



## **The Psychological needs of Women in the Criminal Justice System: Considerations for Management and Rehabilitation**

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## Women in the Criminal Justice System in Australia <sup>1</sup>

Over the last two decades, both in Australia and internationally, numbers of women in the criminal justice system have increased by 260 percent. Increasingly women are going to jail for longer periods for minor crimes, most frequently related to drug and alcohol crimes or theft. The statistics for Indigenous women are even more alarming.

The profile of women in gaol speaks to the degree to which these women are marginalised in society. According to the 2008 NSW Inmate Census by Corrective Services NSW, women represent approximately 7.3% (n =720) of inmates in NSW (n=9859) of which 29% are Aboriginal. Previous research has identified that 30% of women in metropolitan prisons come from the three most disadvantaged Sydney suburbs. <sup>2</sup>

The 2009 NSW Inmate Health Survey sampled women in prison (N=199) and found:

- 45% experienced domestic violence or abuse as an adult
- 80% are current smokers
- 38% consumed alcohol in a hazardous or harmful way in the year prior to incarceration, with 16% showing signs of dependent drinking
- 78% had ever used an illicit drug and 52% had ever injected drugs
- 20% have been admitted to a psychiatric unit or hospital
- 27% have attempted suicide
- 49% are mothers of children aged 16 or under
- 45% left school prior to completing year 10 at an average age of 14 years 32% were placed in care as children
- 67% were unemployed in the six months prior to incarceration; of these 25% had been unemployed for 10 or more years
- 66% have been in a violent relationship

Source: Indig, D et al. (2009).  
*2009 NSW Inmate Health Survey: Key Findings Report* (in press).  
Justice Health.

When we look at the life stories of women within the prison system, the distinctions between offender and victim become very blurred. Their crimes are primarily those of poverty and drug addiction.<sup>3</sup>

Australian and international research evidence has shown that sexual and physical abuse features prominently in the lives of women offenders. In a paper by Johnson (2004) she refers to a number of studies which found that:

*...in Victoria 64 per cent of women in prison had a history of physical or sexual abuse, and the prevalence of physical abuse was twice as high for women with drug or alcohol abuse problems (74% compared to 36% of others) (Denton 1994); 42 per cent of women in Queensland prisons in 2002 were victims of sexual abuse before the age of 16 (Hockings et al. 2002); and in 2001, 77 per cent of women in West Australian prisons had a history of abuse, 74 per cent as an adult and 57 per cent in childhood.* <sup>4</sup>

International and Australian research has provided strong evidence of a link between drug and alcohol abuse and physical and sexual abuse in childhood among incarcerated women. Physical and sexual abuse can have a range of negative short and long-term consequences, including running away, poor school success, low self-esteem and prostitution (Department of Justice WA, 2002; Jarvis, Copeland & Walton, 1995; Browne, Miller & Manguin, 1999; Shaw et al., 1991; Comack, 1996; Marcus-Mendoza, Sargent & Chong Ho, 1994; Fletcher, Rolison & Moon, 1994; Harlow, 1999).<sup>5</sup>

These studies suggest that the connection between drug and alcohol abuse and criminal offending may be mediated by factors associated with early experiences of abuse, such as psychological distress, trauma, other negative family experiences, and street life. A growing drug dependency may then lead to theft, drug selling or prostitution to cover the cost of a drug habit, and often to support drug-addicted partners.

In a study *Drug Use Careers of Offenders* (DUCO) conducted in Texas by Kerber et al, (2001)<sup>6</sup> offenders were asked if they ever experienced emotional, physical or sexual abuse in adulthood. Overall, 78 per cent of women reported experiencing one or more of these types of abuse. Emotional abuse and physical abuse were most prevalent, each reported by about two-thirds of offenders. The primary perpetrators of emotional or physical abuse were spouses or partners.<sup>7</sup> The majority of incarcerated women in this study have children and these children are at risk of repeating the cycle of drug dependency and criminal offending due to their exposure to drug use by their mothers.

