

CONSPICUOUS BY THEIR ABSENCE - RECLAIMING THE SILENCED VOICES OF BLACK WOMEN IN THE CRIMINAL JUSTICE SYSTEM

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Abstract

Despite being the most overrepresented group of women in the Criminal Justice System (CJS), a significant lack of attention has been paid to Black women in academic literature and government policy in relation to this disparity.

Using a Black feminist lens, this article seeks to illuminate the mistreatment, neglect, discrimination, and oppression experienced by Black women once in the CJS. The research highlights their voices and experiences through a process of Narrative Interviewing, one of the most effective tools for collecting data from marginalised groups, and the use of Critical Race Feminism (CRF) as the theoretical framework that assists in providing powerful counter narratives. Eight women with experience of imprisonment in England and Wales were interviewed, producing 21 in-depth interviews. This article explores key themes including racist stereotyping, poor healthcare, and poor rehabilitative services. It also presents participant's narratives alongside case examples. The data suggests that, in an already problematic system, poor treatment and negative experiences are due to intersectional factors such as race, gender, religion, and class. The article ends with some considerations of how to minimise exclusionary practices and integrating Black women's narratives into solutions to the highlighted issues.

Keywords

Black women, Criminal Justice System, Prison, Black Feminism

Introduction and context

Despite being the most overrepresented group of women in the CJS in England and Wales (Prison Reform Trust, 2017), a significant lack of attention has been paid to Black women¹ in academic literature and government policy.

Women make up approximately 5% of the total prison population in England and Wales, with around 3227 women in prison at the time of writing (Ministry of Justice, MoJ, 2021). Far fewer women than men are in contact with the CJS, and most recorded crime committed by women is at the relatively minor end of the scale and largely non-violent (MoJ, 2021). Although comparatively few women experience prison, they often have high levels of need (Caulfield, 2016) yet the system remains 'predominantly male-focused in its regimes and organisation' (Caulfield 2010: 316). However, the MoJ recognises the potential for gender informed approaches to rehabilitating women (MoJ, 2018a, 2018b). Within this small minority of female prisoners, there is an over-representation of Black women, closely followed by Asian, predominantly Muslim women (Cox and Sacks-Jones, 2017; Prison Reform Trust, 2017). In 2019, the latest MoJ statistics stated Black women accounted for 6% of all female prosecutions. Of the women remanded in custody that year 10% were Black. Of all females sentenced in 2019, Black women had the highest custody rate at 23% (MoJ, 2020).

There is a broad acceptance that the experiences of Black women in the CJS have been marginalised to a greater extent than other groups (Cheliotis and Liebling, 2006; Owens, 2010; Cox and Sacks-Jones, 2017; Prison Reform Trust, 2017). The need for greater recognition of this group has long been known (Phillips and Bowling, 2003; Cox and Sack-Jones, 2017) yet the Black female voice is conspicuous by its very absence. Government reports have consistently neglected to address the issues facing this group in both pre and post custody. The NOMS Race Review (2008) failed to mention Black women. More recent publications such as the thematic inspection of services for women in the community (HMIP, 2016), the Better Outcomes for Women Offenders document (NOMS, 2015), and the 2017 thematic inspection of Through the Gate (TTG) resettlement services were all colour-blind and race neutral. If we accept that women's needs and experiences in the CJS have been given less attention than men's (Caulfield, 2010, 2016), issues of intersectionality come to the fore when we consider the needs and experiences of Black women.

CRF challenges the homogenisation of women inherent in discourses in the CJS, rejecting the essentialist approach that all women are the same and have the same needs (Schiffer, 2014). Race neutrality and colour-blindness operated by powerful white institutions in the CJS fails to recognise intersectionality and thus must be challenged (Schiffer, 2014). Mirza (1997:4) argues that:

“The invisibility of black women speaks to the separate narrative constructions of race, gender and class: in a racial discourse, where the subject is male; in a gendered discourse, where the subject is white; and a class discourse, where race has no place”

