

# A PERIOD IN CUSTODY: MENSTRUATION AND THE IMPRISONED BODY

By Catrin Smith<sup>1</sup>

## Abstract

*This article, based upon pilot work conducted in a closed women's prison in England, explores women prisoners' own experiences and accounts of menstruation and the complex role of situation in determining reactions to menstrual symptoms and to menstrual change. Socialised to see menstruation in negative terms, women prisoners tend to perceive the experience of menstruation in prison as a particularly uncomfortable intrusion into their lives. It is an imposition which cannot, however, be accommodated in private. Negative expectations and experiences of menstruation in prison may influence many women prisoners to focus on its associated unpleasant symptoms. Here, imprisonment may well set up the circumstances in which women come to regard themselves as suffering, which will, in turn, determine whether or not they help-seek. The findings suggest a high level of menstrual distress in women prisoners and a high rate of use of prison health services for menstrual complaints. However, there is also evidence to suggest incongruous referral behaviour, a major cause of which seems to be unease or dissatisfaction with prison health care and, in particular, male doctors.*

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*“I had to use a wad of toilet paper because I didn’t know who to ask and I was too embarrassed. I was desperately hoping that no one would notice the blood leaking through. It was so degrading, the lowest point in my life.” (Woman Prisoner).*

## **BACKGROUND**

A high rate of utilisation of prison health services seems to be a common feature of prison life and, while all prisoners make good use of the health care system, women make proportionately greater use of medical services than do men. Women prisoners tend to see prison doctors more frequently and take more prescribed medications than their male counterparts and, each day in women’s prisons, approximately 20% of women report sick, twice the rate of male prisoners (Home Office, 1997; Department of Health, 2002). While this may well indicate a higher incidence of illness in women prisoners, the reasons why prisoners report sick are likely to relate not only to new and on-going health problems but also to a range of factors such as boredom, loneliness, uncertainty and fear.

Accounts from prison health care staff indicate that menstrual disorders take up a high proportion of doctors’ time in women’s prisons and that such complaints rank among the conditions most frequently presented for consultation. Women prisoners themselves also describe a range of menstrual symptoms including: increased pre-menstrual tension (PMT), excessive menstruation, painful menstruation and menstrual cessation (Smith, 1996). Smith (1996; 1998), for example, in a wider health survey of three women’s prisons in England found that forty-eight percent of women prisoners reported problematic menstrual or menopausal symptoms. Given the relatively young age of the female prison population, these findings suggest a health disadvantage (also see Genders and Player, 1988; Fleming, 1992).

While sociological studies have detailed the progressive medicalisation of menstruation in patriarchal societies such as Britain (see, for example, Scambler and Scambler, 1993), little is known about the role of *situation* in determining reactions to menstruation. In addition, there is a lack of information on the *experience* of menstruation and of menstrual symptoms in women’s prisons or about women prisoners’ help-seeking behaviours. And yet, there are clear regime implications, not least for the supply and provision of sanitary protection and access to sanitary facilities, but also for work and disciplinary measures such as routine body-searching and random urine analysis to detect prohibited substances.

The importance of identifying health care and health promotion needs within the prison context and for ensuring that they are met has been increasingly recognised in recent years (Department of Health, 2002) and there is also now a much greater awareness among prison personnel and policy makers that the needs of women prisoners may be different to those of their male counterparts (Home Office, 1997). Menstruation and menstrual symptoms relate *solely* to women and yet this fundamental aspect of the female experience has received little detailed attention in the literature on women’s imprisonment. This is, in part, due to a desire to move away from the overly deterministic and individualistic explanations for female deviance and many analyses of women’s imprisonment have, instead, concentrated upon aspects of the wider social environment that is structured by gender, inequality and disadvantage

(see Howe, 1994; Smith, 2005). As a result, the issue of menstruation in prison remains veiled in silence.

Menstruation is an example of a physical bodily process which seems to exist outside the social (Jackson and Scott, 2001). However, it is something that needs to be *managed* socially. If it is not managed sufficiently it may disrupt social expectations and interactions. This article draws upon an analysis of women prisoners' thoughts and feelings about the bodily experience of menstruation and their attempts to manage this natural bodily function within the prison environment. It explores the complex role of context in determining how women think about their bodies and *respond* to perceived bodily change. In so doing, it highlights the complex interaction between the physical and the social and considers how a shared and closed environment affects the experience of menstruation.

## **METHODS**

This article draws upon data derived from pilot work conducted in a closed prison for adult women in England<sup>2</sup>. The research was carried out over a twelve-month period (2003-2004) and incorporated a mixed-method approach. In the first phase of the study, a self-completion questionnaire was distributed to 214 women prisoners, the total population of the prison on a given day. Questions on menstrual history, symptomology<sup>3</sup>, menstrual change and help-seeking were included in a broader questionnaire covering perceived health status, reported experiences of illness, social history (including recreational drug use), as well as socio-demographic and criminological information.

Completed questionnaires were returned by 111 women, giving a response rate of 52%. Because of assurances of anonymity, the follow-up of non-responders was not possible. However, the sample reflected broadly the status, age range, ethnic origin, sentence length and offence category found in women's prisons as a whole. Data were analysed using the SPSS statistical package. While the sample was somewhat small, a conventional chi-squared test was used to screen for significant association, generally accepting  $p < .05$  as the 'boundary of significance'.

