16 to how old?

That stayed up until I was about 18/19 and when I left my partner at the time for
somebody else and I wasn’t getting all the drugs, I just done it now and again.’
(DV8 & Interviewer)

Similar to DV2 and DH11 discussed earlier, DV8’s main drug use related to a
relationship at the time. However, despite a reduction in her drug use after leaving this
relationship, she explained that she had begun taking crack-cocaine with her last boyfriend.

ESP6 began her drug use at the age of 23 and proceeded down a path of significant
drug-use for almost 15 years that had far reaching effects on all elements of her life.

‘I was 23, yeah 23 when I started doing Ecstasy. Then went quite quickly onto
coke and did coke solid for ten years, a lot of it. But then I was, I was a recruiter
in the city so I mean, the guys I was recruiting for gave me coke and so we’d do
business meetings and we’d all be doing coke. I’d get up at six in the morning,
get on the train and go up there and have a line of coke off my desk you know.
There was a few like that really. And then I thought I better get a job closer to
home really and dropped a huge amount in salary, which I did and cut out the
coke quite a lot and got myself settled in a little flat and stuff. And then started
doing crack.’

(ESP6)

From crack use she moved on to also taking heroin. She explained how her drug use
began to have a very negative effect on her work until eventually she gave up working
altogether and funded her drug use through crime. As discussed in chapter four, her drug
use also caused significant problems with her family. ESP6 was also open about how,
despite having gone through rehab in prison and being adamant that she would not take
drugs again, she did have the desire for them.
'I suppose and I do miss drugs still because there are times when I think, oh I could really do with some weed. You know, but, mostly I do that when, you know, people are pissing me off. You know, so, so it’s reaction, yeah, it’s like a reaction and for now I know I won’t, I can see these triggers and stuff like that.'

ESP2 explained that her use of cocaine began when she lived abroad during her twenties began after becoming a heavy drinker. She is discussed further later in this chapter under ‘Alcohol’. DH12 is unusual of this sample in that she did not begin using drugs until her thirties. She described how she was involved with friends who used drugs and became an addict. From the age of 33 she jumped back and forth between addiction, rehab, being clean, and back to drug taking.

‘Did the rehab do any good?

Yeah, it worked.

It did. Okay, and then did you... But you went back. Did you go back to that afterwards?

Yes.

So how long were you clean for?

Two and a half years.

So the first time that you got arrested and then you went into rehab, and that was all sorted out two and a half years. What happened, did anything happen to prompt...

Yeah. I caught my husband in bed with my friend. And I went back on them.

With the same drugs that you were taking again?

Yeah. And then I stopped. I went back into rehab. And I stopped again...about two years.

Right, so, a similar length of time again. What happened [...] to...

And then I got Lupus. And that makes you very, very tired, so I went back on them again.’

(Interviewer & DH12)

5.3.1.1.2 Recreational

Five of the women in this sample reported some experience with drug use, but at what they described a 'recreational' level.
It was a few months, a group that I was mixed in, I took less than ten E’s, I had a puff of cannabis, and…

But, that was the full extent of it?

That was the full extent of it, and amyl nitrate, I think, to go with the Ecstasy…

But, that didn’t have any bearing on things? You weren’t getting in trouble with the police or anything?

No, fortunately I didn’t get into trouble.’

(DH13 & interviewer)

ESPB9 described having tried various drugs at different times during her life, but only ever having used cannabis regularly. Despite this, her description of her current offence for drug importation highlighted that her use of other illegal drugs had at various times perhaps been more than recreational.

‘this coke I was bringing through, I tried a bit of it in December, I could have easily, at one point, gone through an eighth, maybe a quarter of coke a night, you know what I mean, because the deal was shit. I’m not big on bloody drug baron thing, you know what I mean? I don’t do drugs that often. But this one particular time I wanted to try what I was bringing through. I did half a gram and ended up in the back of an ambulance. So I knew the stuff was coke. […] if I’d know that months back I would have been on it then… But apart from that the only thing I do is smoke cannabis.’

(ESPB9)

For a further two of these four women, while they might never have been ‘addicts’ in the traditional sense, when probed it was clear that they did have significant histories of involvement with drug use. For example, ESP1 reported having smoked cannabis every day for years before prison but didn’t see this as an issue as she had ‘never done hard drugs or anything’. ESP5 argued strongly that she had never had a significant problem with drugs and that her drug taking had remained recreational. However, when discussing the detail of her drug use it transpired that her drug taking spanned over two decades, had at times been very regular, and was related to her offence. Her assertion that her drug taking had never been a real cause for concern seemed largely borne out of her ability to keep a successful business running.

‘Yeah I had my own business yeah. A very successful business. So I had loads of money which I could spend as I wanted. So I used to literally walk out of work and go straight to Soho and club and do whatever. I would sometimes go straight back to work, because I could get changed at work with my shop as well.'
And I would even sleep on the bed in there you know so. [...] no I didn’t consider myself to have a problem. I had a great time cos I didn’t have kids….At one stage I was just going out all of the time yeah. Then if I didn’t want to go to work I would just pay someone to go in for me.’

(ESP5)

Despite the success in running this business, ESP5 did explain serious issues in other areas of her life. She explained how she had become involved in a long-term relationship with a crack-cocaine addict, resulting in the loss of her house. Furthermore, her current offence – death by careless driving under the influence of drugs – was attributed by the courts to having illegal substances in her bloodstream at the time. Notably, on entering prison she voluntarily attended P-ASRO (Prison-Addressing Substance Related Offending: a low to medium intensity offending behaviour programme), possibly acknowledging some level of issue with drugs. Nonetheless, she also suggested that she would almost certainly take drugs again in the future. ESPB8 perhaps had a less significant history of drug use than other women in this sample. She reported some history of smoking cannabis but claimed she ‘didn’t have a major problem’. Although as discussed later she had undergone counselling to deal with her alcohol issues.

5.3.1.1.3 Coping

Six women, when discussing their histories of drug abuse, explained how their drug abuse was a mechanism for coping and dealing with their past and present issues.

DH7’s long history of drug abuse began when she was a child in local authority care. Her drug taking behaviour was part of a range of destructive behaviours that she attributed to her situation at the time and how she tried and failed to cope with this.

‘I was very angry at the time and was using drugs.’

(DH7)

She described struggling to cope with her poor relationship with her mother, which was the reason she was placed in local authority care, and also struggling to cope with the ‘stigma’ of being a child in care. Similarly, ESP3 spoke of her difficult childhood, being the victim of abuse. She also began taking drugs at a young age and explained how drugs blocked out what she was feeling in a way that she never felt happened with anything else.

‘A lot of the time as well when I was young I used to see psychiatrists, social workers, all that but I never ever really dealt with any of my problems…. Yeah I think it was, block it all out and I can deal with it myself sort of thing, do you know what I mean? But obviously it didn’t work, but I didn’t get to realise that till later on in life.’
She recognised how destructive not facing her issues with her past had been on her life.

‘Yeah. Over, the physical side of it, mentally no, because I never dealt with it.
Okay. Has that caused you…I suppose with the mental side, has that caused you problems?
Yeah, it’s caused me a lot…Yes it has caused me problems, but I’ve dealt with it now. I’ve…I’m glad I come to prison if that makes sense. Like cos it’s made me stop taking drugs, I’ve done a lot of courses, I’ve done a lot of…dealt with a lot of things around my issues and what I’ve done.’

ESP6 also linked her drug use to experiences in her childhood. Her father’s suicide when she was a child clearly had a significant impact upon her, and she explained the negative impact this had on her mental health growing up.

‘I didn’t deal with my depression and I dealt with using drugs to numb it and then lied and cheated and you know.’

DH11 spoke at length about how although she drank heavily as a teenager; her drug use was initially prompted by her relationship with a man who supplied illegal drugs. However it was later that she came to rely on her drug use as a way to block out the issues in her adult life. Her drug use and life issues appear cyclical as the issues DH11 spoke about needing to block out were primarily caused by her drug use. Although she referred to some issues with her parents in childhood, in her adult life she was a victim of domestic violence over a number of years and worked as a prostitute – both of these caused her significant trauma. However, she explained that once in prison and on rehab she began to face her issues through counselling.

‘Yeah, and I think once I’d, like, I’d faced all that and addressed all that I felt like I could then, sort of, let it go and move on.’
DV2 spoke of the link between drugs and her violent relationship with a drug addict who was also her supplier. This relationship quickly became violent, but she did not feel able to leave.

‘it started off as fun and then I needed it because of what was going on in my relationship, I needed it to block everything out and in the end it became part of your life.’

(Interviewer & DV2)

ESP10 tells a different story to some of the other women in this research. She had never used drugs heavily until after the offence for which she was currently imprisoned. For the year between the car crash where she caused death by dangerous driving and being sentenced to prison she used drugs and alcohol 'just to block things out'. However, through contact with the CARAT team (Counselling, Assessment, Referral, Advice and Throughcare teams assess need and provide support concerning drug use) in prison she explained how she had realised that drugs and alcohol were not a good way to cope with her issues.

‘Yeah, if I’ve got a problem, I should talk about it, instead of trying to hide it and not talk about it, because then it makes me go into my own little shell, my own little world, and that’s when drugs and alcohol come involved.’

(ESP10)

5.3.1.1.4 Comparing interview and OASys data: Current and past drug problems

Section 8 of OASys covers drug misuse, providing detail of specific drugs offenders report having used, past and current drug use, and links to offending behaviour. Below are details of the women’s current and past drug problems as recorded in their OASys records. Links to offending will be discussed later in this chapter.

No women in this sample were classified in OASys as having current significant problems with drug misuse, but six were recorded as having some problems in this area. As highlighted in chapter two, no interview transcript was available for DH6, who was recorded in OASys as having some current and past problems with drug misuse. According to her OASys report, she stated having regularly used cannabis in the past and ‘used cocaine 5 times during her 76 day release’. The five other women are discussed throughout this chapter. However, a number of other women discussed above with reference to their lifelong drug problems were recorded in OASys as having no current problems. While this may indeed be the case, the decision within OASys to record some women as having no
problems and other as some problems appears somewhat arbitrary. For example, DH5 presented a substantial history of drug taking and drug related offending, and within her OASys report is recorded as using drugs ‘recreationally’, but that ‘there is no issue in terms of addiction’ so is recorded as having no problems in this area.

16 of the women in this sample are recorded in OASys as having used drugs in the past. As above, DH6 is one of these but not discussed in the qualitative sections of this research. Similarly, no transcript was available for DV5 (as discussed in previous chapters of this research), but her OASys report states ‘her current offence and past shoplifting all committed for financial gain to buy heroin and crack cocaine’. The other twelve women are discussed throughout this chapter. Of the women discussed in the qualitative section of this chapter as having histories of drug use, no OASys record was available for DH11 (see chapter two).

5.3.1.2 Offence related

20 of the 43 women in this sample were currently in prison for drug-related offences. This section discusses the six women who explained their offense was committed to fund their drug use, importation, and histories of drug related offending.

5.3.1.2.1 Supplying

Three participants explained how their past and/or present offences were related to their drug use, through supplying drugs to fund their own drug use. DH5, for example, had a history of two previous drug-related offences in the eight years prior to this current offence for possession of a controlled drug with intent to supply. She explained the how the link between her own drug use and current offence was not a conscious, considered process:

‘Yeah, it wasn’t really me selling them but it was like, “If you take that from there to there, we’ll knock that much off your bill”….. I didn’t realise what I was…I think I did know what I was doing, but I didn’t think about it like that.’

(DH5)

Similarly, DH12 talked about the lead up to her current offence in a way that suggested her actions were not well considered.

‘Well, I was working. And bringing up my son, and somebody asked me to get rid of some drugs. Which I did, for a friend. Well, a friend’s boyfriend, and then he just kept bringing some more up and more up. And my partner didn’t know anything about it. So, I was just trying to keep him sweet, really. And it just escalated.'
Is this someone that you'd been buying drugs off?

Yes.'  

(DH12 & interviewer)

Like the previous two women, DH7 had been involved in supplying drugs for some time before this current term of imprisonment. She initially became involved in supplying drugs as:

‘I'd be picking up for myself and picking up for somebody else and just sort of got into it that way.’

(DH7)

Eventually needing more money to fund her own drug use and that of her partner and his adult children, she continued supplying drugs and was charged with supplying drugs to minors.

5.3.1.2.2 Theft

Other women in this research also talked about how their current offence was carried out in order to fund their drug use. For DH8, DV7, and ESP6 this current offence was theft. DH8 explained how all of her past and current offending had been drug-related, either cautions for possession or burglary and theft to fund her drug use. ESP6 spoke in detail about her history of drug taking that, at its worst, she funded through large amounts of shoplifting.

‘we’d binge, rob and bring back loads of money and all that kind of stuff and that was for Crack and I just thought, wow, this was not the life I wanted.’

(ESP6)

5.3.1.2.3 Importation

Five participants in this research were currently in prison after being convicted of drug importation. One of these women committed her current drug importation offence to fund her own drug use.

‘For me, doing the crime what I did was so I could smoke more drugs. That’s the shit...Because I wanted it now, I wanted to smoke more drugs. And I wanted the money to smoke more drugs, so...you know, quick money to be able to smoke more.’

(ESP3)
ESPB9, although as discussed previously had some history of drug use, did not appear to have been using the money from drug importation to fund a drug habit. She had made a clear decision to import drugs, but rather than as a way to pay off debt as with ESPB8 discussed below, she reported that her drug importation had being on-going for some time and seemed to be her main way of making money.

Three further participants were currently imprisoned for drug importation, but reported no personal history of drug use. DV10 attributed her drug importation to relationship pressure, suggesting she was unaware she was carrying drugs into the country. ESPB6 reported a similar story:

‘him and his friend had asked me if I could take a parcel of gold dust back to the country. I said, “No.” But then they put me under a lot of pressure and my ex was quite a violent person anyway. So, like we had a big argument and stuff and I did bring it back..., and then when I got to Gatwick airport they arrested me, because it was a parcel of cocaine. But I wasn’t aware that it was cocaine..., and he told me he wasn’t aware, but I think he probably was.’

(ESPB6)

Conversely, ESPB8 had made a clear decision to import drugs.

‘the importing, why you decided to do it?

Cos at the time I had a bit of money difficulties. I had a bit of debt. Way of kind of sorting out my problem.’

(Interviewer & ESPB8)

One other woman in this study was currently in prison for a drug related offence. ESP1 had been convicted of attempting to smuggle drugs into prison. Like two of the women convicted for drug importation, ESP1 reported being unaware that she was carrying drugs.

‘we was going out about three or four months. And then...Yeah asked me to bring up some clothes and that cause he was on remand. He asked me to bring up some clothes and cup, plate, bowl, and things like that. So- I bought all them little bits for him. And he said “Can you bring up stereo?”, and I said, “I can’t bring up stereo.” I was only JSA, I’d quit my job. So he phoned me back and he was like, “My mates got a stereo, can you bring it up?” So I was like, “All right then.” And then the day I went to visit his mate met me outside the prison and give me the stereo. And in the stereo was 17.5 grams of heroin in a speaker magnet.’

(ESP1)
5.3.1.2.4 Historical drug-related offending

Five of the women in this research had significant histories of drug-related offending, including periods of imprisonment and general trouble with the police. DH11’s history of drug use from her late-teens prompted her involvement with the police from around the age of 17 onwards, although this was her first prison sentence.

‘the first time you had any contact with the police?

Probable with the speed thing, I think. It’s quite quiet where I grew up. You never really see the police and that. I didn’t really, I managed not to get any convictions. I don’t know how I managed, but I did. So, although, like, most of my life I’ve been quite well-known with the police, I’ve managed to, I haven’t stayed out of trouble because I’d be lying if I said I had, but I just haven’t been caught.’

(Interview & DH11)

As discussed earlier in this chapter, this current sentence was her third prison sentence. Likewise, DH5’s young involvement with drugs resulted in coming to the attention of the police at age 24 as a consequence of the crimes she was committing to fund her drug use. After numerous cautions and suspended sentences for possession of cannabis and possession with intent to supply class A drugs, DH5 was received her first prison sentence at the age of 30, spending 19 months in prison. Prior to this she had received cautions for possession of cannabis. She received a further twelve months prison sentence soon after for possession with intent to supply, and explains how at this stage her decision to supply drugs was again borne of financial issues but this time related to her ill health.

‘My crimes were drugs related, the first one yes.

So you were funding your own drug use?

Yes.

And the second one.

The second one I think because I was vulnerable and I think if I wasn’t in the frame of mind I was in probably wouldn’t have done it, I would have thought it through better, this time was just plain stupid...it was the drug use making me make bad decisions and I’m capable of doing otherwise.’

(DH5 & Interviewer)
She was ‘on the sick...long-term’ and suggested she needed the money. However, supplying drugs prompted her to begin using drugs again.

‘once the drugs were back in my life for sale I started taking them myself again like.’

(DH5)

DH8 was first convicted of a drug-related offence at the age of 17. Her two later convictions, including this current prison sentence, were for burglaries committed to fund her own drug use. Similarly, DV2 and DV12 first came to the attention of the police in their teens. DV2 was convicted for a range of offences over the coming years, and while she served two short prison sentences in her teens, her first long prison sentence was for possession with intent to supply. DV12 had received several cautions before her first prison sentence at the age of 18 and reported that until this current offence all of her prison sentences had been for drug-related offences.

‘How many previous sentences have your served?

I think about six. Through my drug intake I committed offences. Morally in my conscience I thought shops were covered by insurance.’

(Interviewer & DV12)

Conversely, DH12 - although in prison at the time of interview for drug-related offending - didn’t have any contact with the police at all until the age of 33 when she was arrested and cautioned for possession of illegal drugs.

‘How many times have you been arrested or cautioned or just any involvement with the...

About half a dozen times.

Right, okay, so a few times. Okay, for the same, same offence each time?

Mostly, yeah...I got probation twice, I think.’

(Interviewer & DH12)

5.3.1.2.5 Comparing interview and OASys data: Drug-related offending

Section 8 of OASys also records whether an individual's drug misuse issues are linked to their offending behaviour. This was recorded in the affirmative for 14 women in this sample. Twelve of these women are discussed above. However, two of these women were
DV5 and DH6, for whom no transcripts were available (as discussed in previously). DV5’s OASys report states ‘her current offence and past shoplifting all committed for financial gain to buy heroin and crack cocaine’. According to her OASys report, DH6 states she owed her drug dealer money for cannabis and committed her current offence (possession of a controlled substance with intent to supply) in order to repay the debt. The only woman for whom there is a lack of consistency between interview findings and OASys report in this section is ESPB8. She claimed that her own drug use was minor and not related to her offence for drug importation, while the person who completed her OASys report felt that her spending on cannabis while living on a limited budget contributed to her debt and therefore her offence. Three women discussed above who were not recorded under this section of OASys were currently serving sentences for drug-related offences but did not have drug misuse issues.

5.3.2 Alcohol

This group of women as a whole spoke about drug-related issues far more than alcohol, but eleven women spoke about alcohol related issues. To represent the key themes discussed by the women, this section is divided into ‘Past and present problems with alcohol’ and ‘Alcohol related violence’.

5.3.2.1 Past and present problems with alcohol

Ten of the women in this research discussed having had issues with excessive alcohol use at some point during their lives. For some this went hand-in-hand with drug use, but for others not. DH11, DV2, and ESP2 reported beginning drinking heavily as teenagers before becoming involved in drug use. DH11 reports starting drinking at age twelve and classes herself as having a considerable alcohol problem by age 15.