There is a need to integrate a racial perspective to explore and understand the inequalities faced by Black women in the CJS. CRF incorporates a critique of racialised discrimination at the centre of its analysis, framing the debate of the subordination of Black women within legal processes (Bell, 1995; Delgado and Stefancic, 2001). A Black feminist and womanist approach is espoused to examine, interrogate and critically analyse (Schiffer, 2014; Hudson-Weems, 2001). Furthermore, CRF promotes the agency of Black women to form a ‘bottom up’ epistemology that essentially incorporates intersectionality at its core to address race, class and gender (Crenshaw, 1995; Matsuda, 1995). CRF crucially reverses the silencing of Black women, making their experiences and voice key to the analysis. CRF stems from Critical Race Theory (CRT), which uses storytelling and counter-narratives to place oppressed voices at the centre of research (Glynn, 2014). CRT was born out of the challenges to institutionalised racism in the US legal system by legal professionals and scholars. It challenges and interrogates how white supremacy acts to subjugate, silence and imprison people of colour. Delgado and Stefancic (2001) emphasise the importance of incorporating the experiential knowledge of Black people to any analysis of racism. The experiences and the narratives from those experiences should not be curtailed or silenced but rather used as a framework for understanding the impact of racism (hooks, 1982; Matsuda, 1995). This is what Delgado and Stefancic, (2001:55) call perspectivalism:

“The insistence on examining how things look from the perspective of individual actors, it helps us understand the perspective of intersectional individuals and it can enable us to frame agendas and strategies that will do justice to a broader range of people and avoid oversimplifying human experience”.

Glynn (2014) asserts that research in criminology has traditionally come from a white, privileged standpoint which renders Black people as silent and invisible in issues affecting them. He therefore argues that to challenge this, it is necessary to reframe and reinterpret experiences of the subordinated persons in opposition to the dominant narratives. This viewpoint is also supported by Tate (1997:220) who promotes the idea that racialised minorities need the opportunity to “speak back” about the reality of racism for them and their communities. The “speak back” is also, according to Rollock and Gillborn, (2011:3), ‘a means for psychological and spiritual empowerment in response to the depleting effects of racism’.

The use of story-telling narratives provides a ‘bottom up’ epistemology to expose issues and contribute to solutions. CJS discourses typically mute the Black voice and, as Anderson and Jack (1991:11) note, ‘the muted channel of women’s subjectivity’ needs to be tuned in

when discussing the subjective experience of Black woman. Wing and Willis (1991), in their examination of Black female gang members, noted that the voice of these women was conspicuously absent and sought to devise a methodology to engage them. CRF utilises counter-narratives, supporting Hill Collins' assertion that Black women should be "agents of knowledge" in their own circumstances as opposed to them being theorised about by others (2000:221). The existing literature tells us that women's experiences of prison and the CJS are problematic, with systems designed for men and failing to address the needs of women (Caulfield 2010; Jewkes, Jordan, Wright, & Bendelow, 2018), with particular failings in health and mental health support (Bright, Higgin & Grealish, 2022). Most existing research looks at women as a homogenous group, with almost no research sharing the voices of Black women who have experienced the CJS.

Using a Black feminist lens, the research presented in this article seeks to illuminate the experiences of women who have been in contact with the CJS. The research seeks to provide a vehicle for participants to be catalysts for change in the issues that affect them, minimising the pathologising and stereotyping of Black women.

Methods

Data collection

The research aimed to place participants' voices at its centre. Reissman (1993:14) states that 'traditional white methodologies have been able to erase the marginalised and the oppressed as they dislodge the seemingly secure ground from under our representations'. There have been significant shifts, particularly by feminist criminologists, in recognising that white, westernised methodologies were lacking in fully interrogating issues that required an intersectional lens. For this research, Black feminist methodologies were appropriate and conducive to probing narratives by Black women. Narrative Interviewing (NI) is a method that helps people make sense of their experiences and presents a fundamental paradigm shift from traditional white methodologies that often impose the researcher ideology and viewpoint onto those being researched (Reissmann, 1993). NI can empower participants as, through their life stories, they become activists in change (Hill Collins, 2000).

