



1 Article

2 **Designing ‘Healthy’ Prisons for Women:
3 Incorporating Trauma-Informed Care and Practice
4 (TICP) into Prison Planning and Design**5 Yvonne Jewkes ^{1,*}, Melanie Jordan ², Serena Wright ³ and Gillian Bendelow ⁴6 ¹ University of Bath7 ² University of Nottingham8 ³ Royal Holloway, University of London9 ⁴ University of Brighton

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12 **Abstract:** There has been growing acknowledgment among scholars, prison staff and policy-makers
13 that gender-informed thinking should feed into penal policy but must be implemented *holistically* if
14 gains are to be made in reducing trauma, saving lives, ensuring emotional wellbeing and promoting
15 desistance from crime. This means that not only healthcare services and psychology programmes
16 must be sensitive to individuals’ trauma histories, but that the architecture and design of prisons
17 should also be sympathetic, facilitating and encouraging trauma-informed and trauma-sensitive
18 practices within. This article problematises the Trauma-Informed Care & Practice (TICP) initiatives
19 recently rolled out across the female prison estate, arguing that attempts to introduce trauma-
20 sensitive services in establishments that are replete with hostile architecture, overt security
21 paraphernalia, and dilapidated fixtures and fittings is futile. Using examples from healthcare and
22 custodial settings, the article puts forward suggestions for prison commissioners, planners and
23 architects which we believe will have novel implications for prison planning and penal practice in
24 the UK and beyond.

25 **Keywords:** wellbeing, mental health in prisons; women’s health, trauma, Trauma Informed Care &
26 Practice

28 **1. Introduction**

29 Although the relationship between health/emotional wellbeing and low social status has long
30 been at the centre of conceptual thought and empirical analysis, the poor health of prisoners relative
31 to the general population remains under-researched. Social scientists have emphasised the coercive
32 elements of psychiatry and mental healthcare (e.g. Prins, 2011; Middleton and Jordan, 2017), which
33 result in vulnerable individuals, including those with severe and enduring mental illnesses, being
34 held in custody rather than recipients of quality, care-orientated, community-based mental
35 healthcare. Female prisoners are of particular concern, as they disproportionately experience physical
36 and psychological problems, exacerbated by substance misuse and mental and physical (including
37 sexual) abuse from childhood¹. Women in prison report an acutely more painful experience than their
38 male counterparts, with many suffering complex emotional biographies and histories of community-
39 based abuses pre-imprisonment (Crewe et al., 2017). In England, 65% of imprisoned women have
40 been diagnosed with depression compared to 37% of incarcerated men, and women account for
41 almost a quarter (23%) of all prison self-harm incidents, even though they make up just 5% of the

¹ 53% of women in prison report experiencing emotional, physical or sexual abuse as a child (Prison Reform Trust 2017:11)

42 overall prison population (Public Health England, 2018). Bloom et al. (2004: 31) conclude that
43 'addressing the realities of women's lives through gender-responsive policy and programs is
44 fundamental to improved outcomes at all criminal justice phases'.

45 With this in mind, we explore an embryonic principle in prison healthcare policy and
46 operational culture: Trauma-Informed Care and Practice (TICP). Following a lecture tour of the UK
47 in 2017² by US-based clinical psychologist and pioneer of TICP, Stephanie Covington, attended by
48 many HMPPS personnel, 'trauma-informed' training was rolled-out to staff in prisons across the
49 female estate in England and Wales. However, during our research, several senior prisons
50 personnel and academic colleagues who conduct research in women's prisons described TICP as
51 'fashionable' or 'faddish'; a well-intentioned new initiative that, in the context of the reality of
52 imprisonment, can never be more than 'window-dressing'. It is beyond the scope of this article to
53 offer any sort of evaluation of the merits of TICP, although we will refer to a recent MQPL³ **report on**
54 **the quality of prison life** at one women's prison in England **in examining** its limitations. Our belief
55 is that, if properly implemented, TICP has potential to ameliorate the traumas experienced by women
56 in custody, but that it must be viewed as a *holistic* set of practices that include and are inextricably
57 linked to the environmental context in which they take place. Attempts to 'normalise' prison
58 interiors as a strategy that goes hand-in-hand with TICP are limited, because many senior prison
59 personnel have narrow ideas about what constitutes 'normal'. On prison governors' social media
60 sites and in their public presentations (e.g. at conferences), 'before' and 'after' photographs of prison
61 cells, association rooms, classrooms and exercise yards, are produced as 'evidence' of an enlightened
62 approach. Typically, they illustrate cosmetic improvements in colour palettes and choice of furniture,
63 but still the spaces shown could never be mistaken for anything other than a prison, and many much-
64 vaunted 'improvements' are highly superficial.

65 Put bluntly, then, while there can be little argument that custodial spaces are brightened by a
66 lick of paint, it is nonetheless the case that long corridors, right-angled pathways with poor sightlines,
67 metal staircases, hard surfaces, bars on windows, clanging doors, jangling keys, a performative,
68 macho officer culture, and all the other aesthetic and aural cues associated with confinement, do not
69 mitigate against the 'abnormality' of being deprived of one's liberty and confined against one's will
70 in an institution. Moreover, all the above arguably exacerbate pre-existing trauma and/or trigger new
71 feelings of distress by recreating elements of, or emotions associated with, the abusive environment
72 that many women offenders have experienced in their pre-prison lives. Given this context, the
73 article considers the female prison estate and its feasibility for a trauma-informed approach to the
74 built environment. Drawing on site visits⁴ in four jurisdictions – England and Wales, Scotland,
75 Northern Ireland (NI), and the Republic of Ireland (ROI) – which included lengthy discussions with
76 prisoners, officers, managers and senior prison service personnel, we discuss the relationship
77 between built environment and (the alleviation of) trauma. In short, our aim is to take the sociology
78 of health and illness into new territory, arguing that a women-centred, trauma-informed approach to
79 health and emotional wellbeing in prisons must start with the processes of prison commissioning,
80 planning and design.

² 'One Small Thing', co-facilitated by prison philanthropist and reformer Lady Edwina Grosvenor.

³ **The MQPL (Measuring the Quality of Prison Life) survey** is a research exercise examining prisons' cultural and moral climate.

Developed by Prof Alison Lieblich at the University of Cambridge, it involves the administration of the MQPL to prisoners, **as well as a**
Staff Quality of Life (SQL) survey to staff, plus observations of all areas and functions within an establishment, one-on-one interviews
with staff, prisoners, and members of the senior management team to provide an in-depth, ethnographically-led description of a
prison.

