



**Flat Out Inc & the Centre for the Human Rights of Imprisoned People (CHRIP)**

**Submission to the Drugs and Crime Prevention Committee**

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

**June 2010**

Submission prepared for Flat Out Inc and
The Centre for the Human Rights of Imprisoned People
By Elise Pointer and Phoebe Barton
Ph: (Flat Out) 9372 6155 / Ph: (CHRIP) 9376 0800
Post: (Flat Out/CHRIP) 54 Pin Oak Crescent, Flemington, VIC 3031

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**Introduction**

The following submission was prepared by Flat Out and the Centre for the Human Rights of Imprisoned People (CHRIP), in conjunction with women with the lived experience of imprisonment, who have been impacted by drug-related offending. Given the public nature of this submission, the women who have been involved in the process will not be named, or individual case studies used, in order to protect women's privacy. However their lived experience and insight will be drawn from to illustrate issues, and highlight gaps in the system.

Flat Out and CHRIP are uniquely placed to comment on the issue of drug related crime and women's prison numbers; Flat Out as a service that has provided advocacy and support to women in the criminal justice system for over 20 years, and CHRIP as a project that draws on the expertise of advocates across the community sector who are working on prison human rights issues.

This submission will look at the impact of structural inequalities on women's drug use and offending, outline the demographics of women in prison, and go on to discuss in depth the underlying causes and possible strategies towards decarceration as outlined by women with the lived experience of imprisonment.

We appreciate the opportunity to make a submission and for the extension that has allowed us to consult with a number of people and organisations.

**Flat Out**

Flat Out is a statewide organisation providing housing and support to women exiting prison. The service has been operating since 1988 and was established out of recognition that women coming out of prison were exposed to risks including: homelessness, inappropriate/unsafe housing, poverty, physical/mental health issues and drug dependency. Many receive inadequate support, leading to recidivism and a high number of deaths post release.

Flat Out's work consists of direct support services, community development, education, research and advocacy. Direct services include providing information, facilitating access to housing, case work, crisis intervention, court support, reunification of children with their families, and support for women preparing to enter prison.

Flat Out participates in research and community education, seeking to inform the community and other service providers about the issues that occur for women in prison. Flat Out advocates for all women who have experienced incarceration, and works towards improving the rights and conditions of women in prison. Flat Out works towards preventing women from going to prison, and keeping them out of prison once they are released. Through community involvement and education, advocacy and research, Flat Out works towards having a strong voice in the prison abolition movement in Australia, in the hope that eventually prisons will not be seen as a legitimate arm of the justice system, but will be viewed as an antiquated, cruel and ultimately ineffective institution.

**Centre for the Human Rights of Imprisoned People**

The Centre for the Human Rights of Imprisoned People (CHRIP) is a project promoting human rights for Victorian prisoners through systemic advocacy, campaigning, and education. CHRIP is fundamentally informed by a decarceration and social justice framework, and is committed to the involvement of people with the lived experience of imprisonment.

Since its inception in 2007, CHRIP has had a legal capacity building role, working closely with the Brimbank Melton Community Legal Centre to establish the Victorian Prisoners Legal Service - seeing men and women imprisoned at Dame Phyllis Frost Centre and Port Phillip Prison - and the Mental Health Legal Centre to establish 'Inside Access,' a pilot project proving legal services to people in prison with cognitive impairment. CHRIP has also initiated a Victorian Prisoners Legal Service Partnership Agreement, and is working alongside community legal centres that are signatories, who are interested in establishing locally appropriate prison legal/advocacy projects.

CHRIP has worked towards systemic change through organising community events such as the Imprisoned People and Social Justice Forum at the Koorie Heritage Trust, the Victorian Legal Assistance Forum (VLAF) Prison Law Dialogue, and the Prisons, Strategies for Justice and Decarceration Forum at the Victorian Federation of Community Legal Centres Conference. It has become a central point in Victoria for cross-sector collaboration on prison issues, and regular author or contributor to reports, submissions, policy work, government inquiries, media, etc. CHRIP has also done research/education work including resourcing and training over 40 people in effective advocacy with imprisoned people, and organising a 12-month multi-media storytelling project with young criminalised women, whose voices will inform ongoing policy and advocacy work.

**(a) Examine the impact of drug related crime on the female prisoner population:**

Literature on drug use and women's imprisonment consistently point to the links between structural inequalities and discrimination, drug and alcohol dependency, and criminal activity. As one woman we spoke to stated, "the majority of women caught in the revolving door of the prison system are there for drug-related crime, and it is social oppression that causes people to use."

**Poverty, Drug Use and Sentencing:** Women reported that the greatest impact of drug related crime on the female prisoner population is that they become grossly entrenched in a cycle of poverty, with very high risks of recidivism. Drug misuse and imprisonment impact women's lives on an enormous scale, including socio-economic costs, social costs (isolation in the community, removal of their children and the breakdown of relationships and support systems), and poor mental and physical health (blood-borne viruses, post traumatic stress disorder, overdoses, or deaths in custody/post release). There is agreement from all who contributed to this submission that sending women to prison does not address the underlying factors that influence drug related offending. Women state that inefficiency of the current prison and support sector only further exacerbate issues, and entrench women in cycles of poverty. The impact of drug related offending is not only to the female prisoner but has a ripple effect throughout their family and friends.

Between July 2008 and May 2009, 14% of women sentenced to prison in Victoria were serving less than one month, and 10% were serving between one and three months. These short sentences are predominantly for poverty related offences. This shows a decline in the use of prison as a 'last resort' sentencing option. Almost 25% of women in prison are on remand. Remand in custody and short prison sentences are incredibly disruptive to women and their children's lives, particularly for accessing accommodation and employment post-release.[1] Short sentences or time in remand also leave women in a vulnerable position as they are unable to access appropriate drug rehabilitation programs whilst inside, and are released to the community with limited support.

**Drugs in Prison:** It is widely accepted that drugs are available inside prison, yet there are no harm reduction strategies in place such as needle exchange or drug education programs to ensure women's health and safety.[2] This is because the prison administration has a zero tolerance to illicit drugs, and uses a urine testing and strip-searching regime to try and reduce the supply. This approach has proven ineffective, for example at DPFC in 2001-2 there were 18,889 strip searches and one item of contraband was found, in a population of 203 women.[3] As one woman describes, women who are labelled drug addicts in prison are "hit over the head with that, punished, urine tested, not given any support to address what caused the drug addiction. You can't help people heal while you are punishing them. You can't lock them up and then be responsible for their welfare."