NI involves two types of narratives: the 'life history narrative', which is essentially a generic method that can be used regardless of the subject; and the 'topical narrative' which is more personal in nature and is more conducive to research on sensitive topics with marginalised groups (Flick, 2006). The latter was considered the most appropriate for this research. Adopting Seidman's (2006) approach, the aim was to conduct 3 separate interviews with each participant. Seidman advocates that in the first interview, one should build rapport and focus on the timeline of events that led the participant to the point of interest to the researcher. In this case, a semi-structured interview guide was developed for the first interview, focussing on events that chronicle the participant's journey through the CJS. The second interview allowed the participants to tell their story uninterrupted.

Then prior to the third interview, the participant was sent a transcript of their second interview to allow for member-checking, the opportunity for reflection and to add any closing thoughts and recommendations (Reissman, 1993). This was also to elicit the participant's understanding of what they had related and explore whether the researcher's interpretation and analysis was consistent with that. Once each interview had closed, there was a debrief discussion.

Interviews lasted an average of an hour and were recorded using a digital voice recorder. Only the lead researcher and research participant were present during the interview. The lead researcher is a woman of Black Caribbean descent and a CJS professional (Probation Officer) within the community and prisons. She had a unique 'insider/outsider' position that the women were able to relate to.

Participants

A women's centre agreed to facilitate the research and the lead researcher was introduced to their staff so that she could explain the research aims and answer any questions. Staff were asked to inform clients about the research and ask if they would like to consider taking part. The eligibility criteria were that participants should be women of Black African/Caribbean descent who had been through the CJS in England and Wales. Those that expressed an interest were asked by their Keyworker to give consent for their details to be shared with the lead researcher, who then made contact to discuss the research. If they wished to proceed at that point, a first interview was scheduled to take place at a mutually convenient time and location.

Ethics approval was granted by the applicable university. Issues such as confidentiality and the right to withdraw were fully considered and explained both verbally and in writing in a participant information form. Each participant was given a written copy of the participant information form and consent form to keep. 8 women were interviewed: 6 women participated in 3 interviews; 1 woman participated in 2 interviews and 1 woman in a single interview. The women ranged in age from 28 to 52 years. The women, who were all living in the community, had served sentences between 18 months and 6 years. 2 of the 8 participants had been subject to a community-based sentence previously and all had been subject to prison licences; 2 were still subject to probation supervision at the time of interview and it is typical in the CJS for Black women to be sentenced to custody as first-time offenders. All names are pseudonyms. There were some challenges in recruiting due to the difficulty in locating small, independent charities and gaining the trust of staff to refer to their clients. Also NOMS (now HMPPS) would not allow the lead author to contact probation or prison staff to refer potential participants.

Data analysis

Interviews were audio recorded, transcribed, and coded. A structured thematic analysis approach was taken where analysis involved working line-by-line through each transcript to assign codes. Initial codes were identified through the literature and noted by the researcher during interviews and/or during the transcription process. The initial themes acted as a basis for coding, followed by applying a data led approach to the transcripts to identify new codes. Following this, the list of codes was reviewed in order to search for commonalities between codes to identify themes. Themes therefore represent a coding of the initial coding (Howitt and Cramer, 2008). Once an initial broad list of themes was highlighted, these were reviewed in consideration of whether there was sufficient evidence in the data to support each of the themes. 15 of 21 transcripts have so far been analysed and the themes presented in this article represent those 15 interviews and include all 8 women. The themes discussed in the findings section of this article emanate from the initial coding. The analysis of the remaining 6 transcripts is ongoing and all themes will be presented in the final PhD thesis of the first author.

