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Australian Community Support Organisation

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Submission to the Drugs and Crime Prevention Committee:

Inquiry into the Impact of Drug Related Offending on Female Prisoner Numbers.

Submission by: Australian Community Support Organisation

Date: 8th of June, 2010

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Acknowledgements:
The ACSO Research and Policy Unit acknowledges the valuable contributions of Jenny Johnston – Program Manager, ACSO Justice Services, and Robb Ritchens, Manager, ACSO Specialist Services, and the expertise of workers in these programs which informed the development of this submission.

ACSO thanks the Committee for the opportunity to make this submission. Please do not hesitate to contact ACSO (see page 17) to arrange further or verbal input.

About the Australian Community Support Organisation (ACSO)

The Australian Community Support Organisation's purpose is to make a difference in the lives of disenfranchised people. Our vision is to contribute to individual and community wellbeing by increasing opportunities for disenfranchised people to positively engage with their communities and by reducing the impact of social disadvantage.

ACSO has a 27-year history of supporting people transitioning from prison to the community and enhancing services to individuals at critical points in their contact with the criminal justice system. ACSO's programs are delivered state-wide in Victoria, with its operational Head Office located in Richmond. ACSO delivers more than 20 programs to approximately 10,000 disadvantaged clients per annum.

Programs of most relevance to the terms of reference are the Women's Specialist Services Outreach (WSSO) program and the Community Offender Assessment and Treatment Service (COATS). WSSO supports 'at-risk' women with borderline personality disorders exiting the forensic and/or prison system. Overcoming homelessness and access to services are critical to successful outcomes for this client group.

COATS provides comprehensive drug and alcohol assessment, and develops a treatment plan for forensic clients who have come before the criminal justice system and have a treatment component to their Community or Parole Order. COATS then purchases appropriate treatment from DHS accredited agencies.

1. Examine the impact of drug-related crime on the female prisoner population

Drug-related crime affects the female prisoner population in a variety of ways including socio-economic status, employment, child rearing, loss of housing, poor mental health, and cognitive impairment. The majority of ACSO's female clients who are convicted of drug-related offences are drug users attempting to supply their drug habits, often with a male figure 'in the background' encouraging the offending behaviour, in order to supply the male's drug habit also.

Additionally, the literature reveals that a smaller number of prisoners from Vietnamese backgrounds are convicted of serious drug related offences which have been anecdotally linked to settling debts incurred as a result of problem gambling.[1] ACSO sees a small number of these clients however they are more likely to access support from the Australian Vietnamese Women's Welfare Association and rarely access the WSSO or COATS programs as they tend not to have personality disorders and are not necessarily substance users (although some female Vietnamese prisoners are).

A broad overview of the gender specific impact of drug related crime on the female prisoner population is provided. ACSO is of the view that seamless service delivery is required as offenders move through the criminal justice system. This will ameliorate the risk of compounding harm for female offenders and their dependent children, with a view to preventing intergenerational transmission of an offending lifestyle. In addition, alongside initiatives to address the numbers of women in prison and the impact of drug related offending, a community based emphasis is needed. Specifically, programs to assist women at risk of involvement with the criminal justice system to overcome the causal factors related to their offending behaviour, such as homelessness, substance abuse, and victimisation would be beneficial.

Low socio-economic status

Compared with women in the community, female inmates are significantly less likely to have completed secondary school, and significantly more likely to have been unemployed prior to imprisonment.[2] Both males and females who are convicted of drug offences and who have substance abuse disorders are especially likely to experience economic hardship, due to the high cost of servicing regular illicit drug use. This hardship is compounded for females, however, as they are often primary carers of dependent children. For some of these women,

[1] Department of Justice, (2005) *Better Pathways: an integrated response to women's offending and re-offending.* A four year strategy to address the increase in women's imprisonment in Victoria 2005-2009 p 8.
[2] Tye, S, C., and Mullen, P, E. (2006), *Mental Disorders in Female Prisoners,* Australian and New Zealand Journal of Psychiatry, 40, p 268.

drug dealing is financially motivated by the need to provide for the cost of raising children, and considered the 'lesser evil' compared to more violent types of offences, such as robbery.

