STRENGTHENING CONNECTIONS

Women’s Policy for the Victorian Corrections system
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Commissioner’s Foreword

The profile and needs of women in the Victorian corrections system have changed over time. Recent challenges include a continued increase in the number of women prisoners, particularly those who are on remand. Women also serve shorter prison sentences than men and this means our response to women in prison must be timely and effective to support successful reintegration into the community. The number of women serving a community order has also increased, largely in response to recent changes in sentencing laws which have increased flexibility in sentencing options.

A significant milestone for women offenders in Victoria was the development of Better Pathways: An Integrated Response to Women’s Offending and Reoffending. Better Pathways was developed in collaboration with Justice Health and released by Corrections Victoria in 2005. Better Pathways was initially a four-year strategy to address the increase in women offender populations in Victoria.

Better Pathways highlighted the importance of a gender-responsive model of programs and services. Following its initial implementation, Better Pathways was adapted and further developed to continue to respond to the challenges facing women offenders in Victoria. More recently, initiatives directed specifically towards women offenders have been delivered under the Targeted Women’s Correctional Response. Under these strategies, a range of key deliverables were achieved. These had real impacts across prison infrastructure, service delivery, program development and workforce capability.

Importantly, from 2015, funding was committed on an ongoing basis by the Victorian government to provide a targeted women’s correctional response. The ongoing funding provides stability and security to services and programs for women offenders. It also provides opportunities to consider service responses for women using a longer-term approach and ensuring services continue to adapt over time to the changing profile and needs of women.

To ensure this occurs, a number of initiatives have been progressed. This includes the Women’s Services Review across prisons and community corrections, leading to a new women’s service delivery model and a new policy framework to inform approaches to working with women in the corrections system. Corrections Victoria and Justice Health have worked together on these initiatives.

The Women’s Policy for the Victorian Corrections system builds on the successes of Better Pathways and the Targeted Women’s Correctional Response. It outlines key principles and priorities that provide a blueprint for the management of women offenders in Victoria.

I commend to you Strengthening Connections: Women’s Policy for the Victorian Corrections system.

Jan Shuard PSM
Commissioner, Corrections Victoria
1. Executive summary

The number of women involved in the Victorian corrections system is continuing to increase. A strong feature of the growth in prisons has been the number and proportion of women being placed on remand. The sentencing profile of women also presents challenges as they experience shorter periods in custody than men. The majority of women who are released spend less than 12 months in prison (Corrections Victoria, 2017b).

In community corrections, the involvement of women with community orders has substantially increased in recent years and at a rate that far exceeds the growth in women prisoner numbers. This increase is commensurate with the overall increase in offenders serving a community order during this period, male and female.

Much of the substantial growth in community corrections can be attributed to changes in sentencing practices. This includes the abolition of suspended sentences and use of the new Community Correction Order to promote opportunities for rehabilitation in the community.

Clear policy and operating frameworks are needed within the Victorian corrections system that ensure an ongoing focus and priority for women as their numbers continue to increase and their needs evolve. The management of offenders in the Victorian corrections system is informed by a number of key frameworks. The use of these frameworks and models are tailored specifically to best meet the needs of women offenders and reflect evidence-based approaches for working with them.

The Victorian Offender Management Framework (OMF) informs the management of all offenders by Corrections Victoria across prisons and community corrections. A key underpinning of the OMF is the Risk-Needs-Responsivity (RNR) approach, which is well supported as the premier ‘baseline’ approach for delivering correctional services.

The responsivity principle is concerned with ‘how’ programs and services should be delivered and that this should be in a style and mode that offenders will engage with and be responsive to. The responsivity principle is therefore the most critical component of the OMF and RNR approach for providing gender-responsive correctional services and programs. For women, responsivity factors are of greater importance in affecting recidivism outcomes than for men (Sheehan et al, 2011).

While ‘responsivity’ is a key overarching principle for managing offenders in the Victorian corrections system, it is important to set out what being ‘responsive’ means for women offenders. The Women’s Policy for the Victorian Corrections system does this and provides the guidance needed across the corrections system to ensure the needs of women are being met appropriately and effectively.

Being clear about how the corrections system can be responsive to women is important because there are a number of issues that are distinctive or specific in nature to women, including:

- the role that personal and professional relationships have in reducing reoffending and achieving an offence-free life (for example, relationships with children)
- the length of prison sentences and how this effects prospects for successful community re-entry and reintegration
- the role that personal relationships, victimisation and trauma have in contributing to offending
- complex and varied health needs including chronic conditions and mental health concerns
- the extent to which substance abuse links with offending and reflects past victimisation and trauma
To further embed and build on the gender responsivity of Corrections Victoria and Justice Health, five policy principles have been developed to guide service and program design and delivery across the corrections system. The principles to be used are:

- Emphasise pro-social relationships, family and community connectedness
- Be holistic and trauma-informed
- Empower and support self-efficacy
- Responsivity, integration and continuity in service delivery
- Respond to diversity.

Key enablers of these principles are workforce capability and partnerships. Workforce capability is needed to ensure that staff in the Victorian corrections system, regardless of their role, understand what it means to be responsive to the particular needs of women.

In addition, partnerships between Corrections Victoria, Justice Health and departments across government as well as community-based agencies need to be strong if the full range of women’s needs in the corrections system are to be met effectively.

