Women's experience of immigration detention

by HM Chief Inspector of Prisons

June 2026

Contents

Introduction

While men and women detained under immigration powers share many experiences, this thematic review focuses on the distinct perspectives of women in different immigration settings, and the particular issues that shape their time in detention.

In December 2025, 119 women were held in immigration removal centres and residential short-term holding facilities[1], a population that had been rising steadily since March 2022. This increase reflects the broader growth in the use of immigration detention over the same period, with the number of women detained climbing at a slightly faster rate than that of men.

Far fewer women than men are held in immigration detention in the UK, and, as a result, their experiences are still largely shaped by policies and practices designed primarily for men. In particular, these often fail to account for the greater prevalence of trauma among women, who may have been trafficked, or their increased likelihood of being the primary carer of, and thus being separated from, their children. There is often limited specialist support to help mitigate those experiences.

Despite this, women tend to report more positively than men on their treatment by staff. Most of the women in long-term immigration detention are held in the relatively good environment of Derwentside, a centre with a much less prison-like look and feel than most immigration removal centres.

In this review we document where current processes fall short for women, but also what is working well. We hope it will assist the Home Office and its contractors to consider how they can improve support for women and learn lessons for all forms of immigration detention.

Charlie Taylor
Chief Inspector of Prisons
May 2026

[1] Home Office (2026)

Concerns

Priority concerns

1. **In centres which held both men and women, there was insufficient attention to women's needs.** Some felt intimidated in mixed-sex centres, and others had restrictions on their movements and less access to services. Male staff were inappropriately allocated to some duties that female officers should have carried out, such as night-time room checks.

2. **Staff training and guidance were not sufficient to meet the needs of women with complex backgrounds.** Many staff were unsure of how best to support women who had experienced trauma or who were living with mental health difficulties.

Key concerns

3. **Vulnerability was not consistently identified or communicated.** Home Office Detention Gatekeeper decisions and adult at risk assessments sometimes missed important health and vulnerability information, and Rule 35 reports were not always completed when required.

4. **Interpretation and translation services were not used often enough.** Interpretation was not used for everyday communication with women who did not have a good grasp of English and there was too little translated information, leaving some women feeling isolated and, in some cases, disrespected.

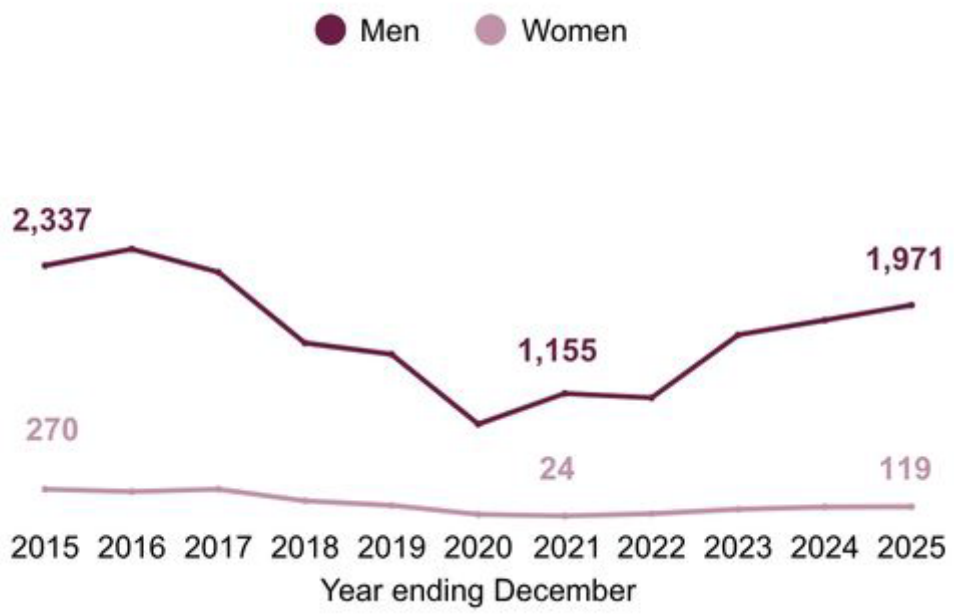
5. **There was little proactive help for women to maintain contact with family and friends, or to support those who had no contact with their families.** Although most centres offered good visits facilities, many women had no one who could visit them.

Section 1 Background

1.1 Women detained under immigration powers can be held either in specialist immigration detention facilities or in prison. The UK has eight immigration removal centres (IRCs), three of which hold women, and three residential short-term holding facilities (STHFs), two of which may detain women. Derwentside IRC is the only dedicated centre for female detainees. They can also be held for short periods[2] in non-residential holding facilities, but the Home Office does not publish population figures for these locations. At the end of December 2025[3], 119 women were detained across three IRCs, two residential STHFs, and the prison estate. They accounted for 6% of the total detainee population.