The study also incorporated a rigorous qualitative method based on semi-structured in-depth interviews with 30 women prisoners. Each interview lasted between 1-2 hours. All interviews were transcribed verbatim for analysis using the constant comparative method of generating and linking categories (Glaser and Strauss, 1967). Following on from the interviews, ten women prisoners kept 'health diaries' over a time period of 14 weeks. The women were asked to keep a daily record of any symptoms, problems or worries and were also asked to note down the days when they were menstruating and any other issues, problems, positive or negative feelings.

## **FINDINGS: 'READING' THE IMPRISONED BODY**

The salience of lay perceptions of health and illness has long been recognised in the sociological literature. In addition, there has been an increasing focus in recent years

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<sup>3</sup> The questionnaire included items adapted from the Menstrual Distress Questionnaire (Moos, 1985) and the Menstrual Joy Questionnaire (Delaney et al, 1988).

on the ways in which individuals experience and 'read' their bodies and bodily change (see, for example, Nettleton and Watson, 1998; Howson, 2004). It has been recognised, however, that getting people to think about their bodies and to articulate those thoughts can be difficult for the empirical research endeavour, not least because of a tendency to keep one's body and bodily functions intimate and private (see Cunningham-Burley and Backett-Milburn, 1998). Prison is a context, however, that allows little bodily privacy. Personal control is taken away as the prisoner and her body become subordinates to the formal regime and everyday bodily routines become subject to high levels of control and surveillance. For prisoners, the body is experienced as both a site of disciplinary power and a vital resource of survival (see Smith, 2002) and prisoners tend to be highly aware of their bodies and are quick to respond to questioning on the subject (also see King and McDermott, 1995).

While menstruation is a basic element of women's lives, as a bodily experience it remains largely hidden and not talked about (Weideger, 1975; Scambler and Scambler, 1993). Laws (1985; 1990) suggests that this is due, in part, to 'menstrual etiquette'; the precept that women should keep menstruation concealed because it contains an element that is in some way offensive. Thus, women draw upon strategies to keep it out of routine social interaction (Jackson and Scott, 2001). As an intimate topic and as a somewhat taken-for-granted part of the female experience, it is perhaps difficult to discuss. However, when women are able to chat about the subject openly<sup>4</sup>, a range of personal experiences and viewpoints emerge and, in women prisoners' responses to questioning about menstruation, we can see a number of dominant themes. In what follows, women prisoners' attitudes towards menstruation in general and their routine experiences of menstrual discomfort and distress are discussed before a closer examination of the experience of menstruation in the prison context.

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<sup>4</sup> Here, it is likely that certain aspects of the researcher's biography (for example, being female) contributed to the processes of gaining the women's trust, enabling them to talk so openly and in so much depth on the issue and in ways they might not have done had the researcher been male.

## MENSTRUAL TABOOS, DISCOMFORT AND DISTRESS

### *Attitudes towards menstruation*

Throughout history, menstruation has been something of a 'taboo' subject (Laws, 1990). Menstrual blood, in particular, has been viewed as having magical, polluting and often destructive properties (Weideger, 1975). Menstruating women have been physically and socially isolated and forbidden to prepare food or to engage in sexual activity and there is evidence to suggest that, in some cultures, severe penalties have been inflicted on the menstrually 'deviant' (Hays, 1972; Weideger, 1975; Martin, 1989; Kowalski and Chapple, 2000).

Menstrual myths and taboos still exist, albeit in a somewhat less extreme form. In women prisoners' accounts of menstruation there was no shortage of beliefs and interpretations. For example, many of the women interviewed believed that menstruating women should change their behaviour, avoiding exercise, sexual intercourse and social activity (also see Martin, 1989). These are some of the observations made:

*It's like your body needs to rest, you know, away from everyone else ... [I]t's best to keep a low profile. Sex is out. I suppose there are just things which you can't do and shouldn't do. We were always told not to go swimming.*

*I was told that you shouldn't have your hair done and to avoid cold foods. That's a bit extreme. But certainly there are a number of things that I would think twice about doing when I'm on.*

*Our sex life always used to centre around whether or not I was on. If I was on my period we used to avoid sex completely. I don't know, it just doesn't seem right.*

While there is little evidence to suggest fluctuations in performance over the menstrual cycle (Golub, 1992), many of the women felt that they were physically and mentally weaker during menstruation and, as such, were unable to function normally. When questioned about why this might be, a number of women referred to the 'openness' of the body and its vulnerability to infection and illness.

In women's commonsense accounts of menstruation, there was a clear association with issues of bodily cleanliness. Many women expressed feeling 'dirty' during their menstrual period and the function of menstruation was often seen as involving the removal of unwanted substances from the system (also see Snow and Johnson, 1977; Laws, 1990). As one woman observed:

*It's like the body cleaning itself out, a cleaning process.*

Many of the women interviewed seemed to have a lack of understanding of the menstrual cycle; admitting, for example, to having little or no knowledge of menstruation prior to their first menstrual period, or to fully understanding the source of menstrual blood. Some women with a history of heroin use, which may produce an irregular menstrual cycle or even stop a woman's period, believed that they could not

get pregnant whilst using the drug and some had only learned of their pregnancies on contact with criminal justice and/or drug treatment agencies. Indeed, a number of the women interviewed were unsure about when it is possible to become pregnant.