Urine tests and strip searches are also traumatic, humiliating and degrading for women, the majority of whom have survived sexual violence before their imprisonment. This practice has been described by women in prison and their advocates as state-sanctioned sexual abuse.

Without access to clean syringes, or harm minimisation education, women injecting drugs in prison are susceptible to physical harms including vein damage, thrombosis, 'dirty hits', scarring and infections, all of which are reported as issues by women who have been incarcerated. From speaking to a high number of women whom have self-medicated with drugs in prison, a shockingly high number of women were misinformed about the health risks that they posed to themselves. This indicates that education programs should not only be court ordered and mandatory for women entering the prison system but that they should be run by independent agencies as to create a safe space for women to talk about these issues and harms that they are exposing themselves too.

Many women will not approach clinical services inside prison about these health issues, as they fear punishment for the misuse of medication. By creating a culture where women are too afraid to approach officers for information, mistrust is ingrained and continues when women are released into the community, and reluctant to seek help, support or information that might reduce their drug use.

**Post-Release:** The St Kilda Legal Service Drug Outreach Lawyer who was consulted for this submission, identified key issues surrounding drug treatment for women upon release from prison. Under the Court Integrated Services Program (CISP) and CREDIT Bail (Court Referral & Evaluation for Drug Intervention & Treatment Program) Support Program, women are referred to services, however the services may not always be available due to limited resources. There can also be gaps in treatment between detoxification and rehabilitation programs, as they are likely to be provided by different organisations.

Anxiety has a significant impact on many of the women accessing the Drug Outreach Service, particularly when the client has a history of abusing prescription drugs. Many women become particularly anxious over court matters, which can lead to missing court dates, or be a precursor to further drug taking. As a result, many women require a high level of support with their legal matters, and are far more likely to attend court if the Drug Outreach Lawyer is able to attend. Without this support, many women would miss court dates resulting in their legal matters escalating. The Drug Outreach Lawyer is also aware of other impediments to clients attending court, including health, transport options, access to methadone, etc.[4]

Susanne Davies and Sandy Cook's groundbreaking research into the deaths of 93 women post-release from prison between 1987 and 1997, found that of the 62 women they had information about, 45 died of drug related causes. The overwhelming majority of these women, 41 in all, died directly as a result of drug overdose. The remaining four died from complications arising from a specific instance of drug use. While heroin was used by 40 women and may have been the final drug triggering overdose, in 34 of these cases it was mixed drug toxicity that caused the death, according to the coroner. Benzodiazepines were particularly prevalent in these mixed drug overdoses. Of the 40 deaths involving heroin, 10 involved heroin and benzodiazepines, and a further 24 involved heroin in combination with benzodiazepines and other substances such as amphetamines, methadone or other prescription drugs. Heroin was not a factor in the death of five of the 45 women who died of drug-related causes. However in each of these cases, mixed drug toxicity involving various licit and illicit drugs was also identified as the cause of death.[5]

The presence of Benzodiazepines in toxicology reports on drug overdoses illustrated an empirical link to prison drug treatments and post-release deaths among women. One of the issues reported by women is that prison gives women an addiction to anti-psychotic and anti-depressant drugs whilst inside, and this cocktail is lethal when used in combination with illicit drugs such as heroin upon release.[6]

Due to issues of poverty and homelessness, 17 of the women whose deaths were investigated by Davies and Cook died in temporary accommodation, and another 12 died in public spaces including in car parks, railway stations and on the streets. Of the 45 women who died of drug related causes, 6 had died within two days of release, 11 had died within their first 14 days, 13 had died within the first month and 22 had died less than three months after their release. Within 18 months of being released from prison all but 8 of the women had died.[7]

Bree Carlton in her research, *'They died of a broken heart': Bearing Witness to Women's Experiences of Surviving on the Outside,* quotes a woman who has been transitioning in and out of prison for most of her life, who says: "I believe all these people…they died of a broken heart, died of their kids being taken, or they couldn't live up to someone's expectations. That's what kills you. It's not the drug, yes the drug is the substance that kills you but it's only because your brain has given up on you."[8]

Carlton argues that existing research on women's deaths post-release from prison focuses on individual risk factors and social problems that women who die have 'failed' to survive. However imprisoned women represent one of the most multiply disadvantaged and vulnerable groups in Victoria. Short sentences compound this vulnerability, as do repeated periods of imprisonment. She argues it is the responsibility of the whole community to provide understanding, empathy, support and resources to women who have been "demonised and ferried into the welfare and criminal justice systems...resulting in increased surveillance and interventions and in many cases people going to prison."[9]

**Links Between Drug Use and Offending:** Between 2002 and 2006 the Australian Institute of Criminology's Drug Use Monitoring in Australia Program (DUMA) interviewed over 15,000 men and 3,000 women in police watch-houses and stations in 7 urban cities.[10] Women in the study were found to use drugs including amphetamine, methyl-amphetamine, heroin, benzodiazepines, street methadone and morphine. They were less likely than men to be dependent on alcohol, but had higher rates of illicit drug use and dependency, and were more likely to have injected drugs. The most common type of treatment program entered by women in the study was methadone maintenance, however women were more likely than men to have been turned away from a treatment program in the past 12 months due to a lack of places.[11]

A large proportion of women in the study attribute their crime to illicit drug use, particularly with property offences. In a survey of adult female prisoners in WA, 67% of women reported a connection between their drug and alcohol use and offending behaviour; 41% reported that they were under the influence of drugs and/or alcohol at the time of the offence; 21% stated

that they committed the offence to get money to buy drugs; and 16% were selling or trafficking drugs at the time of the offence.[12]

DUMA found that women in the study were socially and occupationally disadvantaged, many had survived physical or sexual violence, had grown up in state care or families that have lived in poverty, had limited access to education and employment, and almost half were responsible for the care of dependent children. Indigenous women faced deeper structural inequalities, including racism, alienation, poverty, over-policing, and greater levels of alcoholism. Indigenous women are more likely to be arrested than given a caution, and more likely to be imprisoned for minor offences such as drinking or swearing in public, as a result of financial disadvantage undermining the ability to pay court-imposed fines.[13]

Women in the police cells, particularly Indigenous women, registered high levels of psychological distress. This was identified as a combination of mental health issues, and concurrent drug and alcohol use. 60% of women had experienced mental health issues whilst growing up, and the prevalence of mental health issues was higher for women dependent on drugs. Research suggests that drug use and mental health issues are connected, and many women have faced a similar cycle, whereby abuse leads to mental health problems, which in turn may be treated with prescription drugs, which subsequently leads to obtaining drugs illegally and possibly further abuse as an adult. There is a significant association between experiences of physical, sexual, and emotional abuse as a child and mental health problems as an adult.

