

ACT Prison Project

Accommodation and Management of Women Incarcerated in the ACT

DRAFT 2004

Guiding Principles

The management of incarcerated women within the ACT prison will reflect the principles expressed in the ACT Government's Economic White Paper, The Canberra Social Plan and The Canberra Spatial Plan. The ACT prison culture will reflect the letter and spirit of the *ACT Human Rights Act 2004*.

Women in Prison - National picture

The female prisoner population over the past 10 years has increased by 110%, compared to a 45% increase in the male prisoner population. Nationally, women represent 7% of the total prisoner population.

Despite recent increases in the number of women in prison, women are a small proportion of total prison populations. The small proportion of women prisoners has sometimes obscured public recognition of their needs and problems.

Women in prison are a significantly socially disadvantaged group. They generally have lower levels of education, paid employment and income, and stable accommodation in the community, compared to the female population as a whole.

For women, the experience of imprisonment is often associated with a range of health and wellbeing issues. They include physical and mental health, substance abuse, suicidal behaviour and self-harm, a history of physical and sexual abuse, social disadvantage and relationship issues, particularly access to or care of children. In addition, women prisoners come from culturally diverse backgrounds and have differing cultural needs.

The complex and diverse needs of women prisoners create particular challenges for the management and rehabilitation of women while in prison and for community reintegration and support needs after release.

The costs of imprisonment to the individual women, their children and families are significant. Imprisonment of women can lead to the breakdown of families, which in turn places a burden on social support systems.

It is therefore, important that the correctional system and the community as a whole, assists women to use their time in prison as an opportunity to develop a sense of value, self-worth and confidence in the ability to create a positive future. Women in prison have opportunities to distance themselves from abusive relationships and dependence on drugs, and to focus on their mental, physical and emotional well-being.

In recent years, researchers and policy makers world-wide have argued that women offenders not only need more services to put them on a par with men, but in many instances, women also require different services to men.

The health status of women NSW prisons

The 2001 NSW Inmate Health Survey, conducted by the NSW Corrections Health Service, provides one of the most comprehensive descriptions of prisoners' health in the world. The epidemiological data from the survey provides the following information on NSW female prisoner population:

- 64% were hepatitis C antibody positive;
- 31% were hepatitis B core-antibody positive;
- 95% had a least one chronic health condition;
- 39% had incurred a head injury resulting in unconsciousness and 41% of these women reported unresolved side effects;
- 33% drank alcohol in the 'hazardous' or 'harmful' range;
- 84% had a lifetime use of illicit drugs;
- 49% had overdosed as a result of drug taking;
- 60% were receiving methadone or had previously been on methadone;
- 83% were current smokers;
- 60% had at least one tattoo and 88% had a least one body piercing.
- 60% had been sexually abused before the age of 16 and 30% before the age of 10;
- 69% had been in at least one violent relationship and 35% had been subjected to sexual violence;
- 57% had a family member or partner with an alcohol problem;
- 33% had been in the childhood care system;
- 33% identified as bisexual;
- 81% had been pregnant at some time and 17% reported over five pregnancies;
- 70% had given birth with the medium age at the birth of the first child being 18 years;
- 18% had scored below the pass rate on the intellectual disability screener and 58% of these women on further assessment were determined to have an Intellectual Disability or be functioning in the 'Borderline' Range;
- 54% had been diagnosed psychiatric disorder sometime in their lives, with depression the most common diagnosis;
- 25% were taking psychiatric medication;

ACT female offenders

Although women comprise over one-half of the population of the ACT they comprise less than 20 per cent of all offenders.

There is no evidence to suggest bias against women in sentencing. When considering this issue in a presentation to the Female Offenders Forum in 2001, the ACT Director of Public Prosecutions cited a lack of statistical evidence however concluded that "there is anecdotal evidence. This suggests that women are treated more leniently than men and, particularly, that women are less likely to be imprisoned than men."

ACT female sentenced prisoners

Between 1998 - 2001, the average percentage of ACT sentenced prisoners who were women, rose from 5.2% to 10% of the total ACT prison population. Between 2001 – 2003 this figure declined to 5.8%.

Data from the years 1998 – 2003, provides the following information in relation to ACT female sentenced prisoners:

- the yearly average number of women receiving a prison sentence was 5.6;
- the yearly average number of Indigenous women receiving a prison sentence was 2;
- the yearly average number of sentenced female prisoners was 9.
- the highest daily female prison population was 14, in 2000 -2001
- the average sentence length for female sentenced prisoners was 3 years;
- the range of sentence length is 20 years to 3 days;
- offence types included:
 - homicide
 - manslaughter
 - armed robbery
 - assault occasioning grievous bodily harm
 - assault occasioning actual bodily harm
 - driving causing death
 - drug offences
 - theft
 - fraud
- The age range was 18 to 60 years of age.

ACT female remand prisoners

Available data for the years 1998 – 2003, provides the following information in relation to ACT female remand prisoners:

- the yearly average number of remand admissions was 62;
- the highest number of admissions during the period was 88 in 2000/01.
- the daily average number of women on remand was 4.6;
- the highest daily female remand population was 11, in 2000-2001;

The ACT Prison

Communication and information process

External community consultation on a proposed ACT prison generally and with respect to the needs of women prisoners, specifically is documented in the report, *An ACT Prison “Getting it Right*, report of the ACT Prison Community Panel, December 2000.