One of the most substantial reviews of the needs and problems of women in prison was conducted by the Prison Inspectorate for England and Wales (H.M. Chief Inspector of Prisons; HMCIP).<sup>8</sup> Based on official statistics and interviews with 10% of the total population of female prisoners, this report identified a number of important features, including the high prevalence of:

- Sexual, physical and emotional abuse
- Substance abuse, particularly poly-drug and heroin use
- Self-harm and attempted suicide (40% of cases)
- Poor employment and poor educational histories
- Severe emotional or mental problems.<sup>9</sup>

The recent data collected in the UK Cabinet Office Social Inclusion Task Force: *Short Study on Women Offenders* (2009) reflects similar very similar data.<sup>10</sup>

A NSW study in 2001 found that 70 per cent of women in prison said that they had been abused as children, and 44 percent said that they had been abused as adults. This abuse often led to substance abuse, which in turn led to women committing offences and ending up in the prison system.<sup>11</sup> In 2009, 87 per cent reported experiencing at least one type of abuse as a child or an adult and half of all abuse victims reported four or more types of abuse in their lifetimes (*Justice Health Inmate Survey*, 2009).<sup>12</sup>

An Australian *Drug Use Careers of Offenders (DUCO)*<sup>13</sup> female study conducted in 2003 by the Australian Institute of Criminology examined the prevalence, patterns and predictors of drug and alcohol dependency and mental health problems among incarcerated women. Makkai and Payne found that:

*Over half of the women in this study had concurrent substance dependencies and mental health problems in the 6 months prior to arrest. Factors associated with having mental health problems included past experiences of sexual and emotional abuse, prescription drug use, drug dependency, and concurrent drug and alcohol dependency. Drug dependency was associated with involvement in crime or sex work to earn a living, early exposure to drug problems in the family of origin, use of prescription drugs, previous adult prison, and mental health problems.*(2003).<sup>14</sup>

The Australian DUCO study is the most comprehensive study to date on women's offending and drug use histories showed that alcohol dependency was also associated with Indigenous status and physical abuse.<sup>15</sup>

Women frequently face certain barriers to accessing treatment, including greater stigma associated with being substance-abusing women and mothers, poor social support, and fears about losing children to child protection agencies (Bull, 2003; Poole & Dell, 2005).<sup>16</sup> Although women make up a smaller proportion of all offenders, when they are involved in crime it is believed that substance abuse is more closely associated with their criminality than it is for men (Pollock, 1999).<sup>17</sup>

In order to draw a comparison between women in the justice system and women surveyed in the community it is useful to look at the figures from the Australian component of the *International Violence Against Women Survey (IVAWS)* in which a total of 6,677 women aged between 18 and 69 years participated in the telephone survey between December 2002 and June 2003. This provided information about their experiences of both physical and sexual violence. As the IVAWS was a telephone survey, participation was limited to women living in private residences who had telephones. This resulted in the experiences of particular groups of women being significantly under-represented or excluded entirely; in particular, women who are homeless, women living in rural or remote communities, Indigenous women, women with disabilities, and women who are not English-speaking. However, the survey did capture the experiences of 92 Indigenous women and 1122 women from non-English speaking backgrounds.<sup>18</sup>

Surveying experiences across women's lifetimes the IVAWS survey found that:

- Over half of the women surveyed (57%) had experienced at least one incident of physical or sexual violence over their lifetime.
- 18% of women reported being sexually abused before the age of 16: almost 2% of women identified parents (fathers in all but two cases) as the perpetrators, while a further 16% identified someone other than a parent. The results suggested that the risk of sexual violence in adulthood doubles for women who experience child abuse.<sup>19</sup>

