The State of the Prisons

"Schools for criminals"

RICHARD SMITH

It is one thing to slam the prison door on an adult murderer and think "That's him out of the way for 15 years and thank goodness," but quite another to do the same for a 14 year old. We retain a belief in the innocence of children and we also want to continue to think that we can "save" the child until the evidence that we cannot is overwhelming. In Scotland this principle of responding to the child who offends with a caring rather than a punitive approach has been taken so far that in 1971 juvenile courts were abolished for all except certain serious offences—instead the offenders appear before children's panels.^{1 2}

In England and Wales there have been no such radical steps, but more attempt is made to keep young as opposed to adult offenders out of institutions, and this was one aim of changes relating to young offenders which were enacted in the Criminal Justice Act 1982 and which came into force in May 1983.^{3 4} The Act abolished borstal training (the very fact that borstal inmates were always called trainees rather than prisoners illustrated that a different philosophy prevailed for young offenders) and introduced instead youth custody. The main change was that youth custody is a determinate sentence in contrast to a borstal sentence, which was indeterminate. Unfortunately as happens with so much legislation the actual effect has been rather different from that intended. The new Act has not reduced the number of young offenders who are incarcerated and it has been necessary to convert some detention centres into youth custody centres to accommodate the many young offenders who are being sent to youth custody centres rather than detention centres. The new Act has been criticised as being merely cosmetic, and the National Association for the Care and Resettlement of Offenders said in response to the green paper proposing the bill: "It is doubtful whether the . . . proposals would reduce the number of young offenders in custody and they could even result in an increase. . . ."⁵

Numbers and disposal of young offenders

The number of young offenders held in custody in England and Wales has been increasing for many years. In the 10 years from 1972 to 1982 the number of people under 21 (both girls and boys) held in custody increased by 75%—from 19 239 in 1972 to 33 781 in 1982.^{6 7} The number of boys aged 14 to 16 held in custody more than doubled between 1972 and 1981 (from 3608 to 7535), but the biggest increase was among girls aged 17 to 20—an increase of over 160% from 365 in 1972 to 964 in 1982. It is worth noting, however, that much of the increase in girls being held in custody is because more are defaulting on their fines—18% were held in custody for fine defaulting in 1972 but 30% in 1982. In contrast, only 19% of boys aged 17 to 20 were held in custody for fine defaulting in 1982.^{6 7}

One reason for the increased numbers has been more juvenile crime, but the number held in custody, particularly in the last eight years, has risen much faster than the recorded crime rate.⁸ This obviously means that the proportion of offenders being given custodial sentences has risen.⁹ Among girls, however, the proportion being given custodial sentences has not increased: girls are offending much more often, which presumably has something to do with the changing role of women in our society and fits together with data showing that girls are now smoking and drinking alcohol as much as boys.¹⁰

Despite more young offenders being held in custody it remains true that most young offenders are not given a custodial sentence: in 1982 2% of boys aged 14 to 16 were sentenced to borstal training and 10% were sent to detention centres; in the same year only about 1% of girls aged 16 to 19 were sent to borstal.⁹ Figure 1 shows what happened to the 180 000 children

"Other": absolute discharge, hospital order, restriction order

FIG 1—England and Wales: Fate of 179 433 juveniles who committed offences in 1975. (Source: NACRO.¹¹)

under 17 who fell foul of the police in 1975: most were merely cautioned and few were sent to institutions.¹¹ Yet in that year on any one day about 12 000 were in institutions, and figure 2 shows what sort of institutions those were.¹¹

Most were in community homes: these institutions came into existence in 1973 and replaced what were approved schools, remand homes, reception centres, and other children's homes,

hostels, and nurseries. Community homes are run by local authorities and voluntary organisations. Within the community homes there are about 400 places that are secure, and these take young offenders who have committed serious offences and who are on remand.