**Harm Reduction:** DUMA highlighted the need for harm reduction strategies, and community based services to prevent women from becoming entrenched in the revolving door of the criminal justice system: "Recognising the need for women to have access to employment and adequate housing, educational success or attainment, occupational training, and other programs designed to reduce social disadvantage is of critical importance." Indigenous women need access to programs that are culturally appropriate and sensitive to their specific needs.[14]

Harm reduction strategies including the provision of clean syringes have been found to be useful in other contexts; in Switzerland in 1994 a syringe program was established in a women's prison. Over 12 months, drug consumption was found not to rise, and the sharing of used syringes virtually disappeared, which is crucially important considering up to 70% of women in prison in Australia have Hepatitis C.[15]

**(b) Review the demographic profiles of women in custody for drug offences and the types of drug offences:**

- At 30 June 2009 there were 29,317 prisoners (sentenced and un-sentenced) in Australian prisons, an increase of 6% (1,702 prisoners) from 30 June 2008;
- Un-sentenced prisoners comprised 22% (6,393) of the total prisoner population, an increase of 1% (53) from 30 June 2008. Over half (56%) of all prisoners had served a sentence in an adult prison prior to the current episode;
- Of the total prisoner population, 7% (2,125) were female and more than 8 in 10 (81% or 23,642) were born in Australia;
- Indigenous prisoners comprised a quarter (25% or 7,386) of the total prisoner population. The age standardised imprisonment rate for Indigenous prisoners was 1,891 per 100,000 adult Indigenous population, indicating that the rate for Indigenous prisoners was 14 times higher than non-Indigenous prisoners at 30 June 2009;
- For both New South Wales and Victoria, a quarter (25%) of their prisoner populations had been born overseas.[16]

An Overview of Women in Prison:

Women in prison have overwhelmingly faced socioeconomic disadvantage and structural inequalities before their imprisonment. The information below gives a brief overview of the demographics of women who are imprisoned:

- Imprisoned women have statistically experienced high rates of physical, sexual and emotional abuse, including abuse and neglect as children. 68% report emotional abuse and 44% report sexual abuse as children. 30% of young women and 17% of older women were physically hurt by their partner and 10% had been raped by their partner in the 12 months prior to imprisonment;[17]
- 75% of women in prison are primary care givers to children;[18]
- Women in prison have predominantly lived in poverty before imprisonment. 69% of women in prison where unemployed before their imprisonment;[19]
- Homelessness, imprisonment and recidivism are closely linked. The causes of homelessness in Australia are complex and are often inter-related. Causes identified include poverty, severe financial hardship and lack of access to adequate income support, unemployment, lack of affordable housing, domestic and family violence, mental illness, lack of access to health care, drug and alcohol disorders, lack of access to drug treatment services, problem gambling, discrimination, disability and evictions. The Salvation Army report *Somewhere Safe to Call Home* suggests that violence is the primary issue that precipitates homelessness, and is a continuing issue for women in the context of homelessness. Women described diverse experiences of violence including physical and sexual violence, racist violence, verbal abuse, sexual harassment, intimidation, sexual exploitation, fear and lack of safety, witnessing violence, and domestic violence.[20]
- Many women in prison have relied on sex work to support both their own and their partner's drug use, and sexual and physical violence and exploitation can become a part of these experiences.[21]
- Only 16% of women in prison have completed secondary, tertiary or other post-secondary education;[22] A high number of women who contributed to this submission reported that they did not have the opportunity to continue education. The average education completion was around Year Ten equivalency. However, some women reported that they had only completed around Year Seven equivalency. A high number of women also reported that they had attended a large number of schools and that their education was disrupted by often having to relocate and begin at a new school. As such, a high number of women reported that they had low levels of literacy and numeracy skills.
- Women born in Vietnam make up almost 10% of the women in prison in Victoria, despite only 1.5% of Victorian households speaking Vietnamese [23]
- 84% of women in prison have a mental illness, compared with 19.1% of women in the community.[24]
- 66% of people in prison have a substance abuse disorder (as against 18% for the general community);[25] A high proportion of the women that Flat Out spoke to had a history of heroin addiction, either current or in the past. There were high reports of poly-drug use, relatively high reports of amphetamine use, high reports of intravenous drug administration, and a shockingly high number of women reported the misuse/abuse of prescription medication, in particular benzodiazepines.
- Depression, anxiety, loneliness and low-self esteem are suffered by many women pre, during and post-imprisonment;
- Indigenous women are imprisoned at a rate 18 times higher than non-Indigenous women;[26]
- Indigenous Australian women are more likely to suffer homelessness, unemployment, illiteracy, poor mental and physical health and alcohol or other drug problems, and to be incarcerated for 'crimes' of disturbing the 'good order,' i.e.: offensive behaviour, sleeping in public places, failure to pay fines resulting from dog-control or parking infringements, or drinking in public places;"[27]
- A large number of women in prison for drug-related offences have a history of being a ward of the state, or removed from their family home at some point during their childhood. Several women whom Flat Out spoke to who were deemed ward of the state reported that they were sexually, physically and emotionally abused whilst in care;
- All women who contributed to this submission reported experiences of significant and multiple trauma throughout their childhood and adolescence, following on to their

adult years. Sexual abuse by a family member or close family friend was reported at a shockingly high rate;
- A large number of women reported that the state had removed their children from their care, and the majority of these women are still fighting for the right to be reunified with their children;
- A very high number of women who have been imprisoned on drug-related offences have an acquired brain injury (ABI) or suspected ABI, and there is an increasing number of women being incarcerated who have an intellectual disability.