## The Mental Health of Women Prisoners

There is relatively little research evidence specifically related to the study of the causes and development of psychiatric disorders among female offenders (Hurley & Dunne, 1991; Keaveny & Zauszniewski, 1999; Raeside, 1994).<sup>20</sup> However, there is a consensus that mental health problems are more common among female prisoners than their male counterparts, (Daniel, Robins, Reid & Wilfrey, 1988; Gorsuch, 1998; Mohan, Scully, Collins & Smith, 1997; Morash, Bynum & Koons, 1998; Raeside, 1994).<sup>21</sup>

Various Australian studies have noted that women prisoners have a high prevalence of both Axis I and Axis II disorders, as categorised by the Diagnostic and Statistical Manual Mental Disorders (DSM IV- TR; American Psychiatric Association) (Denton, 1995; Raeside, 1994).<sup>22</sup> Prevalence rates range from 53% (Hurley & Dunne, 1991) to 90% (Disability Action Inc., 1997).<sup>23</sup>

The mental health profile of a female prisoner is characterised by high rates of depression, anxiety disorders, substance abuse and personality disorders, particularly borderline personality disorder, (Hurley & Dunne, 1991; Keaveny & Zauszniewski, 1999; Raeside, 1994).<sup>24</sup> It has also been observed (Gorsuch, 1998) that there is a substantial incidence of self-harming behaviour including suicide attempts.<sup>25</sup>

## The Psychological Needs of Women Prisoners

The psychological needs of incarcerated women, has long been an issue of concern. Back in 1995 Denton wrote that: *such consistent reporting of significant mental health needs requires adequate (gender relevant) psychiatric screening upon entry to prison, the consideration of diversionary programs and adequate provision for psychiatric and psychological services within prisons* (1995).<sup>26</sup> In the absence of adequate psychiatric care, there is evidence that women's psychiatric needs do not dissipate during their incarceration (Hurley & Dunne, 1991),<sup>27</sup> and may indeed worsen (Byrne, 2000).<sup>28</sup>

Female prisoners with psychiatric disorders are often "difficult to place" in psychiatric facilities and remain in prison despite the need for psychiatric attention and care. Gorsuch's study in 1998<sup>29</sup> threw light on how female prisoners who are difficult to place differ from those who are successfully placed in psychiatric facilities. The former group have very high levels of childhood abuse, have more serious first offences, are chronic self-harmers, have more serious histories of substance abuse, have diagnoses of personality disorder and are eventually discharged to the community rather than to a psychiatric hospital. Gorsuch graphically described the plight of this group:

*This catalogue of deprivation, disruption and disturbance gives some indication of the extensive and complex needs of these women and the inappropriateness of imprisonment as punishment or deterrent for their criminal acts. Even against the background of past and present psychosocial disadvantage which characterises a large proportion of the prison population, the chaos and suffering of these women's individual histories retain the power to shock,* (p. 566).

## The Difference between Management of Male and Female Prisoners

Carlen (1998) wrote that: *A coherent and effective policy towards women in the criminal justice and penal systems will only be developed when it is recognised: that women's crimes are committed in different circumstances to men's; that women's law-breaking is, on the whole, qualitatively different to men's; and that therefore the response to both men and women lawbreakers should be in-part gender-specific, rather than merely crime and sentence specific*, (p. 10).<sup>30 31</sup>

In most countries imprisonment is perceived as particularly problematic for women because the social expectation is that women are more important as carers for their children and families, (Worrall, 1997 & Carlen, 1998).<sup>32</sup> Byrne and Howells (2002)<sup>33</sup> write that from a New Zealand perspective, there is need for prison management to be based on a: *...recognition of the different reality for women who are in prison — children in care, husband/ partner off with another woman — and no family unit left to speak of (for male inmates, the reverse is generally true — 'she' maintains the family home and goes without so he can have money for smokes in prison)*.<sup>34</sup>

Byrne and Howells (2002) propose that the requirement is for a 'needs based' management and rehabilitation system in which the distinctive features of women offenders are acknowledged.<sup>35</sup> In the UK, HM Chief Inspector of Prisons (1997) concluded that:

