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This response was submitted to the [Equality and Social Justice Committee](#) consultation on [Women's experiences in the criminal justice system](#)

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Ymateb gan: Trinaeth Deg I Ferched Cymru | Response from: Fair Treatment for the Women of Wales





Evidence to Senedd Equality & Social Justice Committee

Inquiry into the experiences of women in the criminal justice system

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FTWW is the only patient-led women's health equality charity in Wales, supporting and advocating for women and people assigned female at birth who are disabled and / or living with long-term health conditions in Wales.

This Evidence paper will focus on the availability of appropriate custodial provision and support for disabled* women, and those experiencing mental health problems

**It is important to be clear that many of those living with long-term or recurrent, often invisible, health conditions, may not identify as disabled, often because of historic misconceptions about what being disabled 'looks like' or a reluctance to use a term that is still mired in prejudice and linked to discrimination. Regardless, within the parameters of the Equality Act 2010, a person is disabled if they have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on their ability to do normal daily activities.*

1) Despite efforts to promote positive messaging about disability, ableist attitudes persist in our society and the criminal justice system is just one sector of that. A

lack of awareness of the varying types and impact of impairment, the needs of disabled people and a failure to offer appropriate support have the potential to make custodial settings particularly challenging for those affected. 'Too often, the police present an added danger to disabled people. Deaths in custody of people with mental distress is a persistent injustice. A total of 23 people died in or after detention from 2017 to 2018, with official police figures recording more than half were people with mental health conditions such as psychosis, depression and self-harm and 18 had drug or alcohol dependency'.¹

2) A key issue highlighted in research on disabled women's experiences of the criminal justice system is that of ableism within those settings, for example when reporting domestic violence / abuse. Across society, a commonly-held trope is for non-disabled people to be considered 'heroic' for putting up with their disabled partners, an unconscious bias which has the potential to prejudice decision-making – including, potentially, on the part of law enforcement. It is vitally important that training is undertaken to help those working in these settings to identify and challenge unconscious bias, particularly in the context of providing support for disabled / chronically unwell women, including those for whom their impairment is linked to mental health or neurodivergence.

3) In terms of the availability of appropriate custodial provision and support for disabled women, mandatory training on disability awareness should be provided. This should widen participants' understanding of the multifarious ways in which impairments present, including an appreciation of 'invisible' illness alongside the more traditional conceptualisation of disability. It should also incorporate female-specific health issues which can have a substantial and long-term negative effect on wellbeing, such as menstrual / gynaecological conditions like heavy menstrual bleeding, polycystic ovary syndrome, endometriosis, menopause, and hormone-mediated mental health disorders like premenstrual exacerbation, and premenstrual dysphoric disorder.

¹ Clifford, E., 2021. *The War On Disabled People*. [S.l.]: Bloomsbury Academic, p.52.

4) Typically, the seriousness of health conditions like those listed above is frequently under-estimated, with sufferers describing their symptoms and the impact of them as being dismissed or diminished by those around them. Training should go some way to addressing these prejudicial attitudes and, by working co-productively with disabled women more generally, explore practical measures and support which would ensure that women living with these health conditions do not experience an exacerbation of symptoms and associated negative impact on their wellbeing or dignity whilst in custody.

5) Practical support may include easy access to a range of period products, and careful consideration of toilet and washing facilities. People experiencing heavy menstrual bleeding, pelvic pain, and bowel / bladder dysfunction may well need to spend longer than the average amount of time using the toilet and they need to be assured of some degree of privacy. Toilets need to be accessible and kept to a high standard of cleanliness to cater for a range of impairments, some of which may require a shelf / dedicated space for equipment like catheters, as well as sufficient room for wheelchairs or mobility aids, and a bell pull or other means to communicate with custodians in case of problems.

6) Where necessary, reasonable adjustments should be made for those in custody with physical impairments that might be negatively impacted by regimes in which non-disabled people in custody are routinely expected to participate. Physical exercise, for example, can make symptoms of invisible conditions like myalgic encephalomyelitis (ME) worse, and can also impact negatively on pain and chronic fatigue associated with conditions such as fibromyalgia and hypermobility spectrum conditions, all of which disproportionately affect females. There is a strong correlation between worsening physical symptoms and deteriorating mental health so both awareness and active prevention is key to ensuring inmates' wellbeing.

7) Alongside increased recognition and support for physical health, it is also vital that service-providers / staff in the criminal justice system are cognisant of the increased risk women face for long-term mental health disorders. Women are

significantly more likely than men to be living with anxiety, depression, obsessive compulsive disorder, eating disorders, self-harm, and chronic post-traumatic stress disorder. In fact, studies demonstrate that women in prison are more likely to have mental health problems than both the general population and male prisoners, including high rates of post-traumatic stress disorders. Trauma are indirectly and directly linked to criminal pathways and to both mental and physical illness², so it is vital that custodial settings avoid perpetuating triggers and compounding disability. Not only could this lead to additional personal stress for the woman affected, but it could also create conflict situations and lead to extended periods in custody.

8) When it comes to historic trauma, autistic and neurodivergent people, particularly women, are at a significantly higher risk³. At the same time, diagnosis of autism and other neurodevelopmental issues like attention deficit disorder (ASD) are typically delayed for females, beyond what their male equivalents will likely experience. 'Masking' is a common phenomenon in autistic women but, on the flip side, the mental effort required to disguise extreme emotion and appear 'neurotypical' can lead to episodes of considerable distress known as autistic meltdowns. Communication can be one area most likely to cause mental and physical strain for autistic women, even where they have appeared capable before.

9) Again, staff training is key, ensuring that autistic women's needs are widely understood and accepted. Those in custody should be enabled to utilise alternative communication methods if needed and supported when tension has built up to the point where stimming or repetitive movements occur. Where possible, allowing the person to self-regulate is important, alongside staff creating and maintaining an understanding and reassuring presence. This is where training will likely be needed and would also be of benefit to other disabled women who may experience sensory processing issues because of their symptoms or an overload of stress / activity, for example those with myalgic encephalomyelitis

² https://www.euro.who.int/_data/assets/pdf_file/0006/249207/Prisons-and-Health,-18-Womens-health-and-the-prison-setting.pdf

³ <https://neurodivergentinsights.com/misdiagnosis-monday/ptsd-and-autism>

(ME) or 'brain fog', the latter of which is a symptom of many impairments, including fibromyalgia, even menopause.

10) To conclude, raising awareness of the various forms of mental and physical illness, their presentation, and avoidance of exacerbations should make up part of any mandatory training for service-providers / staff in the criminal justice system. Furthermore, prison settings may provide a useful opportunity to expedite diagnoses and provision of appropriate care packages that could see women better equipped to manage their health and avoid linked offending activity when they are released. Given the high numbers of women affected by psychiatric disorders, and moves in Wales towards embedding rehabilitation within the criminal justice system, increased mental health support and provision of psychological interventions would be prudent⁴ alongside considered and mutually agreed reasonable adjustments for those living with physical impairments.

⁴ <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/challenges-and-mental-health-needs-of-women-in-prison/CC806EAA2511BB16E5C823943476FDBE>