The range of institutions for young offenders is somewhat bewildering and is made more so because they keep changing their names and aims. This flux, which is in contrast to adult prisons which change little, shows that attempts, even if they are largely unsuccessful, are being made repeatedly to find a better way of dealing with young offenders.

FIG 2—The institutions in which 12 000 juvenile offenders were held in England and Wales on an average day in 1975. (Source: NACRO.¹¹)

Detention centres and borstals

One form of institution which has at least kept the same name if not the same aims for 30 years is detention centres. They started in 1952, are part of the prison department, and take boys aged 14 to 21. There are junior detention centres for boys under 17 and senior ones for those aged 17 to 21. The centres started with the aim of providing "a short sharp punishment that would pull the offender up and teach him the lesson he needed": they provided punishment not rehabilitation, and the regimen was harsh.¹¹ The adjectives "short and sharp" will ring bells with those who have been paying any attention to the government in the last few years, and the return of the "short sharp shock" is a good example of how penal history tends to repeat itself; it repeats so often because so many reforms fail and have to be replaced with something, and often they are replaced with measures that are old enough for most people to have forgotten why they failed before.

The short sharp punishment of the 1950s was difficult to maintain because the staff working in the centres found it hard to be continually punitive.¹¹ Staff looking after young offenders are much more likely to try and relate to (and even father) their young charges than are staff in adult prisons. So in 1970 what had already happened was endorsed by a subcommittee of the Advisory Council on the Penal System, which recommended that the regimens should be more constructive, less rigid and disciplinarian, and based more on mutual respect.¹² But in 1980 the Home Secretary announced that new tougher regimens would be introduced at two detention centres and in September 1981 it was extended to two more.¹³ The regimen is based on "physically demanding work . . . education and physical education, drill sessions, parades, and inspections." The Prison Officers' Association made it clear in 1982 that it

was not keen on these regimens, and the results of a prison department evaluation of the project are about to be published.

Since the tough regimens started a number of other detention centres have been converted to youth custody centres because since youth custody replaced borstal training in May 1983 the numbers of young offenders sentenced to detention centres has fallen and the number sentenced to youth custody has risen. The other youth custody centres are what were borstals or young prisoner establishments. The borstals began in 1908 and started with a philosophy quite the opposite of that of the detention centres. They always had an emphasis on treatment and training. Indeed, they were modelled on public schools with houses, housemasters, team games, and chapel: the thinking must have been that what was good for the upper classes would be just as good for the lower. Borstals thus had an emphasis on treatment and training, and personal responsibility and control were encouraged as were relationships with staff. They took boys and girls aged 15 to 21, and the sentence was indeterminate but could not be less than six months or more than two years. The training in the borstal was either full time education or vocational training.

The reality of the borstals was, however, rather different from the rhetoric of responsibility and self control. They were, if anything, more brutal jungles than the adult prisons, and the subculture—with "daddies" (powerful godfather types), "joes" (weak boys bullied by the others who wait on the daddies), and "cheesers" (those who ingratiate themselves with the authorities)—was stronger than in the adult prisons.¹⁴ The authorities did their best to stop bullying but were often unsuccessful. The philosophical contrast with the detention centres seemed slightly absurd because most of the borstal trainees had graduated from detention centres—to start "treating and training" after you have failed with "punishment" seems the wrong way round.

I use the past tense when writing about the borstals because they no longer exist as such, but although the name has gone the institutions and the inmates remain and are not much different from what went before. I visited Rochester Borstal (the first borstal opened) just before youth custody was introduced, and nobody was sure what was going to happen. They did not know whether their numbers would go up or down, but they imagined that the regimen would change from "the public school model with houses and all that" to "something more modern." But they were very vague and the new Act has been much more about a change in sentencing than changes in regimens within the penal institutions.

