TREATMENT, MANAGEMENT AND REHABILITATION OF WOMEN IN PRISON: RELEVANCE OF REHABILITATION PRINCIPLES*

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Introduction

The new millenium has led some researchers, theorists and social commentators to caste a critical and wide-ranging eye over imprisonment in general, and on the imprisonment of women in particular. The impetus comes from many sources, amongst them the increasing prevalence, internationally, of women in prison and the perceived failure of governments and correctional systems to deliver the reforms and changes in the management of women prisoners that seem to be required.

The increased number of women in prison in developed countries is not disputed. Brown, Miller and Maguin (1999), for example, have described the demography of prison populations in the United States and point out that women constitute the most rapidly growing segment of the prison population. These authors attribute the rapid growth (quadrupling) over the past decade in the United States to the increased use of prisons for drug-related offences. On April 18th 1998 in New York State, 60% of all women in custody were serving time for drug-related offences.

In England and Wales the female prisoner population increased by 50% in the 4 years up to 1997 (H.M Chief Inspector of Prisons, 1997, Carlen, 1998). In Australia, the number of female prisoners also appears to be on the increase – in 1983 they comprised 3.9% of the entire prison population, in 1990, 5.4% and in 1998: 6.

The failure to deliver necessary reforms is probably a more contentious assertion, or at least, one that is more valid in some jurisdictions than others. In the United Kingdom, Professor Pat Carlen has argued that:

“Women’s imprisonment in England and Wales at the end of the twentieth century is: excessively punitive, totally inappropriate to the needs of the women being sent to prison, and ripe for abolition in its present form” (Carlen, 1998, page viii).

It is beyond the scope of my present brief to appraise the degree of punitiveness of correctional systems or arguments for or against abolition. My focus will be on the literature pertaining to the needs of women in prison and on the management and rehabilitation implications of established needs.

The background to my talk is a long-term interest in psychological treatments and rehabilitative programs for offenders in general. In recent years this interest has focussed on “What works?” issues, which have come to dominate discussions of rehabilitation in countries such as Canada, the United Kingdom, Europe in general, the United States, New Zealand and, to a lesser extent, Australia (Howells and Day, 1999; Day and Howells, in press). Some clear conclusions have emerged from this work, notably that, on average

- rehabilitation does have an impact in reducing recidivism,
- the average hides a wide range, extending from programs that have a negative effect (that is, increase recidivism) to programs that have a relatively large positive effect (reduce recidivism rates)
- the characteristics of effective programs are starting to emerge

(Hollin, 1999; McGuire, 2000).
One of the striking, though unsurprising, observations about such research is that the rehabilitation and treatment needs of some important groups of offenders are neglected – particularly women and indigenous offenders. Earlier in this year the ACT Department of Correctional Services commissioned our forensic research group at the University of South Australia to review the international literature relating to both these groups. What I propose to do in the remainder of this talk is to sketch some of the issues that emerged in our review of treatment and management of women prisoners. This will only be a sketch as many of these issues will be addressed in greater detail in papers to follow at this conference, including papers by some of my colleagues at UniSA.

One way to consider this literature is to identify some of the features of “best practice” in rehabilitation in general and then to ask what issues arise in applying these principles to the treatment and rehabilitation of women prisoners.

Slide 1 summarises some best practice principles identified by Canadian researchers (Andrews, Bonta and others) and which have received widespread endorsement internationally.

What is Best Practice?
- Canadian researchers (Andrews, Bonta, Hoge etc) have suggest recidivism reductions are much greater when programs have certain features:

Five Principles of Rehabilitation
- Risk: who and how much?
- Needs: what?
- Responsivity: how?
- Program integrity
- Professional discretion

What would these principles suggest about the rehabilitative approach required in dealing with women prisoners within the correctional system? I want to suggest that the first three of these principles, in particular, are useful.