‘Yeah, I remember turning up for my exams still drunk from the night before, things like that.’

(DH11)

She reported how by age 17 she had begun using drugs, and that each time she attempted to kick her drug habit she returned to heavy drinking. DV2 also began drinking at a relatively early age and reports that by 14 she would get drunk and then go shoplifting with friends. She discussed not feeling like she had an alcohol addiction but that:

‘I do enjoy a drink. If I go out to drink I make a good job of it.’

(DV2)
However, her drinking clearly had a significant impact on her life, resulting in the loss of her shared accommodation at one point due to her ‘continuous drinking and...smoking cannabis’. It therefore appears that DV2’s issues with alcohol had at times been more significant than she initially suggested, particularly before she became involved in more significant drug use. ESP2 also began drinking at a relatively early age, reporting how heavy drinking had been the norm in her family as she was growing up and that at times she ‘had quite a heavy drink problem.’ Later, during her twenties, she also developed a problem with cocaine addiction influenced by her lifestyle at the time.

‘I did have a drink and drug problem then...I’d say in T (country) it got out of control, because we were working every night. And drinking every night? Yeah it’s a lifestyle drinking.’

(ESP2)

It took a brain haemorrhage to make her give up drugs and alcohol, although she did return to drinking again. She described how her alcohol use was at its worst when she was struggling to cope with events in her life.

‘A lot to do with my father’s death and the stress of what was going on... I wouldn’t say I’m alcohol dependant. I’d say I abuse it.’

(ESP2)

Differing from the women above, ESPB10 discussed how she had never really drunk much alcohol growing up or through her twenties, but had serious issues with drugs from around the age of eleven onwards. It appears that on giving up illegal drugs in prison in her thirties, she used alcohol and diazepam as a replacement for this on her release from prison.

‘Yeah and then I went to prison in me 30’s, come out and I started using alcohol and valium cos I was homeless.’

(ESPB10)

Similarly, DH5 who also had significant drug problems, reported her alcohol misuse being a relatively recent thing.

‘I would say the last couple of years I’ve probably have had a problem with drinking.’

(DH5)
As discussed earlier, in contrast to the other women, ESP10 reports how she had never really been involved in drinking or drug use until after the offence for which she was currently imprisoned.

‘when I was on bail, I was drinking heavily. I think, because of what happened, I kept on having nightmares and flashbacks... I was just drinking alcohol to knock me out, and I was drinking heavily, I was doing in seven days a week, going out drinking, just to block things out.’

(ESP10)

For the twelve months between the car crash where she caused death by dangerous driving, and coming to prison, she also took considerable amounts of cocaine and ran up debt on credit cards.

‘I think I had a little problem, a problem might sound more powerful than an addiction, I don't know, I was lost.’

(ESP10)

Compared to the eight women discussed above, ESPB8 perhaps had a less significant history of drug and alcohol use. She reported a history of some smoking cannabis and drinking alcohol but claimed she ‘didn’t have a major problem’. However, when probed, it transpired that she had undergone counselling to deal with her alcohol issues.

ESP8 is the only woman in this research who might perhaps fit the ‘traditional’ idea of what an alcoholic is. Indeed, she referred to herself as a ‘recovering alcoholic’. She began drinking with her alcoholic parents and older siblings at a young age and continued to drink heavily throughout her life, being involved with alcoholic partners from time-to-time. At her worst she describes drinking at least a large bottle of vodka per day. She reported never having taken illegal drugs, but that she regularly took anti-depressants prescribed for her depression caused by losing ‘my mum, my dad, and my brother and my sister within...three years.’

DV11, like ESP2 discussed above, also described how her drinking was a reaction to upsetting and traumatic events. For DV11, her childhood and teenage years had been characterised by abuse and neglect and by age 17 she had begun drinking heavily.

‘when I felt reject I would drink even more.’

(DV11)
This drinking continued throughout her life, causing numerous issues with accommodation and relationships, until she came to prison after being convicted of an alcohol fuelled violent offence, as discussed earlier in this chapter. DV9, as discussed earlier in this chapter, reported excessive alcohol consumption during her teens, and a strong relationship between alcohol and her violent behaviour.

### 5.3.2.2 Alcohol related violence

Five of the women who took part in this research explained how they had a history of alcohol related violence. DV9 for example, discussed a lengthy history of violent behaviour beginning at an early age. At the age of 15 she was given a conditional discharge for Grievous Bodily Harm. She reported a range of serious fights and attacks she was involved in, the worst of which appear to have been precipitated by the consumption of alcohol.

’So did you beat her up quite badly?"

Yes, I shattered her skull. She had a hole in her head. I broke her collarbone, she had internal bleeding, blacked her eye and broke her nose. She nearly died.’

(Interviewer & DV9)

She explained that her heavy drinking began out of boredom at age 15, and at age 22 another serious assault led her to reassess her relationship with alcohol.

’When I got drunk in 2002 got into a nightclub and I ended up in a police station covered in blood and I thought that’s it, enough of that, that’s the last time I could kill somebody, what for, a bottle of vodka.’

(DV9)

ESP8 who, as discussed earlier, referred to herself as a ‘recovering alcoholic’ was currently in prison for a violent offence fuelled by alcohol. Although she drank alcohol heavily from her teens onwards, she did not have a history of alcohol associated violence, but her current offence (wounding and intended Grievous Bodily Harm) was committed when she was under the influence of alcohol. Similarly, DV11 did not have a history of alcohol related violence, but her current offence was committed when she and her co-defendant had consumed considerable amounts of alcohol.

’Do you think alcohol has anything with you being in prison now?"

Yes. On the night of the crime me and M were drinking heavily and without thinking I showed him where the address was and I told lies to the police trying to cover up for M and got myself into more deeper trouble.’
DV12 also had a history of significant drug use and numerous convictions for theft, but, despite not reporting any general alcohol-related issues, her current violent offence was committed under the influence of alcohol.

‘I’ve picked up the knife we used at dinner, poked him in the eyes so he couldn’t see. He looked like he’d been in a car crash.

Had you been drinking at this point?

Yes. I kept thinking if I am ever going to see my little boy again I’ve got to survive this, the police came and halfway to the police station I thought I’m going to get fucked for this because I’ve got such a shit record and they’re not going to believe me.’

Similarly, DV8 had a significant history of drug use and a variety of previous convictions. She explained that alcohol was not involved in her current violent offence, although she had been violent under the influence of alcohol in the past.

‘I was on holiday with my family and we’d all been drinking down the pub and some people started an uproar with my family and they were all fighting and I didn’t like it. All I did was punched this window and the whole thing……..one punch of the window and it was all over.’

‘I notice if I drink and I drink really bad all the memories come back, and the last time I actually saw my father I broke his nose.

There’s still a lot of anger there about it?

Yes.

Had you been drinking when that happened?

Yes. The weirdest thing about it and the funniest thing about it was he got me arrested.’

5.3.2.2.1 Comparing interview and OASys data: Alcohol

Section 9 of OASys covers alcohol misuse, providing detail of past and current alcohol use, and links to offending behaviour. Data on section 9 of OASys was missing for
ESP1, ESP2 ESP3, ESP4, ESP5, ESP6, and ESP10. No women in this sample were classified in OASys as having current significant problems with alcohol misuse, but four were recorded as having some problems in this area. One of these was DH6 for whom no interview data was available. Her OASys record states that between being arrested and going to prison she drank as much as possible. Why and how a distinction is made in these OASys reports between those women classified as having a current alcohol problem and those with only a past problem is not generally clear as there seems a great deal of overlap in their profiles and thus the distinctions made appear quite arbitrary.

Including DH6 and DH5 for whom no transcripts were available, twelve women were recorded as having had ‘some problems’ with alcohol misuse in the past. Other than DH6 and DV5, two other women highlighted in their OASys records are not discussed above. DV10 was highlighted in her OASys report as having had problems with alcohol use, but at interview she had explained that while ‘I've never had a problem with alcohol but I do enjoy a drink’. Indeed, while she is classified in her OASys report as having past alcohol problems, the notes in the report state ‘there is no pattern of behaviour associated with excessive drinking’. ESPB7 was also highlighted in her OASys report as having had problems with alcohol use. However, no mention of this was made in the qualitative data above, and on re-reviewing her interview transcript it seems that questions about alcohol were not directly asked. There were also oversights in questions asked to ESPB7 by the interviewer as noted in chapter four of this thesis. While the responsibility must lie with the interviewer for omitting certain questions, the post-interview notes state that this was ‘a difficult interview. Interviewee focused on experiences of death and ‘ghosts’.

DH11, ESP10, ESP2 were highlighted in the qualitative section above as having past problems, but OASys data on alcohol was missing for. Additionally, while DV9 spoke at some length about her alcohol use and related violent behaviour, she was not recorded in her OASys report as having had any problems with alcohol, with her report stating that ‘According to (DV9), alcohol is not an issue that features regularly in her life’.

OASys records suggest that alcohol misuse was linked to the offending behaviour of six women in this sample. Five of these are discussed above, while the transcript for DV5 was not available.
5.3.3 Discussion of findings: Drugs and alcohol

While some recent research has suggested that drugs and alcohol should be considered separately in research, assessment, and intervention (Palmer et al., 2010), the findings presented above demonstrate that for most women in this sample with a history of substance abuse, they had abused both drugs and alcohol and that these addictions were highly interlinked. Drug and alcohol misuse were presented separately in this chapter as not every woman had histories of both, but the data presented demonstrates clear links between the two for the majority of this sample. While drug use was often reported as being a form of self-medication, on attempting to give up drugs it was not unusual to hear women say that they had turned to alcohol instead, while many women abused both drugs and alcohol concurrently. Indeed, the reasons for drug and alcohol use were intertwined for many women in this research. Given this, it is possible to suggest that it is not the form of addiction that is the primary issue to be addressed for these women, but the reasons behind their addiction. Consequently, it seems appropriate to suggest that assessment and intervention should consider both addictions together.

That the majority of women in this research with severe histories of drug use reported turning to alcohol use when attempting to become drug-free, demonstrates the inability for many of these women to completely move away from substance use and appears to be linked to an inability to cope with feelings of guilt and thoughts about past experiences that they reported surface without substance use. When these women spoke about times when they had stopped using drugs, they explained how adverse life events or negative experiences acted as triggers for them beginning using drugs again. With reference to drug use as a coping mechanism, six women specifically spoke about the direct relationship between drugs and their failure to cope with their past experiences. While some women were now aware of this link and able to verbally express this, others were not. However, an ability to identify this relationship does not mean that these women are not likely to repeat these patterns of behaviour as they have done in the past. For many of the women these learnt cycles of behaviour had become ingrained and consequently would benefit from specific focus on improving their coping strategies.

Many drugs awareness programmes focus on helping addicts identifying triggers for their drug-taking, but for women in prison with histories of drug abuse the evidence here suggests that the focus should also be on coping strategies. Emotional reactions to the challenging and negative histories of many of the women discussed in this chapter are likely
to be something that they will continue to face throughout their lives. Learning robust coping mechanisms that avoid the negative maladaptive patterns previously used to block out these emotions is likely to help such women stay drug free (Marlatt & Witkiewitz, 2005). US research in particular has shown that cognitive behavioural treatment that addresses thinking errors is effective in reducing recidivism in substance using offenders as it teaches them to avoid behaviour motivated by short-term gratification (Pelissier, Motivans, & Rounds-Bryant, 2005). However, the research here suggests that for women this treatment focus is unlikely to be sufficient to fully address the relationship between negative events and substance use. Indeed, LaMoure, Meadows, Mondschein, and Llewellyn (2010, p. 87), suggest that gender specific programmes are required to deal ‘with the female-specific issues on a more in-depth basis’. Of note here is that one woman (DH11) highlighted that during previous short prison sentences she was placed on drug rehabilitation but felt she was not given any opportunity to address the causes of her drug taking and began taking drugs again on leaving prison.

In terms of the relationship between past experiences and drug use, the finding here that women in prison with substance abuse issues are likely to have histories of trauma, abuse, and neglect supports previous research (Messina, Burdon, Hagopian, Prendergast, 2006). Also of note is that a number of women reported that their initial drug use was related to a specific intimate partner relationship, where drugs were a significant feature of that relationship. Indeed, leading on from the discussion of poor choices and maladaptive coping in chapter four, both poor relationship choices that exacerbate their existing problems, and involvement in drugs, fit this pattern of destructive cycles. Six women in this sample discussed relationship and drug misuse patterns such as this, and how they used crime to fund their drug use. Several women reported that leaving these relationships resulted in a reduction in their drug use. While the relationship was not necessarily the cause of the women’s drug use, they did at least appear to exacerbate their problems. While these findings have related to those women classed in this research as having ‘severe’ drug misuse histories, the primary factor that appears to distinguish ‘severe’ from ‘recreational’ users in this sample (at least in their own view) is the ability to retain the semblance of a ‘normal’ life, through keeping a job or business.

Research has shown that offenders with both drug use and mental health issues are at a far higher risk of recidivism than offenders with no psychiatric illness, and this has been found for both male and female offenders (Messina, Burdon, Hagopian, & Prendergast,
2004). Furthermore, the incidence of co-occurring substance use with one or more non-drug related mental health problem is much more common in offenders than the general population (Abram, Teplin, & McClellan, 2003). However, combined treatment focused on the relationship between these disorders is often lacking despite the evidence that integrated treatment is likely to be more effective than separate programmes (Drake, Mercer-McFadden, Mueser, McHugo, & Bond, 1998; Sacks, 2000). While research on combined treatment programmes has focused on patients with severe mental health disorders, such as Schizophrenia and Personality Disorders, the principles of addressing an individual’s problems as a whole, through a combined approach, would seem to have merit for women such as those involved in this research, particularly in light of discussions on mental health and emotions in chapter six. The findings presented here demonstrate that for a number of women in prison there are long-standing links between mental health, substance use, and past life experiences, and consequently combined treatment may well address the underlying causes as well as current issues. However, the issue here is that while many women in prison display significant mental health and emotional problems, often these are not identified by the Prison Service and therefore individuals do not receive a treatment plan. This is highlighted by the discrepancies outlined in this chapter between individual women’s OASys reports, with some being classed as having a current drug problems and other not, with no apparent rationale for this. In addition to the importance of reducing the needs of these women, it is important to provide effective treatment for this group as it is thought that they are at higher risk of recidivism (Messina, et al., 2004).

While the discussion above has focused on drug abuse, there were two women in this sample who reported having a history of alcohol addiction in the absence of a history of drug use. Interestingly, like the women with histories of drug use, they described similar patterns of maladaptive coping, using alcohol as a coping mechanism, and how negative events could trigger their alcohol abuse. This supports previous research that has identified a relationship between alcohol addiction and traumatic experiences in both male and female non-offending populations (Lo & Cheng, 2007; Mirsal, Kalyoncu, Pektas, Tan, & Beyazyurek, 2004). However, such studies have reviewed alcohol alongside drug use and thus it may be this that has produced an association. Indeed, recent research focused specifically on young offender’s alcohol use has failed to find a strong association between history of trauma and alcohol use in either males or females (Kenny & Schreiner, 2009). While it must be noted that Kenny and Schreiner’s research focused on very specific trauma, such as history of
abuse and neglect in a sample of young offenders, and so is not directly relevant to the current sample, the lack of studies specifically focused on alcohol use alone means this is an area that requires further focused investigation. However, given this all of this, it remains that the discussion above concerning rehabilitation, triggers, and coping strategies, is likely to be relevant to these women. Also of note is the link between violence and alcohol for five of the women in this sample. However, this association is not an unusual one, with studies consistently finding links between alcohol and higher incidences of aggression in women (Newberry, Williams, & Caulfield, under review; Spence, Williams, & Gannon, 2009).

As discussed later, in chapter six of this research, entering prison can have a significant effect on women’s mental and emotional wellbeing. For those women who come to prison with drug and alcohol addictions, the process of detoxification they undergo on entering prison can be particularly difficult. In addition to dealing with the effects of drug withdrawal, what many women report as being hard to cope with is the re-emergence of negative emotions and memories that had been masked by drug use. Plugge, Douglas, & Fitzpatrick (2006) report that women undergoing detoxification can be particularly emotionally vulnerable. However, they also note that once women pass through the worst of the detoxification process, they see significant improvements in both emotional and physical health. However, Plugge et al. also point to a lack of aftercare and community support for women, meaning that despite the progress many women make in prison, after prison they are highly vulnerable to relapse.

For a large number of women in this sample (14), drug misuse was linked to their offending. However, as highlighted earlier in this chapter, there has been a lack of knowledge concerning the exact mechanisms by which substance abuse affects recidivism. Here there was some evidence of a direct relationship between drug use and reoffending, with DH5 - who had also previously been involved in the supply of drugs - explaining that using drugs again then triggered her beginning supplying drugs again. Other women had received numerous cautions and convictions for possessing illegal drugs. However, it is clear that there is not a distinct pattern of ‘drug offender’ apparent in this sample, with motivations include financial problems, funding own drug use, and claims of coercion.
6 Chapter Six: Mental health and emotional issues

6.1 Introduction and overview

This chapter presents data from 43 women interviewed while incarcerated in English prisons. The chapter focuses on participants’ descriptions of their experiences of mental health and emotional issues throughout their lives. Participants were asked questions about: any history of mental health problems (either diagnosed or self-report); the specific form these problems took; whether any specific life events may have contributed to their mental health problems; and the impact of prison on participant’s mental health. The findings are presented under the thematic headings identified from the data analysis, with reference made to data from OASys reports where relevant.

As discussed in chapter one, there is no debate that large numbers of women in prison present significant emotional, personal, and mental health issues. Indeed, previous research has demonstrated that female offenders have a greater incidence of mental health problems than male offenders (Palmer et al., 2010; Shaw, 2001; Teplin et al., 1996).

However, the extent to which specific mental health issues can be viewed as a criminogenic need for women has not been clearly demonstrated (see chapter one) and official figures are likely to underestimate rates of mental health and emotional issues. While the data presented in this chapter is not able to provide comment on the status of specific mental health issues as criminogenic, it does aim to identify the relevance of mental health problems in the broader context of the lives of women in this sample. Furthermore, it has been hypothesised that the prison environment may exacerbate the incidence and severity of mental health issues, particularly for those women with substance abuse issues (Staton et al., 2003), and this will be explored in this chapter.

6.2 Women’s voice and experience

Presented below are the results of the thematic analysis, detailing the voice and experience of the women in this sample, and documenting how they themselves view their experiences of mental health and emotional problems throughout their lives, both prior to and in prison. 33 of the women discussed having experienced mental health and/or
emotional issues at some point during their lives. Experience of mental health and emotional issues is taken from the women’s descriptions, definitions, and where relevant formal medical diagnosis. These experiences varied in longevity, aetiology, and seriousness. The findings are presented below under two main headings: Before prison; and In prison. Within the context of this research the data on women’s mental health and emotional issues before sentencing is of primary importance as the investigation sought to establish the prior experiences of these women. However, a number of these women had been in prison previously, and so for that reason it is important to understand the effect of imprisonment on women with reference to their re-offending. Furthermore, it is vital to report the impact of prison upon the mental health of women who had not previously experienced issues in this area. Understanding the effect of imprisonment on these women also allows for consideration and exploration of what has been offered by way of support and help while in prison.

6.2.1 Before prison

This section presents findings from 27 women who explained that they had experienced mental health and emotional issues prior to their current sentence. The section covers issues as reported by the women, whether formally diagnosed or not.