Sentencing options

The courts can now sentence a young offender under 21 to a detention centre, to youth custody, or to custody for life. The sentence to a detention centre can last from three weeks up to four months, and youth custody is for more than four months; custody for life is the young offender equivalent of a life sentence. One important part of the Act is that the court must not only satisfy itself that a non-custodial sentence would be inappropriate but it must state why. For example, the young offender may appear unable or unwilling to respond to a non-custodial sentence, his removal may be necessary to protect the public, or his offence may have been so serious that a custodial sentence is mandatory. This Act is interesting because it is attempting to define the reasons why somebody should be given a custodial sentence and it gives no indication that anybody should be imprisoned because prison might help him: it is clearly implied that incarceration is a negative, defeatist act.

In taking this line the Act is responding to penological research. Firstly, it has been estimated by a working party of the National Association for the Care and Resettlement of Offenders that only about 400 of the 12 000 young offenders in institutions in 1975 presented a direct, immediate, physical, and substantial threat to the personal security of the public.¹¹

That report concluded that it was largely a historical accident that we responded to children's offences by incarcerating them and told the dramatic story of what had happened in Massachusetts in the 1970s when a radical commissioner of the department of youth services decided to empty the young offenders' institutions: there was little or no change in recidivism rates and the roof very definitely did not fall in.

The second piece of penological evidence that the new Act seems to be acknowledging is that rather than decreasing recidivism rates institutions may increase them.¹⁵ The prison statistics for 1982 show, for instance, that no less than 83% of the 14 to 16 year old boys discharged from borstals in 1979 had been reconvicted within two years.⁷ This goes together with a pile of statistics showing high reconviction rates for those released over the years from approved schools, detention centres, and borstals.¹⁵ The most disturbing research of all came from a DHSS report by Dr Pat Cawson which showed that young offenders put into residential homes were more likely to offend while in the homes than those who were sent back to their own homes.¹⁶ It is evidence like this that gives rise to the ideas of community homes, detention centres, and borstals being "schools for criminals," and it is very true that once you are in you are likely to be back. So begins a miserable process whereby a boy ends up spending half his life in prison at vast expense to the community and with little advantage to anybody. Jimmy Boyle has described the graduation graphically in his book *A Kind of Freedom*.¹⁷ It is the realisation that this is what failure means that sharpens the authorities' ambitions to do better by the young offenders.

Some young offenders find themselves in prison, however, before they have passed through the traditional schooling of community home, detention centre, and youth custody centre. These are the young offenders for whom no remand place exists and who therefore have to be kept for a while in an adult prison. Attempts are made to keep them apart from the adult prisoners, but in a busy, overcrowded, run down local prison this can be difficult. In addition, some of those young offenders doing a life sentence find themselves in adult prisons before they are 21. One of the pictures that lingers uncomfortably in my mind from my journeys around the prisons is of an unusually youthful and innocent looking 18 year old who was doing a life sentence leaning on a radiator in Long Lartin prison, a maximum security prison with a high proportion of murderers, gang leaders, spies, IRA bombers, and bona fide villains. But at least that boy looked adjusted: a dreadful time for many young offenders doing a life sentence is when they are transferred from youth custody centres to adult prisons. Boys (and a few girls) who spend all their formative years in prison obviously face immense problems when they finally emerge into a hostile world mature in body but not in social skills.

There are two final institutions where young offenders may find themselves. About 50 of them, those who are mentally ill and dangerous, are in the special hospitals. Another 70 or so in England and Wales are in youth treatment centres: these are secure institutions run by the DHSS for children who are too difficult and disturbed for either adolescent psychiatric units or ordinary community homes.

Who are the young offenders and what is their state of health?

Most of the young offenders in institutions are multiply disadvantaged (see box).¹⁸ The young offenders psychology unit of the Home Office found from a sample of 15 and 16 year olds in borstals and detention centres that their intelligence was slightly below the average and their scholastic achievement well below, that half of the borstal boys had three or more previous convictions, and that 90% of the boys in the detention centre had one previous conviction.¹⁹ Almost half of those in the detention centre had previously been in an institution, and half of the borstal lads had been in a detention centre and half in

an approved school or children's home. About 15% of those in the detention centre and 20% of those in the borstal had been referred for a psychiatric opinion.