*Women have different physical, psychological, dietary, social, vocational and health needs and they should be managed accordingly. As one correspondent put it to us, it is not merely a question of women receiving equal treatment to men; in the prison system equality is everywhere conflated with uniformity; women are treated as if they were men... 'Cons in Skirts', (p. 28).*<sup>36</sup>

Carlen (1998) interviewing staff working with women in gaol wrote that: *...throughout the women's prison sector there is strong awareness that women's imprisonment is different from men's for three main reasons: biological — women's physical needs are essentially different to men's; social — women's role in the family is different to men's; and cultural — women's experiences of imprisonment are different to men's and have different meanings attached to them, both by the women themselves and all those for whom, subsequently, they become 'prisoners' or 'ex-prisoners'*, (p. 133).<sup>37</sup>

Such arguments seem to Bryne and Howells (2002)<sup>38</sup> to be completely consistent with the principles of effective management of female offenders, which should be based on a comprehensive needs analysis of the female offender population in a particular jurisdiction, and adapted to meet the needs of that group. As a consequence of this, all prison services should be submitted to gender testing to investigate whether differential implementation in men and women's prisons because of biological and cultural differences between them is necessary.<sup>39</sup>

A decade after a number of important and influential research papers in Australia and internationally, we still are only tinkering at the edges of providing appropriate gender based services for women in gaol.

## Management and Rehabilitation Programs for Women Offenders

Peters, Strozier, Murrin, and Kearns (1997),<sup>40</sup> wrote that some distinctive considerations arise in planning programs for women, such as: treatment programs for female inmates should take into consideration this group's multiple psychosocial problems and thereby, should follow the principles that have emerged in the treatment of co-occurring disorders.

The principles outlined include:

- *Multiple problems/disorders should all be treated as important*
- *Co-occurring problems/disorders should be treated simultaneously rather than sequentially where possible*
- *Where the latter is not possible, the problem/ disorder that causes the most functional disturbance should be addressed first when selecting the sequence of potential treatment services*
- *A "baseline" assessment should be conducted so as to recognise the complexity of the psychosocial problems*
- *Training should be provided for staff concerning the nature of co-occurring problems/disorders and their interactive effects.*<sup>41</sup>

In Australia, different prisons have different 'core programs'. Usually these programs include: anger management; domestic violence (for perpetrators and survivors); alcohol and drugs; cognitive skills; living skills; literacy and numeracy (Howells & Day, 1999).<sup>42</sup> These programs are generally fairly similar in content for male and female offending populations, although some have argued that specific needs, such as anger control (Suter, Byrne, Byrne, Howells, & Day, 2000)<sup>43</sup> vary between the sexes. Programs designed especially for women currently offered in various Australian states include self-esteem, parenting, communication and assertiveness, skills and change, life choices and stress management.

Correctional Services in Canada has a comprehensive collection of core programs for women grouped under the headings:

- Living Skills Programs.
- Substance Abuse Programs.
- Literacy and Continuous Learning Programs.
- Survivors of Abuse and Trauma Programs.
- Mother-child Program.
- Other Programs and Services.<sup>44</sup>

Living Skills Programs are similar in scope to those for male offenders, but have been modified to meet the special needs of women. The Substance Abuse Programs have been specifically designed for women offenders and are based on the Prochaska and DiClemente (1996) model of change.<sup>45</sup> Survivors of Abuse and Trauma programs assist female offenders in dealing with and working through the violence they have experienced. These programs include psycho-education and awareness type programs as well as more in-depth therapeutic programs.