None of the women used the word *menstruation*, preferring to use euphemistic expressions such as 'being on', 'having my period' or 'monthlies'. They could also easily recite other, less neutral expressions associated with menstruation. In all the women's accounts, menstruation was seen as generally unmentionable, a taboo subject. Most saw menstruation as something they considered bothersome, messy and/or dirty and all acknowledged its hidden nature (also see Martin, 1989). For example:

*I hate it. It's unfair, messy and painful.*

*It's a curse on women, isn't it? Every month we have to suffer the mess, the pain, the indignity.*

*We have to suffer in silence. You certainly don't talk about it or let people know that you are on.*

*It's just not something you advertise is it? Like when you meet people you don't say to them 'Guess what? I'm having my period'. And you definitely don't talk about it in front of men. They'd run a mile (laughs).*

In all the women's accounts, menstruation is seen as something in need of bodily management, in order to be seen as a competent social actor. Menstruating women, thus, strive to manage the tensions between public appearance and their own private reality.

The women who came closest to expressing any positive feeling towards their menstrual cycle were those who described menstruation as 'normal' and 'healthy' and as signifying 'being a woman'. Women not interested in having more children, or in having children at all, also displayed a more positive response. Even these women, however, often tended to qualify their responses in negative terms. For example, one woman stated:

*The only good thing about it as far as I am concerned is that it means I'm not pregnant. For most of my adult life I've thanked god once a month and put up with all the mess and the pain.*

Negative attitudes toward menstruation may be associated with negative recollections of menarche, the first menstrual bleed and the 'sign and symbol of womanhood' (Weidinger, 1975: 158). All the women interviewed could recount, often with humour, the story of their first menstrual period and all were invited to describe their reactions. While some of the women recalled positive experiences, most reported negative feelings; using words like 'embarrassed', 'upset', 'scared', 'shocked'. The women also reported feeling unprepared and uninformed about what to expect and confused about the meaning of their emerging 'womanhood':

*I was only nine when I had my first period. I was terrified and disgusted. On the one hand I was supposedly now a woman. But I wasn't ready for it. I was only ten.*

*I really didn't know what it meant. I remember feeling quite pleased that I was now a grown up. But that also scared me. No one tells you how you are supposed to feel.*

*I was just really embarrassed. I remember thinking that everyone could tell.*

A negative attitude towards menstruation at menarche may be associated with greater menstrual distress (Etaugh and Bridges, 2004). Certainly, women who had been told little about pubertal changes or who had been led to believe that menstruation would be uncomfortable and unpleasant found menarche especially distressing. Similarly, those who began to menstruate earlier than their peers recounted particularly negative experiences.

While all the women could recollect their first menstrual period, few could explain why it occurred when it did. They could, however, describe the often unwanted consequences of accelerated femininity/sexuality and, for many of the women, there was a clear link between changes in biological maturity and changing *expectations* of social and sexual maturity.

*It was a real entry into the adult world. One minute I was this little girl, the next I was expected to act and be a woman. I was made to grow up practically overnight.*

*I was raped for the first time just after my first period. I remember thinking 'so this is what it's like to be a woman'. Welcome to womanhood.*

*Old enough to bleed, old enough to have sex. That was the attitude.*

In a wider culture that tries to keep physical maturity and socio-sexual maturity apart (Weideger, 1975), some young women are propelled into adulthood. Many women prisoners are those whose biographies include accounts of disadvantage, abuse and psycho-social distress (Carlen, 1983; 1985; 1988; Posen, 1988; Smith and Borland, 1999). For such women, the entry into adulthood is often accompanied by realistic feelings of confusion and unhappiness. Here, a negative attitude towards menstruation both before and at menarche may be linked to subsequent negative feelings and a greater menstrual discomfort (also see Scambler and Scambler, 1993).

### ***Menstrual discomfort and distress***

For most women, a certain level of discomfort is part of the normal menstrual cycle experience. Women may experience a number of 'symptoms' before or during menstruation, including breast tenderness, anxiety, bloating, fatigue, pain, irritability and mood swings. In some cases, the experience of discomfort may be so severe that normal functioning is impaired (Miles, 1991). Studies assessing the prevalence of

menstrual symptoms in the community suggest that the experience of physical and emotional fluctuations is a common feature of many women's lives and negative experiences are reported by women from a range of cultural backgrounds (Snowdon and Christian, 1983; Moos, 1985; Scambler and Scambler, 1985).

Of the women prisoners who completed the questionnaire, 58% stated that they had regular periods; 31% were irregular; and 11% stated that they did not have periods due to surgery, menopause or other reason. Of those whose periods were regular or irregular, the prevalence of symptoms considered as discomforting was as follows: 54% reported moderate or severe pain; 40% reported breast tenderness; 48% said they experienced bloating or swelling; 57% reported headaches; 30% reported backache; 36% said they gained weight; 46% reported feeling tired; 56% reported mood swings, and 58% said they felt irritable, anxious or depressed either before or during their menstrual period. These findings suggest a higher degree of menstrual irregularity and symptom distress in women prisoners compared to women in the community (see Scambler and Scambler, 1993).

The women interviewed also detailed embodied experiences of menstruation, most of which can be described as unpleasant:

*I become very sensitive to noise. I get headaches and feel generally under the weather.*

*I have really, really bad period pains. Sometimes I'm all crouched up because the pain is so bad.*

*I feel sad all the time, kind of low, weepy, you know?*

*I feel fat and bloated. My skin and hair feel sort of dull.*

*I get very clumsy. I have bad cramps and my back aches. My boobs hurt and I get very tired.*

While controversy exists in the research literature about the validity of premenstrual syndrome (PMS) as a disorder (see, for example, Golub, 1992; Vines, 1993; Walker, 1997; Houppert, 1999), a number of the women interviewed considered themselves to suffer from the symptoms associated with the idea of PMS:

*I've always been a moody cow before my period. I can't stand to be around people or to be touched.*

*Every month, for about a week before I'm due on, I become a different person. It's like I'm not me. I feel very, very angry. I snap at everyone. I feel out of control.*

*I become tense just before my period. I get cross with everyone around me. My breasts swell and they feel very heavy, you know? I just want to sleep all the time and if I can't I become more irritable and more likely to snap.*



*I do suffer badly with PMT. I feel really tense. My temper is short. I am fed up and tearful. I find stress really difficult to deal with.*

In response to the questionnaire, 58% of the women considered themselves to have a problem with PMS. A clustering of certain symptoms – headache, backache, pain, irritability, body swelling and tenderness – one or two days before menstruation was also evidenced in the health diaries of seven out of the ten women, although, feelings such as anxiety, tiredness, sadness and stress were reported throughout the women's menstrual calendars.