⁴ The authors gratefully acknowledge receipt of a Research Development Grant awarded by the Foundation for the Sociology of
Health & Illness (SHI), which enabled them to visit HMP Hydebank Wood, Belfast, the Dóchas Centre, Dublin, Limerick Prison and
HMP Cornton Vale, Stirling and speak to senior personnel from all these jurisdictions' prison services.

81 First, though, and by way of explanatory context, we provide a snapshot of the current prison
82 crisis and the topography of the female prison estates across the UK and Ireland, followed by a
83 summary of the kinds of traumatic experiences common among women in prison.

84 2. The 'prison crisis' as it affects women in custody

85 UK-based criminologists have been referring to the 'prison crisis' for at least five decades, yet
86 the problems have considerably worsened since government-imposed austerity measures were
87 introduced in 2010, since when prison budgets have been cut by approximately a quarter and
88 frontline prison staff reduced by one-third, despite prisoner numbers remaining relatively stable.
89 Prisons that accommodate women vary enormously in size, age, and design, which makes it difficult
90 to extrapolate a single variable (e.g. architecture) from the broader picture of the harms inflicted by
91 incarceration in order to claim causal effect. However, in light of our research and the growing
92 literature on the architectural pains of imprisonment from criminology, carceral geography and
93 environmental psychology, we suggest that, in addition to a woman's 'imported' characteristics (age,
94 sexuality, socio-economic group, histories of trauma, offence type, sentence length, motherhood,
95 sexual partnership, etc.), material and architectural 'deprivations' have significant impact on the lived
96 experience of imprisonment and the likelihood of negative health consequences⁵. As Howard (2004:
97 69) observes, 'The quality of our physical environment can be health giving or health destroying'.
98 Therefore, while staffing levels, security factors, education and employment opportunities are
99 important determinants of a facility's culture and climate, and high-quality healthcare and
100 psychology provision are crucial for prisoners' chances of recovery from short- and long-term health
101 problems, equally significant to the shaping of a (relatively) healthy or unhealthy carceral experience
102 are a building's age, architecture, location, interior design and exterior landscaping. These
103 environmental factors will in turn determine the suitability of exercise and recreation facilities,
104 whether a women's prison is located on the same site as a male establishment, whether it has sole- or
105 multiple-occupancy cells, whether it is has provision for mothers with babies, and whether it is
106 operating at or above its certified normal accommodation capacity.

107 The combined impact of poor environmental conditions, overcrowding and cell sharing, fewer
108 experienced staff, and less ongoing investment in prisons have exacerbated the mental health
109 problems with which many offenders enter custody, resulting in 'trauma' becoming the *leitmotif* of
110 imprisonment, even if not formally recognised or termed as such until very recently. Trauma has, in
111 part, manifested itself in dramatically rising numbers of violent incidents and self-inflicted deaths in
112 custody and the prisons inspectorates in all four jurisdictions have highlighted the pressing problems
113 facing the penal systems. Peter Clarke, Her Majesty's Chief Inspector of Prisons in England and
114 Wales, summed-up the crisis when he said that the 'simple and unpalatable truth' about prisons is
115 that they have become 'unacceptably violent and dangerous places' characterised by poor mental
116 health, drug use, and the 'perennial problems of overcrowding, poor physical environments in ageing
117 prisons, and inadequate staffing' (HMIP, 2016: 8–9).

118 2.1. England (and Wales)

119 While the crisis has beset every corner of the prison estate, for the approximately 3,800 women
120 in custody in England and Wales, the problems are acute. In 2007, Baroness Corston reported on the
121 vulnerabilities of women in prison, most of whom are accommodated in prisons that were not
122 designed for females, far less for the complex and multifarious traumatic histories that women bring
123 into custody with them. In fact, historically, very little planning has gone into the female estate and
124 women have – because of their relatively small numbers in the context of the prison population as a

⁵ Criminological prison scholarship has traditionally adhered to one or other side of a dichotomy regarding the extent to which the prison can be regarded as a microcosm of society in which prisoners adjust by importing their pre- and extra-prison values and influences, or is in fact a unique – and uniquely harmful – environment inflicting degradations indigenous to incarceration. Most studies of the last two decades, however, have suggested that a prison sentence involves both deprivation and importation.

125 whole – all too frequently been treated as an afterthought; an addendum to the adult male estate.
126 Limitations of space preclude a detailed description of all England’s women’s prisons (for, actually,
127 there are none in Wales – the nearest is Eastwood Park in Gloucestershire) but, being the largest of
128 the four estates with twelve establishments in total, prisons for women in England differ markedly
129 from one another. Consequently, many women in custody are held in facilities designed for men,
130 young offenders, or for some altogether different purpose than imprisonment, with the result that
131 the architecture and environment may inhibit their recovery and rehabilitation and aggravate
132 feelings of depression and/or anxiety. Corston argued for the decarceration of the majority of women
133 in prison, together with a greater use of ‘women’s centres’⁶, on the basis that prison is experienced as
134 ‘both disproportionate and inappropriate’ for most of the women consigned to it and has a
135 ‘catastrophic’ effect on their children (Corston 2007: i). More recently, Lord Farmer’s (2019: 4) *Review*
136 *for Women* notes that maintaining healthy, supportive relations with family and other contacts outside
137 prison are ‘utterly indispensable’ and suggests that being imprisoned many miles from one’s family
138 is likely to exacerbate the harms inflicted by imprisonment.

139 Despite these expert opinions, political commitment to radically overhaul the female prison
140 sector has experienced ‘stagnation and loss of momentum’ (Women in Prison, 2017: 27), with some
141 progress even being reversed, including the closing of several pre-existing women’s centres. In June
142 2018, the government announced it had abandoned plans to build five ‘community prisons’ for
143 women in favour of new – and loosely-defined – ‘rehabilitation centres’. While much of the rhetoric
144 focused on a more liberal approach to punishing female offenders, the greater drive was saving
145 money and one of the outcomes of the government’s reversal of its initial plans to build new, ‘fit-for-
146 purpose’ custodial facilities is that many women in England and Wales are still held in very poor
147 conditions.

148 2.2. Scotland

149 In Scotland, half of the 400 women held in custody (5.2% of the overall Scottish prison
150 population) are in accommodation designed for men. The majority have historically been
151 accommodated at HMP/YOI Cornton Vale, a national facility for female offenders located in Stirling
152 that is currently undergoing phased, permanent closure⁷. Additional female places are provided on
153 four mixed-gender sites.