Discussion of findings

Malcolm X once famously said “the most disrespected person in America is the black woman” (cited in Jones, 2020:1). It could be argued Black women are the most disrespected amongst minority ethnic women in the CJS as they make up over half of all minority ethnic women in the female prison estate with no recognition and no action to address this disproportionality (Prison Reform Trust, 2017; Cox and Sacks-Jones, 2017). The themes presented below highlight participant’s experiences of racism and discrimination on a personal and institutional level. This is presented below through a Black feminist lens, foregrounding the women’s experiences. This includes the way they were spoken to, opportunities they were denied, and how they were racially stereotyped. Participants spoke of being “broken” by their time in prison. The findings are presented in three key themes: racial stereotyping, poor healthcare and lack of rehabilitative services. Each section includes key findings and illustrative quotes, directly voicing the women who took part in this research. Each theme considers the findings from this group of women alongside other relevant cases, with reference to applicable literature and evidence.

Racial stereotyping

Audre Lorde (2017:19) stated unequivocally that “the master’s tools will never dismantle the masters house.” White privilege allows for the protection and advantages of whiteness over other identities (Bhopal, 2018) and the CJS is a bastion of white supremacy that systematically subjugates those of colour (Lammy, 2017). This leads to differential treatment that is normalised and ignored. 7 of the 8 participants in this research felt they

were racially stereotyped in one way or another. Celia, Brenda and Cara's experiences are briefly outlined before we discuss Naomi and Marsha's cases in more detail.

Celia was considered aggressive and was threatened with violence by prison staff because she asked why she was being relocated to another part of the prison. She recounted witnessing two White prisoners asking the same question but not receiving such threats in response. Cara was stereotyped as a gang member and explained that police had tried to apply disproportionate licence conditions that would have separated her from her family. Brenda was sworn at and had a banana hurled at her by a senior member of kitchen staff when she asked to exchange a bruised piece of fruit. She viewed his actions as having racist undertones. He was not disciplined but she received an adjudication, and her account of events was dismissed.

Naomi related an incident where she got into an altercation with a White prisoner. She explained that Prison Officers witnessed the incident, where it was clear the White woman was the aggressor, yet staff acted to protect the aggressor rather than Naomi.

"So, I have come out and have gotten up in her face then she started crying and I'm like "I haven't even said anything!" (throws hands up chuckling) I haven't even said anything and then the Prison Officers have come up and said, "Leave her alone". So, she mentioned something about my daughter and I went for her and everyone heard what *she said* saw my reaction and protected her, before I could even get to her, she was protected. It's like they opened the gate to let her through so I couldn't get her and then they spoke to me like "Naomi, you have to calm down." "I've got to calm down? You just heard what she said, and I've got to calm down?" "Yes, but she's upset". "We're all upset!" (Naomi, second interview)

In Naomi's mind, this was differential and preferential treatment based on white skin and she qualified that view by saying the following:

"Now if the tables were turned which I have seen, they um, there was this girl, she was in there for murder or some joint enterprise murder kind of thing, she had an argument with somebody from another wing who just so happened to be a mixed-race girl. She was able to get in her cell, she was able to shout...Get in the Black woman's cell and they was able to have an argument, they was able to have a scuffle before they were separated. But for me, I was stopped before I even did anything. The white woman was like "You watch, I'm gonna get you again" blah blah blah and all she got was put behind her door for the day. That was it! The Black woman? I was threatened with being put on report!" (Naomi, second interview)

Critical race theorists argue that the CJS is set up to privilege whiteness as its structures are put in place and maintained by White people, mainly White men in positions of power (Anthius, 1999; Delgado and Stefancic, 2007). This can still be seen clearly across CJS

policies in the UK, as noted at the beginning of this article. Naomi learnt early on in her sentence that whiteness will always be privileged over other identities and ethnicities. Blackness is probably the most discriminated against, given the overrepresentation of Black women and the propensity to discuss them under the umbrella term BAME which some argue can have an anti-blackness connotation (Ali, 2020)².

In relation to whiteness, Black feminists describe how Black women are characterised according to various derogatory stereotypes (Bobo, 1995; Crenshaw, 1995; Hill Collins, 2000) including the stereotype “Sapphire” - the aggressive, bullying and intimidating Black woman that White women need to be protected from. It is possible that prison staff viewed Naomi according to that stereotype and believed the White woman needed to be protected and so acted accordingly. This disparity in treatment is longstanding according to other research (Cheliotis and Liebling, 2006; HMIP, 2009; Owens, 2010; Prison Reform Trust, 2017; Cox and Sacks-Jones, 2017).

