

United kingdom  
imprisoned pregnant  
women criminology  
essay



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Throughout the United Kingdom imprisoned pregnant women constitute a small minority group which relatively little is known about their care and implications of their imprisonment. In this research project the areas that will be covered are the main problems that all expectant mothers and families have to face when a pregnant woman is sent to prison. In the UK the female prison population is 3, 967 in 2013 (Ministry of Justice, 2013) but still increasing each year. Most women who enter prison serve less than 1yr sentences. The female prison population have high levels of self harm, drug use, mental illnesses and suicide rates ' Confinement in so dreadful a place was actually a form of torture which could drive people mad' (Speed, 1986). Over half of them have experienced at some stage in their life domestic violence or sexual abuse. Prisoners who are pregnant or in the mother and baby units have been shown that they are more likely to suffer from depression than any other prisoners (Kitzinger, 1996). The topic is of importance to the nation due to the underlying costs that are involved to the taxpayers. A lot of what goes on in prisons is disregarded when it comes to criminals due to how they are portrayed to the general public. The imprisonment of a pregnant woman leads to their rights being violated but also of their unborn child and any other children she may have. Whilst the mother is imprisoned her unborn child's health can be put at risk due to their unsafe environment and care they receive. However, if the accused mother carried out her crime knowing she was a mother or pregnant then surely she deserves to be in prison for her crimes and treated equally fair to those of non-bearing women?

Through this research project it will cover the social costs of the increasing use of custodial sentences as punishment for non-violent offences committed by women, taking into account the very serious consequences that imprisonment of women has for family relationships, and the importance of good family relationships as a key factor in crime prevention and consider alternatives to non-custodial sentences for non-violent female offenders.

The judicial system correctional policy and programmes give little disregard to maintain a mother and child bond. The majority of imprisoned mothers experience high levels of emotional trauma, and in extreme situations suicide attempts due to being separated from their children (Shelton, 1983). Whilst the mother is imprisoned, their children that are left behind experience prenatal stress due to separation. Upon entering prison most offenders have low incomes or no job. The implications of this are their children suffer the moderate deprivations that accompany poverty (Duncan, Brooks-Gunn, & Kelbanov, 1994). However, from this there is no actual evidence that the imprisoned mother's children do not suffer intellectual or physical delays in development (Catan, 1992). Although during the arrest, and subsequent imprisonment of the parent this has an effect on their social-emotional development due to parent-child separation. The mothers that have been imprisoned 85% of them have never been separated from their children. The separation of children from their parents produces great risks. It has been found that separation can slow or alter the normal development of autonomy, forcing the child to become overly independent resulting in them lacking self-confidence and has been proven to increase aggression levels (Kadushin, 1974).

In the UK over 60% of women prisoners have young children. Of that only 3% are able to keep their child with them in prison, leaving the other 57% to be separated from their mother. In most cases family members are unable to take the imprisoned mothers children in. Only 5% of these children will stay in their family home (Home Office, 2005). As a result of this siblings are often separated either in the family unit or when put into care. Children who are put into care may have to change schools, this can have consequences of them facing stigma and bullying due to their vulnerability. One in Four has sleep deprivation due to having difficulties sleeping which can then lead to illness (Caddel & Crisp, 1997). Most children that are put into care and especially those under 1yr are moved between 2 and 4 different homes. According to Kennell (1996) it is vital in the first year to form a strong attachment to one person resulting in the infant having a strong sense of security, trust, self-esteem and the capacity to love. The enforced separation of mothers and their siblings is another form of violence against women and especially on the infant/children because they have not committed any crime, however are receiving a severe punishment through no fault of their own (Caddle, 1997).

On sentencing, the judge in many cases disregards the siblings nor do they consider the real threat that the women pose to the general public. In most cases they are only being sentenced for petty crimes that are non-violent i. e. stealing, benefit fraud, drug taking etc. These women are more likely to be at risk themselves - from domestic violent partners, homelessness, poverty and mental illness from alcohol or drug abuse, According to Ramsbotham (2003) " Many, previously presumed to be mentally ill, were found to be

suffering from personality damage as a result of their dysfunctional lives in the community.”