154 With an operational capacity of 119 women, Cornton Vale had a chronic overcrowding problem;
155 in 2012, the prison held 374 women, but it has been as high as 400. When it opened it was viewed as
156 a pioneering facility in architectural terms, because it was designed on a ‘new generation’ campus
157 model (as opposed to a traditional radial template). However, the individual housing units were too
158 small, resulting in prisoners having no respite from housemates, some of whom were volatile,
159 bullying and/or severely traumatised. Additional problems were unwittingly designed in at ‘The
160 Vale’ and exacerbated by inconsistent staff presence. Toilets and showers were constructed outside
161 living spaces with no direct access, resulting in women being told to use the sinks as toilets during
162 the night. Moreover, both toilets and showers were visible at all times to staff and other prisoners,
163 with ‘stable doors’ (usually only concealing one-third of the body of the occupant), being retained in
164 Cornton Vale (and many other prisons) long after being abolished in mental health hospitals.

165 Dubbed the ‘Vale of Tears’ and the ‘Vale of Death’ by the Scottish press, due to its high rate of
166 suicide, the demolition of Cornton Vale, which began in Summer 2017, was welcomed by Scottish
167 First Minister Nicola Sturgeon, who said ‘Scotland’s only women’s prison has been a toxic hot mess

⁶ Women’s centres are community-based services specifically designed as a women-only ‘safe space’ (for offenders and non-offenders alike), which adopt an empowering, holistic, and women-centred ‘one-stop shop’ model, offering multiple services at one premises (e.g. housing, debt advice, counselling, probation and health services), and often also provide access to childcare (Gelsthorpe *et al.*, 2007).

⁷ At the time of writing, only two housing units remain open. One that holds the most vulnerable prisoners who would be especially traumatised if moved. The other holding the women employed in occupations vital for the continued running of the facility as it is gradually wound down (cooking, cleaning, laundry, etc.)

168 for decades. Its destruction is welcome and long overdue' (Daily Record, July 10th 2017 n.p.). A new
169 national facility for women had been planned to replace Cornton Vale, but following an Inquiry into
170 women's imprisonment, headed by Dame Elish Angiolini QC, the Scottish Justice Secretary Michael
171 Matheson made the following announcement:

172 I've decided that the current plans for a prison for women in Inverclyde should not go ahead.
173 It does not fit with my vision of how a modern and progressive country should be addressing
174 female offending. We need to be bolder and take a more radical and ambitious approach in
175 Scotland (BBC News, 26th January 2015).

176 Inverclyde was mired in controversy because it was to be a large facility (300+ beds, with all the
177 attendant problems associated with location and visiting). Nonetheless, the plans were ground-
178 breaking in design terms and it would have been the first prison in the UK and Ireland designed to
179 be 'gender-responsive' and 'trauma-informed' (see further discussion below). Now, a smaller, 80-bed
180 national prison is being planned for the site on which Cornton Vale stood, together with five regional
181 Community Custody Units (CCUs) throughout Scotland, each housing up to 20 women. The
182 relatively radical approach taken by the Scottish Prison Service is to be welcomed; however, with the
183 second highest female prison population *per capita* in Europe (which doubled between 2002 and 2012),
184 we would argue that the Scottish Prison Service's approach towards women's imprisonment cannot
185 afford to be anything less than revolutionary.

186 2.3. Northern Ireland and the Republic of Ireland

187 In Northern Ireland, where women make up just 3% of the prison population, figures from
188 March 2018 show 62 adult women (42 sentenced and 19 unsentenced) and six female young offenders
189 (two sentenced, four unsentenced) residing on the Ash House Unit at HMP/YOI Hydebank Wood (a
190 facility designed for and holding predominantly young male prisoners, opened in 2004) (NIPS, 2018).
191 The women's unit has prompted concerns about 'excessive' strip-searching, which no women are
192 exempt from (including pregnant women and girls under 18), the 'overly restrictive' security
193 protocols, poor provision of purposeful activity and educational opportunities, the quality of
194 accommodation in which the women are held, and NIPS's failure to learn lessons from recent deaths
195 in custody (CJINI, 2013). One of the more positive aspects of the facility is Murray House, a six-
196 bedroom unit for women nearing the end of their sentence, who are substance-free, require little
197 supervision, and are trusted to work in the community. The house is domestic in feel, with 'normal'
198 living and dining rooms, comfortable furniture, well-equipped kitchen, and separate bedrooms.
199 Murray House is set in beautiful grounds outside the prison's secure perimeter. Regarding Hydebank
200 Wood as a whole, the Inspectorate has concluded that it is 'wrong to run a female prison at the
201 margins of an overwhelmingly male establishment' and that the mixed population results in a regime
202 for women that is 'fundamentally disrespectful' (CJINI, 2013: vi). This view is echoed by Moore and
203 Scraton (2014: 179) who describe the 'persistent harassment' and verbal sexual abuse experienced by
204 the women from the young men incarcerated alongside them, yet which remained unchallenged by
205 the prison staff.

206 Finally, in the Republic of Ireland, the majority of the 150 female prisoners are held at the Dóchas
207 Centre, a purpose-built facility for women in Dublin on the same site as Mountjoy prison.
208 Constructed in 1999, and considered pioneering at that time, Dóchas was originally a seven-
209 houseblock establishment for the accommodation of 85 women. In 2012, the facility was expanded to
210 house a further 20 women. However, like Cornton Vale, the Dóchas Centre's 'single greatest problem'
211 has been its consistency in operating 'way in excess of its maximum capacity' (IIOP, 2013: 9). This has
212 had clear knock-on effects, for example, in terms of the ability of the prison to maintain safe and
213 respectful regimes and provide adequate levels of meaningful activity for the women in its care. The
214 issue of overcrowding had clearly not been resolved in the intervening years between that report and
215 our most recent visit to Dóchas, where, due to unmanageable committals to prison from the courts,
216 overcapacity continued to be a significant limiting factor in terms of what the women at Dóchas could
217 access in education, training and purposeful activity.

218 The only other facility for women in ROI is the female-only wing at Limerick, predominantly a
219 men's prison built in 1815, which makes it the oldest operational prison in Europe. While women do
220 not come into contact with the men housed at Limerick, the accommodation there is poor, with all
221 prisoners held in catacomb-like cells, with tiny, heavily-barred windows and poor ventilation.
222 Access to natural daylight is scarce and the exercise yards are small concrete spaces with high walls
223 topped with razor wire. The environment and accommodation in the women's section of HMP
224 Limerick were described by the Irish Inspectorate as 'deplorable' (IPI, 2003). The Irish Prison Service
225 (IPS) is currently building a new prison for women in Limerick, taking the accommodation from 24
226 cells to 42, which will ease the pressure on Dóchas, by providing more prison places for women from
227 the west of Ireland closer to home. During the planning and design process of the new women's
228 prison, one of the authors (Jewkes) was engaged as a consultant, along with a senior project advisor
229 from the Scottish Prison Service who had previously been involved in the Inverclyde design. They
230 were both able to offer insight into how Limerick's design could incorporate trauma-sensitive spaces
231 and aesthetics.

