



The Quaker Council for European Affairs

Women in Prison

Questionnaire – for prisoners and ex-prisoners

The Quaker Council for European Affairs (QCEA) based in Brussels, Belgium, is an international non-governmental organisation. We work on issues to do with peace and human rights, and have an interest in prison conditions and prisoners' welfare.

We are researching women in prison, to gain information on problem areas which are often ignored or overlooked and to promote good work from around the world. In order to do this, we need prison information from as many countries as possible.

If we use the information you give us we will not give your name or exact location. If you do not want to answer some of the questions, you do not have to. If you want to remain anonymous, you do not need to give any information about who you are. But if you want to help with this research, please tell us how to contact you (i.e. a name and address we can write to). You are also able to send information to the address below.

We cannot help you to be released or provide you with any benefits. You will not be paid for answering these questions. We hope that you will want to help with this research, because its purpose is to improve the conditions for women who are sent to prison in the future.

Thank you very much for your help.

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PLEASE EITHER WRITE OR CIRCLE THE APPROPRIATE ANSWER.

Please write on extra sheets of paper if you need to. Also, if you would like to stay in contact with us and maybe answer further questionnaires in the future, please give us an address where we can write to you.

General questions:

1. Name of country:
2. Name of prison:
3. Is your prison for : * female prisoners only * part of a men's prison?
4. Does the prison employ male staff in women's units? * Yes / * No
 If 'Yes', where do these male staff work? *Circle as many jobs as apply.*
 * administration / * maintenance / *direct contact with prisoners

Facilities

5. Are there any recreational facilities?
 If 'Yes', what are they? e.g. library, sports court, TV room, common rooms, etc

6. What is the visitors' room like?
 On **each line**, circle the **one box** that you think best describes it.

1	Spacious	Average	Too small / crowded
2	Clean	Average	Very dirty
3	Attractive	Average	Unattractive / depressing

7. Are there any special visitors' facilities for children? (Please tell us what they are:)

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Please tell us about the offence and your sentence, even if you have pleaded not guilty.

8. For what offence are you in prison?

* drug-related crime / * theft / * assault / * other

If 'other', please tell us what it is.

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9. How long is / was your sentence?

Are you still in prison? * Yes / * No

If 'Yes' how long have you now been there?

How much more of your sentence do you have to go?

10. How many times have you been in prison (including this time)?.....

11. Did your offence have anything to do with alcohol? * Yes / * No

12. Did your offence have anything to do with illegal or restricted drugs? * Yes / * No

If 'Yes', how were drugs involved?

Did you steal in order to get money to buy drugs? * Yes * No

Were you under the influence when offending? *Yes * No * somewhat

Drugs and alcohol

13. Have you ever been addicted to alcohol? * Yes / * No

If 'Yes', were you addicted to alcohol when you went to prison? * Yes / * No

14. Have you ever been addicted to drugs? * Yes / * No

If 'Yes', what drugs are (or were) they?

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15. Do you use any prohibited drugs in prison? * Yes / * No

16. Are you addicted to drugs now? * Yes / * No

If 'Yes', are you having any treatment or help with it while in prison? * Yes / * No

If 'Yes', do you think the help you are getting is good enough? * Yes / * No

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Physical and mental health

17. Is health care provided for you inside the prison or do you use community-based health care?

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18. Are you able to see a doctor or other health care worker in privacy, i.e. without a guard or other member of prison staff present?

* Yes * No

19. Please tell us a bit about your mental health.

Have you been diagnosed with any mental illnesses (this includes depression)?

* Yes * No

Do you take any medication for mental illness? * Yes * No

Please circle or tick the box which applies to you:

I have been diagnosed with:

I take medication for :

Schizophrenia	
Psychosis	
Anti-social personality disorder	
Other personality disorder	
Depression	
Other	

20. If you have a mental health problem,

did it start before you went to prison? * Yes * No

did you start having these problems while you were in prison? * Yes * No

21. Do you have any mental health issues which you think may have something to do with your offence?

* Yes * No

22. Do you have anything else to say about your mental health?

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.....

23. Please tell us a bit about your physical health.

Do you suffer from any physical illnesses or disabilities? * Yes * No
Do you take any medication for these? * Yes * No

24. Do you have HIV or AIDS? * Yes * No

If 'Yes', do you get any special treatment for these? * Yes * No

Were you infected before coming to prison * Yes * No
or did you become infected in prison? * Yes * No

25. Do you think you get good medical treatment in prison (compared to the treatment you get outside)? * Yes * No

26. Are you, or have you ever been, pregnant while in prison? * Yes * No

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27. Were you happy with the medical attention that you received while you were pregnant? * Yes * No

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28. If you gave birth during your sentence, did you have your baby in the prison hospital or in a public community hospital?