Once inside the prison system, women suffer further discrimination. Feminist analysis of women's imprisonment includes looking at the gendered violence women experience behind bars:[28]

- In Australia, routine strip searches have been identified by the Aboriginal Family Violence Prevention and Legal Service (AFVPLS), Flat Out, and Sisters Inside as a form of state-sanctioned violence against women.[29] Despite the negligible rates of contraband discovered in strip searches, they are conducted routinely, deterring women from contact visits with children, re-traumatising women who have survived sexual assault, and infringing on human rights legislation;[30]
- Imprisoning women has a far-reaching effect on the broader community; kids whose mums are in jail are more likely to end up in prison themselves, as they are facing grief, anger, low self-esteem, bullying, poverty, and minimal support. Their (often unmet) needs include transport to and from prison, family support and mediation, connection to employment programs, support to stay in school, income and accommodation support, and counselling. In Victoria, it is also difficult for children to visit their mothers because the Dame Phyllis Frost prison is twenty-six kilometres out of Melbourne, with limited public transport access.[31]
- Women in prison are a chronically ill population with a greater burden of disease and ill health than their male counterparts. The 2003 *Victorian Prisoner Health Survey* reveals that women in prison are more likely to report poor appetite, weight loss, bruising, neurological symptoms such as headaches, dizziness and tremors. Yet prisoners cannot access Medicare, and are financially under-resourced to access external healthcare providers;[32]
- The 2003 Victorian Prisoner Health Survey found that almost half of the female prison population had experienced thoughts of committing suicide and 60% of those had actually attempted suicide. While the majority of prisoners' thoughts of suicide had stayed the same or decreased after they entered prison, 25% of prisoners indicated that their thoughts about suicide had increased or greatly increased after they were incarcerated;[33]
- 50-70% of women in prison have Hepatitis C, and the prevalence among Indigenous people is even higher. In Victoria 13% of women reported injecting drugs while in prison – usually heroin and/or speed. 64% of women report having shared needles, making prison a major site for the transmission of Hep C. Yet there are no harm reduction strategies in Victoria of needle exchange or provision of condoms, despite support for these from Harm Minimisation and Advocacy groups and the Australian Injecting and Illicit Drug Users League;[34]
- An estimated 25% of young prisoners who inject drugs within the system are sharing needles.[35]
- Women at DPFC are living in poverty, with an income on between $31.25 and $59.50 per week. Out of this wage, women need to pay for toiletries, phone calls, writing paper and stamps, as well as support their children.
- Deaths in custody, as a result of violence, neglect or systemic failures was extensively reported in the 1991 Royal Commission Into Aboriginal Deaths in Custody, and continues to be an issue.[36]
- Culturally and Linguistically Diverse (CALD) women experience specific discrimination including racism, isolation from other prisoners because of language and cultural barriers, limited opportunity to learn English to a standard that will enable them to communicate confidently and effectively, limited assistance for issues of trauma and drug dependency available in Vietnamese language, or culturally and spiritually appropriate rehabilitation therapy.[37] Language and cultural differences also

prevent CALD women from accessing mainstream services upon release, and non-Australian citizens are not eligible for Centerlink payments, meaning that many are forced to return to unsafe housing and conditions of poverty.[38]

**(c) Examine underlying causal factors that may influence drug related offending and repeat offending that result in women entering custody:**

As outlined in the above Terms of Reference, women imprisoned in Australia have overwhelmingly faced discrimination and structural inequalities, which influence drug-related offending and high rates of recidivism. Underlying causal factors include trauma, poverty, homelessness, mental health issues, violence, isolation, and inadequate access to services. These are cyclical and interconnected issues. As one woman describes:

> In prison women are in a state of survival the whole time, so they can't heal. Not because of other inmates, but because of abuse occurring from the system. The issues being talked about today, we were talking about in 1985 when women were locked-up at Pentridge. Muster has grown from 20 women to 350 women, but nothing has changed except now there are more issues. Everyone writes recommendations, but nothing has changed.
>
> Community perception of women when they are released from prison is a big issue. If someone knows you have been in prison they won't put their handbag down next to you. The public image of a prisoner is a big burly man, and the language used like 'ex-prisoner' continues to criminalise and dehumanise people. Women who have been released from prison need to learn that they are worthy, learn that they are capable, be empowered to know that they can achieve their goals. There needs to be emotional and psychological healing as well as skill development. Not just tell you how to go to a job network, to not use drugs, and give you a Met ticket.
>
> After you're released from prison there's a timeframe that you're meant to be cured and healed. But women need support that is relevant to them, you can't put one program together and make it fit for everyone. Years out of prison women are still homeless, not working, left to fend for themselves. Programs need to go the distance with women. Create spaces where women can feel productive and safe, learn new sets of skills. Prison makes women detached, and lose trust, so when they get out they have no social skills, don't know how to communicate, can't get a job, are living in inappropriate places... the prison system takes away people's value in themselves.
>
> Prison becomes an easier alternative than struggling outside. There's a loss of freedom inside, but at least it's a community you know. The abuse in prison is easier than the abuse outside, because it's structured and stable; you know what it is, and have learnt how to detach. Outside prison is scarier, you feel hopeless.

This section of the submission looks at systemic underlying issues raised by women:

**Trauma:** All of the women involved in this submission reported multiple accounts of trauma throughout their lives. These traumas typically dated back to childhood, and included violence, poverty, sexual abuse and domestic violence. A high number of women were removed from their family, for example growing up in various youth hostels, and some women were subject to further violence and sexual abuse in these settings of care.

Women were exposed to physical violence and sexual abuse throughout their lives. As a result of these traumas and an inability to trust anyone, women report early drug and alcohol misuse. The earliest account of drug use was nine years of age, but on average most of these women started misusing drugs around 12-14 years of age. Several women reported regular heroin use from the age of 12. Given the early exposure to drug misuse and continuous accounts of trauma, most of these women have developed drug dependency.

**Mistrust:** Women reported that given their fragmented lives and high exposure to trauma, they had developed a deep mistrust in people. This was particularly the case for women who had been abused in their early years.

**Poverty:** Poverty was regarded by all women we spoke to as the fundamental issue that motivates drug related offending. Many women believe that poverty and lack of opportunity to complete high school or further education worked hand in hand. Poverty increased women's vulnerability and exposure to violence, and further decreased their access to education opportunities. This is a vicious cycle leading to extremely limited employment opportunities, resulting in women being forced to engage in other forms of income raising such as sex work and property crime. To then cope with emotional trauma, women self-medicate with a range of both illegal and legal substances. Ultimately this misuse of substances leads to either dependence requiring further revenue raising, or to unplanned crime due to behaviour altering by the substance.

**Financial Cost of Drug Dependence:** The financial cost of illicit substances is obliviously a strong influence for drug offending patterns. The cost increases with women's increase in tolerance, therefore the risk of offending also increases.

**Sex Work:** Some women reported being introduced to sex work around the age of 14. In order to "block out" the trauma of sex work, these women report using higher amounts of drugs to cope with the abusive lifestyle (typically heroin). Due to increasing tolerance to these drugs, women also increased their dependence. As a result they were forced to continue sex work to "feed their habits."