ACSO workers report that low socio-economic status is also related to lack of knowledge of legal rights at the time of arrest, and also to lack of capacity to afford high quality legal representation. For example, offenders with low levels of education may be more likely to make admissions during police interviewing.

Female Prisoners as Mothers

Despite shifts in traditional gender roles over recent decades, overwhelmingly women retain primary responsibility for caring for children. Except in the small number of cases of women who give birth in prison, and/or those whose infants and pre-schooler children are permitted to reside with their mothers in prison for a period of time, female inmates are unable to fulfil their day-to-day role as mothers for the duration of their sentence.

A 2006 survey of Victorian female prisoners found that 47% had at least one dependent child.[3] This is not surprising, as the majority of female prisoners are of child-bearing age.[4] For prisoners who are mothers of dependent children, imprisonment not only disrupts the parent-child relationship, but leads to loss of identity, and it has been argued, loss of self.[5]

An Australian researcher notes that an increase in drug related offending has caused occasions where "security was used to excessively limit what was otherwise perfectly reasonable behaviour, such as a child going to the toilet" and that "such security concerns ... create logistical problems and sometimes lengthy delays outside the prison ... for the child's carers or escorts."[6] Although the paucity of research in this area has been acknowledged[7], "restrictions in the duration, time and nature of visits may cut across children's school or recreational routines or the availability of carers to bring children to visits."[8]

Housing and Homelessness

Like women incarcerated for other types of offences, women incarcerated for drug offences are at high risk of losing their housing whilst in prison. This is almost certainly the case for

[3] Tye, S, C., and Mullen, P, E. (2006), *Mental Disorders in Female Prisoners,* Australian and New Zealand Journal of Psychiatry, 40, p 268.
[4] Department of Justice, *Statistical Profile of the Victorian Prison System,* 2004-05 – 2008-09. p. 41.
[5] Kinsey, K. (1993). *The Female Offender.* Journal of Community Corrections. June, 7. cited in Farrell, A. *Policies for Incarcerated Mothers and Their Families in Australian Corrections. p 3.*
[6] Farrell, A. *Policies for Incarcerated Mothers and Their Families in Australian Corrections. p. 9.*
[7] Department of Justice, (2005) *Better Pathways: an integrated response to women's offending and re-offending.* A four year strategy to address the increase in women's imprisonment in Victoria 2005-2009 p 16.
[8] Farrell, A. *Policies for Incarcerated Mothers and Their Families in Australian Corrections. p. 9.*

those in private rental serving sentences longer than a month or two, who are unable to meet rental payments for the duration of their sentence.

For those in public housing, the Office of Housing (OoH) permits prisoners to retain properties at a reduced cost (i.e. $15 per week for a 1 bedroom property) for a period of up to six months from the commencement of incarceration. However, those convicted of participating in illegal activity in a public housing property may be lawfully evicted from the premises due to transgressing the terms of the tenancy agreement. A number of circumstances give rise to this occurring for women convicted of drug offences. These include a conviction for drug trafficking or soliciting from the premises, or a prisoner unlawfully subletting an OoH property whilst incarcerated. In the case of the latter, unlawful occupants often leave the premises in rental arrears, creating an outstanding debt for the tenant on release. In these circumstances, it is not uncommon for such properties to be robbed whilst the tenant is incarcerated. Upon release, these women face the additional burden of having had all personal possessions of any value stolen.

Poor Mental Health

In Victoria, women in prison are 1.7 times more likely than men to have a mental illness – and 84.5% of women in prison have been found to have a mental disorder compared with 19.1% of women in the community.[9] The mental health profile of female prisoners in general, is of high rates of depressive disorders, anxiety disorders, substance abuse disorders and personality disorder (most commonly, anti-social and borderline type).[10]

It has also been estimated that 80% of women who enter prison in Victoria have a substance abuse disorder.[11]