The Risk Principle (The “Who”)

Predictors of risk in women offenders

Compared to studies of male offenders, investigations and measures of female offender risk are few and far between in the literature and in practice. The HMCIP (1997) report in England and Wales, for example, suggests that a risk assessment model needs to be developed which would take account of what is known about criminality in women. Moth and Hudson (2000) have reviewed the small number of studies looking at prediction of recidivism in female offenders. These author identified a number of static predictors in previous investigations, including: early admission to an institution in childhood, early first conviction, previous drug convictions, history of self harm or attempted suicide, violence to institutional staff (historical and current) and psychiatric hospitalisation.

The Level of Service Inventory (LSI) has been used in a small number of studies to assess risk and needs in female offenders, with a view to security classification and planning management requirements. For female offenders (Moth and Hudson, 2000) a total score of 0-12 is considered a minimum security classification, 13-23 medium, 24-36 high medium and 37 or above is considered maximum security. There is some evidence (Coulson, Ilacqua, Nutbrown,
Giulekas & Cudgoe, 1996) that LSI scores predict subsequent recidivism for female offenders, when a cut-off score of 12 is used. A more recent revision of the LSI – the LSI-OR – has also been used with female offenders to assess risk, needs and client strengths (Wormith, 1997). There is some preliminary evidence that different factors are associated with risk in female violent offenders than in male violent offenders (De Souza & Doyal, 1999).

The upshot of such studies is that using risk as a criterion for whom to target in treatment and rehabilitation is more problematic for women than for men:

- Less information is available about correlates of re-offending for women
- The reliability and validity of risk assessment measures is more uncertain
- Risk of recidivism may be less of an issue in treatment targeting
- Focus is more on harm to self and family and on problematic institutional behaviour

The Risk literature is predicated on the assumption that the risky behaviours that need to be addressed are primarily offending behaviours (their probability and their level of harm/seriousness). In practice, the risks of most concern to correctional administrators and staff, and perhaps to women offenders themselves, may be risks of harm to the self and immediate family caused by psychological and psychiatric dysfunction, substance abuse and so on. Duty of care and humanitarian considerations may (rightly?) be more salient as determinants of selection for treatment for women offenders rather than the re-offending risk which is emphasised in the typical, men-focussed, studies. If so, risk may need to be differently defined and measured in women, or, at least, these duty-of care aspects of risk may need more attention in our assessments.

The Needs Principle (The “What”)

The Needs Principle suggests that treatment should target factors about the offender that are functionally related to (“cause”) their offending behaviour. Such factors are typically labelled as “criminogenic needs” and distinguished from problems the offender may have which may be distressing or socially disruptive (for example, mental disorder) but which are non-criminogenic. The labelling of needs as criminogenic or non-criminogenic is not arbitrary but is based on two broad sources of information: a) the research literature on causes and correlates of crime b) assessment and analysis of the individual case. The notion that a person’s mental illness “causes” crime can be refuted, for example, if it can be shown that their mental disorder arose later in time than their offending behaviour.

In practice, it can be difficult to know, even after a thorough assessment, whether a particular area of need is criminogenic or not for a particular offender. This may be particularly so for the female prisoner whose needs are typically, marked, complex and reciprocally related (Byrne and Howells, 2000 and paper in present conference).

A key task in considering the treatment and rehabilitation of women prisoners is the identification and assessment of their needs, both criminogenic and non-criminogenic. This identification should be done at both the population level (What are the demonstrated needs of women prisoners in general, or of women in this particular prison?) and at the individual level (What are the needs of this individual?). Both these aspects of identification require that we have in place a comprehensive assessment system capable of identifying areas of need. To what extent such assessment systems exist in Australian prisons for women is unclear. Discussions and presentations over the days to come may make this more clear.
There have been a number of qualitative accounts, often graphic and sometimes shocking, of the experiences and needs of women prisoners in Australia, the United Kingdom and North America (Hampton, 1993; Carlen, 1998). These accounts are often based on interviews with prisoners and the staff who look after them. Additionally, in the literature a small number of formal and quantitative studies can be found.

