

Working Notes Issue 57 Editorial

on Thursday, 27 March 2008. Posted in [Issue 57 Thornton Hall Prison: A Progressive Move?](#)

April 2008

In February 2008, the report on the Environmental Impact Assessment (EIA) of the proposed Thornton Hall prison complex was published. The scope of the Assessment did not extend to analysing in depth the impact of Thornton Hall on the prisoners who will be detained there. Yet the study's Non Technical Summary confidently declared that: The key benefit of the Development from a socio-economic point of view will be the significant improvement of the prison population's general welfare. While the new complex may mean improved physical conditions for those moved from the inadequate, out-of-date and overcrowded facilities in Mountjoy male prison, a whole range of concerns about Thornton Hall should cause us to question the extent to which it can be considered a progressive development in Irish public policy.

Some of these concerns are the subject of articles in this issue of Working Notes. One is the location of the new complex at a significant distance from Dublin city centre. A number of our contributors draw attention to how the location of Thornton Hall will pose considerable difficulties for families wishing to visit those detained there, threatening the maintenance of family ties, which are widely recognised as critical to rehabilitation and reintegration.

A second is the proposal to relocate to the complex the Central Mental Hospital, the country's only forensic psychiatric hospital. As the article by the Central Mental Hospital Carers Group highlights, there is no possible therapeutic reason to site the hospital beside the new prison.

A third concern is the planned relocation of the Dóchas Centre, the country's main prison for women, and the doubling of the number of places provided. The relocation is proposed despite the fact that the Centre was opened less than ten years ago, is housed in a modern, well-designed building, and is widely regarded as having an enlightened regime. The increase in places is proposed despite an absence of any published analysis of the extent to which imprisonment in a closed prison is actually needed in the case of women.

The proposed increase in the size of the women's prison reflects the more general increase in prison places planned for the Thornton Hall development. The EIA confirmed that the new prison would provide accommodation for 1,400 – even though the current total average number of prisoners held in the Mountjoy complex, which Thornton Hall is to replace, is 860. However, the EIA acknowledged that the number in Thornton Hall could be as high as 2,200.

What is the basis for such a significant increase in prison places? It appears as if the authorities have simply projected into the future a continuation of the upward trend in prisoner numbers of the past fifteen years. Questions as to whether we over-use imprisonment and under-use alternative penalties in response to crime – questions that are particularly timely in the context of plans to build a new prison – have not received either the public or political attention they merit.

Unexamined also has been the issue of the sheer size of the prison complex planned. There is a

substantial body of opinion that smaller prisons offer a better chance of creating regimes, and relationships between staff and inmates, that are more conducive to rehabilitative efforts. Yet in the absence of debate on the matter we are planning a prison substantially larger than any previously built in the history of the State.

Before we go down the road of building a prison of the scale envisaged, and committing ourselves to the capital and current expenditure that this will entail, there should be a rigorous public examination of the full range of issues involved. The opportunity that is now available to comment on the EIA should be followed by an open and extensive public consultation on all aspects of the Thornton Hall development.

Over its lifetime, the new complex will serve to constrain the movement of the thousands of people who will be detained there. However, there is a grave danger that its existence will also serve to constrain the development of more enlightened approaches to both prison policy and forensic mental health services.

Gardaí and the Committee for the Prevention of Torture Reports

on Thursday, 27 March 2008. Posted in [Issue 57 Thornton Hall Prison: A Progressive Move?](#)

Peter McVerry SJ

Introduction

Towards the end of 2007, a young man, aged nineteen, from a deprived neighbourhood came to tell me that on the previous day he had been taken to a Garda Station for a drugs search, during the course of which he had been assaulted by several Gardaí. When no drugs were found on him, he was told to leave. He claimed that as he was leaving he was shoved forcefully towards the door by a Garda, which caused his head to smash the glass panel of the door. He said that he was then brought back into the Garda Station and charged with assaulting the Garda and causing criminal damage to the door.

I have no way of knowing whether this allegation is true or false, or possibly exaggerated, as there are no independent witnesses. Anyway, the young man's account of the incident, even if substantially true, is only one side of the story. Nevertheless, the allegations that are made to me about Garda crimes against young working-class males in deprived areas are so frequent, so repetitive and so consistent that I am convinced there exists a serious problem that is not being adequately addressed. This young man will almost certainly be convicted in court of assaulting a Garda and smashing the glass in the door, as the Garda's word in court will carry far more weight than his, and he may go to jail – even if his version of events is true. The Court system would grind to a halt if judges could not, in normal circumstances, accept at face value evidence given in court by the Gardaí.

If the young man's allegations are true, then the Garda will have committed the crimes of assault, false imprisonment, malicious prosecution and perjury – far more serious than the crimes most young people are arrested for – but the Garda improves his chances of being promoted and the young man (who has done nothing wrong) goes to jail.

CPT Inspection 2006

Some will write me off as a crank, or as somebody with a grudge against the Gardaí, or as someone who is all too willing to be duped by the stories of the young people with whom I work.

However, every five years, Ireland is visited by the European Committee for the Prevention of Torture and Inhuman and Degrading Treatment or Punishment (usually referred to as the CPT). A delegation of this Committee inspects various places of detention, including prisons and Garda stations, interviews people from a wide variety of backgrounds and positions, and issues a report. The Government is then invited to respond to the Committee's report.

The most recent inspection by the CPT was carried out in 2006. The report on this inspection stated:

A majority of the persons met by the CPT's delegation, which carried out the 2006 visit, made no complaints about the manner in which they were treated while in the custody of the Gardaí. However, as had been the case during previous visits, a considerable number of persons did allege verbal and/or physical ill-treatment by Gardaí. The alleged ill-treatment consisted mostly of kicks, punches and blows with batons to various parts of the body. The allegations concerned the time of arrest or during transport to a Garda station and, in certain cases, the period of custody in such stations.

In a number of cases, the delegation's medical doctors found that the persons concerned displayed injuries and scars which were consistent with their allegations of ill-treatment ...¹

The report highlighted a number of specific cases which it examined and found credible.

So the CPT believes there is a problem.

The Government responded:

The Government wishes to reiterate its absolute commitment to preventing, and where they occur, detecting any abuses of the rights of persons in Garda custody.²

This very positive response suggests that, now that the matter has been brought to its attention, the Government will take action, as a matter of urgency.

CPT Inspection 2002

However, the CPT had also visited Ireland in 2002 and its report on that visit had noted:

Many of the persons interviewed by the CPT's delegation about their experience while in police custody stated that they had been correctly treated by the police.

However, a not inconsiderable number of persons claimed that they had been physically ill-treated by police officers (Gardaí).

The number and consistency of the allegations of ill-treatment heard by the delegation lend them credibility. Moreover, in some cases, the delegation's doctors gathered medical evidence consistent with the allegations received ...

It should also be noted that, in certain of the cases examined during the visit, other evidence gathered by the CPT's delegation (e.g. from custody records, information provided by police officers) tended to support the allegations of ill-treatment received.³

So the problem had already been brought to the attention of the CPT four years prior to its 2006 inspection. Then also the Government had responded in reassuring terms:

The Government wishes to reiterate its absolute commitment to preventing and, where they occur, detecting any abuses of the rights of persons in Garda custody.⁴

(Computers can save us a lot of effort: the ‘cut and paste’ facility allows us to avoid having to think.)

Clearly, the CPT did not find that the problem it had highlighted had been solved in the four years between its 2002 and 2006 visits.

CPT Inspection 1998

An even earlier visit by the CPT had taken place in 1998. Then it concluded:

In the report on its first periodic visit to Ireland [in 1993] the CPT was led to conclude, in the light of all the information at its disposal, that persons held in certain police establishments in Ireland – and more particularly in Dublin – ran a not inconsiderable risk of being physically ill-treated.

In the five years since that visit, the CPT has continued to receive allegations of physical and psychological ill-treatment of persons held in police custody in Dublin and elsewhere in the country.

In the course of the 1998 visit, the CPT’s delegation again spoke to many persons about their experiences while in police custody. A significant number of those interviewed alleged that they had been physically ill-treated by police officers. As had been the case in 1993, their allegations tended to be consistent as regards the forms of ill-treatment involved (namely, slaps, punches, kicks and/or blows with batons).

... the persistence of such allegations regarding the use of excessive force by police officers highlights the need for the Irish authorities to remain particularly vigilant in this area.⁵
(emphasis original)

Judging by the two subsequent reports that the Irish authorities ‘the need for the Irish authorities to remain particularly vigilant in this area’ has gone unheeded.

In response to the Committee’s report on its 1998 visit, the Government stated:

The Government and the Garda Síochána fully share the view that no individual who comes in contact with the Gardaí should become the victim of police ill-treatment either at the time of first contact or subsequently and whether detained or not.

The Government affirms its commitment to preventing all such activities and, to this end, has put in place various legal, administrative and other arrangements to foster respect for the rights of those detained and, in particular, the right to be protected from all forms of physical and psychological abuse ...

*Where lapses in the care of detainees occur, for whatever reason and of whatever nature, the Government is fully committed to acknowledging, addressing and rectifying, where possible, these wrongs. To this end, the Government continues to ensure that there are rigorous, transparent and effective statutory and non-statutory mechanisms in place to deal with allegations of physical and psychological ill-treatment of persons detained in Garda custody.*⁶

The Government went on to draw the attention of the CPT to the ‘legal, administrative and other arrangements’ that had been put in place to foster respect for the rights of those detained. We now know, of course, that these are still not effective.

CPT Inspection 1993

There was a still earlier visit by the CPT – this took place in 1993. In its report on that visit the Committee stated:

The CPT’s delegation spoke to many people about their experiences in police custody in Ireland. The majority were persons held in the places of detention visited; however, they also included some persons currently at liberty who had recently been detained by the police.

A certain number of those interviewed alleged that they had been physically ill-treated whilst in police custody in Dublin. Their allegations were consistent as regards the forms of ill-treatment involved (slaps, punches and/or kicks by police officers).

