

Women in the criminal justice system

This BACP briefing outlines key facts and statistics, the current policy context and some of the key issues facing women in the criminal justice system. It outlines the current provision of emotional and psychological support, research on the effectiveness of counselling for women in prison and makes recommendations for future work.

Key facts:

- There are currently 13 women's prisons in England, with approximately 4,500 female prisoners (February 2013)¹.
- Approximately 13,500 women are sent to prison each year².
- Over 80% of sentenced women entering prison have been convicted of non-violent offences³.
- Most women serve short prison sentences. In 2011 58% were sentenced to custody for six months or less⁴.
- Over 60% of women remanded to custody do not get a custodial sentence, with around 25% of women on any given day in prison on remand⁵.

Why do women enter the criminal justice system?

Women's motivations for offending are often different from men's. Women are more likely to offend as a way of resolving practical difficulties. Problems that lead to offending for women include drug addiction, unemployment, unsuitable accommodation and debt⁶.

Women are less likely than men to offend as a way of either gaining status, as part of a thrill seeking lifestyle or because of peer pressure, although there may have been coercion, manipulation or bullying by an abusive partner⁷.

Women offenders generally have fewer previous offences than men and less serious patterns of previous offending. There is often a complex set of underlying factors developing over time that have contributed to a woman's offending⁸.

Women with histories of violence and abuse are over represented in the criminal justice system and can be described as victims as well as offenders⁹. Up to 50% of women in prison report having experienced violence at home compared with a quarter of men. One in three women in prison have suffered sexual abuse compared with fewer than one in ten men. 'Surveys tell us that half of female prisoners report having been the victims of abuse of some kind, that includes abuse at any age, and is not necessarily domestic violence' (Parliamentary Under-Secretary of State for Justice, Mrs Helen Grant).

48% of female prisoners surveyed by the Ministry of Justice report having committed an offence to support someone else's drug use, compared to 22% of male prisoners¹⁰.

¹ Ministry of Justice statistics

² Ibid

³ Ibid

⁴ Ministry of Justice, 'Offender Management Statistics Quarterly Bulletin October to December 2011'; 2012

⁵ Ibid

⁶ Ibid

⁷ Ministry of Justice, 'A Distinct Approach: a guide to working with women offenders'; 2012

⁸ Ministry of Justice, 'A Distinct Approach: a guide to working with women offenders'; 2012

⁹ Baroness Corston, 'The Corston Report'; 2007

¹⁰ Ministry of Justice, 'Gender Differences in Substance Misuse and Mental Health Amongst Prisoners'; 2013

Total number of women aged 18+ sentenced in all courts in 2009 for the top ten most common indictable offences¹¹:

- i. Shoplifting (16662)
- ii. Benefit dishonesty (2721)
- iii. Absconding on bail (2159)
- iv. Making false representation (1594)
- v. ABH (1312)
- vi. Stealing from the person (1151)
- vii. Other theft (1010)
- viii. Stealing by an employee (796)
- ix. Possession of heroin (742)
- x. Breach of ASBO (624)

What are the key issues facing women in the criminal justice system?

i) Separation from children

Approximately two-thirds of women in prison have dependent children under the age of 18¹².

Around 18,000 children are separated from their mothers by imprisonment each year, with only 9% of children being cared for by their fathers whilst they're in prison. 80% of women in prison lose the support of their partner while in prison¹³.

Only 5% of women prisoners' children remain in their home once their mother has been sentenced to custody. As many as 25% are cared for by grandmothers; 29% by other family members or friends; 12% are in care, with foster parents or adopted¹⁴.

The experience of leaving children in care can be traumatic for women and their children. Around 80% of children separated from their mothers whilst they're incarcerated show a disorganised attachment pattern¹⁵. Disorganised attachment is characterised by a confused relationship with the parent, usually caused by finding them frightening. Children may be dazed and avoidant at a young age, but at a later age begin to take on 'parenting' roles and 'look after' the parent. In terms of the repercussions on the child, some studies show

¹¹ The Sentencing Council, *The Sentencing Council drawn from Ministry of Justice Data*; 2011

¹² Ibid

¹³ Ibid

¹⁴ Ibid

¹⁵ Hobson, R.P, M. Patrick *et al*, *Personal Relatedness and Attachment in Infants of Mothers with Borderline Personality Disorder*; 2005

that this might lead to aggressive behaviour¹⁶. Imprisoning mothers for non-violent offences carries a personal cost to children as well as an economic cost to the state of more than £17 million over a ten year period.

ii) Distance from home and loss

Women in England are imprisoned an average of 55 miles from home. Women in Wales are imprisoned an average of 101 miles from home.

