KEY ISSUES IN THE PROVISION OF CORRECTIONAL SERVICES OF WOMEN

Mitch Byrne
and
Professor Kevin Howells
University of South Australia

Paper presented at the Women in Corrections: Staff and Clients Conference convened by the Australian Institute of Criminology in conjunction with the Department for Correctional Services SA and held in Adelaide, 31 October – 1 November 2000
Introduction

The time has arrived for a more detailed analysis of the specific needs of female offenders. Even though there is an increasing prevalence, internationally, of women in prison, there is a perception in the literature that governments and correctional systems have failed to deliver reforms and changes in the management of women prisoners.

The extent of need identified in the international literature is of relevance to Australia, where the number of female prisoners also appears to be on the increase – in 1983 women comprised 3.9% of the entire prison population, in 1990, 5.4% and in 1998: 6%. Easteal (1992) noted this increase as early as 1992 and suggested that a trend towards lengthier sentences, ‘truth in sentencing’ legislation, a higher proportion of women on remand and an increased frequency of drug offences were contributory factors to this rise. This paper will briefly survey the specific needs of female prisoners, discuss some of the actions required to meet these needs and exemplify the problem with respect to anger.

Let us begin with the general needs of female prisoners. One of the most substantial reviews in this area was conducted by the Prison Inspectorate for England and Wales. 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.
- poor employment and poor educational histories.
- severe emotional or mental problems

From a local perspective, there appears to be no published work using formal measures of the general needs of female offenders in Australia. However, Moth and Hudson (1999) have reported a small study with female offenders in New Zealand. In their study, Moth and Hudson also reported high levels of psychiatric and psychological problems, with mood problems, anxiety, drug misuse and chronic physical and medical problems being common. Over 70% of their sample also reported being physically, sexually or emotionally abused as a child and most of the New Zealand offenders had multiple needs.

While limited in scope, the results of these general surveys into offender needs highlight the importance of psychological needs in the study of female offending.

Psychiatric/Psychological Needs

Surprisingly, there is relatively little research specifically related to psychopathology among female offenders. However, there is a consensus that mental health problems are more common among female prisoners than their male counterparts. Various Australian studies have noted that women prisoners have a high prevalence of both Axis I and Axis II disorders, as categorized by the DSM. Prevalence rates range from 53% to 90%.
The identified mental health profile of a female prisoner is characterized by high rates of depression, anxiety disorders, substance abuse and personality disorder, particularly borderline personality disorder. It has also been observed that there is a substantial incidence of self-harming behaviour. Clearly the consistent reporting of significant mental health problems suggests the need for adequate (gender relevant) psychiatric screening upon entry to prison, the consideration of diversionary programs and adequate provision for psychiatric and psychological services within prisons. Rarely are Correctional agencies resourced to meet this level of need, even though there is evidence that, in the absence of adequate mental health care, women’s psychological needs do not dissipate during their incarceration but may indeed worsen.

The situation is exacerbated by the accumulation of women with major psychiatric and psychological disorders in prisons. One of the reasons for this occurring is that 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 (1998) throws some light on how female prisoners who are difficult to place differ from those who are successfully placed in psychiatric facilities. Difficult to place offenders tend to have very high levels of childhood abuse, have more serious index 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.

A quote from Gorsuch captures the plight of this group of women:

“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 characterizes a large proportion of the prison population, the chaos and suffering of these women’s individual histories retain the power to shock” (p. 566).

To meet the needs of women who have major psychiatric or psychological disorders requires either a major humanization of typical mainstream correctional environments, including the full provision of psychiatric, psychological and nursing support, or the transfer to more appropriate provision outside of the correctional system.

However, there are dangers, too, of exaggerating the prevalence of psychiatric abnormality of women in prison – what Maden (1997) has referred to as the “psychiatrization” of female offending, whereby all female offenders are seen as requiring psychiatric care. This tendency is as unhelpful as the tendency to ignore the existence of psychiatric disorder in this group.