To strengthen its use of offender management and health frameworks, Corrections Victoria and Justice Health have identified a number of priority areas for being gender responsive to women offenders. These priority areas are based on the key issues for women offenders and are aligned with the principles of the policy. The priority areas are:

- Design and delivery of services and programs
- Family Violence
- Health
- Personal relationships and parenting
- Cultural relevance

Initiatives delivered under the Women’s Policy for the Victorian Corrections system are to be evaluated to ensure Corrections Victoria and Justice Health continue to provide gender responsive services and programs to women.
2. Purpose

The purpose of the Women’s Policy for the Victorian Corrections system is to provide an evidence-based framework for addressing the particular issues and offending pathways for women in the corrections system. The policy applies to Corrections Victoria, Justice Health and our key partners involved in delivering services and programs to women offenders.

3. Why ‘Strengthening Connections’?

The title of this policy, ‘Strengthening Connections’, has been chosen to highlight the importance of creating, maintaining and growing connections when working with women in the corrections system. There are a number of ways in which strong connections are important.

Women offenders will usually attach a greater level of importance on the relational aspects of their interactions with others than men, including their connection with the professionals working with them. We also know that for women offenders, their connections with children and family often hold a more central and critical role than for their male counterparts. This includes children and family being a greater source of motivation to engage in rehabilitation and cease an offending lifestyle.

Building pro-social connections within the community and engaging in positive activities are also a key feature of working successfully with women offenders. Women offenders also have complex needs and strong connections between service providers are needed to ensure integration and continuity in service delivery. In responding to cultural diversity, we also understand that connection to culture is important.

Finally, it is critical that services and programs provided to women in the corrections system are connected to gender at each stage of design, delivery and development.

When all these connections are strong, a gender responsive approach to working with women offenders can best be achieved.

4. Victoria’s corrections system

Corrections Victoria and Justice Health are business units within the Department of Justice and Regulation. Corrections Victoria is responsible for the direction, management and operation of Victoria’s adult corrections system. Corrections Victoria sets the standards, policy and strategy for the management of adult prisoners and offenders and delivers its services through a regional model.

The purpose of Corrections Victoria is delivering effective correctional services for a safe community. Corrections Victoria delivers programs and services that effect positive behaviour change to reduce reoffending and further harm to the community.

Justice Health is responsible for the delivery of health, mental health and alcohol and other drug services to Victorian prisoners and sets the standards, policy and strategy for health care in all Victorian prisons. Justice Health is crucially involved in planning and coordinating forensic health services in Community Correctional Services.

Corrections Victoria and Justice Health also work with key partners across government and in the community to ensure the necessary range of services and programs are available to offenders.
5. Women’s policy over time

Early policy drivers

In the years preceding the development of Better Pathways in 2005, there were significant increases in women offender populations as well as some notable shifts in demographics. Between 1995 and 2005, an increase of nearly 122 per cent occurred to the total number of women prisoners, from 116 to 257. For women with a community based sentence, total numbers increased by nearly 35 per cent 2001 to 2005, from 1119 to 1507.

There was also a significant increase in the number of women prisoners from culturally and linguistically diverse (CALD) backgrounds. This was most notable in relation to ‘Vietnamese born’ women. By 30 June 2005, Vietnamese-born women in prison had already increased to nearly 10 per cent of the total number of women prisoners, up from only 3 per cent in 1998.

Better Pathways and beyond

In response to the increasing number of women prisoners and offenders and to further improve responsivity to women, Corrections Victoria led the development of Better Pathways – an integrated response to women’s offending and re-offending in 2005. In collaboration with Justice Health, this was a four year strategy to address the causes of women’s offending and mitigate factors driving re-offending. A key focus of Better Pathways was to further improve the response to the offending issues and needs of women offenders.

Phase one of the Better Pathways strategy (the Strategy) was implemented from 2005 to 2009. The Strategy implemented a suite of interconnected infrastructure and program initiatives for women. Phase two of Better Pathways, which continued the program initiatives, commenced in July 2010 and was supported by four years of funding through to June 2014. A formal evaluation of phase two of Better Pathways towards the end of its implementation was conducted. The evaluation found the Strategy was achieving its aim of providing a gender sensitive response to the distinct risks and needs of women.

From July 2014, targeted responses to women in Victoria’s corrections system are delivered by funding under the Targeted Women’s Correctional Response. The deliverables and achievements from the policy initiatives were wide ranging. They included interconnected initiatives related to prison infrastructure, service delivery, program development and workforce capability.

In a significant milestone for the corrections system, targeted funding for women was committed on an ongoing basis by the Victorian government from 2015. This provides ongoing stability and security to services and programs for women offenders.

This correctional services women’s policy will build on the previous policy and program successes of Corrections Victoria and Justice Health.

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1 For the purposes of cultural identification, Corrections Victoria use country of birth criterion. This means the term ‘Vietnamese’ women refers specifically to women born in Vietnam. This may lead to an underestimation of the number of offenders in the Victorian corrections system who identify as members of the various culturally and linguistically diverse (CALD) groups.
Building our understanding of women offenders

While a significant amount of the available theory and research about offender management is applicable to both men and women, the need to develop specialised knowledge about gender and offending has been increasingly recognised. For example, at the time of developing Better Pathways, there was significantly less literature and research available regarding women offenders than there is now.

Since 2010, Corrections Victoria has initiated or partnered in a range of activity to strengthen the research and literature available to inform women’s correctional services policy. This has included gaining an understanding of the experiences and views of women offenders directly through interviews and surveys.

The knowledge gained from these important research activities has greatly assisted in informing the policies and overall approach of Corrections Victoria and Justice Health in working with women offenders. Corrections Victoria and Justice Health intend to continue to build on an evidence base to ensure that best practice with women offenders is maintained.
6. Key issues for women offenders

There are a number of ways to describe key issues for women offenders. A number of issues are significant for both male and female offenders, including historical abuse, pro-criminal relationships, substance abuse, education and employment status, mental illness and cultural background. In addition, the way in which correctional services are delivered is significant for both male and female offenders.