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, 1997). Based on official statistics and interviews with 10% of the total population of female prisoners, this report identified a number of important features. These will be described in more detail by Mitch Byrne in our paper tomorrow.

- Nearly two thirds were mothers, most having a child under 16. Fears about lack of contact with children and families were a common concern.
- 70% had no previous employment.
- Most had no previous prison sentence or convictions.
- Sexual, physical and emotional abuse were common, though there is no analysis in the report of how rates would compare with those for relevant comparison groups.
- Accommodation problems in the community were significant.
- Substance abuse, particularly poly-drug and heroin use, was common.
- Self-harm and attempted suicide had occurred in 40% of cases.
- Most had poor employment and poor educational histories.
- The majority had severe emotional or mental problems

In Canada, Motiuk (1997) compared 11,541 male and 182 female, federally sentenced prisoners on the Case Needs Identification and Analysis (CNIA) measure of criminogenic needs. A greater proportion of males than females reported significant criminogenic needs, though needs were apparent in both sexes. Males reported particular problems in the areas of substance abuse, personal/emotional adjustment and education/employment, while for females, education/employment, personal/emotional adjustment, marital/family problems and “associates” were particularly problematic. Women in maximum security, as might be expected, had significantly greater needs than women in medium security. Women in maximum security virtually all had needs in the areas of education/employment, marital/family problems and personal/emotional problems. The major implication of the Motiuk study is that female offenders have multiple areas of need and that these needs are most acute in maximum security prisoners.

Moth and Hudson (2000) have recently reported a study of needs in women prisoners in New Zealand, with broadly similar conclusions as for the Canadian studies.
There are many need areas that require assessment. Some of these will be reviewed by Mitchell Byrne in a paper tomorrow:

- Psychiatric/Psychological Needs
- Substance Abuse
- Post-traumatic stress disorder
- Low self-esteem
- Personality disorder
- Health problems
- Physical/Sexual abuse
- Self-injury and suicide in prison
- Parenting

Parenting needs will be addressed elsewhere at the conference, particularly in a paper by Emma Stanley tomorrow.

The critical questions in relation to needs are:

- Are needs being adequately assessed at the individual and population level?
- Are these assessments of needs driving and defining the content of our intervention, management, rehabilitation and after-care programs?
- Or are interventions offered based on the uncritical assumption that the program needs of women prisoners are the same as those of men?

The answer to the second question is far from obvious in that studies internationally have often shown that the targets of rehabilitation programs are often unrelated to the demonstrated needs of individuals.

There appear to be some distinctive features to the needs of women (reviewed by Mitchell Byrne) that require a different focus in treatment, compared to men.
The Responsivity Principle (The “How”)

A critical question in the treatment of women prisoners is whether they should be treated and managed, fundamentally, in the same way as male prisoners. In essence, this question raises whether Responsivity should be addressed. Carlen (1998) has argued, persuasively in our view, for gender specificity “in part” in dealing with female offenders. (Discussed in tomorrow’s paper by Byrne and Howells). The phrase “in–part” is an important qualification, given the evidence above that men and women prisoners do have some crime-related characteristics in common (Maden, 1997).

There is no inevitable contradiction between an insistence on the partial specificity of the needs of female prisoners and the necessity for parity between women and men in work, leisure, programs or education provision.

The requirement is for a needs/responsivity based management and rehabilitation system in which the distinctive features of women offenders are acknowledged. (See Byrne and Howells paper tomorrow).

The arguments of Carlen and others seem to me to be entirely consistent with the ‘Needs’ and ‘Responsivity’ principles outlined above: that effective management of female prisoners, as with other offenders, should be based on a comprehensive needs analysis of the female offender population in the particular jurisdiction and should be adapted to the characteristics of the group.

Rehabilitation and Management Programs for Women Offenders: Do we Implement the Responsivity Principle?

There is some discussion of Responsivity issues in the rehabilitation literature, but it is limited in scope. Peters et al. (1997), for example, recommend that 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 be treated as equally important.
- Co-occurring problems/disorders should be treated simultaneously rather than sequentially.
- 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.

