

In Britain there are three highly secure psychiatric hospitals, formerly known as hospitals for the criminally insane and now known as Special Hospitals: Broadmoor, Rampton and Ashworth. In 1994 the total number of patients in these hospitals was 1526 consisting of 250 women and 1270 men. Women currently make up 16% of the patients in the three special hospitals.

# Women in special hospitals

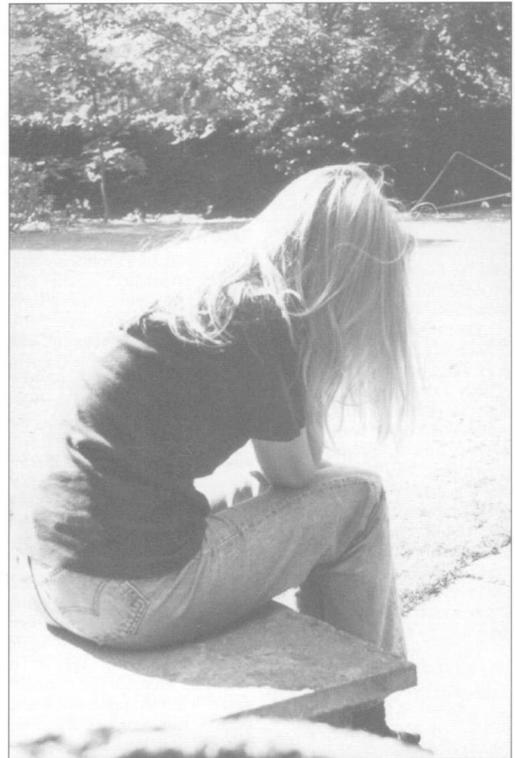
## Mary Eaton raises some causes for concern

Patients referred to a Special Hospital are detained under the Mental Health Act (1983). This states that a patient must be diagnosed as suffering from one of the following:

- mental illness
- mental impairment
- severe mental impairment
- psychopathic disorder

In 1994 the distribution was as shown in tables 1 and 2.

Any patient referred to a Special Hospital must be deemed treatable i.e. it must be recognised that the condition can be contained or



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relieved by treatment. Furthermore, women, like men, are admitted to the special hospitals on the grounds that they represent such a severe threat to themselves or society that they cannot be contained in any ordinary psychiatric facility and require psychiatric treatment in conditions of top security. Yet the women admitted to these hospitals have much lower rates of criminal offending than the men, and some have no criminal convictions

at all. On the whole, the women are a nuisance rather than a danger, needing 'relational' rather than 'perimeter' security, and do not represent any significant threat to society at large. (SHSA: Services for Women Patients 13.5.93, para. 3.2)

Maden et al's research (Maden et al 1995) revealed that 56% of women (sample of 56 women represents 19% of the total female population) compared with 73% of men are detained under S.37 of the 1983 Act, that section which refers to "presenting a grave danger to the public" and needing the highest level of security. Almost half of the women, 44%, but only 16% of the men are detained under S.3, the civil treatment order.

The women admitted to these hospitals have much lower rates of criminal offending than men, and some have no criminal convictions at all. Maden et al found that 38% of the women but only 9% of the men had never been convicted of an offence.

A higher proportion of men patients came into the Special Hospitals directly from prison, while women are more likely to come from other psychiatric provision. Maden et al found that 42% of the women patients and 68% of the men had been referred to Special

**Table 1 Patients in Special Hospitals by MHA Classification in 1994**

MHA Classification	Men		Women		Total (100%)
	no.	(%)	no.	(%)	
Mentally ill	861	(86)	141	(14)	1002
Psychopathic Disorder	314	(78)	86	(22)	400
Mental Impairment	79	(87)	12	(13)	91
Severe Mental Impairment	22	(67)	11	(33)	33
<b>Total</b>	<b>1276</b>	<b>(84)</b>	<b>250</b>	<b>(16)</b>	<b>1526</b>

Source: SHSA Statistics

**Table 2 Women Patients in Special Hospitals by MHA Classification in 1994**

Mentally ill	141	56%
Psychopathic Disorder	86	34%
Mental Impairment	12	5%
Severe Mental Impairment	11	5%
<b>Total</b>	<b>250</b>	<b>100%</b>

Source: SHSA Statistics

**“The women admitted to these hospitals have much lower rates of criminal offending than the men, and some have no criminal convictions at all. On the whole the women are a nuisance rather than a danger, needing ‘relational’ rather than ‘perimeter’ security, and do not represent any significant threat to society at large.”**

Hospitals from prisons.