*... In the light of all the information at its disposal, the CPT has been led to conclude that persons held in certain police establishments in Ireland – and more particularly in Dublin – run a not inconsiderable risk of being physically ill-treated.*⁷

The Government responded:

*Indications that persons in custody might be abused or open to the risk of abuse, or left without recourse to redress where abuse occurs, or is threatened, has to be a matter of concern to any Government. The Government wishes to stress that its firm policy is that abuse in any form will not be tolerated, that any perpetrators will be rooted out and where possible prosecuted or otherwise disciplined. Those in custody must at all times be provided with the means necessary to secure the protection of their safety and their rights ...*⁸

And again, as it was to do in 1998, the Government drew the attention of the CPT to the ‘various legal and other instruments as well as administrative arrangements necessary to foster respect for the rights of those in custody’ that had been put in place over the years to prevent such abuse!

Conclusion

The four reports by the CPT following its visits to Ireland have a depressing similarity, suggesting that little has changed during the fifteen years since the first report. The equally depressing similarity in the Government’s responses suggests that little is going to change.

In 2004, the report of the Morris Tribunal, investigating abuse of power by some Gardaí in Donegal, stated that:

... the combination of corruption and negligence which characterised the relevant period in Co. Donegal could easily occur again under different circumstances but obviously in a different way ...

The Tribunal has sat through a year of evidence and read thousands of documents and as a result has come to the conclusion that An Garda Síochána is losing its character as a disciplined force. Ultimately, the gradual erosion of discipline within An Garda Síochána is a developing situation that will, sooner or later, lead to disaster.⁹

Between 2002 and 2006 inclusive, a total of €10,287,533 was paid by the Gardaí to civilians for assaults, unlawful arrests and for other reasons such as malicious prosecution.

In that five-year period, €1,936,641 was paid to civilians claiming they had been assaulted by members of the force; €5,794,561 was paid to people claiming they had been unlawfully arrested, and some €2,556,330 was paid for civil actions taken against the force under the heading 'other'. A spokesman for the Department of Justice, Equality and Law Reform said this section included malicious prosecution, false imprisonment and breach of various rights. Few of the Gardaí involved were disciplined; some were promoted.

There is a problem. It is not a problem of some 'bad apples' in the barrel. It is a culture where 'it's good enough for them – they're little thugs who deserve nothing better' can thrive without being challenged. It is a culture of 'see nothing, hear nothing, say nothing'. It is a culture where respect for human rights does not extend to everyone. It is a culture where even the best Gardaí can become corrupted, as Donegal has shown. It is culture where those Gardaí who want to abuse their power can usually do so with impunity. It is a culture which makes it very difficult for those many Gardaí who object to what is happening to do anything about it.

There is a problem. The problem has been officially highlighted since 1993. Whatever measures have been put in place since then by the authorities to respond to this problem are clearly not working. There is no evidence that this problem has been fully acknowledged or taken seriously by the Government or that there is any urgency about trying to prevent its continuance. The losers are not just those young people who are abused by Gardaí: the whole of society suffers when its police force fails to live up to the standards that are required of the body responsible for the enforcement of the law.

Notes

1. Council of Europe, Report to the Government of Ireland on the Visit to Ireland Carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 2 to 13 October 2006, Strasbourg: Council of Europe, 10 October 2007, CPT/Inf (2007) 40 [EN], par. 15–16, p. 13.

2. Council of Europe, *Response of the Government of Ireland to the Report of the European*

Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) on its Visit to Ireland from 2 to 13 October 2006, Strasbourg: Council of Europe, CPT/Inf (2007) 41, p. 10.

3. Council of Europe, *Report to the Government of Ireland on the Visit to Ireland Carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 20 to 28 May 2002*, Strasbourg: Council of Europe, 18 September 2003, CPT/Inf (2003)36[EN], par. 11–12, pp. 10–11.

4. Council of Europe, *Response of the Government of Ireland to the Report of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) on its Visit to Ireland from 20 to 28 May 2002*, Strasbourg: Council of Europe, 18 September 2003, CPT/Inf (2003)37[EN], p. 6.

5. Council of Europe, *Report to the Irish Government on the Visit to Ireland Carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 31 August to 9 September 1998*, Strasbourg: Council of Europe, 17 December 1999, CPT/Inf (99)15[EN], par. 12, p. 14; par. 14, pp. 15–16.

6. Council of Europe, *Response of the Irish Government to the Report of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) on its Visit to Ireland from 31 August to 9 September 1998*, Strasbourg: Council of Europe, 17 December, 1999, CPT/Inf (99) 16 [EN], par. 8; par. 9; par. 11.

7. Council of Europe, *Report to the Government of Ireland on the Visit to Ireland Carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 26 [September] to 5 October 1993*, Strasbourg: Council of Europe, 13 December 1995, CPT/Inf (95) 14, par. 13, p. 14; par. 20, p. 15.

8. Council of Europe, *Response of the Government of Ireland on the Visit to Ireland Carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 26 September to 5 October 1993*, Strasbourg: Council of Europe, 13 December 1995, CPT/Inf (95) 15, par. 6, p. iii.

9. *Report of the Tribunal of Inquiry Set up Pursuant to the Tribunal of Inquiry (Evidence) Acts 1921–2002 into Certain Gardaí in the Donegal Division*, (Chairman: Judge Frederick R. Morris), *Report on Explosives ‘Finds’ in Donegal*, Dublin, 2004, p. 453; p. 490.

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The Ripple Effects of Imprisonment on Prisoners' Families

Jessica Breen

Introduction

To many in our society, the impact of imprisonment on prisoners and their families is a matter of little or no importance. In the face of everyday issues such as meeting financial demands, finding a balance between work and family commitments, and obtaining access to services in an inadequate health care system, the needs of prisoners and their families is not an issue of concern for many members of the public.

Furthermore, in a political climate where to be perceived as being 'soft on crime' can cost crucial votes, advocating on behalf of the rights of prisoners is not a wise career move for any politician seeking office. After all, prisoners have broken the law and presumably 'gotten what they deserve'. This notion is at the heart of the overly simplistic yet frequently used adage, 'if you do the crime, you do the time'. This one-dimensional retributive attitude towards punishment neither critically questions why we punish as we do nor takes into account the wider effects of imprisonment.

Since the abolition of capital punishment, the deprivation of an individual's liberty through imprisonment is the most severe state sanction available in Ireland. Despite this, imprisonment is used substantially more often than non-custodial penalties.¹ Yet even the most cursory of examinations into the effects of imprisonment reveals a host of negative consequences for both those incarcerated and the loved ones they leave behind on the outside.

The Secondary Effects of Imprisonment

The bedrock of all Catholic social teaching is the protection of the dignity of human life. This principle is based on the belief that all persons are created in the image of God and thus are deserving of 'care and attention that belong to beings of inestimable worth'.² However, as research and first-hand testimonies show, imprisonment frequently has a negative and demoralising impact on both the individuals incarcerated and their families. For example, in their Annual Report 2006/2007, the Irish Prison

Chaplains observed that:

[F]or every individual who is incarcerated there is a circle of people directly affected by their imprisonment. Children grow up with one parent absent from their lives. Mothers are often left to rear these children with constant financial struggles. Their lives are often chaotic as they attempt to support their partner in prison and at the same time manage the family home. Children suffer greatly with the loss of a parent from their lives. This suffering is further exacerbated by a visiting routine that is far from family-friendly ... The prison regime, itself ... does nothing to support the family unit that is shattered by the imprisonment of one of its members. The isolation that is experienced gives rise to high levels of distress for all concerned.³

The negative effects of incarceration on prisoners and their families cited in the Prison Chaplains' Report are commonly referred to as the 'secondary' or 'collateral' consequences of imprisonment. These secondary effects include high financial, emotional and social costs which prisoners' family members are often forced to pay. Such costs have been termed 'invisible punishment',⁴ as they often leave prisoners' families feeling as if they have been penalised for crimes they have not committed. In fact, when family members have been given the chance to talk about their experience they often describe it in terms of 'doing time' with the inmate or serving parallel sentences of 'imprisonment on the outside'.⁵ Such unintended punishment of prisoners' families has led to their being described as the hidden or forgotten victims of crime.⁶

The Multiple Effects on Families

Deepening Disadvantage

The families from which prisoners come are very often among the most vulnerable and disadvantaged in society and the imprisonment of a family member frequently serves to further entrench their disadvantage.

Although there are complex linkages between poverty, imprisonment and diversity of family

form, research has generally found that imprisonment has a negative economic impact on families.⁷ A study published in 1965, one of the first to be carried out on the impact of imprisonment on male prisoners' families in England, found that following the imprisonment of their husbands, slightly more than 60 per cent of prisoners' wives experienced a worsening of their financial situation.⁸ In a US study published in 2004, Donald Braman found that the annual financial cost for a family of having a family member in prison was \$12,680.⁹ Despite the different social policy contexts in the US and the UK, a study on poverty and disadvantage amongst prisoners' families in England, published in 2007, revealed a similar level of economic cost arising from imprisonment. It found that families were often forced to depend upon welfare benefits and that the loss of a prisoner's or partner's earnings 'averaged £6,204 over a six-month period ... the average personal cost to the family and relatives was estimated at £1,050 over a six-month period'.¹⁰

Dependence on extended family members for help with the problems arising from imprisonment often results in strained relationships and eventually isolation of prisoners' families. This is because remaining caregivers, most often wives or female partners, are either forced to leave employment to care for children or to take on additional work hours and so burden other family members (such as grandmothers) with childcare responsibilities.¹¹

Women Bearing the Brunt

Research on the collateral effects of imprisonment has consistently shown that it is urban women living in poverty who bear the heaviest burdens of a punishment that is supposedly directed at offenders. In addition to the challenges of living in communities often characterised by high levels of unemployment, these women are faced with a number of personal and financial stresses caused both directly and indirectly by imprisonment. They must find ways to cope with losing not only an intimate partner but the person who may have been the household's main breadwinner. And so they are confronted not only by the responsibilities of handling all the family decisions by themselves but by the task of finding a way to support the family financially.