This picture is further complicated by issues of co-morbidity. A 2006 survey of 103 Victorian female prisoners revealed that 63% who met the criteria for a mental disorder in the previous 12 months, also met the criteria for a substance abuse disorder.[12] This is consistent with the cohort of female prisoners supported by ACSO. Almost all of the women supported by the WSSO program have a co-occurring substance abuse disorder, which workers report contributes substantially to their offending. Of note, although this offending may not be for

[9] Victorian Council of Social Services (2005) *Request for a Systematic Review of Discrimination Against Women in Victorian Prisons* cited in Smart Justice, Factsheet 7, *Women in Prison: Best Place for Them?* retrieved from www.smartjustice.org.au
[10] Tye, S, C., and Mullen, P, E. (2006), *Mental Disorders in Female Prisoners,* Australian and New Zealand Journal of Psychiatry, 40, p 266-271.
[11] Commonwealth Office for the Status of Women, (2003), *The Health and Wellbeing of Women In Prison,* Focus on Women, 8 cited in Smart Justice Factsheet 7, *Women in Prison: Best Place For Them?* retrieved from www.smartjustice.org.au
[12] Tye, S, C., and Mullen, P, E. (2006), *Mental Disorders in Female Prisoners,* Australian and New Zealand Journal of Psychiatry, 40, p 269.

drug offences, it is drug related; soliciting, shop stealing, or property offences to raise funds to support illicit drug use, or violent crime committed whilst under the influence.

History of Abuse

In a Western Australian study of female prisoners, 77% reported a history of past abuse.[13] Similarly, in 2004, a survey conducted in Victoria showed that in the 12 months prior to imprisonment, over 47% of female inmates had been physically hurt by their partner, and around 10% had been raped by their partner.[14]

It has been reported that more than half of a sample of women at the Dame Phyllis Frost Centre, reported being physically abused in childhood or adolescence, with 68% reporting emotional abuse, and 44% reporting sexual abuse.[15] Child abuse is accepted as a predictor of future victimisation.

Cognitive Impairment

Cognitive impairment is a feature of many female offenders who access ACSO's programs. This is thought to be linked to the high rate of substance abuse disorders among the female prisoner population[16] and the deleterious impact which prolonged substance abuse has upon cognitive functioning.

In addition, ACSO workers report that women with intellectual disabilities and a co-occurring mental health diagnosis can come into contact with associates with offending histories in mental health facilities. In these cases, ACSO has observed that women with intellectual disabilities may be 'drawn into' an offending lifestyle, through associations made with offenders whilst hospitalised.

[13] Western Australian Department of Justice (2002) *Profile of Women in Prison,* Executive Summary cited in Smart Justice, Factsheet 7, *Women in Prison: Best Place for Them?* retrieved from www.smartjustice.org.au
[14] Victoria Health Promotion Foundation, (2004) *The Health Costs of Violence: Measuring the burden of disease caused by intimate partner violence.* A summary of findings, cited in Smart Justice, Factsheet 7, *Women in Prison: Best Place for Them?* retrieved from www.smartjustice.org.au
[15] Factsheet 7, *Women in Prison: Best Place for Them?* retrieved from www.smartjustice.org.au
[16] Commonwealth Office for the Status of Women, (2003), *The Health and Wellbeing of Women In Prison,* Focus on Women, 8 cited in Smart Justice Factsheet 7, *Women in Prison: Best Place For Them?* retrieved from www.smartjustice.org.au

2. Review the demographic profiles of women in custody for drug offences and the types of drug offences

General Profile

The literature reveals that typically, female prisoners are highly likely to suffer poor mental health,[17] substance abuse disorders,[18] or other types of addictive behaviour such as problem gambling.[19] Many are also mothers,[20] from low socio-economic backgrounds with low levels of education[21] and report histories of physical and sexual abuse which "contribute to their criminality and shape their patterns of offending."[22]

Between June 30th 2005 and June 30th 2009, of females sentenced for drug offences as the most serious offence, overwhelmingly, drug trafficking (including importing and exporting), was the most common type of offence.[23] This was followed by manufacture/cultivating at much lower rates for the same period, during which time, only three women were imprisoned for possession or use of drugs, as the most serious offence.[24]

Demographic Profile of Female Offenders Accessing ACSO Services

In the main, the profile of female offenders ACSO supports reflects the themes revealed in the literature such as limited education, low socio-economic status, and in particular, high rates of unemployment, past physical and sexual abuse, substance abuse disorders and mental health issues. This is partly because the eligibility criteria for the two programs which ACSO provides for this cohort require either identification of a substance abuse disorder (COATS) or personality disorder (WSSO). ACSO has also observed that many female offenders have experienced unplanned pregnancies at a young age resulting in terminations. This adds to the trauma histories of these women, who also suffer from high rates of post traumatic stress disorder.

