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**A System by Men, for Men: A Human Rights Perspective on Women's
Imprisonment in the UK**

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I. Introduction

Prisons, having historically been designed with men in mind, often fail to accommodate the specific needs of women.¹ Although women represent a small proportion of the prison population, they face unique challenges that stem from broader structural inequalities.² Many women in custody have histories of trauma, poverty, or caregiving responsibilities, which do not only influence their pathways into the criminal justice system but also shape their experiences in detention.³

¹ J. Ashdown and M. James, 'Women in Detention' (2010) 92:877 *International Review of the Red Cross* 123; R. Barberet and C. Jackson, 'UN Rules for the Treatment of Women Prisoners and Non-Custodial Sanctions for Women Offenders', 217; P. Barzano, 'The Bangkok Rules: an International Response to the Needs of Women Offenders' (2012) 90 *Resource Material Series* 81, 87; P. Carlen and A. Worrall, 'Women in prison: contemporary issues' in P. Carlen and A. Worrall (eds.), *Analysing Women's Imprisonment* (Routledge 2004); P. Carlen, 'Women's Imprisonment: An Introduction to the Bangkok Rules', 148; J. Gainsborough, 'Women in prison: International problems and human rights-based approaches to reform', 271; K.P. Moloney et al., 'Women in prison: The central issues of gender characteristics and trauma history', 426; Penal Reform, *Guidance document on the Bangkok Rules: Implementing the United Nations Rules on the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders* (Penal Reform International 2021), 31; T. Rytter and A. Huber, 'Women in the Criminal Justice System and the Bangkok Rules', 218; B. J. Van den Bergh et al., 'Imprisonment and health', 690; UNHCR, 'Report of the Special Rapporteur on torture and other cruel inhuman or degrading treatment or punishment' (2016) UN Doc A/HRC/31/57, para 16.

² Association for the Prevention of Torture, *Global Report on Women in Prison Analysis from National Preventive Mechanisms* (Association for the Prevention of Torture 2024), 10; R. Barberet and C. Jackson, 'UN Rules for the Treatment of Women Prisoners and Non-Custodial Sanctions for Women Offenders (the Bangkok Rules): A Gendered Critique' (2017) *Papers* 215; P. Carlen, 'Women's Imprisonment: An Introduction to the Bangkok Rules' (2012) 3 *Revista Critical Penal y Poder* 148; J. Gainsborough, 'Women in prison: International problems and human rights-based approaches to reform' (2008) 14:2 *Williams & Mary Journal of Women and the Law* 271; H. Fair and R. Walmsley, *World Female Imprisonment List: fifth edition* (WBP 2022), 1; K.P. Moloney et al., 'Women in prison: The central issues of gender characteristics and trauma history' (2009) 123 *Public Health* 426; C. Quinlan, 'Women's imprisonment in Britain and Ireland' (2022) 102:2 *The Prison Journal* 134; T. Rytter and A. Huber, 'Women in the Criminal Justice System and the Bangkok Rules' in Centre for Human Rights & Humanitarian Law (ed.), *Gender Perspectives on Torture: Law and Practice* (2018 Washington College of Law), 217; United Nations Office on Drugs and Crime (UNDOC), *Handbook on Women and Imprisonment* (UN 2014), 3; B. J. van den Bergh et al., 'Imprisonment and women's health: concerns about gender sensitivity, human rights and public health' (2011) 89 *Bull World Health Organ* 689; M.C. Van Hout et al., 'Women's right to health in detention': United Nations Committee Observations since the adoption of the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (Bangkok Rules)' (2023) 15 *Journal of Human Rights Practice* 138.

³ P. Carlen, 'Women's Imprisonment: An Introduction to the Bangkok Rules', 149; A J. Gainsborough, 'Women in prison: International problems and human rights-based approaches to reform', 279; A. Huber, 'Women in Criminal Justice Systems and the Added Value of the UN Bangkok Rules' in H. Kury and E. Shea (eds.), *Women and Children as Victims and Offenders: Background, Prevention, Reintegration* (Springer 2016), 44; UNODC, *Handbook on Women and Imprisonment*, 7.

International human rights instruments such as CEDAW and the Bangkok Rules emphasise the need for gender-specific measures and the importance of addressing the root causes of women’s criminalisation.⁴ While recent UK policies have acknowledged these issues, the translation of policy into consistent practice remains limited, with significant gaps in implementation.⁵

Under Article 19 of OPCAT, National Preventive Mechanisms (NPMs) are mandated to monitor all places of detention and recommend measures to prevent ill-treatment.⁶ NPMs are uniquely positioned to identify structural inequalities within prison systems. However, without fully gender-sensitive monitoring standards, they risk overlooking or misinterpreting the specific needs of women in custody, such as maintaining family contact, accessing appropriate healthcare, and addressing mental health concerns.⁷

This dissertation examines the extent to which current inspection frameworks in England and Wales and in Scotland respond to the needs of women in prison and evaluates how these frameworks align with international human rights standards. It highlights persistent shortcomings in both policy and practice and proposes concrete gender-sensitive monitoring standards designed to support the UK NPM in meeting its obligations under OPCAT.

II. Scope and Limitations

While this dissertation uses binary language to align with most legal and prison systems, it recognises that gender exists on a spectrum. The situation of transgender persons in detention is urgent and complex. International bodies have highlighted the

⁴ Convention on the Elimination of all forms of Discrimination against Women (“CEDAW”), 1249 UNTS 13, 18 December 1979, entered into force 3 September 1981; United Nations Rules for the Treatment of Women Prisoners and Non-Custodial Measures for Women Offenders (“Bangkok Rules”), as adopted by UNGA Res. 65/229 (21 December 2010).

⁵ MoJ, ‘Female Offender Strategy’ (GOV.UK, June 2018) <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/719819/female-offender-strategy.pdf> accessed 6 August 2025; Scottish Prison Service, ‘Strategy for Women in Custody: 2021-2025’ (GOV.UK, 2024) <https://www.sps.gov.uk/sites/default/files/2024-02/StrategyForWomenInCustody_2021-2025_CorporateReports.pdf> accessed 29 June 2025.

⁶ Article 19 Optional Protocol to the Convention Against Torture and other Cruel, Inhuman and Degrading Treatment or Punishment (“OPCAT”), as adopted by UNGA RES A/RES/57/199 (9 January 2003).

⁷ Penal Reform, Women in detention: A guide to gender-sensitive monitoring (Penal Reform 2015), 3 and 15.

heightened risk of torture, ill-treatment and trauma faced by transgender detainees.⁸ Due to the limited scope and word count of this dissertation, this issue is not examined in depth here, but warrants further research, attention and policy development.

III. Background and framework

a. Women in prison: Gendered differences and disproportionate impacts

Women make up around 6.9 percent of the global prison population,⁹ with rates varying between 2 and 9 percent.¹⁰ In England and Scotland, women represented 4% of prisoners in 2024.¹¹ Despite their small numbers, female incarceration has risen,¹²

⁸ European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT), '33rd General Report: Activities 2023' (Council of Europe 2023), paras 86-125; UNDOC, Handbook on Prisoners with Special Needs (UN 2009), 104; UNHCR, 'Report of the Special Rapporteur on torture and other cruel inhuman or degrading treatment or punishment' (2016) UN Doc A/HRC/31/57, para 34;

⁹ Association for the Prevention of Torture, Global Report on Women in Prison Analysis from National Preventive Mechanisms, 10; R. Barberet and C. Jackson, 'UN Rules for the Treatment of Women Prisoners and Non-Custodial Sanctions for Women Offenders', 215; P. Carlen, 'Women's Imprisonment: An Introduction to the Bangkok Rules' 148; H. Fair and R. Walmsley, World Female Imprisonment List: fifth edition (WBP 2022), 1; J. Gainsborough, 'Women in prison: International problems and human rights-based approaches to reform', 271; K.P. Moloney et al., 'Women in prison: The central issues of gender characteristics and trauma history', 426; C. Quinlan, 'Women's imprisonment in Britain and Ireland', 134; T. Rytter and A. Huber, 'Women in the Criminal Justice System and the Bangkok Rules', 217; UNDOC, Handbook on Women and Imprisonment, 3; B. J. van den Bergh et al., 'Imprisonment and women's health', 689; M.C. Van Hout et al., 'Women's right to health in detention', 138.

¹⁰ J. Ashdown and M. James, 'Women in Detention', 123; R. Barberet and C. Jackson, 'UN Rules for the Treatment of Women Prisoners and Non-Custodial Sanctions for Women Offenders', 217; A. Huber, 'Women in Criminal Justice Systems and the Added Value of the UN Bangkok Rules', 50; T. Rytter and A. Huber, 'Women in the Criminal Justice System and the Bangkok Rules', 218; UNHCR, 'Report of the Special Rapporteur on torture and other cruel inhuman or degrading treatment or punishment' (2016) UN Doc A/HRC/31/57, para 16; B. J. van den Bergh et al., 'Imprisonment and women's health', 690;

¹¹ For England: Ministry of Justice (MoJ) and HMP Prison and probation Service, 'Offender management statistics quarterly: April to June 2024' (GOV. UK, 31 October 2024) <<https://www.gov.uk/government/statistics/offender-management-statistics-quarterly-april-to-june-2024>> accessed 31 July 2025); For Scotland: Cabinet Secretary for Justice and Home Affairs, 'Sentencing and Pernal Policy Commission: Describing the Challenge' (Scottish Government, 28 July 2025) <<https://www.gov.scot/publications/sentencing-penal-policy-commission-describing-challenge/pages/4/>> accessed 31 July 2025.

¹² Recent data shows that in England in 2023 the proportion of women has risen slightly in recent decades after a decline in the first half of the twentieth century. In 1968 and 1969 the proportion was the lowest, around 2%, retrieved from: Georgina Sturge, 'Research Briefing: UK prison population statistics' (House of Commons Library, 8 July 2024) <<https://researchbriefings.files.parliament.uk/documents/SN04334/SN04334.pdf>> accessed 1 August 2025; similarly in Scotland, the proportion of women has also increased in 2023, based on data retrieved from 'Prison Statistics Interactive Analysis Tool' <<https://scotland.shinyapps.io/sg-prison-population-statistics/>> accessed 6 August 2025.

largely driven by punitive responses to non-violent, low-level offenses linked to poverty, marginalisation and drug-related acts.¹³

The low number of women in prison leads to “discrimination of scale”, meaning there are fewer women’s facilities, which are often located far from home and classified at higher security levels.¹⁴ Prison regimes, architecture, security procedures, healthcare and family contact are typically designed for the male majority, often neglecting women’s distinct needs.¹⁵

This neglect stems from a flawed understanding of equality.¹⁶ Treating women identically to men, without considering their specific needs, results in discrimination in practice.¹⁷ Women face unique harms related to biological factors (menstruation, pregnancy, and menopause)¹⁸ and socio-cultural factors (poverty, limited education and housing)¹⁹. These intersecting challenges compound the pains of imprisonment.²⁰

¹³ Association for the Prevention of Torture, Global Report on Women in Prison Analysis from National Preventive Mechanisms, 11; J. Gainsborough, ‘Women in prison: International problems and human rights based approaches to reform’, 271; UNDOC, Handbook on Women and Imprisonment, 3.

¹⁴ R. Barberet and C. Jackson, ‘UN Rules for the Treatment of Women Prisoners and Non-Custodial Sanctions for Women Offenders’, 217; B. J. van den Bergh et al., ‘Imprisonment and women’s health’, 690.

¹⁵ J. Ashdown and M. James, ‘Women in Detention’, 123; R. Barberet and C. Jackson, ‘UN Rules for the Treatment of Women Prisoners and Non-Custodial Sanctions for Women Offenders’, 217; P. Barzano, ‘The Bangkok Rules: an International Response to the Needs of Women Offenders’, 87; P. Carlen and A. Worrall, ‘Women in prison: contemporary issues’, 55. P. Carlen, ‘Women’s Imprisonment: An Introduction to the Bangkok Rules’, 148; J. Gainsborough, ‘Women in prison: International problems and human rights based approaches to reform’, 271; K.P. Moloney et al., ‘Women in prison: The central issues of gender characteristics and trauma history’, 426; Penal Reform, Guidance document on the Bangkok Rules, 31; T. Rytter and A. Huber, ‘Women in the Criminal Justice System and the Bangkok Rules’, 218; UNHCR, ‘Report of the Special Rapporteur on torture and other cruel inhuman or degrading treatment or punishment’ (2016) UN Doc A/HRC/31/57, para 16; B. J. van den Bergh et al., ‘Imprisonment and women’s health’, 690.

¹⁶ A. Huber, ‘Women in Criminal Justice Systems and the Added Value of the UN Bangkok Rules’, 55.

¹⁷ J. Gainsborough, ‘Women in prison: International problems and human rights-based approaches to reform’, 281.

¹⁸ T. Rytter and A. Huber, ‘Women in the Criminal Justice System and the Bangkok Rules’, 219.

¹⁹ P. Carlen, ‘Women’s Imprisonment: An Introduction to the Bangkok Rules’, 149; A. J. Gainsborough, ‘Women in prison: International problems and human rights-based approaches to reform’, 279; A. Huber, ‘Women in Criminal Justice Systems and the Added Value of the UN Bangkok Rules’, 44; UNDOC, Handbook on Women and Imprisonment, 7.

²⁰ P. Carlen, ‘Women’s Imprisonment: An Introduction to the Bangkok Rules’, 148; P. Barzano, ‘The Bangkok Rules: an International Response to the Needs of Women Offenders’, 87; UNHCR, ‘Report of the Special Rapporteur on torture and other cruel inhuman or degrading treatment or punishment’ (2016) UN Doc A/HRC/31/57, para 18.

Women also face greater social stigma, seen as “double deviants” for breaking both legal and gender norms.²¹ This often leads to family rejection and isolation, worsening mental health and reintegration outcomes.²² Mothers are particularly affected as they are frequently unable to maintain maternal roles, forcing identity negotiation with little support.²³ As Baroness Corston observed, “to become a prisoner is almost by definition to become a bad mother”.²⁴

Many women in custody have histories of physical and sexual abuse, highlighting their dual status as victims and offenders.²⁵ There is a well-established link between experiences of violence against women and their incarceration,²⁶ which calls for gender-sensitive approaches and staff training.²⁷

A significant number of women are imprisoned for less serious, non-violent offences,²⁸ and often play secondary roles.²⁹ Common convictions in England and Wales, and in Scotland, include fraud, theft and common assault.³⁰ In 2024, short sentences under

²¹ R. Barberet and C. Jackson, ‘UN Rules for the Treatment of Women Prisoners and Non-Custodial Sanctions for Women Offenders’, 217.

²² J. Ashdown and M. James, ‘Women in Detention’, 132; A. Huber, ‘Women in Criminal Justice Systems and the Added Value of the UN Bangkok Rules’, 42.

²³ J. Ashdown and M. James, ‘Women in Detention’, 137; J. Morgan and C. Leeson, ‘Stigma, Outsider Status and Mothers in Prison’ (2024) 45:4 *Journal of Family Issues* 852, 853.

²⁴ Baroness J. Corston, *The Corston Report* (Home Office 2007) <<https://prisonreformtrust.org.uk/wp-content/uploads/2022/08/The-Corston-Report.pdf>> accessed 20 June 2025, 20.

²⁵ K. De Cou, ‘A gender-wise prison ? Opportunities for, and limits to, reform’ in P. Carlen (ed.), *Women and Punishment: The Struggle for Justice* (Routledge 2002); A. Huber, ‘Women in Criminal Justice Systems and the Added Value of the UN Bangkok Rules’, 49; T. Rytter and A. Huber, ‘Women in the Criminal Justice System and the Bangkok Rules’, 219; K. Swaine Williams and J. Earle, ‘Successful Resettlement or Setting Women Up to Fail? Policy and Practice for Women Released from Prison in England and Wales’ in S.L. Brown and L. Gelsthorpe (eds.), *The Wiley Handbook on What Works with Girls and Women in Conflict with the Law: A Critical Review of Theory, Practice, and Policy* (Wiley Blackwell 2022); UNDOC, *Handbook on Women and Imprisonment*, 7; WHO, *Prison and Health* (World Health Organisation 2014), 159; B. J. van den Bergh et al., ‘Imprisonment and women’s health’, 690.