Children who have to leave their homes might have to change school, they may possibly be looked after by family members or they may be taken into care. Through research it has been found that children may face stigma and bullying as a result of their parent being in prison. Children whose mothers are in prison are a vulnerable group, a point the government recognised in its 2007 review on the children of offenders. Providing support to the family as a whole can help to limit this impact.

## Part 2

### Pregnancy in Prison:

In the UK there are many female prisons that have different budgets that do not meet the diverse and complex needs of pregnant female prisoners. The budgets that they are set do not cater for them in mind because they need extra nutrients and vitamins in pregnancy. This will include more funding from tax payers money to fund for antenatal equipment to be installed throughout the prisons to make sure the contract between Her Majesty's Prison Service (HMPS) and National Health Service (NHS) are prevailed. This can be very costly because antenatal clinics/classes will be held within the prison but more complex care such as obstetrics consultations and ultrasound scans are usually carried out in nearby hospitals. Each time a pregnant mother needs hospital care this has to be well organised and risked assessed by prison officials, two members of staff have to be with them at all

times along with a driver/ taxi which in turn costs the taxpayers more expense.

A prison report was carried out on Holloway prison, showers were being denied to women more than twice a week, even to those that were pregnant or that had recently given birth (Ower, 2003). Ramsbotham (2003) “illuminated by slit-like windows that were covered in crazed polycarbonate, claustrophobic and depressing, smelling of urine and excrement, and with a deafening noise of women banging on their cells.” These are the conditions that women were facing only 10yrs ago for the crimes they committed or waiting to be tried for.

Prisons have gymnasiums that pregnant mothers can attend, along with some having a swimming pool (Holloway HMP). They are also given exercise times each day which means they can go outside in the yard to get fresh air along with other prisoners. However, some of these pregnant mothers are still on remand and awaiting trial and are put at risk because they will be mixing with convicted murderers/ violent prisoners (Kitzinger, 2005).

In Holloway prison for expectant mothers they are given the opportunity to have Doulas (non-medical person who assists a pregnant women post-partum, during labour and post-natal. This helps support mother and baby during antenatal, delivery and post-partum. By them having this support it helps reassure and support them as many do not have partners, family or especially foreign nationals who have no-one (Kitzinger, 2004). With the growing number of imprisoned women who are pregnant, it is important to recognize that failing to provide preventive and curative healthcare for these

women may cost more to society than funding programmes that might improve attachment and parenting behaviours, facilitate drug rehabilitation, and reduce reoffending among this population. The current prison system increases discrimination, learned helplessness, inactiveness, shame, and violation of human rights (Covington, 2000). Post-traumatic stress is elevated by strip searches, handcuffs, confinement to small cells, isolation (Johnson, 2006). Imprisoned women endure further damage and traumatization with the lack of privacy in a patriarchal system that constantly observes them in their sleep and personal care and with separation from their children (Covington, 2000). According to Baldwin and Jones (2000), the vast majority of imprisoned women have abused alcohol and/or drugs; yet, prison systems are deficient in providing therapy for any addictions except handing out methadone. Additionally, Baldwin and Jones (2000) report that pregnant prisoners lack adequate prenatal care offering medical, nutritional, educational, environmental, and family-support services. When birth takes place in prison, separation of mother and child occurs almost immediately, which further compromises a critical bonding period (Baldwin & Jones, 2000).

Their pregnancies are often considered high-risk events complicated by drug and alcohol abuse, smoking, and sexually transmitted infection (Baldwin & Jones et al, 2000). Combined with poor social support and histories of abuse, imprisoned women and their children are at greater risk than most expectant mothers for increased prenatal and postnatal illness and mortality (Understanding Prison Health Care, 2002). Due to their environment that they are in it is vital that they have one to one midwifery and continuity of

healthcare during their stages of pregnancy and post-partum. Continuity of care needs to be followed when women are imprisoned if not they can have dire consequences because one female prisoner gave birth to a stillborn and on return to prison she committed suicide due to not having any support or counselling on dealing with her tragic loss (Kitzinger, 2005).