Roughly one-third of women prisoners lose their homes, and often their possessions, whilst in prison¹⁷. Women also lose any support and benefits and have to reapply when they leave prison.

iii) Mental health problems

20% of prisoners have four of the five major mental health disorders¹⁸. A study of 500 women prisoners found that women in custody are five times more likely to have a mental health concern than women in the general population, with 78% exhibiting some level of psychological disturbance, compared with a figure of 15% for the general adult female population¹⁹. Female prisoners reported poorer mental health than both women in the general population and male prisoners. This was true in relation to self-harm, suicide attempts, psychosis, anxiety and depression²⁰.

A survey found that 61% of female prisoners indicated that they suffered from anxiety and 65% indicated that they suffered from depression (when compared to 33% and 37% of male prisoners) when assessed on the psychological health subscale of the Maudsley Addiction Profile²¹.

Self-harm in the female prison population is prolific. In 2010 women accounted for 47% all incidents of self-harm despite representing just 5% of the total prison population. The Corston Report (2007) found that 44% of women on remand have attempted suicide at some time in their lives²² and 37% of

¹⁶ Lyons-Ruth, K, *Attachment Relationships Amongst Children with Aggressive Behaviour Problems: the role of disorganised early attachment patterns*. *Journal of Consulting and Clinical Psychological*, 64 (1) 64–72; 1996

¹⁷ Social Exclusion Unit, *Reducing Re-offending by ex-prisoners*; 2002

¹⁸ Hansard; 17 March 2004

¹⁹ Plugge, E *et al*, *The Health of Women in Prison*; 2006, Oxford, Department of Public Health

²⁰ Ibid

²¹ Ministry of Justice, *Gender Differences in Substance Misuse and Mental Health Amongst Prisoners*; 2013

²² Prison Reform Trust, *Soroptimist Action Pack*; Page 4, 2013 http://www.prisonreformtrust.org.uk/Portals/0/Documents/Soroptimist%20Action%20Pack_onlineV5.pdf

women sent to prison claim to have attempted suicide at some time in their life²³.

Women generally enter prison with more acute mental health and substance misuse profiles and are disadvantaged by treatment programmes not adapted to their needs^{24–26}.

The prevalence of personality disorder for women in prison is between 50 and 60%. 31% meet the criteria for antisocial personality disorder (ASPD), 20% for borderline personality disorder (BPD) and 16% for paranoid personality disorder; about 10% have obsessive-compulsive or avoidant personality disorders; 20% have ASPD and one other disorder²⁷.

42% of prisoners said they received treatment or counselling for health or medical problems in the year before entering custody. Of these, more female prisoners (57%) received treatment or counselling for a mental health problem than male prisoners (48%). This equates to over a quarter (26%) of all female prisoners being in receipt of treatment for a mental health problem in the year before custody²⁸.

Drug addiction plays a huge part in all offending and is disproportionately the case with women²⁹. Levels of drug dependence amongst imprisoned women have been found to be higher than levels amongst imprisoned men^{30–33}. A survey of 301 female prisoners found that 72% had used at least one drug in the past year and that nearly half (49%) were dependent on at least one drug³⁴.

Lord Dholakia (Vice-President, Mental Health

²³ Corston Report; 2007

²⁴ Pelissier, 'Gender differences in substance misuse: treatment entry and retention'; 2004

²⁵ Pelissier et al, 'Gender differences in outcomes from prison-based residential treatment'; 2003

²⁶ Stanton-Tindall et al, 'Gender differences in treatment engagement among a sample of incarcerated substance abusers'; 2007

²⁷ Department of Health and Ministry of Justice, 'Offender Personality Disorder Strategy for Women'; 2011

²⁸ Ibid

²⁹ Ibid

³⁰ Fazel et al, 'Substance abuse and dependence in prisoners: a systematic review'; 2006;

³¹ Hollin and Palmer, 'Criminogenic need and women offenders: a critique of the literature'; 2006

³² Langan and Pelissier, 'Gender differences among prisoners in drug treatment'; 2001

³³ Singleton et al, 'Substance misuse among prisoners in England and Wales'; 2003

³⁴ Borrill et al, 'Differential Substance Misuse Treatment Needs of Women, Ethnic Minorities and Young Offenders in Prison: prevalence of substance misuse and treatment needs'; 2003

Foundation; Howard League of Penal Reform 1992–2002) has stated:

"Most of the women we send to prison are neither violent nor dangerous and most of them have few previous convictions. Imprisoned women have high rates of mental disorder, histories of abuse, addiction problems and personal distress arising from separation from their children..." (8 May 2013 – Queen's Speech Debate).

iv) Re-offending: Remand, short sentencing and managing transitions

High numbers of women are held on remand (in custody). Over 60% of women remanded to custody do not get a custodial sentence, with around 25% of women in prison on any given day being held on remand, either untried and not therefore having been found guilty of any offence, or tried and awaiting sentence³⁵.