Of course, the way in which menstruation is portrayed can affect the way women think about their menstrual cycles and symptoms (Delaney et al, 1988; Scambler and Scambler, 1993; Lee, 2002). Scambler and Scambler (1993: 41), for example, argue that reports of menstrual symptoms may well reflect 'women's learned negative stereotypes and attitudes towards menstruation as much as their experiences of it'. A widely held stereotype in modern western culture is that women experience negative moods premenstrually. Thus, if a woman feels anxious, irritable or moody and believes she is in the premenstrual phase of her cycle, she may *attribute* her feelings to PMS (Etaugh and Bridges, 2004). The association of negative feelings such as irritability with the timing of their periods was evident in many women's accounts. In their comments, we can also see the role of others – often men - in the interpretive process:

*My husband reckons he knows when I'm due on ... He says, 'Time of the month, is it?' Because I get snappy.*

*If we were arguing he always would make a point of asking, 'Are you on the rags?', or something like that.*

*It's almost like you're allowed to be moody. It's expected. You say to people, 'Time of the month', and it's like they understand, no more said.*

Laws (1985; 1990) suggests that male culture generates and legitimises the overwhelming discreditation of menstruation. This, in turn, may influence many women to focus on the associated unpleasant symptoms and feelings more than the positive aspects. In an attempt to move away from a focus solely on the negative side of menstruation, women were asked to reflect on any more positive feelings that might be experienced before or during menstruation (for example, self-confident, affectionate, sexual). The replies to the questionnaire and the diary entries revealed very few favourable feelings. Similarly, while not all the women interviewed described menstrual symptoms as overly distressing or discomforting, only two women came close to expressing what could be described as 'menstrual joy' (Delaney et al, 1988). Even these women, however, recognised that their views were somewhat unusual:

*I know a lot of women suffer terribly and I do suffer with cramps and the like. But ... I am almost ashamed to say that I quite enjoy some of the ways it makes my body feel. I do tend to feel more sexual around*

*the time of my period. It's like your senses are more aroused, sharper somehow.*

*In some ways I really like it. I feel more womanly somehow, although I'm not sure that that's necessarily a good thing.*

While there is evidence to suggest that some women experience their menstrual periods as pleasurable and self-affirming (see Lee, 2002), in this study questions about positive feelings tended to produce non-response, bewilderment or even amusement on the part of the respondents. While all the women were able to speak at length about the negative aspects, most said that they had never thought about menstruation in a positive manner. If such a negative image of menstruation is impressed upon women, how then do they decide how much pain and discomfort should be regarded as normal and at what point is the threshold of normality crossed?

## MENSTRUATION IN THE PRISON CONTEXT

### *The public nature of having one's period in custody*

When invited to give expression to the experience of menstruation in prison, most of the women interviewed gave evidence of an unqualified dislike. Socialised to see menstruation as something unpleasant and undesirable, best 'put up with' and 'kept private', the women described how their attention and the unwanted attention of others is drawn to their menstrual period. Here, it seems that aspects of the 'menstrual etiquette' (Laws, 1985; 1990) and, indeed, the 'toilet etiquette' (Edwards and McKie, 1996) are seriously undermined in the prison context; leading women to see menstrual symptoms as particularly unwelcome intrusions into their lives. Here are some of the observations made:

*There is nothing private in prison. You can't fart in this place without people knowing. Everyone knows when you go to the toilet. They know when you are on [your period]. It all becomes such a big deal.*

*If you go to the toilet in the outside world, it's a hidden space, a private place. In here, you're always aware that someone can open the door, which makes it particularly hard when you are having a heavy period.*

*When you are sharing a room and a toilet with a number of other women, it can be quite embarrassing. In X prison, there was an unspoken rule: not to look when someone is on the toilet. But if you are having your period ... it's really quite disgusting.*

*If you get a male officer, it's embarrassing to ask him for tampons or towels.*

*Normally, it's all kept very quiet: 'Shush, I'm on my period' [whispers]. But in here, the whole wing knows. You've got officers shouting down the wing 'X wants more towels'. You can't keep it private even if you want to.*

In the women's accounts we can see something of a movement away from the so-called 'civilising process' and its emphasis upon the concealment and management of body functions and fluids (see Elias, 1978; 1982). As something of an 'un-civilising process', imprisonment sets up the circumstances in which there is a shift of bodily functions away from spatially concealed, private places to the more visible, public domain and, for many women prisoners, this is a source of much discomfort. In addition to a lack of bodily privacy, personal control is taken away as the prisoner and her body become the objects of external forces. The women pointed to the ways in which their body and bodily needs were often secondary to the needs of the regime:

*You can't just go to the toilet as and when you please. It's like being a kid again: 'Please Sir, can I go to the toilet?' And there are no locks on the toilet doors so you have to try and change your tampon or towel with one foot pushed against the door.*