6.2.1.1 Diagnosis and causes

The range of issues experienced by the women is outlined in this paragraph. ESPB3 was the only woman in the sample who mentioned that she had received a formal diagnosis of Post-Traumatic Stress Disorder (PTSD). As discussed in chapter four, she was diagnosed with PTSD during the trial for her current offence, where the psychiatrist suggested she was likely to have been suffering from this since at least the age of 16. Similarly, ESP3 reported experiencing significant emotional issues throughout her life that she related to her childhood experiences. ESPB5 explained how she had received long-term counselling to help her cope with the abuse she suffered from her ex-husband. ESPB7 had suffered a breakdown that she attributed to a number of experiences in her past, while DV4 described suffering problems with stress related to parenting and relationship issues. 15 women specifically stated that they had experienced depression in the past – some formally diagnosed, other not. For three women, depression was their major illness (ESPB4, ESP8, DV10). However, for most, depressive symptoms co-occurred with other significant symptoms such as: stress, worry, and anxiety (DH4, DH8, DH10, ESP1; ESP2); emotional
During interview the women were asked questions about the development of their mental health and emotional problems, and specifically what they felt may have caused this. DV11 explained how she had significant learning disabilities that affected her ability to develop normal relationships with other people. She reported specific attachment issues, and how she had become inappropriately attached to women in positions of authority throughout her life. This had caused her emotional issues when, as was typically the case, attachments were not reciprocated. Additionally, she explained that she had suffered from depression for many years, which was exacerbated by her poor relationships with other adults:

‘I’m quite a vulnerable person and people take advantage of me.’ (DV11)

DV10 explained that her mental health issues stemmed from a traumatic operation.

‘Having a brain operation like that, your whole personality changes, you become very depressed, you become over confident and - I can’t explain it to you, a doctor would have to explain it to you, how you feel. Your whole personality changes, your life changes, you feel bitter against the world, you suffer depression, you’re on medication for years after before your body actually starts to come back to normal, the way it used to be. You never really come back to normal.’ (DV10)

She explained how, subsequent to this, a poor relationship and family problems precipitated a breakdown. ESPB10 was rather less clear about the onset of her mental health issues, but suggested that her alcohol addiction triggered her depression and related behaviours.

‘Cos I used to do a bit of self harm and all. Yeah I tried to….always try to take my life. So I had you know, and they’ve got to realise that I’ve come off all of my medication.

What medication were you on?

Sleeping medication, anti depressants….come of it, just stopped.’ (ESPB10 & Interviewer)

Six women explained that they could trace their adult mental health issues back to experiences in childhood. For example, DV8 reported that she had begun self-harming as a
teenager as a direct consequence of the sexual abuse she suffered, and that this behaviour had continued into her adult life.

‘It got to me that much I kept….on him, I kept cutting myself up…

Because of that (the sexual abuse)?

Yes. I didn’t feel as though I was worthy of anything, and I cut my hair off.

Why, do you remember what the feelings were?

The trauma that I went through and I didn’t want to go through it again.’

(DV8 & Interviewer)

DV8 also spoke of how her mental health problems – in this case, depression – stemmed from the sexual abuse she suffered during childhood and her poor relationship with her mother. She explained how even at the time of interview, at age 21, she had difficulty coping with what had happened to her.

‘I get depressed and need to get some tablets to calm my nerves down and they have it down that I’m a violent person.

Is that because you use to get into a lot of fights and things like that?

Yes and I just started before yesterday I just went to an officer and I started crying saying you don’t know what happened to me…

So things keep coming up?

Yes, it keeps coming up.’

(DV8 & Interviewer)

DV12 first showed signs of mental health problems during her teens when she first attempted suicide. She reported how she had attempted suicide on at least three occasions during her life and that these were all serious attempts. Subsequently, DV12 was diagnosed with depression, agoraphobia, and panic attacks. Similar to DV8 and DH8, she explained how the sexual abuse she suffered as a child caused her psychological damage, and that this coupled with the neglect she experienced from her parents lead directly to her initial suicide attempts and continued mental health problems. Following this pattern, ESP3 also described the impact on her mental health of abuse she had suffered as a child and poor relationships with her mother.

‘Yeah…yeah. A lot of the time as well when I was young I used to see psychiatrists, social workers, all that but I never ever really dealt with any of my problems.’
As with the women discussed above, ESP3 described a lifetime of mental health problems that, at the time of interview, had continued to persist.

ESP6 and ESPB3 also attributed their mental health problems to traumatic experiences during childhood. For ESP6, this was most notably her father’s suicide, which she felt led to the depression that initially began during her teens. ESPB3 explained how after being raped at the age of 16 she withdrew from the social world, and at the trial for her current offence was diagnosed with PTSD thought to have stemmed from the rape.

DH5 was unique in this sample in reporting that she felt the mental health problems she had experienced were initially as a consequence of her drug use and not related to other experiences. She described beginning to suffer from depression and other problems after sustained drug use.

‘I did get a come down off them...when you’ve been doing that for a long period of time it obviously has to have psychological effects that you can.’

(DH5)

After being prescribed antidepressants and failing to recover, DH5 attempted suicide. This suicide attempt was an isolated incident. However, DH5 reported subsequent periods of depression triggered by difficult life events, such as relationship breakdowns. Indeed, as discussed in chapters three, four, and five of this research, DH5 had a very troubled history.

ESP8 explained the potential causal links between her alcoholism and depression.

‘I think the alcohol caused my depression than anything else, you know what I mean? Cos I could always sort out my problems out, but when I decided alcohol was okay for that...for that couple of hours.’

(ESP8)

However, when discussing her experiences of depression, ESP8 also explained that at the time she was first diagnosed with depression and prescribed medication she was dealing with significant and traumatic life events:

‘I was grieving a lot because I lost my mum, my dad, and my brother and my sister within that three years.’

(ESP8)

ESPB7 also talked about the death of a parent - her father - and how not grieving for him was related to her poor mental health and eventual breakdown, although she was not fully aware she had experienced a breakdown at the time.
‘It got to a stage where I was living for my sons and I didn’t know that I had any form of breakdown then but I was living for my sons.’

(ESPB7)

She also explained how being sentenced to prison triggered a second breakdown.

‘...when I was arrested and I got twelve years I was sent straight to Send Prison. When I was in Send Prison I didn’t know nobody or anything and what do none of the officers talk to you and within three days of being in there I plot my own death and I just wanted to die.’

(ESPB7)

Similarly, ESP2 explained how her father’s death had a negative impact on her mental health, but that the original trigger for her mental health issues was the ten years she had spent in both British and Spanish prisons.

DH1 described a pattern of poor sleep over a number of years that she attributed to worry. Additionally, after her first criminal conviction seven years prior to being interviewed for this research, her probation officer suggested she might be suffering with depression related to her history of poor relationships, miscarriages, and abortions. Although DH1 denied she had ever been depressed, it transpired that she had attempted suicide as a young adult in response to separating from her husband, and furthermore, she admitted having felt suicidal in the more recent past.

‘Yeah, specifically related to this offence. Yeah, I had thought about taking my own life.’

(DH1)

DH2’s sleep problems and depression initially began after she suffered a miscarriage. She explained suffering debilitating depression, that she had removed herself from family and friends, and had attempted suicide soon after the miscarriage. She also reported further sleep problems on entering prison, was diagnosed with depression for a second time, and prescribed medication for insomnia.

While not a mental health issue as such, DV4 explained how she suffered from severe tension headaches on entering prison, but that these had also been a problem for her prior to being sentenced.

‘...that was probably stress as well, being a single parent, who knew what was going on, with the family court. I did have headaches like that before but not as bad.’

(DV4)
A number of other women talked about the links between events in their adult life and mental health problems. Four women in particular discussed the impact of relationships. For example, DH7 felt that her self-harming behaviour was initially triggered by an intimate relationship.

‘I’ve been self harming since I was 16, since I got involved with S.

Why did that start?

*Because of the relationship, and at first it wasn’t self harm it was a suicide attempt and I didn’t know the difference between suicide and self harm, eventually I learnt that. I could self harm without trying to kill myself.*

When did the suicide attempts start?

*I was in my twenties but I have made some quite serious attempts on my life.*

Have any been triggered by specific things?

*The relationships and what was going on around me. The last self harm attempt was about four months ago and that was because B (son) had got himself in trouble.*

(DH7 & Interviewer)

DH11 suffered from anorexia for several years from the age of 18, and reported that she felt this was prompted by her relationship at the time.

‘I was anorexic for quite a lot of years, as well. While I was living, because he was a bit of, he was, like, really mentally draining, you know, and…

So, when did that start, the…?

About, about 18. He was saying I was never thin enough and I was, like, six and a half stone.’

(DH11)

She also explained having a history of depression, first experiencing this at age 25 and beginning more than ten years of prescribed antidepressants bringing her to the present time.

‘It was mainly, I think, it started properly from when my little boy got meningitis, like, because he, we was told that he wouldn’t survive 24 hours.’

‘How old were you then?

‘Well, he’s ten this month, so 25. And then, and it were, I know it’s horrible, it was, like, I don’t even know how to explain it in words, but I, I felt like I was grieving for him and he’d survived it, you know. And he was so poorly and I, and
he just, in, I was, like, I, I can't even remember half the stuff I did. Apparently, I was walking around [...] stuff, like, in the snow, and that, with all kinds of stuff, and it was [...]. And I don’t remember half of it’

(DH11)

In addition, DH11 reported a long history of insomnia, experiencing this each time she stopped taking illegal drugs. Consequently, on entering prison she suffered prolonged insomnia as, she explained, without drugs she worried and this prevented her sleeping.

‘Worrying about seeing my kids, and stuff, as well but, like, even when I've got clean in jail I've, like, I've had a really big problem with guilt.’

(DH11)

While she had worked through these guilt issues in prison, health problems prevented a complete recovery from insomnia.

‘I'm epileptic, as well, and a lot of my meds keep me quite alert. Well, they, kind of, make me drop off and then I'm awake.’

(DH11)

DH13 was another of the four women who drew a link between their relationship experiences and mental health issues. She had been formally diagnosed with depression and had attempted suicide twice. She felt that her ex-boyfriend’s controlling and dominant behaviour caused her mental health issues, and described how he prevented her gaining appropriate help for these issues.

‘No, I did see, when I was diagnosed by, at some point I was sent from the doctor, and I can't remember now if it was, at what point, whether it was when I was assigned medication, or when it was before, when I had had the suicide attempt, but at some point I went to see a counsellor, that I think I maybe made one appointment or something and then there was always some reason why I couldn’t get there. He couldn’t get me there, and he was…anything that really gave me contact with other people where he wasn't involved and he wasn't in control, he would stop that.’

(DH13)

DV7 and ESPB5 also explained that suffering abuse from ex-partners resulted in their need for mental health support. Additionally, ESPB4, while not discussing the reasons for her long-term depression at length, made reference to her history of problematic long-term relationships.

Four women spoke about offence and sentencing related mental health and emotional problems. ESP1 described significant anxiety problems while waiting for her court case.
'Yeah, my anxiety built up then and smoking the cannabis didn’t help. My anxiety got worse, my heart palpitated. My hands were trembling. It got really bad.'  

(ESP1)

Similarly, DH10 described how worry and anxiety affected her during the run up to her court case, and how she stopped eating properly during this time. On entering prison she experienced sleep problems and was quickly referred to the mental health team and placed on suicide watch.

For ESP10 and DH3, their mental health issues developed in response to both their offence and waiting for their court cases. ESP10 struggled to cope with the nature of her offence.

‘Yeah, I was driving, my cousin, a cousin, and had a car crash, an accident, and the person died. So at that time I was going through, I was stressed, emotional, stopped going to work, stopped going out, cut myself off from the world.’  

(ESP10)

She reported how she had attempted suicide soon after the offence, and was prescribed anti-depressants. She also began drinking and using drugs heavily, and suffered insomnia.

‘I kept on having nightmares and flashbacks. So get me, I would either stay awake, so as not to go to sleep to have these dreams, so I’d cause myself to have insomnia, so the tablets they were giving me were knocking me out, if it weren’t the tablets, I was just drinking alcohol to knock me out.’  

(ESP10)

DH3 reported considering suicide after her offence. In this case many of her problems were related to the fear of being caught for the theft from her employer and the shame of being charged for the offence.

‘When I came out they told me, you know, that it’d have to go to court and all this, that, and the other. I did drive to a reservoir, I was gonna drown meself, but then I parked and I thought ‘I can’t do it’, and I...so that’s why the doctor sent me to see a psychiatrist.’  

(DH3)

Like DH3, DH4 was also in prison for a financial-related offence, and explained how her financial difficulties led to her suffering anxiety and depression, although she was not formally diagnosed with this.
6.2.1.2 Treatment

The interviews explored whether treatment had been offered or made available to these women when experiencing mental health problems prior to prison, and – where treatment had been offered - explored treatment engagement. 19 women had some experience of treatment.

Many of this sample had, at one or more points, been offered a combination of treatment, typically including medication and counselling. However, three women (DH11, ESPB4, & DH2) explained that they were offered medication alone. One of these women (DH2) refused to take the medication and this is discussed below. DH11 and ESPB4 were both taking prescribed antidepressant medication at the time of interview and had been doing so for over ten years. While not apparently offered counselling or other therapy, DH11 did suggest that had she been offered it she ‘wouldn’t have gone, anyway’. Other women reported very different past experiences. ESP2, for example, had initially been referred for counselling by her doctor, with whom she described having a ‘very good relationship’, and had engaged well with counselling at various times points where she felt it would be beneficial. Similarly, ESPB5 described receiving counselling for herself and her children after she highlighted their abuse to social services. She worked with the same counsellor for two and a half years, until she entered prison where she requested, and was given, access to further counselling. DH7 had received psychiatric support after being referred during her time as a hospital in-patient after one suicide attempt, but did not report any medication.

DV7 was one of the women who had been offered a combination of psychiatric support and medication. She had seen a psychiatrist regularly and explained being prescribed anti-psychotic medication and taking this for some time. ESP8 had taken antidepressant medication at various points and reported having been referred to a psychologist during the trial for her current offence. DV11 was taking antidepressants at the time of interview and had been doing so for three years. She had also been referred for counselling by social services in the past in an attempt to address her attachment issues. She reporting having found this useful.

A number of women reported how they failed to engage with some or all of the treatments they were offered. ESP1, for example, saw a doctor about her heart palpitations – which she now believed were anxiety related – but when the doctor, at the time, failed to find a physical cause for her condition she refused any further medical input.
DH3 had been referred to a counsellor and then psychiatrist by her doctor while awaiting trial. However, she explained that she found the sessions unhelpful and quickly stopped attending. Additionally, she was prescribed anti-anxiety medication but did not want to take this. DV12 was another woman who had in the past been offered a combination of treatment for her mental health issues, but had not always engaged with this. When first diagnosed with depression, she was prescribed antidepressant medication, but reports failing to take them.

‘I was suffering bad depressions and I ended up throwing the pills in the river because of the fear my mother had for me taking them.’ 

(DV12)

However, in subsequent years she did begin taking anti-depressant medication long-term. She also explained that for some time a counsellor had visited her at home to help her overcome her agoraphobia.

DH5 had at various points been referred to a counsellor and psychologist to cope with her depression and heroin withdrawal, seeing a counsellor for a year at one point. In addition to this, she had been prescribed medication by her doctor.

‘I’ve been like to the doctors and stuff but each time that I’ve been and they’ve prescribed me things they’ve not suited me so I’ve eventually stopped taking it myself and just worked through it’ 

(DH5)

Although stating she ‘worked through’ her depression, she later explained that this had often been with the help of counselling.

DH13 was on several occasions offered antidepressant medication and counselling, but as discussed earlier, reported that her boyfriend prevented her from engaging with these treatments. DH1, contrary to professional and family advice, had refused to seek help during her periods of depression and suicide attempt. After her first offence DH1’s probation officer suggested she see her doctor.

‘So he/she, the probation officer, did you ever go and see anyone, a doctor?

No. But I wouldn’t go and see him, because I wouldn't go and sit in a doctor’s surgery and say this is what’s wrong with me. This is what’s happened, this is what’s been done.’ 

(Interviewer & DH1)
She refused to seek help, feeling that she was to blame for her own situation and so should cope accordingly.

‘If I’ve had a miscarriage it’s because of the stuff that I’ve put myself through because I was going through a court case.’

(DH1)

DH2 saw a doctor and was prescribed antidepressant medication, but stopped taking it soon after.

‘The doctor did put me on medication, but it was getting me down even more. So I stopped taking it.’

(DH2)

For ESP3, it was counselling that she felt was not right for her.

‘Yeah, I have been given the opportunity to speak to a counsellor. I have spoke to a few of them, but they’re just not for me. I’m just not interested.

Because of them specifically, because sometimes again it’s like a personal issue?

I think it yeah...yeah, I think if you feel comfortable speaking then you’re gonna speak, if you don’t you’re not gonna say nothing. And I never ever felt comfortable with them so I just wouldn’t speak, I just...you know.’

(ESP3)

DV2 also reported failing to engage with counselling.

‘Outside of prison have you ever had to see a counsellor or anything like that?

I went to see a........psychologist and that's it.

And what happened there?

I went to H, I had about six sessions and I just wouldn't speak to them.’

(DV2)

For ESPB10, her failure to engage with counselling was related to her alcoholism and financial issues.

‘It cost me a fiver a time and she would have me in for 10 sessions, I'm an alcoholic. And I'm thinking that’s 50 quid I don’t think so! I went twice it cost me a tenner and I thought, oh here we are my drinking money is going down. I was on the social then yeah.’

(ESPB10)

In contrast to this, ESP10 reported eventually finding her counselling sessions useful at a time when she was failing to cope.
‘So how was seeing the counsellor, was that ...

Even though I dreaded going to see her at [...] I used to think, I need to fucking go and see my dealer, that’s what I used to think, meet my cousin and be off with it, it was only once a week, I used to go in there thinking, why am I here, because I didn’t want to talk about it.

But you did go every week?  

Yeah. It was mad, because at first, I didn’t speak, not, I couldn’t speak, if my mum tried to speak about that, I would just walk out the room. Everyone who tried to speak to me for that whole year, the only time we all spoke about it was when we all went to the solicitors or to court, I just couldn’t handle talking about it. The only person I did talk about it to, was with my counsellor once a week. When I used to, I used to hate going in there, but once I come out, I felt relieved, that the more I spoke about it, the better I was getting. So as the months went on, nearer to getting sentenced, I started speaking about it with my friends and my family and then it was helping me more, and then I stopped doing the drugs’

(ESP10)  

However, she felt the antidepressants she had been prescribed were not beneficial.

‘No, I started taking them when she gave them to me, but they were making me depressed, even worse, my mum was like, get off them now, stop taking them, so I stopped taking them. I was only having them for about two weeks, I stopped taking them.’  

(ESP10)  

ESP6 reported a similar experience in that the first antidepressant medication she was prescribed did not work for her, but she engaged with her doctor in trying a series of medications until settling upon once that she felt comfortable with. However, even then she failed to take the medication as prescribed, most likely due to her continued illegal drug use. Like several other women in this sample, ESP6 also failed to fully engage with the counselling she was offered.

‘I’d go for four times and I’d think yeah, that’s great and on the fifth time they’d all say to me, if it’s so good, why are you here? Then I’d just burst into tears, tell them my life was awful, tell them everything, really unload and then get too embarrassed to go back again’

(ESP6)  

Of the eight women who had previously engaged with treatment, five had reported significant childhood issues, ranging from sexual abuse (DH7), to family illness (DH11), and violent behaviour at school (ESP8). Of the twelve women who had previously failed to engage with treatment, eleven had reported significant childhood issues (see chapter three for a full discussion). While there are not sufficient numbers here to analyse the statistical
significance of this, it is interesting to note that more women who had failed to engage had issues stemming back to childhood.