Short term sentences for women have considerably worse outcomes and negative impacts.

- 70% of women offenders who receive a prison sentence of three months or less are reconvicted within two years, compared with 55% of those placed on a probation order and 27% of those given a community service order³⁶.
- 51% of women leaving prison are reconvicted within one year – for those serving sentences of less than 12 months this increases to 62%. For those women who have served 10 previous custodial sentences the reoffending rate rises to 88%³⁷

Former Minister of State for Prisons and Youth Justice, Crispin Blunt, announced in a parliamentary statement in 2010 that:

*"Short sentences for men have proved pretty ineffective, and I think that short sentences for women are even more ineffective and deleterious. We support the conclusions of the Corston report, we are conducting an analysis of the effectiveness of different sentences as part of the current sentencing review, we are committed to reducing the number of women in prison, and a network of women-only community provision is being developed to support robust community sentences"*³⁸

Female prisoners suffering from a combination of

³⁵ Ibid

³⁶ Commission on Women Offenders,

³⁷ Ministry of Justice, 'Adult re-convictions results from the 2009 cohort'; 2011

³⁸ Hansard; 2010

anxiety and depression are significantly more likely to be reconvicted in the year after release from custody, when compared to female prisoners without these symptoms. The same relationship was not found amongst male prisoners³⁹.

Women who leave prison may have difficulty accessing post release programmes due to the lack of co-ordinating agencies addressing the needs of women; the poor provision for continuity of support sometimes encourages women to re-offend to allow them to come back to prison. For these women prison is seen as the only option available in terms of feeling safer and having access to health and mental care and access to education (BACP Members).

Alternatives to imprisonment

Court ordered community sentences have proven to be more effective at reducing one-year reoffending rates than prison sentences of fewer than 12 months⁴⁰.

'Community based women's centres provide a wide ranging set of services that are available to all women, whether they have offended or not. They allow women to access services including counselling, drug and alcohol support, education, safe accommodation, advice on finance, benefit and debt as well as general advocacy, supervision and support. These centres often provide support to women who have been unable, or have found it difficult, to access mainstream services by themselves. Some centres have been successful at attracting funding from a wide range of different agencies that can see the value they provide in getting women into the services that they need but often do not find or use in their local area' (Prison Reform Trust).

A report by the New Economics Foundation, 'Women's Community Services: a wise commission', found that by improving well-being, women's community services are effective at facilitating the change that women need⁴¹. The report also found that women's community services are a cost-effective alternative to custody: at a cost of less than five per cent the cost of a prison place per woman⁴².

The Parliamentary Under-Secretary of State for Justice (Mrs Helen Grant) has previously stated that:

"Women's centres are a key element in our approach to women in the criminal justice system. Since April 2012, we have been

³⁹ Ibid

⁴⁰ Ibid

⁴¹ New Economics Foundation, 'Women's Community Services: a wise commission'; 2012

⁴² Ibid

monitoring referrals made by probation trusts to the 31 women's centres funded by the National Offender Management Service. Feedback indicates that users, staff and magistrates see the centres as a valuable resource".

Cost-benefit analysis has shown that it can cost as little as £1000 pounds for a six month intensive support programme, whilst keeping people in prison costs in the region of £40,000⁴³.

The Make Justice Work campaign led by Roma Hooper has been successful in boosting public support for a change in how Britain deals with lower-level offenders – a switch from expensive and futile short prison terms to intensive and effective sanctions. Its national enquiry 'Community of Custody?' recommended the following:

1. Giving victims confidence in the punishment

- Community sentences must not be a soft option.
- While rehabilitation is integral, victims and the wider public must be confident that community sentences are tough and effective.
- Reparation must be a central part of an intensive community sentence. Offenders should understand the impact of their crimes on their communities and victims and work to restore damage caused.
- Victim-awareness activities should be included in all community orders and the option of Restorative Justice conferencing should be available to all courts.
- Offenders who breach the conditions of their order must face a firm and swift response, but this must be balanced by finding better ways to achieve compliance.
- Offenders (and the wider public) need to understand that an alternative to custody is not a soft-option and that it makes tough demands.