Communication will continue during the project development, construction and operation of the ACT Prison. Since Cabinet's decision to proceed with the establishment of an ACT prison in November 2003 the emphasis of communications has been on groups and stakeholders who will be directly impacted through the construction of a comprehensive correctional facility in the ACT. To date these groups have included:

Justices, magistrates and registrars of the ACT Supreme and Magistrates Courts; ANU School of Resource Environment and Sustainability; ACT Law Society; Women's Intersectoral Reference Group; Aboriginal Justice and Advisory Committee; DPP; Office of Multi Cultural Affairs; Victims of Crime (Co-ordinator and support groups); ACT Workcover; Public Sector and Labour Policy group; Corrections Health Board; ACTCOSS; International Commission of Jurists; Staff of ACTCS; ACT Office for Women; Women's Forum; Heads of Churches; CPSU; Sentence Administration Board; Ngunnawal Elders Group; Crime Prevention Committee; HMAS Harmen; Canberra Business Council; Procurement Industry Forum; Legacy; ACT Health; AFP; CIT; Adult Education and Training; Business ACT.

Many of the above mentioned stakeholders meet regularly with the Prison Project. Further groups to be consulted will include: Disability Services; Housing; Centrelink; accommodation and welfare services, Prisoners Aid, legal services, charities, drug and alcohol agencies, financial counselling services, Gambling support services, Family and child support services, Prisoners Aid, womens services, transport services, ombudsman, Community Advocates Office and others.

Operating Philosophy

The ACT prison is to be a secure and safe place that will have a positive effect on the lives of prisoners held there and on staff who work there. Its management and operations will give substance to the dictum of Sir Alexander Paterson that offenders are sent to prison as punishment, not for punishment.

The centre will reflect the "Healthy Prison" concept. A Healthy Prison is one in which:

- everyone is and feels safe;
- everyone is treated with respect as a fellow human being;
- everyone is encouraged to improve himself or herself and is given the opportunity to do so through the provision of purposeful activity; and
- everyone is enabled to maintain contact with their families and is prepared for release.

Correctional Framework for the Management of Women Prisoners

The planning and development of services to women imprisoned in the ACT prison will be carried out under the following principles based on the notion of respect and integrity of prisoners:

- *Personal responsibility and empowerment.* Personal responsibility increases the potential for women to be law abiding and achieve a positive role in the community. Empowerment means developing a sense of value, self-worth and confidence in the ability to create a positive future.
- *Family responsibility.* The importance of family relationships for women in custody is supported and encouraged for the benefit of the prisoners, their families and the community.
- *Community responsibility.* A successful partnership will be built by actively encouraging community participation. Successful transition from prison to the community depends on having positive social networks and involvement in the community. Working in the community helps women prepare for release and reintegration.
- *Respect and integrity.* In all circumstances, the inherent dignity of all people is respected and the unique characteristics, diverse backgrounds and needs and views of women are valued. Respect for individuals and the differences of their religious and cultural beliefs is the basis on which positive interpersonal relationships and self-respect are built.

The Guiding Principles for Women's Correctional Issues developed by the Intersectoral Reference Group on Women's Correctional Issues will provide broad guidelines for the provision of correctional services for women (a copy of the guiding principles is attached).

The ACT prison will provide accommodation for women remanded in custody and sentenced women prisoners. The centre and services it will provide are designed to meet the specific needs of women prisoners. Some of the initiatives in relation to the needs of women include:

No cells for women who will all be accommodated in self catering cottage style accommodation which will include bedrooms that can accommodate a young child.

The placement of women prisoners within the centre will be based on the assessed needs of the individual woman prisoner and not merely on the basis of security considerations.

Visiting facilities which encourage and support family visits.

Facilities for the delivery of health, rehabilitation and life skills programs to female prisoners.

A women's community centre and recreational facilities.

A spiritual centre;

Discreet accommodation in the Transitional Release Centre;

Key Outcomes

Innovation in managing women prisoners will provide:

Outcomes for the community

- reduced crime and reduced reoffending;
- reduced costs of offending and reoffending;
- safer communities;
- effective intervention and prevention of social disadvantage issues;
- healthier families and communities;
- community engagement, empowerment and involvement in prisoner rehabilitation;
- a chance to have a say in the way prisoners are managed and to make a contribution; and
- practical and effective partnerships with ACT Corrective Services.

Outcomes for prisoners

- criminogenic risk factors identified and addressed to arrest cycle of re-offending;
- personal needs identified and addressed;
- improved health and wellbeing;
- improved social, life, work and parenting skills;
- improved employment skills; and
- improved family life and parenting skills.

Outcomes for children and families

- reduced need factors;
- improved family life and parenting skills;
- effective early intervention and prevention of personal and social exclusion issues;
- improved life chances;
- reduced disruption to education and social connections;
- maintenance of family and community ties;
- improved health and wellbeing;
- healthier relationships; and
- reduced sense of abandonment.

Outcomes for staff

- improved job satisfaction;
- better training and management;
- increased work skills;
- flexible work practices that take account of family responsibilities;
- opportunity to make a positive contribution to individuals and society;
- a safe workplace, reduced tension at work; and
- a part to play in an important social reform.