Substance Abuse

Treatment of substance abuse and addictions is a frequently observed need of female offenders. Indeed the extent of the problem is quite overwhelming. For example, a survey by Brown, Miller and Maguin, (1999) in New York State indicated that, at the time of the survey, 60% of all women in custody were serving time for drug-related offences. In fact, Brown and colleagues attribute the quadrupling of US female incarcerates over the past decade to the increased use of prisons for drug-related offences. Brown and co.’s observations have local relevance. Similarly high rates of drug related crime has been reported in Australia by Miller-Warke, (1999) who observed that drug related crimes may account for as many as 80-90% of female offences in Western Australia.
Internationally, many studies have reported a high level of substance abuse among female prisoners, higher than that of their male counterparts. For example, Caddle and Crisp (1996) found that 52% of their UK sample had a recognised substance misuse problem while Krieg (1999) estimates 60% to 70% of her South Australian sample have problems with the misuse of substances. This is consistent with an earlier observation at the same South Australian prison of between 79% and 85%, reported by Raeside (1994). Similar levels of use have been reported in Victoria by Denton, (1995) who found a lifetime substance dependence prevalence of 68%.

However, it is unlikely that the treatment of substance abuse alone will be sufficient to meet the needs of a large proportion of female offenders. Substance abuse is often associated with a history of physical and/or sexual abuse and having inadequate strategies to manage emotional distress. Indeed, Browne et al. (1999) observe that risk of substance abuse is predicted by a history of some form of physical and/or sexual abuse in childhood. Complicating matters further, histories of abuse are often associated with the subsequent development of a constellation of anxiety related problems, with many women meeting the criteria for a diagnosis of ‘PostTraumatic Stress Disorder’ . Women offenders have multiple co-existing needs and effective treatment is likely to be predicated upon a thorough functional analysis of their presenting difficulties, most often first manifest in an offence.

**Physical/Sexual Abuse**

As mentioned, one of the most common observations is that there is a high incidence of abuse history among female offenders. Some 25% to 40% of the general female population experience some form of sexual abuse before the age of 18 years. This figure increases to as much as 82% in samples of psychiatric inpatients. Given these high rates of sexual victimisation, it is surprising how few studies have been undertaken with female offenders.

Estimates of the incidence of childhood abuse amongst female prisoners vary. In Australia, the reported incidence ranges from 48% in New South Wales to 85% in South Australia.

The implications of such consistently high rates of abuse are far reaching. From a clinical viewpoint, one of the key issues is the interaction between abuse history and imprisonment. Connor (1997) writes from personal experience when she observes:

“By their accounts prison intensifies the psychological effects of being subjected (as a child or as an adult) to sexual or physical assault. The controlled and punitive setting replicates the dynamic of any abusive relationship where the victim is without power or dignity.” (p. 49)

If women are to be routinely incarcerated, then an understanding of the treatment and management implications of a history of abuse is mandatory.

This is not an easy task. The difficulty begins with recognition that a problem exists. Not-with-standing the tendency for women to under-report abuse histories unless directly asked, the long-term sequelae of abuse can include behaviours and actions that mask the underlying pathology and obscure the offender's treatment needs. Post-Traumatic Stress Disorder, for example, involves distressing emotional, physiological and perceptual/cognitive experiences. These symptoms elicit coping behaviours that, more often than not, involve the use of alcohol or other drugs. Offending behaviour, therefore, may be a product of the PTSD that follows or of the substance use involved in coping.
This does not mean that abuse and subsequent PTSD causes crime. However there is evidence that treatment of abuse sequelae can reduce reoffending. For example, Browne, Miller, and Maguin (1999) argue that treatment programs could “markedly improve the potential for adjustment within the incarcerated setting and successful integration when women return to the community” (page 319).

These authors describe an outcome study by Canestrini (1994), based within the New York State Department of Correctional Services. This study involved women offenders participating in a program for survivors of abuse. At 21 months follow-up, women who participated for 6 to 12 months in the program had less than half the recidivism rate of those who did not participate.

However, Browne and Canestrini not-with-standing, establishing whether abuse can be proven to be a cause, as opposed to being merely a correlate of crime, is not useful. Even if abuse is not directly causal, there would be a requirement on the correctional system to “treat” abuse effects as part of the duty of care.