Another example of racist, gendered stereotyping is in the area of domestic abuse. It is relevant here to mention the participant’s conviction. Marsha, a Jamaican national, was convicted of Grievous Bodily Harm after stabbing her partner in self-defence. She had been a victim of domestic abuse with the police being called many times to the home address. On one occasion when the police were called, Marsha said they sided with her abuser and argued the abuse could not be that bad as there was no blood.

“And man in this country, they can just come around, put dem hand on you and do everything and the police is with them.... they say, “You have a bruise on your face but you are not physically bleeding blood” (Marsha, single interview)

It could be argued that the police had what Black feminists identify as the Sapphire stereotype of the tough, aggressive Black woman in mind who does not feel pain and is actually the one who is the threat. This is an example of violence against women not taken seriously but the intersectional factors of being Black, a woman, a foreign national and poor all intersected to compound Marsha’s experience. Despite numerous calls to the police, Marsha never felt the police empathised or saw her as a victim, which correlates with the perception that Black women cannot be victims (hooks, 1982; Willingham, 2011; Summers, 2020). She also stated that when she was on trial, the police never produced any evidence of the domestic abuse incidents to which they had responded. Nothing was logged or if it was, it was never produced as evidence, which compromised Marsha’s defence.

“They never have a notebook for me in Court, they had nothing for me in Court, so, I just know what the system is like” (Marsha, single interview)

Marsha did not have a voice with the police or in the Court, which previous research suggests is a common experience of Black women (Owens, 2010; Prison Reform Trust, 2017). Marsha was convicted and given a 12-year custodial sentence. As a foreign

national, she felt even more discriminated against as the fact that she did not have “a British book” was often referred to during the judicial process. This in itself can be viewed as discriminatory, irrelevant to the court case, yet likely to influence the jury. Critical race theorists argue this bias is systemic in the legal system (Bell, 1995; Rollock and Gilborn, 2011). Another area of systemic racism is within the health services in prisons.

Poor Healthcare

4 of the 8 women said the overall healthcare, specifically physical and mental health provision was poor and related the negative responses they received from prison staff. Marsha explained that she needed, but was refused, medication for an eye condition, which resulted in deterioration of her eyesight. Brenda and Debby shared their experience of a lack of care for their mental health needs. Celia’s mental and physical health suffered. Below we explore Celia’s physical health and Debby’s mental health experiences in more detail. Celia spoke about the lack of treatment she received for a skin condition called urticaria. Urticaria is aggravated by stress and in severe cases can cause the throat to swell making breathing difficult. She related that she had made numerous requests for treatment but felt they were met with disdain. She was perceived by Prison Officers and Healthcare staff as being difficult and exaggerating the severity of her condition.

“My healthcare, I did not receive the support. I’ve got something called urticaria and I, every night, when I am under stress, I get hives all over my body. My eyes would swell up, my lips would swell up and I’d wake up ...my throat would feel like it is closing in. And Healthcare, I would wake up and say to the office, “Look, I need medication” like, this...I can’t get an appointment at the doctors, it’s taking ages, I am in so much pain, I feel like I might die one of these nights if I don’t have my medication” and um (pauses) Healthcare would say “it’s not urgent, we’ve seen her already, we know she has urticaria, it’s just flaring up, it’s not urgent!” (Celia, second interview)

Celia explained how she told staff that her life could be in danger without medication, but they had little understanding of the condition and did not believe she was in severe pain. Racially biased false beliefs held in the medical profession such as Black people having a lower pain threshold than White people (Sabin, 2020; Hoffmann et al, 2016) has often led to Black people not getting appropriate healthcare. At its most severe, this has resulted in untimely and unnecessary death. For example, Annabella Landsberg died in 2017 at HMP Peterborough. The inquest into the death of the 45-year-old Zimbabwean woman found that the prison failed to take seriously complaints relating to her type 2 diabetes. Noor (2019) reported that Ms Landsberg was accused of feigning illness, attention seeking, and so was effectively ignored. The inquest found that she was left on the floor of her cell for 21 hours, was stepped over, had water thrown over her and was kicked by a member of nursing staff. Instead of being seen as a woman having a medical crisis, she was treated as a discipline problem. Deborah Coles, the director of the human rights charity, INQUEST

stated:

“INQUEST has seen too many stories of black women treated in an inhuman way (by police and prisons). Black women consistently die in contentious circumstances where there are serious concerns about their dehumanising treatment” (Coles, 2019 cited in Noor, 2019:2).