2. Confronting the causes of crime

- During community sentences time should be spent addressing the key drivers of low-level crime in order to help offenders move towards a stable, productive and crime-free life.
- The focus of all community-based programmes must be the underlying causes of criminal activity, with each programme being tailored to the individual's own behaviour, needs and circumstances.

⁴³ Ibid

- Further funding needs to be made available to widen the availability of mental health liaison services operating at the earliest possible stage in the criminal justice process
- All offenders should be screened and assessed for low-level mental health needs that may not qualify for serious psychiatric intervention but if properly addressed would reduce the likelihood of reoffending.
- Alcohol and drug misuse must be awarded equal status and alcohol rehabilitation provision must be increased.
- Every programme should provide wider family and community support to help offenders resolve problems in their lives and break away from bad influences.
- Providers of community sentences must work to reduce the barriers to a productive, crime-free lifestyle, such as lack of stable accommodation, low educational attainment and limited employment opportunities.

3. No passing the buck

- Alternatives to custody depend on effective partnerships between multiple agencies.
- The offender, not the individual agencies delivering a community sentence, must be the focus of all interventions. Agencies must operate together on the basis of an integrated offender management plan, sharing information and pooling budgets wherever possible.
- The government should encourage the voluntary and private sectors to provide innovative approaches to community sentences and give them the freedom to build programmes that are tailored to the individual needs of each offender.
- Providers delivering community sentences must cooperate closely with local police forces and wherever possible a police officer should be seconded to work with the delivery team.
- Every programme should function as a 'one-stop-shop' and host representatives from a range of providers, including housing organisations, and local health services.

4. Holding community sentences to account

- Magistrates must be fully informed about intensive community sentences in their area and the public must be helped to understand the role such sentences can play in combating crime.
- A statutory requirement and framework for magistrates and judges to familiarise themselves with all community sentences available in their area by visiting on a regular basis.

- Judicial oversight during the sentence must be maintained and where appropriate offenders should attend court for regular progress reviews.
- Those in charge of each programme must ensure that the local judiciary is informed about its outcomes and effectiveness.
- All programmes must develop initiatives such as the 'Local Crime: Community Sentence' to educate and inform the wider community about the work they do to punish and rehabilitate offenders.

An economic analysis of alternatives to short term custody (Make Justice Work, 2012) found that alternatives to custody (IAC) cost less than short term custodial sentences. The average direct cost of a short term custodial sentence per person per annum is £13,900. In comparison, the average direct cost per person per annum in the IAC was £3,514 in Manchester.

The policy context

The Corston report

Following the death of six women in Styal Prison in 2006, the then Labour Government asked Baroness Corston to conduct a review of vulnerable women in the criminal justice system ('The Corston Report: a review of women with particular vulnerabilities in the criminal justice system').

The product of her report was a series of 43 recommendations emphasising the real need for a distinct, radically different, visibly-led, strategic, proportionate, holistic, integrated and women-centred approach.

Widely considered the seminal report about women in the criminal justice system by charities and campaigners, the Corston Report has had a big impact on the debate on women in the criminal justice system. To mark five years since the publication of the report, the charity 'Women in Prisons' examined the progress made towards implementing the recommendations. Their report makes sober reading, with no progress being made towards the overwhelming majority of recommendations, whilst those recommendations where progress has been made are often in danger of being rolled back by changes in government policy.

The Bradley review

In 2007, Lord Keith Bradley was asked by the then Labour Government to conduct a review into how best to divert people with mental health problems and learning disabilities away from the criminal justice system and into more appropriate provisions

(The Bradley Report: a review of people with mental health problems or learning disabilities in the criminal justice system').

The Bradley review found that many people with mental health problems are caught in the revolving door of the criminal justice system, a continuing cycle of crime, poor health, increased workloads for the police and courts as well as greater pressure on the prison system. The main recommendations from the report were:

- Prevention and early intervention to help vulnerable children and adults as early as possible within the criminal justice system.
- Calling for all police custody suites to have access to liaison and diversion services.
- Immediate consideration from the courts to be given to extending to vulnerable defendants the provisions currently available to vulnerable witnesses.
- Adequate community alternatives to prison for vulnerable offenders where appropriate.
- Improved continuity of care for people both transitioning into prison and back into the community.