²⁶ A. Huber, ‘Women in Criminal Justice Systems and the Added Value of the UN Bangkok Rules’, 46.

²⁷ K. De Cou, ‘A gender-wise prison ? Opportunities for, and limits to, reform’ in P. Carlen (ed.), *Women and Punishment: The Struggle for Justice* (Routledge 2002).

²⁸ J. Ashdown and M. James, ‘Women in Detention’, 123; R. Barberet and C. Jackson, ‘UN Rules for the Treatment of Women Prisoners and Non-Custodial Sanctions for Women’, 218; L. Gelsthorpe, ‘Women, Crime and Justice in England and Wales’ in S.L. Brown and L. Gelsthorpe (eds.), *The Wiley Handbook on What Works with Girls and Women in Conflict with the Law: A Critical Review of Theory, Practice, and Policy* (Wiley Blackwell 2022); A. Huber, ‘Women in Criminal Justice Systems and the Added Value of the UN Bangkok Rules’, 51; C. Quinlan, ‘Women’s imprisonment in Britain and Ireland’, 134; B. J. van den Bergh et al., ‘Imprisonment and women’s health’, 690; M.C. Van Hout et al., ‘Women’s right to health in detention’, 138.

²⁹ R. Barberet and C. Jackson, ‘UN Rules for the Treatment of Women Prisoners and Non-Custodial Sanctions for Women Offenders’ 218.

³⁰ Data examined between 2015 and 2024. For England: MoJ, ‘Offender management statistics quarterly: April to June 2024’ (GOV.UK, 31 October 2024)

12 months affected 16% of women in England and 25% in Scotland, compared to lower rates for men.³¹ This suggests women are sometimes imprisoned where men receive non-custodial alternatives, reflecting a lack of such alternatives for women.³²

These realities demand a shift from punitive approaches to gender-responsive regimes focused on care, rehabilitation, and reintegration. Achieving this requires tailored support and recognition of the structural inequalities shaping women's experiences in the criminal justice system.³³ Yet many prison systems fail to address these challenges despite their clear impact on custodial practices.³⁴ Genuine equality in detention settings requires sustained and proactive efforts to align policies and practices with women's lived realities.³⁵

b. International law background

General Human Rights Instruments

Several binding international treaties provide a foundation for protecting the rights of women in detention. The International Covenant on Civil and Political Rights (ICCPR) guarantees the humane treatment and inherent dignity of all persons deprived of their liberty.³⁶ Complementing this, the International Covenant on Economic, Social and Cultural Rights (ICESCR) recognises the right to the highest attainable standard of

<<https://www.gov.uk/government/statistics/offender-management-statistics-quarterly-april-to-june-2024>> accessed 31 July 2025; see also data tool: 'Population data tool 2024-06-30.xlsx'

<https://assets.publishing.service.gov.uk/media/66a3a73dfc8e12ac3edb0582/Population_data_tool_2024-06-30.xlsx> accessed 6 August 2025; For Scotland: 'Prison Statistics Interactive Analysis Tool' <<https://scotland.shinyapps.io/sg-prison-population-statistics/>> accessed 6 August 2025.

³¹ 4% and 13% respectively. For England: MoJ, 'Statistics on Women and the Criminal Justice System 2023' (GOV. UK, 30 January 2025) <<https://www.gov.uk/government/statistics/women-and-the-criminal-justice-system-2023/statistics-on-women-and-the-criminal-justice-system-2023-html>> accessed 31 July 2025; For Scotland: Scottish Government, 'Scottish Prison Population Statistics 2023-24' (Scottish Government, 4 December 2024) <<https://www.gov.scot/publications/scottish-prison-population-statistics-2023-24/>> accessed 4 December 2024.

³² P. Carlen, 'Women's Imprisonment: An Introduction to the Bangkok Rules', 148; C. Quinlan, 'Women's imprisonment in Britain and Ireland', 134; UNDOC, 'Commentary to the Bangkok Rules' (UNDOC 2010), Rule 60.

³³ R. Barberet and C. Jackson, 'UN Rules for the Treatment of Women Prisoners and Non-Custodial Sanctions for Women Offenders', 219.

³⁴ K. De Cou, 'A gender-wise prison? Opportunities for, and limits to, reform'; T. Rytter and A. Huber, 'Women in the Criminal Justice System and the Bangkok Rules', 217.

³⁵ Penal Reform, Guidance document on the Bangkok Rules, 31.

³⁶ Article 10 International Covenant on Civil and Political Rights ("ICCPR"), 999 UNTS 171, 16 December 1966, entered into force 23 March 1976.

physical and mental health.³⁷ Importantly, both Covenants also affirm the principle of gender equality.³⁸

In addition, the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (UNCAT) prohibits torture and ill-treatment and obliges states to take preventive measures, including educating detention officials and reviewing custodial systems.³⁹

Particularly significant in the context of this dissertation is the Convention on the Elimination of All forms of Discrimination Against Women (CEDAW), the first international treaty to declare women's rights as human rights.⁴⁰ Article 1 defines discrimination broadly to include any distinction or exclusion based on sex that impairs the enjoyment of human rights.⁴¹ Rather than focusing on formal equality, CEDAW adopts a substantive equality approach.⁴² Article 4 clarifies that special measures aimed at achieving de facto equality between men and women do not constitute discrimination.⁴³ Furthermore, Article 5 obliges States Parties to take all appropriate measures to eliminate gender stereotypes and to promote the equal sharing of childcare responsibilities.⁴⁴

The CEDAW Committee has reinforced this substantive approach by affirming that detention conditions which fail to address women's specific needs may amount to discrimination, thereby violating the obligations set out in the Convention.⁴⁵

³⁷ Article 12 International Covenant on Economic, Social and Cultural Rights ("ICESCR"), 993 UNTS 3, 16 December 1966, entered into force 3 January 1976.

³⁸ Article 3 ICCPR and Article 3 ICESCR.

³⁹ Articles 1, 10, 11 and 16 United Nations Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment ("UNCAT"), 1465 UNTS 85, 10 December 1984, entered into force 1987; M. Nowak (ed.), *The United Nations Convention against Torture and its Optional Protocol: A Commentary* (Oxford University Press 2020), 7.

⁴⁰ Convention on the Elimination of all forms of Discrimination against Women ("CEDAW"), 1249 UNTS 13, 18 December 1979, entered into force 3 September 1981; L. B. Mullens, 'CEDAW: The challenges of enshrining women's equality in international law' (2018) 20:3 *Public Integrity* 257.

⁴¹ Article 1 CEDAW.

⁴² CEDAW, preamble paras 13-14; H. Charlesworth, C. Chinkin and S. Wright, 'Feminist Approaches to International Law' (1991) 85:4 *American Journal of International Law* 613, 631; R. Holtmaat, 'The CEDAW: A holistic approach to women's equality and freedom' in *Women's Human Rights: CEDAW in International, Regional and National Law* (Cambridge University Press 2013), 99.

⁴³ Article 4 CEDAW.

⁴⁴ Article 5 CEDAW.

⁴⁵ UN Committee on the Elimination of Discrimination Against Women, CEDAW/C/49/D/23/2009, paras 7.4 and 7.5.

Access to justice

The CEDAW Committee has emphasised that women's access to justice is undermined by gender stereotypes, stigma, patriarchal cultural norms and gender-based violence, often compounded by factors such as race, health or minority status.⁴⁶ Article 2 and 15 of CEDAW oblige State Parties to eliminate discrimination in both the substance and procedure of criminal law, ensuring that women have equal access to justice.⁴⁷ However, in practice, criminal justice systems often lack gender-sensitive alternatives to detention, fail to address the specific needs of women in custody, and often do not provide independent, gender-sensitive monitoring mechanisms. These deficiencies contribute to "secondary victimisation" of women during arrest, questioning and imprisonment.⁴⁸

The Special Rapporteur on Torture similarly links women's imprisonment to structural inequality.⁴⁹ Most women in prison come from disadvantaged backgrounds, lack legal awareness and are often financially dependent, which can lead to incarceration for issues like unpaid fines or legal fees.⁵⁰

Rule 61 of the Bangkok Rules urges courts to consider mitigating factors when sentencing women, particularly in light of their caregiving roles and socio-economic backgrounds.⁵¹ Despite this, sentencing regimes in many jurisdictions remain rigid and gender-blind, resulting in the disproportionate and often unnecessary incarceration of women.⁵²

⁴⁶ UN Committee for the Elimination of All Forms of Discrimination against Women, 'General Recommendation No 33 on Women's Access to Justice' (3 August 2015) UN Doc CEDAW/C/GC/33, para 8.

⁴⁷ *Ibid*, para 47.

⁴⁸ UN Committee for the Elimination of All Forms of Discrimination against Women, 'General Recommendation No 33 on Women's Access to Justice' (3 August 2015) UN Doc CEDAW/C/GC/33, para 48.

⁴⁹ UNHCR, 'Report of the Special Rapporteur on torture and other cruel inhuman or degrading treatment or punishment' (2016) UN Doc A/HRC/31/57, para 18.

⁵⁰ Penal Reform, Briefing: Access to Justice (Penal Reform 2012), 5.

⁵¹ United Nations Rules for the Treatment of Women Prisoners and Non-Custodial Measures for Women Offenders ("Bangkok Rules"), as adopted by UNGA Res. 65/229 (21 December 2010), Rule 61; See also Tokyo Rules, Rule 3.3. and 7.1.

⁵² Penal Reform, Guidance document on the Bangkok Rules, 19.

Soft Law Instruments on Prisoner Rights

The UN Standard Minimum Rules for Non-custodial Measures (Tokyo Rules) promote non-custodial measures, especially for minor offenses.⁵³ The Rules explicitly require that they be applied without discrimination on the basis of sex.⁵⁴ This is particularly relevant for women, who are frequently imprisoned for non-violent, low-level crime.⁵⁵

The revised UN Standard Minimum Rules for the Treatment of Prisoners (Mandela Rules) reinforce the principles of dignity and non-discrimination.⁵⁶ While the Rules call for attention to the needs of vulnerable groups,⁵⁷ they were ultimately found insufficient in addressing the specific needs of women in detention. This led to the adoption of the UN Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (Bangkok Rules).⁵⁸

The Bangkok Rules are intended to “complement and supplement” the Mandela Rules by explicitly recognising that prison systems have historically been designed around the needs of male prisoners.⁵⁹ In response, the Bangkok Rules introduce gender-sensitive standards that address the specific vulnerabilities of women in detention, such as their heightened risk of victimisation, self-harm and suicide.⁶⁰ They also emphasise the need for non-custodial alternatives and safeguards against torture and

⁵³ Standard Minimum Rules for Non-Custodial Measures (“Tokyo Rules”), as adopted by UNGA Res. 45/110 (14 December 1990), paras 1.1. and 1.5.

⁵⁴ *Ibid*, para 2.2.

⁵⁵ *Ibid*, para 5.1; see Chapter III.a.

⁵⁶ Standard Minimum Rules for the Treatment of Prisoners (“Nelson Mandela Rules”), as adopted by UNGA Res. 70/175 (8 January 2016); A. Huber, ‘The Relevance of the Mandela Rules in Europe’ (2016) 17 ERA Forum 299. K. McCall-Smith, ‘Introductory note to the United Nations Standard Minimum Rules for the Treatment of Prisoners (Nelson Mandela Rules)’ (2016) 55 International Legal Materials 1180.

⁵⁷ Nelson Mandela Rules, Rule 2 (2).

⁵⁸ Bangkok Rules, preamble para 1.

⁵⁹ Bangkok Rules, para 2; R. Barberet and C. Jackson, ‘UN Rules for the Treatment of Women Prisoners and Non-Custodial Sanctions for Women’, 220; UNDOC, Handbook on Women and Imprisonment, 5; UNHCR, ‘Report of the Special Rapporteur on torture and other cruel inhuman or degrading treatment or punishment’ (2016) UN Doc A/HRC/31/57, para 18.

⁶⁰ L. M. Armstrong and M. Malloch, ‘Therapeutic or Therapeutic? Conceptualising Community Custody in Scotland’ in A. Chamberlen and M. Bandyopadhyay (eds.), Geographies of Gendered Punishment: Women’s Imprisonment in Global Context (Palgrave Macmillan 2024), 387, 392; R. Barberet and C. Jackson, ‘UN Rules for the Treatment of Women Prisoners and Non-Custodial Sanctions for Women Offenders’, 220; P. Barzano, ‘The Bangkok Rules: an International Response to the Needs of Women Offenders’, 81; Y. Jewkes, M. Jordan, S. Wright and G. Bendelow, ‘Designing ‘Healthy’ Prisons for Women: Incorporating Trauma-Informed Care and Practice TICP) into Prison Planning and Design’ (2019) 16 International Journal of Environmental Research and Public Health 3818; Penal Reform, Women in detention: A guide to gender-sensitive monitoring, 2; C. Quinlan, ‘Women’s imprisonment in Britain and Ireland’, 135 and 137.

ill-treatment.⁶¹ Rule 1 confirms that accommodating women's needs is not a form of special treatment, but a matter of substantive equality.⁶²

While widely praised, the Bangkok Rules have also faced criticism for being overly conservative and lacking specificity. They adopt a narrow scope and do little to address the underlying causes of women's incarceration.⁶³ Moreover, the Rules focus primarily on women's biological functions and roles as mothers, often prioritising the interest of the child without acknowledging the realities of coercive mothering within prisons.⁶⁴ The Rules also risk reinforcing stereotypes of women as feminine and unfit for prison and assume normative, cisgender and heteronormative definitions of womanhood.⁶⁵

Regional Instruments

At the regional level, the European Convention on Human Rights (ECHR) guarantees protection from torture or inhuman or degrading treatment (Article 3) and the right to life (Article 2), both absolute rights.⁶⁶ It further ensures the right to liberty and security (Article 5), respect for family life (Article 8), and non-discrimination (Article 14).⁶⁷

The European Court of Human Rights (ECtHR)⁶⁸ has held that failure to meet women's specific needs in prison may breach Article 3.⁶⁹ In *Korneykova and Korneykov v*

⁶¹ Bangkok Rules, Rules 57-66; A. Huber, 'Women in Criminal Justice Systems and the Added Value of the UN Bangkok Rules', 79.

⁶² As such, this is consistent with Article 4 CEDAW; Penal Reform, Guidance document on the Bangkok Rules, 30.

⁶³ R. Barberet and C. Jackson, 'UN Rules for the Treatment of Women Prisoners and Non-Custodial Sanctions for Women Offenders', 221; A. Huber, 'Women in Criminal Justice Systems and the Added Value of the UN Bangkok Rules', 79.

⁶⁴ R. Barberet and C. Jackson, 'UN Rules for the Treatment of Women Prisoners and Non-Custodial Sanctions for Women Offenders', 222.

⁶⁵ *Ibid*, 223

⁶⁶ Articles 2 and 3 Council of Europe, European Convention on Human rights, as amended by Protocols Nos. 11, 14 and 15, ETS No. 005, 4 November 1950 (ECHR).

⁶⁷ Articles 5, 8 and 14 ECHR; C. Gebhard, 'European Convention on Human Rights' in S. Morley et al. (eds.), *A companion to State Power, Liberties and Rights* (Policy Press 2017). European Court of Human Rights, *Guide on the case-law of the European Convention on Human Rights: Prisoners' rights* (Council of Europe 2025), 7; L. Paprzycki, 'Protection of Women in Prison under the European Convention on Human Rights' in P. H. van Kempen and M. Krabbe (eds.), *Women in Prison: The Bangkok Rules and Beyond* (Cambridge University Press 2018), 119.