The Literacy and Numeracy program is based on the employment and personal needs of women. The Mother-Child Program provides mechanisms that foster and promote stability and continuity for the child in its relationship with its mother. The child and its physical, emotional and spiritual wellbeing is the primary consideration. Other programs and services are available to enhance the opportunity for successful re-integration of women offenders.<sup>46</sup>

The development of these programs is the responsibility of each institution and region and may include multicultural, recreation and leisure, vocational and educational, peer support team and health programs and services (Correctional Service of Canada, 1999a, b, c, d).<sup>47</sup>

## Responsivity Principles and Programs for Women

The Responsivity Principle proposed by Canadian correctional researchers (Serin, 1998; Serin & Kennedy, 1997),<sup>48</sup> is widely acknowledged internationally as a feature of best practice. The issue arises, therefore, as to whether standard offence focused programs, such as anger-management or substance abuse, should be presented in a different way for female offenders.

*Rehabilitation should identify various obstacles that prevent all offenders from living balanced and fulfilling lives, and equip them with the necessary life skills to live such lives...women offenders have diverse needs often ignored in male-dominated corrections...must encompass a holistic gender-specific approach* (Sorbello, Eccelston, Ward, & Jones, 2002).<sup>49</sup>

The 'Good Lives Model' is a program for women processed through the NSW Drug Court which is set to commence June 2010. It is based on Responsivity Principles and is a model specifically tailored to women's needs with regards to substance abuse programs in diversionary setting had been developed in NSW by Dr. Astrid Birgden<sup>50</sup> Director, Parklea Compulsory Drug and Alcohol Diversion Program. Dr Birgden developed a program for men with a history of re-offending as a consequence of their drug and alcohol problems, most of whom experience co-morbid mental health problems. This program has been successfully running for four years with encouraging outcomes that minimise recidivism for participants.

Good Lives Model (GLM) Aims to:

1. To assist individuals to manage internal and external conditions to implement a plan for a good life;
2. Heart of this process: construct a more adaptive narrative identity and acquire skills to enable a person to meet human needs in their post-release community;
3. The plan relies on abilities, preferences, and the environment in the community (strengths- based approach);
4. If a person is motivated to lead a different kind of life, the likelihood of re-offending will reduce (monitoring & managing risk alone will not change behaviour).

Earlier reports from the UK suggest that substance abuse has different antecedents and functions for women than for men and that drugs and alcohol have more of a “numbing” of emotion function for women. Programs for women need to be modified to reflect this difference.

Pre-release courses would need to have a clear focus on relapse prevention and on developing skills for survival and independence in the community. The content of such courses should reflect what is known (above) about the specific needs of women that cause offending and reoffending.

Porporino and Fabiano (2005) propose that instead of asking what: *needs to be corrected, corrections professionals may need to look at what should be strengthened for women, what key protective factors might be able to transition women out of their cycle of crime and further disadvantage*, (p.27).<sup>51</sup>

The tendency for women to be sensitive to and care for others can lead to their being more self-critical rather than self-protective, and the emotions and thoughts that lie behind a maladaptive cycle can be critically important to developing treatment and management programs. Interventions may need to be appropriately orientated to motivating and enhancing a range of coping and decision making skills.<sup>52</sup>

The Good Lives Model which parts ways significantly from the predominant risk/needs paradigm within a helpful organising framework of ‘what works’ provides to guide the development of women-centred programming. The focus of the intervention is on the individual determining their preferences; uses their strengths and identifies the opportunities that they would like to develop. It is self-validating, protective and ‘me-centred’, promotes learning, adaptive coping and decision making, all which is fundamental to instilling meaningful and sustainable motivation for change.

The program provides opportunities for women to express themselves as ‘experts’ in their own lives. Women’s receptivity to develop new skills can be channelled if they see the point of what they are doing, if they can be motivated and supported to feel capable to handle their difficulties in life.<sup>53</sup> By promoting a model of Responsivity that adopts a framework of ‘what works’ a great deal can be achieved to minimise recidivism, foster better health and wellbeing outcomes for the women and their children.