In Holloway Mother and Baby Unit (MBU) some rooms are shared with up to six mothers, and a prisoner who is unfortunate to tragically have a miscarriage or stillbirth or decides not to go ahead with the pregnancy and have an abortion will on return from hospital resume residency in the MBU with the other pregnant women. This can have psychological and mental implications which still go on today in prisons. (Kitzinger, 2005).

On the other hand, imprisonment provides pregnant women with shelter, warmth they might not have outside of prison. In prison, they are protected from homelessness, malnutrition, and substance abuse; they are housed, fed, and clothed. Many women are also separated from their abusive partners and their access to alcohol, cigarettes, and recreational drugs (Spry, 2006). In fact, some women have reported they actually violated their terms of probation when they found out they were pregnant so they would be imprisoned and, thus, be able to protect their babies (Spry, 2006).

If they receive adequate support and prenatal care, expectant and new mothers will then often go on to abandon their previous lifestyle behaviours such as alcohol abuse, drugs and smoking that would harmfully affect their babies. Whilst in prison they receive 3 meals a day along with extra fruit and veg for those that are pregnant and extra milk for calcium. By being locked



in from 8 at night their social lives change dramatically resulting in them getting more appropriate sleep. By having gymnasiums in prisons they exercise more regularly, decreasing their risks of physical complications and depression. With education and support, preparation for birth gives women the opportunity, to change their lifestyle behaviours and to have positive birth experiences that allow them to transform into committed mothers.

All of these facilities have been initiated to provide physical and mental health care to imprisoned women and, on a few occasions, to their infants. In the few facilities that have mother and baby units, women receive counselling to help them deal with the traumas they have experienced in life, parenting training, job-skills and education for when they are released, and 24hr health care. These programmes, often depend on volunteers, government funding, community organisations, medical organisations, religious institutions, and university programs to provide financial and staff support to help prevent reoffending, or just to keep these women off the street? (Carlen, 2002).

The majority of pregnant women throughout the UK were significantly more likely to either have pre-existing medical conditions or have medical conditions due to the impact of imprisonment which will affect their pregnancy. The BMC Public Health (2005) observed that due to the increased health risks associated to imprisonment for pregnant women such as epilepsy, diabetes, cardiac or renal disease, hypertension. As a result of this the prison healthcare has to be well equipped and sufficiently flexible to maintain adequate healthcare for more at risk pregnant women to prevent mortality. However, Knight (2005) imprisonment actually helped to improve <https://assignbuster.com/united-kingdom-imprisoned-pregnant-women-criminology-essay/>

foetal outcomes, especially those who were serving longer sentences, the better the outcome. This was concluded due to the regular balanced meals, protection from violent partners, warmth, regular antenatal care and drugs and cigarettes monitored. As an outcome of this future mortality rates will be reduced.

### Part 3

#### Separation & Mother and baby units:

According to Bowlby (1951) it is vital that the attachment between a mother and child is never broken in the first 5 years without it having severe complications later on in the child's life. North (2005) in her majesty's prison service a mother should leave prison with her child if at all possible, thereby further avoiding any separation. An example of this if a mother serving a four year sentence has her baby on entering prison; her child on assessment is allowed to stay with her for a maximum of 18 months depending on her crime. However, she has to serve 2 of her 4 years in prison resulting in her child being separated from her at the age of 18 months till she is released. For a minority of pregnant women, social services will have determined that it is in the babies best interests to be separated from its mother at birth (in extreme cases, it may be considered unsafe to tell the mother this before the birth). Bowlby (1951) as a result of long term separation it can have severe consequences in the child's later development because they can suffer separation anxiety that will affect their future relationships and can become more aggressive individuals.