⁶⁸ Established on the basis of Article 19 ECHR.

⁶⁹ E. g. in *Valasinas v. Lithuania* App no 44558/98 (ECtHR 24 July 2001), para. 104, the lack of access to basic hygiene products such as toilet paper may, in itself, raise an issue under Article 3; and in

Ukraine, the Court found multiple violations of Article 3 following the detention of a pregnant woman in inadequate conditions.⁷⁰ It adopted a gender-sensitive approach and explicitly referred to CEDAW, the Bangkok Rules and WHO Standards.⁷¹ However, its emphasis on motherhood illustrates the limited scope of its gender sensitivity.⁷²

Similarly, in *Khamtokhu and Aksenchik v. Russia*⁷³ and *Alexandru Enache v. Romania*⁷⁴ the Court upheld sex-based distinctions based on stereotypical reasoning,⁷⁵ citing biological differences and reproductive roles.⁷⁶ A comparable maternal framing appears in the Council of Europe's case-law guide on prisoner's rights, where women are discussed almost exclusively in relation to babies and young children.⁷⁷

Although many incarcerated women are indeed primary caregivers, this narrow emphasis on motherhood tends to obscure their broader gender-specific needs. While such measures are consistent with the Bangkok Rules,⁷⁸ they arguably conflict with Article 5(a) and (b) of CEDAW, which obliges States to combat stereotyped roles and promote shared parenting.⁷⁹ The Court has not addressed this tension.⁸⁰

Khudobin v. Russia App no 59696/00 (ECtHR 26 October 2006), para. 93, failure to provide gender-specific health care to women in prison may amount to inhuman or degrading treatment.

⁷⁰ *Korneykova and Korneykov v. Ukraine* App no 56660/12 (ECtHR 24 March 2016).

⁷¹ *Ibid*, paras 89-93; Gender-specific-references include para 115 ('as a pregnant woman') and para 144 ('specific needs as breastfeeding mother').

⁷² S. Ciuffoletti, "Regardless of their sex" or "biological differences". An analysis of the European Court of Human Rights' case law on women in prison' (2020) 11:2 *Revista Direito e Praxis* 1275, 1294.

⁷³ *Khamtokhu and Aksenchik v. Russia* App nos. 60367/08 and 961/11 (ECtHR 24 January 2017), paras 64 and 82: The Court upheld a Russian law excluding women from life imprisonment, justifying the difference in treatment by citing biological differences and reproductive functions.

⁷⁴ *Alexandru Enache v. Romania* App no. 16986/12 (ECtHR 3 October 2017), para 77: case concerning deferred imprisonment for mothers of infants.

⁷⁵ S. Ciuffoletti, "Regardless of their sex" or "biological differences". An analysis of the European Court of Human Rights' case law on women in prison', 1294.

⁷⁶ C. Heri, 'Between a Rock and a Hard Place: The Court's Difficult Choice in *Khamtokhu and Aksenchik v. Russia*' (Strasbourg Observers, 17 March 2017) <<https://strasbourgobservers.com/2017/03/17/between-a-rock-and-a-hard-place-the-courts-difficult-choice-in-khamtokhu-and-aksenchik-v-russia/>> accessed 7 August 2025.

⁷⁷ European Court of Human Rights, Guide on the case-law of the European Convention on Human Rights: Prisoners' rights (Council of Europe 2025), 57-60.

⁷⁸ This is not surprising, given the Bangkok Rules' focus on motherhood.

⁷⁹ Articles 5 (a) and (b) CEDAW.

⁸⁰ B. Onder, 'Difference in Treatment on the Ground of Sex Arising from Penal Policy Issues: *Alexandru Enache v. Romania*' (Strasbourg Observers, 7 November 2017) <<https://strasbourgobservers.com/2017/11/07/difference-in-treatment-on-the-ground-of-sex-arising-from-penal-policy-issues-alexandru-enache-v-romania/>> accessed 6 August 2025.

This narrow jurisprudential approach also has downstream effects: it limits the normative pressure on inspection bodies to incorporate a wider range of gender-specific concerns into their standards. Without strong judicial endorsement, NPMS may struggle to advance more comprehensive, equally oriented monitoring frameworks.

In contrast, the judgement in *Ecis v. Latvia*⁸¹ avoided stereotypical reasoning and may indicate a shift toward more individualised analysis.⁸² Nonetheless, the Court has yet to meaningfully engage with the structural discrimination faced by women in detention. Article 14 remains underused in this area, despite its potential to challenge the male-oriented nature of prison systems.⁸³ Although the Court has recognised gender-based violence as a form of discrimination in *Opuz v. Turkey*, it has not yet extended this reasoning in the context of detention.⁸⁴ The Court has affirmed that discrimination can include the failure to treat differently those whose situations are significantly different.⁸⁵ Applying this logic, neglecting women's specific needs in detention may amount to discrimination under Article 14.

The Court frequently refers to soft law standards such as the European Prison Rules (EPR) and the reports and recommendations of the CPT.⁸⁶ In its 2018 factsheet, the CPT recognised women in prison as a group with distinct needs, stressing that achieving substantive equality may require targeted measures.⁸⁷ It highlighted particular risk factors such as prior abuse, mental health needs, caregiving roles and post-release victimisation.⁸⁸

⁸¹ *Ecis v. Latvia* App no 12879/09 (ECtHR 10 January 2019), para 90: a male prisoner had been denied prison leave that was granted to female prisoners convicted of similar offenses.

⁸² European Court of Human Rights, 'Key Theme: Article 14 Prisoners and Discrimination' (Council of Europe 2025), 2.

⁸³ L. Paprzycki, 'Protection of Women in Prison under the European Convention on Human Rights' in P. H. van Kempen and M. Krabbe (eds.), *Women in Prison: The Bangkok Rules and Beyond* (Cambridge University Press 2018) 119 (130-131).

⁸⁴ *Opuz v. Turkey* App no 33401/02 (ECtHR 9 June 2009).

⁸⁵ *Thlimmenos v. Greece* App no 34369/97 (ECtHR 6 April 2000), para 44.

⁸⁶ L. Paprzycki, 'Protection of Women in Prison under the European Convention on Human Rights', 131.

⁸⁷ European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT), 'Factsheet: Women in Prison' (Council of Europe 2018), 1 paras 1-2.

⁸⁸ *Ibid*, para 3.

The EPR echo the Mandela Rules and include limited provisions specific to women, such as Rule 24 on family contact, but lack the gender-sensitive scope of the Bangkok Rules.⁸⁹ The Istanbul Convention further strengthens protections by requiring states to eliminate discrimination and gender-based violence,⁹⁰ acknowledging structural inequalities.⁹¹

Together, these instruments affirm that gender-specific measures in detention are essential for achieving substantive equality and preventing ill-treatment.

The domestic effect of international standards in the UK

The UK is required to comply with domestic legislation, such as the Human Rights Act 1998,⁹² as well as with its international legal obligations under treaties to which it is a party.⁹³ It is a member of both the United Nations and the Council of Europe, and has ratified CEDAW and its Optional Protocol, as well as the Istanbul Convention.⁹⁴

While the Bangkok Rules are not legally binding, the UK government has expressed support for their principles, which it considers to align broadly with existing policy frameworks.⁹⁵ However, these standards have not been incorporated into domestic legislation, and their implementation relies primarily on policy instruments.

⁸⁹ A. Huber, 'The Relevance of the Mandela Rules in Europe', 299; Penal Reform and the Council of Europe, Guidance on the European Prison Rules (Penal Reform and Council of Europe 2023), 27.

⁹⁰ Article 4 Istanbul Convention.

⁹¹ Council of Europe, Council of Europe Convention on preventing and combating violence against women and domestic violence (2011) ("Istanbul Convention"), preamble para 10 and Article 1(b); L. Grans, 'The Istanbul Convention and the Positive Obligation to Prevent Violence' (2018) 18 Human Rights Law Review 133, 136.

⁹² Human Rights Act 1998.

⁹³ M. Spurr, 'Women in Prison in England and Wales' in P. H. van Kempen and M. Krabbe (eds.), Women in Prison: The Bangkok Rules and Beyond (Intersentia 2018) 295, 296.

⁹⁴ 'The United Kingdom ratifies the Istanbul Convention' (Council of Europe, 21 July 2022) <<https://www.coe.int/en/web/istanbul-convention/-/the-united-kingdom-ratifies-the-istanbul-convention>> accessed 6 August 2025.

⁹⁵ M. Spurr, 'Women in Prison in England and Wales', 297.

c. The role of NPMs in preventing gendered ill-treatment

Framework

The Optional Protocol to the Convention against Torture (OPCAT) stresses that transparency in places of detention is key to preventing abuse.⁹⁶ Article 3 requires states to establish National Preventive Mechanisms (NPMs) to monitor all places of deprivation of liberty.⁹⁷ NPMs must not only carry out inspections, but also issue recommendations to improve treatment and prevent torture or ill-treatment.⁹⁸ This includes identifying structural issues that increase the risk of such treatment.⁹⁹

Gender inequality and discrimination are examples of such structural issues, as they directly lead to many of the risks that women face in prison.¹⁰⁰ Failing to consider these realities may itself constitute a form of ill-treatment.¹⁰¹ Women are also less likely to report abuse, which reinforces the importance of independent inspections.¹⁰²

In the UK, the NPM is a collective of 21 bodies, including both lay monitors and professional inspectorates.¹⁰³ This dissertation focuses on two members: HM Inspectorate of Prisons (HMIP) in England and Wales and HM Inspectorate of Prisons for Scotland (HMIPS).¹⁰⁴

⁹⁶ A. O. Muralt, 'Torture in Police Custody and the Effectiveness of Preventive Measures: The Role of National Preventive Mechanisms (NPMs)' in R. Alleweldt (ed.), *Fair Treatment of Persons in Police Custody* (Springer 2024), 133-137.

⁹⁷ Article 3 Optional Protocol to the Convention Against Torture and other Cruel, Inhuman and Degrading Treatment or Punishment ("OPCAT"), as adopted by UNGA RES A/RES/57/199 (9 January 2003).

⁹⁸ United Nations Human rights Office of the High Commissioner, 'Preventing Torture: The Role of National Preventive Mechanisms: A practical Guide' (United Nations 2018); Article 19 OPCAT.

⁹⁹ Penal Reform, *Women in detention: A guide to gender-sensitive monitoring*, 3 and 15.

¹⁰⁰ *Ibid*, 3.

¹⁰¹ Penal Reform, *Women in detention: A guide to gender-sensitive monitoring*, 3.

¹⁰² UNHCR, 'Report of the Special Rapporteur on torture and other cruel inhuman or degrading treatment or punishment' (2016) UN Doc A/HRC/31/57, paras 38-39.

¹⁰³ 'NPM bodies' (National preventive mechanism, 2025) <<https://nationalpreventivemechanism.org.uk/bodies/>> accessed 6 August 2025; HMIP, 'Inspection framework' (HMIP, March 2025) <<https://cloud-platform-e218f50a4812967ba1215eaecede923f.s3.amazonaws.com/uploads/sites/19/2025/03/Inspection-framework-2025.pdf>> accessed 19 June 2025, 5; HMIPS, 'Standards for Inspecting and Monitoring Prisons in Scotland' (HMIPS, May 2018) <https://prisonsinspectoratescotland.gov.uk/sites/default/files/publication_files/SCT12176046561.pdf> accessed 6 August 2025.

¹⁰⁴ HMIP, 'Inspection framework'; HMIPS, 'Standards for Inspecting and Monitoring Prisons in Scotland'.

HMIP inspects prisons using four core expectations: safety, respect, purposeful activity and preparation for release.¹⁰⁵ Each area is rated as good, reasonably good, not sufficiently good or poor.¹⁰⁶ There is a separate framework for women that adapts these expectations and includes gender-specific indicators.¹⁰⁷ For example, “respect” includes support for maintaining contact with children and families, and the impact of trauma is recognised throughout,¹⁰⁸ reflecting the UN Bangkok Rules.¹⁰⁹

However, the structure remains grounded in a system designed for men. Rather than creating distinct standards, existing ones are adjusted. This is at odds with the Chief Inspector’s own call for a fundamentally different approach to women’s imprisonment.¹¹⁰ It also shows an ongoing focus on improving conditions rather than questioning the necessity of women’s imprisonment.¹¹¹ International standards, including the Bangkok Rules and Tokyo Rules, stress that custody should be a last resort. States must develop appropriate non-custodial measures and social support systems that address the root causes of criminalisation.¹¹² Yet HMIP’s framework does not assess the necessity of detention or the availability of alternatives.

Its emphasis on trauma, while valuable, risks legitimising a “therapeutic” approach that manages social harms within carceral settings without addressing root causes such as poverty, gender-based and social exclusion.¹¹³ Greater investment in

¹⁰⁵ HMIP, ‘Inspection framework’, 7.

¹⁰⁶ *Ibid*, 18.

¹⁰⁷ HMIP, ‘Expectations: Criteria for assessing the treatment of and conditions for women in prison’ (HMIP, March 2024) <<https://cloud-platform-e218f50a4812967ba12155eaccede923f.s3.amazonaws.com/uploads/sites/19/2024/03/Womens-Expectations-FINAL-March-2024.pdf>> accessed 6 August 2025.

¹⁰⁸ *Ibid*, 4.

¹⁰⁹ L. M. Armstrong and M. Malloch, ‘Therapeutic or Therapeutic? Conceptualising Community Custody in Scotland’, 392; P. Barzano, ‘The Bangkok Rules: an International Response to the Needs of Women Offenders’, 81; Y. Jewkes, M. Jordan, S. Wright and G. Bendelow, ‘Designing ‘Healthy’ Prisons for Women: Incorporating Trauma-Informed Care and Practice TICP) into Prison Planning and Design’, 3818; Penal Reform, Women in detention: A guide to gender-sensitive monitoring, 2; C. Quinlan, ‘Women’s imprisonment in Britain and’, 135 and 137.

¹¹⁰ HMIP, ‘Expectations: Criteria for assessing the treatment of and conditions for women in prison’, 4.

¹¹¹ R. Barberet and C. Jackson, ‘UN Rules Rules for the Treatment of Women Prisoners and Non-Custodial Sanctions for Women Offenders’, 215; M. Malloch, ‘The imprisonment of women in Scotland: Restructure, reform or abolish?’ in L. Morre, P. Scraton, A. Wahidin (eds.), Women’s Imprisonment and the Case for Abolition: Critical Reflections on Corston ten years on (Routledge 2018), 71-87.

¹¹² Bangkok Rules, Rule 60; Standard Minimum Rules for Non-Custodial Measures (“Tokyo Rules”), as adopted by UNGA Res. 45/110 (14 December 1990), paras 1.1, 1.5 and 5.1; see Chapter II.a.

¹¹³ L. M. Armstrong and M. Malloch, ‘Therapeutic or Therapeutic? Conceptualising Community Custody in Scotland’, 387.

community-based, trauma-informed services is needed to reduce reliance on imprisonment.

The strong focus on motherhood,¹¹⁴ though important, also risks reinforcing traditional gender roles and overlooks women without children or complex family ties.¹¹⁵ Broader support for wellbeing and reintegration is needed for all women, not only those in caregiving roles.¹¹⁶ This mirrors broader critiques of the Bangkok Rules for overemphasising reproductive and relational roles.¹¹⁷

HMIPS takes a broader human rights-based approach. Its framework includes nine inspection standards: lawful and transparent custody; decency; personal safety; effective, courteous and humane use of authority; respect, autonomy and protection against mistreatment; purposeful activity; transitions from custody into the community; organisational effectiveness; health and wellbeing.¹¹⁸ These standards are underpinned by specific non-exhaustive quality indicators and the PANEL principles.¹¹⁹ The nine standards are rated on a six-level scale: good performance, satisfactory performance, generally acceptable performance, poor performance, unacceptable performance, and not applicable.¹²⁰

This model views prisoners as rights-holders and the state as duty-bearer, aiming for transparency and consistency in rights implementation.¹²¹ However, it lacks a gender-specific monitoring tool, despite the requirements of the Bangkok Rules.¹²²

Gender-specific references in the HMIPS framework are minimal. In Standard 2 on decency, indicators mention access to hygiene products and facilities.¹²³ In Standard

¹¹⁴ Mentioned in the introduction as an important point: HMIP, 'Expectations: Criteria for assessing the treatment of and conditions for women in prison', 4.