6.2.2 In prison

This section presents details of: the effect of prison on women with previous mental health and emotional issues; the effect of prison on the mental health and emotional well-being of women with no prior issues in this area; and the support provided for women’s mental health and emotional issues during this current sentence.

6.2.2.1 Effects of prison on women with a history of mental health and emotional issues

Twelve women – all of whom had described previous mental health issues - spoke specifically about the mental and emotional impact of entering prison. For DH2, the primary impact of incarceration upon her mental health was an inability to sleep. While this is not an unusual response to the anxiety and stress that entering prison is likely to cause, she also explained how she was diagnosed with another bout of depression by the prison medical team. However, she dismissed this diagnosis, reporting that she felt ‘quite lively’. DH11 and DH10 also described experiencing insomnia on entering prison, and the effect this had on them. DH11 felt that this was due to a mix of entering rehab, worrying about her children, and the guilt that surfaced each time she attempted to give up illegal drugs. However, after some months in prison she managed to begin sleeping a little more. For DH10 the insomnia was primarily attributed to concern over being separated from her child, but she also explained that she suffered anxiety and paranoia and was placed on suicide watch.

For DV4 the tension headaches she experienced outside prison became much more serious on entering prison, but, like the women who experienced sleep problems, these did subside with time as she became used to the prison environment.

‘I had a lot of problems with stress and tension headaches. When I was on C wing I was getting them every week, fairly regularly, where no I get them once every two to three months. It could be because I’ve settled down now.

What about the worrying things in general, do you feel that has subsided?

Yes it has. I think because I’ve got into a routine and I know that the kids are okay. I still get worried about them, especially now my eldest is 15 and going through his teenage years but in general it’s not too bad.

Did you speak to the doctors at that time?
I did about my headaches. My headaches were more of migraine, they were that bad that I’d be crying my eyes out or I’d want to bang my head against the wall, they were really severe. But I was talking to the doctors here and they said it sounded more like stress tension headaches.’

(DV4)

DH3 explained how difficult she found coming to prison, suffering significant anxiety and worry. However, she did not have a recurrence of depression and expressed some relief at having been sentenced after a two year wait for her court case. Similarly, DH8 also expressed how she experienced worry and anxiety in prison.

‘It’s when I’m worrying and have things on my mind, I sit there and I do cry sometimes.’

(DH3)

The depression she had experienced outside of prison persisted, and she was in contact with the prison counsellor.

Notably, a number of women expressed the positive impact that entering prison had on their mental and emotional wellbeing. For example, DV7 explained how helpful and supportive the prison health team had been, while for ESP6 this was the first time she had regularly taken her antidepressant medication.

‘So it wasn’t until I actually got to prison and I was forced to take my pills that things started to look good. And I thought, oh no, if I’d have done this years ago I wouldn’t be here now.’

(ESP6)

Additionally, through attending the Offending Behaviour Programmes that were part of her sentence plan, ESP6 decided that counselling might be beneficial for her. After years of failing to engage with counselling for more than a few sessions, at the time of interview she had been in counselling for six months and reported finding it ‘really useful’. For ESP3, it was the courses that she had done in prison that she felt had helped her to most deal with her past. DH13 had a similar story to tell. While she had failed to engage with counselling in the past outside of prison, in prison she had made full use of these services.

‘But now, I’m a great believer in counselling and psychology and that’s because it’s helped me so much.’

(DH13)

For ESP1, it was the routine of working outside that she felt had a very positive effect on her. She was employed in the prison gardens and found that this tired her out so much she slept well and also saw a significant decrease in her depression. However, she did
report that at the start of her current sentence sleep and coping were problems for her, but perhaps more significantly she had not felt she was offered the support she needed.

‘I asked if I could see a counsellor and they said that I couldn’t have one, cos they didn’t see it as an issue. You know it was for people to solve like their problems, obviously the heroin.

So you weren’t given any access to anyone…?

*I did 19 months in prison and they never once addressed my offence or nobody asked me.*

(ESP1)

She also explained that after home leaves she experienced an increase in depressive symptoms.

‘When I went on my first home leave in July I felt really depressed when I come back, for about a week. And I’ve never ever felt so low, because I do…It feels…it feels like being sentenced all over again, cause you’ve gone right back from coming so far to going straight back to square one.’

(ESP1)

Similarly, DH5 reported that she had not received support during her previous prison sentence. Specifically, she felt that if she had been able to attend the Enhanced Thinking Skills (ETS) course during her last sentence this would have been very beneficial.

6.2.2.2 Effects of prison on women with no history of mental health and emotional issues

Six women, who had expressed no history of significant mental health or emotional issues prior to incarceration, talked of the specific emotional and mental health impact of entering prison. Shortly after being arrested and placed on remand in HMP Holloway, DV3 was referred to a psychologist and prescribed antidepressant medication.

‘I was on depression tablets and I actually saw a psychologist not that I was mad but someone to help me. They put me in a ……not because I would harm myself but because of the state I was in they were very concerned about me. I wouldn’t eat – you know all of a sudden your life is going well and then you’re in prison. I was taken away from my child who I was always with, it was difficult.’

(DV3)

She reported that she had now adjusted to prison and no longer needed support or medication. ESPB6, DH12, and ESP9 also reported developing depressive symptoms and suffering significant stress on entering prison. ESP9 explained how she had been referred to a psychiatrist after experiencing physical symptoms that her doctor felt were related to stress.
and depression. She also reported that at the time she felt strongly that this was not the case.

‘I was being in denial about that. “I’m not stressed…I’m not stressed.” I kept telling the doctor, “I’m not stressed. Okay, why do you think I’m stressed? I’m getting all these aches and pains, there’s something wrong with me.” And it was stress obviously…and I was at breaking point.’

(ESP9)

Subsequently she was prescribed antidepressant medication and was being monitored by the psychiatrist. ESPB6 had also been prescribed antidepressant medication, but had stopped taking them, and felt this was mistake as her symptoms quickly returned. At this point she had asked for a counsellor, and at the time of interview was waiting to see one, although her doctor felt medication was the best option for her.

‘I asked to have a counsellor, but the doctor said that the anti-depressants would help me, cos I’d been on them before when I first came into prison.’

(ESPB6)

DH12 explained that she began suffering with depression shortly after entering prison. She had been prescribed antidepressants and felt these were helpful, but had not been offered any counselling.

ESPB9 had initially been imprisoned abroad and reported experiencing no mental health or emotional issues until she was transferred to an English prison.

‘The only time I took antidepressants was when I came back into this country, I started to have panic attacks when I went to [...], and they put me on antidepressants to calm me down. Claustrophobia, can’t handle being in closed spaces.’

(ESPB9)

Shortly after entering an English prison she learnt that her mother was terminally ill but that she was not able to visit her in hospital. She reported struggling to cope with this, but that seeing a counsellor for two months helped her.

6.2.2.3 Support in prison

In total 27 women spoke about their experiences of treatment and support for mental health and emotional issues in prison. In order to provide a full picture of the range of support experienced, this section provides details of support for women with previous mental health problems and also those discussed in the section directly above.
13 women were, or had been, taking prescribed medication in prison for their mental health issues. DV8, DH11, DV12, and ESPB10 had all been taking long-term antidepressant medication, although ESPB10 reported having recently stopped taking this and her sleeping medication. DH2 was prescribed sleeping tablets and DH12 was prescribed antidepressant medication in prison. DV4 was simply prescribed pain medication to cope with her tension headaches. However, the majority of women who had received support for their mental health or emotional problems in prison had been provided with some form of counselling or psychiatric support. ESP9 had been placed on antidepressants but was also being monitored by a psychiatrist. DV3 had received counselling for three months while on remand and was also prescribed antidepressant medication. She now reported coping fine without either form of treatment. DV11, while still on medication, had stopped contact with counselling and other mental health personnel as they felt she had reached a point where she no longer needed the support. She reported having found the sessions helpful, although she did find talking about her past difficult. ESPB9 was prescribed antidepressants and referred for counselling when she moved from a foreign prison to an English prison, and in particular felt that the counselling had been good for her. ESPB4 was referred for counselling as part of her sentence plan, in addition to the antidepressant medication that she had been taking for approximately ten years. She had never received counselling before, and while she had only been in counselling for two weeks at the time of interview, she was hopeful it would be beneficial.

DH8 was currently having weekly counselling sessions and reported finding this helpful, and both she and the counsellor felt she did not require medication. ESP8 explained that she was currently receiving counselling because of her cannabis use, and for ESPB7 the counselling she received had helped her cope with coming to prison. Indeed, she reported finding it so helpful that later during her sentence when her mother died, she ‘automatically asked for counselling’. DH10 also needed support in order to cope with entering prison, having been referred for psychiatric support, although she only saw the psychiatrist on one occasion. ESPB3 began counselling on entering prison in an attempt to tackle her PTSD and was still receiving counselling at the time of interview. ESP2 reporting having seen a counsellor at various time points throughout her prison sentence, but only in an English prison, rather than the foreign prison she had spent part of her sentence in. She explained that this process had been very helpful to her and she now felt she could recognise if she needed counselling again and would feel confident to ask for this.
For ESP10, ESPB5, and DH7 the counselling and/or psychiatric support was almost a continuation of the support they had been receiving prior to prison. ESP10 began counselling while awaiting trial and ESPB5 had received counselling for two and a half years prior to sentencing to help her come to terms with the abuse she had suffered. DH7 had a history of psychiatric contact prior to prison and described the support in prison as ‘extremely brilliant’. While ESP6 had been to counselling sessions in the past, she explained that prison was the first time she had ever continued with counselling for more than a few sessions. At the time of interview she had been attending counselling sessions for several months and the counsellor felt she had ‘broken a barrier’. Furthermore, as discussed previously, it was also the first time she had taken her prescription antidepressants properly.

‘So it wasn’t until I actually got to prison and I was forced to take my pills that things started to look good. And I thought, oh no, if I’d have done this years ago I wouldn’t be here now.’

(ESP6)

DH13 reported that prison was the first time she had been ‘allowed’ to engage with counselling, after previously being prevented by her ex-partner. She had received both counselling and psychotherapy and felt strongly that these had been beneficial for her. ESPB6 was awaiting her first counselling session at the time of interview, while DV7 explained how the health team had been very supportive. ESP3 had been offered counselling in prison but refused, instead citing that she had found the courses she had attended most helpful in dealing with her past. Similarly, DH5 reported finding the Enhanced Thinking Skills course a great help to her emotionally.

A further five women were not receiving support. As discussed earlier in this chapter, ESP1 felt that the routine of working outside had helped her psychologically, although she did report that she had needed support during her last prison sentence and this was not made available to her. DH3 had received counselling and psychiatric support during her trial, but was not interested in continuing this in prison. DV10 explained that her mental health problems were in the past and she had no current need for support. DH4 reported never having sought help and DH1 had a history of refusing support prior to prison.

6.2.2.3.1 Comparing interview and OASys data: Emotional well-being

Section 10 of OASys covers emotional well-being, providing detail of any difficulties coping, current psychological problems and depression, current psychiatric problems, history
of psychiatric treatment, and current or pending psychiatric treatment. Below are details of the women’s problems in this area as recorded in their OASys records.

DH6 was recorded in her OASys report as having significant problems coping, although as explained in chapter two no transcript of her interview was available for analysis. Eight further women were highlighted as having significant problems in this area. All of these women are discussed in this chapter, although the extent to which they currently reported having problems coping in prison varied. Indeed, often initial problems coping in prison can subside over time (see summary section of this chapter) and so as most of these OASys records were not updated very recently they may not reflect current coping.

Six women were recorded in OASys as having current psychological problems and/or depression. One of these was DH6 and so not discussed during this chapter. The emotional and mental health problems of the remaining five are discussed earlier in this chapter. Of these, three were also recorded in OASys as having significant current psychiatric problems (ESP10, DV11, & DV12). However, it is difficult to separate out why some women were classified as having psychiatric problems while some not. After fully reviewing the interview data and OASys notes for these women the classification given typically seems arbitrary. For instance, ESP10 had reportedly shown much recovery between entry to prison, a subsequent OASys interview, and then the interview for this research, and thus it seems that ‘significant psychiatric problems’ was no longer a suitable classification. Additionally, DV11, while presenting a very troubled history, in fact displayed learning difficulties and depression as her primary problems, and neither the interview for this research or comments in her OASys record support that ‘significant psychiatric problems’ was a suitable classification.

Only three women were recorded as currently receiving or awaiting psychiatric treatment. While DH7 and ESP6 did report receiving treatment, DH5’s OASys report stated she was waiting for counselling, yet at interview some eight months later, this had not transpired. What is particularly interesting to note is that at interview a total of 27 women spoke about their experiences of treatment in prison, many of whom were currently receiving such treatment. That only two of these were recorded in OASys suggests either a lack of communication between staff in the prison, or significant problems in the updating of OASys records.

Five women were recorded in OASys as having a history of psychiatric treatment. However, exactly how psychiatric treatment is defined is unclear. Indeed, the records for this sample of women appear to include both GP prescribed anti-depressants and counselling
but not referral to a psychiatric unit. Additionally, during interview a total of 19 women
discussed treatment that would fall under the broad definition of psychiatric treatment used
in these OASys reports. Eight of these 19 women reported not only accessing treatment (in
the form of prescribed medication and/or counselling), but also of engaging with this
treatment. It is unclear why not all of these occurrences were recorded. One possibility is
that definitions of psychiatric treatment vary between the individual professionals compiling
OASys reports, and so potentially some do not view counselling and/or medication as falling
under this definition. This highlights a significant issue with the completion of this section of
the OASys report.

6.2.3 Discussion of findings: Mental health and emotional problems

The high numbers of women in this sample presenting symptoms of depression and
anxiety are in line with previous findings on the prevalence of these problems with female
offenders (cf. Lindquist 2000). However, the difference in findings between research studies
and official records such as OASys should be noted here. While the OASys records of the
women in this sample suggest that very few women either had a history of psychiatric
treatment of were in receipt of current treatment, the interview data suggested much higher
numbers. Furthermore, figures collected in 2006 by staff from one of the prisons in this
research suggest that 25 percent of women at the closed prison taking part in this research
had been referred for psychiatric treatment, with a third of these being referred for
depression (Slinn & Davison, 2006). Again, this is much higher than recorded in OASys, but
as this was a single piece of research and not routinely collected data it is unclear how this
information was used, and there remains the possibility that some need is unmet due to poor
information recording.

The link between women’s histories of traumatic and violent experiences and an
increased risk of mental health problems has been well documented in the literature (cf.
Rees et al., 2011). However, for a sample of women who reported less experiences of abuse
during childhood than seen in other studies of female offenders (see chapter three), it is
interesting to note that the prevalence of mental health and emotional issues was still high.
This highlights the multiple needs of women in prison, even in a sample of women who, as a
whole, may have had fewer traumatic experiences than many women in prison. This
therefore leads to the possibility that the women presented in this sample do not fully
represent the many women in prison with very troubled backgrounds – those women who
are likely to have significant needs and require even greater support. However, the
discussion below is based on the experiences and needs of the women who formed this sample.

The majority of women in this sample presented depression as their primary mental health issue, and often reported long-standing experiences of this. While self-harming behaviour is thought to be a significant problem in the female prison population (Social Exclusion Task Force, 2009), of note in this sample is that only three women directly spoke about incidences of self-harm. However, ten women spoke about attempted suicide and clear parallels are drawn between these two behaviours (Owens & House, 2002). Self-harm and suicide attempts are often viewed as a reaction, albeit an extreme one, to traumatic events (Leigey & Reed, 2010). Research has found that female offenders who self-harm and experience suicidal ideation are likely to report high rates of emotional, sexual, and physical abuse (Roe-Sepowitz, 2007), and most research has found that females are more likely to display these behaviours than males (cf. Belknap & Holsinger, 2006). The findings presented here support this, as twelve of the 13 women who reported a history or self-harm and/or attempted suicide had a significant history of traumatic life experiences. The remaining woman reported attempting suicide on failing to cope with the death she had caused through dangerous driving. Indeed, female offenders are more likely than males to have histories of suicide attempts, and abuse and neglect (Veysey & Hamilton, 2007).

In terms of causes and triggers, the data in this chapter highlights a strong relationship between past experiences, the inability to cope with these experiences, and mental health problems. This is based primarily on what ten women in this sample expressed as the background to their mental health and emotional issues. Six of these ten women with histories of negative childhood experiences stated a direct link between this and their mental health and emotional problems. This included childhood sexual abuse and other negative experiences in childhood. Indeed, the link between childhood trauma and poor mental health outcomes in female offenders is documented in the research literature (Messina & Grella, 2006) and also seen in the broader population (Nanni, Uher, & Danese, in press). Almost all of these women reported long-term experiences of mental health and emotional problems, as opposed to singular incidences.

For the majority of the women here, their mental health and emotional problems were not constant, but episodic, often being triggered by life events. As discussed in chapters four and five, negative life experiences have also been a theme in the adult lives of many of the women in this sample, triggering drug and alcohol use for some, and episodes of mental health problems.
illness for those discussed in this chapter. Indeed, as noted in chapter four, ‘women who are
the victims of sexual abuse in adulthood are significantly more likely to suffer mental health
problems, including PTSD, than controls, and as likely to suffer PTSD as female victims of
childhood sexual abuse (Thompson et al., 2003)’. Furthermore, some studies posit that
having experienced intimate partner violence and also having a history of childhood sexual
and psychological victimisation equals the highest risk of psychological distress in women
(Bouchard, Tourigny, Hebert, & Cyr, 2008). For many women in this sample, these negative
experiences came in the form of poor intimate partner relationships, with four women
specifically citing this as a direct cause of their mental health and emotional problems.
Indeed, intimate partner violence has been reported to result in a loss of self-identity and
self-worth (Leigey & Reed, 2010).

There were also two women in this sample who explained that it was their drug and
alcohol use that caused their mental health problems. However, these women also had
significant negative life histories and thus both their substance misuse and mental health
problems can be seen as forms of maladaptive coping. The concept of coping was
discussed in chapter five, and is also relevant here as many women discussed an inability to
cope with negative experiences, resulting in poor mental health. However, some women in
this sample clearly described the ability to recognise when they are not coping and seek
appropriate help and support. While this was a minority of women in this sample, they were
the women who had successful experiences of engaging with treatment for their mental
health and emotional problems. It therefore seems important to help other women
experience successful treatment engagement so that they can seek appropriate help in the
future when they feel themselves failing to cope. This would then reduce the risk of
maladaptive coping strategies, such as substance misuse. While this will not remove their
risk of future offending, as mental health problems are an area of criminogenic need this is
likely to reduce risk and improve the quality of their lives.

The finding here that for some women prison regimes may initially exacerbate
existing mental health problems supports previous literature (Nacro, 2009; Sered & Norton-
Hawk, 2008). As discussed in chapter four, experiences of trauma are a striking feature of
the lives of many women in prison; therefore it is not surprising that many women in prison
also report mental health problems. Furthermore, many of the factors specific to women in
prison may exacerbate mental health issues. For example, chapter four discussed how the
relatively small number of women’s prisons means that women are often placed a long way
from home, and thus often a long way from any support networks. Additionally, and significantly, for many women this means being far away from the children for whom they are often the primary carer. Indeed, in the sample here 18 of 43 (42%) women had children under 18. Of these 19 women, 14 (33%) were the primary carer for their children prior to going to prison. All of these factors mean that prison takes a high emotional toll on many women, with feelings of guilt and remorse being common (Allen, Flaherty, & Ely, 2010).