In many instances, the ability of such women to cope with the imprisonment of a loved one is tied strongly to their roles as carers. As in many other

areas of social policy, the 'duty of care' for tasks such as maintaining contact between male prisoners and their children, providing emotional and financial support, and providing housing upon release almost always falls upon women.¹² This work of caring for both prisoners and their children is often not only not valued but results in women becoming deeply enmeshed in social service agencies whilst taking on the role of 'powerless negotiator'.¹³ These stresses are made all the more difficult because of a constant tacit assumption that something is wrong with them. Judith Brink, a former prisoner's wife and prison chaplain, has argued: 'Most people look at a woman who cares for a prisoner as somehow defective, if not in character then in self-esteem'.¹⁴

... it is urban women living in poverty who bear the heaviest burdens of a punishment that is supposedly directed at offenders

Stigma

The financial difficulties and social isolation of prisoners' families are made worse by the stigma that attaches to having a family member in prison. The stigma attached to imprisonment and prisoners' families is persistent and '[t]here appears to be a demoralization connected with imprisonment which is not to be found in other forms of involuntary separation other than, perhaps, desertion. Imprisonment carries with it a stigma that is difficult for families to eradicate'.¹⁵ Helen Codd has pointed out that while children may at times be viewed as 'innocent' and thus in need, 'partners become stigmatised [to a greater degree] by their relationship with the inmate'.¹⁶

Impact on Children

The negative effects of parental imprisonment have been found to be one of the most consistent threats to the life chances of children.¹⁷ An analysis of longitudinal data from the Cambridge Study in Delinquent Development (CSDD) found that separation due to parental imprisonment during the first ten years of life predicted all antisocial and delinquent outcomes for boys over and above similar types of separation or other individual risk factors.¹⁸

Parental stigmatisation has been identified as one of the ways in which prisoners' children are socially excluded and can lead to children taking on a deviant self-identification. The increased likelihood that children of prisoners will themselves experience incarceration has led one writer to argue that: 'As evidence of intergenerational crime and incarceration continues to mount, every criminal justice and corrections policy affecting children of offenders should be scrutinised for its long-term implications'.¹⁹

Prisoners' Families in Ireland

In Ireland we know precious little about the ripple effects of imprisonment on prisoners' families. It is even difficult to know how many families are affected by imprisonment.²⁰

What we do know is that the majority of Irish prisoners are young, male and come from Dublin. In 1996, Paul O'Mahony surveyed a random sample of male prisoners at Mountjoy Prison (around 20 per cent of the then current population in Mountjoy). In general, the prisoners surveyed in this study were highly socially disadvantaged and their lives were characterised by instability. Almost a third of the prisoners came from families disrupted by desertion or separation on the part of parents.

Exposure to – and to some extent normalisation of – imprisonment in family life was evident in the fact that 15 per cent of the prisoners had a father who had been in prison and 44 per cent had a sibling who had been in prison. A high degree of disorganisation was found also in the relationships that prisoners formed when they entered adulthood: while three quarters of the prisoners had fathered at least one child, 60 per cent of these fathers played no active role in their families or in relationships with their children.²¹

Although this descriptive information gives us insight into the often strained and chaotic backgrounds of Irish prisoners, it tells us little about the ways that imprisonment itself impacts on families and relates to family life.

Families of Political Prisoners

The small number of studies that have been carried out on the secondary effects of imprisonment have tended to focus on Irish political prisoners and their families. These typically portray the family ties of Irish political

prisoners as being stronger than those of non-political or 'ordinary' prisoners.²² However, the studies also show imprisonment imposing multiple burdens on prisoners' family members, although there is some disagreement regarding the extent to which political ideology shapes the experience of having a family member imprisoned.

Carol Coulter has described political prisoners' families as being entrapped in a 'web of punishment'. Through in-depth interviews she learned about the practical difficulties associated with incarceration such as financing care packages and family visits to family members in English prisons, as well as the high emotional toll this took on both the prisoners and their family members. She concluded, however, that despite similarities, such as financial hardship and strain on maintaining relationships, the experiences of political prisoners and their families are qualitatively different from those of non-political prisoners.²³

Families of Non-Political Prisoners

Very little research has been devoted to examining the impact of imprisonment on the families of non-political prisoners in the Republic of Ireland: One such study was undertaken by the Centre for Social and Educational Research at Dublin Institute of Technology. The research was carried out at the visitors' centre at Mountjoy Prison and it documented some of the negative effects that parental imprisonment has on children in Ireland. The researchers found that, as in the US and UK, extended families were the main source of support for primary care givers of prisoners' children. Respondents reported challenges relating to single parenting, financial hardship, difficulties with visiting, and stigma.²⁴

In 2007, the Bedford Row Family Project, an organisation established in 1999 to respond to the needs of families affected by imprisonment in Limerick, published a report entitled, *Voices of Families Affected by Imprisonment*.²⁵ The report documents the findings of semi-structured interviews – forty-one with family members of prisoners, and eleven with ex-prisoners – and provides an insight into the everyday impact of imprisonment on families in the mid-western region of Ireland.

The study's findings echoed those of the research carried out at the Mountjoy visitors' centre, but several new themes also emerged, including the difficulty of arranging visits over long distances

and fear and intimidation caused by feuding gangs or families. Family members also expressed concerns about the lack of after-care for prisoners and the burden this creates for families who are often left with the responsibility of trying to reintegrate prisoners back into both families and communities.

One recommendation of the report was the implementation of Positive Sentence Management, which involves creating a customised plan for addressing needs such as treatment for drug addiction, education and vocational training and family support both while the individual is incarcerated and after release. These dimensions to Positive Sentence Management could help to support and maximise the social capital found in prisoners' relationships with their families, thereby assisting them with both the desistance and reintegration processes.²⁶

Recognising the Needs of Families

The conspicuous lack of knowledge about the collateral effects of imprisonment in Ireland exists despite the fact that prisoners and their families have been identified as a highly vulnerable and marginalised group by a variety of both state and voluntary organisations. For instance, in a policy submission to the National Crime Council, the Combat Poverty Agency highlighted the social exclusion of prisoners' families and stated that they 'pay a high cost, through a loss in income, disruption of marital and child-parent relationships, and isolation from friends and neighbours'.²⁷ The submission pointed out that social exclusion leads to a range of negative consequences such as unequal educational and occupational opportunities, thus creating a 'self-reproducing process of unequal opportunity'. The Government's National Action Plan for Social Inclusion 2007–2016 recognised prisoners as a group experiencing social exclusion and requiring support and training to increase their potential for labour market participation.²⁸

Limited Support for Families

Despite the evidence of some official recognition of the problems faced by prisoners' families, organised state response to their needs has been very limited.

In response to a recommendation in the 1972 report of the Commission on the Status of Women, the Government in 1974 introduced the Prisoner's Wife's Allowance to provide a means-tested social welfare payment for the wives of prisoners and



Visitors waiting outside the Dóchas Centre © D. Speirs

their children. To be eligible for the payment, spouses had to be under 66 years of age. In 1997, applications for the Prisoner's Wife's Allowance were closed: existing recipients with no dependent children continued to receive the payment and those with children were transferred onto the then new One-Parent Family Payment. Spouses of prisoners (but not unmarried partners) who satisfy the qualifying conditions, including a means test, are entitled to receive the One Parent Family Payment if their husband (or wife) has been sentenced to a prison term of at least six months, or has been in custody for at least six months without being sentenced.²⁹

Other than this financial support, however, there have not been specific state initiatives to respond to the particular problems that confront families of prisoners. For example, families are generally not included in sentence management in the same way that families are involved when a family member is placed on probation. It is left up to a handful of dedicated organisations such as the Irish Prisoners' Family InfoLine, The Bedford Row Project in Limerick, PACE, and several visitors' centres around the country to provide the bulk of services for prisoners' families, often in the face of strained budgets and a feeling that their work is under-appreciated.

Roy Light cites two main reasons for providing support for prisoners' families. First, from a liberal humanist perspective, it may be argued that civilised societies have an obligation to care for those who are suffering. Second, from a utilitarian standpoint, it is generally recognised in the criminological literature that prisoners with stronger ties to family members or significant others fare better both inside and outside prison.

Frequent and high quality prison visitation serves to minimise loneliness and other ‘pains of imprisonment’ for prisoners, playing an important role in the maintenance of order within the prison. Furthermore, prisoners’ families can play a crucial role in rehabilitation efforts, increasing the odds that a prisoner will not return to prison when he or she is eventually released.³⁰ From the perspective of Catholic social teaching, providing care for prisoners’ families to help them lead lives of dignity goes to the core of what it means to be on the side of the vulnerable.

Prison Expansion

As already noted, we do not have detailed information on how many people suffer as a consequence of the imprisonment of a family member. Whatever the exact number, it is certain that it will increase over the coming years given the stated intention of the Irish Government to expand the Irish prison population by providing ‘800 additional new places’.³¹ In the debate about the proposed new super-prison in Thornton Hall, which will be the chief means by which this expansion of prison places will be effected, the reality that so many more families will experience the financial, social and psychological costs arising from the imprisonment of a family member has been largely ignored.

At a practical level, prisoners’ families have yet to be consulted about the planning and construction of the new prison. While the prison may bring some relief to family members who fear for the lives of loved ones incarcerated in unfit institutions such as Mountjoy, the added burden of financing and planning visits to a location in north County Dublin may mean that prisoners will receive fewer visits and families struggling to stay together will face an even tougher battle. At the very least, proper consideration needs to be given in the construction of Thornton Hall to providing adequate visitors’ centres and play areas for children as well as planning efficient and affordable public transport. Such measures are the minimum needed to help support prisoners’ families and minimise the burdens of imprisonment on those left on the outside.

Conclusion

Article 41.1.1° of the Irish Constitution recognises the family as ‘the natural primary and fundamental unit group of Society, and as a moral institution possessing inalienable and imprescriptible rights, antecedent and superior to

all positive law’. The Constitution guarantees the protection of the family by the State.

Imprisonment has been shown to be a significant precipitating factor in both marital and family breakdown. Accordingly, it can be argued that the extent of Irish society’s use of imprisonment and the current policy of prison expansionism are in direct contradiction of the stated intentions of the Constitution to protect the family unit.