Bottoms and McClintock looked at boys in Dover Borstal and found that 70% were the sons of manual workers, half came from "broken homes," 40% had had lengthy periods of unemployment (this, too, was in the early 1970s), 40% had both serious work and family problems, a third had a psychiatric history or symptoms, a third had drink or drug problems, and more than half had "some record of individual pathology."¹⁴ In an earlier study of borstal lads Gibbens found that 18% had a history of significant physical disease or defect and that 22% had minor defects. He found a distinct group who reacted to major illness by becoming delinquent. He classed just under a third as mentally abnormal, 60% as normal, and 14% as presenting a complex mixture of social and individual problems.²⁰

Peter Evans makes the point strongly in his book *Prison Crisis* that rather than ask what is wrong with our prisons it makes more sense to ask what is wrong with our society that allows young people to accumulate such a load of disadvantages.²¹ Prisons can never be expected to compensate for those problems—rather they exacerbate them.

Several youth custody centres offer medical and psychiatric care, but in particular Feltham and Grendon (11 February, p 288) offer special psychiatric facilities. Feltham operates a "psychiatrically supported regimen in most of the establishment" and takes trainees who are in need of "full time psychiatric oversight." It has full time medical officers, visiting psychiatrists, and access to psychologists, probation officers, and education staff who specialise in remedial classes and social skills training. Until her recent death the head medical officer at the prison was Dr Mary Ellis: she seemed to run a high quality service and was proud that she had had no suicides in the borstal. But in her last years she became very impatient with the lack of support she received for her work.

Conclusion

The young people who are incarcerated are similar in their background and problems to those who occupy adult prisons, which is not surprising because many adult prisoners have graduated through the borstals and many young offenders eventually reach adult prisons. Greater efforts are being made to keep the young out of institutions, and just as most diseases are easier to prevent than treat it seems to make more sense to find ways of preventing young people offending and being incarcerated than to upgrade the regimens of the institutions. Many alternatives to incarceration exist and more have been suggested,²² but the courts have been unwilling to take up

Typically [the young who offend repeatedly] are socially and intellectually backward, the product of poor homes and with too many children, and reared by parents whose standards of care, supervision and training are woefully inadequate. Perceived by teachers as difficult, resistive children, they fit uncomfortably into the scholastic system. Their parents have little or no contact with the schools, and display minimal concern about their children's scholastic progress or leisure pursuits. Aggressive and impulsive in temperament, these boys resist the constraints of school, learn poorly, attend badly and leave early. Unattracted by organised activities or by training schemes, they spend their time on the streets and gravitate to unskilled dead end jobs for the sake of the higher wages offered.

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the many that are already available and the government has been unwilling to force the pace of reducing the number of young people in institutions.

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MATERIA NON MEDICA

An African nativity

We returned to East Africa for Christmas, to a much loved stretch of coral coast that we have known for many years; we were an obstetrician, a non-medical husband, and I. It is difficult to capture the magic of Christmas in the tropics, especially in a Moslem area where a Christian festival is of little significance. On Christmas Eve we arranged the cards we had brought from England, decorated the (artificial) Christmas tree, found some red berries that looked like holly, and waited for the Christmas spirit to descend. It didn't, but in the cool of the evening Ali came to us; he was our cook's son. His young wife was having trouble delivering their first baby and he wanted our help. From our beach house the obstetrician hastily gathered the essentials of a basic African midwifery bag: clean water, a torch, a pair of scissors and some thread, the shower curtains, and a variety of beach towels. We had no drugs. With Ali to guide us we set off in the gathering dusk, the non-medical husband bumping our borrowed car over some miles of sandy track. In the midst of the coconut palms Ali asked us to stop. By the faint light of a new moon the obstetrician and I followed him on foot along a narrow path to his house. It was a traditional mud and wattle coast hut surrounded by cashew nut trees. His mother was waiting to greet us.