232 But what is Trauma-Informed Care and Practice (TICP)? To what extent does it inform practice?
233 And how might trauma-informed expertise be broadened to encompass prison planning and design?
234 The remainder of this article will seek to address these questions.

235 3. Understanding trauma

236 While the intention of this article is not to engage in a deep critique of the concept of 'trauma', it
237 would be remiss not to briefly address the conceptual conflict surrounding the term, particularly
238 given the primacy awarded to psychiatric definitions. In arguing for a 'radical understanding',
239 Burstow (2003) broadly conceptualises 'trauma' as 'a concrete physical, cognitive, affective, and
240 spiritual response by individuals and communities to events and situations that are objectively
241 traumatising' (Burstow, 2003: 1304). She further argues that 'being traumatised' is not a binary state,
242 simply defined by its traditionally-acknowledged 'symptoms' such as numbness, disconnection and
243 dissociation. Rather, it is a fluid phenomenon existing on 'a complex continuum' (p. 1302), which is
244 less about discrete and easily identifiable symptoms, and more concerned with recognising that
245 trauma leads to pervasive feelings of being 'overwhelmed', 'existentially unsafe', and finding the
246 world 'profoundly and imminently dangerous' (Burstow, 2003: 1302-3). This is a departure from
247 more clinical, deficiency-based understandings – e.g. as defined by the Diagnostic and Statistical
248 Manual of Mental Disorders (DSM) published by the American Psychiatric Association – which has
249 historically provided a narrower definition of trauma as an event 'outside the range of usual human
250 experience [that] would be markedly distressing to almost anyone' (see DSM III). While the most
251 recent DSM (May, 2013) has made significant changes, including explicit recognition of sexual
252 violence as a 'traumatic event', and extended the 'exposure' criteria to 'vicarious trauma' ('repeated
253 or extreme exposure to details of [a traumatic] event', DSM V), the shortcomings of psychiatric
254 conceptualisations of trauma continue to present problems when diagnosing the roots and triggers
255 of disorders. This is particularly so in terms of limitations regarding 'survivors of unremitting and
256 recurrent abuse' (Jones and Cureton, 2014: 268) and the failure to acknowledge the role of gender and
257 'systematic oppression' (Burstow, 2003) in shaping such experiences. Both omissions are central to
258 the life histories of women in prison.

259 Unsurprisingly, given that many women in prison have high levels of mental health needs
260 (including major depressive disorder, bipolar disorder, schizophrenia spectrum disorder, and
261 schizoaffective disorder; Steadman et al., 2009), and that healthcare services within prisons are
262 frequently inadequate (Auty et al, 2018), many prisoners 'self-medicate' with alcohol, drugs, and
263 other substances. A further problem is that clinicians themselves are engaged in ongoing disputes,
264 e.g. as to whether borderline personality disorder is treatable or not (Bendelow, 2010; Sulzer, 2015)
265 and whether 'trauma' can be used to describe one-off emergencies, as well as long-term chronic
266 conditions (Auty et al, 2018). A recent survey in England and Wales identified disproportionately
267 more women than men in prison disclosing a drugs problem (41% against 25%) or alcohol abuse (30%
268 against 16%) on arrival into prison (HMIP, 2017). Her Majesty's Inspectorate of Prisons in England

269 and Wales identified that 41% of women surveyed in 2017 reported mental health difficulties
270 compared with 29% at the previous inspection, and ‘significantly’ more women reported arriving at
271 prison ‘feeling depressed or suicidal’ than in the previous year (HMIP, 2017: 55). These factors can,
272 in turn, create an intense and debilitating work environment for staff, with reported ‘burn-out’ and
273 high levels of absenteeism and early departures from the profession (indeed, while beyond the scope
274 of this article, trauma experienced by prison staff is a topic that merits urgent investigation and policy
275 implementation), who themselves might benefit from a more TICP-centred environment; for
276 example, data from the US has shown a 62% decrease in prisoner-on-staff violence following the
277 implementation of a trauma-informed regime at Massachusetts Correctional Institution-
278 Framlingham (NRCJIW, 2018).

279 For our purposes in this article, ‘trauma’ is utilised in a broad sense to incorporate both
280 individual and collective reactions to discrete and repeat events. This is not to deny the conceptual
281 conflict surrounding the term, but to offer a working definition to facilitate a discussion of how the
282 lived experience of imprisonment interacts with women’s pre-prison lives, which may have been
283 scarred by multifarious forms of trauma. In addition to mental, physical and sexual abuse, these
284 may include loss and bereavement, witnessing parental abuse, being separated from children and
285 other dependents, and – especially among women serving very long sentences – by their offences,
286 whereby feelings of guilt, regret, anger and grief can manifest themselves in forms of inward-facing
287 violence (i.e. self-harm and suicidal ideation), aimed at punishing the self (Crewe et al., 2017).
288 Moreover, owing to the comparatively small female prison population and commensurately fewer
289 custodial facilities, women tend to be held much further from their homes than their male
290 counterparts, with adverse implications for mental health.

291 Trauma exposure is frequently identified by women as instrumental in their ‘pathway to crime’,
292 and incarcerated females have often been victims of much more serious offences (e.g. rape and/or
293 grievous bodily harm) than those for which they are convicted (predominantly non-violent drugs
294 and property offences). 57% of women in prison report having been victims of domestic violence
295 and 53% report having experienced emotional, physical, or sexual abuse as a child – though these are
296 likely to be under-reported (PRT, 2017). Reasons for non-disclosure are complex, but two
297 explanations are that women fear the consequences of reporting offending behaviour of their abusive
298 partners, and that they frequently encounter a culture of disbelief in the criminal justice system about
299 the violence and abuse to which they have been exposed. They are also frequently trapped in a vicious
300 cycle of offending and victimisation – victims of controlling behaviour from a partner who may
301 coerce them into offending and/or victims of poverty and neglect which they may in turn pass onto
302 their children.