Celia’s case and this tragic death are all examples that CRF explains as Black women being perpetually viewed through a lens of unfemininity; as tough, brutish, manly and accustomed to, and expected to endure, harsh treatment (Hull et al, 1982; Crenshaw, 1995; Ashley, 2014).

Debby talked about how, when she was first admitted to prison, she was not given her anti-depressant medication. She explained that, on the advice of fellow prisoners, she resorted to threatening to take her own life in order to be heard.

“And if you’ve got serious issues surrounding mental health and drugs, you’re fucked in prison coz you’re not getting any help in there. I mean I’ve been on antidepressants for years before I went into prison and I never saw the mental health worker either. When I got to the prison on the Friday, I’d got none of my tablets and by Monday I was starting to feel really funny coz I was on Prozac at that time. And they kept saying to me “We can’t give you your medication until we have spoken to your GP; you’ve got your own GP.” And I was saying, “Well, I’ve gone three days now you’re not supposed to do that”. This was only because a girl said to me “Tell them tomorrow you are going to kill yourself and I bet you, you get to see somebody and get your tablets on that day” (Debbie, second interview).

Debby shared that although she felt uncomfortable, she was desperate so decided to do it.

“So, I thought I’m going to try this, I’m going to try it. She said you will, you will. You see, it is through the prisoners that you learn those things. So, on the Tuesday morning I woke up and I did feel proper lightheaded by then. And I went when they came to open the hatch, I said “I’m suicidal” I was crying, “Arrived on Friday is now Tuesday” blah blah blah...You can imagine. “Hold on Within 10 minutes I was at the... I went to see the GP. I said to the GP “Fluoxetine” that’s the medical name for it. “Fluoxetine? What milligram?” I tell them. “Okay”. On the afternoon I got me tablets. (Throws hands up) See!” (Debby, second interview).

Despite the medical advice stipulating that this type of antidepressant medication should only be reduced gradually and over time (Shelton, 2001), Debby was denied any medication. She felt she had no option but to resort to threats to take her own life, after which the medication was quickly and readily made available. This is another example of inadequate care of a Black woman and viewed alongside the other examples in this

current research and the case inquest findings, this adds to a picture of discriminatory practice.

Failings in the healthcare of women in prison have been highlighted in the small number of studies that have qualitatively explored this (Bowen, Rogers & Shaw, 2009; Ahmed, Angel, Maertel, Pyne & Keenan, 2016). A recent systematic review of women's experiences of prison-based mental healthcare (Bright, Higgins and Grealish, 2022) highlighted a need for greater mental health support. Of particular concern were findings relating to interpersonal difficulties with prison staff. The review by Bright et al (2022) consistently highlighted women's descriptions of staff being unresponsive to their needs, leading to deteriorations in mental health. This research points to the paucity of research in this area. The studies in their systematic review related to women of all ethnicities. However, it is possible to hypothesise that Black women's experiences will be at the poorer end of these experiences, although there is a need for more research to fully explore this.

It is clear that there are serious failings in the care of Black women in prison and the findings from this current research support this. Mental health services in prisons were developed for the needs of White men and were unsuitable for assessing the needs of White women or ethnic minority groups (HMIP, 2009). These findings suggest that little has changed. The self-reporting of mental health distress is low among minority women, with concerns over institutional racism and a lack of cultural awareness. The result is that symptoms might only be picked up when they are acute or when there is contact with the CJS (NACRO, 2007 cited in HMIP, 2009; Towl, 2015). Black feminists highlight the high levels of poor mental health amongst Black women and state that the crisis is so acute they suffer 'spirit-murder' (racial violence in word or deed wounding the spirit of Black people), which Williams (1992 citing in West, 1992:1) argues occurs when there is a "disregard for others whose lives qualitatively depend on our regard." Prisoners are at the mercy of the CJS, they depend on the care of these institutions, and they have a responsibility for the needs of those in their care. This care then continues into the community but again this can also be lacking (Cox and Sacks-Jones, 2017).