Inquiry into women offenders

In July 2012, The Justice Select Committee, chaired by Sir Alan Beith MP, launched a call for written evidence for an Inquiry into Women Offenders, to review progress with the Corston report recommendations and examine current strategy and practice with respect to women offenders and those at risk of offending. The inquiry sought to explore:

- The nature and effectiveness of the Ministry of Justice's strategy for women offenders and those at risk of offending.
- The nature and effectiveness of Ministry of Justice governance structures for women's offending.
- The extent to which work to address the multiple and complex needs of women offenders is integrated across Government.
- The extent to which the gender equality duty has become a lever for mainstream service commissioners - outside of the criminal justice system - to provide services which tackle the underlying causes of female offending.
- The suitability of the women's custodial estate and prison regimes.
- The volume, range, quality, and sustainability of community provision for female offenders, including approved premises.
- The availability of appropriate provision for different groups of women offenders, including

under 18s, women with children, foreign nationals and black, Asian and minority ethnic women, and those with mental health problems.

The Inquiry is on-going and has taken written evidence and undertaken oral evidence sessions. The fifth and final evidence session took place in March 2013.

Current Government priorities

The coalition government published their latest strategy document for female offenders, *Strategic Objectives for Female Offenders*⁴⁴, in March 2013. This document outlines the government's four key priority areas for women in the criminal justice system in England and Wales, which include:

- i. Ensuring the existence of credible, robust and suitably punitive community sentencing options, which can be coupled with other interventions, such as tagging and curfews, to provide greater structure to an offender's life.
- ii. Ensuring community services used by female offenders recognise and address the specific needs of female offenders, where these are different from male offenders.
- iii. Tailoring the women's prison estate and regimes so that they reform and rehabilitate more effectively, punish properly, protect the public fully, and meet gender specific requirements; including locating female offenders as near to their families as possible.
- iv. Transforming the rehabilitation programme to support better life management by female offenders and ensuring all organisations working in the criminal justice system collaborate more effectively to stop reoffending

In addition to setting out the government's key priority areas, the document establishes a new advisory board for female offenders. Chaired by Minister for Victims and the Courts Helen Grant, the cross-government board will work with other key stakeholders to provide expert advice. The boards remit will include:

- Enhanced provisions in the community for female offenders
- Transforming rehabilitation for female offenders
- Conducting a review of women's prison estates (due to be completed summer 2013)
- Investigating a whole system approach

The coalition government's plans for reform of the criminal justice system are set out in the document *Swift and Sure Justice: the government's plans*

⁴⁴ Ministry of Justice, *'Strategic Objectives for Female Offenders'*; 2013

for reform of the criminal justice system⁴⁵. This document highlights the preferred areas for reform, which include:

- Creating intensive community punishments for those offenders who deserve a significant level of punishment, but for whom a sentence in the community is appropriate.
- Ensuring a punitive element is present in every community order, making greater, and more innovative use of curfews, electronic monitoring and new technology to ensure that offenders comply.
- Make more flexible use of financial penalties, and making greater use of the confiscation of offender's assets.
- Tackling breaches of community orders swiftly, to ensure offenders comply with the terms of their sentences.
- Piloting enforced alcohol abstinence schemes, for those whose criminal behaviour is linked to alcohol abuse, under which offenders are required to undergo regular breathalyser tests to ensure they refrain from drinking.
- Encouraging greater and more effective use of restorative justice, in particular as part of post-sentence processes and exploring options around the use of restorative justice as part of the pre-sentence process.

In addition to these priority areas the Ministry of Justice is working with the Department of Health on schemes to divert young and adult offenders with a learning disability, personality disorder, substance misuse or mental health problems from the criminal justice system and to test options for intensive community-based treatment alternatives to custody for offenders with mental health issues or drug dependency.

The NHS Commissioning Board has published a single operating model for the commissioning of offender health services. From April 2013, the NHS Commissioning Board introduced a step change in the commissioning of offender health, moving away from regionally and locally isolated commissioning to a national approach, with national standards, based on the best available evidence to ensure an efficient provision of care, and improved health outcomes⁴⁶.

The Ministry of Justice is working with the Department of Health and the Home Office to pilot

⁴⁵ Ministry of Justice, *'Swift and Sure Justice: The Government's plans for reform of the criminal justice system'*; 2012

⁴⁶ NHS England, *'New Operating Model for the Commissioning of Offender Health Care'*, <http://www.england.nhs.uk/2013/03/07/offender-health/>; 2013

and roll out liaison and diversion services nationally by 2014 for mentally ill offenders⁴⁷.