*When you've got your periods, some women are very heavy, you know? And they're not given any time out.*

*I was at reception and I asked for a tampon but wasn't given one. Then I had to be examined and there was blood trickling down my legs.*

*When I came back [from home leave] I had to be examined. And I had a tampon in and I was told to take it out in full view. There were a number of officers in the room. I put in a complaint about it but the official line was that 'they weren't watching'.*

*I came on and I asked if I could go and change my underwear and have a wash. I was told that I couldn't and so I had to stay in the same dirty knickers.*

*I work in the kitchens and we have to wear whites, which can be quite embarrassing when you have your period; if you come on unexpectedly or if you are very heavy. The pads they give you here don't give much protection and several times I've leaked through.*

*When they first introduced MDT [Mandatory Drug Testing], I was the first to be called to be tested. And I was having my period so I refused. But in the end, I had to.*

For many of the women prisoners, menstruation represented an additional source of distress and the negative experience of having one's period in custody often served to highlight the associated unpleasant states. This was generally based on perceptions of menstruation as 'messy', 'unclean' and 'uncomfortable'. Some women recounted embarrassing experiences of 'flooding' and 'leaking' and concerns about visibility and of 'everybody knowing' loomed large in most women's accounts.

The normally hidden nature of menstruation was, thus, a real problem for many women. This was often related to issues of room sharing, access to sanitary facilities and protection, work duties and security procedures (including body cavity searches and random urinalysis for prohibited substances). Most women disliked having to ask officers for 'rations' of sanitary wear and, in the heavily watched over world of the prison, finding time and space to change tampons or pads was seen as particularly problematic. Not having access to preferred sanitary protection was also evaluated negatively, as was a lack of access to washing facilities during menstruation (also see Carlen, 1983; Hicks and Carlen, 1985). While some of the women occupied single rooms with integral sanitation (including showers) and access to such provision was seen as being one of the more humanising elements of the regime, there remained a tension for many women between the desire not to draw attention to menstruation and the impossibilities of being able to hide the fact<sup>5</sup>.

In the socially controlled environment of the prison, a small number of women did describe the pleasure of trying to embarrass male officers in relation to menstrual and

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<sup>5</sup> Also see Martin (1989) on women's experiences of menstruation in the workplace and in the education system.

bodily functioning, providing some evidence to suggest that, in this environment, taboos also have the potential for resistance (Smith, 2004). Bosworth (1999), similarly, points to the use of menstrually-related discourses in relation to toilet paper as a mode of resistance to prison staff, especially male staff. Certainly, some of the women in this study described how they *used* their menstruating status to their own advantage in their interactions with male officers:

*I make sure that I ask for supplies as loudly as possible so that everyone knows what I am asking for. They [male officers] find it embarrassing, an inconvenience, but they have to give them to us. In some small way, it makes me feel good that I can make them feel awkward. They do it to us at every opportunity.*

*Like blokes on the out, they hate to talk about anything to do with periods, blood and that. So, if I'm having a particularly heavy period, they don't want to know about it, just put their heads in the sand. They don't want to hear about clots, discharges and that.*

*It's great when a number of us are on at the same time. We are constantly in their faces asking for more pads or more loo roll. We take it in turns to embarrass new officers.*

In common with other all-female environments (such as convents, boarding schools, students' and nurses' hostels), menstruation in prison often seems to be a public rather than a private matter and a collective rather than an individual experience.

*I've noticed a tendency for everyone to get their periods at the same time.*

*If you are serving a long(ish) sentence, after a while your body seems to get in tune with those around you. It's strange. My periods are quite irregular but I still seem to come on within one or two days of my friends.*

*[In X prison] I was always on at the same time as my pad- [cell/room] mate. We used to laugh about it because we would both know when the other was on.*

While the existence of menstrual synchronisation has been debated in the literature (see Walker, 1997), most women have either heard of, or have experienced, the phenomenon of bleeding in harmony with other women. There is, however, little detailed research on the topic and the causes are far from clear (but see McClintock, 1971). Some theories suggest that lunar cycles may have some connection to the pattern. Others point to hormonal changes. Other still suggest a complex interaction of factors – biological and environmental - leading to synchronised cycles (Shuttle and Redgrave, 1999).

Whatever the cause, coordinated menstruation was frequently reported by women prisoners and evidence of synchronisation was also found in the health diaries of six out of the ten women who completed them. The women all reported cycles which

began on or near the same date. Moreover, in response to the questionnaire, forty-three percent of women who could provide the date of their last menstrual period reported the onset of cycles which fell within a four-day period.

While it is inevitable that there will be some menstrual overlap among a group of women living together, what is interesting to note in women prisoners' accounts of 'group menstruation' is the associated notion of 'group tension':

*When a number of us come on at the same time, it can get quite tense at times. We're all feeling ratty and touchy and it only takes the smallest of things for it to go off.*

*You've got a situation where you've got a number of women all with PMT, all feeling on edge, all ready to bite someone's head off.*

*I don't know if it's because I'm usually on as well. But, how can I describe it? It's like there's a change of atmosphere. You can just sense it.*

*You've just got to keep your head down at that time of the month. We all just try to stay out of each others' way, which can be difficult.*

*I know that I tend to feel low, fed up, angry even. Sometimes I think to myself, 'Why am I feeling like this? And then I come on and I think, 'Okay, so that's the reason'. Then, you realise that everyone else is feeling the same thing, at the same time. Scary.*

Thus, the widely held stereotype that women experience negative moods around the time of their menstrual period was evident in many women's accounts. They were quick to attribute the reasons for feeling moody, anxious, tense, angry (whether at the collective or individual level), or 'out of control' to menstruation, despite some evidence from the diaries that such feelings may be prevalent throughout the monthly cycle. Because of its timing and, to a certain degree, the synchronicity, the putative change of mood or 'atmosphere' is linked with menstruation (a negatively evaluated state) rather than any other factors which might be contributing to their feelings. In this sense, we can see how women prisoners themselves tip the balance towards physiological explanations for the symptoms associated with their pain and discomfort (potentially contributing to their own medicalisation). This, in turn, provides a means through which women prisoners can *explain* their behaviour if they 'kick-off' (biology rather than social situation). It also gives a legitimate avenue through which many women in prison try to cope with, and seek support for, their suffering.