Lack of Rehabilitative Services

All participants felt there was nothing rehabilitative about prison or probation and some examples are explored below. Participants did not feel there was any focus on the issues that face them as Black women with a criminal record or regarding their offending behaviour. This is despite research indicating that being Black, female and having a criminal record, seriously impacts on your life chances (Chigwada-Bailey, 2003; Schiffer, 2014, Unlock, 2019). Celia talked about being overlooked for educational opportunities in prison where she worked as a Wing Cleaner because it is all she was offered. The needs of Black women are typically neglected and the courses and interventions in

prison lack any race, religion or cultural focus (HMIP, 2009; Owens, 2010; MOJ, 2016; Jervis, 2019). Sharon articulated what she felt is needed in prisons:

“They also need to do courses that are inspiring for Black women. They do just basic, straight, across-the-board courses. Do you know what I mean? There is nothing for Black history, Black awareness, Black upliftment, unity, self-confidence, empowerment, nothing geared towards the Black woman to let her feel that she can step up.” (Sharon, second interview).

In 2009, an HMIP Inspection report into services for BME women in prison (the only one ever of its kind) highlighted the propensity of CJS institutions to focus on the needs of White women without consideration that women from other backgrounds have specific needs and therefore, different approaches are necessary. This rendered many of the services offered ineffective as they failed to address issues around the embedded institutional racism and white supremacy endemic in the UK prison system. An example of this is the approach and focus of drug services. Debby and Naomi both spoke of not having any assistance on release with accessing drug services. Debby stated that she entered custody with an addiction to cocaine and had to withdraw from the drug without medication as all provision focussed on heroin addiction. The report exposed that drug services did not consider cocaine use, drug possession, or drug supply which are the offences more pertaining to Black women. Debby’s case is an indicator that issues highlighted in the report had not been resolved by the time she left prison in 2013. Debby was not referred to a substance misuse agency in preparation for her release as she should have been as part of her resettlement. Rather she had to access services for herself with no support. Naomi gave a similar account thus the rehabilitation needs of these women were not met. Such systemic exclusionary practices serve to compound the disadvantage based on race that Black women face. Newer drug strategies, such as the HMPPS Prison Drugs Strategy 2019 have not made any substantial improvements in this area.

The CJS needs to better prepare Black women for life after custody. Brenda, on leaving prison, talked about being denied a bed at a refuge when she was experiencing domestic abuse and also being denied a place at hairdressing college both because of her criminal record. Former prisoners, of any gender or ethnicity, can often find themselves isolated, without money, job opportunities or clear prospects. As part of the ‘Transforming Rehabilitation’ (TR) agenda introduced in 2015 and intended to create a step-change in rehabilitation Through the Gate (TTG) services were split between Probation and private Community Rehabilitation Companies (CRCs). TTG services aimed to provide support for former prisoners, which was important to aid resettlement and reduce risk of reoffending. TTG promised seamless end to end management from custody to the community. However, a 2017 inspection of statutory TTG services in England and Wales identified that they were not working (HMIP, 2017). This is even more challenging for Black women due to existing structural inequalities then compounded by a criminal record (Chigwada-Bailey,

2003; Unlock, 2019).

Like Debby, Naomi and Brenda; Celia did not feel she would have successfully resettled without her own self-efficacy and determination. She explained that she had been left to her own devices with no support or guidance from her Probation Officer. This does not meet the government promises for TTG and the support that should be given to those leaving prison (MOJ, 2013a). Celia related:

“They just had this expectation that you should go back to work, you should just be fine, you've just been to prison! I don't know! (Incredulous laughter). Whether they know what that does to a person. But..yeah...that is unacceptable.” (Celia, second interview).