For those women involved in crime, their offence is less likely to involve violence. Maden et al’s findings regarding the reasons for admissions to Special Hospitals are shown in table 3 (some patients will have more than one).

However, once inside the Special Hospitals, women appear more likely to behave violently to others or themselves. (Table 4)

It is interesting to note that whilst women are more likely to have committed serious violence none of them caused serious injury.

### Care and treatment

The average length of stay in a Special Hospital is eight years for men and nine years for women. This may be the result of decisions based on the women’s behaviour once inside the Special Hospital. Nevertheless, it is apparent that on average women who go to the Special Hospitals with fewer and less violent crimes on their record are detained for longer than men, and for longer than they would have been imprisoned for their offences.

Little is known about the women patients in the Special Hospitals. Statistics are gathered on age, psychiatric disorder and routes into hospitals but this data does not give a picture of the impact of these factors on the lives of women. Consequently far reaching decisions about their care, treatment and social provision are

made on the basis of limited evidence. The needs of women are often poorly catered for by services for mentally disordered offenders which deal mainly with men. (Department of Health: 1994, para 5.25)

Advocacy on behalf of, and care for, these women is the focal concern of W.I.S.H. (Women in Special Hospitals), the voluntary organisation which campaigns on behalf of women both within and beyond the Special Hospitals. The position of the women patients and the appropriateness of their place of detention raise questions for all concerned with matters of social and legal justice.

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### References

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Maden T, Curle C, Meux C, Burrow S, and Gunn J (1995) *Treatment and Security Needs of Special Hospital Patients* London: Whurr Publishers

W.I.S.H. (Women in Special Hospitals), 15 Great St Thomas Apostle, London EC4V 2BB

**Table 3 Cause of Referral to Special Hospital**

Index Offence	Men	Women
Homicide	21%	6%
Violence against the person	43%	20%
Arson	7%	18%
Sexual Offence	10%	0%
Criminal Damage	3%	11%

**Table 4 Pattern of Behaviour within Special Hospital 1994-95**

Behaviour	Men	Women
Severe threats	36%	60%
Serious violence	21%	42%
Minor injury caused	9%	45%
Serious injury caused	4%	0%
Self harm	12%	47%

As Senior Policy Advisor (SPA) at The Prison Reform Trust (PRT) I dealt with most correspondence sent to the PRT by prisoners and their families. As such the issues which they raise, the questions they pose, and the information which they provide, offer an insight into HM Prison Service which often differs markedly from official reports, and statements.

# Prisoners’ postbag

**David Wilson looks at some of the letters sent to the Prison Reform Trust since the change of government.**

This is not to imply that this insight is any more accurate, but it does indicate that prisoners and their families often view matters very differently from the Prison Service itself, and that despite the establishment of, for example, a Prison’s Ombudsman, the PRT continues to be seen and used as the effective pressure group in relation to penal reform. It also provides a rather crude method of analysing how a new Labour Government has grasped matters related to prisons and prisoners, and suggests issues which they might like to concentrate upon in the months to come.

First the numbers. In the two months following the General Election there were 76 letters from prisoners or their families which needed some form of action. This



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figure excludes requests for magazines, or other printed materials and reflects only that correspondence which specifically involved the SPA in writing to governors, Prison Service officials, or others, or involved follow-up action of a casework nature. Similarly, in the same period, there have been over 20 phone-calls which have resulted in similar forms of action.

The letters and enquiries can roughly be divided into three distinct groups: those requesting advice/information; complaints about prison conditions in the broadest sense; and those which draw attention to policies which unfairly discriminate against prisoners or their families.

### Advice and information

Of these three groups the first is perhaps the easiest to describe: prisoners will write requesting information about such matters as which prisons run Family Matters courses, to whether or not they are required to provide a DNA sample to the police. What is more interesting is that either they distrust the information which the prison has provided, or more commonly that they have been unable to get the information which they have requested, and in frustration have written to the PRT. One prisoner, for example, wrote thanking the PRT for sending him information about where he could study with the Open University - "the information is precise for my needs and allows me to plan ahead with confidence and purpose of action, instead of groping in the dark. I thank you very much for information I have long ago asked for within the prison system and have, in the end, obtained from outside it."

### Complaints about conditions

The second group of letters, which is by far and away the largest, relates to complaints about prison conditions. Here, in particular, New Labour can be viewed as rather old-fashioned practitioners of the "law and order" agenda, especially since their support for the Crime Sentences Act, both whilst in opposition and now in power, has resulted in a massive increase in the numbers currently incarcerated.