#### *Perceptions of menstrual change*

Etaugh and Bridges (2004) suggest that differences in the social context, circumstances and groupings of individual women may affect menstrual experience. Certainly, many of the responses of women prisoners to questions about menstruation made reference to perceived changes since being in prison. For example, in the questionnaire survey, 49% of women reported a change in their periods following imprisonment. Of these women, 41% reported heavier bleeding; 18% reported

bleeding more often than normal and for more days; 20% reported that their periods had become less regular or had stopped completely, and 21% reported the return of their menstrual period following its suppression due to drug use. Indeed, the perception of menstrual change was significantly associated with the use of recreational drugs ( $p=.000$ ). There were also significant associations between perceived menstrual change and sentence length ( $p=.001$ ); the prisoner's perception of her health as fair or poor ( $p=.000$ ); the reported suffering of anxiety, depression and stress ( $p=.000$  throughout); reported concerns about feeling tired ( $p= .007$ ); difficulty sleeping ( $p= .000$ ); feeling more irritable and anxious than usual ( $p= .004$ ); reported concerns about one's family, finances and housing ( $p= .000$  throughout), as well as concern about aspects of prison life ( $p=0.005$ ).

The women interviewed also spoke of an increased severity of menstrual symptoms, including pre-menstrual tension (PMT) and pain, and other changes in blood loss and cyclicity. Here is a sample of their comments:

*Since I've been here I seem to be a lot heavier than I used to be and seem to bleed for longer. I also suffer a lot more with cramps, painful periods.*

*I don't have periods on the out [because of drugs]. I came on for the first time in ages when I first came in. Since then, they've been every couple of weeks or so.*

*I have a lot more clots, you know.*

*I was regular as clockwork before. When I first came to jail my periods stopped completely. I now have a period about every two months or so. I can't really tell when my next one will be.*

*The pain seems to be more intense somehow. I also seem to suffer more in the lead up to my period, become more edgy.*

*I definitely have more PMT. I seem to have less control over it.*

Cunningham-Burley and Backett-Milburn (1998: 151) suggest that the body gives out 'messages' of bodily change; indications of difference, which need to be 'read', interpreted and sometimes acted upon. In the women's accounts of menstrual change there was no shortage of interpretations. While some women made reference to ageing (also see Wahidin, 2004), and some made links to drug withdrawal, many of the accounts touched upon one particular theme: stress. Most respondents implicitly or explicitly drew upon notions of change associated with the levels of stress and anxiety engendered by the fact of imprisonment. As one woman observed:

*Your periods go all over the place in prison. It's the stress. You're concerned about the kids, how they're getting on. You've got all these problems about what's going on outside. And you've got your time to do and it all gets to you. It takes its toll on your body. The body can't cope.*

Weideger (1975: 148) suggests that any form of stress – ‘pleasant or painful’ - can affect menstrual experience. However, severe and prolonged stresses may exacerbate menstrual symptomology and may be responsible for menstrual irregularity and even the loss of cyclicity altogether (also see Gallant and Derry, 1995).

There is no doubt that imprisonment *is* a stressful situation and it would be surprising if women prisoners were not anxious to a certain extent (see Smith and Borland, 1999). Women are isolated from their support networks and risk losing, if they have them, relationships, homes and jobs (also see Genders and Player, 1987). These are very real concerns and are, in turn, often compounded by those emanating from the day-to-day life of the prison, a world which allows women little bodily privacy and control. Here, perceptions of menstrual change may well add stress of their own and may complicate the stresses already suffered. For example, some of the women interviewed -often those serving the longest sentences – described the suppression of menstruation, which was experienced as particularly upsetting:

*My periods stopped for a long while. I think it was the whole trauma of the court case, the sentence, everything. It's like you have lost everything. Everything that is familiar is gone. It was a horrible, horrible time ... Losing my period in many ways was quite symbolic, the last straw. I was this close to breaking point.*

*My periods have stopped but I've been told that I'm not menopausal. So that's another big concern on top of everything else.*

#### *Menstrual change, abnormality and help-seeking*

In prison, it is difficult to ignore one's body and ‘bodily messages’ and prisoners, on the whole, seem to be particularly concerned about their health and are quick to reflect on what their bodies are ‘telling them’ (also see Prout and Ross, 1988; King and McDermott, 1995). While a few women interpreted menstrual change as welcome, symbolising a return to ‘normality’ (for example, women drug users) or, at least, understandable, given the nature of the various stressors associated with imprisonment, and some others made reference to ‘natural changes’ associated with ‘getting older’, in the main, the experience of unpredictable menstrual change and somatic discomfort was associated with distress and, often, with symptoms of ‘abnormality’ and potential illness.