Figure 1: Far fewer women held in immigration detention than men

Immigration detention in the United Kingdom.



Source: Immigration system statistics, Home Office, 2026

1.2 The number of people in immigration detention decreased between 2015 and 2017, linked in part to various changes in the use of detention and the greater use of alternatives proposed through Stephen Shaw's review of detention[4], and remained low throughout the COVID-19 pandemic. The number of men in detention started to rise from 2021, driven by the detention of people reaching the UK by small boat, but has stabilised over the last two years. In the female immigration estate, numbers have been steadily increasing since March 2022, likely reflecting the increased use of detention to facilitate returns from the UK[5].

1.3 Our inspections of IRCs and residential STHFs generally find reasonably positive outcomes for women. In particular, women tend to report more positively than men about relationships with and support from staff. However, there are persistent concerns, especially around safety and safeguarding.

1.4 Staff often lack awareness of women's experiences, and their understanding of modern slavery, safeguarding, and the adults at risk (AAR) policy (see Glossary) varies. As a result, we find that referrals to appropriate support or safeguarding bodies are not always made, and local policies do not consistently reflect women's gender-specific needs. Home Office data[6] shows that, nationally, 40% of women detained in IRCs on 19 August 2025 were assessed to be an AAR. This assessment includes, but is not limited to, torture victims, potential victims of trafficking and modern slavery as well as those with mental health conditions, serious physical health needs and pregnant women[7]. These vulnerabilities were reflected in our case reviews at Dungavel[8] and Derwentside[9], where we found documented histories of domestic or sexual violence in more than half of our sample (nine of 16 cases, based on Home Office case records).

1.5 Where women are held alongside men, our inspections find that centres do not always do enough to mitigate potential intimidation. At the end of December 2025, 45% of detained women were in a mixed-sex centre (Dungavel, Yarl's Wood and Manchester residential STHF)[10]. Although staff kept male and female detainees well separated in residential settings, women reported feeling insecure and that they were sometimes verbally intimidated by men. In reporting centre STHFs (secure holding rooms attached to immigration reporting centres) they sometimes had to share cramped holding rooms and toilets with detained men for extended periods.

1.6 Women often spend too long in detention. Many have complex immigration histories, and their release is frequently delayed by a lack of suitable bail accommodation. Between January and December 2025, just over half of the 2,348 women leaving detention were released on bail[11] and almost all (95%) had been detained for less than two months. At Derwentside and Dungavel, average detention lengths were 25 and 31 days respectively, but some

2 A maximum of 24 hours other than in exceptional circumstances.

3 Home Office (2026).

4 Home Office (2016).

5 Home Office (2024). 'How many people are detained or returned?'

6 Home Office management information (data extracted on 2 September 2025).

7 Home Office (2024). 'Adults at risk in immigration detention'.

8 HM Inspectorate of Prisons (2025). Report on an unannounced inspection of Dungavel House Immigration Removal Centre.

9 HM Inspectorate of Prisons (2025). Report on an unannounced inspection of Derwentside Immigration Removal Centre.

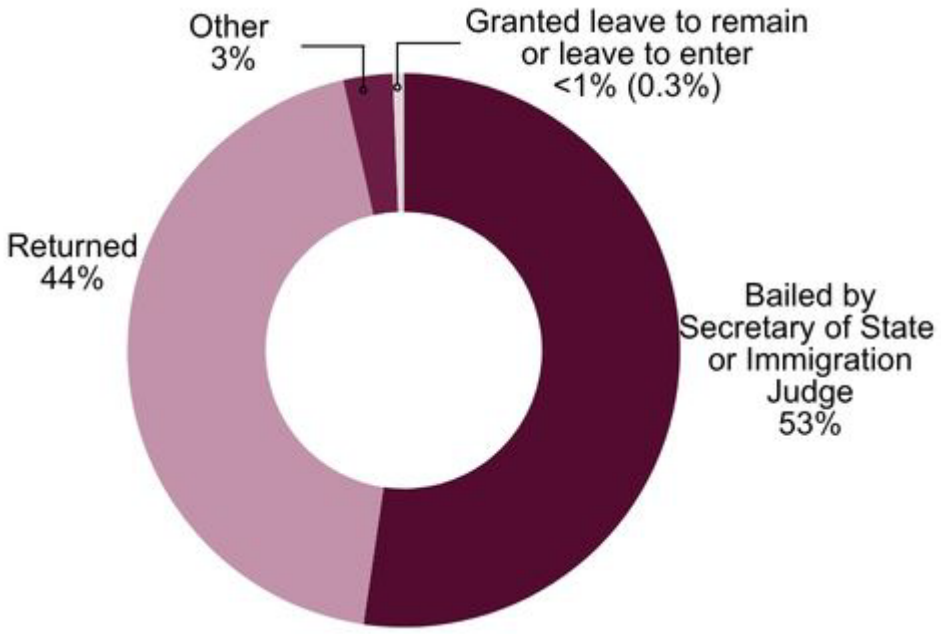
10 Home Office (2026).