‘I was in prison and you came to see me’ (Matthew 25:36). These words remind us of the importance of maintaining the linkages between prisoners and the outside world. While volunteer programmes provide important prison visitation services, it is for the most part prisoners’ family members who are faced with the task of sustaining key relationships and acting as a link to the world outside the prison. In fact, the bulk of evidence indicates that imprisonment more often than not serves to further damage already strained and ‘at-risk’ families.

Women are most often the hardest hit by imprisonment of a loved one and children of prisoners experience diminished life chances and an increased likelihood that they will become a prisoner at some point during their own lifetime. Imprisonment can drain families financially, contributing to an intergenerational cycle of poverty and crime (and imprisonment). Furthermore, imprisonment increases feelings of stigmatisation and alienation between those social groups and geographic areas characterised by high levels of crime and the rest of society.

Without a doubt, crime and our response to it are serious and often highly emotive topics. Many people are directly and indirectly affected by crime each year, the worst crimes plunging entire families into devastating loss. However, as a society we are in control of our response to crime and the way in which we punish. If the evidence shows that the very responses to crime we have been conditioned to accept as natural may in fact contribute to the perpetuation of crime, perhaps it is time that we took a closer look at the way we sanction offenders and reconsider the role which non-custodial penalties can play. In the process, the conception of prisoners as people unattached to anyone or anything can be replaced by a realisation that there are far-reaching ripple effects when a person is sent to prison. More often than not, innocent and overburdened family members suffer for the crimes of their loved ones.

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The author is grateful to Dr. Eoin O'Sullivan, School of Social Work and Social Policy, Trinity College Dublin, for providing helpful feedback on a draft of this article.

Ireland's Women's Prisons

Christina Quinlan

Introduction

Among Ireland's fourteen prisons, there are two for female prisoners: one is the Dóchas Centre, the new female prison at Mountjoy; the other is located in the oldest prison in the country still in operation, Limerick Prison, a male prison where imprisoned women are accommodated on one corridor. Both are closed prisons. Prisons of varying levels of security, including open prisons, as are available for male prisoners in Ireland, are not provided for the female prison population.

Historically, massive numbers of women were imprisoned in Ireland: in the 1800s, for example, up to 50 per cent of the prison population on the island of Ireland, some 30,000 prisoners, was female. These numbers dropped through the twentieth century, until in the 1960s there were often less than 10 women in prison in the Republic of Ireland. In 2006, the most recent year for which statistics are available, the 'daily average' number of women in custody was 106, as against 3,085 men in the case of men.¹ The daily average number of women detained under immigration legislation was four.

However, the daily average figure does not reflect the extent of female imprisonment in any given year. In all, during 2006, 960 women were committed to prison, of whom 409 were committed under sentence.² The wide gap between the daily average and the total number who come into custody during the year reflects the fact that a significant percentage are sentenced or held on remand for comparatively short periods of time. A 'profile' of the 82 women in custody on 6 December 2006 showed that 22 (27 per cent) were serving sentences of twelve months or less, and a further 19 (23 per cent) were serving a sentence that was more than twelve months but less than two years.³

Offences for which Women are Imprisoned

In the past, huge numbers were imprisoned in Ireland for drunkenness – for example, one third of the 1,000 women imprisoned in 1930 – and huge numbers were imprisoned for simple larceny. Soliciting, assault and malicious injury to property

were the next most notable offences for which women were committed to prison. No more than three or four women have been committed to prison for murder or manslaughter in any year since 1930. Drug-related offences – the possession, production, cultivation, import, export, or sale and supply of drugs – only feature in the recorded offences from 1985 onwards.

Of the 409 women committed to prison under sentence in 2006, 35 were committed for 'Offences against the Person' (of whom, one was committed for murder, one for manslaughter and 33 for 'Other Offences against the Person'); three were committed for 'Offences against Property with Violence'; 157 for 'Offences against Property without Violence', of which 112 were for 'theft'; 23 were sentenced for 'Drug Offences'; 96 for 'Road Traffic Offences' (of which 48 were for 'No Insurance'), and 95 for 'Other Offences' – which included 'Threatening, Abusive or Insulting Behaviour in a Public Place' (20) and 'Debtor Offences' (11).⁴

Women Prisoners in Mountjoy

Since it opened in 1858, Mountjoy Female Prison has been the largest female prison in the country. In 1956, when a borstal located in Clonmel was closed, the female prison at Mountjoy was given over to young male offenders and became St Patrick's Institution. The small numbers of women imprisoned there at the time were moved to a basement of one wing of St Patrick's Institution. Female prisoners continued to be detained in that basement until 1990 when, as their number began to increase, they were moved into one wing of St Patrick's Institution. This wing, with its two showers for about forty women, continued to be used for female prisoners until 1999.

In that year, the women moved into the Dóchas Centre, the new cottage or campus style female prison within the Mountjoy Prison complex. In terms of numbers, Dóchas was designed for twice the number of female prisoners the old wing of St Patrick's Institution could accommodate.

A room in the Dóchas Centre



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In the Dóchas Centre the women live not in cells, but in rooms which are relatively spacious. All of the rooms in the Centre have private en-suite facilities. A clear window overlooks a landscaped garden with trees, shrubs, flowers, grass, and garden furniture. Note the key in the door – which the woman occupying the room holds.

A cell in Limerick Prison



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The cells in Limerick women's prison are small and cramped. Bunk beds are used to accommodate two per cell. Each cell has a metal toilet in the room: there is no provision for privacy. The window is opaque: in any case, there is nothing to look out on. Note the metal door can be opened only from the outside and only by prison guards.

The Dóchas Centre holds women on remand, women awaiting sentencing, sentenced prisoners, and women detained under immigration legislation. The women are accommodated in the prison in seven separate houses, each house accommodating ten to twelve people except Cedar House, which can accommodate eighteen women, and Phoenix, the pre-release centre, which accommodates women in private rooms or in self-contained studio apartments.

Women Prisoners in Limerick

In his report of an inspection of Limerick Prison in June 2006, the Inspector of Prisons, described the women's unit in the prison as 'cramped, very confined and highly claustrophobic'.⁵ In that

report and in his Annual Report for 2006–2007, the Inspector pointed out that there was almost permanent doubling up of the ten single cells of the unit in order to accommodate the twenty prisoners usually detained there. The fact that facilities were so limited, with little work or other activities provided, meant that the prisoners were 'confined in each other's company throughout their entire time both out of cell and ... in cell', which led to 'tension and frustration'.⁶

These inadequate conditions prevail even though renovation of the unit was completed *subsequent* to the building of the Dóchas Centre where it was found possible to provide modern and humane living conditions and facilities.

The Regime in Women's Prisons

Women in prison in Ireland experience prison differently, depending primarily on whether they are detained in the Dóchas Centre or in Limerick Prison.

Dóchas Centre

In the Dóchas Centre the women live in en-suite rooms. They have keys to their rooms and so can move about within the prison relatively freely. All the houses are locked at 7.30 p.m. and all the women in the prison are locked into their rooms at that time except the women in Cedar and Phoenix Houses who associate freely within their houses.

The houses and rooms are unlocked at 7.30 a.m. The women organise their own breakfasts in the kitchens of the houses. They attend school or one of the workshops or engage in one of the many activities organised in the prison. They eat lunch together with prison staff in the dining room. They go back to their occupation for the afternoon. An evening meal is served in the dining room around 5 p.m. and the women sit in the gardens or watch TV in the sitting rooms or chat and drink coffee in the kitchens until 7.30 p.m.

The prison has a good school with a very comprehensive syllabus: the range of educational and vocational opportunities offered to the women in the Dóchas Centre encompasses woodwork, computers, English and maths, cookery, food and nutrition, soft toys, pottery, art, photography, group skills, swimming, outdoor pursuits (a hillwalking opportunity, offered two or three days in the academic year), parenting, music, clay modeling, drama, physical education, creative writing. There is a beauty salon/hairdressing salon, a craft room and an industrial cleaning programme. Occasionally, a woman in the Centre undertakes an Open University course. There is an annual summer school, which I myself founded, and which is now in its eighth year.

There is a Health Care Unit staffed by nurses and a doctor with a visiting psychiatric and dental service. There is a gym and a comprehensive sport and fitness programme.

Limerick Prison

The regime in Limerick Prison could be described as a 'lock-up' one, with the women spending eighteen out of every twenty-four hours locked in their cells. They are called at 8 a.m. for breakfast; they pick this up in the food-servery and take it to

their cells to eat and they are locked in to eat it. They are unlocked at 9 a.m. and they may attend the class that the school is providing for them, if there is such provision, or they may clean some part of the corridor or communal shower/toilet area. If they stay in their cell they are locked in. They pick up lunch at noon and are locked into their cells to eat it. If they chose to leave their cells to attend class or to clean, they are unlocked again at 2 p.m. At 4.30 p.m. they are again locked in their cells; they are released at 5.30 p.m. and locked up for the evening sometime before 7.30 p.m. The communal living area is a prefab in the yard dominated by a television and a pool table.

Different Women Experience Prison Differently

In addition to these very different structural experiences of women's imprisonment in Ireland, different women experience prison differently. The female prison population is made up very young women, young women, more mature women and older women. Among the young women are those who have been in and out of the prison a few times. One of their main worries coming into the prison is: 'who is there?'. They worry about agendas outside the prison being pursued within the prison.

There are older women, who have spent much of their lives in and out of prison. There are homeless women: one woman in the Dóchas Centre remarked to me that the new prison is beautiful, that there's not much bother in it, that she 'never got hit, never got toughed', and she said that you don't see fights in it anymore. But she added: 'Being in prison is depressing, you might get a bit cleaner and fresher and be a bit better than you were when you came in but you still want the door open so that you get out.'

Among the women prisoners are those who have a chronic addiction – people addicted to cigarettes, solvents, paint, alcohol, cannabis, magic mushrooms, heroin, cocaine, rocks, ecstasy, speed, methadone – who view the prison and use the prison as a place of respite, a place where they receive care. They come into prison, recover their strength and then leave, generally to go back to whatever it was in their lives that debilitated them.