*I know my body and I know that this isn't normal. It's not normal to come on every two weeks or so. And I'm suffering a lot with the pain.*

*I've been passing a lot of clots and I'm worried about what it means. Is it a sign of something else, you know?*

*I had a friend who had problems with her periods and for years no one took any notice. She ended up having a hysterectomy. So, yes, I am worried that it could be the same for me ... or worse.*

*You worry about cancer. There was a woman released from here and within a few months she was dead, cervical cancer.*



Howson (2004: 84) describes menstrual blood as an ‘anxiety-producing fluid’. Certainly, for many women prisoners it represents an additional source of stress. In the questionnaire survey, eighty per cent of women who reported a change in their menstrual periods interpreted the changes as problematic and the same number of women reported being quite or extremely concerned about problems with menstrual periods.

So, how do women prisoners respond to perceived menstrual change? For those who define themselves as suffering, the options are severely inhibited in this context. For example, in the outside world, most symptoms of illness tend to be dealt with in the ‘lay arena’ by individuals themselves or by family members and other members of the social network (see Kleinman, 1985). In this sector, a number of practices are commonly utilised in relation to menstrual symptoms, including diet, exercise, herbal remedies, relaxation techniques as well as ‘over-the-counter’ drugs. In prison, however, self-management is not an option and the mechanisms for dealing with menstrual discomfort are clearly restricted. Prisoners lose the authority to act as they would normally and the simplest of actions is curtailed by regulation and enforced dependency.

*You can't just take yourself off to bed and lie down. You can't just pop a paracetamol for the pain. You have to go through a whole procedure of asking for things.*

*If I was at home, I'd just run myself a hot bath or I'd make up a hot water bottle and lie with it on my stomach. You can't do that in here.*

*I would normally take myself off somewhere on my own. Just be by myself.*

*I lie awake at night because of the pain and the cramps but then I'm tired in the day and you can't just take a sickie or stay in bed in the mornings.*

*It's very difficult to find ways to make yourself feel better in here. The things you normally take for granted, your ways of coping, are gone. So, yes, this means that you tend to think about how awful you are feeling in a way that you might not normally.*

*You have no choice in here. You have no control over anything, not even how you respond to things. You have to have permission to feel under the weather. So things that you wouldn't normally go and see a doctor for, like a bad period, a heavy period, you end up going to the health care for. It is totally frustrating.*

Hence, many women prisoners experience bodily disruptions in ways which, on the one hand, cannot be accommodated by the prison regime. On the other hand, such disturbances make the burdens that accompany the social position of ‘prisoner’ more difficult to cope with.

In the absence of their main lay referral networks, some women (particularly those serving long sentences and who have built up a small prison lay referral network) seek the advice of fellow prisoners and several of the women interviewed recounted long, and sometimes protracted, discussions about health issues. Such discussions seem to have a role in either prompting women with perceived menstrual complaints to enter the professional arena of the prison health care system or inhibiting them from doing so.

*I tend to check things out with my friends. I had a bad [vaginal] discharge at one point and was passing lots of clots when I was on. We all sat down and had a chat about things. Many of the other girls had been through similar things. We kind of compare notes, which makes you feel better.*

*I wouldn't have bothered going [to the doctor]. But my pad-mate could see how much pain I was in and she told me I had to get some help.*

*Some of the other girls have had really bad experiences with the health care. So, I don't bother going. We tend to help each other out if we can. No, I would have to be on death's door before I went there.*

*I had a word with one of the other women because I wasn't really sure, you know? How do you know what's normal and what isn't? So, I told X about how I was feeling and she said that I must go to the doctor. I went to her for advice because I wasn't really sure.*

Hence, the lay referral network in prison, like in the community, seems to fulfil a 'legitimising' purpose for some women. For other women who define themselves as ill, lay consultations for symptoms may not be possible and, it is easy to understand why, in these circumstances, women prisoners often turn to prison medical services in an attempt to find support for their concerns. There are few other avenues of help and consulting a doctor may provide a mechanism through which women attempt to find legitimisation for discomforting symptoms as well as some relief.

*I was at my wits end, really worried. I was bleeding a lot, going through pad after pad. I had no one to talk to. I didn't feel I could talk to the other women. The screws don't give a shit. What could I do? So, I made a request to see the doctor.*

*Since I've been in here I've learnt to suffer in silence as they say. But on this one occasion, I was having really bad cramps, I couldn't sleep, so I went to see the doctor.*

*You really don't have any choice if you are suffering, if you want a little pain relief or something. You have to go through the health care.*

Accounts from prison health care staff indicate that consultations for menstrual symptoms take up a high proportion of doctors' time in women's prisons, accounting for approximately one-third of all consultations. Indeed, of the women who reported a high level of symptom distress in the questionnaire survey, approximately sixty per

cent had consulted a prison doctor about their concerns. Similarly, many of the women interviewed had seen a doctor in relation to menstrual symptoms.

In the women's accounts of their experiences of prison health care, criticisms of prison doctors and, in particular, of male physicians, loomed large. Most prison doctors are male and almost all of the women interviewed reported a preference for a female doctor. The women recounted difficulties discussing menstrual symptoms or 'women's problems' with a male doctor, typically using words such as 'degrading', 'embarrassing', 'shameful'. Women who had suffered sexual abuse stated that they found it particularly difficult to talk to a medical officer about such intimate issues and found bodily examination especially traumatic.