11 Ibid.

women were detained for up to five months cumulatively (taking into account different episodes of detention).

Figure 2: Over half of women released from IRCs were released on bail

Women in immigration detention in the United Kingdom, January to December 2025.



Source: Immigration system statistics, Home Office, 2026

1.7 Research by some non-governmental organisations has reinforced concerns from inspections. For example, one report found continued use of practices that could cause distress, including male staff observing women during constant supervision[12]. The impact of detention on women's mental health and wellbeing has also been highlighted, as well as fear of return and concern for their families[13].

Focus of this thematic

1.8 This thematic review builds on these findings to develop a deeper understanding of women's experiences and to identify areas for improvement. It is based largely on the reported experiences and case records of women who have recently been in detention.

1.9 To structure this review, we developed a set of prompts to guide evidence collection. This took account of the findings of our previous inspections, including survey data, and included meetings with specialist organisations supporting women in immigration detention. The detailed methodology is set out in Appendix I.

12 Women for Refugee Women (2025).

13 Justice First (2023).

Section 2 Findings

2.1 We reviewed women's experiences from the first point of detention through to release and assessed their treatment and the conditions of their detention at each stage. This report examines women's journeys to immigration centres, where they were located, their engagement with staff and their support networks and family contact. While many of the findings also apply to men, in this report we focus on the distinct issues that affect women in detention.

Poor identification of vulnerabilities in decisions to detain

2.2 The entry point into the immigration system for women is the Home Office initial decision to detain. In 2016 a detention gatekeeper role was established to provide assurance on initial detention decisions and to help make sure individuals are not detained inappropriately where this could cause them harm. However, during our inspections, we found numerous cases where the detention gatekeeper had failed to identify or sufficiently explore vulnerability before authorising initial detention. This included women with significant histories of poor mental health, survivors of gender-based violence, victims of modern slavery and trafficking, and women who had disclosed pregnancy. Concerningly, in some instances, information already recorded in Home Office, medical, or prison records was overlooked, and women were wrongly assessed as having no health concerns.

2.3 In one case, a woman was detained for 138 hours despite having entered the country lawfully. She had a history of depression and was assessed as a level 2 AAR (deemed by professionals to be at risk; see Glossary) when she was first detained. She subsequently made repeated suicide threats while in detention, which resulted in staff supporting her through assessment, care in detention and teamwork case management (ACDT; see glossary), and being monitored on constant supervision.

2.4 We found two cases where women were detained despite the detention gatekeeper refusing to authorise detention. One of these women had a significant history of sexual abuse and reported depression and suicide attempts during an asylum interview. She became distressed and harmed herself when she was detained. The second woman had been found working as a sex worker, was detained and then released homeless after informing staff that her release address was not safe.

2.5 Home Office casework teams have limited access to information on women's trafficking claims and vulnerabilities because National Referral Mechanism (NRM) decision-making teams use a different electronic case record system. We found that immigration officers sometimes failed to investigate circumstances, despite clear indicators of trafficking during initial detention.

Case example: Extended segregation of a woman with mental illness

Ms A was detained on the expected date of her release from a short prison sentence. This decision was made despite that fact that she was in acute mental health crisis and being treated with antipsychotic medication and sedatives. The detention gatekeeper authorised detention, stating that she had no vulnerabilities. She was later transferred to an IRC where mental health concerns were identified immediately. Within a week, she was segregated for her own safety. A Rule 35 (1) report (see Glossary) confirmed she was unfit for detention and that segregation was inappropriate. Ms A was assessed as a level 3 adult at risk (see Glossary). She remained in segregation for almost three months before a Mental Health Act referral led to hospital transfer.

Case example: Lack of mental capacity

Ms B was living in a homeless hostel in the community, and immigration enforcement officers arranged for a social worker to be present when they detained her owing to 'severe issues with mental health'[14]. The detaining officer noted she was severely malnourished and struggled to communicate when asked questions. These observations were not included in the referral to the Detention Gatekeeper who authorised detention later that day on the basis that the detainee was 'in good general health with no particular vulnerability concerns.' Two days later, the Home Office was notified that a psychiatrist had determined she lacked mental capacity and she was transferred to hospital under a Mental Health Act section within two weeks.

Case example: Victim of modern slavery

Ms C, a detainee previously accepted by the Home Office as having been a victim of modern slavery, was encountered by police in a suspected brothel. The police informed the Home Office that they were making an NRM referral. Despite the woman's history, she was detained.

Inappropriate transfers and use of restraints

2.6 As there are a limited number of detention facilities in the UK designated to hold female detainees, women were often subject to lengthy journeys, and sometimes multiple transfers in quick succession. Many of these took place at night for operational convenience, based on escort team shift patterns and Detainee Escorting and Population Management Unit (DEPMU) scheduling, with sometimes all-male crews. At Derwentside, approximately 30% of women arrived between 10pm and 7am over a three-month period.