However, for women, these common factors have important gender-based dimensions. There are also issues for women offenders that are more prominent or distinctive compared with men. These include levels of victimisation, experience of family violence as the victim-survivor and the significance of partner and family relationships and parenting. Finally, there are also issues that are specific to women offenders such as pregnancy and imprisonment.

6.1 Provision of correctional services

Relationships and engagement

Within correctional as well as health and human services settings, the relationship between the practitioner and the client or offender is known to be critical. For both male and female offenders, the working relationship can be more influential on outcomes than the specific treatment model and techniques used.

However, for women offenders, the nature of the relationship with their ‘key interveners’ (for example, case managers, prison officers and clinicians) plays an even more critical role in affecting rehabilitation and recidivism outcomes than for men. This is due to the greater level of importance women attach to the relational aspects of their interactions with others, including correctional services staff (Trotter et al, 2012; Sheehan et al, 2011; Brimley, 2009; Bloom et al, 2005).

Sentencing profile

There are important implications for service and program delivery arising from the high levels of remand and shorter sentences for women prisoners. Prisoners on remand and entering or re-entering prison have a heightened risk of self-harm and suicidal behaviour. As a high proportion of women entering prison have experienced previous trauma and have mental health issues, effective mental health risk assessment is critical.

Higher levels of remand and shorter sentences served means that it is critical that services and programs in prison are delivered in a timely, effective and efficient manner. Without this, a high proportion of women prisoners may not have adequate opportunities for rehabilitation and pre-release preparation to support successful reintegration.

This further highlights the need for being gender responsive by ensuring women prisoners receive interventions that are delivered in ways that meet their specific needs and assist them to successfully exit prison and re-enter the community.

6.2 Prevalence of victimisation and trauma

Victimisation

Women offenders, particularly those in prison, report substantially higher rates of victimisation than male offenders - including physical, emotional, economic abuse and sexual abuse within and outside the family context.

Women offenders have also frequently experienced sexual abuse and family violence as both children and adults. For women offenders, these levels of victimisation and abuse contribute to their criminality and offending patterns and pathways.
Family violence

- It is estimated that more than 70 per cent of women offenders receiving psychological services were exposed to family violence as a child and as an adult (State of Victoria, 2016).

Women offenders experience of family violence has a range of implications for service and program delivery. Clearly there is a need to address the physical, economic, psychological and emotional effects of family violence for women through targeted interventions. However, there are also significant implications for post-release transition.

Apart from the risk of returning to violence, women can also face family violence-related debt and homelessness on release, which can disrupt their transition back into the community. Due to the threat of homelessness, women may also return to violent relationships.

Unstable housing and homelessness has been found to be a significant indicator of failed reintegration and whether an offender will return to prison.

Trauma

- Women’s greater experience of trauma can link to offending behaviours such as assault, homicide, attempted homicide, defensive homicide or manslaughter. At 30 June 2017, nearly 26 per cent of the most serious offences for sentenced women prisoners were made up of these offence categories (Corrections Victoria, 2017b).

For women offenders who have been victimised, trauma can be a defining experience that contributes to their identity and sense of self, rather than as a discrete event that happened to them (Harris et al, 2001).

The trauma that women offenders have experienced is largely interpersonal in nature. This experience of ‘relational’ trauma is also described as ‘complex’ trauma because it occurs in the context of what are supposed to be caring and trusting relationships. For example, in a parent-child, family or intimate partner context.

As the experience of the trauma occurs in these contexts, relationships themselves can become very difficult to positively engage in, increasing the risk of further victimisation and re-traumatisation. People who have experienced trauma often remain in a state of heightened vigilance after the traumatic events have passed.

Their neural pathways have become sensitized to threat, so they may perceive everyday situations as threats, leading to feelings such as anger, powerlessness or fear. There is also a limited capacity to calm themselves or regulate their emotions.

Trauma, offending and further victimisation

This means that there is a high propensity to present as overly emotional, reactive and reflexive during interactions with other people. The Australian Centre for the Study of Sexual Assault has noted that women can react violently after long-term exposure to intimate partner violence or sexual abuse, or both, especially when children are at risk (Stathopoulos et al, 2014). Violence by women is identified as being more likely to be motivated by self-defence and fear of the (male) primary aggressor.

The experience of trauma can therefore make women more vulnerable to committing offences involving interpersonal aggression or violence through a reactive ‘fight’ response. Equally, women may be left vulnerable to further victimisation due to a reactive ‘freeze’ or ‘flight’ response in an inter-personal context.
Trauma, service delivery and programs

Some aspects of traditional service delivery can also aggravate the impacts of trauma, particularly in custodial environments (Connors-Burrow et al, 2013). For example, personal searches, cell searches, personal care activities observed by others or relocation from one place to another with minimal notice.

Also, the experience of trauma for women offenders can mean that it is more difficult for them to engage with the services and programs offered to them.

Consequently, the ability of women offenders to benefit from services and programs is reduced. This is particularly the case if these services and programs are not delivered in a trauma-informed manner. For Aboriginal and Torres Strait Islander women, the interpersonal experience of violence has a significant cultural overlay of inter-generational and collective trauma arising from colonisation, dispossession, racism and discrimination.

The experience of trauma for women offenders can mean that it is more difficult for them to engage with and benefit from, services and programs offered to them.
Health implications of trauma

Trauma is a significant contributor to ongoing and persistent mental health problems. Women’s health requires a holistic, trauma-informed and strengths-based response that acknowledges that women experience different health concerns to men and each woman will have different needs based on her prior experiences. It is important to provide targeted health interventions in areas identified as affecting the women prisoner cohort in a way that is trauma-informed.