A key theme in the women's accounts was the perceived lack of empathy for women who present with menstrual symptoms and for women prisoners in general. The women complained that doctors routinely dismissed or minimised their problems. They argued that symptoms were often trivialised or were not taken seriously and that knowledge of one's own body was often denied. One woman sums this up as follow:

*For God's sake, I know my own body better than he does and I know when things aren't right. I told him what was happening and about all the bleeding, the changes I was feeling and he just looked me up and down and totally dismissed me.*

Here, there is a sense that a woman's own experience is devalued. The women described this as a distressing and demeaning experience and many complained of their humiliations and frustrations at such treatment. Indeed, in the questionnaire survey, eight-six percent of women who had consulted a prison doctor for menstrual symptoms reported being dissatisfied with the nature and outcome of the encounter.

Many women felt that prison doctors were 'ignorant' of menstrual problems and did not take seriously the complaints women present with. Many felt that prison doctors are ineffective, unable to offer the appropriate treatment to end menstrual distress and/or unwilling to refer women to relevant specialisms.

*I don't think they have a clue about how to deal with women. There is a tendency to think that we are all just making things up to have an easy life and, don't get me wrong, some women are like that. But when you've got a genuine concern or complaint and all they do is give you some paracetamol and a minute of their time, well it's not good enough.*

*You get no help, no understanding. To them you are just another prisoner. You're not a person. So, when you go to them with a problem, they don't take time to work through things with you, ask how you're feeling. I was worried because my periods had stopped and I was only in my 30s and I remember this old guy just basically said to me 'what do you expect?' I think he just looked at me and why I was in [prison]. I got no advice, no treatment, nothing.*

*All they give you is paracetamol. It doesn't matter what the problem is, it's always paracetamol. How is that supposed to help with the bleeding, the clots?*

*I really think he should have referred me on to someone, someone who deals more with women's issues. But no, I was told that what I was experiencing was normal and, basically, that I should just put up with it.*

In such accounts, we can see evidence of the potential tension for prison doctors between the perception of menstrual symptoms as part of the 'normal menstrual cycle experience' and a pressure from women themselves to define and treat them as pathological or, at the very least, to take them seriously.

While some women, through choice or lack of choice, consult a prison physician, others (just over 40%) with a high level of concern and symptom distress do not take advantage of the prison health care system. In the accounts of non-consulters, there was evidence that such women may be reluctant to help-seek for a variety of reasons. First, they may not interpret menstrual distress as illness. Secondly, many of the women had presented symptoms to a prison doctor in the past or knew of others (i.e., members of women's prison lay referral network) who had presented with menstrual symptoms. It was a common perception amongst these women that prison health care could provide them with little relief. Several had long-term symptoms, which they had learned simply to 'put up with'. Finally, almost all the women expressed a dislike of male doctors and many said they felt ashamed and embarrassed about talking about menstruation with doctors.

## DISCUSSION

Jackson and Scott (2001) argue that the bodily experience of menstruation is not reducible to the physicality of blood loss, cramps and so forth. Rather, it occurs in specific contexts and it is imbued with a range of social meanings. The findings of this pilot study point to the complex interaction of the biological and the social and highlight the role of situation in determining reactions to bodily experience and perceived bodily change. The findings suggest a high prevalence of menstrual disorders in women prisoners, either because women sent to prison already have a history of such symptoms or because new cases arise whilst in prison. In addition, imprisonment seems to set up the circumstances in which women are more likely to 'read' their bodies and to reflect upon menstrual symptoms, to interpret them in terms of illness (abnormality) and to regard them as problematic.

It is clear that imprisonment affects women's mechanisms for coping with, or managing, menstrual symptoms whereby they are less able to maximise the positive facets of menstruation and minimise the discomforts by, for example, absenting themselves from work duties, self-treating or legitimately withdrawing to places of seclusion. The strategies women tend to use in the community to keep menstruation out of routine social interaction and the 'conventions circumscribing when, how, by whom and to whom it can be revealed' (Jackson and Scott, 2001: 13) are not readily available in the prison context. Imprisonment, by definition, implies discipline, control and constant surveillance and it may be that women are less willing or able to cope with the 'pains of imprisonment' during the menstrual phase and so seek medical advice and treatment, in the absence of other avenues of professional help.

The findings point to a complex relationship between perceived menstrual distress and the role of situation in determining reactions to menstruation. It seems clear that many women prisoners see menstruation and menstrual change in negative terms, as embarrassing intrusions into their lives. Menstruation is an imposition which cannot, however, be accommodated in private with a minimum of fuss. This then may set up the circumstances in which women regard themselves as suffering. In turn, this may determine whether or not they seek help. While the findings suggest a high rate of use of prison health services, there is also evidence of incongruous referral behaviour (i.e., not consulting despite high levels of menstrual distress) due, in particular, to an unease or dissatisfaction with male doctors (experiential or inferential).

There are, of course, a number of difficulties of interpreting women's subjective reports of menstrual symptoms and menstrual change (also see, Anderson and McPherson, 1983; Scambler and Scambler, 1993). Evaluations of blood loss, for example, tend to be based on the number and condition of sanitary pads or tampons used rather than any objective measurement. In an environment where the choice of sanitary protection is limited and where access to facilities for changing soiled pads and tampons is controlled, women prisoners' assessments of menstrual change may be somewhat amiss. Moreover, as Scambler and Scambler (1993) suggest, responses to questioning about menstrual symptoms may well reflect women's internalised negative stereotypes.

However, the findings do have implications for further research and requirements for service provision (including access to sanitary facilities and preferred sanitary protection). Moreover, they raise questions about human rights and issue of privacy and dignity for women in prison. The findings of this pilot study give support to calls

for improvements to the regimes for women prisoners, the environment in which they live and the treatment and services available to them, including the help for women who seek it in relation to menstrual symptoms.

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