There are terribly poor, ill and damaged women in the prison and there are very strong, capable and able women within the prison. There are women in the prison serving sentences of two or three

hours or days; two, three or more months; two three or more years, and there are three or four women serving very long or life sentences. One prison facility, whether the Dóchas Centre or Limerick Prison, has to manage and support all these women while the women themselves, away from their families, isolated from society and imprisoned, respond in different ways to the prison. For some, it does represent a place of respite, an opportunity for some recovery; for some, it represents, and they recognise it as representing, an educational and developmental opportunity. For all, it is a punishment. One woman said: 'The only contact we have with the world outside is the TV, the radio and phone calls. I've been here three years now; I can't really remember any more, even the family; it's like a story now, my life'.

Notes

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Is there a Need for the Women's Prison to Move from Mountjoy to Thornton Hall?

Eoin Carroll

Introduction

The *Report of the Committee of Inquiry into the Irish Prison System* (the Whitaker Report), published in 1985, identified women in prison as a particularly vulnerable group. It recommended that, in so far as possible, women offenders should be given non-custodial penalties and that of those imprisoned the majority should be accommodated in an open prison.¹ More recent studies – in 2001 and 2003 – have also highlighted the vulnerability of women in the prison system.²

The recommendation of the Whitaker Report in regard to the provision of an open prison for most of the women who are imprisoned was never acted upon. Now, two decades later, rather than attempting to explore alternatives to the detention of women in closed prisons, the Government plans to replace the larger of the country's two prisons for women – the Dóchas Centre – with an even bigger prison, to be located on the grounds of the new prison complex at Thornton Hall.

This article will look at the implications of, firstly, the relocation of Dóchas from its present inner-city site, on the grounds of Mountjoy Prison, to the Thornton Hall site in north County Dublin and, secondly, the proposal to increase in the capacity of the Centre.

Effects of Moving the Dóchas Centre

In terms of its facilities, regime and services, the existing Dóchas Centre has many positive features. Furthermore, its location close to Dublin city centre is a significant advantage in terms of facilitating family visits and accessing important services. Moving the women's prison to the new location far from the city centre is likely to have several negative consequences.

Maintaining Links with Families

Research on the demographics of the prison population is extremely sparse, especially in relation to women prisoners.³ The research by Carmody and McEvoy, *A Study of Irish Female Prisoners*, conducted over ten years ago, indicated that the majority of women entering prison lived in inner city Dublin and had been brought up

there. In all, 82 per cent came from Dublin, with 71 per cent from the inner city.⁴ A high percentage were mothers and were the primary carer of their children before going to prison.

Detailed up-to-date figures on the place of origin of women in prison are not available: the most recent Prison Service Annual Report (2006) does not provide a breakdown of where women in prison come from. A calculation based on information in the 2005 Annual Report – derived from information relating to the countries or Irish counties given as the home addresses of women committed to the Dóchas Centre in that year – suggests that over 50 per cent of the women had been living in Dublin at the time of their committal to the prison.⁵

Previously it had been a guiding principle of the Department of Justice that prisoners be accommodated as near as possible to their own homes.⁶ However, moving the women's prison to the Thornton Hall complex will mean, in effect, the end of this policy as far as women prisoners are concerned.

Studies show that if family bonds are maintained 'the chances of the prisoner going back to prison again are greatly reduced.'⁷ It is obvious that prisons that are easily accessible to families can assist prisoners and their families maintain these vital connections.

Transport to Thornton Hall

Whether consciously or otherwise, the assumption is frequently made that every household in Ireland has a car. While the majority do – just under 80 per cent – ownership is much less prevalent among poorer families.⁸ Since evidence points to an over-representation of people from lower socio-economic groups in the prison population, the issue of the availability of public transport is of critical importance for families wishing to visit a family member in prison.

In its current location, the Dóchas Centre is easily accessible from major public transport hubs: both Connolly Station and Busáras are in close proximity. Dublin Bus services pass the entrance

to Dóchas and both LUAS lines are also accessible.

The Thornton Hall complex is situated approximately 10 kilometres from the current location of the Dóchas Centre on the border of Dublin and Meath. Joan Burton TD has described its location as 'extremely isolated'.⁹ There is no rail service to the area, and a minimal bus service to the nearby village of Coolquay, Co. Meath.

It has been proposed that a special bus will be used to provide a link between Dublin city centre and the new complex. There are questions to be asked as to the frequency of this service, and the cost to the users. However, an even more fundamental concern is that travelling by a specially provided 'prison bus' will be a stigmatising experience for families.

It seems inevitable, then, that a move to Thornton Hall will result in an added burden for families of women in prison, many of whom already experience poverty and deprivation. In contrast, the Mountjoy complex has been described by criminologist Paul O'Mahony as offering 'the best opportunity to maintain family and community links, which are essential to prisoners' well-being and future social integration.'¹⁰

Visitors' Centre

One of the successes of the Dóchas Centre has been its visitors' centre which provides a humane environment for family members and others who come to visit their loved ones. It is understood that the plans to relocate the Centre include provision for a visitors' centre. In his annual report for 2006–2007, the Inspector of Prisons noted that the visitors' centre committee has sent a 'carefully prepared proposal for their needs in Thornton Hall' and had 'also requested a discussion with the architects' but as of September 2006 they had not received a response.¹¹ Should the Thornton Hall facility for women prisoners be built, a firm commitment needs to be made to support and finance a new visitors' centre.

Access to Services

Difficulties with the lack of local infrastructure at the new Thornton Hall complex relate not only to sewage needs or road access but to access to a hospital and in-reach services. The Dóchas Centre has a medical unit, which is staffed by qualified and dedicated people. While it might be possible to replicate this provision in the new complex, what cannot be replicated is the ready access

which the Centre has to the outpatient and accident and emergency services of the Mater Hospital. This is a considerable resource for the Dóchas Centre, especially in light of the fact that health care needs are much greater among women than among men in prison.¹² People who work in the prison have indicted that the lives of women who have been attacked or who have attempted suicide or become seriously ill have been saved as a result of the Centre's close proximity to a major public hospital.

Groups providing services to women prisoners have expressed the view that the location of the Thornton Hall site will have significant implications for them in their provision of services. In-reach services are extremely important to the Dóchas Centre and have developed in the immediate locality or are based in Dublin city centre. These include the services of a local Society of St. Vincent de Paul conference and of 'befrienders' who play a very valuable role in the lives of the women.

Organisations working with women who are about to leave or have left prison will also be affected. There has been no announcement by the prison authorities of financial or other support to in-reach services to enable them continue their work if the Centre is moved to Thornton Hall.



The Dóchas Centre

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Regime

Dóchas is the Irish word for hope. It is widely acknowledged that 'hope' is reflected in the facilities of the Dóchas Centre and the very positive regime that exists there. While Dóchas is located within the Mountjoy complex, it is situated on the periphery of the grounds, and has a separate entrance. The Centre has distinct design qualities, with the accommodation provided in seven separate houses. Upon entering Dóchas one

is struck by the positive and respectful relationship that exists between staff and inmates.

While there have been indications that the current regime will be replicated in the proposed new women's prison in Thornton Hall, individuals and groups working with prisoners express apprehension about whether it will be possible to ensure that the positive ethos of the regime can continue. This is particularly so in light of the proposed increase in the size of the prison and its isolated location. Building a women's prison of the size envisaged, with accommodation for at least double the number in the existing prison, will have significant implications for the type of regime that will be feasible.

Proximity to Male Prison

Studies show that the regime of prisons for women is seriously impacted upon by their proximity to prisons for men.¹³ This is particularly so if facilities are shared; however, it applies even if facilities are not shared but if prisons for men and women are built adjacent to each other.

The prison authorities claim that the eight individual detention facilities that are apparently to be built on the Thornton Hall site – one of which is presumably the proposed women's unit – will be 'practically self-contained'.¹⁴ If this means sharing visitation areas and recreational space, women prisoners, because they are a small minority in what is a predominantly male prison population, will experience added disadvantage. This has occurred in Limerick Prison, with services for women prisoners at times been severely curtailed due to over-crowding in the men's prison.

The Proposal to Increase Capacity

In January and February 2008, proposed figures for the overall capacity of the new prison at Thornton Hall were made public in a number of newspaper articles.¹⁵ The Director General of the Prison Service, Brian Purcell, has described the planned capacity as 'meeting any demand for additional space for at least the next 50 years.'¹⁶ In the case of the women's prison, the demand projections seem to be based on the two-times table: the capacity of the Dóchas Centre is at present 85 but the proposed development at Thornton Hall is for a facility to accommodate 170. An Irish Prison Service spokesman described the proposed two-fold increase in capacity as 'future-proofing'.¹⁷

Evolution of Prison Places for Women

Historically, penal policy in Ireland has seemed to evolve in the absence of research findings, public discussion and coherent decision-making: it might be said that we build prisons which then shape our prison policy, not *vice-versa*.¹⁸ Each time there has been an increase in the number of places for women prisoners there has been an absence of an evidence-based explanation of the figure chosen.

In 1994, there were, at any one time, approximately 50 women imprisoned in Ireland, 40 of whom were accommodated in the Women's Prison at Mountjoy.¹⁹ In that year, the Department of Justice published a five-year plan, *The Management of Offenders*, which stated that a 60-bed women's prison was needed on the Mountjoy site.²⁰ There was no explanation as to how this figure was derived – even though it represented a 50 per cent increase in the number of places for women prisoners on the Mountjoy site.

Just four years later, in 1998, the *Strategy Statement 1998–2000* of the Department of Justice, Equality and Law Reform announced that the proposed new Mountjoy women's prison would have 80 places.²¹

In December 1999 the Dóchas Centre opened with a bed capacity of 70 and overall accommodation for 80.