We should also be asking whether standard offence-focussed programs, such as anger-management or substance abuse, should be presented in a different way for female offenders. There has been little discussion in the literature as to which variations in practice are required. The HMICIP report suggests 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. If this were true, programs for women would need to be modified to reflect this difference.
Pre-release courses for women would need to have a clearer focus on relapse prevention and even more emphasis on developing skills for survival and independence in the community.

In Australia, different prisons have different ‘core programs’. Most often however, these programs include anger management, domestic violence (for perpetrators and survivors), alcohol and drugs, cognitive skills, and literacy and numeracy. These programs rarely differ in content for male and female offending populations. Programs designed especially for women currently offered in various States include self-esteem, parenting, communication and assertiveness, skills and change, life choices and stress management.

The Correctional Service of Canada has a comprehensive collection of ‘core programs’ for women. The published accounts of the Canadian programs suggests that attempts have been made to address women’s specific needs and to make them “responsive”. The programs are 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

(Correctional Service of Canada, 1999a)

Living Skills Programs are similar in scope to those for male offenders, but have been modified to meet the special needs of women. They encompass Cognitive Skills Training, the Parenting Skills Program, the Leisure Education Program and the Community Integration Program. The Substance Abuse Program has been specifically designed for women offenders and is based on the Prochaska and DiClemente (1996) model of change. This latter program acknowledges that each woman is 'her own best expert' and is based on the premise that learning to make informed choices and then accepting the consequences of them will enable these women to take control of their lives. The Survivors of Abuse and Trauma programs assist female offenders in dealing with and working through the violence they have experienced. Programs offered include 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 well being is the primary consideration. Other programs and services are available to enhance the opportunity for successful re-integration of women offenders. 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).

In England and Wales there are no national “core programs” for female offenders, so far as I am aware, thus different programs are run in each institution. Anger management programs delivered to women in UK prisons are reviewed by Horn and Towl (1997). These programs account for 10 per cent of all group work in prisons and are offered in both an individual and group format. The programs are substantially similar to those offered to male prisoners Horn and Towl (1997) note that there are no published guidelines for adapting this approach to meet the needs of women prisoners.
Most of the comment about adapting standard programs for women relates to changing the content of programs to make them more congruent with women’s needs. Alternatively the argument may be made that the function/antecedents for problems (for example, substance abuse) are different and that such needs should, therefore, be handled differently in programs for women. Both content and function can be legitimately viewed as aspects of Responsivity. A third component, the “Process” component of Responsivity is a neglected one within the literature: that of the “learning style” or “approach” of women relative to men in a therapeutic or rehabilitative setting. This is an area requiring further work. I have noted, anecdotally, that many counsellor and rehabilitation staff refer to the differences between dealing with men and women in group settings.

The concept of Responsivity can be extended beyond the field of rehabilitation programs, where it had its origin, to encompass the institutional management of women in prison. How should the running of prisons be different for women than for men?

Worrall (1997) and Carlen, (1998) note, as have others, that in most countries imprisonment is perceived as particularly problematic for women because of the social expectation that women are more important as carers for their children and families. In other words, prison management needs to be responsive to these particular aspects of women’s lives.

Lashlie (1999) similarly draws attention, from a New Zealand perspective, to the 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)”.

A corollary to these argument, and one Carlen highlights, is that all prison regime changes should be submitted to what she calls a “gender test” by asking whether the proposed innovations require differential implementation in women’s and men’s prisons because of the biological and culturally induced differences between female and male prisoners.

These are large issues, beyond the scope of my talk. I hope we will hear much about this issue in the next couple of days from people with real-life experience in this area and particularly from women themselves.

My conclusion in this talk is that the principles of Risk, Needs and Responsivity are indeed useful in sharpening our thinking about what needs to be done in managing women in prison in a more coherent, effective and humane way.
References and other relevant papers


McGuire (2000)


National Institute of Justice.