[14] Information taken from ATLAS record.

2.7 In some cases, women who were pregnant, physically unwell or at risk of self-harm or suicide, were transferred with little regard for their health or the appropriateness of the transfer. These journeys could be disruptive and exhausting and could further exacerbate existing health conditions. One woman described the process of being transferred as 'psychological torture'.

Case example: Inappropriate transfer of a sick woman

Ms D, a woman in her late 70s, was sectioned under the Mental Health Act when she arrived in the UK. She was assessed as fit to be discharged from hospital the following month and was transferred to an IRC before being transferred to a residential STHF. On arrival at the IRC Ms D was in 'hypertensive crisis' (a severe, rapid increase in blood pressure) and was taken to hospital for emergency assessment, returning in the early hours of the following morning. Despite staff raising concerns about her welfare and describing her as 'very, very confused' and having little understanding of her circumstances, she left the STHF late at night for escort to another IRC, only arriving there in the early hours.

Case example: Transfer of a pregnant woman

Immigration officials at one STHF dismissed Ms E's concern that she might be pregnant, believing she was lying to frustrate her detention. She was driven to an IRC, arriving after midnight, where her pregnancy was confirmed very early the next morning. She was released the next day many miles from where she lived.

Case example: Late-night transfer of an unwell woman

Ms F was detained at a reporting centre despite informing staff that she was in some pain following an abortion the day before. She was transferred to an IRC in the early hours of the morning.

2.8 We also found concerning practices around the use of handcuffs. While sometimes necessary for security, handcuffing was not always used as a last resort. In some cases, there was no evidence to justify its use, and decisions did not consider individual vulnerabilities or risk assessments. At Dungavel and Derwentside IRCs, women were routinely handcuffed for transfer to hospital under restrictive Home Office guidance. At Ruskin Square and Sheffield STHFs, women were routinely handcuffed when they were taken to escort vans located in secure areas, without individualised risk assessments. In some cases, women were handcuffed for escorts in non-secure areas, even when arrest teams had not used restraints earlier that day.

Case example: Handcuffing of a woman with post-traumatic stress disorder

Ms G was detained at the end of her custodial sentence. An assessment completed by a clinical psychologist stated that Ms G presented with depression and complex post-traumatic stress disorder. Ms G had also had investigations for other medical concerns and had been required to attend hospital. As the visit was offsite, Ms G had been handcuffed; this caused distress as it triggered a memory of previous physical abuse. She reported to the clinical psychologist that she had therefore avoided reporting subsequent pain due to fear of being handcuffed again.

Case example: Handcuffing of a pregnant woman

Ms H was detained at an airport and transferred to an IRC, arriving late the following day. On arrival, Ms H took a pregnancy test which revealed she was pregnant and she was assessed as a level 3 AAR. The Home Office attempted to remove Ms H from the country within a few days, but the flight had been overbooked. Ms H became disruptive although Home Office records described her as very upset but not aggressive. A decision was made to handcuff Ms H despite the Home Office policy on pregnant women which states that restraints must not be used unless it is necessary to prevent the woman from harming herself or another person.

2.9 Despite these concerns, the majority of women reported positively on their treatment by escort staff. In our surveys, 92% of respondents living in Derwentside and on the woman's unit at Dungavel reported being treated very or quite well during their journey to the IRC and women we interviewed variously described escort staff as kind, polite, and warm.

Co-location and safety

2.10 Some IRCs and residential STHFs held both women and men. At Yarl's Wood, the women's exercise yard was overlooked by male accommodation, although the movement of men around the centre was suspended to allow women to access certain areas without coming into contact with men. At Dungavel IRC, women were restricted to a small residential unit unless escorted by staff, while men had free movement around the centre. Inspectors witnessed male detainees looking through women's bedroom windows and a group of men approached inspectors to ask why they could not mix with female detainees. At the time of our inspection, the centre held a male detainee assessed to pose a risk of harm to women, and we also discovered a male detainee with impending prosecutions for sexual offences had been held for over a year until shortly before our inspection. Some women said they never left the female unit unless absolutely necessary, while others were reluctant even when escorted.

2.11 At centres where women were co-located with men, some women we interviewed reported feeling unsafe and having more limited access to the facilities. Derwentside IRC was the only centre to offer a female-only environment, which provided greater freedom of movement and reduced women's risk of harm and feelings of insecurity. In our surveys, only 5% of women at Derwentside said they had felt unsafe in outside areas, whereas at Dungavel this figure was 43%.

Outside area at Derwentside

2.12 Elsewhere, separate spaces for women were often inadequate. Women were held in the same holding rooms as unrelated men at some short-term holding facilities, placed in non-secure areas accessible to male detainees, and required to share association facilities. Protection relied too heavily on restricting women's movements rather than creating a safe environment. At Larne STHF women were generally allocated to a designated room for 'vulnerable' detainees with a call bell and TV, which we were told minimised the need for them to move around the centre.