6.3 Prevalence and complexity of health issues

Although women represent less than ten per cent of Victoria’s prison population, their health needs are more varied and complex. Women in prison often present with pre-existing, chronic or comorbid health and wellbeing needs. On a range of indices, women within the corrections system have high prevalence rates of drug use, infectious diseases, severe psycho-social distress and mental health issues.

Women released from prison are more likely to be hospitalised and admitted sooner after release than their male counterparts. Their mortality rates post release are higher than their male counterparts within the corrections system as well as rates for men and women in the general community (Kinner et al, 2011; Stewart et al, 2004).

An added complexity in providing women’s healthcare in prison is that women often receive short sentences. This means prison health services have less time to assess and address women’s health needs. These factors combined, signal the importance of discharge planning and linkage with community health services to ensure continuity of healthcare upon release. Where specialised health needs are identified, prison health services need to strengthen referral processes with relevant community health and support services.

Mental Health

- Nationally, more than 50 per cent of women prisoners have a diagnosed mental illness at discharge from prison (Australian Institute of Health and Welfare, 2015).

Women offenders have higher recorded levels of mental illness than male offenders. There is often a strong inter-connection between victimisation, trauma, mental health issues and substance abuse for women offenders. Frequent mental health diagnoses are post-traumatic stress disorder (PTSD), borderline personality disorder, depression and anxiety disorders.

Women prisoners also experience a greater prevalence of high acuity mental health conditions such as schizophrenia and major depressive disorder. Thoughts of suicide (suicidal ideation) and self-harm behaviour are also more common among women prisoners.

Physical Health

**NEARLY 70%** of women in Victorian prisons have a chronic health care plan (Justice Health, 2017).

Women in prison often have complex health needs including co-morbidity where they may experience more than one health condition (both physical and mental). This includes a higher rate of sexually transmitted infections and cervical cancer than the general population, complications during pregnancy and other chronic health conditions (Australian Institute of Health and Welfare, 2015).
6.4 Drugs and links to offending

- Following a review of nearly 2000 Victorian women on remand across 2015-2016, 61 per cent reported heavy daily drug use prior to remand. The most commonly abused drugs were methamphetamine or ‘ice’ (72 per cent), heroin (36 per cent) and cannabis (32 per cent) (Corrections Victoria, 2016b).

Overall, a stronger nexus between the severity of women’s substance abuse and their offending is evident than for men (Turner et al, 2010; Forsythe et al, 2009). For example, a large number of women are imprisoned on drug or theft charges associated with monetary gain for the purpose of buying drugs. Following a review of nearly 2000 Victorian women remand receptions across 2015-2016, the most frequent serious offence categories included property offences, drug offences and burglary (Corrections Victoria, 2016b).

6.5 Personal relationships and parenting

Personal relationships

Women’s offending often arises and is cultivated through their relationships. Specifically, with members of their family, including partners or spouses, their friends and any person deemed to be a ‘significant other’, such as a support-person. As relationship problems are more likely to underpin women’s offending than men, addressing the relational context of offending for women is important.

Pregnancy

- 88 per cent of prison entrants in Victoria report that they have been pregnant (Australian Institute of Health and Welfare, 2015).
- The mean age of first pregnancy for women offenders, 21 years of age, is younger than the general population.
- Aboriginal and Torres Strait Islander female prison entrants recorded even younger first pregnancies with a mean of 18 years of age (Australian Institute of Health and Welfare, 2015).

Research has found that pregnant prisoners are at high risk of poor perinatal (pregnancy through to when the child is three years old) outcomes. Women prisoners are also more likely to have experienced sexual assault than women in the general community which may result in an unplanned pregnancy.

Parenting

In 2015-16, out of 1932 Victorian women received into prison on remand

- 64% reported having children
- and of those who reported the age of their children, 88% had at least one dependent child under 18 years old (Corrections Victoria, 2016b)

- In 2015-16, the proportion of Aboriginal women who entered prison on remand who were mothers was 70 per cent (Corrections Victoria, 2016b).
- From 2011-12 to 2016-17, the proportion of mothers who were primary caregivers prior to reception into prison averaged around 32 per cent. By comparison, the same figure for fathers was around 18 per cent (Corrections Victoria, 2017b).
Women prisoners who are mothers report that being away from their children is the hardest part of being in prison and that being back with their children is their main motivation for desistance. The difficulty of being away from children in prison is further complicated if the prisoner normally has the role of primary caregiver. Women in prison are notably more likely to be primary caregivers at reception into prison than men.

If serving a community order, women will more commonly be expected to provide care to their children and are more likely to be the primary caregiver than a male offender. This places additional pressures and burdens on women and child care arrangements need to be organised and maintained around the requirements of their order. Women serving a community order are likely to be focused on maintaining or regaining their caregiver role as a mother and to achieve desistance and successful rehabilitation to make this possible.

**Relationships with children are often more central and critical to the experience of women offenders than male offenders.**

### 6.6 Cultural background

Corrections Victoria and Justice Health understand that strengthening cultural competency within organisational practice is important to addressing the cultural needs of all women.

**Aboriginal and Torres Strait Islander women**

Aboriginal and Torres Strait Islander women have similar issues, risk factors and offending pathways to women offenders more generally.

These include previous contact with child protection or youth justice, history of abuse and trauma, family violence, mental illness, substance abuse, unstable housing and low levels of education and employment.