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29. If you gave birth in a hospital, were you handcuffed at any time while you were in the hospital? * Yes * No

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30. Please comment on anything else regarding your pregnancy or childbirth which you think is important, or which bothered you:

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Assault

31. While you have been in prison, has anybody physically or sexually assaulted you?
* Yes * No

(This includes any kind of violence directed at you, such as hitting, kicking, pushing, or any kind of sexual contact.)

Was your attacker * a prisoner * a member of prison staff ?

Was your attacker * male * female?

Family and visits

32. Tick the box which applies to you. Are you:

Single	
Married	
Divorced	
Separated	
Widowed	

33. Do you have any children under the age of 18? * Yes * No

Please tell us how many and what age they are.

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34. Are any of your children in prison with you? * Yes * No

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35. If 'Yes', do you live together in a special area for mothers and children, separate from other prisoners? * Yes * No

If so, please comment on these facilities. (For example, what condition are they in? Is there adequate health care? Do the children have access to schooling? Do they seem happy?) Are there any more comments you would like to add?

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36. Are you satisfied with the medical treatment that your child gets? * Yes * No

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37. Does your child have the opportunity to leave the prison ? * Yes * No

38. Does your child attend school ? * Yes * No

Is this *inside the prison * outside prison ?

39. Is there anyone available to take care of your child if you want to do an educational or work programme in the prison? * Yes * No

40. Do you think that being in prison is having a bad effect on your child? * Yes * No

If 'Yes', why do you think this?

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.....

41. If your children are not in prison with you, who is looking after them?

Tick the box which applies to you :

Other parent	
Grandparents	
Other relatives	
Friends	
Social Services	
Other	

42. Do your children come to visit you? * Yes * No

How often do they come?

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43. Are there any special arrangements for children's visits? (e.g. extended hours, special visiting rooms, toys to play with, etc) * Yes * No

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44. Are you allowed physical contact with your children during visits (e.g. to hold child on your lap, to hug your child, etc)? * Yes * No

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45. Are your children strip-searched when they visit you? * Yes * No

If 'Yes', do you think this affects how frequently they visit? * Yes * No

46. How do prison staff treat your children when they visit?
Are they friendly ? * Yes * No
Are they rude ? * Yes * No

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47. Do your children find visiting you in prison upsetting? * Yes * No

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48. Do you find it upsetting when you receive visits from your children? * Yes * No

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49. What do you think would improve visits for your children?

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50. What effect do you think your imprisonment has had on your children and family?

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Education and Employment opportunities:

51. Are there any educational programmes in the prison? * Yes * No

52. Are you enrolled on any educational programme? * Yes * No
If 'Yes', what is it?

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Do you think it is a good course? * Yes * No

How would you rate the quality of the course ? *excellent *average * poor

How would you rate the quality of the teachers? *excellent *average * poor

53. If you could choose any kind of course to do in prison, what kind would you choose and why?

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54. If you are not enrolled on any educational courses, why is this?

Tick the box which applies to you :

Courses unavailable	
Lack of space on the course(s) (over-subscribed)	
I do not want to participate on the course(s)	
I have children with me in prison and there is no childcare available to allow me to participate in the course(s)	
Other (please specify)	

55. What employment opportunities are available for women in prison?

Tick the box which applies to you :

None	
Compulsory work arranged by the prison (unpaid)	
Compulsory work arranged by the prison (paid)	
Optional work schemes (unpaid)	
Optional work schemes (where prisoners may earn money)	

56. What are the working hours?

57. Is it possible to do both work and study in the prison * Yes * No
 or can you only choose to work OR study * Yes * No

Search procedures

58. Have you ever been strip-searched ? * Yes * No

How often have you been strip-searched?

Tick the box which applies to you :

Never	
Once a month	
Once a week	
More than once a week	
Every day	

59. Do you have any comments on the strip-search procedure?

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Do you think there are alternative ways to ensure prison safety?

.....

Other

60. What is your date of birth? (month and year)

61. What is your ethnic group?

Tick the box which applies to you :

Black African	
Black Caribbean	
White	
South Asian (e.g. Pakistani, Bangladeshi, Indian)	
East Asian (e.g. Chinese, Japanese, Korean, Vietnamese)	
Indigenous (please state which region/nation)	
Other (please specify)	

62. How old were you when you left school/college?

What level of school did you reach (e.g. primary school, secondary / high school, college, university?)

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63. Do you have any learning difficulties?

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64. Please describe a typical day for you in prison. What do you do? Do you have any particular activities?

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65. Have you ever been put in a punishment or isolation cell? * Yes * No
Please describe this experience and how you felt.

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66. Do you have any ideas about better ways of dealing with women offenders?

* Yes * No

If 'Yes', please tell us how :

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67. Please tell us anything else about your experience in prison which you think is important :

What are the biggest problems or worries that you have in prison? (e.g. family, health, addictions, the future, etc).

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What do you think would make these problems better?

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Thank you very much for completing this questionnaire.