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[17] Herrman, H., Mills., Doidge G., Mc Gorry P., and Singh. (1994) *The use of psychiatric services before imprisonment: a survey of sentenced prisoners in Melbourne.* Psychological Medicine, 24, 63-68.
[18] Commonwealth Office for the Status of Women (2003), *The Health and Wellbeing of Women in Prison,* Focus on Women, 8. cited in Smart Justice Factsheet 7, *Women in Prison: Best Place For Them?* retrieved from www.smartjustice.org.au
[19] Department of Justice, (2005) *Better Pathways: an integrated response to women's offending and re-offending.* A four year strategy to address the increase in women's imprisonment in Victoria 2005-2009 p 8.
[20] Farrell, A. *Policies for Incarcerated Mothers and Their Families in Australian Corrections* and Tye, S, C., and Mullen, P, E. (2006), *Mental Disorders in Female Prisoners,* Australian and New Zealand Journal of Psychiatry, 40, p 268.
[21] Tye, S, C., and Mullen, P, E. (2006), *Mental Disorders in Female Prisoners,* Australian and New Zealand Journal of Psychiatry, 40, p 268.
[22] Department of Justice, (2005) *Better Pathways: an integrated response to women's offending and re-offending.* A four year strategy to address the increase in women's imprisonment in Victoria 2005-2009 p 9 and Smart Justice, Factsheet 7, *Women in Prison: Best Place for Them?* retrieved from www.smartjustice.org.au
[23] Department of Justice, *Statistical Profile of the Victorian Prison System,* 2004-05 – 2008-09, p 25.
[24] Ibid. p 25.

Based on casework with female offenders, ACSO has formed the view that undiagnosed or untreated post traumatic stress disorder is related to these women's patterns of offending. For example, ACSO has observed that, for many, substance abuse begins as a method of 'self medicating' in response to experiences of various types of abuse and trauma.

Low level of education coupled with high rates of unemployment perpetuate the cycle of offending and recidivism. In 2009, year ten was the highest level of educational attainment for 75% of the prisoner population.[25] Thus, not surprisingly, the employment histories of ACSO's female offender client group tends to be concentrated in unskilled areas with low wages, including 'cash in hand' work, which is valued in order to avoid a decline in income support entitlements. Employers can exploit these workers as they know that they are unlikely to lodge complaints with authorities about sub-standard or unsafe work conditions, due to the fear of being 'dobbed in' for non-disclosure of income to Centrelink or the Australian Taxation Office.

Most of the female offenders ACSO supports are in the 25-35 age range, which is consistent with the age ranges with the highest numbers of female prisoners in Victoria (25-29, 30-34 respectively).[26] As noted previously, this age range is when females are most likely to be carers of dependent children. Therefore the issues around having infants whilst incarcerated are significant for this group. It is sometimes the case that family members caring for children of inmates refuse to take the child to visit the mother in prison, due to family conflict. The risk of this occurring is heightened for women convicted of drug offences, whose families have been significantly negatively impacted by the offender's drug taking or offending behaviour, over an extended period of time. ACSO notes that women from culturally and linguistically diverse (CaLD) backgrounds are least likely to challenge this occurring, despite offers of support to assist them to do so.

Furthermore, anecdotal evidence suggests that for some from CaLD backgrounds, there is an association between offending behaviour and 'ethnic gangs'. The link between this and drug offending is not entirely clear, except to say that issues of intergenerational conflict due to a clash of cultures have been identified, as has racial discrimination, and English language difficulties.