Many of women reported that they had avoided sex work given their history of sexual abuse. As a result, this saw an early entry in drug related offending, in particular property theft. Women also reported that sex work was not limited to traditional concepts of sex work in the community, but sex for trade of accommodation.

**Domestic Violence:** Almost all women we spoke to reported that they had been in several relationships where they had been subject to violence. There were varied experiences and perceptions of this. Despite growing up in violent homes, most women described violence as grossly inappropriate, yet they reported staying in the relationship as "it was better to be abused by just one person than be abused by many." Other women commented that all they had ever known was a violent home, so to wind up in a violent relationship was not alarming.

Some women stated that they were so isolated and lonely that they found comfort in a partnership despite their relationships being plagued by violence. Others reported that they were heavily dependent on their partner in relation to their drug use. It was often reported that women were forced into sex work and or begging whilst their partners committed property theft to generate income.

All women who reported accounts of domestic violence stated that their dependence on drugs was a direct response to violence, enabling them to cope with the situation. Most of these women had reported multiple stays in refuges, however, given their complex lives, refuges only allowed them "time-out" as opposed to an opportunity to be free from violence. Many women reported that when attempting to flee violence, they had been refused entry to refuges for various reasons, including not being at an immediate risk, having previously being granted refuge and leaving, lack of available beds, or not having an Intervention Order.

**Homelessness:** All women that were involved in the development of this submission reported that homelessness had directly influenced their drug misuse and drug offending. Several contexts were brought up. All women voiced their concern and frustration with the serious lack of safe, affordable accommodation for women. Many sited this as a serious opportunity for early intervention that could be provided, and other women reflected on homelessness as the factor that entrenched them in the cycle of recidivism given that they often left the prison without any appropriate or safe place to go to.

Flat Out's experience of working with women exiting the prison system, particularly in the current housing crisis, is that they generally walk out of the prison with nothing but a garbage bag, let alone somewhere to stay. Long waitlists, strict criteria and limitations on leases at crisis and medium term housing means that there are massive barriers to women entering safe housing. Housing has been described to Flat Out as the foundation of life for women. Yet many women who have been in the prison system have been exposed to physical and sexual violence in the home that is so traumatic, that living on the street or in crisis accommodation such as boarding houses and hostels is safer than living at home. Without this foundation it is near impossible to live a stable life; women are repeatedly exposed to trauma in unsafe housing and in a bid to cope with these traumas women report self-medication and misuse of drugs. Criminal activity is reported by women as an attempt to escape these conditions.

Many women reported that they found themselves homeless after fleeing domestic violence. Women also reported being highly transient and homeless as a result of attempting to flee drug addiction or criminal prosecution. Women often lose Office of Housing properties when entering the prison system. As a result, they are at a much higher risk of recidivism than if their housing had of been saved. The impact of which further compounded drug use and drug related offending.

Following on from the above points, many women commented that they did not have the basic skills that are required for shared living or tenancy skills. They felt they lacked these skills due to growing up in unstable housing and through their experiences of the prison system. These women reported that they found it near impossible to maintain housing as a result.

**Prescription Medication:** Women who contributed to this submission suggest that the availability and affordability of prescription medication cannot be overlooked when considering the correlation between drug misuse and women's imprisonment. Women reported a history of using heroin and other illicit substances, however a high number of women also reported that they viewed 'pills' as a greater risk for drug offending than heroin. Almost all women who had been in prison or police custody within the last 6 months reported that they had not pre-planned their offence, and could not recollect their actions as a result of xanax misuse blackouts.

There is both legal and illegal use of benzodiazepines, particularly xanax. Legal use includes prescription, and illegal use includes consumption by someone other than who they were prescribed. Women report that there are doctors that are well known to prescribe high doses of xanax and other highly dependent medication on request. Most women commented that on most occasions if not all, these doctors did not do a thorough assessment of their mental health needs or seek previous medical records of treatment.

In response illegal use of benzodiazepines, women report that there is a large black market to buy these drugs. There are specific areas in Melbourne that are well known for the sale and distribution of illegal benzodiazepines including Footscray and Richmond, where it is allegedly possible to purchase three xanax for $10 off the street. The affordability and availability of these prescription medications on the street leads to dangerous misuse, as there is no medical management of intake. Many women involved in the development of this submission reported that they had experienced health related harms from the misuse of 'pills.' These included overdose, thrombosis and vein damage.

Women reported that their behaviour was uncharacteristic when affected by benzodiazepines. This included being more aggressive, or on a few occasions, violent. Following on from this point, a small number of women had either committed crimes of a violent nature or were aware of other women whom had done so whilst using benzodiazepines, which was outside of their general patterns of offending behaviour.

**Early Introductions to the Criminal Justice System:** Without opportunities, women reported that in order to survive they often had to resort to finding an income through illegal channels. Many women reported early ages (earliest reports of 10 years of age) of drug related offending, typically shop theft and property, and car theft with reports also of sex work.

A high number of women reported that they had spent time in the juvenile justice system, and simply “graduated” into the adult correctional system. Women reported with each sentence they felt the challenge of re-entering into the community without re-offending was far greater.

**Trauma Within Prison:** Many women reported that they had been exposed to trauma within the prison system. Those that had served time at the Dame Phyllis Frost Centre (DPFC) when it was privatised commented on the high levels of violence that they had been exposed and subjected too. There were several women who reported being sexually, physically and emotionally abused whilst in prison.

Strip searches and urine tests were both brought up by women to be processes that had re-traumatised them after already enduring sexual abuse in their lives.

Being isolated from families, and the removal of children were also key factors that women sited as key influences on re-offending post release. Women reported that being incarcerated and separated from their families caused immense guilt and shame due to stigma in the community, and the breakdown of relationships.

Women also reported that they had very negative experiences of mental health treatments within the prison. Most commonly, women reported that being isolated in a ‘wet cell’ exacerbated their mental health. As a result, despite experiencing mental health issues whilst in prison, women often avoided awareness of or reporting of these symptoms, as they feared the “punishment” of treatment. Furthermore, these experiences can lead to a mistrust of mental health treatment in the wider community. Women who were diagnosed with Intellectually disability (ID) reported being contained in management units or within the mental health unit of the prison due to a lack of appropriate supports for women with ID.

**Drug Use in the Prison System:** A high number of women have reported drug use whilst in prison, most commonly prescription psychiatric medications and buprenorphine. The main reasons identified by women for drug use whilst incarcerated were long waitlists for methadone, and self-medicating to survive the trauma of imprisonment. Several women stated that they “learnt” more about drugs in the prison than they had been exposed to in the community previously.