However, an area lacking in the research literature is the extent to which women’s mental health problems exist prior to prison or whether symptoms occur as a result of incarceration. Consequently, the finding that six women in this sample claimed to first experience mental health and emotional problems only after going to prison is an important one. All six of these women were diagnosed with depression in prison and prescribed antidepressants. Four of these women were also given either counselling or psychiatric support, and one further woman was waiting to see a counsellor. While this demonstrates the significant negative impact that prison can have upon the mental health of women, this finding also highlights the positive way in which most of these women were supported. In general they were offered support quickly and found it helpful in working to overcome their problems and cope with prison. However, Douglas, Plugge & Fitzpatrick (2009) note that for women who are not suffering from significant mental health problems, but do require some support in emotionally adjusting to prison, often this support is lacking.

It is also vital to highlight that a further four women experienced mental health and emotional problems in response to their offence, specifically when waiting for their court hearing. This suggests a potential need for support for women’s well-being not only in prison, but throughout their experiences of the criminal justice system. In terms of mental health support once they reached prison, two of these women were provided with support, although for one the support was reported to be very limited. The other two women did not report access to any mental health support on entering prison.

A minority of prisoners with very severe mental health problems are cared for within forensic secure units. Many others are cared for within prison by in-reach teams, run by the NHS, who liaise with community support. While prison healthcare as a whole is typically reported as being far from perfect (Brooker, et al., 2008), significant advances towards an equivalence of stands with community care have been made (HMIP, 2007). The issue of an equivalence of standards is discussed further in chapter seven. Perhaps unsurprisingly, the women who have most contact with psychological health practitioners in prisons have
histories of mental health treatment, suicide attempts, and drug abuse (Diamond, Magletta, Harzke, & Baxter, 2008; Faust & Magaletta, 2010). This is the case for the sample under discussion here. Given the high incidence of women with mental health problems, and the often vulnerable nature of these women, it is perhaps no surprise that prison mental health teams are not always able to meet the level of demand for their services (Nacro, 2009).

Here, while there were positive reports, there was still some lack of consistency. Despite the heavy demands placed on mental health services in prison, it is important to note that this demand comes from only a proportion of women with mental health problems. As demonstrated by the disparity between official data from OASys records and interview data in this current sample, the prison service is not always aware of the mental health needs of all offenders. A report published by Nacro in 2009 suggests:

‘Not all prisoners will choose to disclose that they have mental health issues for fear of being stigmatised or being perceived as ‘different’ by other prisoners. Some worry that if they disclose any weakness, this could leave them open to bullying and intimidation. The consequence of this is that some women prisoners with mental health issues – particularly those who are suffering fairly low levels of anxiety or distress but who would benefit from some form of intervention – go undetected and untreated.’

Nacro (2009, p. 4)

However, it is also vital to remember that five of the twelve women who discussed the impact of prison upon their mental health said this impact had been positive. Indeed, two of these women reported that prison was the first time they had fully engaged with mental health support services: be this taking medication as prescribed; or attending regular counselling. Three women - one from each of the three prisons in this research - specifically stated how good they had found the mental health support in prison. For one woman, rather than any specific support it was the prison routine (specifically having a routine and working outdoors) that appeared to have helped her, while the final of these five women cited ETS as the change point for her. However both of these women stated that previously they had not been given the support they felt they needed. For the first woman (ESP1), she explained failing to cope on entering prison and requesting counselling, but was denied this, while DH5 suggested that in three previous sentences over the past 14 years she had not received any emotional support.
In terms of treatment and treatment access, the chaotic lives of many offenders meant that twelve of the women in this sample had failed to engage with treatment for their mental health and emotional problems prior to prison, even when they themselves had initiated the search for help and support. A high proportion (11/12) of the women who had failed to engage with treatment prior to prison had reported significant issues in their lives since childhood. This is in-line with a recent meta-analysis of research that shows that childhood maltreatment is associated with poor treatment response and less remission of symptoms of depression (Nanni et al., in press). This suggests that it is harder to engage those with significant issues, and that they are harder to treat. However, they are the individuals who most need support and prison could offer an opportunity for this. Authors have commented on this issue of ‘treatment resistance’ and how time with a therapist is often the biggest factor in over-coming resistance (Strauss, 2009). For many women, prison represents the first time they may have had a stable routine and thus presents an opportunity for women to more fully engage with treatment over a period of time.

While some authors have commented that women’s increased use of medication in prison is negative (Rickford, 2003), the reports from women in this sample indicate that these increases may be due to them engaging with appropriate treatment. However, Rickford does also note that ‘there is anecdotal evidence that this increase in medication is not a result of careful exploration of the mental health needs of women but rather a response by under-trained staff who resort to medication to contain a ‘problem’” (p. 23). Whilst it is not possible to discount this idea, this did not appear to be the case for the sample of women who took part in this research. However, on this point, it should be noted that not all women taking medication for their mental health problems were also given access to counselling or psychological therapies. These findings should be set against the changes in prison mental healthcare discussed in chapter seven of this thesis.

Given that a number of women reported initial problems in finding the ‘right’ anti-depressant for them, it seems that counselling support is even more important. Some women had not engaged with treatment in the past due to drug and alcohol abuse, and for these women prison presents a particularly significant opportunity to address their mental health issues. As discussed in chapter five, the focus should not just on ‘getting clean’, but on dealing with past issues, therefore addressing mental health problems, and focusing on an awareness of triggers and appropriate coping strategies. Undergoing detoxification in prison can result in the emergence of painful memories and feelings of guilt, and thus is a
time when mental health support is greatly needed. Furthermore, this research shows that women are more likely to engage with treatment in prison to face their past issues: this provides an opportunity to address the underlying causes of these women’s mental health and emotional issues, and substance misuse issues, in a way that is often not possible when they are not in custody. However, as mentioned above, it is not always the case that adequate opportunities for mental health support are provided for women in prison. For those women who discussed the treatment they had been offered in prison, there appeared to be no consistency between type of treatment offered and type/history of mental health problems. Indeed, the seemingly arbitrary nature of OASys classifications given these women suggests a lack of consistency of approach from the start. Some women reported medication only, some were offered a combination of medication and counselling, and some were offered counselling alone. While it may be the case that treatment is offered on a more individualised basis and so type and longevity of disorder may not be an accurate predictor of treatment offered, Plugge et al., (2006) suggest there is often inconsistency across establishments.

Clearly entering prison does not automatically equal worse mental health for women. While many are likely to have problems coping at least initially as entering prison is a stressful time for most, these problems with coping often recede. As offenders get used to their situation they begin to learn to cope better, and furthermore, offenders typically become busier as their sentence progresses and they begin working (inside or outside the prison). Being occupied has been found to correlate with fewer problems with self-harm and suicidal ideation (Kruttschnitt & Vuolo, 2007). Indeed, there is the potential for prison to actually be a positive time in terms of addressing some of the underlying causes, working on appropriate treatment, and laying the foundations for adaptive, positive coping mechanisms for the future. This is contrary to the findings of Staton et al., discussed in the introduction to this chapter. Given that for some of the women in this sample prison provided a strong opportunity to reduce their mental health and emotional needs (and aside from the personal benefit of this, it should be remembered here that mental health is also a criminogenic need), it is even more important that this opportunity is not missed and that treatment is appropriate. However, as highlighted at the beginning of this discussion, the OASys reports for the women in this sample suggest that at least some need is undetected, and therefore untreated.
Furthermore, of note is the recent finding by Webb et al. (2011) that the prevalence of suicide in people with a history of one or more custodial sentences is significantly higher than that of those with no history of involvement with the criminal justice system. Perhaps unsurprisingly, they found that those who had been sentenced to psychiatric treatment were most likely to commit suicide. However, Webb et al.’s research - which covers data over a 25 year period - shows a strong independent effect of criminal justice history on suicide risk, and that this risk is greater in women than in men. The findings from this study of Danish adults are important as they highlight the potential impact of being imprisoned, not only on the mental health of individuals in prison, but also later, when these individuals are back in the community. That this effect is more significant in women suggests an even greater need for support to help female offenders overcome mental health problems.

### 6.3 Summary

To some extent, the findings presented in this research are more positive than previous research concerning mental health support in prison. Of course, this may be in part due to the fact that as a group these women had less traumatic histories than other studies have suggested is the norm for women in prison. It may also be the case that more of these women who had now engaged with treatment were willing to talk to the researcher. However, even should this be the case, these women were still able to speak about their own past experiences and therefore should not be dismissed.

While the existing literature highlighted that there is a lack of understanding about how far specific mental health disorders are criminogenic, as the majority of women in this sample reported depression as their major issue it has not been possible to comment on other disorders in detail or with any authority. Despite this, the data presented in this chapter has provided much greater insight into the mechanisms by which these women’s lives affect their mental health, and vice versa. Perhaps more significantly, this data has highlighted that there is a good deal of consistency in the type of mental health problems experienced and the underlying causes of these problems for many women in this sample. Additionally, this chapter has provided detailed evidence on the experience of these women in prison and highlighted problems with official prison recording of mental health problems.

Prison could afford an ideal opportunity to provide focused support for a hard to treat group who may well have failed to engage in the past.
7 Chapter Seven: Discussion

7.1 Introduction

This discussion chapter serves a number of purposes. First, it brings together the findings from the four data chapters and provides an overview of the key findings from this research. Second, this chapter contextualises the findings from this research within recent policy and practice developments relevant to women offenders, before going on to discuss the limitations of this research and future directions.

The literature review in chapter one outlined that while a number of factors currently measured by standard assessments in the criminal justice system are problematic for both men and women in prison, there remains a "relative lack of evidence about women's offending-related needs" (Hedderman et al., 2011, p. 16). The literature review highlighted that aetiology and level of need is likely to differ for men and women. The literature review also highlighted the lack of data on the voice and experience of women in prison - particularly of women in the UK - and the need for robust qualitative data to add depth of understanding to the existing quantitative data reported in the literature. For example, Palmer et al., (2010) acknowledge that their own recent large-scale study of UK probationers does not allow us to understand the reasons underlying the needs of women who offend. The data presented in this research adds depth to such large-scale quantitative analyses of women's needs (for example Palmer et al., 2010; Rettinger & Andrews, 2010), by providing detail of the aetiology of these needs.

This research did not aim to present a detailed account of all the factors known to be significant in the pathways that women take into crime. The literature review highlighted that there is a good deal of consensus on a number of factors that are known to directly impact upon women's offending and as such there was little utility in replicating this through this current research. Instead, the interviews considered areas that were initially identified through the literature as requiring fuller understanding concerning their exact relationship to women's offending behaviour. Through in-depth interviews with women in prison and detailed analysis of this and OASys data, the chapters present the experiences of these women in key areas relevant to their life experiences and offending behaviour. This has filled some of the gaps in our knowledge of women’s offending and pathways to crime. For
instance, we know that significant numbers of women in prison have histories of abuse in
colorful, and in their adult lives, but what has been debated is the extent to which these
histories directly impact upon offending behaviour. The data here captures the continued
relevance of a history of abuse in the lives of women who have experienced this, particularly
with reference to mental health and emotional well-being. This suggests such factors can at
least be termed ‘mediating’ or ‘responsivity’ factors: if not directly impacting upon women’s
risk of reoffending, these experiences directly impact upon established criminogenic needs
and the ability of women to cope and make decisions about life. This and related findings are
discussed further below.

The focus of this research has not been specifically on criminogenic or potentially

The previous four chapters presented data from interviews with 41 women
incarcerated in English prisons. Information from a further two women for whom no interview
transcript was available was included under discussion of OASys data in each chapter (see
chapter two for an explanation of this). Each chapter presented findings under the key
themes identified through a detailed thematic analysis of interview transcripts from each of
the research participants. The data chapters focused on participants’ descriptions of their life
experiences leading to their current imprisonment. The OASys report of one woman was
unavailable, and so the data chapters also presented OASys data for a total of 42 women.

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childhood experiences, adult experiences, alcohol and drug use, and mental health and

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This overview of findings is presented in the order of the data chapters, discussing
childhood experiences, adult experiences, alcohol and drug use, and mental health and
emotional issues, whilst also highlighting links between these areas where appropriate. Notably, when the women interviewed for this research were asked, at the end of their interview, to consider and explain what they most felt was responsible for their offending behaviour, all responses fell clearly into the four over-arching themes covered by the previous data chapters.

For this group of women, the findings presented throughout chapters three to six illuminated their life experiences and how these experiences have related to other areas of their lives. Chapter three highlighted that while fewer women in this sample reported histories of childhood sexual abuse than has been found in other studies, experiences of abuse and neglect more broadly defined are a common feature of this group. Furthermore, this research has highlighted that the women themselves attribute much of their subsequent life experience and current situation as related to these childhood experiences. While the qualitative data presented in this study is not able to suggest that these early factors are predictive of later offending behaviour, what the data does show is the very real impact that early negative experiences have had upon women who subsequently become incarcerated. This research has reviewed the ways in which these histories have shaped the lives of many of these women, and documented the significant effect these histories continue to have on their thoughts and actions. Indeed, the data suggests that early negative experiences may have shaped a number of indirect pathways that led to the offending behaviour of a number of the women in this research. Specifically, a number of women link these early experiences directly to their offending behaviour, and the data presented in chapter three suggests some relationships between a history of abuse and later drug and alcohol issues. The data also tells us that women in prison with histories of traumatic childhood experiences are likely to have difficulty coping with these histories even decades later.

In addition to the findings relating to women’s life-course development, from the data presented in chapter three it is possible to suggest that there is a need to broaden the definitions of childhood trauma and victimisation used when discussing women offenders, in order to more fully reflect the lived experiences of women who offend. The research literature has typically focused on the most extreme and severe forms of childhood trauma and victimisation, such as sexual and physical abuse, with little or no reference to a range of other factors. The research presented here suggests that factors such as parental death, being a young carer, neglect, parental desertion, and trauma, should be included in a broader definition of childhood trauma and victimisation. This would not only more fully
represent the life experiences of many women in prison, but would allow for better identification, and therefore treatment focus, when aiming to provide support in learning to cope with these experiences.

However, while it may be important to incorporate broader definitions of childhood trauma in the vocabulary we use when discussing women and crime, it is still important to note that there are a number of women in this research whose childhoods were significantly traumatic in many different ways. For example, all of the women who had experienced sexual abuse had also been looked after in local authority care and typically reported negative experiences of this. The link between victimisation, bullying, and offending was also discussed in chapter three, demonstrating a potential link between significant victimisation in childhood and convictions for violent offences in adulthood. While the data was not sufficient in terms of numbers to state a firm causal link between history of sexual and violent abuse and later offending, this research has highlighted the multiple needs of women with severe histories of abuse, and the very difficult histories and multiple needs of those women classed as high-risk within the prison system.

Overall, this research is able to suggest that many women are placed on traumatic and destructive pathways from a young age, that eventually result in criminal conviction. These early problems are likely to be related to later maladaptive coping and poor decision making and thus potentially criminal behaviour. Evidence surrounding this can be found in chapter three where almost all women who had experienced parental abandonment, illness, or death, or physical or sexual abuse either directly discussed their failure to cope with this or how they used drugs and alcohol in an attempt to cope with psychological damage. Also related to poor coping skills, relatively large numbers of women in this sample had consistently made poor decisions about relationships and presented an inability to cope with past assault and violence, as discussed in chapter four. Additionally, chapter five reported evidence of an inability for many women in this sample to cope with feelings of guilt and thoughts about past experiences without substance use. As opposed to viewing criminal behaviour as the focal point around which to understand other experiences, criminal behaviour appears to form only one piece in a jigsaw, where it can be viewed as just one part of the broad picture of the traumatic and destructive lives of some of these women.

Not all of the women in this research have been ‘victims’ in the traditional sense. Nor have they presented themselves as behaving as victims. Many of the women reported feeling that they had no opportunity to choose a path other than their offending, and for a
number of them they had made a conscious choice that offending was the best choice for them at the time. Typically these women had financial concerns – be it to pay off debt, pay for drugs, or provide more for their family. Much research discusses women's histories of abuse or mental health issues, but fails to place this in the context of the rest of their lives. Furthermore, this literature often ignores the routes that women with no abuse history take into offending.

Chapter three allowed us to conclude that there is no doubt many women in prison have very troubled childhoods. While this research cannot say that specific elements of these histories are criminogenic – and it does not aim to do so – it clearly identifies that many women in prison are still struggling to come to terms with events in their childhood and growing up, that they themselves directly attribute to their subsequent problems with mental wellbeing, substance misuse, and other issues. This research suggests that for many women in prison these experiences are specific responsivity factors that, while perhaps not criminogenic, require focused input in order to tackle the reasons underlying their criminogenic needs.

Leading on from experiences of childhood, chapter four presented a discussion of the adult lives of the women in this research. Traumatic experiences and victimisation were characteristics of almost half of the sample, many of these experiences being specific to their being female. For example: infertility, miscarriage, and terminating pregnancies; the impact of having children taken from them; the impact of sexual victimisation; the huge toll on a minority of women of childcare and family-care. Many of these experiences have been previously neglected in the literature. Women described the impact of these experiences, in particular discussing the emotional toll these experiences had taken. Despite this, it is clear that these experiences form a fundamental part of who these women are and the lives that they lead. While it is not possible, or indeed appropriate given the data presented in this research, to suggest these experiences are a direct cause of offending for these women, these experiences are fundamental to the context of their lives, their poor and maladaptive coping, and their poor decision making. It is these poor coping and poor decision making skills that form a fundamental part of their troubled and destructive lives, of which offending behaviour forms a part.

Of particular note is that almost half the sample discussed how their adult lives had, in part, been characterised by negative experiences, yet this was often separate, and
additional to, the 47 percent of this sample who spoke about their experiences of violent and controlling relationships. For many women their histories of negative intimate relationships began at a young age, with poor relationship choices continuing as a factor of their adult lives. The data presented in chapter four also began to answer questions raised in previous research about how far women’s relationship problems relate to past or current relationships, with some women showing signs that poor relationship choices had continued even within prison. These poor relationship choices relate to broader patterns of poor decision making for many of these women.

However, it is important to note that not all of the violence and controlling behaviours within relationships presented in chapter four were one-sided. Interviews and OASys reports revealed that some women were also violent to their partners, although this was a minority.

The findings from chapter four highlighted that while there is a clear need to support women in breaking away from abusive relationships and learning how to make positive relationship choices, there has been no significant or sustained government discussion around this. These histories of traumatic experiences and victimisation, both within and outside of intimate relationships, are fundamental to the context of women’s lives, forming a core part of their poor decision making and poor coping skills. Furthermore, chapter four highlighted that particularly in closed and semi-closed prisons, there is still some way to go in supporting the maintenance of women’s ties with their children and families.

Key themes have emerged from the women discussed in this chapter and, while not all women had experiences in these areas, the data has highlighted the poor decision making and poor coping skills of many of these women. This also links to data presented in chapter five, which discussed the interaction between these factors, relationships, and drug misuse. With respect to the importance of family ties, there may be a need to focus future research, policy, and practice on the role of positive relationship experiences in reducing recidivism – and also the benefits to women’s emotional and mental health problems, which in turn are a criminogenic need.

