

# Degradation, Harm and Survival in a Women's Prison

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*Based on primary research for the Northern Ireland Human Rights Commission this article focuses on the conditions and regimes under which women and girls are imprisoned in the North of Ireland. Extensive interviews with women place their experiences and reflections at the heart of the analysis and are supported by full observational access to the daily routines in operation at the Mourne House Unit at Maghaberry Prison. Of particular concern are institutionalised practices regarding self-harm, suicide prevention and the pathologisation of girls and women with mental health needs.*

## Introduction

In prison, survival is not a given.  
(Chandarev Singh, Melbourne, 2005)

Designed to be inaccessible, jails hold men, women and children captive inside their walls, while denying the public its curious gaze. Access, whether visits to prisoners or openness to scrutiny, is tightly controlled. The visible gatekeepers are the last link in an extended chain, patrolling and regulating the boundaries of the carceral archipelago. While carefully orchestrated and closely monitored, group visits have become a regular feature of the prison as 'zoo' or 'correctional theme park' (Minogue, 2003: 44), qualitative, independent and unfettered prison research is rare. Even when access is granted, for many prisoners the fear of reprisal is so marked they decline the invitation to talk. If they do, they choose their words with care. For prisons are places to be endured and survived.

Much has been written about strategies adopted by prisoners to cope with the routine of incarceration, to retain personal dignity and to resist brutalisation (see Bosworth, 1999). Prisoners, particularly political prisoners, relate incidents of extreme cruelty and threatening isolation, while reflecting that whatever the assault on the body or the restriction on movement, their freedom to think, reason and project remain intact (see McKeown, 2001). The conscious rejection of victimhood, the refusal to be cowed and the commitment to question and disobey authority together contribute to an often formidable, oppositional and collectivised force. Yet the fear and reality of physical harm and the awareness of the destructive potential of long periods in isolation diminish and, occasionally, destroy self-esteem (see Sim, 1990). So strong is the pathologisation of individual prisoners, so reluctant are those responsible for prisons to review their custom and practice, that punitive, exploitative and neglectful acts become tolerated and institutionalised. It is in this context that inhuman, degrading and violent treatments coalesce.

The extent to which structural and institutional contexts determine personal experience and social relations remains central to the interpretation and analysis of

power. It is self-evident that power is relative to its sources of authority and legitimacy, operating at a range of levels from the interpersonal to the structural, yet it is a compelling and uncompromising component of total institutions. While advanced democratic states proclaim the effectiveness of checks and balances on the administration of power within their institutions, in the operation of prison regimes governors and officers possess broad discretion. Published in May 2004, the photographs of the degradation and humiliation of Iraqi prisoners by US military reservists at Abu Ghraib prison were dramatic illustrations of the dehumanising potential of incarceration. Such brutality and cruelty is the physical manifestation of ideologies fuelled by the representation of the captive as evil, as beneath contempt and beyond redemption.

It is rare for independent researchers to gain unrestricted access to a prison, particularly a high security facility. Security, discipline and 'good order' are priorities routinely invoked by prison service managers and governors as barriers to in-depth, primary research. Prisoners are often selected, interview locations determined and observations of the 'regime in action' structured by governors and officers hostile to research committed to opening their closed world. When research is commissioned specifically to assess possible abuses of power in the context of prisoners' human rights and the state's duty of care, the expectation is closed ranks, lost documents and restricted movement.

This article is derived from in-depth qualitative research in the women's unit of a male prison in Northern Ireland.<sup>1</sup> The researchers had unprecedented observational and interview access and moved freely within the unit, including the punishment block. What follows focuses primarily on the experiences of women and girls, recording their accounts of the impact on their lives of a harsh and neglectful regime. It demonstrates how the institutionalisation of violation and neglect within women's prisons is often gender specific. Finally, it considers the key research recommendations, noting official responses.

### **The Mourne House Women's Unit, Maghaberry Prison**

In 1986 the Victorian-built Armagh Gaol, Northern Ireland, was closed and women prisoners transferred to the Mourne House Unit within the purpose-built, high-security Maghaberry Prison. Male prisoners arrived the following year and the male and female prisons were amalgamated in 1988. The Mourne House Unit remained physically separate, comprising six landings in three blocks, a further cell block, hospital with accommodation, kitchens, indoor and garden workshops, an education block and exercise yards. It had a capacity of 59. With its own gate, reception and walls it was a prison within a prison.