It is however important to recognise that Aboriginal and Torres Strait Islander women offenders have a significant cultural overlay on their issues and risk factors for offending. This includes historical and inter-generational trauma arising from colonisation, dispossession and stolen generations. Experiences of racism and discrimination also overlay the experience of Aboriginal and Torres Strait Islander women.

**Vietnamese women**

The issues and offending pathways for Vietnamese women are shared to some degree with non-Vietnamese women however there are some significant differences. A high proportion of Vietnamese women have drug related offences as their most serious offence. However, these offences relate mainly to drug importation, possession, dealing, distribution and manufacture, with personal levels of substance abuse being comparatively low.

A common reason for Vietnamese women offending in this way is to repay gambling debts that they have accumulated.

While their offending can be more acquisitive in nature, it often reflects the strong association between problem gambling and illicit drug markets. There are also particular socio-cultural lending arrangements within the Vietnamese community, known as cho’i hui, which enable ready access to gambling funds outside of the formal financial system.

**Cultural and linguistic diversity**

All prisoners and offenders from cultural and linguistically diverse backgrounds require access to culturally relevant programs and services, including language services. In relation to family violence, Corrections Victoria is developing CALD-specific family violence support services for prisoners and offenders.
7. Facts, figures and trends - women in Victoria’s corrections system

Prison numbers

Following substantial growth in the number of women prisoners from 1995 to 2005, growth in the number of women prisoners has continued, although at a slower rate.

In the five years to 2017 women prisoner numbers increased by 49 per cent, from 340 to 507. Between 30 June 2016 and 30 June 2017, the rate of growth in the number of women prisoners reduced further to 19 per cent.

The majority of the growth that has occurred in recent years has been due to significant increases in the number of women on remand. Although growth has continued over time, the total of all women prisoners as a proportion of total prisoners in Victoria has remained steady, at around six to seven per cent. However, the proportion of sentenced women prisoners out of total prisoners has been decreasing since 2012 when it was 5.3 per cent but by 2016 this was 4.1 per cent.

Further, within the total women’s prison population, the proportion of sentenced prisoners has been decreasing steadily from 77 per cent at 30 June 2014, reaching a low of 61 per cent at 30 June 2017.

Rates of imprisonment

Overall, the continued increase in the rate of imprisonment for women in Victoria during the decade 2006-2016 reflects the increases in total women prisoners over the same period. Similar to the annual increase in the number of women offenders, increases to the rate of imprisonment for women has also slowed in recent years, being 17.5 in 2014, 17.8 in 2015 and 17.8 in 2016 (see Figure 1).

The imprisonment rate for men remains substantially higher than women at nearly 264 per 100,000 Victorian men, compared with 17.8 per 100,000 Victorian women in 2016.
Figure 1: Women prison population totals and imprisonment rates 30 June 2006 to 30 June 2017

Sentencing profile

Remand

The number and proportion of women in prison on remand has grown substantially in recent years. This has been the key driver of growth in women prisoner numbers.

The most significant increases in women on remand has occurred since 2012 (see Figure 2). The total number of women on remand at 30 June 2017 was 200 – at 30 June 2012 this number was only 79.

In the period 2014 to 2016, the increase in the number of women on remand was the sole cause of the increased total number of women prisoners (see Figure 2). Over this period, the number of women sentenced prisoners actually decreased by 14 per cent - 314 to 270.

At 30 June 2017, the proportion of women on remand had reached 40 per cent (200 out of 507), while the same figure for men remained lower at 31 per cent (2024 out of 6644).

BY 30 JUNE 2017, 40% OF ALL WOMEN PRISONERS WERE ON REMAND.
**Time in prison**

Overall, women experience shorter periods in custody than men, with the majority of women released from prison spending less than 12 months in prison.

Of all women who were released from prison in 2016-17:

- 94 per cent (1282 out of 1371) spent less than 12 months in prison
- around 50 per cent spent less than 1 month in prison
- Only approximately 1 per cent of women who were released from prison spent more than 5 years in prison
- 42 per cent of women who ended a period of remand were released to bail.
- 33 per cent of women who ended a period of remand received a prison sentence.

**Figure 2: Sentenced and unsentenced women prisoners 31 January 2011 to 30 June 2017**

![Graph showing sentenced and unsentenced women prisoners from 31 January 2011 to 30 June 2017.]

**Community corrections**

Women offenders serving community orders supervised by Community Correctional Services (CCS) may be on parole (from prison), under a community corrections order with various conditions or a reparation order (in place of a monetary penalty, with unpaid community work).

Overall, trends for offender numbers in the past five years (from 30 June 2011 to 30 June 2017) have been consistent across women and men.

In relation to women, this has meant:

- a decrease in the number of prisoners on parole (148 to 89)
- a strong increase in the number of supervised community corrections orders (approximately double from 5 years ago – 859 to 1749)
- a small increase in the number of offenders on reparation orders only (654 to 774).

The level of growth in the number of women offenders serving a community order between 30 June 2012 (1614) and 30 June 2017 (2582) was 60 per cent. However, this figure is closely aligned to the overall increase in offenders serving a community order during this period, male and female.

Much of this substantial growth in Victoria can be attributed to changes in sentencing practices. This includes the abolition of suspended sentences and use of the new Community Correction Order to promote opportunities for rehabilitation in the community.
The recent decrease in the number of prisoners (women and men) on parole reflect parole reforms implemented as a result of the Callinan Review of the Parole System in Victoria, completed in July 2013. The focus of these reforms was to tighten parole eligibility.

From 2012 to 2017, women have consistently represented between 17 to 18 per cent of the total number of offenders on a community order. Figure 3 below shows growth trends from 2001 to 2017.

The total number of women offenders serving a community order on 30 June 2017 was 2582 out of a total of 14,298 offenders on a community order.