Several women reported sharing injecting apparatus due to the prison not allowing operations of Needle Syringe Programs (NSP). Women commented however that the prison must be aware of this activity as they dispensed bleach kits. There were also several reports of injecting injuries whilst in prison, but women they did not seek medical assistance from the prison clinic in order to avoid punishment. Women reported that the refusal of Corrections Victoria to take a harm minimisation approach to drug use was one of the critical and underlying factors influencing their unsafe drug use.

**The Trauma of Having Children Removed:** A factor that cannot be underestimated is the trauma associated with the removal of children by the Department of Human Services (DHS). Whilst many women can recognise that they may need support in strengthening their parenting skills, the practice of removing children from their mother’s care is incredibly traumatic, and can often trigger substance misuse or dependence. Women also reported that DHS does not have a clear understanding of the complexity of issues women face, and consequentially feel they are “punished” for social issues such as domestic violence and a lack of housing.

**Overstretched and Under-Resourced Programs in Prison and in the Community:** Despite the increasing number of women being imprisoned and high rates of recidivism, programs within correctional facilities and community organisations are underfunded and struggling to keep up with demand. Support and resources are often consequently stretched to the point of ineffectiveness. Currently there are a high number of women in prison on short sentences or on remand for long periods of their sentence, who are not eligible for programs they would like to participate in both in the prison, and upon their release.

Those women who are eligible for programs report long wait lists, meaning the window for intervention and effective support is often closed. In particular a high number of women reported long waitlists to get methadone treatment whilst in prison. Given that the majority of women entering prison are injecting drug users, not being able to access a place on the methadone program means they are being denied their human right to health care. Women also report that until stabilised on a pharmacotherapy program they are at high risk of having their health harmed, and are unable to engage effectively in programs to address their drug use. Furthermore, women often associate certain drug and alcohol programs in prison as punishment for dirty urines. When this occurs women are highly unlikely to participate in beneficial ways.

Programs that operate in the community are over stretched and under resourced. This consequently means long wait lists. In particular detoxification, rehabilitation and mental health programs were reported as being too difficult to access in the community. Detoxification and rehabilitation programs are also generally set up to address uni drug use (heroin or alcohol) as opposed to poly drug use. In particular there are no programs to address prescription medication dependence. One woman reported entering a detoxification unit to address her 'pill' misuse, was prescribed xanax by a nurse upon entry. Women also commonly reported that the focus of detoxification units are on physical withdrawal, not the underlying causes of drug use, and upon exiting, women were at higher risk of overdose with the recommencement of use.

The other common issue raised was that most detoxification and rehabilitation facilities are mixed-sex and not set up for families. Several women stated that they met partners at these facilities that later turned into abusive relationships. Other women felt they could not complete the program as they were exposed to men who had been violent towards them in the past, which was re-traumatising. Women also reported that they either would not enter programs or would leave if they could not bring their children, as they did not want to be separated from their families.

In an effort for community support programs to try and respond to demand, time frame restrictions of support are put in place. Currently most services deliver a maximum period of support between three to twelve months, which is inadequate given the entrenched and complex issues women face. Flat Out currently does not have a restricted time frame for support, and will work with women for several years at a time to ensure they are given the best opportunity to reintegrate into the community and receive treatment for multiple and complex needs.

Finally, community programs are forced as a consequence of high demand to juggle very high caseloads. This means that the intensity of support required simply cannot be delivered. Also, the funding available for service delivery is inadequate, and does not cover the set-up costs needed to support women upon release from prison.

**(d) Recommend strategies to reduce drug related offending and repeat offending by women, including strategies to address underlying causal factors:**

**Victorian Context:** The past 12 months has seen a shocking 30% increase in the number of women imprisoned in Victoria. Implications of this include overcrowding in the Dame Phyllis Frost Centre, and women being held temporarily in police custody as the system struggles to cope with more female inmates than 1982. Police Association assistant secretary Bruce McKenzie said holding prisoners in police cells hindered their rehabilitation. "They have little access to natural light and not enough room to exercise…they are cramped conditions only meant to hold offenders for a short time."[39]

The response of the Victorian government has been to allocate an additional $81 million to build and maintain 141 new prison cells for women, and $26 million for the Better Pathways Strategy, which aims to reduce women's imprisonment and re-offending through specialised support to women in prison and on community corrections orders.[40] As the literature and the voices of women highlighted in this submission indicates, Better Pathways is failing to reach

its goal of decreased prison numbers, or addressing the underlying issues and harm that flows from the prison into the community. Spending money on prisons draws resources away from communities, as we can see from the Victorian State Budget which has decreased funding in key areas of importance including mental health, public health, drug services, and education.

We strongly recommend that the $81 million allocated to prison expansion be diverted into strategies to reduce women's imprisonment that are community based. We call for a moratorium on permanent prison expansion, and a reallocation of these resources, in recognition of the harm that prison causes to women and their families and the high numbers of women who could be more appropriately cared for in the community. This will be a far lesser financial and social burden on the community.

**International Learning's:** Research from other contexts into reducing imprisonment rates suggest that there are a number of key principles of 'correctional rehabilitation' which can reliably lead to reduced rates of re-offending. New Zealand's Strategy, Policy and Planning Department of Corrections write in *What Works Now? A review and update of research evidence relevant to offender rehabilitation practices within the Department of Corrections: "*A comprehensive approach to rehabilitation, with a range of services addressing the individual's functioning across all key areas of their life – psychological, educational, employment and social circumstances – is strongly supported."[41]

New Zealand has changed some of its approaches since 1998 to include a greater focus on social and practical circumstance of women in prison, for example increasing employability by providing appropriate education in prison, rather than concentrating on individual psychological issues. Research shows that school-type education and prison-based employment programs both have a significant impact on reducing re-offending. There is also a need for more practical assistance and support for women post-release.[42] Corrections interventions need to conform to the following principles:

- A high degree of integrity, including manuals detailing content and procedures, appropriately selected staff, monitoring of staff and participant progress, and high levels of support for staff;
- Programs that suit the specific learning style of participants;
- "Aftercare" phases of programmes for post-release follow through;
- Programs that are congruent with the cultural backgrounds of participants, including:
    - A holistic philosophy that validates and integrates spiritual, emotional, cognitive, physical and wider social dimensions to functioning;
    - Inclusion of culture-based activities such as language and traditional ceremonies, teachings, traditions and practices
    - An emphasis on developing cultural identity as a foundation for a new "non-offending lifestyle";
    - Emphasis on interpersonal ties to family, community, tribal group, and reintegration back to these groups; and
    - Collaboration with community-based agencies and individuals such as tribal members and elders, and inclusion within the programme of culturally appropriate staff such as tribal elders. [43]