In ACSO's experience, female offenders with personality disorders are least likely to be convicted of drug trafficking offences as they do not have the means or level of

[25] Australian Government, 2009, *Health of Australia's Prisoners,* Australian Institute of Health and Welfare, p xii
[26] Department of Justice, *Statistical Profile of the Victorian Prison System,* 2004-05 – 2008-09, p 41.

sophistication required to engage in this type of offending on an ongoing basis. Rather, workers report that these offenders are more likely to be convicted of either property or dishonesty related offences, or violent offences which occur whilst under the influence of substances. Occasionally, the latter is perpetrated against a male figure known to the woman, who has been manipulating and encouraging her offending for his own financial gain. In these cases, sometimes following years of abuse, the female offender lashes out at the male with violence, in a desperate attempt to break free of the manipulative psychological hold which these men have over them, partly on account of their mental illness history. Ironically, it is precisely the vulnerability which results from the experience of mental illness, which leads predatory males to consider these women 'easy prey'.

3. Examine underlying causal factors which may influence drug-related offending and repeat offending that result in women entering custody

Case Study One: MH

MH was referred to the WSSO program from Dame Phyllis Frost Centre (DPFC) for support to address her long standing drug related offending history and her significant history of mental health issues (borderline personality disorder, depression & anxiety).

MH presented with the following issues:

- *Borderline personality disorder*
- *Anti social traits*
- *Post traumatic stress (victim of sexual assault as a child)*
- *Anxiety disorder*
- *Acquired brain injury (frontal lobe damage manifested as mood swings & violent outbursts)*
- *Substance abuse disorder requiring long term pharmacotherapy*

MH's legal history included:

- *Multiple assault charges over many years resulting in incarceration in a youth justice centre*
- *Threats to kill*
- *Multiple convictions for drug trafficking and possession, soliciting, welfare and bank fraud, armed robbery, theft, burglary, unlawful possession of weapons*
- *Numerous incarcerations in adult prison system*

At the time of commencing to engage with ACSO MH had never successfully completed any non-custodial sentence.

MH was being considered for parole and required assistance to secure her existing public housing which had been vacant for nearly 5 months and was therefore at risk of being re-acquired by the OoH. The expected release date for MH was changed several times due to requests by the adult parole board (APB) for additional information and assessments; MH's

release date was delayed by five months. The OoH were intent on reclaiming MH's property due to the long period of vacancy, rent arrears and complaints of her behaviour in the premises prior to her incarceration.

Support provided ACSO included:

- *Advocating with the OoH who were unaware of MH's mental health issues*
- *Locating funds to address rental arrears*
- *Provision of reports and support information to Corrections Victoria.*
- *Provision of up-to date information and letters of support to the APB*
- *Linking MH in with an appropriate mental health service*
- *Meeting with MH several times to impart information in relation to her situation.*

Had WSSO not intervened in MH's situation, the property which her eligibility for parole hinged upon would have been lost. This would have resulted in MH being incarcerated for a longer period of time, and in her being released into homelessness at a later date. Upon release MH returned to her OoH property and was linked into mental health service which typically did not offer a service to individuals with her diagnoses. Although MH's support needs remain complex, she has not re-offended and successfully completed her parole order. MH has also established a good relationship with local housing services who are now more understanding of her needs.

MH's case demonstrates the need for coordinated services that can provided a range of clinical, legal, housing and welfare supports. Addressing MH's mental health needs in addition to housing and other needs, has provided MH with an opportunity to break the cycle of re-offending. Had MH been able to receive a coordinated response to her support needs earlier in her offending career, provision of this opportunity earlier would have been possible.

Child Abuse, Substance Abuse, and Post Traumatic Stress Disorder

The role of childhood abuse, especially sexual abuse, in women entering custody cannot be underestimated. In both the Youth Justice and adult Corrections Systems, it is commonly accepted that female offenders of drug-related crimes are victims of sexual abuse, unless a worker knows otherwise. Examining co-morbidity of issues, the link between this abuse and later imprisonment is compelling, further supported by the early onset of offending behaviour and the associated causal factors.