Women represented 18 per cent of the total number of offenders on a community order at 30 June 2017.

Figure 3: Women offenders serving a community order 31 July 2001 to 30 June 2017

- Parole
- Reparanation Orders
- Supervised Court Orders
Aboriginal and Torres Strait Islander Women

In the period 2012-2017, Aboriginal and Torres Strait Islander women have consistently made up between eight to 11 per cent of both women prisoners and women on community orders.

Prison

The number of Aboriginal and Torres Strait Islander women prisoners increased from a total of 35 at 30 June 2012 to 56 at 30 June 2017, an increase of 60 per cent. This rate of growth was higher than the increase in the total number of women prisoners during the same period, which was 49 per cent.

The imprisonment rate for Aboriginal and Torres Strait Islander people is much greater than for non-Aboriginal people. This is also reflected in the much higher rate of imprisonment for Aboriginal and Torres Strait Islander women. In Victoria, this figure was 273 in 2016, compared with 17.8 for all women.

At 30 June 2017, there were 56 Aboriginal and Torres Strait Islander women in prison.

Community Corrections

The absolute number of Aboriginal and Torres Strait Islander women offenders on community orders increased by 86 per cent from 30 June 2012 (134) to 30 June 2017 (249). This increase reflected the overall increases in the total number of women offenders and all offenders in community corrections, which was fundamentally caused by changes to sentencing laws. From 2012 to 2017, total women offenders increased by 60 per cent (1614 to 2582) and the total number of all offenders on a community corrections order increased by 59 per cent.

At 30 June 2017, there were 249 Aboriginal and Torres Strait Islander women serving a community order.

Vietnamese Women

Vietnamese women have consistently been the largest single culturally and linguistically diverse (CALD) population in the women’s corrections system since 2012.

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2 Due to the small size of the Aboriginal and Torres Strait Islander population in Victoria, imprisonment rates can vary significantly year to year, with small changes in the number of prisoners having a significant effect on the imprisonment rate. Regardless, imprisonment rates for Aboriginal and Torres Strait Islander people are consistently much higher than for non-Aboriginal and Torres Strait Islander people.
Prison
From 30 June 2012 to 30 June 2017, Vietnamese women made up between 12-17 per cent of the total women prison population, decreasing to 12 per cent at 30 June 2017. A high proportion of Vietnamese women have serious drug related offences as their most serious offence, including drug importation, dealing, distribution and manufacture. This offence profile explains the greater representation of Vietnamese women in prison than in community corrections.

From 30 June 2012 to 30 June 2017, the number of Vietnamese women prisoners has averaged around 60 and represented between 12-17 per cent of the total women prison population.

Community Corrections
The number and proportion of Vietnamese women in community corrections is smaller than in prison, however they are also the largest single CALD group representing around two to three per cent of all women offenders. Since 2012, the number of Vietnamese women serving community orders has averaged around 48 in number.
8. Principles

Guiding principles for service delivery to women offenders aim to embed a gender-responsive approach as a key priority for Corrections Victoria and Justice Health. These principles will be used to steer the future course of service and program delivery for women across the corrections system and will also apply to any standards, policies and procedures affecting women offenders.

8.1 Emphasise pro-social relationships, family and community connectedness

Correctional services and programs need to be delivered in ways that recognise the primacy of relationships. This relates to the significant role of relationships for women in:

- offending pathways
- provision of services from corrections staff and other professionals
- post-release planning and reintegration
- rehabilitation and desistance.

8.2 Be holistic and trauma-informed

Correctional services and programs need to be holistic and recognise the realities of women’s lives. This includes being practical and flexible in service delivery and offering services and programs that avoid re-traumatisation and provide healing pathways.

8.3 Empower and support self-efficacy

As women offenders often come from backgrounds of abuse and complex, relational trauma, correctional services and programs need to empower women offenders. This includes building their capacity to act with authority and personal agency over their lives. Self-efficacy will involve reducing dependence and powerlessness and increasing self-belief in being able to act effectively and decisively, with authority and personal agency over their lives.

8.4 Responsivity, integration and continuity in service delivery

Correctional services and programs need to be delivered in timely and effective ways that best target women’s sentencing profile including issues related to planning, transition and reintegration. Women may move through prison environments quite quickly due to being granted bail after a short period on remand, being released to a non-custodial sentence or following a short sentence. Women can also experience post-release issues such as re-victimisation, potential return to a violent partner relationship, housing safety and resuming parental responsibilities.

8.5 Respond to diversity

Correctional services and programs need to recognise that women offenders are not an homogenous group and require responses according to issues such as age, culture, sexuality and ability/disability. A clear example of this is the particular range of issues that relate to Aboriginal and Torres Strait Islander and Vietnamese women offenders. Understanding specific groups is also needed to ensure that health programs and services are responsive to women’s health needs.
9. Key enablers of the policy principles

Key enablers are needed to ensure the policy principles are operationalised and embedded.

**Workforce capability**

A capable and skilled workforce with specialist knowledge will extend the correction system’s capacity to work effectively with women offenders. Research shows that simply delivering the right programs and services is not enough. The effectiveness of programs and services also relies on the skills of those delivering the interventions (Johnson, 2004).

To build workforce capability, it is necessary to provide ongoing training and resources to corrections staff to equip them with the knowledge and skills to respond to particular groups of offenders, including women. In addition to targeted training, individual staff supervision needs to be provided regularly to staff. Professional staff supervision should ensure there is accountability, education and support in implementing targeted offender management practices.