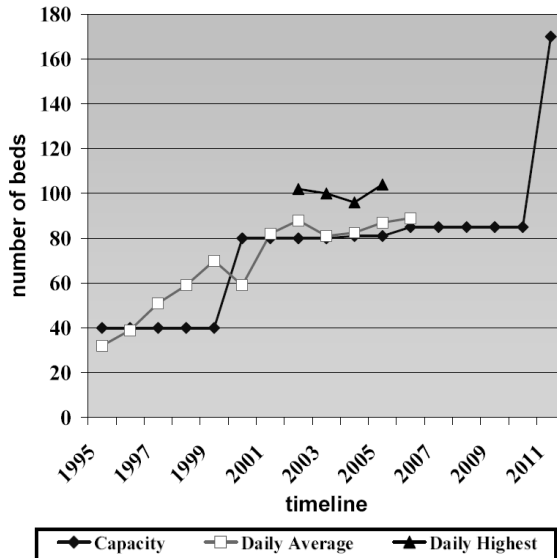
*... we build prisons which
then shape our prison policy,
not vice-versa*

The current capacity of the Dóchas Centre is 85. However, in 2006, the most recent year for which statistics are published, the average daily number was 89.²² In reality, the prison frequently holds over 100 women.

And by 2011, the proposed completion date for Thornton Hall, the main women's prison in the country will have places for 170.²³ In fact, given the manner in which the capacity of prisons has been expanded by resorting to 'doubling up' in what are meant to be single occupancy cells, it would not be too surprising to find that, within a few years of the new prison opening, it was accommodating far in excess of this number.

Figure 1 below depicts the rapid growth of prison places for women and the dramatic infrastructural ‘future proofing’ that the Thornton Hall complex will provide.

Figure 1: Capacity of the Dochás Centre²⁴



A Political Decision

Many commentators have pointed out that the number of prison places provided is determined by political choices based on fiscal constraints and the level of punitiveness in society at a given time – ‘it is a simple matter of choice and a function of legislation’.²⁵

This was acknowledged in 2000 by a sub-committee of the Joint Oireachtas Committee on Justice, Equality, Defence and Women’s Rights. In its report, the sub-committee admitted that the number of prison places ‘is to a large extent a political calculation’. The sub-committee went on to say:

[D]espite popular belief to the contrary, imprisonment rates have a very small impact on crime rates and can be lowered significantly without exposing the public to serious risk. There is little substance to what might be called the ‘hydraulic theory’ that as sentences go up, crime goes down.²⁶

Ireland’s recent policy of building additional prison places has been set during an economic boom and in a political climate in which ‘zero tolerance’ of crime was frequently emphasised. Out of this context has come the proposal for the largest prison development in the history of the State, and the proposal to double the number of

places in the country’s main prison for women. As was the case with the previous expansion in the number of places for women, there has been a lack of transparency as to the analysis undertaken to determine this figure. In contrast, proposals regarding the provision of new children detention schools have been based on a detailed analysis of projected capacity needs, as contained in the Final Report of the Expert Group on Children Detention Schools, published in March 2008.²⁷

The fact is that building a prison to accommodate 170 prisoners goes against international best practice, which is based on the premise that smaller prisons are better.²⁸ It also contradicts one of the principles advocated by the Council of Europe in its 1999 Recommendation to Member States (of which Ireland is one), on ‘Prison Overcrowding and Prison Population’:

The extension of the prison estate should rather be an exceptional measure, as it is generally unlikely to offer a lasting solution to the problem of overcrowding.²⁹

The Need to Explore Alternatives

The Dóchas Centre is a modern state-of-the art detention facility, opened in December 1999 at a cost of 13 million Irish punts. Despite the newness and quality of the buildings that make up the Centre, it is proposed they will be demolished once the Mountjoy site is vacated and sold following the relocation to Thornton Hall. It is clear that the re-location of the Dóchas Centre to the new super prison complex in Thornton Hall is motivated not by a need to improve conditions for women prisoners, or a commitment to ensuring their detention in the most appropriate location, but by a desire to maximise the land value of the Mountjoy site when it goes on sale.

An alternative solution – the retention of the women’s prison on its present site, while the remainder of the Mountjoy complex is sold – does not appear to have received any serious consideration.

The proposal that the relocation of the Dóchas Centre will be accompanied by a doubling of its capacity is being justified on the grounds that there is need to address the problem of overcrowding in the Dóchas Centre, and there is need also to provide for future needs. Overcrowding is indeed a daily problem in the Centre: women are being accommodated in the

medical centre of the facility, and there has been a resort to 'doubling up' in what were intended to be single occupancy cells.³⁰

However, before the capacity of the prison is doubled, the question, 'whom do we detain and why?' needs to be fully explored. In reality, a significant number of women in prison are serving sentences of less than one year. Moreover, in 2005, 21 per cent of those committed were being held under immigration legislation.³¹ The women held due to immigration law have not committed a crime; some are waiting to be deported while others are having their asylum application processed.³² The 2006 Report of the Mountjoy Prison Visiting Committee commented that the detention of such women 'results in short term overcrowding and the reduction of services which can be provided.' The Committee urged that other facilities be used for this purpose.³³

There are good grounds for fearing that if the new larger women's prison is built at Thornton Hall, it will be soon filled, as happened when the present Dóchas Centre was built. Eventually, the problem of overcrowding will once more arise.

Imprisonment is only one of several possible penalties that can be used when women commit offences, and building more prison places is only one of the possible solutions to the problem of overcrowding in women's prisons. There *are* other alternatives: non-custodial sentences in place of 'prison sentences under eight months'³⁴ – in effect, the abolition of short-term sentences; the imaginative use of imprisonment such as weekend detention;³⁵ and the accommodation of the majority of women prisoners in low security open prisons, as recommended by the Whitaker Committee. Such alternatives would be less costly, and could provide more effective long-term solutions.

There is a strong case for saying that before the Dóchas Centre is moved or expanded to accommodate significantly larger numbers of prisoners a review should be undertaken of the use of imprisonment for women in Ireland. The 'Review of Women with Particular Vulnerabilities in the Criminal Justice System' in England and Wales, which was carried out by Baroness Jean Corston and which was completed in less than nine months, could provide useful guidelines for an Irish study.³⁶ Such a review should take into account the recommendations of the Resolution adopted by the European Parliament on 13 March

2008 on *The situation of women in prison and the impact of the imprisonment of parents on social and family life*. The Resolution includes proposals in regard to prison conditions, maintaining links with families and reintegration into society.³⁷ The purpose of a review should be to provide a clear analysis of the extent to which detention is really needed in response to crime by women, to explore whether small open prisons could meet some of the need for imprisonment, and to examine the ways in which alternative penalties could be developed.

Notes

1. *Report of the Committee of Inquiry into the Penal System*, Dublin: Stationery Office, 1985, p. 75.
2. Christina Quinlan, 'The Women We Imprison', *Irish Criminal Law Journal*, Vol. 13, No. 1, 2003; Celesta McCann James, 'Recycled Women: Oppression and the Social World of Women Prisoners in the Irish Republic', Ph.D. Thesis, National University of Ireland, Galway, September 2001.
3. For example, unlike its predecessors, the most recent Annual Report of the Prison Service (2006), does not give a breakdown on the basis of sex of where prisoners come from. Neither does it give a breakdown showing the numbers in prison on remand, under sentence, and committed under immigration legislation.
4. Patricia Carmody and Mel McEvoy, *A Study of Irish Female Prisoners*, Dublin: Stationery Office, 1996, p. 4.
5. Irish Prison Service, *Annual Report 2005*, Dublin: Irish Prison Service, 2006, p. 39; p. 81.
6. Patrick O'Dea, 'The Five Year Plan: A Response', in Probation and Welfare Officers Branch, IMPACT, Public Sector Union, *Published Papers of a Seminar on 'The Management of Offenders – A Five Year Plan'*, 11 November 1994, p. 8.
7. Bedford Road Project, www.bedfordrow.ie.
8. Central Statistics Office, *Household Budget Survey 2004–2005: Final Results*, Dublin: Stationery Office, 2007.
9. Joan Burton TD quoted in Michael Brennan, 'Mental Hospital Move Put in Doubt', *Irish Independent*, 19 February 2008.
10. Stephen O'Brien and Dearbhail McDonald, 'Outcry Over Plan to Close Dublin Jail', *The Sunday Times*, 17 October 2007.
11. The Hon. Mr. Justice Kinlen, Inspector of Prisons and Places of Detention, *Fifth Annual Report of the Inspector of Prisons and Places of Detention for the Year 2006–2007*, 2007, p. 26. (Available www.justice.ie)
12. Patricia Carmody and Mel McEvoy, *op. cit.*; Baroness Jean Corston, *The Corston Report – A Review of Women with Particular Vulnerabilities in the Criminal Justice System*, London: Home Office, 2007.
13. Baroness Jean Corston, *op. cit.*
14. Brian Purcell, Director, Irish Prison Service, quoted in Tom Brady, 'New Jail will not be a "Super Prison", Authorities Insist', *Irish Independent*, 29 February 2008.