Between June 2003 and May 2004, the year including the research period, 304 women were admitted to prison; 167 sentenced and 137 on remand (NIPS, 2004: Appendix D). Of these, four were aged 14–16, 58 aged 17–20, 111 aged 21–29 and 83 aged 30–39. There were 226 categorised as 'single'. A third were fine defaulters. Of the 167 sentenced, 109 received less than three months. The average daily population was 25. During the research the 'mix' of women prisoners included lifers, remands, committals, immigration detainees, Republican prisoners, young offenders (remand and sentenced) and those in the punishment block.

The regime had all but collapsed. The Unit's hospital had closed and women received much of their assessment and treatment, including overnight accommodation, in the male

prison hospital. Workshops and kitchens were moth-balled. Food was transported from the male side. The education curriculum operated sporadically and at the discretion of discipline staff. Evening lock-ups were regular and women prisoners often spent 75 per cent of their time alone, confined to single cells. Such deterioration in conditions and regime were inexplicable, given the serious criticisms made previously by the Prisons Inspectorate.

The Prisons Inspectorate had noted the 'potential dangers' inherent 'in situations where the needs of a small group of women . . . become marginalised', where 'the identity of units for women becom[e] confused with the larger prison site' (HMCIP, 2003: 1). As a unit of Maghaberry, Mourne House failed to recognise or meet the needs of women prisoners. Reflecting its recent history and the accommodation of paramilitaries, security was oppressive and staffing levels excessive. Eighty per cent of staff were men. Many had been relocated from the recently closed Maze male prison, where political prisoners ran the blocks and had minimal communication with staff (UK Parliament, 1994: para 9).

The inspectors concluded that male violence and abuse in women's personal histories contributed to feelings of vulnerability. Shared prison transport with male prisoners brought sexual taunts and verbal abuse. The Inspectorate criticised staff complacency concerning record keeping, particularly regarding self-harm, and the excessive use of strip searches. Women received no support on admission and no structured induction. The treatment of distressed, self-harming and suicidal women, particularly girls and young women, drew a severe response. This centred on transfers to the male prison hospital and the regular use of the punishment block. Of particular concern was the case of a 15 year old, self-harming child dressed in strip clothing and held in the punishment block.

Detailed recommendations included: the reconstitution of Mourne House as a discrete female facility; the initiation of a policy and strategic plan for the treatment of women in custody; gender-specific training for all staff and managers dealing with women in custody; low security regime with reduced staffing levels; all healthcare for women delivered in Mourne House or in the community. At the time of the inspection the Northern Ireland Prison Service (NIPS) published its review of prison healthcare services. While noting that the healthcare needs of prisoners were 'those of a multiply deprived population with high levels of chronic disease, mental illness, addiction problems and self-neglect' (NIPS, 2002: i), it failed to address the particular needs of women and girls. In April 2004 a new strategy on self-harm and suicide was introduced (NIPS, 2003). It made no mention of the specific needs of, or responses to, women and girl prisoners.

## **The research**

Throughout the research fieldwork, access was granted to all locations within the Unit at any time during unlock. Semi-structured interviews and focus groups were held with women prisoners, prison officers, professionals working in the prison (including education, healthcare, probation and clergy), Prison Officers' Association representatives and the Board of Visitors. Prisoners were contacted by letter and participated by choice. Interviews were also conducted with former prisoners. The Prison Service was unable to provide a policy or regime strategy for women prisoners and the Unit operated on the custom and practice comprehensively rejected in the Inspectorate's report.

For women arriving in prison for the first time, particularly those remanded or convicted of serious offences, the experience was harrowing:

It was scary. I didn't know what I was coming to... I was just brought into reception... taken up and put in a cell and the door was closed.

I was absolutely petrified... I came after a long interrogation. I don't know how I coped. I came into reception. It was regimental: 'Get a shower.' 'Fill in this form.' No question 'Are you alright?' It was all oppressive, no kind of reassurance. You were terrified.