A key focus area for building workforce capability in the corrections system is identifying and addressing family violence issues for women offenders. It is also important that Corrections Victoria provides support to the family violence sector to further develop the sector’s understanding of the corrections system. This will further enable an integrated and effective service system approach to women offenders involved in the corrections system and family violence sector.

**Partnerships**

The *Corrections Victoria’s Strategic Plan 2015-2018* sets out the commitment to working with key partners to manage offenders and address their offending behaviours. Close partnerships with key agencies is critical in ensuring that the needs of women are addressed. For women prisoners and offenders, some of the specialist expertise and information required to manage their complex and interrelated needs will go beyond Corrections Victoria’s areas of responsibility or speciality.

Partnerships may include engagement with community organisations to provide in-reach services to prison or to provide key services to women serving non-custodial sentences in the community. Key government partners include the Department of Justice and Regulation’s Regional Services Network, the Department of Health and Human Services and Victoria Police.
10. Being gender responsive

Corrections Victoria and Justice Health use a number of key frameworks and approaches to manage offenders. These frameworks will be guided and informed by the policy principles. The key frameworks include:

- Offender management framework (inclusive of the Risk-Needs-Responsivity [RNR] approach)
- Corrections Victoria case management statement
- Corrections Victoria reintegration pathway
- Aboriginal social and emotional wellbeing plan
- Justice Health policy 2011
- Justice Health quality framework 2014

**Gender-responsivity for women offenders will involve providing correctional services and programs that understand and address the realities of women's lives.**

Offender characteristics such as gender and culture are primary focus areas for tailoring the use of these frameworks.

A definition of being gender-responsive will include:

- recognising and addressing women’s particular offending pathways
- recognising and addressing the particular issues that exist for women offenders – those directly and less directly related to offending
- providing therapeutic interventions and programs that address issues such as abuse, family violence, trauma, mental health and substance abuse
- using a strengths-based approach that builds skills and promotes self-efficacy.

**To work in gender-responsive ways with women offenders, it is necessary to ensure that a ‘what works’ and RNR approach is tailored specifically to women and that gender is an enduring, key conceptual overlay.**

### 10.1 The Risk-Needs-Responsivity approach

The Risk-Needs-Responsivity (RNR) approach is established as the evidence-based foundation approach for all correctional services and forms the basis of Victoria’s Offender Management Framework. The RNR approach has been shown to be effective in reducing recidivism for both men and women and many of the principles related to offender rehabilitation are applicable to men and women (Trotter et al 2016; Gobeil et al 2016; Trotter et al 2012).

Critical risk factors for offending are set out within the RNR framework. The RNR framework specifies the eight most consistently important risk factors for offending (Andrews et al, 2010; Bonta et al, 2007).

These factors are considered common to both women and men in regards to offending pathways:

1. Criminal history
2. Anti-social personality pattern
3. Pro-criminal attitudes and thoughts
4. Pro-criminal associates (social supports for crime)
5. Family and partner relationships
6. Education and employment (low levels of access and/or achievement)
7. Lack of pro-social leisure/recreational activities
8. Substance abuse

While these risk factors for offending are generally common across gender, some of them have a particularly gendered dimension or emphasis.

The RNR principles can be readily applied to implementing gender responsive approaches when gender is a key consideration and conceptual overlay.

For example, the ‘pro-criminal associates’ risk factor for men is generally related to ‘peer associates’. In contrast, for women, offending often arises and is cultivated through their relationships with members of their family, including partners or spouses, their friends and any person deemed to be a ‘significant other’. Also, women experience different relational pressures in family and partner relationships than men including being subject to greater levels of victimisation, trauma and caregiving responsibility. These may contribute to it being harder for women to leave anti-social relational contexts.

For women, low levels of education and employment involvement and achievement as a criminogenic risk factor is also distinctive. This is due to the particular gender-based barriers and discrimination women face in the employment market as well as the pressures associated with performing key caregiving roles within a family such as parenting.

The criminogenic risk factor of substance abuse is also more prominent for women and more closely linked to their offending pathway. Working with women offenders, it is also important to address substance abuse, trauma and mental health in ways that are integrated.
10.2 Women’s service delivery model

A key driver for the implementation of the Women’s Policy for the Victorian Corrections system is the women’s service delivery model.

Following the commitment of ongoing funding to provide targeted responses to women in the corrections system, the Women’s Services Review (the Review) was initiated. The Review examined the responsivity and suitability of programs and services being delivered within the corrections system and their alignment with current evidence and best practice service delivery to women in a correctional setting.

The women’s service delivery model (the model) was recently developed as part of the Review. The model has been designed to respond to the particular needs of women and their changing profile within the corrections system. The model seeks to ensure that all women in prison - from those on remand and short sentences through to longer sentences – have services and programs provided that match the nature of their involvement in the corrections system.

For example, in recent years, the growth in the number and proportion of women on remand has grown significantly and this has required new service and program responses.

The women’s service delivery model recognises the complexity of rehabilitation and reintegration needs for women prisoners and offenders by using a pathways approach. The pathways approach involves services being tailored to the particular ‘journey’ being taken by women within the corrections system. The pathways are:

• remand stream (women on remand)
• short sentence stream (women serving prison sentences of six months or less)
• long sentence stream (women who are serving a sentence of more than six months)
• community correctional services stream (women on community orders)

The use of pathways is well matched to the sentencing profile of women. This is because higher proportions of women are placed on remand than men and women also serve shorter sentences than men in prison. A pathways approach ensures that each sentence stream is focused on and that services and programs are tailored and delivered in ways that best meet women’s needs.
11. Priority areas for being gender responsive

To strengthen its use of offender management and health frameworks, Corrections Victoria and Justice Health have identified a number of priority areas for being gender responsive to women offenders.