She led us inside. It was dark. By the light of two small primitive wall lamps we made out a young woman sitting on the floor, quite upright, with her legs straight out in front of her. She was blindfolded. A recently delivered tiny baby was lying on its side on the earth floor beside her. It was breathing. It was a girl, weighing perhaps 4½ lb. Nearby on a piece of coconut matting was the placenta. Farther into the gloom, also on the floor, was an elderly woman—clearly the local midwife—and the girl's mother. The midwife was obviously in control of the situation, and as the baby was now born and the mother not in distress we made to go. However the husband's mother, speaking in Swahili which we understood, asked us to stay until the baby was bathed.

There was a fire in the hut. A few dry palm fronds were put on this and a pan of water put to heat. A hole was then dug in a corner of the hut, in which the midwife and the maternal grandmother buried the placenta, murmuring some words over it, as of a prayer. Earth dug from the hole was then sprinkled over the placental blood on the mat, rubbed in a little, and returned to the corner, thus effectively cleaning the mat. All this was done quietly, carefully, and without haste. Next—somewhat disconcertingly—from the shadowy darkness behind the midwife appeared a packet of Omo. It was indicated that this was going to be used to bath the baby. We demurred, whereupon a bottle of coconut oil that had been there all the time was used instead. (On reflection, the Omo was probably a polite and gracious concession to what was thought to be European custom, and produced for our benefit only.) A rag was torn from a clean piece of cloth and the grand-

mother, sitting on the ground with her legs stretched out in front of her, placed the babe on her legs and gently, and with great reverence, cleaned it from top to toe.

At this point the baby started to make a few sounds. The cord had been cut with a razor blade and tied with sisal string; a few strands were hanging down and the visiting obstetrician was allowed to cut these with her scissors. The baby was then washed with, but not immersed in, the water which had been heated, being held over the corner where the placenta was buried and the water allowed to drip off. Only then was the mother's blindfold taken off, and she was allowed to look after her. The baby was placed in a clean towel (which we had offered as the only suitable gift we could think of) and handed to each of us in turn before being presented to the young mother, still sitting on the ground with legs straddled and giving the impression of being a little puzzled about the whole business; she looked about 15. She had said nothing whatsoever throughout the proceedings, but had acquiesced without complaint in the ritual attending her baby's birth and now shared in the obvious communal satisfaction. Her husband was now allowed into the hut, and his mother conducted us to our waiting car and driver, talking happily about mundane things like the current price of cashew nuts.

We went back to our holiday home rejoicing with Ali and his family in the birth of a baby, and ready at last to celebrate Christmas. It must have been a miraculous birth, too, for that little scrap on the earth floor not only survived but is a healthy and beautiful little girl.—JANET W ANDERSON, clinical medical officer, West Berkshire.

Does orchidectomy cause excessive sweating?

Attacks of "hot flushes" usually associated with excessive perspiration are not uncommon after castration. The frequency and severity of these attacks varies considerably but they can be quite distressing to the patient. The mechanism is not clearly understood, but they can be prevented by the concurrent administration of a small dose of stilboestrol. Many patients with prostatic cancer and coexistent cardiovascular disease are selected for castration in preference to treatment with stilboestrol. In such cases because of the known adverse side effects of stilboestrol even low dose oestrogen treatment would be contraindicated. A safer alternative is now available in the form of the antiandrogen, cyproterone acetate (Cyprostat). A much lower incidence of side effects, such as gynaecomastia and cardiovascular complications, has been observed with the usual dose of 300 mg daily when compared with stilboestrol. A dose of only 50 mg of Cyprostat daily is usually sufficient to control hot flushes after castration.—J C GINGELL, consultant urologist, Bristol.