These examples highlight a failure of government policies across the board in the support and treatment of Black women. What is particularly concerning, is that during the roll-out of the TR initiative of part-privatising probation, the government admitted that minority groups were likely to be the most negatively impacted and yet they failed to address this (MoJ, 2013b). Since then, TR was deemed unworkable, abolished and the Probation Service reunified. Reunification seems unlikely to make any immediate difference to Black women's experiences considering the 2021 inspection regarding reunification made no reference to race issues in relation to offenders (HMIP, 2021).

It is common for Black women to be left to their own devices on release despite being on prison licences and therefore under probation supervision. (Hull and Smith, 1982; Chigwada-Bailey, 2003; HMIP, 2021) and there is nothing in recent government proposals for female offenders that offers any assistance recognising intersectionality (MoJ, 2018a). Public Health England's (2018) document discussing healthcare within prisons claims that the services are for all, including minority ethnic women, but in fact appears very generic.

Conclusions

Within the academic literature and government policy, the Black female voice is conspicuous by its absence. Using NI and viewed through a Black feminist lens, the research presented in this article adds to the limited literature concerning the experiences of Black women in the CJS. The findings highlight a catalogue of failings of the CJS in the care of the women who participated in this research. Their healthcare needs were often not addressed, and they were subjected to racist, gendered stereotyping, which had a direct impact on their treatment in prison and in the community. Their rehabilitation needs as Black women were not addressed in prison, compounding the issues they faced on release.

Although the findings are based upon the experiences of only 8 women, the narrative interview method enabled participants to talk about what was important to them, serving to highlight their voice and experience. This method also allowed for more collaborative

interaction than other methods, which was reported by participants as empowering. This is particularly important for a group who are often silenced, their voices hidden as a neglected minority group with the CJS. This article presents emerging findings based on analysis of 15 interviews. The final analysis of all 21 interview transcripts will be presented in the PhD thesis of the lead author. It is vital that the findings from this research reach policy makers and leaders within the CJS.

The lead researcher, who collected the data, is also a Probation Officer and thus, conscious of potential power imbalances. This could have rendered some participants to feel powerless (Eisner and Parmar, 2010) and we cannot assume that because the lead researcher is a Black woman interviewing other Black women that there would be no issues of power involved. We acknowledged this by adopting a method that places participant's voices at the centre and hope that - rather than feeling powerless - they were empowered as "agents of knowledge" that they are often denied being (Hill Collins, 2000:221).

Combined with discussion of several case reports and reviewed considering the failure of government policies to address the needs of Black women, the findings underscore the need for greater recognition and better treatment of Black women in contact with the CJS. Disparity in treatment for Black women often stems from a failure to recognise and respond to intersectionality (hooks, 1982; Crenshaw, 1995; Hill Collins, 2000). Consideration of intersectionality is key and acknowledgement that multiple identities will have multiple oppressions attached to it. All participants spoke of the lack of racial and cultural awareness and how that caused many difficulties. To begin to address this, there could be a return within Probation to collaborative working with community-based organisations that work with minority communities, which would impact women serving community sentences and those leaving prison and returning to the community. It is also important that Black women are listened to and that their experiences are believed. All participants spoke about not being listened to, not having their experiences believed, understood or validated. A non-judgmental attitude has long been considered a core value of probation workers' occupational culture and this research has raised examples where some groups of people in the CJS feel judged, nonetheless.

The findings presented in this article highlight a need to ensure rehabilitation is appropriate to the needs of Black women and not detrimental to their resettlement. Participants felt clear about what was missing from their resettlement interventions and would be willing to be a part of finding solutions to make rehabilitation and resettlement more successful. As researchers and practitioners, our position is that a radical overhaul of the CJS is needed, although within this current article we limit discussion to the experiences of the women who took part in this research. This research raises the prospect of using the voices of Black women leaving prison to envision what race and

gender specific provision could look like. Revised models for resettlement and rehabilitation must recognise the impact of structural inequalities, acknowledging how these are compounded by a criminal record.

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