I was terrified. I'd never seen a jail, never mind been in one. And I was just thrown on to the wing.

When we came in we were up on the committal wing for about 14 days. During that time we were on 23 hour lock-up. When someone is coming into prison for the first time it's hard, 23 hour lock-up.

All women raised the physical vulnerability of being stripped, searched and showered on reception. It generated an acute and immediate awareness of the loss of privacy and bodily integrity. A long-term prisoner commented:

There's an elderly woman in at the minute. When she came in it was about ten [at night] and she was just thrown in a cell, with a pint of milk and a tub of butter and told not to press the buzzer unless she was dying. That's what they said. Now that's not the way to treat anybody coming into prison.

They wanted to know 'basic things... Can I ring my family? Can I ring my children? When can my family come up and see me? All my toiletries had been taken off me at reception...'. Support came from other women prisoners: 'It was one of the other girls, actually, who told me the ropes and what to expect. It was the girls who were there for me, not the staff. It's still the same to this day.' Staff were dismissive: 'If you're a prisoner: "Go to your cell and don't bother anyone else." That's the attitude I get from them.' Prison officers were not trusted, particularly with personal confidences, and the women voiced a need for personal support:

I felt desperate. I needed to talk to somebody... that could better understand what I was going through. Even though I could talk to my mum, I couldn't say because I knew it would break her heart... I needed somebody who didn't know me personally.

Once a routine was established, the main frustration centred on whether evening unlocks would be granted. Lock-ups, from 4pm until the following morning, or 'rolling unlocks', usually for 30 minutes, had become the norm, including nine successive lock-ups over Christmas.

I'm on an enhanced regime... told we'd be unlocked every evening and have access to the phones... we're not out every night. Lately we're getting rolling unlocks, out for half an hour. All of us have children on our wing. You can't speak to them. I have two children, you can't speak to one and not the other.

There's one phone between seven of us. That's less than ten minutes if you're out for an hour. If you're unlocked for half an hour it's even worse. There's girls with young kids who expect their mammy to phone every day.

Unless I get to the phone at half-three, I have no guarantees of speaking to my children. I can't ask them to stay at home and not to go to their activities just on the off-chance that I can get out.

Despite the expense, as much as £30 each week, daily contact was considered vital:

My only priority in my day is contacting my children. There's nothing worse than going to bed at night knowing you've not spoke to them. If it's very limited access to the phones, the chances are you won't even get on the phone and, if you do, it will be only for two minutes and that's no good especially if there's any problem at home and they want to talk to you about it. They and I have such a close bond and there's things they don't want to say to [other family members]. You know what children are like with their own mammy. I just want to get through the day, one day at a time. One day less 'til I get back with my children.

The failure to deliver the enhanced regime had 'been going on for over two years'. Lock-up restricted access to other basic facilities, not least personal hygiene: 'Association periods mean getting access to a bath rather than getting a quick shower in five minutes in the morning when you're rushed. If it's a rolling unlock you simply don't get a shower, let alone a bath.' With workshops closed, the only activity available other than working in the gardens was education. Classes rarely took place: 'You get up in the morning, you're ready to go to class and they [prison officers] will say "Classes are cancelled". So then I have to go and change and put my work clothes on.' Yet classes offered more than skill acquisition:

Even if you try to look forward, you're knocked back. I put my name down for courses but you can't get to education because . . . prison officers aren't available to take us over. The education staff are dead on [really positive] . . . If I was over and upset they'd know. They're there for you, not only for education but to talk to as well. You can talk to them and know it's not going any further.

Visits, particularly children's visits, were distressing. A long-term prisoner stated that for three years the system had been 'nothing short of disastrous . . . often you're lucky to get an hour, sometimes forty-five minutes. That's a dreadful thing for small children to live with. Children are every bit as much doing the sentence as their mother is.' The absence of 'family visits' caused additional stress for young children who could not understand the restrictions on time with their mothers: 'My wee one . . . says, "Mammy, you and I haven't had lunch together for a long, long time." Like [number of] years and I haven't even had lunch with them. I know it might sound ridiculous but . . . children you've adored from when they were born, and me and them had a hard time before any of this happened.' She continued:

There was mine saying, 'Mammy, are you in a cage? Are there bars around you?' . . . I left mine off at school one day. I've never been home. Not once . . . You're only getting a few minutes here, a few minutes there. It's hopeless. To this day I've never been able to sit down and talk to my children about what happened.