A related development is the employment of consultants and other advisers from minority groups to provide advice on programme design and delivery, as well as to deliver programme content to participants. These practices are evident in New Zealand, Canada and the United Kingdom.[44] New Zealand has been one of the first countries to implement culture-based correctional initiatives, with the implementation of Māori and Pacific Focus Units in prisons, and Tikanga Māori [Maori culture] courses for both prisoners and community-sentenced offenders. At this stage there are just a few studies that suggest that adoption of such principles can improve recidivism outcomes for minority group offenders. There is however more extensive evidence for improved culture-related outcomes for participants.[45]

In general there is awareness in Australian and international contexts that substance abuse, psychiatric difficulties and relationship and family problems are particularly widespread

amongst female offenders.[46] The tendency for many women to display this specific constellation of needs has led to the argument that targeting these needs sequentially, and in isolation from each other, is less effective. Rather, an integrated approach that acknowledges their interrelated nature is preferred.[47] Programmes directed to women in prison should also acknowledge and appropriately respond to abuse and victimisation experiences.[48] Victimisation means that many female offenders suffer from post-traumatic stress disorder (PTSD).[49] Although there are a variety of treatments for PTSD, few targeted treatments have been made available to the offender population.[50]

High rates of abuse and victimisation amongst female offenders, typically committed by male perpetrators, has led to some researchers arguing in favour of female only treatment and correctional staff working with these individuals, although it is also recognised that this is not always practical.[51]This has also led to awareness of the particular need for treatment environments for female offenders to be safe, consistent, and supportive.[52]

Others have emphasised the need for contact with children, families and significant others.[53] A "systems" treatment perspective is thought to be particularly relevant to women prisoners, involving understanding of the broader networks within which the person lives, and considering the impact of relationships with others within these systems. Covington and Bloom have also highlighted the unique value in strengths-based treatment approaches, as these are understood to promote competence and self-reliance, the sense of which is often low in women prisoners.[54] Women specific programs in international contexts have focused on substance abuse, survival of abuse and trauma, parenting and relationships between mother and child, education and employability, and social integration.[55]

In March 2007 in the UK, Baroness Corston delivered her report on women in the criminal justice system, 'The Report by Baroness Corston of a Review of Women with Particular Vulnerabilities in the Criminal Justice System.' She writes:

> Problems that lead to offending - drug addiction, unemployment, unsuitable accommodation, debt - are all far more likely to be resolved through casework, support and treatment than by being incarcerated in prison. The vast majority of women offenders are not dangerous. Because most women do not commit crime there is no deterrence value and the cost to society is enormous, not simply the cost of keeping women in prison...but also the indirect cost of family disruption, damage to children and substitute care, lost employment and subsequent mental health problems. The continued use of prison for women appears to offer no advantages at huge financial and social cost.
>
> It is timely to bring about a radical change in the way we treat women throughout the whole of the criminal justice system and this must include not just those who offend but also those at risk of offending. This will require a radical new approach, treating women both holistically and individually – a woman-centred approach.[56]

Although based on UK research, the issues are consistent with women's imprisonment in Australia, as this submission has outlined; poverty, violence, poor physical and mental health, and criminalisation greatly affect who is imprisoned, and the harms associated with imprisonment continue to effect women, their children, and the broader community post-release. Strategies that promote decarceration, including responding to women's needs pre, during and post-imprisonment, and diverting resources away from prison expansion and into the community are greatly needed.

**Strategies for decarceration identified by women who contributed to this submission include:**

1. Front End, or Early Intervention Strategies
2. Responding to Women's Needs During Imprisonment
3. Back End, or Post Release Strategies

**1. Front End, or Early Intervention Strategies**

**Review of the Child Protection System:** Women report that the process of being removed from their families when they were children was incredibly traumatic, and many have reported abuse. It is strongly recommended that child protection processes take a more holistic approach to the family unit rather that focusing solely on removing children from at risk situations. The Department of Human Services must also ensure that there are sufficient numbers of well-trained case managers to overlook child welfare when children have been removed from their family, to ensure their safety and wellbeing.

**Housing:** Homelessness is one of the most significant issues precipitating imprisonment and reimprisonment for women. We strongly recommend funding be diverted from prison construction to creating housing options that are safe, appropriately situated, and enable women to maintain contact with their families, easily reach services, and be able to seek/maintain employment and education opportunities. Funding should also be granted to housing support providers to work with women and their children to maintain private rental and Office of Housing properties. For every tenancy saved, there is one less woman at high risk of becoming entangled in the criminal justice system.

**Better Access to Domestic Violence (DV) Refuges:** Many women report that accessing refuges when fleeing situations of domestic violence was difficult because of a shortage of beds, or not being eligible for services if they were not at immediate threat of violence. Women also report that DV services are ill equipped or have poor understanding of drug use and misuse. Furthermore women reported feeling stigma and judgement for being incarcerated. These are significant issues that need to be assessed and responded to.

**Education:** Barriers to education is a significant issue for women. Programs and funding opportunities specifically set up to support female 'at risk' youth to continue education must be delivered across the state. Programs and discussions around domestic violence, drug education, etc should also be included in the education syllabus.

**2. Responding to Women's Needs During Imprisonment**

**Juvenile Justice:** Intensive support and education programs must be targeted towards women entering the juvenile justice system, including education, counselling, job opportunities and appropriate housing upon release. Without increased programs to support young women in the criminal justice system, they face the likelihood of 'graduating' to adult prisons, and high rates of death post-release.

**Better access to Health Care:** Women strongly recommend that the current delivery of health treatment in prison be reviewed, including:

- Pharmacotherapy treatment programs to be readily available for any woman who requests it;
- Regular female sexual health treatment including pap smears and mammograms;
- Hepatitis C treatment;
- Supports for women with Intellectual disabilities, that do not rely on the mental health system;
- Assessment and supports for women with Acquired Brain Injuries;
- Access to a nutritionist to learn not only what to eat, but how to cook healthily on a budget. The quality of food inside prison is often fatty and low in nutrition, which contributes to overall poor health;
- Shorter waiting periods to see a nurse and/or doctor, and access to external doctors where appropriate, particularly as some women are only able to address their health issues whilst inside prison.