303 A growing awareness of the need for TICP-led service delivery has developed amid concerns
304 regarding the complexities associated with treating women with ‘dual diagnoses’ of addiction and
305 mental health disorders, and who also frequently disclose co-occurring and co-morbid experiences
306 of interpersonal trauma – specifically physical and sexual violence and abuse – across the lifecourse
307 (Covington et al., 2008). Within Australian mental health services, work to reduce possibilities for re-
308 traumatisation is underway and this involves ‘recognition of lived experience of trauma and the
309 particular “triggers” that may lead to re-traumatisation and re-victimisation’ (Bateman et al. 2014:2).
310 According to Muskett (2013: 52), the key principles of trauma-informed care are: (i) clients need to
311 feel connected, valued, informed, and hopeful of recovery; (ii) the connection between childhood
312 trauma and adult psychopathology is known and understood by all staff; and (iii) staff work in
313 mindful and empowering ways with individuals, family and friends, and other social services
314 agencies, to promote and protect the autonomy of that individual. The findings of Auty et al’s (2018)
315 MQPL study of HMP Drake Hall indicate that, while these principles are understood, they are not
316 necessarily consistently practiced. Auty et al found that examples of trauma-informed care were
317 visible across the prison; however, the aims of trauma-informed practice were not universally
318 understood and some staff and prisoners were disheartened by the distance between the somewhat
319 hyped status of a trauma-sensitive prison and the reality of day-to-day experience. Similar
320 contradictions were found in the fact that many officers were willing to engage with women on an

321 emotional level and as people with complex histories, but did not always situate the behaviour of the
322 women in the context of their past biographical experiences. Moreover, some staff engaged in
323 behaviour that was antithetical to a trauma-informed environment. The forceful removal of clothing
324 from women suspected of hiding contraband, and hospital escorts accompanied solely by male staff
325 are among the examples offered by Auty et al (2018).

326 It is our contention that some of the triggers of trauma are environmental and that solutions
327 should be sought in design practice as well as operational culture and healthcare delivery. In 2017,
328 the Governor of HMP Drake Hall gave a conference presentation in which he highlighted some of
329 the improvements made to the interiors of the prison buildings as part of their TICP strategy
330 (Hardwick, 2017). However, the limitations of trying to introduce trauma-informed, gender-
331 responsive design cues into an environment originally constructed to house World War II munitions
332 workers (and subsequently male prisoners) were plain to see. Put simply, TICP has to start 'from the
333 ground up'; otherwise, well-intentioned practices may be destined to fail from the outset.

334 **4. Trauma-informed prison design: building emotional wellbeing into the built environment**

335 Elliott et al (2005: 467) note that trauma-informed services should strive to create an atmosphere
336 'respectful of survivors' need for safety, respect, and acceptance'. Key to this, they say, is a
337 'welcoming environment', which includes sufficient personal space for comfort and privacy, absence
338 of exposure to violent/sexual material, and sufficient staffing to monitor behaviour of others 'that
339 may be perceived as intrusive or harassing' (ibid). Bateman et al. (2014: 4) further note that TICP
340 settings 'must focus first and foremost on an individual's physical and psychological safety,
341 including responding appropriately to suicidality'. However, far from being welcoming places that
342 promote feelings of safety and wellbeing, most prisons are fear-inducing environments for many
343 prisoners (and also for some prison staff and researchers). They are also antithetical to building a
344 sense of autonomy and empowerment. Reception areas, where prisoners are processed on admission
345 into custody, can be particularly damaging because the administrative demands of efficiency (plus
346 procedural and peripheral security) tend to be incompatible with the concerns of the individual
347 prisoner who, when she most needs it, is given little opportunity to discuss the reality of the world
348 she is entering or her fears concerning unresolved problems on the outside (e.g., women who go to
349 court may not expect to receive a custodial sentence and may have made no provision for their
350 children to be cared for in their absence). Clearly, situations such as this are traumatic for the newly-
351 arrived prisoner. These opportunities might come eventually, but at the point of greatest stress, the
352 needs of the system come before the needs of the individual. Withstanding 'entry shock' is, then, the
353 first of many psychological assaults which the new prisoner has to face, and attempts at suicide and
354 self-harm, the onset of self-destructive psychiatric disorders are most prevalent in the initial phase of
355 confinement (Liebling, 1992).

356 For those who arrive at prison already affected by their negative life experiences, further trauma
357 exposure appears almost inevitable:

358 Prisons are challenging settings for trauma-informed care. Prisons are designed to house
359 perpetrators, not victims. Inmates arrive shackled and are crammed into overcrowded
360 housing units; lights are on all night, loud speakers blare without warning and privacy is
361 severely limited. Security staff is focused on maintaining order and must assume each inmate
362 is potentially violent. The correctional environment is full of unavoidable triggers, such as
363 pat downs and strip searches, frequent discipline from authority figures, and restricted
364 movement ... This is likely to increase trauma-related behaviors and symptoms that can be
365 difficult for prison staff to manage (Miller and Najavits, 2012: 1).

366 Furthermore, living in close proximity to others not of one's choosing can cause significant
367 stress. Crewe et al. highlight the lack of privacy within custodial settings, not only inhibiting
368 prisoners when using the toilet, dressing, washing, etc., but also creating a 'suffocating' emotional
369 intensity (2017: 16). As mentioned previously, the 'effects' of the built environment are not easy to

370 extrapolate from other intersecting factors that might impinge on an individual's mental health and
371 wellbeing, but prison receptions are usually profoundly de-personalising in layout and design, as
372 well as in the manner in which they invasively process people. In addition to the perpetrator- (not
373 victim-) orientated dimensions such as intrusive search techniques highlighted by Miller and
374 Najavits, we might add many others, including: harsh, unnatural lighting, sterile spaces (literally and
375 metaphorically), desolate holding cells, loud, unexpected noises, personal possessions boxed up into
376 containers, institutional showers in full view of reception staff, sounds of distress from other inmates,
377 and the fear of not knowing what happens next.

378 Yet if we pay closer attention to what is known about individuals who have undergone some
379 kind of trauma or distress, with a view to trying to design environments which do not inflict further
380 psychological damage, there are some perhaps fairly obvious design cues that could be incorporated
381 into custodial facilities. Research on other institutional settings is useful here. In his classic (1984)
382 work *Institutional Settings: An Environmental Design Approach*, Mayer Spivack offers strategies for
383 diagnosing a sick building that is making sick individuals worse. While his comments relate to a wide
384 variety of non-prison institutions, some of the environmental 'negatives' identified are highly
385 pertinent to women's prisons and could help us move towards a trauma-informed model of custodial
386 design. They include the following (adapted very slightly for our purposes): Disorientation ('Where
387 am I?'); Loss of familiar personal contacts ('I am abandoned, lonely, ostracized'); Reduction of
388 behaviour repertoire ('None of the things I usually like to do can be done here'); Loss of territory ('I
389 have no place to call my own here'); Loss of territorial markers and property props ('There is no way
390 of letting people know what's mine, nothing is safe, no place is sacred'); Loss of home route ('There
391 is no place to go here that I care about') (Spivack, 1984: 182-3).