However effective programs are for women in gaol, the complex and chronic needs of female offenders can never be fully and permanently dealt with in a prison setting. Unless a major focus on providing continuity of care from correctional agencies in collaboration with a broad range of community services providing post release programs, care, treatment and support services and access to primary health care is established, it is unlikely that the system can bring about change to the lives of women in the criminal justice system.

## Workforce Development, Capacity and Culture

Working with women prisoners can be challenging and highly stressful job in what are already difficult working conditions. It is critical that members of staff are supported in working with women prisoners, and that their own needs are acknowledged and given appropriate attention to reduce the stress which can be caused, for example, by disclosures of abuse which may be personally difficult for staff members. Given the traumatic background of female offenders, staff must be provided with specific education and training to ensure best practice.

Prior abuse connected to exploitative and abusive relationships by men may result in some female offenders having difficulty trusting male staff members.<sup>54</sup> The culture established in gaol must take into account gender considerations.

Casale (1998) stresses that women should not be placed in settings where only male staff are available, and recommends a ratio of 4:1 of female to male staff. Having predominantly male staff in women's prisons may cause the women to feel unsafe, and can increase a sense of vulnerability for the prisoner.<sup>55</sup>

The possibility of abuse of power by the staff in correctional facilities may be of greater concern for female than male prisoners due to traumatic violence they may have experienced since childhood. Screening of staff applicants should include an assessment of their attitudes including sexist views and the propensity for abuse (Hampton, 1993).<sup>56</sup>

## Recommendations

Assumptions about the similarity between men and women in goal and the programs designed for their psychological needs must be seriously questioned. To provide treatment and management for women prisoners Byrne and Howells (2002, p.41) suggest that: *concerns about the appropriate treatment and management of women in prison can best be addressed, by ensuring that treatment and management are fully informed by available research findings.*<sup>57</sup>

Whilst male and female prisoners share some psychological and social characteristics, and good practice in this particular area should include principles that apply to offenders in general (for example, the principles of Risk, Need and Responsivity), women prisoners have distinctive gender-based needs.

The literature reviewed in Australia and internationally strongly suggests the needs of women prisoners are substantial, extensive and reciprocally related (co-occurring disorders). The determinant pathways of substance use and mental health problems differ for women and men in important ways and therefore women's experiences merit special attention<sup>58</sup> (Johnson, 2006, p.190).<sup>59</sup>

Treatment of concurrent conditions can be challenging to clinicians because patients tend to have higher rates of relapse, attrition and readmission, and manifest symptoms that are more chronic and severe and more likely to become disabling (Kessler et al., 1997; Messina et al., 2004; Teesson & Proudfoot, 2003).<sup>60</sup>

The Australian DUCO study shows that major correlates of mental health problems that need to be recognised and addressed in mental health treatment are past experiences of abuse, prescription drug use, drug dependency, and concurrent drug and alcohol dependency.<sup>61</sup> Mental health problems are a significant correlate of drug dependency and further analysis of the interconnections between substance abuse and mental health problems will contribute to a greater understanding of treatment needs of women offenders, and the implications for addressing mental health problems, substance abuse and offending.<sup>62</sup>

The findings of the Australian DUCO study can contribute to treatment planning for women offenders. The finding that repeated admissions to prison is a predictor of drug dependency suggests that identification and treatment of drug problems is frequently absent, ineffective or not suited to the particular needs of women.<sup>63</sup>

The study also identifies the needs for treatment and release planning for incarcerated women based on their complex needs and provides an in-depth understanding of the differences in substance use, mental health and criminal offending for male and female offenders which can aid in more accurate diagnoses and treatment of substance use problems among offenders in prison and confirm the importance of including gender in criminological studies exploring correlates and interconnections between drug use and crime (Johnson, 2006).<sup>64</sup>

It follows that the core tasks of offender assessment, custodial management, treatment delivery, rehabilitation and discharge planning require attention and resources, to ensure the gender-related needs of women in prison and when they are released are appropriately met.

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