Chapter five challenged some of the recent literature around the drug and alcohol use of offenders, proposing that women’s drug and alcohol use are often interlinked, both in the reasons behind these behaviours and the patterns of behaviour involved in the use of these substances. This was primarily related to women using drug and/or alcohol as a form
of self-medication. The findings suggest that it is not the form of addiction that is the primary issue for the women in this sample, but the reasons behind this addiction, and that assessment and intervention should consider both addictions in a combined approach.

For the majority of women with drug and/or alcohol problems discussed in chapter five, this behaviour was linked to their inability to cope with feelings of guilt and thoughts about past negative experiences. Emotional reactions to past experiences formed part of the lives of many of the women in this sample, and were something that they would be likely to continue to face. Their drug and alcohol use formed part of their poor decision making and maladaptive coping, using drugs and alcohol where they were not able to cope positively. Chapter five suggested that many of these women would benefit from learning positive and robust coping strategies, this avoiding these negative patterns of thoughts and behaviours.

In bringing together the chapters of this research, the findings supported previous research that has demonstrated links between female offenders’ substance misuse and histories of trauma and victimisation. In highlighting the destructive cycles that are characteristic in the lives of many of this group of women, through drug and alcohol abuse, the research also discussed the links between these factors and the women’s relationships. For a number of women, when reviewing their life stories, it became apparent that poor relationships exacerbated their issues with drug and alcohol use. Indeed, for some women in prison the links between these negative choices and poor decision making have been a key part of every aspect of their lives.

The data presented in chapter six provided insight into the mechanisms by which women’s life experiences have impacted upon their mental health. Perhaps more significantly, the data highlighted that there is a good deal of consistency in the type of mental health problems experienced by women in this sample and the underlying causes of these problems. A large proportion of the sample had experienced significant depression over their lives, with frequent reoccurrences. Chapter six highlighted a strong relationship between past experiences, the inability to cope with these experiences, and mental health problems. For many, these emotional and mental health issues were long-term and reoccurring, often re-triggered by stressful situations. The women discussed in chapter six highlighted the impact of experiences from childhood and adulthood on their later well-being and life experiences.
The concept of coping was discussed in chapter five, and is also relevant here as many women highlighted an inability to cope with negative experiences, resulting in poor mental health. However, some women in this sample clearly described the ability to recognise when they are not coping and seek appropriate help and support. While this was a minority of women in this sample, they were the women who had successful experiences of engaging with treatment for their mental health and emotional problems. It therefore seems important to help other women successfully engage with treatment engagement so that they can seek appropriate help in the future when they feel themselves failing to cope. This would then reduce the risk of poor coping strategies, such as substance misuse. While this will not remove their risk of future offending, as mental health problems are an area of criminogenic need this is likely to reduce risk and improve the quality of their lives.

One of the most notable findings from chapter six was the failure of the prison service to fully record the scale and scope of mental health and emotional problems experienced by women in this sample. As discussed in chapter six, this suggests that need may go unmet through poor information recording in OASys, highlighting problems with official prison recording of mental health problems. This was a sample who presented multiple needs, a great deal of this around poor emotional and mental health, yet a group who may have had fewer traumatic experiences than many women in prison. This suggests that many other women in prison may have even greater needs in this area and require greater support. These findings were also highlighted in chapter five. The findings presented there demonstrated that for a number of women in prison there are long-standing links between mental health, substance use, and past life experiences. Consequently combined treatment may well address the underlying causes as well as current issues. However, the issue here is that while many women in prison display significant mental health and emotional problems, often these are not identified by the Prison Service and therefore individuals do not receive a treatment plan. This is highlighted by the discrepancies outlined in chapter five between individual women’s OASys reports, with some being classed as having a current drug problems and other not, with no apparent rationale for this. In addition to the importance of reducing the needs of these women, it is important to provide effective treatment for this drug using group in particular as it is thought that they are at higher risk of recidivism. These findings are of particular concern given the insistence of NOMS that ‘effective services [for women offenders] are underpinned by rigorous individual offender assessments which can then be aggregated to give a picture of cumulative needs. OASys is
a useful tool for this’. (NOMS, 2008, p. 10). The evidence presented here, and collected at the same time as NOMS made this statement, suggests OASys may not be used as rigorously as suggested.

An area lacking in the research literature is the extent to which women’s mental health problems exist prior to prison or whether symptoms occur as a result of incarceration. Chapter six presented some important findings in answer to this, with 14% (6) of this sample explaining that they had first experienced mental health and emotional problems only after going to prison. This is an important finding, and points to the high emotional toll that prison can take on women. This is further supported by this, and other research, that has found the mental health of many women with prior problems in this area deteriorates on entering prison. While previous research has suggested support is often lacking for women in prison with mental health and emotional needs, the findings discussed in chapter six highlighted the positive way in which the six women who claimed not to have experienced mental health problems prior to prison were supported. All six had received diagnosis and treatment in prison. Additionally, while the initial adjustment to the prison environment clearly takes a high emotional toll, several women reported adapting and learning to better cope with the prison environment as time progressed.

However, while initial problems coping with prison may subside, the mental health and emotional problems of many women are long-standing. As the data presented in chapter six highlighted, the chaotic lives of many women in this sample meant they had previously failed to engage with treatment, even when they themselves had recognised their own problems and sought support. Of note is that in this sample there appeared to be a link between long histories of trauma and victimisation and failure to engage with treatment. Sadly, this suggests that it may be those women most in need of support that have not received this. However, it is in this area that chapter six presented positive findings of the experiences of these women in treatment engagement. For many women, prison represents the first time they may have had a stable routine and thus presents an opportunity for women to more fully engage with treatment over a period of time. While chapter six highlighted that some authors have commented that women’s increased use of medication in prison is negative, the reports from women in this sample indicate that these increases may be due to them engaging with appropriate treatment. Nonetheless, while there is clear potential for prison to be a time when women can engage with treatment for their mental health and emotional problems, this research has raised issues relating to a lack of
consistency in treatment approach. This is discussed in further detail in the ‘Applying the findings’ section below.

To some extent the findings presented in chapter six were more positive than previous research on the mental health of women in prison. While this may be in part due to the fact that as a whole these women reported less traumatic histories of abuse than shown in other studies, it may also be that women who had engaged with treatment may have been more likely to take part in a self-selecting research study and so present a more positive view of mental health treatment in prison.

Much of the existing literature simply states the prevalence of the past experiences of women in prison in a specific area of need, but fails to provide any insight into how women actually think and feel about their experiences and how this has impacted on the rest of their lives. This research has presented a far greater level of detail and focus on the lived experiences of these women. As opposed to viewing areas of need in isolation it has provided this insight by showing that women view their early experiences as highly significant in their lives and some see a direct link between this and their offending behaviour. In addition, the data here has demonstrated that the experiences most highlighted by the women in this sample were often highly relevant to their gender, suggesting a need for a gender-informed focus for both assessment and treatment.

This research has brought together women’s experiences, rather than looking at issues such as trauma or drug use independently, allowing the patterns of poor life choices to emerge. The data demonstrates how for many women in this sample their offending is part of their pattern of poor decision making and should be addressed in this context. However, not all women see this link, and most would not view these past experiences as an ‘excuse’ for their behaviour. What this research has highlighted is how relevant past traumatic experiences are in the lives of these women. However, little space is given to identifying issues in this area in official measures, and therefore insufficient focus on treatment in prison.

This research has also provided multiple measures of these women’s childhood experiences by collecting data from in-depth interviews and from individual OASys records. These findings should be placed in the context of recent developments in policy and practice, outlined below.
7.3 Policy and practice

As the data presented here was being collected, a number of developments in policy and practice occurred. Stemming from concern over continued rises in the numbers of women entering the criminal justice system, in 2007 the government commissioned Corston report was published. Arguably the most significant publication to arise from the governments’ recent focus on women and crime, the Corston report made a number of recommendations highlighting the need for changes to the criminal justice system. The report suggested that there should be a focus on working with both women involved in crime and women at risk of offending, and that this work should be gender specific. Given the differing needs of men and women in the criminal justice system highlighted in the report, recommendations were made for a distinct approach as ‘equal outcomes require different approaches’ (Corston, 2007, p.3). The key recommendations from the Corston report concerned: ensuring every agency of the criminal justice system ‘radically transform the way they deliver services for women’ (p.3); replacing existing women’s prisons ‘with suitable, geographically dispersed, small, multi-functional custodial centres within 10 years’ (p.5); reducing strip-searching in women’s prisons ‘to the absolute minimum compatible with security’ (p.5); the formation of an inter-departmental Ministerial Group for women, and a Commission for women who offend; reform of sentencing, including that ‘custodial sentences for women…be reserved for serious and violent offenders who pose a threat to the public’ (p.9); the development of regional women’s centres for vulnerable and at-risk women; and more focused and joined-up work concerning women’s general and mental health (Corston, 2007). While a relatively short review, being undertaken over a period of nine months, the report highlighted the need for significant changes in supporting and diverting women away from crime and in dealing with those who become involved in crime. The Corston report was also highly successful in raising awareness of women’s treatment within the criminal justice system as problematic, and providing a model for creating change through research.

Following the Corston report, and the initial government response to this in late 2007 (Ministry of Justice, 2007), a number of changes were made in the treatment of women in the criminal justice system. In 2008 the former government published the Ministry of Justice Gender Equality Scheme (Ministry of Justice, 2008) which, according to a report by the All Party Parliamentary Group on women in the penal system (All Party Parliamentary Group on
women in the penal system, 2011), may help service commissioners outside of the criminal justice system ‘provide services which tackle the underlying causes of female offending at an early stage’ and ‘will allow for the use of prison for women to be reduced’ (p. 3). The APPG on women in the penal system, with Baroness Corston as chairperson, was established in 2009 to work towards the recommendations outlined in the Corston report. In 2011 the Group reported on the work that had been done towards the recommendations of the 2007 Corston report; from government level changes - such as the first national service framework for women offenders, aimed at improving the way NOMS responds to women (NOMS, 2008) – to investment in community initiatives aimed at diverting women away from crime. In particular, positive reports are emerging of the network of community provision for women that has been developed through the probation service and voluntary sector, including initiatives such as the Together Women programme (Hedderman, Palmer, & Hollin, 2008). Furthermore, in 2009/10 the government announced an additional £15.6 million of investment in services for women offenders and women at risk of offending.

The information above suggests that since the research presented here began there have been a number of positive developments in attempting to divert women away from crime, and in dealing more appropriately with the needs of women in prison. However, as the All Party Parliamentary Group on women in the penal system highlights, there is still some way to go. For example, the recommendation in the Corston report for small, geographically dispersed custodial units has been rejected and there remain 14 larger women’s prisons located significant geographic distances across England and Wales. In addition to this, while the Corston report recommended that custodial sentences be reserved for serious and violent women who are a potential threat to the public, and the national service framework for women offenders aimed to have fewer women in prison overall (NOMS, 2008), in 2010 68 percent of women in prison were there for non-violent offences, compared to 47 percent of men (All Party Parliamentary Group on women in the penal system, 2011: Ministry of Justice, 2010a). Furthermore, and as noted earlier, as recently as 2010 the government reported a lack of thorough understanding of the needs of women in prison (Ministry of Justice, 2010b).

While there have been changes focused specifically on the needs of women in prison in recent years, given the issues identified in this research with women’s mental health and emotional well-being, so too should important changes to prison mental healthcare be noted.
Historically prison healthcare had been removed from the NHS, running largely autonomously and seeming to lack any significant degree of external accountability (Smith, 1984). The sense that prison healthcare was isolated from wider society had, by the 1990’s, led to substantial criticism from a number of sectors. In several instances this criticism resulted in changes in practice and accountability within prison healthcare, with a number of influential reports published through the 1990s and 2000s that impacted upon prison healthcare (HM Inspectorate of Prisons, 1996; HM Prison Service & NHS, 1999; Department of Health & HM Prison Service, 2001). Mental healthcare was highlighted as requiring particular attention and a number of suggestions were made including: the development of care in line with NHS mental health policy and national service frameworks; better identification of mental illness at reception and screening; ensuring effective use of a Care Programme Approach; and following a community care service model including enhanced in-reach and out-reach work.

In 2001 the Department of Health and HM Prison Service concluded that ‘neither the Prison Service nor the NHS have been as effective as they could be – and should be – in providing mental health services for prisoners, nor in recognising the particular mental health needs of specific groups of prisoners; women, people from minority ethnic groups and young people (p.3). As a consequence, policy was developed in line with both the National Service Framework for Mental Health (Department of Health, 1999) and NHS mental health policy, applying the same standards ‘equally to prisoners as to the wider community’ (Department of Health & HM Prison Service, 2001, p.5). From 2001, focus shifted towards achieving an ‘equivalence of stands’ between the NHS and prison healthcare, and in 2005 the government, in conjunction with the NHS, developed the Offender Mental Health Care Pathway (Department of Health, NHS, & National Institute for Mental Health in England, 2005) as a guide for those involved in the provision of mental healthcare in the criminal justice system. Drawn from evidence in clinical practice and the wider literature, the purpose of the document was two-fold: ‘to guide the practice of people who directly deliver services, and support decision making for those who commission them’. In 2006 responsibility for health services in prisons in England and Wales shifted to the NHS. One of the most visible changes that has occurred is that since then over 350 in-reach workers have been recruited to provide services to inmates with severe mental health problems (Brooker, Duggan, Fox, Mills, & Parsonage, 2008). However, as discussed earlier in this research, the challenge is
not an easy one: prisoners typically have far higher levels of need than the general population.

In 2007 HM Inspectorate of Prisons conducted a review of the conditions and treatment in prison of offenders with mental health needs, concluding that between 1996 and 2006 considerable improvements had been made in the care provided in prison for offenders with mental health needs, in particular the development of mental health in-reach teams. These findings were supported by Rickkets, Brooker and Dent-Brown (2007). However, the HM Inspectorate of Prisons review also found a significant number of areas where, at best improvements were needed, and at worst complete overhauls of working practices would be required in order to provide appropriate care for offenders with mental health needs. They commented that prison mental healthcare should be 'based on the complex needs of those in prison, including the specific needs of women (p.14)'. However, given the government’s reported lack of a full understanding of the needs of women in prison (Ministry of Justice, 2010b) it is unlikely this is currently achievable. Indeed, in 2009 the Lord Bradley report highlighted the impact on women and their families of spending time in custody, identifying that mental health provision lacks a female-specific focus.

This chapter does not seek to comment upon the detail of the changes that may be needed to improve the mental healthcare of women in prison, but seeks to highlight that this care remains lacking for women, and other ‘minority groups’ in prison (Bradley, 2009). A start-point of a clearer understanding of the needs of women and a commitment to provide support appropriate to these needs is likely to be a positive one.

It should be noted that government commissioned research on women in the criminal justice system has been published in recent years, in an attempt to understand more about women in the criminal justice system. For example, the Cabinet Office Short Study on Women Offenders (2009) and Policis Women Offenders report (2009). While these studies reflect the increased government focus on women offenders, and the Cabinet Office report in particular is useful in terms of an overview of statistics on women in prisons, these studies lack any detailed discussion of the issues behind the statistics. They do not substantially seek to explain or investigate the reasons behind events in the lives of women offenders or the behaviours they engage in. The Policis report is to an extent a move forwards from the traditional quantitative report, providing an overview of interviews with a total of 30 women offenders in prison, in the community, and women and girls at risk of offending. This report in
particular is of interest in beginning to provide information on the views of women themselves, which might augment the quantitative data. However, the breadth of areas covered by this particular report results in little useful detail. Taking a critical approach, it could be said that such studies pay lip-service to the idea of qualitative research and investigating the views and experiences of women, but in reality tell us little more than the quantitative data. Nonetheless, it is interesting to note that such research has been commissioned by the government in an attempt to further understand the needs of women offenders and those at risk of offending.

7.4 Applying the findings

The 2010 Ministry of Justice Green Paper ‘Breaking the cycle’ underlined that the needs of women in prison are not yet fully understood by the government. This highlights the need to ensure the findings of the research presented here are broadly disseminated in order to help inform policy and practice. As noted earlier, this research has not sought to provide a complete picture of the experiences of women and their offending, but explored areas where understanding was limited. This must be made clear in any dissemination of this work, with those established criminogenic needs - as discussed in literature review - highlighted as part of the overall picture.

Where the research presented here differs from much of the previous qualitative literature on women offenders is the move away from solely focusing on one or two areas of potential need. As discussed earlier, this previous literature can be criticised for placing too great an emphasis on aspects such as women offenders’ histories of childhood abuse to the exclusion of other factors relevant to women who commit crime. However, this focus has helped to bring discussions of how women differ from men in their offending patterns and the aetiology of their offending behaviours to the forefront. Now that these debates have taken place in the UK Government, as discussed above, it is essential to ensure that the decisions that are made are based on evidence from female offenders in the UK.

Most quantitative research on women offenders has simply presented the prevalence of various factors and speculated on the relationships between these factors and women’s offending behaviour. Criminogenic need has traditionally been difficult to establish in women offender groups. However, more recently a small number of studies have examined large data-sets, conducting various forms of regression and survival analyses (e.g. Palmer et al.,
in order to identify factors statistically related to offending and re-offending in female samples. These studies have used need and risk assessments developed primarily for use with male offenders (for an overview of the use of need and risk assessments with women offenders see Caulfield, 2010), and this is borne out of necessity given that this is how the Prison and Probation Service collect data on a large scale. While these studies present interesting data on the needs of female offenders based on relatively large samples, they can be criticised for their reliance on assessments that were designed to measure criminogenic need in male offenders. What these studies do not investigate is the potential that other needs not routinely assessed by the criminal justice system could be criminogenic for women. Furthermore, these studies focus solely on the prevalence of these factors with no consideration of the aetiology of these needs. Indeed, Palmer et al. highlight that their data did not allow for more detailed investigation of areas of need and their relationship with offending behaviour. More detailed understanding of the needs of female offenders will help improve the targeting, focus and design of interventions (Hedderman, 2004; Palmer et al., 2010). This more detailed understanding is what the research presented here provides. As detailed throughout this research, the data here cannot identify criminogenic need, but has pointed towards clear ‘mediating’ or ‘responsivity’ factors in the lives of women who offend. Indeed, ‘it should be noted here that the very term ‘criminogenic’ has been critiqued as being too narrowly defined (see, for example, Maurutto & Hannah-Moffat 2006) and, thus, if the term were defined more broadly, the mediating factors that indirectly influence women’s offending behaviour may also be relevant’ Caulfield, 2010, p.317).

The evidence presented here points to a potential need for interventions that focus on the root of women’s emotional and mental health, and substance abuse issues, but it is also vital to keep in mind that the reasons behind these issues are not homogenous. For example, many women reported positive childhood experiences, yet developed problems later in life, while some women had experienced abuse and neglect at an early age and had not been able to come to terms with this. It could be argued that specific interventions to tackle women’s on-going issues with their past experiences would prompt improvements in mental wellbeing and potentially reduce issues with substance abuse.

In terms of treatment focus, this research provides clear lessons. As discussed in chapter five, for those women with drug and/or alcohol issues the focus should not just be
on ‘getting clean’, but on dealing with past issues, addressing mental health problems, and focusing on an awareness of triggers and appropriate coping strategies. Whether a woman has substance misuse problems or not, this research shows that they are more likely to engage with treatment in prison, allowing the time and appropriate support to face issues from the past and present. What was found to be lacking for these women was consistency of treatment approach. While treatment should be responsive to individual need, there should be consistency between treatment offered and type/history of mental health problem for example. Indeed, as highlighted in the data chapters, the at times seemingly arbitrary nature of OASys classifications given these women suggests a lack of consistent approach from the start. Further to this, the OASys reports for the women in this sample suggest that at least some need remains undetected in official records, and is likely to therefore remain untreated. This highlights a need to ensure assessment is both consistent and relevant to the experiences of women, focusing on gender-responsive programmes and interventions. Indeed, others have cited the need for a holistic rehabilitation framework (Sorbello, Eccleston, Ward & Jones, 2002) that would address the range of experiences and needs presented by women offenders.