With currently 62,000 people in prison, and governors facing an average of 12% budget cuts it is hardly surprising that there will be complaints about reduced regimes,

and greater time spent in cell. Indeed this was the most common complaint, and reflected life inside whether that prison was a local, a training prison, part of the dispersal estate, or if it dealt with young offenders, or women.

However the letters have also revealed everything from a prison which has attempted to charge prisoners for their medication, to the overzealous, and frankly illegal application of the powers of prison officers to search visitors to prisons. For example, one woman telephoned asking if she was required to remove her tampon during a strip search in a Visits Reception, as had been requested of her. She is of course not required to remove her tampon, and nor is it permissible for staff to intimately search any part of the visitor's, or indeed the prisoner's body.

### Prison policies

However it is the third group of letters which reveal issues which are perhaps of greater concern to all those who have an interest in, or responsibility for prisons.

Two issues in particular over this period have stood out: the use of the Continuous Assessment Scheme (CAS); and the unfairness of various Prison Service policies when applied to prisoners who deny their guilt. The Prison Service bases many of its policies on the assumption that all prisoners are guilty. Thus, for example, everything from allocation to parole can be centred on an acknowledgement of guilt by the prisoner.

The Sex Offender Treatment Programme (SOTP), for example, specifically requires the prisoner to "own" his offence.<sup>1</sup> Thus, a prisoner who denies his guilt, cannot attend the course despite the fact that parole, and various "risk assessments" will be based on participation in the programme. This "Catch 22" has certainly affected several correspondents, and would also have adversely affected Stefan Kiszko, who was sentenced in 1975 to life imprisonment for murder. During the commission of this offence Kiszko was supposed to have masturbated over the body of his victim, and during the course of 16 years in prison, was required to account for his actions. Throughout his time inside Kiszko refused to have anything to do with the parole system, the SOTP, and other forms of treatment as he maintained his innocence of the crime. This stubborn refusal won him few friends inside, and one Senior Medical Officer described Kiszko as having "delusions of innocence".<sup>2</sup> Kiszko was eventually

pardoned when it was discovered that he could not have committed the offence, as he was unable to produce sperm.

The second issue relates to the Continuous Assessment Scheme (CAS), the fifth stage of the Prison Service's strategy for managing "disruptive prisoners". In effect this strategy involves moving prisoners, some of whom are amongst the most difficult that the Prison Service has to deal with, from segregation unit to segregation unit every 28 days. Some prisoners on the CAS have been managed in this way for over 2 years, with all the consequent difficulties that this poses for their families who might want to visit.

However of greater concern is the reality that several prisoners on the CAS are there simply because of the closure of 3 special units over the past 12 months. These units - HMP Parkhurst's C Wing, and the two Special Units at HMP Woodhill - would normally have been able to accommodate prisoners who are labelled disruptive, but in a therapeutic rather than in a punitive manner, with all the potential that this opens up for reform and rehabilitation. Moreover, there has as yet been no indication as to when the units at HMP Woodhill will finally re-open, nor public debate as to the type of regime which will be run in these units. This is clearly of concern, especially as the current thinking of the Prison Service in relation to behaviour relates to "earned incentives", to which disruptive prisoners are rarely able to conform towards, leaving the door open for an American-style "supermax".

### A change for the better

New Labour has yet to make its own distinctive mark on the Prison

Service. Whilst prison officials will describe a marked difference in "tone" from the previous government, there is in reality very little change in policy between Jack Straw and Michael Howard: HMP Wear - the "prison ship" - opened, only to be subsequently evacuated; prison privatization was extended; and the Home Secretary has recently agreed to the establishment of 5 Secure Training Centres for 12-14 year olds, run by the private sector. Above all the number of people being incarcerated continues to gather pace, reflecting the atmosphere surrounding the Crime Sentences Act, which will introduce mandatory minimum sentences, and suggesting that, after all, being "tough on crime" meant nothing more than "prison works". If New Labour really wants to do something about prison reform, perhaps they could start by dealing with some of the worries and queries raised in letters sent to the PRT.

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1. For an outline of the Sex Offender Treatment Programme, see Eddie Guy, "The Prison Service's Strategy", in *Beyond Containment: The Penal Response to Sex Offending*, PRT, London, 1992, pp.1-7. Guy specifically mentions that one of the four main components of the strategy is that "treatment programmes will be based on admission of offences" (p1).
2. I am grateful to Campbell Malone, Stefan Kiszko's solicitor, who advised me of this entry in Mr Kiszko's medical notes.

 <p>The Criminal Justice Institute</p>	<b>IMPRISONING WOMEN: RECOGNISING DIFFERENCE</b>
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