15. Tom Brady, 'New Jail will not be a "Super Prison", Authorities Insist', *Irish Independent*, 29 February 2008; Breda O'Brien, 'Danger of Reversing Women's Prison Reforms' *The Irish Times*, 26 January 2008.
16. Tom Brady, 'New Jail will not be a "Super Prison", Authorities Insist', *Irish Independent*, 29 February 2008.
17. Breda O'Brien, 'Danger of Reversing Women's Prison Reforms' *The Irish Times*, 26 January 2008.
18. This *ad hoc* approach to penal policy has been criticised in, for example, Fitzpatrick Associates, Economic Consultants, *Irish Prison Service Capital Expenditure Review*, Dublin: Irish Prison Service, 2006.
19. Jim Rhatigan, 'Rehabilitation in Prison', in Probation and Welfare Officers Branch, IMPACT, Public Sector Union, *Published Papers of a Seminar on 'The Management of Offenders – A Five Year Plan'*, 11 November 1994, p. 26.
20. Department of Justice, *The Management of Offenders: A Five Year Plan*, Dublin: Stationery Office, 1994, p. 32.
21. Department of Justice, Equality and Law Reform, *Strategy Statement 1998–2000*, Dublin: Department of Justice, Equality and Law Reform, 1998, p. 16. Interestingly the *Strategy Statement* lists as an objective of the Strategy the implementation of the recommendations of the Report of the Second Commission on the Status of Women. Close examination of the *Strategy Statement* reveals that it does not include any commitment in relation to women in prison – despite the fact that the Commission on the Status of Women put forward a series of recommendations in relation to this group (Department of Justice, Equality and Law Reform, *Strategy Statement 1998–2000*; Second Commission on the Status of Women, *Report to Government*, Dublin: Stationery Office, 1993).
22. Irish Prison Service, *Annual Report 2006*, Longford: Irish Prison Service, 2007, p. 50.
23. Breda O'Brien, 'Danger of Reversing Women's Prison Reforms' *The Irish Times*, 26 January 2008.
24. This table has been developed on the basis of information from the following sources: Fitzpatrick Associates, Economic Consultants, *op. cit.*; Irish Prison Service, Annual Reports 2002 to 2006; Breda O'Brien, 'Danger of Reversing Women's Prison Reforms', *The Irish Times*, 26 January 2008; Jim Rhatigan, *op. cit.*
25. Patrick O'Dea, *op. cit.*, p. 8.
26. Joint Committee on Justice, Equality, Defence and Women's Rights, *Report of the Sub-Committee on Crime and Punishment of the Joint Committee on Justice, Equality, Defence and Women's Rights on Alternatives to Fines and the Uses of Prison*, 16 February 2000. (Available on www.justice.ie)
27. Expert Groups on Children Detention Schools, *Final Report*, 14 December 2007.
28. See for example, Baroness Jean Corston, *op. cit.*
29. Council of Europe, *Recommendation No. R (99) 22 of the Committee of Ministers to Member States Concerning Prison Overcrowding and Prison Population Inflation*, 30 September 1999.
30. Stephen O'Brien and Dearbhail McDonald, 'Outcry Over Plan to Close Dublin Jail', *The Sunday Times*, 17 October 2007.
31. Irish Prison Service, *Annual Report 2005*, Dublin: Irish Prison Service, 2006. Information is not provided in the 2006 Annual Report on the number of committals under immigration legislation.
32. Irish Prison Chaplains, *Annual Report 2006/07*, November 2007. (Available www.jcfj.ie)
33. Mountjoy Prison Visiting Committee, *Annual Report 2006, 2007*, p. 5. (Available www.justice.ie)
34. Séan Lowry referenced in Conor Lally, 'Time to Think Outside the Box on Prison Places', *The Irish Times*, 11 February 2008.
35. Joint Committee on Justice, Equality, Defence and Women's Rights, *op. cit.*
36. Baroness Jean Corston, *op. cit.*
37. www.europarl.europa.eu.

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Hospital or Prison? What Future for the Central Mental Hospital?

Central Mental Hospital Carers Group

Introduction

The Central Mental Hospital in Dundrum probably evokes a cold shiver in people as they pass by – that is, if they think about it at all. The perception of the hospital is influenced visually by the high walls, the imposing metal gates leading up a long avenue to another electronic gate, and the glimpse of a huge grey granite building. It is fuelled, no doubt, by stories and myths about mental illness, criminal lunatics and madness. People may read in the newspapers about the crimes of some patients but do they realise: ‘There but for the grace of God go I’? None of us knows when or where mental health problems will occur or with what severity. Certainly none of us who are parents or relatives of patients in the Central Mental Hospital ever expected serious mental illness to visit our families.

The Central Mental Hospital Carers Group is a voluntary group of relatives – mostly parents – and carers of patients in the hospital in Dundrum. We meet monthly at the hospital. We liaise with hospital management and staff on a regular basis on matters relating to the care of patients and the conditions in which they live. Our goal is to improve the lot of the patients and their families and to campaign for improved facilities and care for patients and respect for their human rights. We also provide a supportive environment for families and carers who have been affected by severe and enduring mental illness in their family.

People may be surprised by our experiencing the Central Mental Hospital as a peaceful place, a refuge for our children who became seriously mentally ill, a place where, at last, having done the rounds of GPs, local psychiatric health care services, and often the courts and prisons, their illness is finally being understood and treated.

The Government has decided to sell off the site in Dundrum and to relocate the Central Mental Hospital to Thornton Hall at St. Margaret’s in north County Dublin, near the Meath border. It intends to site the hospital beside the relocated Mountjoy Prison in one large new complex. We, as the families of patients, are deeply opposed to this decision. The reasons for our opposition are

outlined in this article. There *is* an alternative, which we also detail and which we are urging the Government to consider.

Origins

The Central Mental Hospital was established in 1850 as a result of recommendations of a parliamentary committee set up in 1843 under Sir Edward Sugden, the then Lord Chancellor of Ireland. The hospital was built on a thirty-four acre site, four miles from Dublin city centre. It was located on a large parkland site because the Victorians realised that people who were seriously mentally ill needed such space and seclusion in order for their condition to improve.

At that time, and following much discussion, it was decided not to co-locate the hospital with a prison, in recognition of the distinction between illness and criminality.¹ It is ironic that the Victorians could make such an enlightened decision when, one hundred and fifty years later, modern Irish politicians can decide to co-locate the proposed new hospital with new prison facilities.

The Central Mental Hospital was the first secure hospital in Europe and provided care and treatment for mentally disordered offenders for the entire thirty-two counties up until partition in 1922. It has always been administered by the health authorities.

The hospital provides treatment in conditions of high, medium and low security. Patients come from either the prisons, the courts (either having been referred for assessment or having been found unfit to be tried or not guilty by reason of insanity) or from local psychiatric hospitals. Intensive psychiatric treatment and rehabilitation are provided in a structured therapeutic environment by five consultant-led multidisciplinary teams. The hospital is fully accredited for training purposes by the Royal College of Psychiatrists. It functions very much as a hospital which provides asylum for its patients, many of whom, for one reason or another, have lost contact with their local psychiatric services.

Today, the Central Mental Hospital accommodates eighty-two patients, although there is need for a facility able to provide for a much larger number.

Need for a New Facility

We agree with the position taken by the Expert Group on Mental Health Policy in its report, *A Vision for Change*:

The Central Mental Hospital should be replaced or remodelled to allow it to provide care and treatment in a modern, up-to-date humane setting, and the capacity of the Central Mental Hospital should be maximised.²

The Group's Report, which was published in January 2006, was accepted by the Government as a template for future policy in relation to mental health care.³

Despite many improvements to the Central Mental Hospital, the fact remains that the design and layout of its buildings still strongly reflect their origins in the Victorian era. Not only are they out of date but they are in need of repair and renovation. These buildings are not suitable for the provision of modern twenty-first century forensic psychiatric care. Investment in modernisation is long overdue. The inadequacies in the physical conditions of Dundrum were highlighted in reports on inspections carried out by the Council of Europe Committee for the Prevention of Cruel and Inhuman Treatment and Torture (Committee for the Prevention of Torture), in 1998, 2002, and 2006.⁴

A National Tertiary Centre

The provision of psychiatric mental health care can be viewed as tiered into three levels, just like the provision of physical health care. In the case of physical illness, the GP, as the first contact, represents the primary tier; consultants based in hospitals the second tier, and national specialist treatment centres the tertiary level. The degree of specialisation and expertise increases with each tier and the numbers requiring treatment should reduce at each level of specialisation. The same model applies to the provision of mental health care: the GP is usually the first tier, the local psychiatric hospital the secondary tier and the Central Mental Hospital the tertiary level, catering for the seriously mentally ill in need of secure accommodation and specialised treatment.

Patients not Prisoners

The Government has argued that the Central Mental Hospital should be located beside a prison because many of the patients come from the prisons or through the court system. This thinking is, at best, based on administrative convenience. It fails to acknowledge the fact that it is as a result of their mental illness that such patients come into the criminal justice system. They are patients first: it is their illness which has caused them to transgress or which prevents them from understanding the charges put to them, leaving them unfit to be tried.

We know this is fact because it has happened to our children. We have watched as a mental illness, such as schizophrenia – the illness the majority of patients in Dundrum suffer from – took control and altered their reality to such an extent that many committed a crime or harmed themselves. We have experienced the lack of understanding of serious mental illness and the lack of secure units in both general and psychiatric hospitals. We have experienced the lack of community support services and social workers for the psychiatrically ill.



Entrance to the Central Mental Hospital © D. Speirs

Violent incidents involving seriously disturbed mentally ill persons are frequently reported in the national media. We, as relatives and carers, understand in a very personal way the grief, the fear and the suffering of the victims but also that of the perpetrators suffering from severe mental illness. We are all victims of an inadequate mental health system and also victims of mental illness and its consequences for our families. We have lost family members to mental illness.

It is our experience that our children did not receive the help they needed when we knew they

needed it. Our health system did not respond as it should have. Sadly, the 'normal' pattern is that families cannot get appropriate services for their relative and the illness escalates to the extent that serious and sometimes fatal incidents occur and the patient falls into the penal system. For our children, the Central Mental Hospital is their last chance and their best chance. They need therapeutic intervention and treatment in secure accommodation because of their illness. What does the Government propose? To treat them in a facility located on the same site as a prison.

Further Stigmatisation

Those with mental illness are already stigmatised in our society. Locating the national forensic psychiatric hospital beside a prison will, in effect, be a public policy endorsement of this stigma and will serve to further stigmatise the mentally ill. Locating the hospital adjacent to a prison will inevitably and irreversibly associate its patients with criminality. This surely is against the ethos of mental health care in any civilised society. There is no possible therapeutic reason to associate the hospital with the new prison.

Social Isolation Impedes Rehabilitation

The proposed new complex, Thornton Hall, at St Margaret's in north County Dublin, is in a rural location with a dispersed population. Such a location is most unsuitable for a hospital whose ethos is treatment and rehabilitation in the community.

In its present location in Dundrum, the Central Mental Hospital is accessible to family members and other visitors coming on foot, by car, bus and LUAS. Thornton Hall, whilst being relatively close to the M1, will be far from readily accessible by foot or by public transport. Even if the current very limited public transport provision to the area were to be improved, the relocation would still mean that the time and effort involved for families and other visitors in getting to and from the hospital would be much greater than is the case for Dundrum.

Furthermore, the socially isolated location proposed will impede the rehabilitation of those who have to use the hospital's services. Low security patients in Dundrum avail of training, college courses and facilities in the city as part of their rehabilitation and re-engagement with community life. Attendance at these activities

would not be possible from Thornton Hall.