**Needle Syringes Programs (NSP) and Harm Reduction Education:** Harm reduction programs including NSP's and education programs are crucial given the harms associated with injecting drugs in prison.

- Access to clean syringes and education would greatly reduce injecting harms and the transmission of blood borne viruses;
- Harm reduction education programs need to be established that do not target women who access them;
- Justice Health must remove the cap on the number of women who can be on the methadone program, as the current limited system presents a gross violation of women's right to health;
- Women have identified the need for facilitated Narcotics Anonymous support groups inside prison.

**Better Pay for Work Within Prisons:** Women are paid inadequate wages in prison that do not cover basic necessities such as hygiene products, as well as costs associated with maintaining family connections including phone calls to children, stamps, envelopes, etc.

- Women have recommended that rates of pay be increased, with some pay allocated for post release so that they do not exit the prison system into extreme poverty;
- Women also recommend opportunities within the prison system to learn how to budget.

**Better Access to Programs Within Prisons:**

- Proper assessment of each woman's support needs upon entry into the prison system;
- Each woman to have her own holistic care plan created and co-ordinated;
- Programs need to be developed in consultation with women inside. Some suggestions include alternative therapies, parenting support classes, literacy classes, self esteem work shops, grief and trauma counselling, living with an ABI, information about different services within the community, that will enable women navigate housing, health, dental and support services upon their release etc;
- Removing criteria for eligibility and waitlists for programs. Programs should be available to all women, including those on short sentences or remand;
- External organisations to provide programs for holistic and therapeutic treatment within the prison system, to ensure that women feel safe to discuss their support needs, without fear of punishment from prison authorities;
- Continuous support programs: It is crucial that supports that begin within the prison must continue into the community, rather than women having to start again in reactive, crisis-intervention circumstances.

**Maintaining Connection with Children:** A large number of women involved in this submission have had their children removed by Department of Human Services (DHS) care. Research and history shows that when families are successfully reunified, it can impact positively on women overcoming patterns of drug misuse and offending. This can also serve as early intervention for children, as we know that children who are removed from their families have a higher risk for drug misuse and offending later in their lives.

Supported accommodation units inside prison need a more holistic and supported approach to women and their children, including programs such as counselling, parenting support, mediation, healthcare, education, and pathways to job opportunities. Upon release, supported accommodation/long term community housing must be developed and targeted specifically for women with children to enable reunification. Women have also strongly advocated for DHS and kinship carers to ensure that women have close and regular contact with their children whilst imprisoned through access visits etc, if they cannot have their children with them.

**3. Back End, or Post Release Strategies**

**Further Development of Drug and Alcohol Services:**

- There is an urgent need for the development of Drug and Alcohol services for women that reflect ever-changing drug and alcohol issues such as poly-drug use, rather than focussing only on heroin or alcohol;
- Research is required for the development of substitution therapies for the misuse of benzodiazepine;
- A more holistic and therapeutic approach needs to be taken for women going through detoxification or rehabilitation programs, rather than a purely medical detoxification. These should also be followed through with a continuum of care in the wider community, as the current state of the sector is that care is disjointed and fragmented;
- There needs to be timely responses for women in the community attempting to access drug and alcohol services as current long waitlists can have a significant impact on women's ability to stay out of prison;
- There is a need to increase the number of single sex detoxification and rehabilitation programs so that issues such as domestic violence, low self esteem etc can be explored. It is also crucial to develop detoxification and rehabilitation programs that women can attend with their children, as the separation from children is often a barrier for women to enter such programs, and drug and alcohol issues also affect children.

**Increased Funding for Programs in the Community:** There is a clear shortage of sufficient and continuous funding for programs that address issues outlined in this submission. Despite the increase of women entering the prison system, there remains limited funding for specialised post release programs. Furthermore, often services are running programs without the guarantee that funding is continuous. There must be a significant increase of continuous funding for specialised services for women within the community. These programs must be adequately resourced. It is far cheaper to fund service delivery than it is to build another prison. Also it is clear that rehabilitation is best offered and treated within the community as opposed to in prison, where issues are exacerbated.

**Review of Current Prescription Medications:** Many women reported that they did not understand the medical need for some forms of prescription medication, and have seen the negative impacts of such medications. The shockingly high reports of misuse of benzodiazepine and the associated health risks and drug related offending indicate the need for a review of such drugs on the market.

Women have suggested that the current practise of prescribing medications that have a high association with dependence is an issue. A medical review of benzodiazepines should be considered, as has happened previously with temazepam, where particular drugs were removed from the market after it was decided that the harm they caused severely outweighed the medical benefits. It is crucial that where possible, alternative medications that do not present a high risk of dependence related harms be prescribed, and that treatment is overseen by a medical professional.

When medications need to remain on pharmaceutical lists that are known to induce a high risk of dependence, there should be far stricter regulation of their distribution. It's crucial that doctors obtain women's medical history records and do proper assessments before prescribing such drugs. There also needs to be greater accountability from doctors, some of whom are known by women to show limited sense of medical accountability, writing scripts without a thorough assessment of women's medical needs. The Drugs and Poisons Register that monitors "drug shoppers" needs to be utilised in greater and more effective ways.

**Specialist Research:** There is a clear and urgent need for specialist research to be conducted to inform law enforcement and the community and health sectors about the misuse of both legal medication and illicit substances, and the connections to women's offending and

imprisonment. Learning's and recommendations must be drawn on to continue to develop community programs, in particular drug and alcohol services.

**Opportunity for Women to have their Voices Heard:** Most importantly, what will make this parliamentary inquiry the most relevant, is the involvement from women whom have been directly impacted by drug offending. Therefore the critical recommendation of this submission is that a thorough research study be designed to gain not only important statistical information but also qualitative data from all women currently incarcerated and recently released from custody into the community. Programs and strategies will only be effective if they are developed in a grassroots manner from the ground up, not enforced from above.

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[55] Howells, K., *Treatment, management and rehabilitation of women in prison: relevance of rehabilitation principles*, paper presented at the Women in Corrections: Staff and Clients Conference, (31 October to 1 November, 2000). In New Zealand the "Kowhiritanga" program specifically focuses on emotional and personal domain issues, particularly victimisation. Correctional Services of Canada have also developed programmes specific to women in the hope of improving both their relevance to presenting issues, and the level of engagement by female offenders. See Riley, D., *Women's criminogenic programme – Kowhiritanga ("Making choices")*, (2005), Department of Corrections, Psychological Services; and Correctional Service Canada (2009)
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