392 Thinking about environmental 'negatives' can lead us to think about behavioural 'positives'
393 which thoughtful, trauma-sensitive prison design might nurture (these are more heavily adapted
394 from Spivack's typology). For example: Does removal from particular areas of the prison isolate
395 sources of trouble that triggered, exacerbated or contributed to symptoms of trauma? Can elements
396 of the Indoor Environmental Quality (IEQ) be controlled to reduce undesired stimuli to more
397 tolerable filterable levels?; Can the environment be designed to reduce feelings of incompetence and
398 inability to cope?; Can the physical (and social) environment be designed to induce or support
399 positive redefinition of self and identity?: Does loss of territory eliminate or increase the need to
400 defend oneself (body space, personal space, physical territory or 'turf'?); Do the same individuals
401 observed in the less overtly carceral spaces of a prison (workshops, education, art classes, gym) seem
402 less hostile, defensive, paranoid, traumatised *etc.* than when seen in, for example, the houseblocks?

403 More broadly, our SHI-funded research of women's prisons supported findings of an earlier
404 study of men's and mixed-gender facilities (Jewkes, 2018) which found common basic environmental
405 elements that are near-universally desired by people in prison. These were not expressed as mere
406 preferences, but were framed as matters of ontological security which, if not present, are apt to trigger
407 mental instability and trauma. They include: a need for privacy; for socialization; for warmth when
408 it is cold and for effective ventilation when it is hot; for some freedom of movement outside as well
409 as inside; for regular, high-quality family visits; for meaningful and appropriately paid
410 work/education/activities (including essential transferable skills, e.g. use of digital technologies); the
411 ability to undertake a pastime or hobby beyond those traditionally permitted within custodial
412 settings; facilities to cook one's own food (and perhaps for one's family) at least occasionally; to
413 experience interaction with nature; and, crucially, to have a high degree of choice, autonomy and
414 control over all these fundamental actions (Jewkes, 2018). We believe that these ontological
415 dimensions of lived experience in custody, together with the positive design cues inspired by
416 Spivak's analysis, could usefully be taken into account in the planning, architecture, and design of
417 new prisons for women.

418 Design innovation may not be straightforward, however. Contemporary prison architecture has
419 hardly moved forward since HMP Holloway opened in 1852, originally to take adult males. When
420 spatial experiments have periodically been tried (as at Cornton Vale), the tragic consequences of their
421 design flaws have ensured that architects and commissioners have fallen back on the tried-and-tested

422 designs of history. One of the other limitations on design innovation is that the professionals who
423 work on prison commissions commonly specialise in custodial, justice or security portfolios and most
424 have previously designed many other prisons. Architects are self-referential in the sense that they
425 tend to be heavily influenced by their previous work (Jewkes, 2018) and have difficulty envisaging
426 something radically different from what they have been asked to produce before, or what they 'know'
427 prisons to look like from experience. The emphasis tends to lie on the perceived need, or symbolic
428 desire, for the security paraphernalia that denotes 'this is a prison' and women's prisons therefore
429 tend to look like men's prisons, despite the very different experiences and needs their occupants bring
430 to custody with them. In another sense, however, prison architects are not at all self-referential. They
431 have rarely spent much time in prisons, are not often closely related to anyone who has served a
432 prison sentence, and/or cannot easily imagine their female relatives or acquaintances ending up in
433 custody. Prisons therefore may fail to generate the kind of empathetic engagement between architects
434 and end users that other institutions do (commissions for schools, hospitals, even residential care
435 homes for the elderly all involve an extended network of active consumers who the architect can
436 identify with personally, as well as professionally; see Buse et al., 2016).

437 An added problem with designing gender-appropriate custodial facilities is that architects who
438 work on prisons for females, are overwhelmingly male. In a recent study drawing-on interviews with
439 fourteen lead architects on new prison commissions, only one (a landscape architect) was a woman
440 (Jewkes, 2018). Further, of the four consortia who competed for the new Limerick women's prison
441 contract in 2017-18 (each of which included at least a dozen core personnel), there was not a single
442 woman among them. Male architects are no more immune from the dominant cultural repertoire that
443 imbues women in prison with negative and overwhelmingly tragic stereotypes than anyone else. It
444 is little wonder, then, that professionals who design prisons neither design empathetically on the
445 basis of shared experiences and vulnerabilities, nor imbue the eventual occupants of their buildings
446 with positive qualities and potential to radically transform their lives.

447 On the other hand, conventional, historic stereotypes that emphasise women's supposed
448 passive, non-agentic natures ('sad', 'fallen', and 'abandoned' were all used by prison staff and
449 managers during our visits to women's prisons) may result in greater public acceptance – and
450 therefore political will – for creating more pleasant and trauma-informed custodial environments.
451 Women are perceived to be (and are) less of a security risk than male prisoners and the capital outlay
452 that might otherwise be spent on elaborate security paraphernalia and peripheral security **measures**
453 can be directed instead to more expensive and 'softer' materials (wood, glass, green landscaping and
454 so on). When women's prisons contain Mother and Baby Units (MBUs) or other facilities for
455 prisoners' children, public tolerance for 'normalised' environments increases further. Even politicians
456 who purport to view prison reform for men and women as of equal importance, will use the women's
457 estate to 'test' public opinion with regard to more radical and widespread reform⁸.

458 The question is, then, could prisons be designed to heal rather than cause further harm and to
459 arrest or even reverse trauma? Could prison architects borrow some of the architectural cues from
460 pioneering healthcare centres, which are explicitly designed to be trauma-sensitive? Could they, for
461 example, embrace some of the design innovations that underpin architecturally ground-breaking,
462 trauma-informed initiatives in healthcare, such as Maggie's Cancer Care Centres, many of which
463 have been designed by high-profile 'starchitects' such as Frank Gehry, Norman Foster, Richard
464 Rogers, and Zaha Hadid? Each 'Maggie's', as they are universally known, are unique and
465 architecturally striking; many are breathtakingly beautiful. They are linked by design that is defined
466 by inarguably positive qualities: light, space, openness, tranquility, intimacy, views, connectedness
467 to nature, and domestic (*i.e.*, homely and non-institutional) in space and feeling – all of which might
468 be assumed to mitigate some of the physical and mental impacts of trauma.