Lack of Community Support Impedes Rehabilitation

Over a period of one hundred and fifty years, the Central Mental Hospital has become integrated into the local community in Dundrum. Patients avail of education, training and social activities in the locality without stigma or rancour. This is a vital part of the rehabilitation and reintegration of patients into the community and into society. On a very practical level, the remote location of Thornton Hall will make the rehabilitation of patients extremely difficult, even before one considers the issue of acceptance of both the hospital and its patients by a dispersed rural community. The scale of the area will not be conducive to integration, since its population is too small to allow recovering patients to grow in confidence and to re-establish social skills.

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Loss of Experienced Staff

The Central Mental Hospital Dundrum comprises not only physical capital, in the form of land and buildings, but also social and intellectual capital residing in the human resources of the hospital – that is, its staff. This should be taken into account in any policy decision on relocating the hospital. The task of providing 'safe treatment for high-risk patients in conditions of therapeutic security'⁵ involves very specialised knowledge and skills. Over the years, such expertise has been developed in Dundrum by a range of staff members – clinicians, psychiatric nurses, social and care workers, occupational therapists, psychologists – who work in the multidisciplinary teams needed to provide services in this very specialised niche of psychiatric care.

It can be anticipated that a large portion of this intellectual capital will be lost in the proposed move to Thornton Hall. This is borne out by the experience of some specialised government services being decentralised. We believe that it is likely that at least 50 per cent of the clinical and nursing staff in Dundrum will leave as a

consequence of the relocation of their place of work to the other side of Dublin County. Such intellectual capital can not be quickly replaced. The ethos of the hospital is to provide the specialist skills of multidisciplinary teams offering active programmes of assessment, intervention and rehabilitation to service users through individually tailored care plans which are reviewed on an ongoing basis. This process will be severely disrupted with the loss of staff on the scale envisaged.

Contrary to Human Rights Obligations?

Article 12 of the International Covenant on Economic, Social and Cultural Rights of the United Nations recognises ‘the right of everyone to the enjoyment of the highest attainable standard of physical and mental health’. Ireland has ratified the Covenant, which means that under international law the State is obliged to ensure that the rights enshrined are guaranteed for all persons on its territory.

The UN Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care⁶ outline the basic rights and freedoms of people with a mental illness that must be secured if states are to be in full compliance with the Covenant.⁷

Key among the UN Principles are:

All persons have the right to the best available mental health care, which shall be part of the health and social care system. (Principle 1)

Every patient shall have the right to be treated in the least restrictive environment...(Principle 7(1))

The environment and living conditions in mental health facilities shall be as close as possible to those of ... normal life ... (Principle 13 (2))

These standards apply equally to *all* persons who suffer mental illness, including those ‘detained in the course of criminal proceedings or investigations against them’. (Principle 20(1))

This requirement is elaborated as follows:

All such persons should receive the best available mental health care as provided in Principle 1. These Principles shall apply to them to the fullest extent possible, with only such limited modifications and exceptions as are necessary in

the circumstances.(Principle 20 (2))

Other principles in the UN document emphasise the right of patients to have access to educational, training and placement services to promote their rehabilitation and reintegration into society.

As a member of the United Nations, and a signatory to most of its human rights treaties, Ireland should see the principles laid down by the UN as setting the standard for policy in relation to the redevelopment of facilities for patients in the Central Mental Hospital. The Government has failed to show how its plan to relocate the hospital to the grounds of a super prison could meet the requirements of the principles set out by the United Nations.

Contrary to Government Policy?

A Vision for Change, the Government’s template for mental health policy, states:

*Priority should be given to the care of individuals with severe and enduring mental illness, in the least restrictive environment possible.*⁸

Locating the hospital in the same complex as the country’s largest prison is surely in direct contradiction of this recommended approach.

The report further states that:

*Forensic mental health units need to be clearly identified as being intervention and rehabilitation facilities that operate in particular conditions of security rather than facilities offering mainly containment.*⁹

Again, locating the hospital in a prison complex sends signals of containment rather than treatment and rehabilitation, thus directly contravening the Government’s own stated policy.

In addition, *A Vision for Change* states that forensic mental health services should have a strong community focus.¹⁰ Uprooting the hospital from a community where it is now naturally embedded and relocating it to a small rural community will deny that community focus to the country’s only specialised forensic psychiatric hospital; it represents a further discrepancy between the Government’s stated policy and the likely outcomes of its decision to relocate the hospital.

A Feasible Alternative

If it is accepted that an urban location is required for a national forensic psychiatric hospital, one must ask the question ‘where?’ If not Dundrum, where else does the State have sufficient lands? We understand that the only other possible location is at Abbotstown in Blanchardstown.

We suggest that there is a feasible alternative to relocating the Central Mental Hospital to either another urban location or the Thornton Hall complex.

As already noted, the current hospital site in Dundrum is thirty-four acres in size. It is located in what is now a prime residential area. On a conservative valuation, the site could be worth €5 million per acre, giving a total valuation of €170 million. However, the true valuation could be up to €400 million.¹¹

The Government does not need the entire proceeds of the sale of the thirty-four acre site in order to finance the building of a new Central Mental Hospital. If ten to fourteen acres to the front and/or rear of the site were to be sold for residential development, the remaining twenty acres would be sufficient to facilitate the provision of a new state-of-the-art hospital. The sale of fourteen acres could raise up to €140 million. This would be more than adequate to construct a new facility, which could be provided at an estimated cost of around €100 million. Such an option would deal with all of the aforementioned problems and objections associated with the proposal to move the hospital to Thornton Hall. This outcome could be achieved at no cost to the Exchequer. Most importantly, it would be the best outcome for patients, for their families, and for the medical, nursing and other staff in the existing facility. Furthermore, with this option there would be no question of proceeds of the sale of lands at Dundrum not being reinvested in mental health care services and there could be no hint of ‘asset stripping’ on the part of the Government.¹²

Conclusion

There is an urgent need for the Central Mental Hospital to be replaced by a modern facility and for the number of places provided to be expanded. The Government has decided to relocate the hospital onto the site of the new ‘prison super complex’ at Thornton Hall, north County Dublin.

There is a strong chorus of well-founded

objections to the relocation of the Central Mental Hospital to Thornton Hall from a wide range of mental health professionals, and from families and friends of patients.

We in the Central Mental Hospital Carers Group believe that co-locating the hospital with prison facilities is not in the best interests of the patients, will increase the stigma associated with mental illness, impede the rehabilitation of patients, is contrary to the Government’s stated policy on mental health and is against the spirit of international human rights law. Furthermore, it is not, in our opinion, the best economic option.

We call on the Government to revisit the decision. There is a viable alternative that would answer all the objections raised and at the same time provide a state-of-the-art forensic mental health care facility to serve Ireland’s expanding needs in this area.

We propose that the Government sell off up to fourteen acres of the grounds of Dundrum for residential development and with the proceeds of the sale build a new hospital on the remainder of the site. With this option it would be clear that all the proceeds from the sale of the property were being reinvested for the betterment of the mental health system. Above all, it would show that the welfare of the users of the services of the Central Mental Hospital, and not administrative convenience or financial gain, was the priority in updating and expanding the facilities for this vulnerable and often overlooked group in our society.

Notes

1. Pauline Prior, ‘Prisoner or Patient? The Official Debate on the Criminal Lunatic in Nineteenth Century Ireland’, *History of Psychiatry*, Vol.15, No. 2, 2004, pp. 177–192.
2. *A Vision for Change: Report of the Expert Group on Mental Health Policy*, Dublin: Stationery Office, Recommendation 15.1.4, p. 140.
3. Speaking at the launch of *A Vision for Change* on 24 January 2006, Mary Harney TD, Minister for Health and Children, said: ‘This comprehensive mental health policy framework outlines a set of values and principles that will guide both Government and service providers as we proceed to develop and put in place a modern high-quality mental health service for our citizens.’ (<http://www.dohc.ie/press/releases/2006/20060124.html>)
4. Council of Europe, *Report to the Irish Government on the Visit to Ireland Carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 31 August to 9 September 1998*,

- Strasbourg: Council of Europe, 17 December 1999, CPT/Inf (99)15[EN], par. 101–104, p. 48; Council of Europe, *Report to the Government of Ireland on the Visit to Ireland Carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 20 to 28 May 2002*, Strasbourg: Council of Europe, 18 September 2003, CPT/Inf (2003)36[EN], par. 83–85, pp.33–34; Council of Europe, *Report to the Government of Ireland on the Visit to Ireland Carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 2 to 13 October 2006*, Strasbourg: Council of Europe, 10 October 2007, CPT/Inf (2007) 40 [EN], par. 111–113, pp. 45–46.
5. The National Forensic Mental Health Service, Central Mental Hospital, *Submission to the National Steering Group on Mental Health*, Dublin, 2003, p. 2.
(<http://www.mentalhealthpolicy.ie/submissions/submission24.php>)
 6. These Principles, often referred to as the MI Principles, were adopted by the UN General Assembly Resolution 46/119 of 18 February 1992.
 7. Amnesty International (Irish Section), *Mental Illness: The Neglected Quarter*, Dublin: Amnesty International (Irish Section), 2003, p. 27.
 8. *A Vision for Change: Report of the Expert Group on Mental Health Policy*, Section 15.1.1: 'Principles Central to the Delivery of Care by FMHS', p. 137.
 9. *Ibid.*, p. 135.
 10. *Ibid.*, p. 138.
 11. Jim Power, 'Is Thornton Hall Prison Suitable for Central Mental Hospital or is there an Alternative?' Paper Presented at Schizophrenia Ireland/Central Mental Hospital Carers Seminar, 30 January 2008.
 12. A report by the Irish Psychiatric Association (IPA), published on 24 January 2008, highlighted several instances where lands adjacent to psychiatric hospitals were either given away or sold at below-cost prices to other public bodies, so that the potential to 'ring fence' money realised from their sale for the development of mental health services had been lost (Irish Psychiatric Association, *The Lie of the Land*, Dublin, 2008). This occurred despite the recommendation of the Expert Group on Mental Health Policy (in its report, *A Vision for Change*) that the funds generated from its proposed closure, over a period of ten years, of the State's psychiatric hospitals should be used to improve mental health services generally.

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