Some women did not take children's visits because of the ordeal, particularly the high level of security: 'It's too much being locked away from my kids. The kids' father hung himself. The kids think I'm in hospital having a baby' [she was pregnant]. Another woman stated that she was 'too afraid to talk to them [her children] because I know I'll cry'.

For the few long-term prisoners in a Unit with a constant turnover of short-termers, the experience of prison was particularly harsh. Without induction or counselling, with no information or sentence planning, the isolation left women vulnerable.

I asked to speak to the long-term governor but he never came . . . They abandoned the personal officer scheme and there is no sentence plan.

I sat there for nine months staring at the ceiling and staring at the walls. I could have been using my time more productively, but I'm not in the frame of mind for it.

The monotony is crucifying. Before I came in here I had such a busy lifestyle. I went from one end of the scale, when I didn't have time even to see the news at night, to suddenly having hours and hours on my hands . . . I kept looking at my watch, thinking, 'What am I going to do with my time?'

The research did not support the Inspectorate's view that relationships between the staff and women prisoners were 'relaxed'. A typical comment was that, while 'some staff love their job':

The majority simply don't care. They do their job as a means to an end. There's a minority who drive home the fact that you are prisoners, you're the scum of the earth. You're not deemed fit to mix with society.

The treatment of women prisoners by some staff was offensive and abusive. A woman prisoner recounted an incident involving two Romanian women:

The screws had a pretty nasty attitude to them . . . mainly at night. I was sitting in the cell one night . . . and wee [baby] was very, very sick. I could hear her vomiting from my cell . . . They did tell her to fuck off and everything when she asked to see the doctor . . . they've done what they've done, but they don't need to be treated like animals, because they're human beings.

A black asylum seeker described an incident with a woman officer:

A staff lady said, 'Do you want to go for a bath?' I said I had already had a shower. She repeated that I should have a shower. I said, 'Is there something wrong with me?' She said, 'You're a wee bit smelly.' This made me feel inferior. Now I'm scared to go near the staff in case they think I smell.

The treatment endured by women with mental health problems, particularly those who self-harmed, reflected a regime that mixed complacency with cruelty. Reflecting on a series of incidents, witnessed over several years, a long-termer stated:

I find in this day and age I can't understand how it is legal – women who are repeatedly slashing their arms, legs, throats and trying repeatedly to hang themselves are stripped naked, thrown in a suicide jacket . . . 'Don't even give her a mattress, let her lie on the floor, let her lie in her

own... ' Women need help, counselling and therapy but to throw them in a strip cell, take away everything. I would hate to see a poor dog, bedding taken away, treated like that.

All women prisoners interviewed had suffered depression during their sentence and many women had serious mental health conditions. They were sceptical of clinical diagnoses:

As far as I'm concerned, if a woman's hearing voices, cutting up and bouncing off the walls, she is seriously ill and needs hospital treatment. It makes little difference whether a doctor diagnoses that she's got some mental illness or says it's a personality problem.

For women on committal, long hours of lock-up impacted on their state of mind:

You need communication and you're getting no communication... you think you're being cornered. We might have committed a crime, but we're not animals.

I tried to hang myself... I just wanted to kill myself. There's no hope for me in here. I suffer from depression and phobia... I had no medication for a week. I was put in a cell and locked down. Nothing given to us, just, "Away to your cell".

I have felt real depression and was put on anti-depressants. I needed a bit more support – someone to talk to... You can't talk openly to anyone in here. They said they'd get the psychiatric nurse but she never came so I had to deal with it in my own way. I have felt like giving up numerous times. It's only my children that give me something to go on for.