In other cases, the mother may have been refused a place on (MBU) or decided not to apply or they are full! She has an option to nominate a friend/relative to care for her baby, but social services have a responsibility to assess the suitability of the carer. In some cases, a baby may have to be placed into (temporary) foster care if there is no suitable alternative. For mothers that are admitted to MBU even those serving short sentences- a "separation plan" must be drawn up. According to Clarke & Clarke (1976), early separation can easily be reversible than what has been previously thought. The sooner the child is separated from the mother the easier it is for the new caregiver to start raising the child. The later the child is separated the harder it is for them to adapt to their new surroundings and create new routines resulting in the child becoming more withdrawn and disturbed. Rutter (1970) indicates that mothers who had been separated from their child, later when reunited went on to carry on their normal lifestyles with no lasting effects from their early separation. In some severe cases pregnant women/mothers who are waiting trial who have been given a place on MBU to then later be found guilty (murder) are then on arrival back at prison their baby is immediately removed from them to then be given to their new carers because of the severity of their crime and long sentences received. Even if a mother is satisfied with her child care arrangements put in place outside prison, the separation is still as stressful and difficult process, for both a mother, and those who work with her.

Often pregnant women and mothers are imprisoned many miles from their home towns. It is the social services used for where the prison is located, that will be involved in decisions about the welfare of the baby, and the baby

will go to live in that area. This can make it very difficult for a mother to deal with because the mother is very rarely informed in these processes. Birth Companions (2005) a mother who had been refused a place in the MBU resulting in the child going into foster care. Just a week after she had given birth, this mother did not know where her son was. In some severe cases where the child has been placed into foster care and then subsequently adopted because of the mothers addictions/ mental illness and long sentence. Some mothers who have then later gone onto recover through prison reform programmes are then disputing where their child is? Social services who have not explained the process or the prison on the whereabouts of their child is now. Then can have dire consequences for the mother as she can then go into shock/relapse and even commit suicide. There is little redress for mothers who want to challenge social services decisions, as well as little support and advice even for those that are on remand and are later found not guilty. Social services have also been found to be too quick to assume a mother or her family, is unfit.

When a mother knows that she will be unable to keep her baby or if she is facing a long sentence for a more serious crime (murder) she may switch off emotionally from her pregnancy and forget she is even pregnant and go into a state of anticipatory grieving. This results in the mother not bonding with her child in the womb to help her stay as detached as possible for when the inevitable separation comes (Kitzinger, 2005).

The Prison Separation Board (PSB) which consists of a social worker, prison officer, prison governor, prison doctor, and probation officer is convened each time a place is needed and in emergencies when mothers come into <https://assignbuster.com/united-kingdom-imprisoned-pregnant-women-criminology-essay/>

prison with a baby that she has had to leave on sentencing on coming to prison (Kitzinger, 2005).

There are only 76 places available on these units in the UK, This is a very small number considering there is just under 4, 000 women in prison with over 60% having children, and 14. 5% of these are under 2 in custody (Home Office, 2005). MBU's are only available in 7 prisons throughout the UK, 5 being closed prisons. To become eligible you have to be 38 weeks pregnant or come into prison with a baby. MBU's can only facilitate babies up to 9 months in closed prisons and 18 months in open prisons. Throughout their stay on MBU mothers are closely monitored by the PSB board and regularly drug tested to ensure the child's safety and other mothers due to the unsafe environment within the other prison units. MBU's are very different from other areas within the prison, particularly in closed prisons. Bedroom doors are rarely if ever locked, there are sofas, fish tanks, kitchens, colourful playrooms for inmates to use with their baby. Store rooms with unlimited supplies of baby nappies, food etc. All MBU's have nurseries to look after the babies whilst the mothers can attend education classes or go to the gym or swimming. In these units they are very relaxed and only specially trained prison officers can work in these units because it is not the baby that has committed a crime it is there mother. There is 24hr healthcare if needed for the baby along with regular healthcare visits weekly. There is also parenting classes on these units to help mothers fit back into society along with cookery classes to ensure mothers maintain a healthy balanced diet on release for their babies.

#### Part 4

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Cost, alternatives and the victims:

When a pregnant women/mother is sentenced the judge will sentence her accordingly to her crime committed than taking into consideration the effect it will have on her children or unborn baby. This will have an impact on tax payers money. Over 600 women each year receive antenatal care whilst in prison with over a hundred actually giving birth during their sentences. £56,415 is how much it costs to imprison a women offender each year, however, the social cost is far more for a pregnant women or mothers (The Independent, 2012). This is due to the underlying healthcare costs involved throughout there 9 months of pregnancy and beyond because the prisons have to provide adequate facilities/ specialists to ensure the NHS contract is followed. Prisons have to provide midwives 4 times a week and will have to spend either half a day in prison or a full day only seeing a few women compared to if they were in a public hospital they would be seeing many individuals. The staffing costs are greater along with the risks involved on outside hospital visits. Two prison officers have to escort each pregnant women/mother to the hospital each time compared to only each unit needing to have 2 officers to supervise 60 women on duty.