¹¹⁵ P. Carlen, 'Women's Imprisonment: An Introduction to the Bangkok Rules', 153.

¹¹⁶ Only mentioned twice in HMIP, 'Expectations: Criteria for assessing the treatment of and conditions for women in prison', 27-31.

¹¹⁷ R. Barberet and C. Jackson, 'UN Rules for the Treatment of Women Prisoners and Non-Custodial Sanctions for Women Offenders', 222.

¹¹⁸ HMIPS, 'Standards for Inspecting and Monitoring Prisons in Scotland', 2.

¹¹⁹ *Ibid*, 3-5. The Panel principles stand for Participation, Accountability, Non-discrimination and equality, Empowerment and Legality.

¹²⁰ *Ibid*, 3.

¹²¹ *Ibid*, 2.

¹²² Bangkok Rules, Rule 1.

¹²³ HMIPS, 'Standards for Inspecting and Monitoring Prisons in Scotland', 6

9 on health and wellbeing, one indicator addresses the care of pregnant women and mothers with young children.¹²⁴ These are the only gender-specific elements and focus solely on biological and maternal needs. The framework fails to consider broader structural harms or the diverse experiences of women in custody.¹²⁵ It also assumes that equal treatment means identical treatment, ignoring how gender-neutral standards can produce unequal outcomes.¹²⁶

Like HMIP, HMIPS does not assess the necessity of detention or the availability of non-custodial alternatives. Both focus largely on prison conditions rather than the systemic factors that lead to women's imprisonment. As a result, they tend to adapt to women within the existing system rather than question the structures that place them there.

In sum, while HMIP includes gender-sensitive elements and HMIPS promotes a rights-based methodology, both fall short of meeting international standards. They pay insufficient attention to non-custodial alternatives, focus heavily on motherhood and fail to reflect the diverse realities of women in prison.

The following section traces the development of gender-sensitive prison policy in England and Wales and in Scotland.

¹²⁴ *Ibid*, 12.

¹²⁵ And thus, ignoring their "cultural needs": P. Carlen, 'Women's Imprisonment: An Introduction to the Bangkok Rules', 149.

¹²⁶ See III.a on the flawed understanding of equality.

IV. Policy Developments

a. England and Wales

The Corston Report

Until the early 2000s, the specific needs of women in prison received little attention in England and Wales. The 1991 *Woolf Report*, which responded to serious prison disturbances, laid the foundation for prison reform.¹²⁷ However, as no such incidents had occurred in women's prisons, they were excluded from the report's scope.¹²⁸

This changed in 2007 with the *Corston Report*, following a number of self-inflicted deaths of women at HMP Styal.¹²⁹ Baroness Corston argued that the criminal justice system was failing women and called for a "distinct, radically different, visibly-led, strategic, proportionate, holistic, woman-centred, integrated approach".¹³⁰ She highlighted the complex vulnerabilities experienced by many women in prison,¹³¹ and argued that mainstream prison settings are fundamentally unsuitable to meet their needs.¹³²

Corston emphasised that equal treatment does not result in equal outcomes, noting women's higher rates of victimisation and mental health needs, and prisons designed for men.¹³³ She recommended 43 reforms,¹³⁴ including limiting prison to serious offenders, promoting community-based alternatives,¹³⁵ and creating small, local

¹²⁷ For a summary of the report: Prison Reform Trust, 'The Wolf Report – A summary of the main findings and recommendations of the inquiry into prison disturbances' (Prison Reform Trust, April 1991) <<https://prisonreformtrust.org.uk/publication/the-woolf-report-a-summary-of-the-main-findings-and-recommendations-of-the-inquiry-into-prison-disturbances/>> accessed 28 June 2025.

¹²⁸ P. Carlen and A. Worrall, 'Women in prison: contemporary issues', 41.

¹²⁹ Baroness J. Corston, *The Corston Report*; J. Annison and J. Brayford (eds.), *Corston and Beyond* (Bristol University Press 2015), 2; Prison Reform Trust, 'Resetting the approach to women's imprisonment' (Prison Reform Trust, April 2025) <<https://prisonreformtrust.org.uk/publication/resetting-the-approach-to-womens-imprisonment/>> accessed 29 June 2025), 6.

¹³⁰ Baroness J. Corston, *The Corston Report*, front page.

¹³¹ *Ibid*, Foreword: E.g. abuse, mental health issues, substance use, poverty and caregiving responsibilities; J. Annison and J. Brayford (eds.), *Corston and Beyond* (Bristol University Press 2015), 3.

¹³² *Ibid*, 14.

¹³³ *Ibid*, 16-24; See also *Thlimmenos v. Greece* App no 34369/97 (ECtHR 6 April 2000), para 44.

¹³⁴ *Ibid*, 24 and 26; J. Annison and J. Brayford (eds.), *Corston and Beyond* (Bristol University Press 2015), 3.

¹³⁵ *Ibid*, 49 and 58.

centres.¹³⁶ She also praised women's centres for rehabilitative and person-centred work.¹³⁷

Corston Report: Aftermath

While the report was initially welcomed and led to the opening of women's centres,¹³⁸ many key recommendations, like replacing women's prisons with small local units, were not implemented.¹³⁹ In 2017, Women in Prison criticised the lack of sustained change and set out five priorities: expanding women's centres, improving diversion schemes, providing housing and support, sentencing reform and better coordination.¹⁴⁰

The UK Government's 2018 *Female Offender Strategy* built on Corston's ideas,¹⁴¹ focusing on early-intervention, trauma-informed care, and improving custody conditions.¹⁴² The strategy acknowledged that short custodial sentences are often ineffective for women and recognised the importance of addressing the underlying causes.¹⁴³ The strategy presents a positive vision but faces criticism. Gelsthorpe pointed to underinvestment, a lack of attention to black and minoritised women, and the absence of legal requirements for courts to justify not using community-based alternatives.¹⁴⁴ She called for a whole-system, gender-sensitive approach supported by genuine political will.¹⁴⁵ Others noted that the strategy lacks clarity and offers little assurance that the direction taken will result in actual change and positive reform.¹⁴⁶

¹³⁶ Praised by Malloch as her most significant recommendation: M. Malloch, 'The imprisonment of women in Scotland: Restructure, reform or abolish?', 79.

¹³⁷ Baroness J. Corston, *The Corston Report*, 10, 59 and 79.

¹³⁸ J. Annison and J. Brayford (eds.), *Corston and Beyond* (Bristol University Press 2015), 6; Women in Prison, 'The Corston Report 10 Years on: How far have we come on the road to reform for women affected by the criminal justice system?' (Women in Prison 2017), 27.

¹³⁹ J. Annison and J. Brayford (eds.), *Corston and Beyond* (Bristol University Press 2015), 7.

¹⁴⁰ Women in Prison, 'The Corston Report 10 years on: How far have we come on the road to reform for women affected by the criminal justice system?', 3 and 27.

¹⁴¹ L. Gelsthorpe, 'Women, Crime, and Justice in England and Wales', 250; B. Gilbert and K. O'Dowd, 'Emotion, time and the voice of women affected by the criminal justice process: Corston and the female offender strategy' (2019) 15:1 *Manchester Metropolitan University* 19, 19.

¹⁴² MoJ, 'Female Offender Strategy'; L. Gelsthorpe, 'Women, Crime and Justice in England and Wales', 251.

¹⁴³ MoJ, 'Female Offender Strategy', 3.

¹⁴⁴ L. Gelsthorpe, 'Women, Crime and Justice in England and Wales', 251.

¹⁴⁵ *Ibid*, 253.

¹⁴⁶ N. Booth, I. Masson and L. Baldwin, 'Promises, promises: Can the Female Offender Strategy Deliver?' (2018) 65:4 *Probation Journal* 429.

By 2021, fewer than half of the Strategy's 65 commitments were fulfilled.¹⁴⁷ In response, the *Strategy Delivery Plan 2022-25* outlined how the government would deliver four priorities: reducing entry into the system and reoffending, limiting short sentences, improving custody and supporting reintegration.¹⁴⁸

In 2024, the Government announced the creation of a Women's Justice Board to reduce female imprisonment through early intervention and by addressing root causes. At its first meeting in January 2025, the Lord Chancellor reaffirmed this goal.¹⁴⁹ Women in Prison welcomed this shift in mindset but called for concrete action, meaningful coordination and strong involvement of the women themselves.¹⁵⁰

Barriers to Change?

The *Corston Report* laid the groundwork for a more gender-responsive approach to women in the criminal justice system. It has helped shape national strategies focused on diversion, trauma-informed care and community-based support. However, key proposals such as replacing large women's prisons with small, local custodial units were never realised. The fact that by 2021 fewer than half of the Female Offender Strategy's 65 commitments had been implemented, and that a separate Strategy Delivery Plan was needed, illustrates the persistent gap between policy and practice.¹⁵¹

¹⁴⁷ Prison Reform Trust, 'The Government has met less than Half of Female Offender Strategy commitments almost three years on' (Prison Reform Trust, 26 April 2021) <<https://prisonreformtrust.org.uk/the-government-has-met-less-than-half-of-female-offender-strategy-commitments-almost-three-years-on/>> accessed 29 June 2025.

¹⁴⁸ MoJ, 'Female Offender Strategy Delivery Plan 2022 to 2025' (GOV.UK, 31 January 2023) <<https://assets.publishing.service.gov.uk/media/63d78f63e90e0773e01f8960/female-offender-strategy-delivery-plan-2022-25.pdf>> accessed 6 August 2025.

¹⁴⁹ MoJ and The Rt Hon Shabana Mahmood MP, 'Lord Chancellor's opening remarks to the first meeting of the Women's Justice Board' (GOV.UK, 30 January 2025) <<https://www.gov.uk/government/speeches/lord-chancellors-opening-remarks-to-the-first-meeting-of-the-womens-justice-board>> accessed 29 June 2025; MoJ, 'Women's Justice board Minute' (GOV.UK, 21 January 2025) <https://assets.publishing.service.gov.uk/media/680f66dd11d566056bcae944/Inaugural_meeting_for_mal_minutes_for_publication_21_Jan.pdf> accessed 29 June 2025.

¹⁵⁰ 'Checklist for the government's newly announced Women's Justice Board' (Women in Prison) <<https://womeninprison.org.uk/news/checklist-for-the-governments-newly-announced-womens-justice-board>> accessed 29 June 2025.

¹⁵¹ A. Coomber, 'Our one-size-fits-all approach to prison is failing women and girls' (Howard League, 8 March 2024) <<https://howardleague.org/blog/our-one-size-fits-all-approach/>> accessed 30 June 2025.

More recently, the creation of the Women’s Justice Board signals renewed intent, but the fact that Women in Prison still calls for concrete action and meaningful coordination highlights ongoing concerns. Despite policy progress, the system continues to adapt existing prison structures rather than delivering the structural change envisioned by Corston.

b. Scotland

From a Safer to a Better Way

Scotland’s approach to women in the criminal justice system began before the Corston Report, triggered by the deaths of seven women at Cornton Vale prison between 1997 and 1999.¹⁵² The 1998 report *Women Offenders: A Safer Way* criticised overuse of imprisonment, especially for drug-using women,¹⁵³ and called for bail support, gender-specific services, and ending custody for girls under 18.¹⁵⁴

In 2002, *A Better Way* focused on prevention and community-based alternatives,¹⁵⁵ leading to the creation of the 218 Centre in Glasgow in 2003,¹⁵⁶ which provided trauma-informed, multi-professional support for justice-involved women with complex needs.¹⁵⁷ It aimed to reconnect women with local services and supported long-term reintegration.¹⁵⁸ The Corston Report later highlighted it as an example of good practice.¹⁵⁹ A similar service, the Willow Service, was established in Edinburgh.¹⁶⁰

¹⁵² *Ibid*; L. M. Armstrong and M. Malloch, ‘Therapeutic or Therapeutic? Conceptualising Community Custody in Scotland’, 387; G. Mclvor, ‘Women, Crime and Justice in Scotland’ in S.L. Brown and L. Gelsthorpe (eds.), *The Wiley Handbook on What Works with Girls and Women in Conflict with the Law: A Critical Review of Theory, Practice, and Policy* (Wiley Blackwell 2022), 218; Social Work Services Inspectorate for Scotland and Prisons Inspectorate for Scotland, *Women Offenders – A safer way: A review of community disposals and the use of custody for women offenders in Scotland* (Stationery Office 1998); J. Tombs, ‘From “A Safer to a Better Way”: Transformations in Penal Policy for Women’ in G. Mclvor (ed.), *Women Who Offend* (Jessica Kingsley Publishers 2004) 53, 54.

¹⁵³ G. Mclvor, ‘Women, Crime and Justice in Scotland’, 218.

¹⁵⁴ Social Work Services Inspectorate for Scotland and Prisons Inspectorate for Scotland, *Women Offenders – A safer way: A review of community disposals and the use of custody for women offenders in Scotland*, 52 and 57.

¹⁵⁵ J. Tombs, ‘From “A Safer to a Better Way”: Transformations in Penal Policy for Women’, 59-63; M. Malloch, ‘The imprisonment of women in Scotland: Restructure, reform or abolish?’, 74.

¹⁵⁶ G. Mclvor, ‘Women, Crime and Justice in Scotland’, 220.

¹⁵⁷ M. Malloch et al., ‘Time Out’ for Women: Innovation in Scotland in a Context of Change’ (2008) 47:4 *The Howard Journal of Criminal Justice* 383.

¹⁵⁸ G. Mclvor, ‘Women, Crime and Justice in Scotland’, 220.

¹⁵⁹ Baroness J. Corston, *The Corston Report*, 60.

¹⁶⁰ G. Mclvor, ‘Women, Crime and Justice in Scotland’, 221.

Later developments

In 2012 the Commission on Women Offenders recommended reforms, including improved mental health care, reduced reliance on remand, better staff training, and replacing Cornton Vale with a smaller facility.¹⁶¹ This led to plans for a new national women's prison and Community Custody Units (CCUs),¹⁶² alongside the 2016 Community Justice Act promoting multi-agency collaboration.¹⁶³ Scotland's 2017 strategy *Justice for Scotland: Vision and Priorities* and 2019 legal presumption against sentences under 12 months aimed to reduce short custodial sentences.¹⁶⁴

The 2021-2025 *Strategy for Women in Custody*,¹⁶⁵ aligned with the Bangkok Rules,¹⁶⁶ focuses on trauma-informed care,¹⁶⁷ reintegration and minimising the impact of imprisonment on children.¹⁶⁸ It placed women's health and wellbeing at the centre of custodial practice, alongside the quality of staff relationships, access to services and support tailored to individual needs and risks.¹⁶⁹ The Strategy confirmed the development of two CCUs and a new women's national facility at the Cornton Vale site, designed to feel less institutional and support more independent living.¹⁷⁰

The two CCUs, the Liliac Centre (Glasgow) and Bella Centre (Dundee), opened in 2022, offering trauma-informed, community-connected environments for women

¹⁶¹ Commission on Women Offenders, 'Report on Women Offenders' (2012) <https://elearning.tpsstaff.com/pluginfile.php/457/mod_glossary/attachment/69/Commission%20on%20Women%20Offenders%20Angiolini%20Report%202012.pdf> accessed 29 June 2025, 62-65; L. M. Armstrong and M. Malloch, 'Therapeutic or Therapeutic? Conceptualising Community Custody in Scotland', 387; See also 'Angiolini Commission to call for Cornton Vale to be demolished' (BBC NEWS, 17 April 2012) <<https://www.bbc.com/news/uk-scotland-tayside-central-17735991>> accessed 29 June 2025).