I have never self-harmed but I know a lot of girls who have. They're just finding someone to talk to, to give them help... Young people cutting themselves. To me that's a cry for help. But instead of having someone to talk to they're just thrown in the punishment unit... They're just left in there. There's nothing for them.

A 17-year-old girl was interviewed in the punishment block. The 'standard' regime consisted of 23-hour lock-up with one hour's recreation alone. In her cell there was an open toilet, a sink, a bed bolted to the floor, a newspaper and a Bible. She was dressed in a non-destructible, short-sleeved gown. From her ankles to her hips, her wrists to her shoulders, her wounds were extensive. She felt compelled to self-harm, 'It's how I cope.' She continued:

I shouldn't be down here. There's nothing to do. It's worse in the night. I hear voices and see things. But no-one helps me... I've had no counselling since I've been in here.

It was winter, there was snow on the ground. She took no outside exercise because there was no appropriate clothing. She had completed two days of a 28-day period of cellular confinement. Part of her 'care plan' was 'optimal contact' with other prisoners and staff. She had neither. Following an application for leave for a judicial review the judge ordered her transfer to the male prison hospital from where she was released. Within weeks she was back in prison in the punishment block, this time on the 'basic' regime. Charged with possession of an offensive weapon, a broken bottle, she stated: 'The only reason they got me in here's to keep me off the streets.' Dressed in a non-destructible gown, she lay in the foetal position on a raised plinth; no mattress and no pillow, just a non-destructible blanket. A plastic potty for a toilet, there was no sink or bowl. She was not permitted underwear and during menstruation she was given a sanitary towel but no pants.

Initially admitted to the male prison hospital she was transferred to the Mourne House punishment block: 'That night I tried to hang myself . . .' She had made ligatures from tearing a pillow case. She self-harmed using the hard edges of her gown, 'Because I hear voices and see things. The voices tell me to do them. And I release the pain as well.' At night:

It's terrible, so it is. You sleep and keep changing positions . . . and they won't give me my own clothes . . . in case I do anything stupid. Just look at what they make me go to the toilet in. That's for night time . . . It's a disgrace.

According to the women interviewed, staff bullying of prisoners with mental health problems had become institutionalised. One incident, involving a senior officer on night guard duty, was overheard by several women:

This woman had twice that day tried to hang herself. One of the other officers said, 'Could you leave me the keys? I'm not content just looking through in at her, she could have a ligature around her neck.' 'No, don't be looking in at her. Don't even look at her. Fuck her.' That's the way it was going but it was at top volume. 'Fuck the old bitch, let her go . . .' This was being boomed and everyone on our landing, even the hardened ones, thought it was outrageous. There wasn't an ounce of respect shown to her as a human being.

A former prisoner recalled an older woman, in the punishment block, desperate for a cigarette:

She ate with her fingers. They'd taunt and laugh at her by blowing smoke through the door . . . She tried to hang herself and three of us saw her getting out of the ambulance. They walked her across the tarmac in February with a suicide blanket on. They all had riot gear on. She was crying. They were bringing her back from hospital and she was put back in the punishment block. We just kept our heads down. Just did our time.

Another woman stated that 'some of the staff treat you like dirt' and had heard officers shouting at women to 'shut the fuck up, calling them bastards'. One night she pressed the bell to 'ask if there was a woman I could talk to'. The male officer told her to 'stop ringing the bell and to shut the fuck up. It made me feel worse'.

While the research was in progress Roseanne Irvine was found hanging in her cell. She had been through an adjudication that day, was anxious that she might lose access to her child and was assessed as a suicide risk. Yet her cell offered multiple ligature points and several ligatures, such as shoe laces, were available. Another prisoner stated:

Roseanne told me not long before we got locked up that one of these nights they'll find someone hanging. The girl needed help which she did not get . . . This place is like hell on earth.

The personal impact of Roseanne's death was evident on the landing:

The next day I just sat and cried. I had panic attacks. I pushed the emergency button and they came to my door. I asked for the nurse. They just said, 'No.' They said, 'You're not allowed to push the button. It's for emergencies.' I said I was having a panic attack. They said, 'Take deep breaths.' It was early evening. I sat up on the bed with a pillow and cried and cried.