A psychology graduate serving a 5 year sentence for slashing a friend's face with a knife in an argument. It was her first offence, she was informed by the board that her baby would be taken away at birth due to certain allegations of bad behaviour; upon this the mother challenged the decision. Kitinger (2005) acquired the notes from the meeting on hearing about her unfortunate outcome. After reading the minutes from the board meeting she contacted the head of the Psychology department at the university that the <https://assignbuster.com/united-kingdom-imprisoned-pregnant-women-criminology-essay/>

mother had studied who confirmed this behaviour was totally out of character for the pregnant mother and was 'drowning in personal problems' prior to her imprisonment she was in an abusive relationship. A declined application from the board had never been challenged before; the board had no medical doctor sitting in, which it should have. All the board members that were present during her review were guided by 'hear say' and the decision was therefore biased resulting in a mother having to be separated from her new born baby due to untrue accusations that were later proved to be incorrect. Kitzinger (2005) said "Board members and prison officers, need education to help empathise with pregnant women".

The majority of staffs and officials that enter prisons from outside institutions have become institutionalised to prison culture. Due to the biased decision Kitzinger (2005) sought legal aid for the pregnant mother, which was granted leave to appeal from the Crown Prosecution Service (CPS). Whilst this was impending Kitzinger sought an independent psychological assessment which on review showed she was suffering from both depression and shock. On giving birth the first appeal was turned down, this had an emotional effect on the mother as she could not bond with the baby due to the impending separation, even though she was breastfeeding her. One of the prison governors came with a companion (without introductions) saying "the social services will come for the baby tomorrow". The mother thought this would be suspended whilst the appeal was going through but was told "no". However, the hospital agreed to allow the mother and baby to stay in hospital until the verdict came in.

This case attracted a lot of media and especially the Maternity Alliance breastfeeding organisations. This was because of the innocent baby that was being separated from its mother. The mothers defence council was fighting for the child's rights. There were three judges present and one asked " are you going to tear this baby from her mother's breast?" The three judges concluded that the board was biased and it should sit again but with different people from outside the prison environment. This case created a practical precedent, the court ruled, in future, consideration must be given to the rights of the child. Every prison must embrace the rules of the European Human Rights Convention and the United Nations Convention on the Rights of the Child. Holloway was found negligent with prison service regulations and the mother was able to stay with her child (Kitzinger, 2005).

Victims of crime can be affected in many different ways regardless of the severity of the crime. Most common, victims feel frustration, anger or fear and in a lot of cases why? A lot of victims try to stay strong for the people around them, but deep down they start to fall apart. Others can have more physical symptoms such as lack of sleep which can lead to illness. Many victims are taken by surprise at how they are affected by the crime committed. This can have an impact on those around them within their family unit (Victim Support, 2011).

## Part 5

### Looking To the Future:

In looking towards to the future to deter reoffending by females is to make

more available access to services especially in the areas of drug  
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dependency, relationship guidance, social services, training, employment advice, health, housing, education (Home Office, 2000). Crimes committed by women are inextricably linked to life experiences (Home Office, 2001). The current system treats women and men differently which has a major impact on the women as they are usually the main caregivers for their children (Home Office, 2000). The vast majority of female prisoners imprisoned are for non-violent crimes usually property related crimes and only receive short sentences. The moment a person is convicted they will have a criminal record that will last many years depending on the severity of the crime, this will have an impact when released as they will struggle to fit back into society resulting in just over a third of released women committing another crime within two years struggling to survive for themselves and their children (Nacro, 1993).