In some respects there is potential for prison to be a positive time in addressing any past trauma, working on appropriate treatment, and laying the foundations for adaptive, positive coping mechanisms for the future. In particular, prison could afford an ideal opportunity to provide focused support for a group with significant emotional and mental health needs, yet a group that has also proved difficult to engage with treatment outside prison.

That the findings presented in this research concur with recent findings from large-scale research - in terms of prevalence of need and the relationship between needs - suggests that, despite the relatively small-scale of this work, they may be applicable to the women’s prison population in England and Wales more generally, and as noted earlier, this research has been able to significantly deepen our understanding women’s experiences and the issues relevant to their lives and behaviours.

### 7.5 Limitations and factors to consider

This research is not without limitation. A number of the potential limitations have been discussed throughout the thesis, and are expanded upon below.
Self-selection bias is widely acknowledged as a potential limitation to research. While it would not be ethical, or indeed achievable, to have made participation in this research mandatory, it must be acknowledged that employing a self-selection participant recruitment strategy in this research may have resulted in a sample that is not representative of women in prison as a whole. Women who came forward to speak may have done so for a number of reasons: they may be women who are more motivated than others; they may either be those who have complaints that they wish to air, or those who have particularly positive stories to tell; they may be those who simply wish to talk or to fill time in their day. The researcher was aware of this as a potential limitation and implemented a range of recruitment strategies across the establishments in an attempt to broaden the sample of participants. These are discussed in the chapter two of this research, but include each participant receiving a research invitation letter in their cell at HMP Drake Hall, taking part in a television interview at HMP Downview, and using peer-recruiters at HMP Eastwood Park. While these strategies formed a part of the self-selection strategy, and so did not remove any limitations associated with this approach, they at least ensured all women were aware of this research and thus had the option to participate.

It should also be noted that there are potential benefits to self-selection. As Bailey (1994) notes ‘volunteers are highly motivated, and thus may be more careful and may give more information with fewer errors than would less willing respondents’ (p. 207). This certainly appears to have been the case here, where participants were open and willing to talk at length during interview, and so the quality of information obtained is high.

There are other factors with the sample here that mean the results may not be generalisable to all women in prison in England and Wales. The nature of the participating establishments was not representative of all women’s prisons in England meaning that the women within them are unlikely to be fully representative of all women in prison. While one closed, one semi-open, and one open prison took part in this research, thus representing a range of prison establishments, there are currently only two open women’s prisons and one semi-open with the majority being closed prisons. Additionally, research access meant that the majority of women interviewed were from the open prison, whereas most women in prison in England are in closed conditions. Women in open prisons typically have less need - and therefore risk – hence being suitable for open conditions. Therefore, it is likely that women in prison more generally have greater need than the women discussed in this sample. Indeed, as noted in chapter three, the women in this sample reported lower
incidences of histories of sexual and physical abuse than previous studies (cf. HMCIP, 1997).

In addition, some research suggests that offenders may respond to researchers in what they perceive as a socially desirable manner, thus under-reporting issues such as mental health problems (Murray, 2001). Furthermore, in research like this where participants are asked to speak about highly personal experiences, underreporting has been noted as a serious concern (American Correctional Association, 1990; Leigey & Reed, 2010; Williams, 1994). As discussed in chapter two, the researcher was aware of the possibility of under-reporting and so spent time talking with each woman before beginning the interview to establish rapport, and also had a strong awareness of the importance of emphasising independence and social remoteness from the prison establishment in order to encourage the disclosure of information. However, there is also potential that self-report data from certain groups of women will be less reliable than from others. For example, Jansson, Hesse, and Fridell (2008) report the only known study on the validity of self-report data from substance abusing women. While they assessed self-report information on criminal justice system involvement only, they found that self-report data from their sample should be used with some caution, particularly where reports about violence were concerned. They suggest that ‘shame, stigma, and social desirability’ (Jansson et al., 2008, p. 6) may play a part in underreporting of certain events, and they argue memory problems were unlikely to account for any significant lack of accuracy in their study.

The data presented in this thesis should be considered in light of the above points, but also acknowledging that the interviews were supplemented by review of individual OASys reports - discussed throughout the data chapters - that allowed for cross-checking of some of the data provided by participants. In this way, the data was not only self-report, but also based on official prison records. Indeed, King and Liebling (2008) suggest that while all information should be taken seriously, researchers should check stories wherever possible. In concluding the review of potential limitations to the research, it seems likely that women in this sample may have less overall need than women in prison generally, and that underreporting of difficult past experiences is a concern.
7.6 Concluding thoughts

This research makes an important contribution to the existing literature on the needs of women offenders. The findings have enhanced understanding of areas related to offending behaviour that were previously the subject of debate in the research literature, adding support to large-scale statistical research studies conducted since the collection of the data in this study (Palmer et al., 2010; Rettinger & Andrews, 2010). However, while these large-scales studies were able to identify relationships, this research has gone further by investigating the experiences behind women's needs and explored these experiences in the context of their offending behaviour. Indeed, as Block et al. (2010. p.96) note, 'the study of the criminal careers of girls and women has entered an exciting phase'. Linking together longitudinal datasets with research that highlights the voice and experience of women 'has potential for producing a quantum leap in the quality and availability of information on the criminal careers of girls and women' (p. 96). Furthermore, they suggest that through increasing the accessibility of research findings to policy makers and practitioners, there is potential that this knowledge could have a positive impact on the experiences of women in prison.
7 References


8 Appendices
### 8.1 Appendix 1: Interview topic schedule

#### INTERVIEW TOPIC SCHEDULE

<table>
<thead>
<tr>
<th>Research identifying number</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of interview</td>
<td></td>
</tr>
<tr>
<td>Time of interview</td>
<td></td>
</tr>
<tr>
<td>Comment:</td>
<td></td>
</tr>
</tbody>
</table>

**Participant information/Interview protocol and Informed consent**

(Plus - I’d like you to be as open as possible. Some questions might not apply to you so we can just skip over them, but when questions are relevant to you it would really help me if you’d give me as much detail as you can. I want to hear what you have to say, in confidence, but if you find that you don’t want to answer anything I ask you just let me know and we can skip onto the next question or even stop the interview if that’s what you want.)

<table>
<thead>
<tr>
<th>Background information</th>
<th></th>
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<tbody>
<tr>
<td>(from file)</td>
<td></td>
</tr>
<tr>
<td>Current offence</td>
<td></td>
</tr>
<tr>
<td>Sentence length</td>
<td></td>
</tr>
<tr>
<td>Time served</td>
<td></td>
</tr>
</tbody>
</table>
Childhood

Please may I ask a little about your childhood?

Where were you brought up?

Did you have any brothers or sisters?

Looking back on your childhood, is there anything you would have changed?

Was there anything that made you particularly unhappy?

(Like losing someone close to you.
Or being picked on by your parents / brothers / sisters / at school.
Or being badly treated)
Were you ever badly treated?
(physical/sexual/mental/emotional)

If the interviewee was badly treated or abused…
Do you mind telling me what happened?

How old were you when this started?
How long did that go on?  
(Perpetrators?)

Was anything done about it?

What (if any) effect do you think this had on you? As a child, growing up, and in later life.  
(Any running away, teenage delinquency, drugs, mental health, partner choice, offending?)
Is there anything (else) in your childhood that you think affected your life in a negative way, or that may have influenced your later offending? (Affected you as a child, while you were growing up, or as an adult?).

**Offending History**

Did you get into trouble much as a child and/or teenager?

Details.

Have you ever been convicted of a crime before?
Have you ever been in prison before?
Brief details.

*If applicable:* How old were you the first time you were in prison?

How old were you the first time you committed a crime (convicted or not)?

(Type(s) of offending)
Now I’d like to ask you some questions about what life has been like for you as an adult.

*If applicable:* Did any of the bad treatment you received as a child continue as you got older?

Have you ever been badly treated as an adult? Maybe by a partner or someone else?
If applicable: Do you mind telling me what happened? (physical/sexual/mental/emotional)

If applicable: How long did this go on for?

If applicable: Has this happened with more than one person?
What (if any) effect do you think this/these experience(s) have had on you? (relationship with crime/drugs/mental health?).

Is there anything (else) that has happened in your adult life that you think affected your life in a negative way, or that may have influenced your later offending? (Affected you as a child, while you were growing up, or as an adult?).

**Parenthood**

Do you have children? (number of, ages).
(If no skip to p. 9 'Where were you living before prison?')

Were you living with them before you came into prison (this time)? (primary carer?)

Where are they now?

Who is caring for them?
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>If interviewee has been in prison previously:</strong> Who has cared for them in the past when you’ve been in prison?</td>
<td></td>
</tr>
<tr>
<td>Do they visit you in prison?</td>
<td></td>
</tr>
<tr>
<td>How often?</td>
<td></td>
</tr>
<tr>
<td>Who brings them?</td>
<td></td>
</tr>
</tbody>
</table>
How do you feel about this?

Do you think prison has had any effect on your relationship with your children?
What about after prison – will you live with your children then?

Where were you living before prison?

What are your usual living arrangements?

Do you know where you’ll be living after prison?
<table>
<thead>
<tr>
<th><strong>Have you ever had any financial problems?</strong></th>
</tr>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Financial problems with childcare?</strong></th>
</tr>
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<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Alcohol/Drugs</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you been attending any drugs/alcohol</td>
</tr>
<tr>
<td>programmes in prison?</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
In the past? (in prison and outside?)

Have you ever had a problem with drug and/or alcohol abuse?
(Type/frequency of use/extent of problem/past and present)

Have you ever been in trouble because of alcohol or drugs?
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you think that being in prison now has anything to do with drugs and/or alcohol?</td>
<td></td>
</tr>
<tr>
<td>How, if at all, do you feel any drug/alcohol use has impacted upon your life (and offending behaviour)?</td>
<td></td>
</tr>
<tr>
<td>…and how may your life have impacted upon your drug and/or alcohol use?</td>
<td></td>
</tr>
<tr>
<td>(Both – MH/crime/housing/parenting/employment/risky sexual behaviours?)</td>
<td></td>
</tr>
</tbody>
</table>
**Emotional/Personal problems**

Have you ever/do you – suffer from sleep problems/worry/fatigue/depression/irritability – or, do you feel that you have (present or past) emotional or mental health problems?

Have you ever sought help or treatment for mental health or emotional problems?
How has prison affected the way you feel (or any MH/Emo problems) (Detox if D&A?). (Links D&A/MH/Abuse history?).

*If applicable:* Has there been anything in your life that has affected your emotional/mental wellbeing? (Abuse/drugs/alcohol?).

**FINALLY**

(Any questions to revisit?)
<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>If not fully answered – What do you think led to you being in prison?</td>
</tr>
<tr>
<td>Through your life is there anything specific, or maybe several things,</td>
</tr>
<tr>
<td>that you think have influenced the path your life has taken so far?</td>
</tr>
<tr>
<td>What are your plans when you leave prison?</td>
</tr>
<tr>
<td>(home/work/family)</td>
</tr>
<tr>
<td>Is there anything I haven’t asked you about that you would like to</td>
</tr>
<tr>
<td>talk about or think I should be asking the people I listen to in the</td>
</tr>
<tr>
<td>future?</td>
</tr>
</tbody>
</table>
Appendix 2: Participant Information Sheet

Participant Information/Interview Protocol

Introductions

Who am I?

My name is Laura. I'm a part-time postgraduate student at Loughborough University, and I'm doing some research about women in prison. I also work at the University of Central England as a Lecturer in Criminology.

Why am I here?

I am conducting this research as part of my doctoral research at Loughborough University. I am hoping to find out about your life and how you came to be in prison.

Who has reviewed the study?

The study has been reviewed by Loughborough University Ethics Committee and the Prison Service National Research Committee.

What will happen today?

- If you do decide to take part, I would very much like carry out an interview with you. The interview should last no more than 1.5 hours.
- I would like to ask you some questions about your childhood and growing up and the things that have happened in your adult life.
- If you find any of the questions disagreeable, in any way, then please do not feel that you have to answer them. You will be free to stop the interview at any point or take a break, during the interview, should you wish to do so.
- I am interested in what you have to say and hope that you will enjoy speaking with me about your experiences.
- I would also like to look at sections of your notes held by the prison service. If you agree I would like to look at any of your notes relevant to your taking part in this research.

What will happen after we have spoken?

I will write up what you have said as part of a thesis that will be read by my supervisor and examiners. After I have finished my research a copy of it will also be put in the university library so that others can read it. I will also let the prison service know what I have found (but not about you specifically): a copy of my research will be sent to the Prison Service Headquarters, and I may publish some of my findings in journals read by other people in my field of research.

Confidentiality and consent

- Information which is collected about you during the course of the research will be kept strictly confidential. Any information about you which leaves the prison will have your name removed so that you can not be recognised from it.
- If it's alright with you, I may use quotes from what you have said but your name will not be used and it will not be identifiable as you.
- If it's ok with you I would like to tape record the interview to make sure that I don't miss anything you say. Your name won't be written on the tape and the tapes will be kept securely.
If you tell me about a crime that has been committed that the prison service does not know about or should you disclose either the intention to harm yourself, harm another individual, attempt to escape, or act in any way that may result in a breach of security I am required to tell the prison service. Other than in these areas however, none of the information, resulting from the interview, will be shared in way that can identify you with anyone outside of the study.

**Do you have to take part?**

It is up to you to decide whether or not to take part. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are free to withdraw at any time and without giving a reason. A decision to withdraw at any time or a decision not to take part, will not affect your parole, the standard of care you receive or your privileges.

**Contact for further information.**

If you have any questions or require any further information, please write to me at the following address:

Laura Caulfield
School of Social Sciences
University of Central England
Perry Barr
Birmingham
B42 2SU

Thank-you for taking the time to read this Participant Information Form and for considering taking part in the study. This Participant Information Form is for you to keep.

If you do wish to take part in the study, please sign the consent form. You will be given a copy of the signed consent form to keep.

Thank you for your time.

**COMPLETE CONSENT FORM**
### 8.3 Appendix 3: Consent form

**Research Identification Number:**

**Name of Researcher:**

**CONSENT FORM**

<table>
<thead>
<tr>
<th>Project Title: Pathways into crime: Life histories of female offenders.</th>
<th>(tick as appropriate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I confirm that this study has been satisfactorily explained to me. I have had the opportunity to think about the information, ask questions, and these questions have been adequately answered.</td>
<td>☐</td>
</tr>
<tr>
<td>I understand that I do not have to take part and that I am free to withdraw at any time, without giving any reason, without my parole, standard of care, rights or privileges being affected.</td>
<td>☐</td>
</tr>
<tr>
<td>I know that I can refuse to answer any or all of the questions and that I can stop the interview at any point.</td>
<td>☐</td>
</tr>
<tr>
<td>I agree for the interview to be taped, and that tapes will be kept secure and destroyed at the end of the project. I know that all data will be kept under the terms of the Data Protection Act 1998.</td>
<td>☐</td>
</tr>
<tr>
<td>I agree that small direct quotes may be used in reports (your name will still be kept secret).</td>
<td>☐</td>
</tr>
<tr>
<td>I understand that everything I say will be confidential, unless I disclose information in direct relation to a criminal act that the prison service is unaware of.</td>
<td>☐</td>
</tr>
<tr>
<td>I understand that sections of my notes may be looked at by the researcher, where it is relevant to my taking part in this research. I give permission for the named researcher to have access to my records.</td>
<td>☐</td>
</tr>
<tr>
<td>I understand that if I break any Prison Service rules while in contact with the researcher, this will be reported.</td>
<td>☐</td>
</tr>
<tr>
<td>I agree to take part in the above study.</td>
<td>☐</td>
</tr>
</tbody>
</table>

**IF YOU ARE ABLE TO GIVE WRITTEN CONSENT PLEASE COMPLETE THIS SECTION:**

Name:........................................................................................................................................
Signature: .................................................. Date:........................

Name of researcher:..............................................................................

Signature: .................................................. Date:........................
8.4 Appendix 4: Written materials for prison staff
Research title: Pathways into crime: Life histories of female offenders.

Please note: This research has been approved by the Prison Service National Research Committee and also Loughborough University Ethics Committee. The research is being conducted through Loughborough University.

Overview of rationale:

A recent review by the researcher on the development of offending behaviour highlighted that, whilst much is known about the development of male offending, debate still exists about the factors that lead to offending behaviour in women. Research that has focused on this area has often used standardised assessment measures to determine areas of need and risk that can be directly linked to women's offending. Whilst this is likely to have some utility, the assessment measures used have typically been developed with, and for use on, male offenders, and so this may not an entirely valid way to measure need and risk in female offenders.

Rather than rely on quantitative data alone, interviews with women offenders about their life experiences and views on their own offending will provide greater insight into the 'pathways into crime' taken by women. Research focused on the thoughts and opinions of female offenders is sparse, yet is crucial to widen our knowledge in this area. Furthermore, if the criminal justice system as a whole is to provide effective services, regimes, programmes, assessments and rehabilitation to women, a clearer understanding of the causes of their offending and subsequent needs and risk factors is vital.

What areas does the research seek to investigate?

- *Experiences in childhood and growing up.* How have individual women’s experiences in childhood and growing up impacted upon their current imprisonment? Can interviewees describe a path they took which resulted in delinquent behaviour and offending? What do respondents think triggered their offending behaviour or the decision/need to go down this path?

- *Adult life circumstances.* Have respondent’s experiences during their adult life been a continuation of patterns, behaviour and lifestyle established in childhood and adolescence? For those who offended during adolescence, what has kept them offending as an adult? For those who began offending as an adult, what led to this?

- *Parenthood.* Did having children have any impact upon offending behaviour? Has being in prison impacted upon parenting: practically and emotionally?

- *Alcohol and drug use.* Does the respondent have a history of alcohol and drug use? If so, do they feel this had any relationship with their offending behaviour or the behaviours and circumstances associated with their offending? Is alcohol and/or drug use associated with the offence they are currently in prison for?

- *Mental health.* Does the respondent have any history of mental health problems (either diagnosed or self-report)? Are there any specific life events which the respondent feels may have contributed to their mental health problems? How has the
experience of prison affected mental health?

- *Experiences within prison.* How do respondents feel about their time in prison? Has it had any impact upon the way they feel or their behaviour and do they think the experience will impact upon their future life outside prison?

The research questions focus on the life experiences of the women being interviewed, with particular reference to experiences which may have impacted upon offending behaviour and experience of prison. Very little research exists which focuses on what the women themselves think about what has resulted in their offending: it is crucial that we understand this to appreciate their needs and consequently target rehabilitation programmes effectively.

**What are the potential benefits of the research?**

- *To the Prison Service?*
  Put simply, without a thorough understanding of the reasons why women offend, and the subsequent needs they may have in prison we cannot hope to develop highly appropriate and effective interventions. Year on year the numbers of women entering the criminal justice continues to increase and effective interventions within prison are vital to help prevent offenders re-enter the system.