¹⁶² 'New women's prison to replace Cornton Vale' (22 June 2015) <https://www.bbc.com/news/uk-scotland-scotland-politics-33221338> (accessed 29 June 2025).

¹⁶³ The Community Act 2016 (asp 10).

¹⁶⁴ 'Presumption against short sentences extended' (Scottish Government, 26 June 2019) <<https://www.gov.scot/news/presumption-against-short-sentences-extended/>> accessed 30 June 2025; Safer Communities Directorate, 'Justice in Scotland: vision and priorities' (Scottish Government, 11 July 2017) <<https://www.gov.scot/publications/justice-scotland-vision-priorities/>> accessed 29 June 2025).

¹⁶⁵ Scottish Prison Service, 'Strategy for Women in Custody: 2021-2025' (GOV.UK, 2024) <https://www.sps.gov.uk/sites/default/files/2024-02/StrategyForWomenInCustody_2021-2025_CorporateReports.pdf> accessed 29 June 2025.

¹⁶⁶ *Ibid*, 3; L. M. Armstrong and M. Malloch, 'Therapeutic or Therapeutic? Conceptualising Community Custody in Scotland', 393.

¹⁶⁷ *Ibid*, 6.

¹⁶⁸ *Ibid*, 7.

¹⁶⁹ *Ibid*, 2-3.

¹⁷⁰ *Ibid*, 2.

under low supervision.¹⁷¹ Cornton Vale closed in 2023 and was replaced by HMP & YOI Stirling, Scotland's third purpose-built women's prison,¹⁷² marking a significant step towards a more gender-responsive and community-based penal system.¹⁷³ However, by 2024, the majority of women prisoners continued to be held in older facilities such as Greenock, Grampian and Polmont.¹⁷⁴

Also in 2024, the 218 Centre closed due to funding cuts.¹⁷⁵ This raised serious concerns about the sustainability of community-based alternatives. The Head of Justice warned that this could lead to more women being imprisoned.¹⁷⁶ As one woman put it, "I'd be dead or in prison if it wasn't for 218".¹⁷⁷

Barriers to Change?

Despite numerous reports over the past 25 years consistently highlighting the need for improved mental health care, better addiction support, and fewer short custodial sentences, progress remains limited.¹⁷⁸ While the CCUs and HMP Stirling represent positive developments, they remain custodial in nature. Rather than challenging the use of imprisonment, they risk reinforcing its legitimacy. The prison environment is not conducive to effectively addressing harm and may instead perpetuate the "therapeutic" model.¹⁷⁹

The closure of the 218 Centre raises serious doubts about Scotland's commitment to long-term change. Similarly, the legal presumption against sentences of less than 12

¹⁷¹ 'Lilias Centre' (SPS) <<https://www.sps.gov.uk/prisons/lilias-centre>> accessed 29 June 2025; 'Bella Centre' (SPS) <<https://www.sps.gov.uk/prisons/bella-centre>> accessed 29 June 2025.

¹⁷² 'Exciting Progress on Plans for HMP & YOI Stirling' (SPS, 14 December 2022) <<https://www.sps.gov.uk/about-us/our-latest-news/exciting-progress-plans-hmp-yoi-stirling>> accessed 29 June 2025.

¹⁷³ G. McIvor, 'Women, Crime and Justice in Scotland', 225.

¹⁷⁴ SHRC and NPM, Review..., Recommend..., Repeat...: An assessment of where human rights have stalled in placed of detention (SHRC and NPM 2024) 37.

¹⁷⁵ 'Closure of Turning Point 218' (Howard League Scotland, 4 november 2024) <<https://howardleague.scot/news/2024/november/closure-turning-point-218>> accessed 30 June 2025.

¹⁷⁶ 'Turning Point Scotland Deeply Saddened By Closure of 218 Service' (Turning Point Scotland, 15 February 2024) <<https://turningpointscotland.com/turning-point-scotland-deeply-saddened-by-closure-of-218-service/>> accessed 30 June 2025.

¹⁷⁷ 'Turning Point 218 saved my life now I love working here' (Glasgow Times, 13 September 2023) <https://www.glasgowtimes.co.uk/news/scottish-news/23784761.turning-point-218-saved-life-now-love-working-here/?utm_source=chatgpt.com> (accessed 30 Juni 2025).

¹⁷⁸ M. Malloch, 'The imprisonment of women in Scotland: Restructure, reform or abolish?', 82.

¹⁷⁹ L. M. Armstrong and M. Malloch, 'Therapeutic or Therapeutic? Conceptualising Community Custody in Scotland', 400.

months, though a promising measure, is not applied consistently.¹⁸⁰ Such provisions should not remain symbolic, they must be fully implemented to have a real impact. As in England and Wales, without political will, adequate funding and meaningful cross-sectoral collaboration, efforts risk remaining piecemeal and falling short of the systemic transformation needed.¹⁸¹

V. Specific areas where women “don’t fit”: A comparative analysis

a. Methodology

This dissertation was inspired by Time to Care, a thematic review published in February 2025 by Her Majesty’s Chief Inspector of Prisons. The report, which examined HMP Bronzefield, Eastwood Park, Foston Hall, and New Hall,¹⁸² highlighted serious concerns regarding self-harm, lack of purposeful regimes, restricted visitation, limited staff training and inadequate support for women in English prisons.¹⁸³ These findings informed the focus of this research.

Three core themes were chosen: location and visitation, healthcare and hygiene and mental health, self-harm and trauma. These were broad enough to capture key issues while remaining focused.

Inspection reports were selected based on recency and variation in performance, aiming for a mix of strong and weak examples across the UK. In England, HMP & YOI Foston Hall was chosen for its poor performance and relevance to Time to Care.¹⁸⁴

¹⁸⁰ 25% of female prisoners received a 12 months prison sentences in 2024. Retrieved from ‘Scottish Prison Population Statistics 2023-24’ (Scottish Government, 4 December 2024) <<https://www.gov.scot/publications/scottish-prison-population-statistics-2023-24/>> accessed 4 December 2024); see also Prison Statistics Interactive Analysis Tool’ <<https://scotland.shinyapps.io/sg-prison-population-statistics/>> accessed 6 August 2025.

¹⁸¹ M. Malloch, ‘The imprisonment of women in Scotland: Restructure, reform or abolish?’, 82.

¹⁸² HMIP, ‘Time to Care: What helps women cope in prison?’ (HMIP, 5 February 2025) <<https://cloud-platform-e218f50a4812967ba1215eaecede923f.s3.amazonaws.com/uploads/sites/19/2025/02/Time-to-care-web-2025-2.pdf>> accessed 6 August 2025, appendix 1.

¹⁸³ *Ibid*, 3.

¹⁸⁴ HMIP, ‘Report on an unannounced inspection of HMP & YOI Foston Hall’ (HMIP, 29 April 2025) <<https://cloud-platform-e218f50a4812967ba1215eaecede923f.s3.amazonaws.com/uploads/sites/19/2025/04/Foston-Hall-web-2025-2.pdf>> accessed 6 August 2025, para 1.2 and Appendix I (noting that none of the four expectations received the rating “good”: two were “reasonably good”, one “not sufficiently good” and one “poor”).

HMP Send provided a contrast as a well-rated prison.¹⁸⁵ HMP/YOI Styal offered a more mixed picture.¹⁸⁶ In Northern Ireland, Hydebank Wood was included as a positive example, having received “good” ratings across all inspection areas.¹⁸⁷

In Scotland, three settings were analysed: the Bella Centre (a community, custody unit), HMP & YOI Stirling (a new women’s prison), and the women’s unit in HMP & YOI Grampian.¹⁸⁸ Bella received mostly “satisfactory” ratings,¹⁸⁹ while Stirling and Grampian both received a mix of “satisfactory” and “generally acceptable” ratings.¹⁹⁰

b. Location and visitation

Issues?

One of the most tangible and systemic disadvantages women face in detention relates to location. Because women make up a small minority of the prison population, they are often held in a limited number of facilities, widely dispersed across the country.¹⁹¹ This “discrimination of scale” creates significant barriers to maintaining family ties, accessing healthcare, and preparing for reintegration.¹⁹² Being held far from home thus deeply affects nearly every aspect of a woman’s sentence.

¹⁸⁵ HMIP, ‘Report on an unannounced inspection of HMP Send’ (HMIP, 1 July 2025) < <https://cloud-platform-e218f50a4812967ba1215eaecede923f.s3.amazonaws.com/uploads/sites/19/2025/06/Send-web-2025.pdf>> accessed 6 August 2025, Introduction and para 1.2 (noting that three expectations were rated “good” and one “reasonably good”).

¹⁸⁶ HMIP, ‘Report on an unannounced inspection of HMP/YOI Styal’ (HMIP, 18 March 2025) <<https://cloud-platform-e218f50a4812967ba1215eaecede923f.s3.amazonaws.com/uploads/sites/19/2025/03/Styal-web-2025.pdf>> accessed 6 August 2025, para 1.2 (noting that two expectations were rated “not sufficiently good”, one “reasonably good” and one “good”).

¹⁸⁷ HMIP, ‘Report on an unannounced inspection of Ash House Women’s Prison Hydebank Wood’ (HMIP, 20 November 2024) < <https://www.cjini.org/wp-content/uploads/2025/05/Hydebank-Wood-Female-FINAL-Report-Tagged-1.pdf>> accessed 6 August 2025, Foreword Chief Inspector and para 1.2.

¹⁸⁸ HMIPS, ‘Report on Full inspection of The Bella Centre’ (HMIPS, 2024) <https://prisonsinspectoratescotland.gov.uk/sites/default/files/publication_files/Report%20on%20Full%20Inspection%20-%20The%20Bella%20Centre%20-%20Final%20version.pdf> accessed 6 August 2025; HMIPS, ‘Report on Full Inspection of HMP & YOI Stirling’ (HMIPS, 2024) <https://prisonsinspectoratescotland.gov.uk/sites/default/files/publication_files/Report%20on%20Full%20Inspection%20-%20HMP%20YOI%20Stirling%20-%20February%202024.pdf> accessed 6 August 2025; HMIPS, ‘Report on Full Inspection of HMP & YOI Grampian in June 2024’ (HMIPS, 2024) <https://prisonsinspectoratescotland.gov.uk/sites/default/files/publication_files/Report%20on%20HMP%20YOI%20Grampian_Full%20Inspection%203%20to%207%20June%202024.pdf> accessed 6 August 2025.

¹⁸⁹ HMIPS, ‘The Bella Centre Report’, 10.

¹⁹⁰ HMIPS, ‘Grampian Report’, 12; HMIPS, ‘Stirling Report’, 14.

¹⁹¹ R. Barberet and C. Jackson, ‘UN Rules for the Treatment of Women Prisoners and Non-Custodial Sanctions for Women Offenders’, 217; B. J. van den Bergh et al., ‘Imprisonment and women’s health’, 690.

¹⁹² Penal Reform, Guidance document on the Bangkok Rules, 31.

The Bangkok Rules recognise these challenges. Rule 4 states that women should be placed as close as possible to their homes or places of social rehabilitation, with particular attention to their caregiving responsibilities, personal preferences and access to services.¹⁹³ Placement decisions should respect that not all women wish to maintain family contact, especially in cases of past abuse.¹⁹⁴

Geographic distance significantly reduces visitation. Globally, women in prison receive fewer visits than men.¹⁹⁵ Rule 43 affirms that visits are essential for mental wellbeing and reintegration, obliging prison authorities to actively encourage and facilitate them.¹⁹⁶ However, remote prison locations create major logistical and financial barriers for families.¹⁹⁷ Rule 26 therefore calls for compensatory measures,¹⁹⁸ including flexible visiting hours, overnight accommodation, increased phone access and partnerships with community organisations.¹⁹⁹ In addition to frequency, the quality of visitation matters. Visiting areas should be safe, respectful and child-friendly, encouraging family members and friends to visit.²⁰⁰

Proximity to the community is thus closely linked to women's wellbeing. Mental health problems, substance dependency and the harmful impact of isolation are all worsened by long distances from family and support networks.²⁰¹ Maintaining contact with close relatives, partners and friends is also crucial for material support, as families and friends often bring money, food, toiletries and clothing.²⁰² Physical wellbeing is similarly affected, as poorly integrated prison medical services hinder continuity of care after release.²⁰³ Resettlement services must be sufficiently funded to support

¹⁹³ Bangkok Rules, Rule 4; See also Nelson Mandela Rules, Rule 59.

¹⁹⁴ P. Carlen, 'Women's Imprisonment: An Introduction to the Bangkok Rules', 151; UNDOC, Handbook on Women and Imprisonment, 30; see also Penal Reform, Guidance document on the Bangkok Rules, 41.

¹⁹⁵ A. Huber, 'Women in Criminal Justice Systems and the Added Value of the UN Bangkok Rules', 42.

¹⁹⁶ Bangkok Rules, Rule 43.

¹⁹⁷ K.P. Moloney et al., 'Women in prison: The central issues of gender characteristics and trauma history', 429.

¹⁹⁸ Bangkok Rules, Rule 26.

¹⁹⁹ UNDOC, 'Commentary to the Bangkok Rules', Rule 26, para 2 and Rule 43.

²⁰⁰ Association for the Prevention of Torture, Global Report on Women in Prison Analysis from National Preventive Mechanisms, 40.

²⁰¹ C. Quinlan, 'Women's imprisonment in Britain and Ireland', 140; R. Barberet and C. Jackson, 'UN Rules for the Treatment of Women Prisoners and Non-Custodial Sanctions for Women Offenders', 217.

²⁰² M. Spurr, 'Women in Prison in England and Wales' in P. H. van Kempen and M. Krabbe (eds.), Women in Prison: The Bangkok Rules and Beyond (Intersentia 2018), 295, 323; A. Huber, 'Women in Criminal Justice Systems and the Added Value of the UN Bangkok Rules', 43.

²⁰³ B. J. van den Bergh et al., 'Imprisonment and women's health', 690.

women in the areas to which they plan to return, especially those with ongoing medical needs identified during imprisonment.²⁰⁴

Promising practices

Some UK prisons provide valuable examples of how to implement the Bangkok Rules in practice regarding location, visitation and family contact. Hydebank Wood embedded family work into the prison culture, recognising its role in rehabilitation.²⁰⁵ While proximity (Rule 4) itself cannot always be guaranteed, several institutions have introduced creative and meaningful ways to maintain family connections, thereby upholding Rules 43 and 26.

For example, all four Time to Care sites offered family days in relaxed, child-friendly settings, which were widely appreciated.²⁰⁶ Foston Hall used a home-like unit for extended visits and Send allowed women to eat meals with relatives in the dining hall.²⁰⁷ Hydebank Wood and Grampian provided welcoming visitor areas with play zones and refreshments.²⁰⁸ Stirling's visitor centre was well-equipped with baby-changing facilities and books.²⁰⁹ Bella even allowed women to prepare tea or baked goods for guests, contributing to a welcoming environment.²¹⁰

Crucially, support staff played an active role in maintaining family relationships.²¹¹ Dedicated family workers at Send and Styal assisted women in rebuilding connections,²¹² while Hydebank Wood involved families in open days and information sessions with staff.²¹³ Foston Hall and Send organised social events for women without visitors.²¹⁴

²⁰⁴ K. Swaine Williams and J. Earle, 'Successful Resettlement or Setting Women Up to Fail? Policy and Practice for Women Released from Prison in England and Wales', 397.