Roseanne's closest friend was devastated and transferred to the male prison hospital and locked in her cell for 23 hours each day. She had resisted the move, describing conditions in the hospital as 'filthy'. The isolation was painful: 'I've never been in prison before. I hate getting locked up... it brings back memories to me.' Disclosing a history of sexual abuse she continued:

In the hospital they [male prisoners] talk filthy and dirt... a man exposed himself. Said, 'I'll give her one.' He thought, 'I'll pull it out 'cos there's a woman there.' We were all outside together. One man is in for sexually abusing a child. We have to have association with them... I don't feel safe around them.

Remarking that the prison hospital was 'acute and volatile', a senior orderly confirmed that the woman had been in association with the male prisoners in the recreation room. Grieving the loss of her friend, while struggling with her past memories and current fears, she cried throughout the interview. Prison was:

like a nightmare and you think it's never going to end... there'll be more deaths because people don't get the help they need. I have four kids and four grandkids and I miss them all so much. I keep thinking to myself I will never see mine again. I love them all so much too. But time is running out for me. I can't take much more.

## **Conclusion**

Pat Carlen (1998:10) notes that women's imprisonment 'incorporates and amplifies all the anti-social modes of control that oppress women outside the prison'. What persists is the failure within the criminal justice system to accept that 'women's crimes are different to men's, committed in different circumstances'. Consequently, prison regimes for women fall below minimum standards of decency and humanity: '... so many women arrive in prison suffering from extreme health conditions and social effects of poverty, addictions and physical and sexual abuse', yet no 'coherent or holistic' policy is in place to manage their sentences (Carlen, 2002: 15). The institutional response further dehumanises through the deterioration in healthcare, overemphasis on security, increased risk of bullying, self-harm and suicide, curtailment of programmes and long periods of isolation (Lowthian, 2002: 177).

The Mourne House research was carried out during what Sudbury (2002:58) terms the 'global boom in women's incarceration'. Shaylor (1998:386) notes the 'emerging use of the control unit, the prison within the prison, as the ultimate regulation of the female body'. While there is no marked increase in women's imprisonment in Northern Ireland and 'control units' do not exist, for long periods women are confined in isolation and held in the punishment block to 'manage' self-harming and parasuicidal behaviours. Shaylor (*ibid.*) proposes that solitary confinement is indicative of 'increasing brutality in women's prisons', including the persistent and often gratuitous use of strip searches. George (1995: 23) notes that women who self-harm are 'put in isolation, deprived of sensory input and placed in a concrete cell in a canvas nightie' and subjected to the 'sexual humiliation of strip searches'. Other research on Queensland's prisons found that women prisoners 'report prison to be a brutal, humiliating, traumatising place' (Walsh, 2004: 19). Walsh records the trauma of women, many survivors of sexual abuse, enduring

regular 'humiliating and degrading' strip searches. Observation cells were, 'barren rubber rooms where prisoners are subjected to 24 hour a day lighting, stripped down and dressed in a suicide gown, and often physically constrained' (ibid.).

Carlen (1998: 10) concludes: 'because of their different social roles and relationships and other cultural differences' women 'are likely to suffer more pains of imprisonment than men, and to suffer in different ways'. What the Mourne House research demonstrates is that, while the regimes and programmes were not gender specific in design or delivery, regulation, control and punishments were consistently gender specific. Fear, degradation and dehumanisation endured by women prisoners were institutionally gendered. They are most appropriately represented and analysed through their location on a continuum of violence and violation (see: Stanko, 1985; Kelly, 1988). This ranges from lack of access to telephones or baths, through lock-ups, to strip-searches, personal abuse and punishment. The sharp end of the continuum, where the woman's body is the site of self-harm and of strip searches, is related directly to the sexual comments, innuendo and insults embedded in the prison's daily routine.