Room for 'vulnerable' detainees at Larne

2.13 Women we spoke to at Dungavel and Yarl's Wood IRCs described feeling 'really uncomfortable' and not '100% safe' in residential units and while moving around centres holding both men and women. Women at Yarl's Wood also reported receiving inappropriate and sexualised comments, including while in their rooms and on the exercise yard.

Case example: Past experience of sexual abuse

At Dungavel, staff recalled a woman who had disclosed that she had been raped. She had explained to staff that simply walking around the centre made her feel unsafe.

"We can[not] go outside because of the males and our time to do things are quick because of them."

Detainee at Dungavel IRC

Male detainees looking through the windows of the female unit at Dungavel IRC

Understanding women's specific needs

2.14 During our visits we mostly found committed staff working hard to support a complex population. In our surveys, 83% of respondents living at Derwentside and on the women's unit at Dungavel reported they were treated with respect by staff all or most of the time and 94% of respondents reported they had a member of staff they could turn to if they had a problem. Across sites, we observed many positive interactions, and women consistently told us that staff support was one of the most positive aspects of detention. One woman at Derwentside IRC told us that 'they bring dead people (inside) to life' and another described staff as 'very compassionate and caring'.

2.15 However, there were gaps in staff knowledge at most centres which meant women did not always receive adequate, targeted support. Detainee custody officers (DCOs) received only basic awareness training on mental health, modern slavery, human trafficking and gender-based violence. This was delivered via e-learning and many staff reported they would rely on health care staff and operational managers to identify and respond to such concerns. This increased the risk of indicators of vulnerability being overlooked and potentially required women to disclose traumatic experiences to multiple staff members before they could receive support. In addition, relevant information was not routinely shared with unit staff to enable them to provide tailored interventions. At Yarl's Wood, one member of staff told us that this sometimes meant 'we find out [how to work with them] by upsetting them'.

2.16 These gaps were evident in vulnerable adult care plans (VACPs) and ACDTs. In one case, a woman who described to inspectors having experienced 'too much suffering' had a VACP noting only difficulty engaging with her solicitor and there was no evidence her past experiences had been explored during case reviews. Some women echoed these concerns, saying staff were caring and friendly but could not provide appropriate help, such as specialist psychological support.

2.17 More positively, at Dungavel and Derwentside, Home Office detention engagement teams had completed trauma-informed practice training, which intended to equip them with the skills to aid effective and empathetic communication and respond appropriately to women's needs and vulnerabilities. Home Office staff we spoke to were positive about how this training had influenced their practice. This included routinely asking women who they would like to be interviewed by, and offering regular breaks during the process. In addition, at Derwentside, a mental health social worker was working with survivors of domestic violence.

2.18 Despite the lack of targeted training for staff, we saw some examples of good practice. At one centre, a manager spent time talking with a woman who had experienced a panic attack, forming a positive, professional relationship with her. The woman felt able to disclose past experience of violence and modern slavery. A support plan was opened by the manager who also completed a 'Part C' form (see Glossary) to make the Home Office aware of the abuse and stress the need for an NRM referral.

Poor assessment and communication of vulnerability

2.19 During our inspections we found examples of situations where vulnerabilities were not accurately identified or sufficiently communicated, undermining safeguarding processes. This included individuals who had not been identified as adults at risk under the Home Office's policy, despite clear evidence of relevant risks. Others were assessed at a lower level than was appropriate. One woman was not assessed at the highest level of risk despite suffering from psychosis and acute mania, lacking mental capacity and being due for transfer to hospital under a Mental Health Act 1983 section. There was also a lack of guidance to DCOs who struggled to work with her effectively (see paragraph 2.15).

2.20 In addition, Home Office teams sometimes failed to inform centres about women's vulnerabilities, while poor-quality interviews, lack of privacy, and inconsistent translation further hindered women's ability to disclose concerns themselves. Home Office caseworkers were not always updated on women's circumstances by centre contractor and Home Office staff and key documents – such as Rule 35 or 32 reports and Part C paperwork – were often missing or lacked detail, particularly regarding the impact of continued detention. At IRCs, leaders had improved information sharing through the establishment of weekly AAR meetings, providing a useful forum to review and share information on women's vulnerabilities.

Case example: Woman placed on constant supervision

In one case IRC staff were so concerned about a woman that she was kept on constant supervision for over two weeks, ligature materials were removed from her, and she was only allowed a supervised shave. Despite this, no Rule 35 report was submitted to update the Home Office case owner about the woman's circumstances and vulnerabilities.