²⁰⁵ HMIP, 'Hydebank Wood Report', para 4.1.

²⁰⁶ HMIP 'Foston Hall Report', para 4.; HMIP, 'Time to Care', para 3.13.

²⁰⁷ HMIP 'Foston Hall Report', para 4.1; HMIP 'Send Report', para 4.3.

²⁰⁸ HMIPS, 'Grampian Report', 28; HMIP, 'Hydebank Wood Report', para 4.2.

²⁰⁹ HMIPS, 'Stirling Report', 32.

²¹⁰ HMIPS, 'The Bella Centre Report', 29.

²¹¹ HMIP, 'Time to Care', para 3.19.

²¹² HMIP 'Send Report', para 4.4; HMIP, 'Styal Report', paras 4.1. and 4.2.

²¹³ HMIP, 'Hydebank Wood Report', para 4.5.

²¹⁴ HMIP 'Foston Hall Report', para 4.6; HMIP 'Send Report', para 4.4.

In accordance with Rule 26, several institutions took steps to mitigate the disadvantages caused by distance. Mobile phones were introduced in cells across the four Time to Care sites,²¹⁵ and virtual visit technology was available at Bella.²¹⁶ Send offered a rare but highly appreciated minibus service,²¹⁷ and Styal helped with transport for children of Welsh prisoners.²¹⁸ Stirling collected next-of-kin details, including for foreign nationals.²¹⁹

Ongoing challenges

Despite these efforts many women remain detained far from home.²²⁰ At three Time to Care sites, a third of women were over 50 miles from their families.²²¹ Welsh women were especially affected, being transferred to English facilities due to the lack of local facilities.²²²

At one site, a third of women received no visits and leadership efforts to support contact were deemed insufficient.²²³ Family days were sometimes shorter than in men's prisons,²²⁴ and there was a notable absence of child-centred activities which were available in some male institutions.²²⁵ Foston Hall in particular, lacked creative initiatives such as parenting courses, routine video calling or use of release on temporary licence to support family contact.²²⁶ The failure to implement basic, low-cost support measures, routinely available to male prisoners, suggests that family contact in women's prisons is undervalued or deprioritised.

Visiting conditions were poor at Foston Hall, where visitors waited in the cold without indoor toilets or hot water. Only a chemical toilet was available. Unsurprisingly, half of the offered social visits went unused.²²⁷

²¹⁵ HMIP, 'Time to Care', para 3.15.

²¹⁶ HMIPS, 'The Bella Centre Report', 29.

²¹⁷ HMIP 'Send Report', para 4.3.

²¹⁸ HMIP, 'Styal Report', 4.2.

²¹⁹ HMIPS, 'Stirling Report', 26.

²²⁰ HMIP, 'Time to Care', para 1.10.

²²¹ HMIP, 'Time to Care', para 3.12.

²²² HMIP, 'Time to Care', para 1.10.

²²³ HMIP, 'Time to Care', para 3.12.

²²⁴ HMIP, 'Time to Care', para 3.13.

²²⁵ HMIP, 'Time to Care', para 3.14: E.g. toddler sessions or homework clubs.

²²⁶ HMIP 'Foston Hall Report', para 4.4.

²²⁷ HMIP 'Foston Hall Report', para 4.5.

Compensatory measures under Rule 26 were lacking. None of the Time to Care sites provided transportation from nearby stations, although this is essential for low-income families.²²⁸ Video calls were underused and not adapted to support parenting, such as reading bedtime stories or attending school events.²²⁹ At send, women expressed frustration about family photos being printed in black and white, diminishing their emotional value.²³⁰ At New Hall, email communication required payment, which discouraged use.²³¹

Even where infrastructure existed, discriminatory practices persisted. At Stirling, foreign national women were excluded from using the 200 free phone minutes available to Scottish prisoners to call abroad. Although cost concerns may justify some limitations, such blanket exclusions create unjustified inequalities and should be addressed by the SPS.²³² The absence of a Family Contact Officer at this site is also troubling, as it further undermines efforts to support and maintain family ties.²³³

Comparative critical reflection

Scotland and Northern Ireland demonstrate more consistent, progressive approaches. Bella and Hydebank Wood exemplify good practice with welcoming environments and meaningful family involvement. Send, in England, also stands out for its initiatives such as communal meals and transport support.

By contrast, Foston Hall falls short, lacking support for family contact, offering inadequate visitation facilities and demonstrating underused visit opportunities. At the Time to Care sites, it is concerning is that some family-oriented services available in men's prisons are not mirrored in women's institutions, revealing persistent gendered neglect.²³⁴

²²⁸ HMIP, 'Time to Care', para 3.12.

²²⁹ HMIP, 'Time to Care', para 3.17.

²³⁰ HMIP 'Send Report', para 4.2.

²³¹ HMIP, 'Time to Care', para 3.18.

²³² HMIPS, 'Stirling Report', 38.

²³³ HMIPS, 'Stirling Report', 26.

²³⁴ HMIP, 'Time to Care', para 3.14.

While there is promising practice to build on, inconsistency across regions and institutions undermines the full implementation of the Bangkok Rules. Access to meaningful family contact should not depend on geography or luck.

c. Health care and hygiene

Issues?

Women in prison have specific, often complex health care needs,²³⁵ yet these are frequently overlooked within systems primarily designed for male detainees.²³⁶ The UN Special Rapporteur on Violence against Women has stressed that failure to address gender-specific needs renders health systems fundamentally inadequate.²³⁷

International law provides a clear framework for the right to health. Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) guarantees the right to the highest attainable standard of physical and mental health,²³⁸ including for those deprived of their liberty.²³⁹ Article 12 CEDAW further specifies this right for women.²⁴⁰

The Bangkok Rules provide detailed guidance. Rule 10 ensures that women prisoners must have access to gender-specific healthcare services equivalent to those outside prison.²⁴¹ Rules 6 to 9 emphasise the importance of entry screening for STIs, reproductive history, substance abuse and histories of violence.²⁴² Such screening is especially crucial for women who may have had limited access to care before

²³⁵ P. Barzano, 'The Bangkok Rules: an International Response to the Needs of Women Offenders', 93; CPT, 10th General Report on the CPT's activities (CPT 2000), para 30.

²³⁶ J. Ashdown and M. James, 'Women in detention', 123; M. Bastick, *Women in prison: A commentary on the Standard Minimum Rules for the Treatment of Prisoners* (Quaker United Nations Office 2005); K. Gueta, 'Exploring the promise of intersectionality' (2020) 8:1 *Health and Justice* 19; T. Rytter and A. Huber, 'Women in the Criminal Justice System and the Bangkok Rules', 219. B. J. van den Bergh et al., 'Imprisonment and women's health', 689/

²³⁷ UN Special rapporteur on violence against women in 1999 report on women's prisons in the US; see also: UNODC, *Handbook for women in imprisonment* (United Nations 2008); see also Office of the United Nations High Commissioner for Human Rights and World Health Organisation (WHO), 'Fact Sheet No.31: The Right to Health' (1 July 2008), p. 12.

²³⁸ Article 12 ICESCR.

²³⁹ J. Mariner and R. Schleifer, 'The right to health in prison' in J.M. Zuniga et al. (eds.), *Advancing the Human Right to Health* (Oxford university Press 2013).
Right to Health (Oxford University Press 2013).

²⁴⁰ Article 12 CEDAW.

²⁴¹ Bangkok Rules, Rule 10.

²⁴² Bangkok Rules, Rules 6-9; UNDOC, *Handbook on Women and Imprisonment*, 58.

incarceration due to poverty, systemic discrimination or marginalisation.²⁴³ Rules 14 to 18 address access to HIV care, substance use programmes, cancer screening and reproductive health education.²⁴⁴ Access to contraception and abortion must be provided on the same legal basis as in the community,²⁴⁵ and regular gynaecological care should be made available.²⁴⁶

Importantly, women's health is often negatively affected by prison conditions such as overcrowding, poor sanitation, inadequate nutrition and psychological distress.²⁴⁷ As mentioned above, in *Korneykova and Korneykov v Ukraine*, the ECtHR found multiple violations of Article 3 due to the inhumane treatment of a pregnant female prisoner, including shackling during childbirth, detention in inadequate conditions, poor nutrition and denial of adequate healthcare for her and her baby.²⁴⁸ Similarly, the CPT recommends non-custodial alternatives for pregnant women.²⁴⁹

Hygiene is a fundamental component of both health and dignity in prison.²⁵⁰ The Mandela Rules require access to sanitation and hygiene items.²⁵¹ Bangkok Rule 5 adds that sanitary products must be provided freely, along with access to water for personal care.²⁵² UNDOC further specifies that this water should be hot and that there should be appropriate disposal mechanisms for blood-stained items. All of this must be provided in a way that respects dignity and avoids embarrassment.²⁵³

The CPT has made clear that failure to meet these basic hygiene standards may in itself constitute degrading treatment.²⁵⁴ Ensuring access to hygiene is thus not only a

²⁴³ UNDOC, Handbook on Women and Imprisonment, 48; WHO, Prison and Health, 159.

²⁴⁴ Bangkok Rules, Rules 17-18; See also CPT, 10th General Report on the CPT's activities (CPT 2000), para 32; CPT, 'Factsheet: Women in Prison', 4, para 4.

²⁴⁵ CPT, 'Factsheet: Women in Prison', 4, para 6.

²⁴⁶ UNDOC, Handbook on Women and Imprisonment, 60.

²⁴⁷ K.P. Moloney et al., 'Women in prison: The central issues of gender characteristics and trauma history', 429; Penal Reform, Women in detention: A guide to gender-sensitive monitoring, 14; UNDOC, Handbook on Women and Imprisonment, 55.

²⁴⁸ *Korneykova and Korneykov v. Ukraine*, no. 56660/12, 24 March 2016.

²⁴⁹ CPT, 'Factsheet: Women in Prison', 5, paras 1 and 6.

²⁵⁰ Penal Reform, Guidance document on the Bangkok Rules, 46; UNDOC, Handbook on Women and Imprisonment, 68.

²⁵¹ Nelson Mandela Rules, Rules 15 and 18(1).

²⁵² Bangkok Rules, Rule 5; Penal Reform, Guidance document on the Bangkok Rules, 46; Penal Reform, Women in detention: A guide to gender-sensitive monitoring, 14.

²⁵³ UNDOC, Handbook on Women and Imprisonment, 68.

²⁵⁴ CPT, 10th General Report on the CPT's activities (CPT 2000), para 31.

matter of physical health, but also a matter of dignity, equality and compliance with fundamental human rights standards.

Promising practices

In general, screening procedures were in place across the facilities.²⁵⁵ Notably, some also promoted better nutrition, reflecting a more holistic approach to health. For example, at Hydebank Wood women could prepare their own meals and breakfast items were available throughout the day.²⁵⁶ At Send, a health and well-being day encouraged women to try different healthy foods, and vegetables grown in the prison garden were used in the kitchen.²⁵⁷

Maternal care received particular attention. At Hydebank Wood, Styal and Grampian, pregnancy testing and emergency contraception were available upon arrival.²⁵⁸ At Styal, all eight pregnant women received appropriate antenatal care,²⁵⁹ and tailored support was provided to them, as well as to new mothers and women dealing with recent separation or loss.²⁶⁰ At Foston Hall, women experiencing menopause received tailored support and treatment.²⁶¹ Midwifery care plans there were praised for their multi-professional approach and sensitivity to women's lived experiences.²⁶²

Ongoing challenges

Despite the above, significant shortcomings remain. Maternal care receives disproportionate focus, reinforcing narrow views of women's needs. At HMP Grampian, women were only mentioned in relation to pregnancy.²⁶³ It is troubling that even in the few instances where women are mentioned explicitly, their biological roles are prioritised over broader health and well-being needs.

²⁵⁵ Bangkok Rules, Rules 6, 17 and 18; HMIPS, 'The Bella Centre Report', 36; HMIP 'Foston Hall Report', para 4.36; HMIPS, 'Grampian Report', 37; HMIP, 'Hydebank Wood Report', para 4.50; HMIPS, 'Stirling Report', 42; HMIP, 'Styal Report', para 4.41.

²⁵⁶ HMIP, 'Hydebank Wood Report', para 4.30.

²⁵⁷ HMIP, 'Send Report', para 4.16.

²⁵⁸ HMIPS, 'Grampian Report', 37; HMIP, 'Hydebank Wood Report', para 4.54; HMIP, 'Styal Report', para 4.42.

²⁵⁹ HMIP, 'Styal Report', para 4.46.

²⁶⁰ HMIP, 'Styal Report', para 4.3.

²⁶¹ HMIP 'Foston Hall Report', 4.46.

²⁶² HMIP 'Foston Hall Report', para 4.41.

²⁶³ HMIPS, 'Grampian Report', 37.

Hygiene-related issues were particularly concerning. At all four Time to Care sites, women had to wash underwear by hand in their cells, a practice not reported in men's prisons.²⁶⁴ One woman had only one pair of underwear and was required to wash them each night.²⁶⁵ Although the report stated that efforts were underway to resolve the issue,²⁶⁶ its persistence across multiple facilities points to a systemic failure. The lack of access to clean underwear can reasonably be considered equivalent to the denial of sanitary products. It undermines the women's dignity and may amount to degrading treatment under Article 3 ECHR.²⁶⁷ The fact that women in some institutions do not have access to washing machines, while this issue does not appear to arise in men's prisons, may amount to direct discrimination on the grounds of sex. In the absence of a clear and objective justification, such a difference in treatment raises concerns under Article 14 ECHR and relevant provisions of CEDAW.²⁶⁸

Clothing and grooming also lacked gender sensitivity. According to Time to Care, 92 percent of women found personal care essential to coping in prison.²⁶⁹ Yet none of the four sites provided women-specific clothing, leaving them to wear ill-fitting tracksuits, T-shirts and workwear designed for men.²⁷⁰ In one case, common shoe sizes for women were unavailable.²⁷¹ At Grampian, smaller clothing sizes were also lacking.²⁷² Access to haircuts was extremely limited. At Send, over 60 women were on a waiting list,²⁷³ and at Foston Hall, one woman reported receiving only three haircuts in twelve years.²⁷⁴

²⁶⁴ HMIP, 'Time to Care', para 3.63; see HMIP 'Foston Hall Report', 4.15.

²⁶⁵ HMIP, 'Time to Care', para 3.64.

²⁶⁶ HMIP, 'Time to Care', Introduction; see HMIP 'Foston Hall Report', 4.15: paragraph struck through.

²⁶⁷ Similar to circumstances described in CPT, 10th General Report on the CPT's activities (CPT 2000), para 31.

²⁶⁸ Article 14 ECHR; Article 1, 2 and 12 CEDAW and General Recommendation No. 24, paras 6 and 28.

²⁶⁹ HMIP, 'Time to Care', para 3.60.

²⁷⁰ *Ibid*, para 3.61.

²⁷¹ *Ibid*, para 3.62.

²⁷² HMIPS, 'Grampian Report', 16.

²⁷³ HMIP 'Send Report', para 4.14.

²⁷⁴ HMIP 'Foston Hall Report', para 4.15.

Critical reflection

While entry screening and maternal care meet formal standards, women's broader health and dignity are often neglected. The lack of clean underwear, proper clothing and access to grooming are not trivial, they reflect a systemic neglect of women's dignity in detention.

It is striking that reproductive health receives institutional attention, but other aspects of bodily integrity are treated as secondary. Monitoring bodies often label these issues as "concerning" but fail to frame them as urgent violations of dignity or degrading treatment. In this light, monitoring bodies may inadvertently contribute to the ongoing neglect of women's rights in detention by underemphasising the structural and gendered dimensions of everyday indignities.

A formalistic focus on procedures rather than lived experience limits real progress. A truly gender-sensitive detention framework must place dignity and everyday wellbeing at its core, treating them as human rights not logistical afterthoughts.

d. Mental health, self-harm and trauma

Issues?