Self-Injury and Suicide in Prison

No where does the duty of care implications of an abuse history ring more loudly than in the task of prevention of self-harm. The literature consistently reveals that a disproportionate number of self-injurious adult prisoners appear to have been raised in dysfunctional and abusive family environments. In keeping with its association with abuse histories, substance misuse has also been consistently associated with self-injurious behaviour in female adult prisoners. In one study by Shaw (1992), three-quarters of the women who self-injured had a history of alcohol or drug addiction. Psychological disorders also appear to be related to an increased risk of self-injury and suicide.

For example, Sheridan (1996c) found that women who engaged in self-injury had problems with depression, self-esteem, personal stress and aggression. If we add to this list anxiety and the occurrence of major recent life-events, the literature suggests that female prisoners are likely to have high levels of need in many of the areas identified as risk factors for suicide and self-injury in prison. Management strategies that are successful in reducing this level of need are likely to reduce the levels of suicide and self-injury. Given that these are essentially clinical problems, clinical strategies seem called for.

Differences in the Management of Male and Female Prisoners

The needs outlined thus far beg the question ‘should women prisoners be treated and managed in the same way as male prisoners’? Carlen (1998) has persuasively argued 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 lawbreaking 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.” (Carlen, 1998, p. 10).

Clearly, the requirement is for a needs based management and rehabilitation system in which the distinctive features of women offenders are acknowledged.
This is no better expressed than by the HM Chief Inspector of Prisons (1997) who concluded from a survey of female prisoners 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’” (page 28).

Once again, Carlen (1998) underscores this sentiment in her summary of interviews with correctional services providers:

“Interviews with the staff of the women’s prisons made it very apparent 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’. (Carlen, 1998, page 133).

These arguments are entirely consistent with two of the key principles in the provision of effective correctional rehabilitation: the ‘Needs’ and ‘Responsivity’ principles. According to these principles, both of which have an abundance of supporting literature, an intervention will only be successful if it targets the characteristics of the offender directly related to their offending behaviour, and if that intervention is delivered in a way that takes account of the individual characteristics of the offender. Good management, applied to the needs of female offenders, will follow from managerial adherence to best practice in offender rehabilitation.

Unfortunately, both internationally and in Australia, this is not always the case. While most jurisdictions have a range of treatment ‘programs’ such as anger management, domestic violence, alcohol and drugs, cognitive skills, and literacy and numeracy, these programs rarely differ in content for male and female offending populations. It has been demonstrated that specific criminogenic needs, such as anger control vary between the sexes. It is not just program availability that needs to adhere to the responsivity principle, but also program design.

**Staffing Considerations**

A further management consideration relates to the staffing of women’s prisons. Working with women prisoners can create difficult working conditions, and consideration needs to be given to the needs of the staff. The issues raised in managing female offenders may be personally difficult for staff members. It is important that staff are provided with adequate support in their working environment to reduce the stress which can be caused, for example, by disclosures of abuse. Given the traumatic background of female offenders, staff may require specific training in empathic listening and counseling skills.

The gender ratio of staff is another issue. Prior abuse may result in some female offenders having difficulty trusting male staff members. 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 the sense of vulnerability of the prisoner.
Finally, it must be acknowledged that the delivery of correctional services occurs within the prevailing social context. Women’s role in society often places them in an inferior position to males. The conditions of detention and incarceration, which include the diminution of the offender’s rights and power, place female prisoners in a potentially precarious position. The possibility of abuse of power by the staff in correctional facilities may be of greater concern for female than male prisoners. Screening of staff applicants should include assessment of attitudes which include sexist views and the propensity for abuse.

**Conclusions**

In conclusion, concern 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. Additionally, good practice in this particular area should be based on general principles that apply to offenders in general (for example, the Principles of Risk, Need and Responsivity). While male and female prisoners share some psychological and social characteristics, nevertheless women prisoners also have distinctive, gender-based needs. This presentation suggests that the needs of women prisoners are substantial, extensive and reciprocally related. It follows that the core tasks of offender assessment, custodial management, treatment delivery, rehabilitation and discharge planning are likely to require attention and resources, to ensure the gender-related needs of women in prison are appropriately met.