The role of male staff in welfare and safety duties

2.21 At some centres, we saw thoughtful practices aimed at protecting women's dignity and sense of safety. At Yarl's Wood, for example, male staff could provide staffing cover on the Nightingale women's unit but were not permitted to carry out duties such as room searches, first-night checks, constant supervision or ACDT checks when a woman was in her room. Dungavel IRC had taken a similar approach by staffing its female unit, Hamilton House, exclusively with female DCOs, making sure that they were always the ones to carry out welfare checks, ACDTs and constant supervision.

2.22 However, these safeguards were not consistent across sites. At Derwentside and residential short-term holding facilities, shortages of female staff and limited awareness of the impact on women detainees meant that male officers undertook some of the duties. These included ACDT assessments, first-night welfare checks, and room checks, which were often allocated based on staff availability rather than detainee need. However, at all IRCs, constant supervision was undertaken by female members of staff.

Case example: Woman supported by an ACDT

Ms J had disclosed to IRC staff that men were a trigger for her suicidal thoughts following past trauma. Despite this disclosure, her initial ACDT assessment was carried out by a male officer, and she was later allocated a male key worker and ACDT case coordinator. Her care plan contained no reference to making sure only female staff were involved in her care.

Language barriers and isolation

2.23 Language barriers were significant. In our survey, only 40% of women at Derwentside and Dungavel IRCs said they could understand spoken English quite well or very well. Staff were generally confident in using professional interpreting and translation services, and they were used appropriately for key processes where confidentiality and safety were critical, such as reception interviews, health care consultations, and ACDT reviews. At Derwentside, efforts to strengthen provision included creating a list of multilingual staff who were willing to assist when needed.

2.24 However, even at centres with high usage, the importance of casual, everyday interactions was frequently overlooked and women described feeling isolated, alone and disrespected.

> "Not being able to speak English and no one else not [sic] speaking my language is like living in a cage."
>
> Detainee at Dungavel IRC

2.25 We found examples where translation was not used for inductions or welfare checks, despite being applied during reception. In some cases, handheld translation tablets did not work, and staff resorted to speaking loudly or using gestures to communicate. Poor signal at some sites further limited tablet functionality, though a planned rollout of WiFi-enabled mobile phones across the detention estate aimed to improve staff and detainee access to translation services.

2.26 Across IRCs, translated materials were scarce. Women often lacked information in their own language about centre processes, visits, and food menus. At some IRCs, kiosks intended to offer multilingual information displayed only English beyond the main screen. In contrast, most reporting centre STHFs provided well-organised information folders in a variety of different languages, which provided detail on key processes and what to expect at local IRCs.

2.27 Larger nationality groups sometimes mitigated this gap, as one detainee could translate for others. But where this support was absent, women frequently had no regular communication, became isolated and lacked regular connection.

> "I feel disrespected as I don't speak the language. I don't know if they do it on purpose."
>
> Detainee at Derwentside IRC

2.28 At one centre, we saw a female detainee speaking to a male detainee through a window. When asked about this, the woman explained that she did not know the man but speaking to him gave her a chance to communicate in her own language: staff had assumed that this detainee was the woman's partner. Another woman who did not speak any English told us she had very limited communication with anyone, marked time through her meals and was just waiting for her days to pass.

Support networks and family contact

2.29 We generally found good opportunities for visits and social video calls at each IRC, available daily and sometimes without the need to book. At Derwentside, visits staff proactively contacted everyone who booked a visit to explain the process and answer questions, creating a more

supportive experience. Both Derwentside and Dungavel IRCs offered free transport from local stations, which was particularly helpful given their remote locations and the distances visitors often travelled.

2.30 Only 22% of women in our surveys of Dungavel and Derwentside had received a visit from family or friends since they had been at the centres. The IRCs had not explored barriers to contact, often assuming location was the main issue, although our interviews revealed that some women avoided contact to protect their family members. This included not asking elderly or unwell family members to make long journeys and avoiding causing distress to family and friends by disclosing that they were in detention.