There is a wealth of research that documents correlations between childhood sexual assault and adverse psychological and social outcomes in adolescence and adulthood. These include mental health issues such as increased depression, anxiety disorders, antisocial behaviour, substance abuse, eating disorders, suicidal behaviour, and post-traumatic stress

disorder (PTSD).[27] Research with prisoners also reveals a higher rate of violent, property, and overall offending by offenders exposed to physical abuse.[28]

Childhood sexual abuse is most likely to be intra-familial, and is a significant cause for children to have contact with the out-of-home care system. Children in care have poorer mental health compared to the general population.[29] It is evident that the prisoner population has a significant over-representation of people who have been in out-of-home care.

As identified, drug-related offending is the most common type of offending by female prisoners. There is an established correlation between substance abuse victimisation of childhood sexual abuse.[30]

In addition, PTSD can be a mediator of this relationship. Childhood sexual abuse is classifiable as trauma, and as such, can lead to PTSD, of which a key symptom is abuse of alcohol and other drugs. Therefore, sexual abuse is argued to be a key causal factor influencing drug-related offending which results in women entering custody. Note, PTSD is often undiagnosed due to non-disclosure of sexual abuse and other childhood trauma.

Early Onset of Offending Behaviour, Substance Abuse, and Mental Health Issues

Offending behaviour often begins in adolescence and is more likely for early school leavers.[31] Female offenders who access ACSO's services often have histories of early school leaving accompanied by early home leaving on account of high level family conflict or dysfunction. At this point, due in part to experiences of youth homelessness and/or entering into the child protection system, as well as estrangement from the protective factor which characterises more positive family relations, ACSO workers are of the view that adolescent girls are vulnerable to the influence of both delinquent peers and older males who have a criminal history. Thus begins a trajectory into juvenile offending, which is a predictor of adult offending.

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[27] Dinwiddie, S., Heath, A.C., Dunne, M.P., Bucholz, K.K., Madden, P.A., Slutske, W.S., Bierut, L.J., Statham, D.B. and Martin, N.G. (2000), 'Early sexual abuse and lifetime psychopathology: A cotwin control study', Psychological Medicine, vol. 30, pp. 41-52 and Fergusson, D. M., Lynskey, M. T. and Horwood, L. J. (1996), 'Childhood sexual abuse and psychiatric disorder in young adulthood: II. Psychiatric outcomes of childhood sexual abuse', Journal of the American Academy of Child and Adolescent Psychiatry, vol. 34, pp. 1365 -1374 and Shonkoff, JP & Phillips, DA (eds) 2000, *From neurons to neighbourhoods*, National Academy Press, Washington, DC.

[28] Teague, R, & Mazerolle, P, (2007). *Childhood physical abuse and adult offending.* Crime and Misconduct Commission: Research and Issue Paper Series.

[29] Sweeney, M (2007), *Mental Health of Children in Out-of-Home Care in NSW, Australia.* NSW Dept of Community Services.

[30] Spataro J, Mullen PE, Burgess PM, et al. *Impact of child sexual abuse on mental health: Prospective study in males and females.* [Article]. British Journal of Psychiatry May 2004; 184:416-421 and Logan TK, Walker R, Cole J, Leukefeld C. *Victimization and substance abuse among women: Contributing factors interventions and implications.* Review of General Psychology 2002; 6(4):325-397.

[31] Drugs and Crime Prevention Committee, (2009), *Inquiry into Strategies to Prevent High Volume Offending and Recidivism by Young People.*

This observed pathway to adult offending is supported by the literature which reports a relationship between family conflict, poor mental health, substance abuse and delinquency in female adolescents[32]. For example, in 2001 it was reported that as many as 65% of Victoria's female prisoner population had a history of being in state care.[33]

Interestingly, in a comparison between type of drug of most concern for young people seeking drug treatment, females were more likely to be admitted to treatment for so called 'heavier' drugs (i.e. stimulants 31%, and heroin, 24%), than males (cannabis 49%, heroin 17%).[34] This is concordant with the later occurrence of female offenders being more likely than males as adults to be incarcerated for drug offences.[35] It may be the case that the higher risk lifestyle which accompanies the use of 'heavier drugs' puts female drug users at greater risk of contact with the criminal justice system than male drug users. Whilst further research would be required to investigate this, ACSO observes that most of the female offender clients first began their drug use in adolescence.