It should be noted that the priority areas have been informed by the current profile of women in the Victorian corrections system and the issues most consistently highlighted in the literature and research about women offenders.

The implementation of the *Women’s Policy for the Victorian Corrections system* (the Policy) is supported by the women’s service delivery model (the model). The Policy priority areas are to be addressed across the different pathways in the model - remand stream; short sentence stream; long sentence stream and community correctional services stream. The priority areas are also aligned with the issues for women offenders identified in the model (for example, family connectedness and mental health).

11.1 Design and delivery of services and programs

Focus on relationship and engagement

Corrections Victoria and Justice Health will work with women offenders in ways that acknowledge and recognise the primacy of the working relationship between women and correctional services staff in reducing recidivism. Core features of the working relationship to be used by staff in working with women offenders will be to ensure that the approach includes:

- use of problem-solving and practical responses to women’s issues
- skill development for women offenders which increases personal agency and self-efficacy (for example, independent living skills)
- being holistic and recognising the combined impact of offending and gender

Tailored and specific

- Deliver services and programs that are timely, efficient and effective so that women are not disadvantaged by their sentencing profile (for example, high levels of remand and shorter sentences).
- Provide programs that directly address women-specific issues (for example, safe relationships; parenting; health outcomes; safe housing/accommodation pathways; sexual and gender diversity).
- Provide programs that are tailored to assist the specific needs of women (for example, gender-specific health services and employment, education and training opportunities).
- Promote further collaboration between Corrections Victoria, Justice Health and the Department of Health and Human Services as well as community-funded agencies to enhance services for women. This is particularly important in pre-release planning and reintegration support, including delivering improved housing outcomes.

Trauma-informed

A trauma-informed approach is responsive to the impacts of trauma. It emphasises physical, psychological and emotional safety for women offenders in all aspects of service and program delivery across prisons and community corrections.

Key features of a trauma-informed approach in corrections practice include:

- ensure staff awareness and knowledge of how trauma impacts an individual’s brain, body and behaviour and overall functioning
- minimise re-traumatisation through the use of trauma-sensitive operational policies and procedures
provide women with knowledge and skills on how to best manage their trauma symptoms and build skills to regulate thoughts and feelings (for example, mindfulness)
facilitate access to therapeutic programs and services that can address victimisation and trauma
encourage addressing somatisation – physical health concerns and conditions that have developed in response to trauma
consider how the physical (prison) environment can provide maximum physical and psychological safety, for example, privacy considerations.

A trauma-informed approach is strengths-based and recognises and addresses the impacts of trauma on development and behaviour. It seeks to maximise physical, emotional and psychological safety, reflecting this in organisational policies, procedures and service delivery. Recovery, empowerment and self-efficacy are identified as important goals in a trauma-informed approach (adapted from Elliott et al, 2005).

11.2 Family violence
Corrections Victoria and Justice Health are strongly committed to supporting the whole-of-government family violence work and ensuring it remains an ongoing focus within the corrections system.
- Fully implement relevant recommendations from the Victorian Royal Commission into Family Violence
- Support the implementation of the Victorian Government Family Violence Rolling Action Plan 2017-2020, including initiatives related to the corrections system
- Provide programs and services that educate about safe and respectful relationships
- Address past victimisation through targeted programs and services to reduce re-victimisation
- Use family violence-specific risk assessment frameworks
- Share information with relevant agencies to support the safety of women and their children
- Strengthen safe housing/accommodation pathways
- Ensure culturally relevant support to Aboriginal and Torres Strait Islander victims of family violence.

11.3 Health
Health includes strategies to address physical health, mental health and substance abuse issues and initiatives in these areas are led by Justice Health.
- Support access to services and programs that address physical health issues and provide continuity of care
- Support access to services and programs that address mental health issues and build women’s coping strategies
- Support access to services and programs that address substance abuse issues
- Promote a holistic approach to women’s health care that recognises the inter-connection between emotional, mental and physical health
- Strengthen integration with community health services. This is particularly relevant to ensuring health gains made during imprisonment are continued post-release.
11.4 Personal relationships and parenting

The relational context of women’s lives is known to be an important contributor to both offending and desistance and is a key area of intervention in working with women in the corrections system.

Personal relationships

- Focus on assisting women offenders to establish and maintain safe, pro-social relationships including with intimate partners, family and support networks.

Parenting role

Across prisons and community corrections:

- encourage and help facilitate continuity of contact with children
- provide opportunities to improve parenting capacity and skills
- provide opportunities to access family support programs that build family connectedness
- assist with accessing childcare.
11.5 Cultural relevance

Provide services and programs that recognise the need to be gender responsive and culturally relevant.

Aboriginal and Torres Strait Islander women

- Provide services and programs that:
  - consider the impacts of historical and inter-generational trauma
  - recognise disempowerment and barriers based on race and ethnicity
  - support and promote cultural identity
  - promote connectedness to family, community and place.

Vietnamese women

- Provide access to problem gambling services and programs and address its relationship to offending pathways.
- Help facilitate debt resolution as part of reducing the risk of reoffending.

Culturally and Linguistically Diverse (CALD)

- Ensure access to culturally relevant programs and services including language services.
- Develop and implement CALD specific family violence programs in line with the recommendations from the Victorian Royal Commission into Family Violence.

12. Evaluation and review

Initiatives delivered under the Women’s Policy for the Victorian Corrections system will be evaluated according to the Corrections Victoria Evaluation Framework 2015-2018 and Justice Health Research and Evaluation Framework 2015-2019.
Reference material


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<td>OMF</td>
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<td>RNR</td>
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