Mental health is a fundamental aspect of the right to health under Article 12 ICESCR.²⁷⁵ As outlined in the background section, many women in prison have complex mental health needs rooted in trauma, violence and poverty.²⁷⁶ The Bangkok Rules reflect this reality. Rule 6 requires comprehensive mental health screening on admission, with regular follow-up and individualised care plans.²⁷⁷ Rule 12 calls for trauma-informed and gender-sensitive care.²⁷⁸ Rule 13 highlights the need for staff to be trained in recognising and responding to moments of particular vulnerability.²⁷⁹

²⁷⁵ Article 12 ICESCR.

²⁷⁶ UNDOC, 'Commentary to the Bangkok Rules', Rule 12; WHO, Prison and Health, 160; WHO, Prison Health: Mental Health Disorders (World Health Organisation 2022), 1; Penal Reform, Women in detention: A guide to gender-sensitive monitoring, 18.

²⁷⁷ Bangkok Rules, Rule 6(b); Penal Reform, Guidance document on the Bangkok Rules, 48; WHO, Prison Health: Mental Health Disorders, 1.

²⁷⁸ Bangkok Rules, Rule 12; J. Ashdown and M. James, 'Women in Detention', 134.

²⁷⁹ Bangkok Rules, Rule 13.

Since many women in prison are survivors of serious harm, it is essential that staff understand trauma responses and adjust their approach accordingly.²⁸⁰

However, prison conditions often exacerbate mental distress. Overcrowding, a lack of purposeful activity, unsanitary facilities and separation from children and support networks significantly affect psychological wellbeing.²⁸¹ Gendered expectations around caregiving increase feelings of shame and failure.²⁸² Basic needs such as fresh air, daylight and privacy are frequently unmet, creating environments unsuitable for recovery.²⁸³ Therefore, non-custodial alternatives should be prioritised,²⁸⁴ and solitary confinement must be ruled out for women with mental health issues because of its harmful psychological impact.²⁸⁵

Self-harm and suicide rates among women in prison remain alarmingly high.²⁸⁶ In 2025, the self-harm rate in women's prisons in England and Wales was more than eight times higher than in men's prisons.²⁸⁷ In Scotland, women also disproportionately experience psychological difficulties.²⁸⁸

Rule 16 of the Bangkok Rules calls for suicide and self-harm prevention strategies to be developed in consultation with mental health and social welfare services.²⁸⁹ Restrictive, technical measures, such as removing ligatures and increasing

²⁸⁰ T. Rytter and A. Huber, 'Women in the Criminal Justice System and the Bangkok Rules', 219; WHO, Prison Health: Mental Health Disorders, 1; Penal Reform, Guidance document on the Bangkok Rules, 48.

²⁸¹ Penal Reform, Guidance document on the Bangkok Rules, 48; Penal Reform, Women in detention: A guide to gender-sensitive monitoring, 18; WHO, Prison and Health, 160.

²⁸² J. Ashdown and M. James, 'Women in Detention', 134.

²⁸³ WHO, Prison Health: Mental Health Disorders, 1.

²⁸⁴ Penal Reform, Women in detention: A guide to gender-sensitive monitoring, 18.

²⁸⁵ Nelson Manela Rules, Rule 45(2); Penal Reform, Women in detention: A guide to gender-sensitive monitoring, 18.

²⁸⁶ WHO, Prison and Health, 161; WHO, Preventing Suicide in Jails and Prisons (WHO 2007), 7.

²⁸⁷ MoJ, 'Safety in Custody Statistics, England and Wales: Deaths in Prison Custody to June 2025 Assaults and Self-harm to March 2025' (GOV.UK, 31 July 2025) <<https://www.gov.uk/government/statistics/safety-in-custody-quarterly-update-to-march-2025/safety-in-custody-statistics-england-and-wales-deaths-in-prison-custody-to-june-2025-assaults-and-self-harm-to-march-2025>> accessed 5 August 2025.

²⁸⁸ SPS, 'Mental Health Strategy 202-2034' (GOV.UK, February 2022) <<https://www.sps.gov.uk/sites/default/files/2025-02/Model%20Publication%20Scheme%20Guide%20to%20Information.pdf>> accessed 5 August 2025, 11. See also: T. M. McMillan et al., 'Associations between significant head injury and persisting disability and violent crime in women in prison in Scotland, UK: a cross-sectional study' (2021) 8 *Lancet Psychiatry* 512: Almost all women participants in this 2021 study reported mental health challenges.

²⁸⁹ Bangkok Rules, Rule 16.

surveillance, fail to address the root causes of distress. Prisons should shift from risk-based responses to gender-sensitive, trauma-informed interventions.²⁹⁰ This requires staff training, multidisciplinary collaboration and regular supervision.²⁹¹ Ultimately, prison management must foster an environment that promotes mental well-being and meaningful rehabilitation.²⁹²

Promising practices

Some institutions across the UK have made commendable efforts to implement the Bangkok rules, though success remains uneven. Screening under rule 6 was well-implemented in certain facilities, which built on the results to provide tailored support.²⁹³ Stirling, for example, offered individualised care planning from the outset.²⁹⁴ Foston hall ensured timely access to primary care, with staff familiar with patients' histories,²⁹⁵ while Grampian's Outreach Team connected women early to external mental health services.²⁹⁶ Multidisciplinary teams often collaborated with outside services to address complex needs.²⁹⁷

Regarding Rule 12, gender-sensitive and trauma-informed programmes exist in some prisons. The HOPE programme, available at all four Time to Care sites and Styal, was praised by women for teaching emotional regulation and coping strategies.²⁹⁸ New Hall's Together Women helped women cope with imprisonment pressures,²⁹⁹ while Grampian offered breathing and relaxation classes.³⁰⁰

²⁹⁰ UNDOC, 'Commentary to the Bangkok Rules', Rule 16.

²⁹¹ J. Ashdown and M. James, 'Women in Detention', 134; WHO, Prison and Health, 161; WHO, Prison Health: Mental Health Disorders, 1.

²⁹² UNDOC, 'Commentary to the Bangkok Rules', Rule 16.

²⁹³ HMIPS, 'The Bella Centre Report', 38; HMIPS, 'Grampian Report', 37; HMIP, 'Hydebank Wood Report', para 4.54; HMIP 'Send Report', para 4.47; HMIPS, 'Stirling Report', 43; HMIP, 'Styal Report', para 4.55; Only absent from the Time to Care Report and Foston Hall Report.

²⁹⁴ HMIPS, 'Stirling Report', 15.

²⁹⁵ HMIP, 'Styal Report', paras 4.47 and 4.48.

²⁹⁶ HMIPS, 'Grampian Report', 29.

²⁹⁷ HMIP, 'Time to Care', para 4.15 mentions "some good examples" so not all the four prisons, however found in all of the other reports: HMIPS, 'The Bella Centre Report', 38; HMIPS, 'Grampian Report', 38; HMIP, 'Hydebank Wood Report', para 4.63; HMIP 'Send Report', para 4.40; HMIPS, 'Stirling Report', 43; HMIP, 'Styal Report', para 4.57.

²⁹⁸ HMIP, 'Styal Report', para 3.18; HMIP, 'Time to Care', para 3.76.

²⁹⁹ HMIP, 'Time to Care', para 3.77.

³⁰⁰ HMIPS, 'Grampian Report', 29.

Peer support networks stood out at some institutions. Send provided diverse therapies within a community-based framework.³⁰¹ Stirling had peer-led groups.³⁰² At Hydebank Wood and Bronzefield, the prison choir gave women the opportunity to practice together and support one another through shared experience.³⁰³ The Listener scheme, which trains selected prisoners to provide emotional support to fellow inmates in distress, also proved valuable.³⁰⁴

The Bella Centre offered structured therapeutic interventions including relapse prevention, psychological education and safety planning, supported by good access to mental health professionals.³⁰⁵ Stirling and Grampian employed speech and language therapists to support women with communication challenges.³⁰⁶ Hydebank wood had a dedicated Women's Support Officer for abuse survivors,³⁰⁷ and offered art and animal therapy for self-expression and recovery.³⁰⁸

Staff training efforts aligned with Rule 13 were seen in some facilities. Send trained staff on the behavioural impact of brain injury,³⁰⁹ Stirling on seizures and dissociative episodes.³¹⁰ Styal improved care coordination,³¹¹ and Hydebank Wood adopted a prison-wide mental health and neurodiversity awareness programme, including educational events for staff.³¹² Styal's leadership showed strong understanding of the long-term impact of trauma on behaviour.³¹³ Still, these remain exceptions.

A holistic approach and supportive environment are increasingly valued.³¹⁴ Stirling's design was praised for its calm atmosphere,³¹⁵ and Bella provided a similarly

³⁰¹ HMIP 'Send Report', paras 4.48 and 5.2.

³⁰² HMIPS, 'Stirling Report', 32.

³⁰³ HMIP, 'Hydebank Report', para 5.36. and HMIP, 'Time to Care', para 3.86.

³⁰⁴ HMIPS, 'Grampian Report', 28; HMIPS, 'Stirling Report', 102; HMIP, 'Styal Report', 16; See also 'The Listener scheme' (Samaritans) <<https://www.samaritans.org/scotland/how-we-can-help/prisons/listener-scheme/>> accessed 22 July 2025;

³⁰⁵ HMIPS, 'The Bella Centre Report', 38.

³⁰⁶ HMIPS, 'Grampian Report', 40; HMIPS, 'Stirling Report', 5.

³⁰⁷ HMIP, 'Hydebank Wood Report', para 4.107.

³⁰⁸ *Ibid*, para 3.15.

³⁰⁹ HMIP 'Send Report', para 3.6: The report notes that this is a rare training in the UK.

³¹⁰ HMIPS, 'Stirling Report', 46.

³¹¹ HMIP, 'Styal Report', para 3.20.

³¹² HMIP, 'Hydebank Wood Report', para 4.62.

³¹³ HMIP, 'Styal Report', para 3.10.

³¹⁴ See UNDOC, 'Commentary to the Bangkok Rules', Rule 16.

³¹⁵ HMIPS, 'Stirling Report', 39.

supportive environment.³¹⁶ The Bella Centre used standardised care plans and risk assessments that captured holistic needs, and women were invited to give feedback.³¹⁷ Bronzefield's quiet room allowed decompression through creative activities facilitated by peer workers.³¹⁸ At Send, 61 percent of women felt their wellbeing was actively supported through access to green spaces, meaningful activities and strong peer networks.³¹⁹ Grampian's combined focus on early identification, peer support and person-centred planning was also highlighted as an example of good practice.³²⁰

Ongoing challenges

Despite these examples, serious concerns persist. One recurring issue is the narrow focus on women with the most acute needs. At Foston Hall, nurses were overwhelmed by urgent cases, leaving those with moderate conditions without timely care.³²¹ At the Time to Care sites, women reported feeling overlooked unless in visible crisis. One woman admitted to self-harming simply to be noticed by staff.³²² Basic frustrations were a top cause of self-harm in some prisons.³²³ This reveals a troubling system in which support is so narrowly allocated that the broader population's mental health needs are left unmet.

Staff training is still lacking.³²⁴ Many staff felt unprepared for the level of distress they encountered.³²⁵ Although some national training initiatives exist, they were often described as insufficient.³²⁶ New officers lacked routine mentoring,³²⁷ and few staff received support for their own wellbeing.³²⁸ Support tends to be reactive after serious incidents, undermining therapeutic relationships and adding stress on staff working in emotionally intense environments.³²⁹

³¹⁶ HMIPS, 'The Bella Centre Report', 38.

³¹⁷ HMIPS, 'The Bella Centre Report', 38.

³¹⁸ HMIP, 'Time to Care', para 3.75; Found only found at Bronzefield, not at the other sites.

³¹⁹ HMIP 'Send Report', para 3.9.

³²⁰ HMIPS, 'Grampian Report', 15.

³²¹ HMIP 'Foston Hall Report', para 4.56.

³²² HMIP, 'Time to Care', para 3.27.

³²³ *Ibid*, para 3.53.

³²⁴ HMIP 'Foston Hall Report', para 4.54. HMIP, 'Time to Care', para 3.41.

³²⁵ HMIP, 'Time to Care', paras 3.23 and 3.39.

³²⁶ *Ibid*, para 3.43.

³²⁷ *Ibid*, para 3.45.

³²⁸ *Ibid*, para 3.51.

³²⁹ *Ibid*, para 3.50.

Segregation and constant supervision are often misused. At Foston Hall, women awaiting transfer to the hospital under the Mental Health Act were held in segregation beyond the legal time limit.³³⁰ At Send, women at risk of self-harm were isolated for over 23 hours a day, with little support and no documented justification.³³¹ In some cases, constant supervision was carried out by male officers, causing additional distress and compromising dignity.³³² These practices may amount to degrading treatment under Article 3 ECHR.³³³

Self-harm rates remain unacceptably high. At Styal, self-harm rates doubled since the last inspection, and four self-inflicted deaths had occurred.³³⁴ Despite these figures, prison leadership rarely analysed causes or lessons from incidents, missing prevention opportunities.³³⁵

The widespread use of anti-ligature clothing is deeply worrying. Contrary to Rule 16, many prisons rely on restrictive responses.³³⁶ Anti-rip clothing was frequently used without individual assessments.³³⁷ Many women were stripped naked and forced to wear a dress-style garment that made them feel more vulnerable.³³⁸ Some prisons used these garments over 150 times in a year,³³⁹ indicating an institutional reliance on containment over care. National review efforts have begun, but their impact remains to be seen.³⁴⁰

Peer support is still underused. The Listener scheme was not fully operational in three of the four Time to Care sites.³⁴¹ At Foston Hall, only two Listeners were available for

³³⁰ HMIP 'Foston Hall Report', paras 4.60 and 4.61.

³³¹ HMIP 'Send Report', paras 3.11 and 3.26.

³³² *Ibid*, 3.12.

³³³ Article 3 ECHR.

³³⁴ HMIP, 'Styal Report', para 3.22.

³³⁵ *Ibid*, paras 3.17 and 3.17.

³³⁶ Bangkok Rules, Rule 16; see also UNDOC, 'Commentary to the Bangkok Rules', Rule 16.

³³⁷ HMIP, 'Time to Care', paras 4.3, 4.16 and 4.19; Thus also breaching Rule 12 requiring individualised mental health care.

³³⁸ *Ibid*, paras 4.17 and 4.18.

³³⁹ *Ibid*, para 4.16.

³⁴⁰ *Ibid*, para 4.4.

³⁴¹ *Ibid*, para 3.82.

limited hours.³⁴² At Stirling, there was capacity to train more.³⁴³ At Send, access was not available during the night, despite this being a high-risk period. Moreover, at this site, only 47% said it was easy to see a Listener, compared with 81% at the previous inspection.³⁴⁴ At Hydebank Wood no formal Listener's scheme existed at all.³⁴⁵

Communal and recreational activities are limited, reducing opportunities for women to connect and support each other.³⁴⁶ Peer support and holistic care are widely recognised as important, but inspectors found too little effort to formalise or expand these networks in daily prison life.³⁴⁷ Initiatives like the choir at Bronzefield and dedicated mental health spaces remain rare.³⁴⁸ Therapeutic programmes such as HOPE were often only available to a small number of participants.³⁴⁹ This reflects a persistent failure to put women's mental wellbeing at the centre of prison policy and design.

Critical reflection

Many prisons are meeting their obligations under Rule 6 by identifying the most vulnerable women.³⁵⁰ However, this often creates a hierarchy of care where those in visible crisis receive all attention. The fact that a woman felt the need to self-harm to be noticed is deeply alarming and indicative of a failing system.³⁵¹ Rule 12 is reflected in some promising programmes, but they are frequently too limited in scope and reach. The value of peer support is consistently recognised by the women themselves, yet formal networks are insufficiently supported, missing opportunities to empower women and reduce staff pressure.

