I am hurtling towards 60 years of age so what better time to begin my PhD journey!

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My criminological studies began as a 40-year-old undergraduate, and my subsequent career pathway led me to work initially within a police authority and then the prison service across three estates. In each role I lasted on average nine months and then I would resign in a flurry of tears, self-harm, depression, loss of confidence and self-esteem. I had convinced myself I was useless. My undergrad studies were “easy, a doddle” because I achieved a first-class honours degree. I believed my giving a BBC interview on anti-social behaviour was not down to my knowledge and expertise but rather because no-one else would do it. The lack of self-belief crippled my life and took my marriage to breaking point.

I had a blood test, result “perimenopausal”. I had never heard of the word never mind considered I was perhaps nearing “the change”.

Menopause was never talked of at home. It was a stigma just like the post-natal depression I suffered and was hospitalised for. From what very little I was told I believe my maternal grandma endured a menopause that significantly affected her mental health. I never knew if or when my mother went through it. In hindsight, the lack of discourse was, I believe, a generational “thing” where women’s health, body, sex constituted taboo topics. According to my mother, it was the teachers’ duty to inform us; they did not.

I went to my GP as I had suicidal tendencies, and I regularly slashed my arms which I did not think was unusual. I experienced raging anger, endless bouts of random tears, depressive, debilitating episodes and - most frighteningly - I wanted to hit, punch, batter and really hurt my husband. Little wonder I could not hold down a job, I guess. I was prescribed hormone replacement therapy, which is another story; suffice to say it exacerbated my symptoms. And so, nature was left to run its self-destructive course, but it got me thinking…. If, because of the menopause I had seriously harmed my husband I would have gone to prison, right? How many women are in prison who know nothing about the menopause? How many women act out of character because of these hormonal changes? What types of information and support are available in prison for women, perimenopausal, menopausal or otherwise? Would imprisonment affect the physical and mental health elements of the menopause? Men surely need to know how the menopause can affect the women in their lives. And so, the questions flowed to the point of writing them all down, submitting them to the Criminology Department at the University of Hull which resulted in an interview and acceptance to undertake a PhD relating to the menopause and women in prison.
I am four months into my research now and am surprised at how little attention there is to the more serious or out-of-character symptoms the menopause can create – it really is not just a case of a few hot flushes and a dried-up vagina.

In the edifying Corston Report of 2007, Baroness Corston (2007) reviewed the criminal justice systems’ approach to dealing with “vulnerable” women. Abuse - sexual and/or domestic, poverty, substance abuse and addiction, poor education, unemployment, housing, mental health illnesses all constitute towards being classed as “vulnerable”. However, “vulnerable…mutates into risk” according to Hine (2019: 12), women become “at risk of offending” due to their lived experiences or lifestyle. In 2022 six out of ten women sent to prison were sentenced to six months or less according to the Prison Reform Trust (2023), of which over a third were for shop-lifting offences.

“So many of the shoplifting cases involve women and follow the same pattern (middle-aged, on nerve tablets, mind on other things, no previous convictions)” (Solicitor 2 in Worrall 1990: 78)

The above quote suggests Solicitor 2 is describing or rather stereotyping a menopausal woman unlike Solicitor 8 in his succinct summary of women who offend as being “…needy, greedy or sick”. (Solicitor 8 in Worral 1990: 81). There are two significant points these quotes raise in relation to my research, firstly the number of women sentenced to short sentences for offences other non-custodial sanctions could redress. And secondly, the labels/stereotypes placed on women (in this instance) which debatably infer a patriarchal dialogue of control:

“A solicitor suggested last week in Carlow District Court that his client may have shoplifted because she was middle-aged and going through the menopause.” Irish Independent (2010)

The Corston Report identified the need for women in the criminal justice system to be treated differently to men not only because of the biological differences but also because matters can be worsened for women, for example by losing their accommodation whilst incarcerated or having limited contact with children or family given generally the long distance from jail to home. Corston (2007) proposed the closure of women’s prisons apart from a small number of special units designed to house violent female offenders deemed a risk to the public. Within five years of the report being published a nationwide scheme of creating Women’s Centre’s delivering holistic services from housing through to therapy and the fulfilment of community orders was recommended (Corston, 2007).

Baroness Corston claims in her introduction that to achieve her research and recommendations she drew upon 30 years of academic research (Corston, 2007). It frustrates me that there is so much evidence out there that proves prison is not the right environment for non-violent female offenders. It concerns me that women’s biological make-up can make them act out of character whilst society is so ignorant of the facts and as such labels and punishes. Yet it gives me the drive to make a change. If I can help one woman (or man) through my research, then hopefully a dialogue can begin. In fulfilling my PhD into menopause and women in prison I will add to the ever-expanding archive of academic research in the hope that one day it will be used to make a change for the better for those women labelled “vulnerable and “at risk”.
References

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