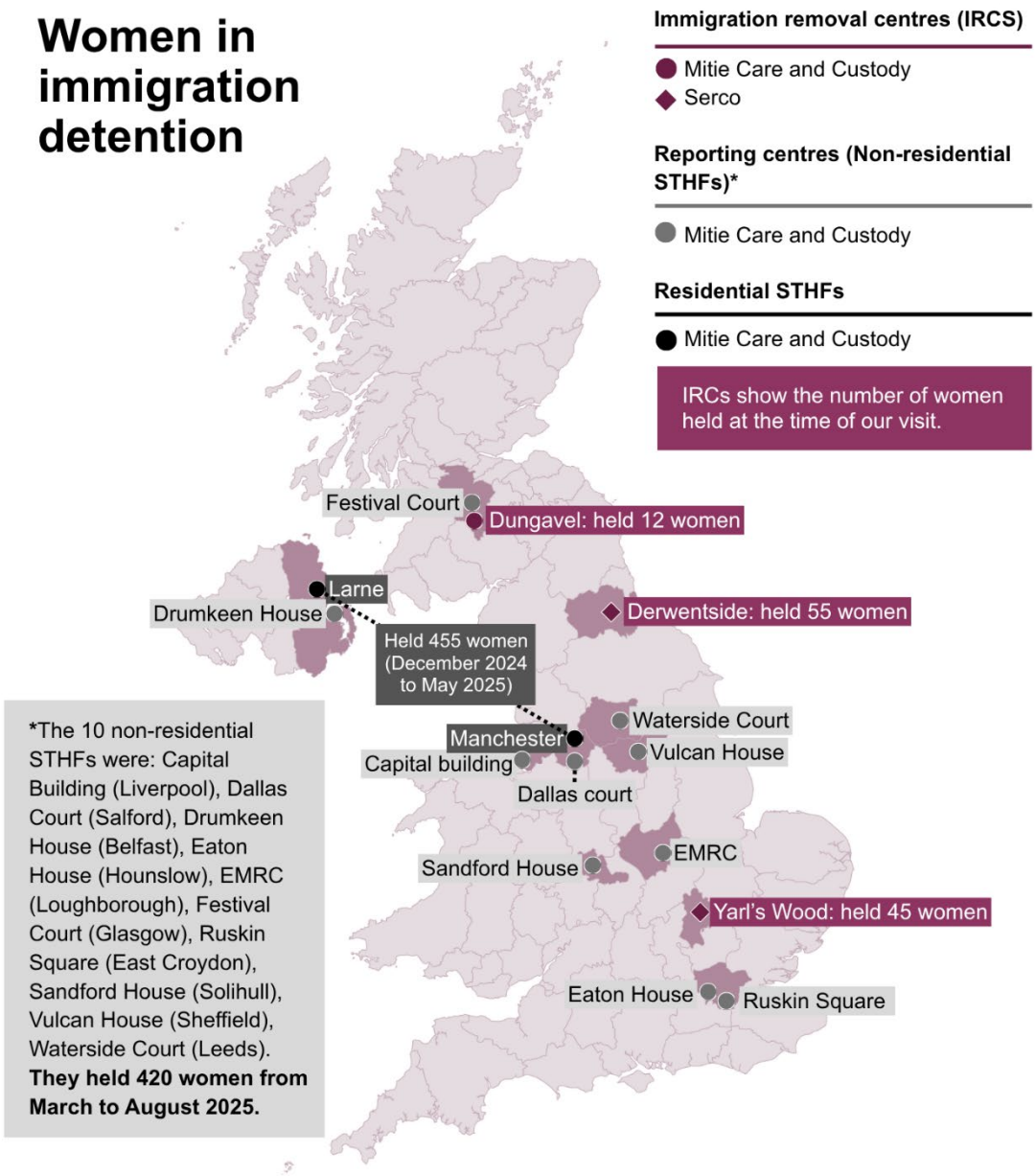
2.31 We saw little proactive work with women who had no support network or those facing obstacles in contacting their family and friends. The potential impact of this lack of contact and support was poorly understood, though Dungavel IRC benefited from the Scottish Detainee Visitors' befriending service. Data collection was also weak. Most centres did not record whether women had children or who was caring for them, and some practices created unnecessary barriers. At one centre, detainees received a phone on arrival but no credit until after induction the next day, which delayed their ability to seek support from family and friends. Elsewhere, policy changes meant that 24 hours' notice was required for video calls, delaying contact unnecessarily. One woman, whose baby was in hospital, told us these changes and poor communication about them meant she could not see her child for several days.

2.32 For many women without an external support network, the sense of community among women in IRCs was a vital source of support. Women ate together, shared activities, and offered emotional support to each other.

> "It feels like a home to me and people I have been living with are really close and feels like family."
>
> Detainee at Dungavel IRC

Appendix I Methodology

The fieldwork for this thematic took place alongside four routine inspections conducted between July and October 2025, and an additional announced visit to Yarl's Wood Immigration Removal Centre (IRC). All of the centres included in the fieldwork hold female immigration detainees. The map below lists all the locations visited for the thematic and the number of women held at the time of the inspection, or in the six months before inspection for non-residential short-term holding facilities (STHFs).



Evidence was gathered as part of standard inspection processes with some additions, as set out below. As the visit to Yarl's Wood was not part of a regular inspection, evidence at this site focused on on-site observations and consultation with detainees and members of staff.

Detainee interview methodology

Every detainee at Derwentside and Dungavel IRCs was offered a confidential individual interview with an inspector during the full inspections. The principal objectives of these interviews was to identify concerns about safety and safeguarding of individual detainees, and to deepen inspectors' understanding of the culture in the centre. For the thematic, additional questions relevant to our key themes were included in all interviews with female detainees. These included questions on:

- Rule 35 or Rule 32 assessments
- support under ACDT case management
- ability to communicate with staff and other detainees
- experience of use of force
- contact with people outside who were important to them.