The Mourne House testimonies are bleak reminders of the destructive force of imprisonment. While not reduced to total passivity, nor completely incapacitated, women's voices were effectively silenced, their self-esteem consistently undermined and their physical and mental health deeply traumatised. Yet their stories, told through the research, resulted in 41 recommendations (Scraton and Moore, 2005). It was clear from the research that alternatives to custody should be a priority for the majority of women currently in prison. This includes women with mental health problems. Within prison, priorities include the establishment and resourcing of gender-specific regimes and programmes responding to gender-specific needs. Responding to the diversity of women in prison, a comprehensive strategy should specify policies on reception and induction, regime and programmes, throughcare and aftercare. The research called for an end to holding children in Prison Service custody and the use of punishment cells for self-harming and distressed women. All accommodation, health-care and transport should ensure absolute separation from male prisoners.

Ironically, as the research ended in June 2004, women prisoners were transferred to a lower security unit within Hydebank Wood Male Young Offenders' Centre, a move which failed to meet the research or Inspectorate's recommendations. The refurbished Ash House unit is adjacent to units housing young men. Health-care and transport continue to be shared and women face daily abuse from young male prisoners. In November 2004, following publication of the research, an unannounced inspection of Ash House took place. The subsequent report (HMCI/CICJNI, 2005) endorsed the research findings and heavily criticised NIPS for its failure to act on the Inspectorate's 2003 recommendations. It questioned the 'extent to which Ash House can provide a suitable environment for women' and raised the 'safety' of women and girls 'principally in relation to the management of [those] vulnerable and damaged' (ibid.: 5). This was the 'consequence of a poorly implemented decision to move women from a purpose-built environment, which was not being managed or operated as it should have been, to a much less suitable facility – without providing staff with sufficient specialist training, management or support to ensure that they could properly look after the women and girls in their care'.

Ash House failed to provide for 'extremely damaged, and sometimes disruptive, young women and girls'. Two were held in 'anti-suicide suits' in 'unfurnished and cold cells'. Documentation 'revealed an imperfect understanding of the motives, and

management, of self-harming women' with 'disciplinary measures . . . used to punish self-harming behaviour'. Punishments, 'including for children, were very severe' and child protection procedures 'were seriously deficient'. Educational and developmental needs for girls 'were not being met, and could not be, within such a mixed and constricted environment' (ibid.). Women were confined to their cells, without in-cell sanitation or ablutions, for long periods 'compound[ing] feelings of depression and anxiety' (ibid:6). The physical environment, both inside and outside, was inferior to Mourne House. The move 'succeeded in breaking up *some* of the negative culture that had infused Mourne House' but had lost its 'principal advantage . . . a purpose-built, separate women's facility' (ibid: emphasis added).

The Inspectorate concluded:

There was still no Northern Ireland Prison Service strategy, policies or procedures to deal with the specific needs of women and girls; and no separate, properly trained, management of the women's prison . . . in their longer term it needs to plan for a discrete and suitable separate location in which they [women and girls] can be held safely and purposefully'. (ibid)

In response, the Northern Ireland Prison Service accepted the need for fundamental change regarding the imprisonment of women. However, issues of accountability for women's suffering at Mourne House have yet to be addressed. As this article shows, the demonstrable failure to implement the Inspectorate's earlier recommendations had serious consequences for women and girls. Two women died and others came close to death. The punishment block was used repeatedly for the cellular confinement of self-harming and suicidal women and children. Consequently, the research called for an independent public inquiry focusing on the deterioration in the regime and the degrading and harmful conditions in which women and girls were held.

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### **Note**

1 In late 2003 the Northern Ireland Prison Service (NIPS) agreed to a request by the Human Rights Commission (NIHRC) to allow independent research into the Mourne House Women's Unit at Maghaberry Prison specifically to consider the regime's compliance with Article 2 (right to life) and Article 3 (right to be held in conditions that do not amount to inhuman and degrading treatment) of the European Convention on Human Rights (ECHR). The research followed a scathing report by the Prisons Inspectorate on its 2002 inspection, the death of 19 year old Annie Kelly, found hanging in a punishment cell in Mourne House in September 2002 and a subsequent visit to the Unit by NIHRC commissioners. The research took place at the prison and in the community between February and April 2004, with subsequent visits in May. Its findings and recommendations were published online in October 2004 and in revised form in June 2005

(Scraton and Moore, 2005). Views presented in this article are those of the authors and are not attributable to the NIHR.

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