⁸ Michael Gove, Longford Lecture, 2016: Gove defended his record by saying he started with the women's prison estate to try and change hearts and minds before tackling the more controversial reforms – including a drastic reduction in numbers – required in the men's prison estate.

469 The newest Maggie's Centre in Oldham has been designed to counter or ease the effects of
470 chemotherapy, offering 'a little sensory delight in the parts of the building that you touch' (Moore,
471 2017: np). Here, there are no cold metal or plastic surfaces that many patients with neutropenia find
472 unpleasant to touch, yet are common in conventional hospitals. Instead, sensory delight comes from
473 the beautiful tulipwood from which the building is constructed. Views through glass walls to the
474 Pennines and a birch tree that grows in the heart of the building, 'walled in wavy glass like a giant
475 Alvar Aalto vase' (ibid) are more than mere aesthetic touches. Aware of the difficulties that some
476 traumatised cancer patients have in making direct eye contact with strangers in an open space,
477 especially when talking about their deepest fears, the architects incorporated the tree and the external
478 views to give them something else to look beyond to. A balcony with a deep overhang shields patients
479 from direct sunlight and cork panels soften the acoustics.

480 Of course, even in the architecture of healthcare, Maggie's are unique projects that would be
481 difficult to replicate in more mainstream hospital environments, let alone in custodial settings. But,
482 if the kind of design – and design philosophies – that underpin Maggie's Centres seem entirely
483 unachievable in a custodial environment (in the UK, at any rate), the Scottish women's prison that
484 was planned, and ultimately shelved, represented a concerted effort to design a gender-responsive
485 and trauma-informed environment. HMP Inverclyde was to occupy a site previously earmarked for
486 a new men's prison in Greenock, north west of Glasgow, and the budget was fixed at what it would
487 have been had the men's facility gone ahead. But, because the design team (who included HLM
488 Architects, Arup and a group of senior personnel from the Scottish Prison Service called the Women
489 Offender Group) were focused on the needs and experiences of women who come to prison, rather
490 than all the usual situational security apparatus deemed necessary to prevent men from trying to
491 escape, the money could be spent on materials that minimised trauma and 'softened' the
492 environment.

493 Inverclyde was designed with curves and undulations, rather than long, straight corridors and
494 flat planes – not only more aesthetically-pleasing but ensuring good sightlines and avoiding
495 traumatised individuals being taken by surprise by someone suddenly appearing from around a
496 corner. Surfaces were to be warm to the touch, finishes were domestic in feel, colour schemes were
497 soothing, and every bedroom (for they were not going to be called cells) was equipped with an *en-*
498 *suite* bathroom. Bedrooms were designed to look and feel more like a student residence than prison
499 cells, with fully controllable heating and ventilation, rounded corners and junctions on the furniture,
500 and a desk with a computer. Each bedroom had a large, bar-less window (with curtains) and with
501 views overlooking the stunning landscape, not a perimeter wall. Beds were easily converted into
502 sofas, facing a television, and storage (including drawers under the bed) was ample. The rooms were
503 designed to be ligature-free and to conform to national legal requirements and international
504 standards of best practice, but the designers went much further than either in creating de-
505 institutionalised, trauma-reducing environments that would give their occupants privacy and safety
506 while also nurturing a sense of autonomy, reflection, and empowerment. As one member of the
507 Women Offender Group put it, 'the rooms are all about calm and wellbeing. They are not lavish but
508 are comfortable and tranquil'. While most rooms were for single occupancy, some were for two
509 people so that women who were struggling with substance misuse or suicidal ideation could be
510 'buddied up' with a fellow prisoner of their choosing. Rooms for mothers with babies were the same
511 as double rooms, with the second bed replaced by a cot.

512 The prison was to be built on a large footprint, allowing plenty of freedom of movement and the
513 women were to be entrusted to move around the site largely unescorted. Communal areas of the
514 prison, including reception, the visiting centre and association spaces in the accommodation
515 buildings, were designed to have the look and feel of any other kind of civic building – a shopping
516 mall, airport lounge, or even a hotel. In the 'services' area, pictorial signposts (a pair of scissors for
517 the hairdresser, a shopping trolley for the supermarket, a book for the classrooms, etc.) reduced
518 feelings of isolation and incompetence for those prisoners with poor literacy or English language
519 skills. A large proportion of the budget was to be spent on attractive landscaping, to include
520 horticulture and animal husbandry. A stand-alone 'family help hub' near the main entrance of the

521 prison offered a welcoming and supportive environment for visitors and provided them with access
522 to social services, charities and third sector organisations who could assist prisoners and their families
523 – very much like Maggie’s Centres do for cancer patients and their families. A dedicated Mother
524 and Family garden combined therapeutic design and planting with areas of activity and play, while
525 a ‘Multi-Faith Contemplative Garden’ provided outdoor space for spiritual and personal reflection.

526 Despite promising a pioneering, trauma-sensitive and gender-responsive approach to women’s
527 prison design, the Scottish Justice Secretary, Michael Matheson’s announcement that Inverclyde
528 would, after all, not be built, was relatively uncontroversial. Acknowledging arguments from the
529 Angiolini Commission (2012) and its predecessor south of the border, the Corston Review (2007)⁹, he
530 said “I believe that accommodating female offenders, where appropriate, in smaller units, close to
531 their families, with targeted support to address the underlying issues such as alcohol, drugs, mental
532 health or domestic abuse trauma is the way ahead”. As discussed, (and partly as a result of the plans
533 for Inverclyde), Ireland, too, has recently moved in a different and more enlightened direction by
534 holding a design competition for the new Limerick prison and committing to a significant
535 refurbishment of the Dóchas Centre. During our research, senior prison service personnel in both
536 Scotland and Ireland expressed to us their desire to look towards Scandinavian prisons such as
537 Halden (Norway) and Storstrøm (Denmark) – where innovative prison design aims to ‘normalise’
538 custodial environments, using architecture to promote community and ‘social rehabilitation’ (Jewkes
539 & Gooch, 2019a)¹⁰ – rather than England and Wales, for inspiration for their new women’s facilities.
540 In time, there may even be lessons to learn from the United States, the original architects of global
541 mass incarceration, who are beginning to commission (for women, at least) lighter, softer and more
542 ‘homey’ university campus-style carceral facilities (e.g. see the KMD Architects-designed Las Colinas
543 Detention and Re-entry Facility for women, San Diego County, California, which opened in 2014).