The majority of these women have come from very traumatic upbringings experiencing of neglect, sexual exploitation, homelessness, abuse, drug addition, debt. However, the majority of these women throughout their time spent in prison show courage, strength and determination to turn their lives around not just for themselves but their offspring to ensure that they do not follow the same mistakes they did. This is all supported by continuing the 'full, purposeful and active day' (Ramsbotham, 2001) to ensure during their time spent they are rehabilitated through the many educational programmes for when they are released back into society.

To change the way prisons work is not enough, it needs to be changed at the point of sentencing. When the judges are passing sentences, there are often 'invisible children' the judge will often disregard or not realise children are <https://assignbuster.com/united-kingdom-imprisoned-pregnant-women-criminology-essay/>

involved, or that she is pregnant (Kitzinger, 2005). In some severe cases judges will perceive babies as 'dolls' so that they can be taken away to punish the mother for her crime. This was depicted when a 17yr old girl was sentenced for being a 'lookout' whilst her friend stole 3 Marks & Spencer's shirts, she was imprisoned until 2 weeks after her due date. The judge announced that the baby would be removed from her as an act of punishment for her crime (Kitzinger, 2005).

The United Nations (1990) states that it is time for radical change; mothers and their babies should not be imprisoned at all. They recommend "the use of imprisonment for certain categories of offenders, especially mothers with small children/babies should be restricted and alternative methods used to avoid imprisonment as a sanction." By painting prison walls baby pink, and hanging up cot mobiles to try and avoid this degrading and abusive system needs to be addressed from a political level of how society can improve the situation that these women are facing along with their children, instead of turning their backs, and seeing what affects this is having on the future generation of these imprisoned women (Kitzinger, 2005).

Stern (2004) depicted that sentencing policies need a major radical overhaul. The Department of Health Prison Health Service needs to be extended in order for them to work alongside the Police, Crown Prosecution Service when sentencing women. The majority of these women have health problems not a crime problem and they need psychiatric/medical help in order to address the problem instead of shutting them away. The HM Prison Service (1999) inquiry advised the prison service to seek alternative solutions for

imprisonment and to consider providing mother and baby facilities in hostel  
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accommodations within the local communities. This is supported by Germany where women and children are kept under curfew in surrounding houses outside the prison.

## Conclusion

There are many obstacles that women can face being in prison especially if they are pregnant or have children. They do not have to just protect themselves but their unborn child from the dangers they are living in or their children from facing social stigma due to their crime. With their underlying issues they very rarely attract the public eye, and with their small proportion of only 3, 958 out of 84, 505 (Ministry of Justice, 2013) it is hardly surprising they are easily forgotten (Nacro, 1991). If prison actually worked, there would be education and work for every prisoner released; prisons would be shut rather than planning more. Judges would be looking for new jobs instead of seeing the same faces regularly; the United Kingdom would not hold the highest prison numbers in the European Union except Turkey (Ramsbotham, 2001). By not imprisoning women there would be far fewer children put into care and less babies being born or brought up in prison.

When a mother has committed a crime or behaved in a socially irresponsible way by giving her a custodial sentence this can push her further into reoffending and becoming more irresponsible. If she is pregnant or has children outside of prison there is an opportunity to help guide her to becoming more responsible of her actions and the implications for wrong doings. But in order for her to help nurture her baby she has to be nurtured herself first (kitzinger, 2005).

There is still a lot to be learned and understood and accepted in order to cut crime and reduce the impact on victims. The NHS and The Prison Healthcare are not working together to ensure the NHS healthcare standards particularly in mental health of these vulnerable women are provided which can only be done through training.

Through this research project there is little research on the effects of what it is having on the mothers and their children except there are many issues that need attention which have yet to be addressed i. e. mental illness.

There seems to be a major training issue in prisons in general and lack of empathy for these women on what life experiences they have suffered that have led them to crime. Gabel & Johnston (1995) noted that imprisoned mothers has a profound effect on children's abilities to master developmental tasks and struggle to come to terms with parent-child separation. The combination of these can produce serious long-term problems i. e. mental illness. A lot of mothers are suffering psychological/ mental illness either before entering prison or develop during prison, their child that is left behind is then suffering the consequences of their mothers actions which is having an effect on t