Substance Abuse and Recidivism

In 2002, 67% of female offenders in Western Australia reported a connection between their substance abuse and offending behaviour.[36] Two thirds of first time offenders reported drug abuse before their imprisonment, compared to 92% serving second or subsequent sentences.[37] This suggests that incarceration is a risk factor for subsequent drug use and that there is a strong link between ongoing drug use and repeat offending.

The causal factors for this occurrence are many and complex. ACSO observes that women with substance abuse disorders and/or personality disorders are less likely to have pro-social networks to fall back on post release from prison. In addition, access to employment is difficult for those exiting prison due to many workplaces requiring a clear police records check as a condition of employment. This is further compounded for women with substance abuse and/or personality disorders due to the impact which these conditions have upon the capacity to maintain employment.

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[32] Lennings J. C, Kenny, Dt., Howard, J., Arcuri A. Mackdacy L. (2007) *The Relationship Between Substance Abuse Delinquency in Female Adolescents in Australia,* Psychiatry Psychology and Law. Volume 14, Number 1, pp 100-110.
[33] Colvin, K., *The Women and Poverty Report: More than Half – Less than Equal,* Victorian Council of Social Services, October, 2001, p 15.
[34] Lennings J. C, Kenny, Dt., Howard, J., Arcuri A. Mackdacy L. (2007) *The Relationship Between Substance Abuse Delinquency in Female Adolescents in Australia,* Psychiatry Psychology and Law. Volume 14, Number 1, p. 102.
[35] Department of Justice, *Statistical Profile of the Victorian Prison System,* 2004-05 – 2008-09, pp 24-25.
[36] Western Australian Department of Justice, (2002), *Profile of Women in Prison,* Executive Summary
[37] Commonwealth Office for the Status of Women (2003), *The Health and Wellbeing of Women in Prison,* Focus on Women, 8. cited in Smart Justice, Factsheet 7, *Women in Prison: Best Place for Them?* retrieved from www.smartjustice.org.au

Homelessness

In ACSO's experience, homelessness upon exiting prison is not uncommon, and can thrust women with mental health and/ substance abuse disorders into unsafe environments in which they are exposed to violence and further abuse, or close proximity to drug using peers (such as rooming houses). Critically, ACSO has observed that access to safe, secure and affordable housing is key to breaking the cycle of offending, as is access to appropriate support services.

Case Study Two: RK

RK was placed into foster care at eight years old due to a history of abuse in her family of origin. RK started offending at a young age and was charged with mostly petty crimes. RK started using illicit drugs in her early teens when she commenced self harming also. At eighteen, RK had a baby. Her child has lived with RK's foster mother since three months of age.

RK was first incarcerated at the age of seventeen for driving without a license. Subsequently RK has been incarcerated thirteen times mostly for bank fraud, theft and burglary. RK has been on parole eight times, and been bailed on several occasions.

Services provided to RK by ACSO include:

- *Extensive negotiations with the Adult Parole Board and Legal Aid.*
- *Linked in with counsellor and psychiatrist to deal with substance abuse disorder and abuse issues.*
- *Linked into local general practitioner.*
- *Liaison with Transport Accident Commission and solicitors.*
- *Negotiations with Office of Housing (OoH) to maintain stable housing.*
- *Extensive outreach and emotional support.*
- *Advocacy with Centrelink and clinical services to arrange payment of a Disability Support Pension.*
- *Linked into employment program.*

With ACSO intensive outreach support RK completed intensive parole and successfully completed her parole period for the first time in her offending career. RK has remained out of prison for nine months and has not re-offended during this time. RK has maintained stable accommodation and has re united with her daughter/family. RK has reduced her use of illicit drugs, no longer self harms and is hoping to enrol in a suitable TAFE course.

Had RK received seamless provision of support services from first point of contact with the criminal justice system, her capacity to comply with community based dispositions or parole at an earlier time in her offending career would have been enhanced. Stabilisation of RK's housing was critical to reducing the likelihood of her re-offending.