544 5. Towards a new design manifesto for women’s prisons: concluding thoughts

545 Although women constitute a minority of prisoners across the UK and ROI, their numbers are
546 rising. Being diagnosed with a mental health condition, often acquired alongside a history of
547 untreated trauma, means that women are sometimes perceived as ‘untreatable’ by health
548 professionals, resulting in criminalisation, especially in crisis, becoming more likely (Bendelow et al.,
549 2016). We do not know what the future of women’s imprisonment in England and Wales will look
550 like. Indeed, prison reform advocates are growing increasingly frustrated with the way in which
551 government promises have been reneged on and women’s imprisonment has been consistently
552 overlooked. Despite the recent introduction of some elements of TICP in existing prisons, the
553 government’s commitment to short-term cost savings at the expense of long-term rehabilitation,
554 results in well-intentioned but woefully unambitious attempts to improve environments that were
555 originally purposefully designed with a punitive and retributive aesthetic. Indeed, more than one of
556 the commentators and stakeholders we talked to described efforts to make prisons trauma-sensitive
557 and gender-responsive as akin to ‘putting lipstick on a pig’.

558 Part of the problem in England and Wales, then, is that, with the new women’s estate planning
559 on (perhaps permanent) hold, Trauma-Informed Care and Practice is being implemented in old

⁹ Lord Farmer’s (2017) Review ‘The Importance of Strengthening Prisoners’ Family Ties to Prevent Reoffending and Reduce Intergenerational Crime’ also supports this action

(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/642244/farmer-review-report.pdf).

¹⁰ However, even the award-winning architecture and aesthetically pleasing environments of the most lauded ‘exceptional’ Scandinavian prisons may do little to mitigate the pains of imprisonment (see Jewkes, 2020; Johnsen et al, 2011), supporting our argument that there is more to a ‘humane’ custodial establishment (particularly size and staff-prisoner relationships) than its design.

560 custodial facilities that were, with only two exceptions¹¹, designed and built for entirely different
561 purposes, including a nineteenth-century orphanage (Styal), Elizabethan manor house (East Sutton
562 Park, Foston Hall), isolation hospital (Send), residence for munitions workers (Drake Hall), adult
563 male prison (Downview) and male Young Offenders Institution (Cookham Wood). We suggest that,
564 if we *must* have prisons for women (and, as mentioned earlier, a strategic review of sentencing and
565 custody with a view to drastically reducing numbers of women in prison is long overdue), architects
566 might embrace the positive environmental design concepts inspired by our reading of Spivak and
567 our research in women's prisons in the UK and Ireland. In summary, prison managers and staff must
568 be cognisant of the spaces within a prison most likely to trigger, exacerbate or contribute to symptoms
569 of trauma and consider how they can be designed to feel welcoming and safe. Prison environments
570 should be designed to reduce feelings of incompetence and inability to cope and support positive
571 (re)definitions of self and identity. Personal spaces, especially cells, should be just that – personal,
572 with opportunities to choose and control levels of heating, air circulation, lighting and privacy.
573 Ideally, people in prison would have some autonomy over the colour schemes in their bedrooms and
574 would also be offered pleasant association spaces that nurture pro-social skills, including the ability
575 to cook and eat together. Crucially, there should be as much freedom of movement outdoors, as well
576 as indoors, as possible (and it should be based on an assumption that most women in prison can be
577 trusted to move around a site unescorted; not implemented with a 'worst-case scenario' in mind, as
578 is currently the norm). And, where possible, prison planners, architects and managers should work
579 in collaboration with end users on new prison designs; i.e. prisoners, prison officers and other staff.
580 In our research, the only jurisdiction where female prisoners were asked their opinion was at Dóchas
581 and Limerick in the Republic of Ireland¹², though many struggled to identify what they would like
582 to see in the new Limerick prison, beyond rather mundane improvements such as hanging space for
583 clothes and softer lighting. They were hampered by their limited experience of aesthetically-pleasing,
584 nurturing environments and (literally) were unable to 'think outside of the box'.

585 It goes without saying that provision of care for women at risk of substance abuse, self-harm
586 and suicide is core to trauma-informed practice, but one element of design that has a broad evidence
587 base to support its health-giving properties is access to and interaction with nature. Studies of
588 hospital patients have linked even views of nature to faster recovery times, reduced demand for
589 medication and lower levels of frustration and impatience, while studies of prisons have found that
590 landscapes that incorporate trees and the wildlife they attract reduce feelings of sterility in the
591 carceral environment and lead to general improvements in emotional wellbeing (see Jewkes, 2018;
592 Jewkes and Gooch, 2019b). Yet, an Inspectorate report of HMP Foston Hall found that women on the
593 remand wing 'did not have daily access to the open air' and one-third of women there 'had less than
594 four hours out of cell each weekday' (p. 57). Furthermore, even establishments with attractive
595 landscaping – HMP Hydebank Wood being an example, with its extensive green spaces, attractive
596 flowerbeds, horticulture, polytunnels, goats and chickens – may only permit a privileged few to use
597 them. Meanwhile, we witnessed the most vulnerable women at Hydebank being held in solitary
598 confinement in oppressively unventilated, basic cellular confinement that appeared to offer nothing
599 in terms of positive stimulation.

600 Our conclusion, then, is that the gender–prison–environment–trauma nexus requires theoretical,
601 empirical, policy and practice attention and must be seen as a confluence of circumstances to be
602 regarded *in toto*. It is not enough for prison staff to speak a trauma-sensitive language, or even engage
603 in trauma-informed practice, if it is not fully embedded in the prison's culture, fabric and design

¹¹ Sodexo-run HMP Bronzefield, opened in 2004, remains the only prison in England purpose-built to house an all-female population. Mixed-gender HMP Peterborough (also Sodexo, opened 2005) has been praised for being relatively progressive and non-institutional (Jewkes and Johnston, 2007), although there remain many 'bleak spaces', including areas designated for mothers with children (Paddick, 2011: 91).

¹² Poignantly, when we showed the women held in Irish prisons the architects' renders for HMP Inverclyde, they were astonished that it was a prison and said things like 'That's the nicest room I've ever seen' and 'That's nicer than my bedroom at home'.

604 philosophy. When implemented in unsuitable or even dangerous trauma-generating environments,
605 a trauma-informed mode of engagement may be of no greater value than a disregard for imprisoned
606 women's complex histories and biographies.

607

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