Rule 13 and 16 are often not meaningfully fulfilled.³⁵² Staff training does not prepare officers well to handle trauma and self-harm, harming both prisoners and staff. Suicide prevention remains overly technical and risk-focused, neglecting the therapeutic, relational, and structural dimensions of care. The routine use of anti-rip clothing

³⁴² HMIP 'Foston Hall Report', para 3.22.

³⁴³ HMIPS, 'Stirling Report', 102.

³⁴⁴ HMIP, 'Time to Care', para 3.13

³⁴⁵ Hydebank, 3.29.

³⁴⁶ HMIP, 'Time to Care', para 3.86.

³⁴⁷ *Ibid*, para 3.81.

³⁴⁸ *Ibid*, paras 3.86 and 3.75.

³⁴⁹ HMIP, 'Styal Report', para 3.18.

³⁵⁰ HMIPS, 'The Bella Centre Report', 38; HMIPS, 'Grampian Report', 37; Hydebank, para 4.54; HMIPS, 'Stirling Report', 43; Styal, para 4.55.

³⁵¹ HMIP, 'Time to Care', para 3.27

³⁵² Bangkok Rules, Rule 13 and 16.

without proper assessment or dignity safeguards is particularly concerning and may constitute degrading treatment.

Scotland appears to do better, with more trauma-informed and gender-sensitive approaches visible at Stirling and Bella. Even the recommendations in these prisons' inspection reports tend to be technical and procedural, rather than addressing urgent mental health failures.³⁵³ That said, Grampian still faces serious gaps in service delivery.³⁵⁴

However, one English prison in England stands out: At Send, 61 percent of women felt their wellbeing was actively supported, citing access to green spaces, meaningful activities and strong peer networks.³⁵⁵ In Northern Ireland, Hydebank Wood also demonstrated promising practices by implementing a prison-wide mental health and neurodiversity awareness programme, including educational events for staff.³⁵⁶ These examples suggest that mental health thrives in environments where trained staff, purposeful activities, peer support and access to outdoor spaces are integrated into a coherent, system-wide approach.

³⁵³ HMIPS, 'The Bella Centre Report', 42 Recommendation 22 and 23; HMIPS, 'Stirling Report', 45.

³⁵⁴ HMIPS, 'Grampian Report', 41 Recommendation 83; list of recommendations significantly longer than the other two Scottish prisons.

³⁵⁵ HMIP, 'Time to Care', para 3.9.

³⁵⁶ HMIP, 'Hydebank Wood Report', para 4.63.

VI. Does the rhetoric (policy) match the reality? A critical synthesis

Both England and Scotland have developed gender-specific penal strategies that emphasise trauma-informed care and aim to reduce the harms of imprisonment for women. These strategies, discussed in Chapter IV, set out strong commitments to improving conditions and outcomes for women in custody. This chapter evaluates to what extent these ambitions match in the realities described in Chapter V.

England's Female Offender Strategy and Delivery Plan set ambitious goals to reduce women's offending through prevention, community-based alternatives, improved custody outcomes and enhanced support for rehabilitation and public protection.³⁵⁷ Scotland's strategy similarly adopts a trauma-informed and rights-based approach, highlighting the importance of safety, relationships, and rehabilitation.³⁵⁸ On paper, both strategies recognise the need for gender-responsive support, aligning with the Bangkok Rules.

Despite these commitments, women's lived experiences in detention often fall short. Family contact remains a persistent challenge. In England, some promising policies have been introduced, such as piloting social workers in prisons,³⁵⁹ and issuing operational guidance to better address the relationship needs of ethnic minority women.³⁶⁰ Yet, placing women far from home, especially in Wales, continues to undermine family ties. Practical barriers such as poor transport, inadequate visiting facilities and inconsistent access to video calls further weaken the impact of family-centred policies.

³⁵⁷ MoJ, 'Female Offender Strategy', 3; MoJ, 'Female Offender Strategy Delivery Plan 2022 to 2025'.

³⁵⁸ Scottish Prison Service, 'Strategy for Women in Custody: 2021-2025'.

³⁵⁹ MoJ, 'Female Offender Strategy Delivery Plan 2022 to 2025', 20 and noted as completed on 'Tracker 02.05 FINAL' <https://assets.publishing.service.gov.uk/media/6634a4524d8bb7378fb6c1ea/Tracker_02.05_FINAL.ods> accessed 6 August 2025.

³⁶⁰ MoJ, 'Female Offender Strategy Delivery Plan 2022 to 2025', 23; Noted as completed on 'Tracker 02.05 FINAL' <https://assets.publishing.service.gov.uk/media/6634a4524d8bb7378fb6c1ea/Tracker_02.05_FINAL.ods> accessed 6 August 2025; Another example is the introduction of the Strengthening Prisoners' Family Ties Framework: MoJ, 'Female Offender Strategy Delivery Plan 2022 to 2025', 23.

Health and hygiene standards are another area where England's ambitions remain unfulfilled. Although there is collaboration between the prison service and NHS England,³⁶¹ a three-year delivery plan due by spring 2024 is still in progress, and a regional health and justice hub in northeast England is marked off track.³⁶² Concerns about dignity persist, particularly around gender-specific clothing and essential personal items. Practices such as washing underwear in sinks, although reportedly being phased out, have persisted for years and illustrate the long-standing neglect of women's basic needs in custody.

Mental health provision reveals an even sharper contrast between the two jurisdictions. England has acknowledged the high rates of trauma and self-harm among women in prison,³⁶³ and has launched initiatives such as staff training and increased psychological support.³⁶⁴ However, inspection reports consistently highlight failures in meeting women's mental health needs, noting insufficient staff training, inactive peer support systems and environments that do not promote recovery. While some progress has been made, such as recruiting more psychologists,³⁶⁵ this remains reactive rather than embedded.

Scotland appears to have made more sustained progress. Its strategy is operationalised through staff training, person-centred planning, and structured peer support.³⁶⁶ Facilities like the Bella Centre and HMP Stirling offer therapeutic spaces, stronger mental health support and meaningful activities. These institutions were designed to reflect the values of the strategy, promoting a sense of calm and dignity.³⁶⁷

³⁶¹ NHS England, 'A review of health and social care in women's prisons', (NHS England, 23 November 2023) <<https://www.england.nhs.uk/long-read/a-review-of-health-and-social-care-in-womens-prisons/>> accessed 30 July 2025: A joint review 2023 setting out 8 strategic recommendations.

³⁶² MoJ, 'Female offender strategy delivery plan: progress report' (GOV.UK, 9 May 2024) <<https://www.gov.uk/government/publications/female-offender-strategy-delivery-plan-progress-report>> accessed 6 August 2025; Tracker 02.05 FINAL' <https://assets.publishing.service.gov.uk/media/6634a4524d8bb7378fb6c1ea/Tracker_02.05_FINAL.ods> accessed 6 August 2025.

³⁶³ MoJ, 'Female Offender Strategy', para 2.

³⁶⁴ MoJ, 'Female Offender Strategy', paras 117-118; MoJ, 'Female Offender Strategy Delivery Plan 2022 to 2025', 21: expand therapeutic services, marked as completed on Tracker 02.05 FINAL' <https://assets.publishing.service.gov.uk/media/6634a4524d8bb7378fb6c1ea/Tracker_02.05_FINAL.ods> accessed 6 August 2025.

³⁶⁵ MoJ, 'Female Offender Strategy Delivery Plan 2022 to 2025', 21.

³⁶⁶ Scottish Prison Service, 'Strategy for Women in Custody: 2021-2025', 2.

³⁶⁷ HMIPS, 'The Bella Centre Report', 13; Scottish Prison Service, 'Strategy for Women in Custody: 2021-2025', 2.

However, physical infrastructure should not be overemphasised. The Bella Centre's inspection report highlighted inconsistent staff approaches, with practices allowed one day and prohibited the next, alongside routine body searches.³⁶⁸ These practices undermine the trauma-informed ethos that such spaces aim to embody. While the design of these facilities can support wellbeing, it cannot replace consistent therapeutic engagement and respectful staff practices.

Scotland's approach is also more comprehensive in terms of training and partnerships. NHS Scotland has developed clear guidance on trauma-informed practice, and staff across prisons are trained accordingly.³⁶⁹ Peer support systems offer real agency to women, with opportunities to gain qualifications and contribute meaningfully to prison life.³⁷⁰ This creates a culture of trust and cooperation that reflects the underlying goals of the strategy.

In conclusion, both jurisdictions articulate a commitment to gender-sensitive, trauma-informed penal policy, but there remains a significant gap between rhetoric and practice. England's strategy is ambitious and outlines important priorities, yet implementation has been inconsistent and slow. Structural shortcomings continue to undermine outcomes for women in custody. Scotland demonstrates stronger alignment between policy and practice, with more coherent structures, better integration of mental health support, and improved physical environments. However, this should not be overstated. Even in purpose-built facilities, issues with staff consistency and insufficient attention to intersectionality persist. A trauma-informed environment depends as much on daily interactions and sustained institutional culture as on physical infrastructure.

³⁶⁸ HMIPS, 'The Bella Centre Report', 5.

³⁶⁹ NHS, 'Transforming psychological trauma: a knowledge and skills framework for the Scottish Workforce' (NHS Education for Scotland, 2017) <<https://www.nes.scot.nhs.uk/media/rgxngvvpv/nationaltraumatrainingframework-execsummary-web.pdf>> accessed 27 July 2025.

³⁷⁰ Scottish Prison Service, 'Strategy for Women in Custody: 2021-2025', 12.

VII. Conclusion and Proposal for gender-sensitive inspection standards

Both England and Scotland set out ambitious, gender-sensitive, trauma-informed penal policies. On paper, these strategies recognise the specific needs of women in custody, aiming to improve rehabilitation, mental health support, and family contact. Yet, as shown in Chapter V, the reality often falls short. In England, implementation is inconsistent and structural shortcomings persist, while Scotland demonstrates stronger alignment between policy and practice but still faces challenges around staff consistency and intersectional needs. This gap between rhetoric and practice highlights that policy commitments alone are insufficient to secure the rights and wellbeing of women in detention.

Independent oversight has a crucial role in bridging this gap. HMIP and HMIPS have taken steps toward gender-sensitive monitoring, but their frameworks remain largely rooted in male-oriented standards, limiting their capacity to drive substantive change. Building on the findings of this dissertation and good practices,³⁷¹ a set of gender-sensitive inspection standard is proposed to support the UK NPM in fulfilling its mandate under Article 19 of OPCAT.³⁷² Organised around six thematic areas linked to the Bangkok Rules, these standards provide clear expectations and indicators to guide inspectors in identifying gender-specific risks and ensuring rights-based, dignified detention. Gender-sensitive monitoring is not optional, but essential to prevent harm and realise substantive equality in detention settings.

³⁷¹ Penal Reform, *Women in detention: A guide to gender-sensitive monitoring*; European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT), 'Factsheet: Women in Prison' (Council of Europe 2018), which sets out seven thematic standards for addressing women's needs in prison: appropriate accommodation; equal access to activities; adequate hygiene and health care; ante-natal, post-natal and child care; gender-sensitive prison management, staffing and training; gender-sensitive personal searches; contact with the outside world; Tasmanian NPM, *Preventing torture and ill-treatment in Tasmania: Report to the Tasmanian Government on the implementation of the Tasmanian National Preventive Mechanism under the OPCAT Implementation Act 2021* (Tasmanian NPM 2021).

³⁷² Article 19 OPCAT.

Theme	Expectation	Indicators
<p>Staff selection, training and awareness (Bangkok Rules 3, 29, 30, 31, 32, 33, 34 and 35)</p>	<p>Staff are carefully selected, trained and supported to deliver gender-sensitive, trauma-informed and human rights-based care, fostering safety and respect.</p>	<ul style="list-style-type: none"> - Staff recruitment and policies actively support diversity and inclusion, reflecting the prison population. - Regular, mandatory training on trauma, mental health, gender specific needs and cultural competence. - Staff demonstrate awareness of the structural drivers of women's imprisonment, including poverty, violence and caregiving roles. - Reflective supervision and wellbeing support are available to staff to prevent vicarious trauma and burnout.
<p>Reception, admission, screening and placement (Bangkok Rules 2,3, 4, 6, 40, 41, 57, 61, 63, 64)</p>	<p>Admission processes are trauma-informed and gender-responsive, ensuring safety and least restrictive placement based on thorough risk and needs assessments. Non-custodial</p>	<ul style="list-style-type: none"> - Systematic screening of trauma, mental health needs, caregiving responsibilities and vulnerability to harm. - Placement decisions prioritise safety,

	<p>alternatives are actively considered and documented.</p>	<p>autonomy and least restrictive options.</p> <ul style="list-style-type: none"> - Non-custodial measures were meaningfully explored and, where appropriate, applied.
<p>Visitation, allocation and family contact (Bangkok Rules 3, 4, 23, 26, 43, 58)</p>	<p>Prisons facilitate the maintenance of family and community relationships through accessible, flexible and dignified visitation arrangements, ensuring equal access regardless of socio-economic background. Additionally, women who do not receive visits should be offered appropriate support.</p>	<ul style="list-style-type: none"> - Information on family, children and support networks is collected at admission. - Allocation and transfers take account of proximity to family and the woman's preferences. - Frequent, meaningful visits are available in child-friendly spaces, with digital options where in-person contact is not feasible. - Child-focused activities and facilities are equal to those provided in male institutions. - Support systems are in place for women who do not receive visits, including opportunities for social

		interaction and emotional support to prevent isolation.
Healthcare, hygiene and living conditions (Bangkok Rules 5, 6, 7, 8, 9, 10, 11.1, 12, 13, 14, 15, 16, 17, 18, 48)	Women have access to dignified, clean and gender-appropriate living conditions, hygiene facilities and healthcare services equivalent to community standards, including sexual and reproductive health and pregnancy support.	<ul style="list-style-type: none"> - 24/7 access to private toilets, showers, mirrors, laundry facilities and personal hygiene items. - Access to personal services, such as haircuts. - Provision of clean, well-fitting and appropriate clothing. - Timely, confidential access to gynaecological, mental and general healthcare. - Continuity of care is ensured during transfer and upon release.
Mental health and self-harm (Bangkok Rules 6, 12, 13, 16, 41, 42)	Mental health care is gender-sensitive, trauma-informed and individualised. Self-harm prevention is prioritised through supportive environments and peer-led local systems.	<ul style="list-style-type: none"> - Staff receive ongoing training in trauma response, mental health, de-escalation and suicide prevention. - Peer support programmes (e.g.

	<p>Women in crisis are treated with dignity and never put in solitary confinement.</p>	<p>Listeners) are established, supported and integrated into care.</p> <ul style="list-style-type: none"> - Mental health and risk assessments guide personalised case management and access to gender-specific offender programmes. - Anti-ligature clothing is not routinely used. If truly necessary, then the options include two-piece garments. - Women experiencing mental health crises are not restrained or isolated.
<p>Environment and prison regime (Bangkok Rules 1, 5, 42)</p>	<p>The prison environment and daily regime promote dignity, autonomy and create a calm atmosphere. Women are supported to participate meaningfully in prison life and are offered opportunities for personal development tailored to their</p>	<ul style="list-style-type: none"> - Physical environment supports privacy, calm and autonomy, avoiding overly institutional design. - Access to natural light, outdoor areas, quiet zones and elements of nature is provided. - The design and regime accommodate pregnancy, age,

	<p>individual needs and circumstances.</p>	<p>disability, cultural and religious needs.</p> <ul style="list-style-type: none"> - Daily routines include access to purposeful activities such as education, work, recreation and time outdoors. - Women participate in decisions about prison life through structured feedback mechanisms and peer-led initiatives. - Lived experiences are formally recognised in the design of services and support. - Women's identities and relationships are respected without reducing them solely to motherhood or caregiving.
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