  The knowledge gained from this research will produce a clearer understanding of the background, experiences, and needs of women in prison. From this, the researcher aims to develop work focused on the effective targeting of prison interventions and assessments for women. The research findings will be fed back into the prison service, as well as the academic community, to provide a robust framework for aiding successful rehabilitation.

- *To academic knowledge in the field of study?*
  Despite a growing body of literature on female offending, little agreement exists on which factors may lead to offending behaviour in women. Relatively little attention has been paid to the real life experience of women in prison and their views on their own offending, particularly in the UK. This study aims to find out about these experiences to inform academic knowledge in this area and research into effective assessments and interventions.

**The research process**

1. Identifying participants: The study is self-selecting – Where appropriate a poster will be displayed within the prison giving details of the study and requesting that prisoners contact a named member of staff if they wish to participate.

2. Obtaining consent: A participant information sheet and consent form will be used to explain the research and obtain consent to interview and access case records.

3. Interviews: Interviews will last a maximum of one and a half hours. Prisoners will be interviewed only once.
4. Files: If agreeable to the prison, the researcher will review files held by the prison for each prisoner taking part in the study.

5. Anonymity: Participants will be anonymised by allocating a unique research reference number to each individual. The researcher does not require the names of participants to be recorded. Any person accessing the results will not be able to identify individuals from the results or any data held.

6. Data analysis: Analysis of data will be both qualitative and quantitative, as appropriate. Qualitative interview data will be managed, coded and analysed using the software package NVIVO 7. Quantitative data will be analysed using the software package SPSS. The researcher is experienced in analysing data using these methods.

How will the research results be analysed?
Interview transcripts will be coded manually with the software package NVIVO 7. This coding of key concepts and themes within the transcripts will allow patterns to emerge and be analysed. Systematically coding results in this way goes a long way towards preventing researcher bias towards minor points which appear interesting but are not representative of the sample. Quantitative data will be analysed using the software package SPSS. The researcher is experienced in analysing data using these methods.

How will the results be made available to the Prison Service?
A summary of the research will be produced and sent to the participating prison. Future research findings leading on from this study will also be made available. The research will also be written up as a PhD thesis, journal articles, and potentially a book. All of these will be made available to the prison service.

Contact details:
Laura Caulfield
Lecturer in Criminology
School of Social Sciences
University of Central England
Birmingham
B42 2SU

Email: Laura.Caulfield@uce.ac.uk
8.5 Appendix 5: HM Prison Service research application

APPLICATION TO UNDERTAKE RESEARCH IN HER MAJESTY’S PRISON SERVICE

Researcher Details

Surname: Caulfield  Title: Ms

Forename(s): Laura Siobhan

Contact Address:
Lecturer in Criminology
School of Social Sciences
University of Central England
Perry Barr
Birmingham
B42 2SU

Contact Telephone Number: 07810 871880

Contact Email Address: l.s.caulfield@lboro.ac.uk

Name, Status and Address of Research Supervisor (if appropriate):

Dr. Dennis Howitt
Reader in Applied Psychology
Department of Social Sciences
Loughborough University
LE11 3TU
PhD supervisor to Laura Caulfield

**Name and Address of Sponsoring Body** (if appropriate):
N/A

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If more than one researcher will be engaged on the project, please copy this page and provide details on all.

**Please attach a CV for all researchers**

*CV's attached for Laura Caulfield (researcher) and Dennis Howitt (research supervisor).*
Proposed Research – Aims and Objectives

Research title: Pathways into crime: Life histories of female offenders.

Reason for undertaking research project:
e.g. for educational qualification, for commissioning body, or as part of the programme of study or a research unit

PhD research.

Overview of rationale:
A recent review by the researcher on the development of offending behaviour highlighted that, whilst much is known about the development of male offending, debate still exists about the factors that lead to offending behaviour in women. Research that has focused on this area has often used standardised assessment measures to determine areas of need and risk that can be directly linked to women's offending. Whilst this is likely to have some utility, the assessment measures used have typically been developed with, and for use on, male offenders, and so this may not an entirely valid way to measure need and risk in female offenders.

Rather than rely on quantitative data alone, interviews with women offenders about their life experiences and views on their own offending will provide greater insight into the ‘pathways into crime’ taken by women. Research focused on the thoughts and opinions of female offenders is sparse, yet is crucial to widen our knowledge in this area. Furthermore, if the criminal justice system as a whole is to provide effective services, regimes, programmes, assessments and rehabilitation to women, a clearer understanding of the causes of their offending and subsequent needs and risk factors is vital.

What is (are) the research question(s)?

- **Experiences in childhood and growing up.** How have individual women’s experiences in childhood and growing up impacted upon their current imprisonment? Can interviewees describe a path they took which resulted in delinquent behaviour and offending? What do respondents think triggered their offending behaviour or the decision/need to go down this path?

- **Adult life circumstances.** Have respondent’s experiences during their adult life been a continuation of patterns, behaviour and lifestyle established in childhood and adolescence? For those who offended during adolescence, what has kept them offending as an adult? For those who began offending as an adult, what led to this?

- **Parenthood.** Did having children have any impact upon offending behaviour? Has being in prison impacted upon parenting: practically and emotionally?

- **Alcohol and drug use.** Does the respondent have a history of alcohol and drug use? If so, do they feel this had any relationship with their offending behaviour or the behaviours and circumstances associated with their offending? Is alcohol and/or drug
use associated with the offence they are currently in prison for?

- **Mental health.** Does the respondent have any history of mental health problems (either diagnosed or self-report?). Are there any specific life events which the respondent feels may have contributed to their mental health problems? How has the experience of prison affected mental health?

- **Experiences within prison.** How do respondents feel about their time in prison? Has it had any impact upon the way they feel or their behaviour and do they think the experience will impact upon their future life outside prison?

The research questions focus on the life experiences of the women being interviewed, with particular reference to experiences which may have impacted upon offending behaviour and experience of prison. Very little research exists which focuses on what the women themselves think about what has resulted in their offending: it is crucial that we understand this to appreciate their needs and consequently target rehabilitation programmes effectively.

**Will the research address any of the following issues, including when analysing data?**

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*Please note: The research is solely focused on female offenders, but does not address gender specifically, i.e. no comparison group of male offenders will be used.

**What are the potential benefits of the research:**

- **to the Prison Service?**

Put simply, without a thorough understanding of the reasons why women offend, and the subsequent needs they may have in prison, we cannot hope to develop highly appropriate and effective interventions. Year on year the numbers of women entering the criminal justice continues to increase and effective interventions within prison are vital to help prevent offenders re-enter the system.

The knowledge gained from this research will produce a clearer understanding of the background, experiences, and needs of women in prison. From this, the researcher aims to develop work focused on the effective targeting of prison interventions and assessments for women. The research findings will be fed back into the prison service, as well as the academic community, to provide a robust framework for aiding successful rehabilitation.

- **to academic knowledge in the field of study?**

Despite a growing body of literature on female offending, little agreement exists on which factors may lead to offending behaviour in women. Relatively little attention has been paid to
the real life experience of women in prison and their views on their own offending, particularly in the UK. This study aims to find out about these experiences to inform academic knowledge in this area and research into effective assessments and interventions.

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**Research Plan and Methodology**

**Briefly describe the research methodology:**

1. **Studies:**
   Initially a pilot sample of approximately 5 prisoners in each prison will be interviewed. Subsequent to this, the main study will involve interviews with approximately 25 prisoners in each prison. The methodology of both the pilot and main study will follow as such:

2. **Identifying participants:**
   The study will be self-selecting - If possible, a poster (see attached) will be displayed within the prison giving details of the study and requesting that prisoners contact a named member of staff if they wish to participate. The first 5 prisoners wishing to take part will form the pilot sample.

3. **Obtaining consent:**
   Please see the attached Consent Form and Participant Information sheet, both of which have received ethics approval.

4. **Interviews:**
   Interviews will last a maximum of one and a half hours. Prisoners will be interviewed only once.

5. **Files:**
   If agreeable to the prison, the researcher will review files held by the prison for each prisoner taking part in the study.

6. **Anonymity:**
   Participants will be anonymised by allocating a unique research reference number to each individual. The researcher does not require the names of participants to be recorded. Any person accessing the results will not be able to identify individuals from the results or any data held.

7. **Data analysis:**
Analysis of data will be both qualitative and quantitative, as appropriate. Qualitative interview data will be managed, coded and analysed using the software package NVIVO 7. Quantitative data will be analysed using the software package SPSS. The researcher is experienced in analysing data using these methods.

What data will be collected during the research?
Please include with this application any research tools that will be used in the research

1. Recorded interview data (see attached interview guidance notes).
2. Data from prison records – to be discussed with prison staff.

Which (if any) measurement tools will be used?

N/A

Please list any equipment, which you are intending to bring into the prison establishment.
E.g. tape recorders etc…

Tape recorder, stationary to take notes during interviews.

What is the proposed timetable for the research?

- Pilot interviews conducted and file data collected: Early February 2007-Late March 2007 (This start date is flexible depending on prison resources).
- Data analysis: Late March 2007-Late April 2007
- Data analysis: Beginning late October.

NB. Data collection will be part-time, arranged to best suit the prison.

When will the research be completed?

Fieldwork: October 2007
Report: Findings from the study will be produced as a research summary for the prison.

Research Analysis and Dissemination

How will the research results be analysed?

Qualitative interview data will be managed, coded, and analysed using the software package NVIVO 7. Quantitative data will be analysed using the software package SPSS. The researcher is experienced in analysing data using these methods.

Interview transcripts will be coded manually with the programme NVIVO 7. This coding of key concepts and themes within the transcripts will allow patterns to emerge and be analysed. Systematically coding results in this way goes a long way towards preventing researcher bias towards minor points which appear interesting but are not representative of the sample.

Will the research include a reconviction study? If yes, please state how this will be conducted

No.

NB. Governors/ Area Psychologists reviewing an application, which includes a reconviction element should forward it to the Reconviction Analysis Team in RDS-NOMS.

How long will the research materials be retained?

In compliance with the Data Protection Act (1998) and Loughborough University guidelines, statistical data will be held for six years before being destroyed. Interview and audio data will be held for ten years before being destroyed. All data will be fully anonymised, encrypted and securely stored.

How will the results of the research be disseminated? e.g. thesis, article, book etc...

PhD thesis, journal articles, research summaries for the prison. The results may also be included as a book chapter.
Please state how the results will be made available to the Prison Service.
A summary of the research will be produced and sent to the participating prison. Future research findings leading on from this study will also be made available, as will any other forms of publication arising from this.

Access to Prison Establishments, Prisoners and Staff

What establishment(s) is access being sought for? Please state name(s) or type(s) of establishment?

Foston Hall, Derbyshire.
Drake Hall, Staffordshire.

Please state your reasons for choosing this establishment(s)?

1. Women’s prisons: The research is solely focused on female prisoners.
2. Geographic location: The prisons selected are within relatively easy travelling distance of the researcher’s home and work.

If you wish to conduct your research in more than four prisons, please provide further details on why this number of prisons is required?

N/A

Have any establishments been approached separately about this research? If so, please provide details:

How long will the researcher(s) need to be inside each prison establishment? Number of days and numbers of hours per day.

Approximately 60 hours in total per prison over a maximum of 10 days.
This is based upon interviews with 30 prisoners per prison, lasting a maximum of 1.5 hours plus an allowance for prison routines 30 minutes between interviews for overspill, breaks, and for offenders to be found and escorted to the interview room.

**How many prisoners would be involved?** Please state if any types of prisoner, sampling of prisoners is required

30 prisoners per prison. Sample criteria: Female prisoners over 18 years old, UK citizens.

**How will you identify the prisoners to be involved in the research?**

Self-selection: A poster with information about the study has been designed to be displayed in the prison (see attached).

**How long will the researcher(s) need to be in contact with prisoners?**

1.5 hours (max.) per prisoner.

**How many staff would be involved?** Please state if any types of staff, sampling of staff is required

- One member of staff to aid access to relevant prison files.
- A named member of staff to liaise between prisoners wishing to participate and the researcher, in order to arrange interviews.
- Staff as available to escort both the researcher and prisoner around the establishment.

**How long will the researcher(s) need to be in contact with prison staff?**

Minimal contact: To aid initial contact, escort the staff and researcher, and to aid access to files. No follow-up contact will be required.

**Are there any resource implications for Prison Service Headquarters?** e.g. anticipated demands on staff time, office requirements, information etc…
Limited implications. As above, the resource demands would be for staff to facilitate interviews and access to files of those being interviewed.

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**Research Ethics**

**Please state how informed consent will be obtained?** If a consent form will be used, please include this with your application.

See attached. The consent form has been approved by Loughborough University Ethics Committee.

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**Has a relevant Ethics Committee approved the research?** If so, please attach a copy of the submission to the Ethics Committee and its response:

Yes, see attached.

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Please confirm that:

- the research will comply with the Prison Service’s Statement of Professional principles, and provide any relevant consent forms that will be used in the research
- **only one copy of this application has been sent to the Prison Service**
Please return this form, together with

- Copies of the CVs of all researchers
- Copies of any submission to an Ethics Committee and its response
- Copies of any questionnaires, topic schedules, and consent forms etc…

To ONE of the following:

☐ Prison Governor/ Research Contact
☐ Area Psychologist
☐ Prison Service Headquarters – Psychology Group

Please refer to PSO 7035 at: http://www.hmprisonservice.gov.uk/resourcecentre
For details of who application forms should be sent to.

If you have any questions about this form, please contact:
AppliedPsychologyGroup@hmps.gsi.gov.uk
8.6 Appendix 6: HMPS NRC pre-consideration questions

Dear Laura,

Ref: PG 2007 069

Research questions are not clear - they need to focus on what phenomenon you wish to study. Tell me why your research is so important and unique.

Update poster with 'standard of care, privileges, rights or parole' (also add to confidentiality and consent / section two of your PIF
Please see attached PIF and Consent Form for help.

PIF
1. under what will happen today - replace 'give me as much information as you like' with 'enjoy speaking with me about xxxx'
2. under what will happen after we have spoken? State that a copy of your research will be sent to the prison service HQ.

Consent Form
1. Mention that you will also need to report any breaking of Prison Service rules.

Not too clear on how the questions will be analysed and answer your research questions.

I attach a suggested template for consent and participant information forms.
Hope to hear back from you in order to progress with your application.

Kindly update these answers into your application and email back to me please.

Best wishes
Kunal
8.7 Appendix 7: HMPS NRC outcome letter

Kunal Mehta  
National Research Committee  
Her Majesty's Prison Service  
First Floor (Room 120), Cleland House  
Page Street  
London, SW1P 4LN

Date: Friday, 16th February 2007

CC: Ian Maris; Jo Bailey; Lara Jonah, Naomi Budd, Kate Rose, Anne Williams

To: Ms Laura Caulifield  
School of Social Sciences  
University of Central England  
Perry Barr  
Birmingham, B42 2SU

Request to undertake research in HM Prison Service

Title: Pathways into crime: Life histories of female offenders

Reference: PG 2006 069

Establishments: HMP Foston Hall and Drake Hall
The National Research Committee (NRC) has consulted on and reviewed your application to conduct research at HM Prisons. In principle, we are pleased to be able to support your application subject to the agreement of the Governor and Research Contacts at establishment level and strictly subject to the following:

9. That you update your participant information forms with researchers having to report criminal activity, self harm, and any breaking of Prison rules to a member of staff.
10. That you make it clear to research contacts and other Prison staff that aftercare has been considered and that you have a procedure in place for referring participants to Prison staff, or Samaritans, should they become distressed.
11. That you fully cooperate in a professional manner with requests from Prison staff.
12. That you keep me (and other relevant Prison staff) informed and updated on any changes made to your methodology, especially regarding any visits to Prisons that we are not aware of.
13. That the Prison Service receives a copy of any research dissertation submitted as a result of the research.
14. That the Prison Service receives copies of any papers submitted for publication based on this research at least one month in advance of the publication.
15. That it is made clear to participants verbally, as well as in writing, that they may withdraw from the research at any point and that this will have no adverse impact on them.
16. That you are aware that the NRC may contact you with any additional queries or concerns resulting from your research.

Again, we direct you to PSO 7035 and our website that contains essential information regarding your research.

I take this opportunity to wish you the very best with your research.

Please do get back to me should you require further details as the above points are strict conditions for your research to remain approved.

Yours sincerely,
Kunal Mehta (Mr)
Research Officer
National Research Committee
Dear,

I have recently had a piece of research approved by the Prison Service National Research Committee, looking at the life histories and pathways into crime of female offenders. I am writing to request access to HMP Holloway for research purposes.

I am conducting this research through Loughborough University and as such it has been approved by Loughborough University Ethics Committee. Please find enclosed the original research proposal and National Research Committee approval. Please note that that the original proposal cites only two prisons; however this has now been extended to include more prisons, but fewer participants at each, thus being less time consuming for each prison involved.

I am willing and able to work around the constraints of the relevant staff, being as flexible as required. There is no minimum or maximum number of participants required from each institution, and this research has so far commenced in one other prison and has required limited resources.

Please do not hesitate to contact me should you require further information. I look forward to hearing from you in due course.

Yours Sincerely,

Laura Caulfield
8.9 Appendix 9: Original poster
Women in Prison
Research

Would you like to talk to someone about your life experiences?

Would you like to help with research?

If so, I’d like your help. Please let {NAME} know if you would like to be involved...

Laura, a researcher from Loughborough University, would like to come and talk to you about your life experiences and how you came to be in prison

All contact is confidential

A decision to withdraw at any time or a decision not to take part, will not affect your parole, the standard of care you receive or your privileges
8.10 Appendix 10: Letter to prisoners
Hello,

My name is Laura and I am writing to invite you to take part in research on women in prison. I would really appreciate your help.

I would like to talk to you, in confidence, about your life experiences and how you came to be in prison. If you decide to take part I will come to the prison and talk to you.

Please fill in the slip below and return it to Debbie Smith or Keeley Cordice, whether or not you would like to take part.

All contact is confidential. A decision to withdraw at any time or a decision not to take part, will not affect your parole, the standard of care you receive or your privileges.

Tear along this line

☐ YES, I would like to take part in this research

☐ NO, I do not want to take part in this research

Name ____________________________________________
8.11 Appendix 11: HMP Downview television interview questions
LAURA CAULFIELD –
Lecturer in Criminology at Loughborough
University (and also postgraduate student
looking at women in prison)

QUESTIONS

1. What is the purpose of your visit to
   Downview?

2. For the benefit of viewers, can you explain
   what criminology is?

3. For what purpose will the information be used?

4. Will the information gathered be confidential?

5. How can you assure the women, that the
   information gathered will not be used against
   them in anyway?

6. Will the women who participate receive a
   personal copy of the final notes, you write
   regarding them?

7. If the interviews are tape-recorded, will the
   prison officers have to listen and vet the
   recordings before it leaves the prison?
   (as people can clearly be identified by their voices)
8. Will sentence length etc, be omitted to protect the identities of those involved?

9. If issues arise, during the interview that are Upsetting, to the individual will you then Provide, further support after doing your survey?

10. What is your motivation in conducting this survey?

To find out more about men in prison (and vice versa) To help understand what happens in prison is appropriate for men
8.12 Appendix 12: Revised poster
Women Research

Would you like to talk to someone about your life experiences?

Would you like to help with research?

If so, I’d like your help. Please let Debbie Smith or Keeley Cordice know if you would like to be involved…

All contact is confidential

Laura, a researcher from Loughborough University, would like to come and talk to you about your life experiences and how you came to be in prison

A decision to withdraw at any time or a decision not to take part, will not affect your parole, the standard of care you receive or your privileges.