The interviews were semi-structured and were used as one source of evidence to inform the rounded judgements made by inspectors in the body of this report. The detainees we spoke to were self-selecting and the findings should be seen as supplementing our detainee survey findings and other discussions held with detainees throughout this thematic.

Consultation with detainees

Detainees at the residential short-term holding facilities and reporting centre short-term holding facilities are not offered private interviews as part of our inspection process. Inspectors consult with detainees informally while on site at the individual centres to seek their views.

Detainee survey methodology

A representative survey of detainees is carried out at the start of every inspection, the results of which contribute to the evidence base for the inspection. The questionnaire includes structured questions which facilitate quantitative analysis, enabling a comparison of groups within the sample, and open questions at the end which allow prisoners to express in their own words what they find most positive and negative about the detention centre. For this thematic, analysis was conducted on 288 responses from the immigration removal centres inspected during 2025 (Colnbrook, Dungavel and Derwentside) so that we could compare the responses of those on the women's units (Derwentside and Dungavel) with those on the men's units (Colnbrook and Dungavel). We only refer to comparisons between the two groups when these are statistically significant. The significance level is set at 0.01, which means that there is only a 1% possibility that the difference in results is due to chance. A document with information about the methodology and the survey, and comparator documents showing the results of the survey, are published alongside the reports for the individual establishments on our website.

Survey of centre staff

Staff from each Immigration removal centre are invited to complete a staff survey as part of the inspection process. Information from these surveys has been reviewed and used as evidence for this thematic. The survey results are published alongside the reports for the individual establishments on our website.

Data request

As part of the inspection process for all IRCs and STHFs, a data request is sent to the Home Office and centre contract service provider. This captures management information on key centre processes and information on vulnerabilities. For the purpose of this thematic, additional breakdowns specifically for female detainees were requested.

Casework reviews

A small selection of female detainees' cases were sampled as part of the casework reviews for each IRC inspection, focusing on women's immigration histories and Home Office management of these cases. Across both sites, this comprised a total of 16 cases.

A thematic analysis was undertaken to identify and refine key themes from the collected data and both interactions with staff and detainees. There was a focus on retaining the voices of women throughout the process of analysis. Verbatim quotes and case studies have also been used to illustrate themes and provide more detailed information on the specific experiences of women in detention.

This project was conducted in line with HMI Prisons' ethical principles for research activities: Ethical principles for research – HM Inspectorate of Prisons

Appendix II Glossary

Adults at risk (AAR) policy
The adults at risk policy is a framework for determining, where a person is assessed as vulnerable, whether there is a conclusive presumption against detention, or whether there are balancing immigration concerns that might justify maintaining detention. There are three levels of assessment: level 1, where an individual has made a self-declaration that they are an adult at risk; level 2, where there is professional and/or official documentary evidence indicating that an individual is (or may be) an adult at risk; and level 3, where, on the basis of professional and/or official documentary evidence, the individual is at risk and a period of detention would be likely to cause harm.

ACDT
Assessment, care in detention and teamwork case management process to support those at risk of self-harm and suicide.

Bailed (SoS)
Refers to bail granted by the Home Secretary following an application by a detained individual. This application can be made from the first day someone arrives in the UK.

Bailed (IJ)
Refers to bail granted by an immigration judge via a First-tier Tribunal (Immigration and Asylum Chamber). This application can be made if someone arrived in the UK more than eight days ago.

IS91 (RA) part C
Used to notify casework teams of changes to detainee vulnerability.

Leave to enter (LTE)
A type of permission to enter under UK immigration law which allows non-British nationals to enter the UK for specific purposes such as work, study, family visits or tourism. It is typically granted for a limited period and comes with specific conditions.

Leave to remain (LTR)
Permission granted to non-UK nationals to stay lawfully in the UK following an application made from within the country. It can be issued on a time-limited basis, commonly referred to as limited leave, or on a permanent basis as Indefinite Leave to Remain (ILR).

National referral mechanism (NRM)
A framework for identifying and referring potential victims of modern slavery and making sure they receive the appropriate support.

Rule 35 (R35) process
A key statutory safeguard that mandates health care providers in IRCs to alert the Home Office to individuals identified as vulnerable to harm from ongoing detention – due to existing or anticipated health deterioration (R35(1)), suicidal

thoughts (R35(2)), and/or prior experiences of torture (R35(3)) – triggering a review of their detention status.

Rule 32 (R32) process
A key statutory safeguard that mandates health care providers in residential STHFs to alert the Home Office to individuals identified as vulnerable to harm from ongoing detention – due to existing or anticipated health deterioration (R32(1)), suicidal thoughts (R32(2)), and/or prior experiences of torture (R32(3)) – triggering a review of their detention status.

Appendix III References

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Appendix IV Acknowledgements

Project team

This report was written by Rachel Badman (Inspector).

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