Pharmacological Issues

ACSO notes that female inmates with serious mental health issues are often heavily medicated for the duration of their prison sentence in order to encourage behavioural compliance. This level of medication is not necessarily reduced prior to release back into the community. Thus, many female offenders leave prison with high levels of dependency on legal drugs such as benzodiazepines. This cannot be sustained in the community, which sets these women up for either 'doctor shopping' upon release, or a return to illicit drug use in an effort to avoid the onset of withdrawal symptoms.

ACSO has also observed that use of stimulants tends to be associated with more violent types of offending. Although data on drug use type of adult female prisoners convicted of drug offences is not readily available, as mentioned previously, a 2006 Australian study reveals that this is the most popular choice of drug for female adolescent delinquents, [38] which may set the scene for a possible future rise in violent offending for females.

Indigenous People and Intergenerational Incarceration

It is well documented that Indigenous people are over-represented in the criminal justice system**.** For example, a 2006 survey of 103 Victorian female prisoners found that 9.7% were Indigenous compared to 0.5 % of women in the Victorian community.[39] For these women, ACSO observes that anecdotally, Indigenous status is a risk factor for incarceration to be intergenerational and within immediate families.

4. Recommend strategies to reduce drug related offending and repeat offending by women, including strategies to address underlying causal factors.

The overarching recommendations which ACSO puts to the Committee are

1. to address the need for seamless service delivery from pre-sentencing, to incarceration to re-integration back into the community. This cohort generally has entrenched issues and this will maximise the consistency and follow through of the various interventions which take place throughout involvement with the criminal justice system, and

2. to provide earlier intervention services for PTSD related to child sexual abuse experienced by female offenders, especially in youth justice facilities.

[38] Lennings J. C, Kenny, Dt., Howard, J., Arcuri A. Mackdacy L. (2007) *The Relationship Between Substance Abuse Delinquency in Female Adolescents in Australia,* Psychiatry Psychology and Law. Volume 14, Number 1, pp 100-110.

[39] Tye, S, C., and Mullen, P, E. (2006), *Mental Disorders in Female Prisoners,* Australian and New Zealand Journal of Psychiatry, 40*,* p 268.

In addition, the following strategies are recommended:

3. Expansion of special sexual abuse counselling services to women in prison such as currently occurs at the Dame Phyllis Frost Centre; especially to Youth Justice clients

4. A review of Centre Against Sexual Assault (CASA) willingness and/or capacity to work with women who also present with serious psychiatric disabilities

5. All women with a substance abuse disorder who encounters the criminal justice centre to be offered access to specialist sexual abuse counselling services. For example, add this service to those offered through court-based programs such as the Court Integrated Services Program (CISP)

6. Mandatory specialist training in sexual assault and trauma counselling to staff in forensic mental health and drug and alcohol settings

7. Professional development training of staff in prisons and prisoner support services in areas of sexual assault, domestic violence, substance abuse disorder, personality disorders, depression, anxiety disorder and post traumatic stress disorder

8. Workers in prisons and prisoner support services to receive cross cultural training on the culturally specific needs of individuals from different cultural groups i.e. Aboriginal, Vietnamese etc

9. Programs to promote ongoing contact between mothers and children throughout female prisoners incarceration which are not reliant entirely on the good will of family members to facilitate, and for which resources to travel to and from prison are provided

10. Provision of alternative 'step up' pathways to tertiary education for female offenders

11. Provision of a prisoner mentoring support program with pre and post release components

12. Family support and family therapy counselling to address issues of family dysfunction and intergenerational offending patterns

13. Empowerment training[40] of female prisoners who are survivors of domestic violence

14. Centrelink incentives for women with offending histories to engage in employment in such a way that transference from reliance on income support payments to income from lawful employment is facilitated

15. Prisoners on high level medication regimes whilst incarcerated to be reduced to a lower dose of medication which will be sustainable upon re-entry into the community, where deemed clinically appropriate.

For further information or to discuss this submission please contact:

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[40] To enhance capacity to recognise domestic violence and develop strategies to prevent future or ongoing victimisation.