Policy initiatives: Personality disorders

Women with Borderline Personality Disorder often have co-morbid mental health problems, which can include eating disorders and substance abuse issues. NICE guidelines recommend that these conditions should be tackled concurrently. On a practical level, the Centre for Mental Health has suggested that this could be achieved by having a care co-ordinator facilitating access to Borderline Personality Disorder treatment in a manner that complements substance misuse programmes.

The Ministry of Justice, National Offender Management Service and the Department of Health have produced a practitioner's guide for working with personality disordered offenders⁴⁸. The guide offers practical support to offender managers, social workers, psychologists, prison officers, drug and alcohol staff and mental health nurses working in both community and secure settings.

The coalition government's policy for the improved management of offenders with personality disorders is through joint operations between the National Offender Management Service and the NHS.

The NOMS commissioning and commercial directorate and NHS specialised commissioners will commission services based on nationally agreed specifications working within the new geographical boundaries of health and criminal justice systems.

In 2011 the coalition government consulted on a new Offender Personality Disorder Strategy for Women. Whilst broadly applying to all women offenders, the government was, at the time, keen to emphasise their choice to prioritise those women who present the greatest risks to others and who have the most complex psychological need. The government's vision, as outlined in the document, covered three areas:

- To reduce the risk of serious harm to others and serious further offending
- To improve psychological health and wellbeing, and tackle health inequalities
- To develop leadership in the field of health, criminal justice and social care, creating a workforce with appropriate gender specific skills, attitudes and confidence

⁴⁷ Ministry of Justice, *'Breaking the Cycle'*; 2010

⁴⁸ Ministry of Justice, National Offender Management Service and Department of Health, *'Working with Personality Disordered Offenders: a practitioners guide'*; 2011

It was hoped that this strategy, once finalised, would achieve the below outcomes for all women meeting the criteria by 2015:

- Are identified early in their sentence
- Have high quality formulations setting out clear treatment and intervention pathways
- Where appropriate, enter into and complete planned treatment and interventions
- Evidence psychological health improvements and pro-social behaviours
- Remain in or return to the community in a planned and safe manner
- Will have reduced rates of violent or sexual offending

In addition it was hoped that the workforce would enjoy the following outcomes:

- Gender specific personality disorder training
- For all personality disorder training commissioned by NOMS or the Department of Health to have a clearly identifiable gender specific element

What does the current provision of psychological support look like for women in prison?

From interviews with members of the Criminal Justice Forum and correspondence with members of BACP, it is clear that the provision of emotional and psychological support for women in prison has developed over the past 10 years but varies depending on the prison itself, what the Governor's priorities are and what interventions are available in the community. All prisoners are given a health assessment when they are admitted to prison, however following assessment there is no consistent provision of support across the system. Interventions range from low level basic support to highly specialised support provided by the voluntary, statutory and private sector and includes:

- A Personal Officer – every prisoner has a Personal Officer as their first point of contact around problems. Personal Officers get to know the prisoners and their issues and are able to offer low level support
- Wing Officer
- Therapeutic interventions – such as counselling and psychotherapy mostly for issues related to substance abuse and family, and to reduce the risk of re-offending:
 - “I offer a counselling service to young women in custody around the demands of being in a prison environment, anger management, and helping reduce offending

and promoting positive contact with family and carers” (BACP Member)

- “The interventions offer mainly offence-focused psychotherapy and counselling... Other services are very specific and focus on particular issues. For example, CARAT focus on supporting women with issues related to substance abuse. The care confidential services focus mainly on psychological effects of the loss of a child through adoption, while in prison” (BACP Member)
- Specialist mental health – Community Mental Health Teams
- Psychiatric in-patient units
- PCT provision as provided in the community
- Mental Health sub-contracted to MHT trust
- Multi-disciplinary teams - including psychologists, psychotherapists, nurses, substance misuse specialists and mental health leads
- Mental health in-reach teams - The teams consist of Community Psychiatric Nurses and other professionals, who conduct assessments, medication management, basic nursing and help prisoners prepare for release
- Prescriptions for drug problems
- ACT regimes (reducing self-harm and suicide) and basic monitoring
- Samaritan's run a listeners scheme – peer to peer support
- Offending Behaviour Programs offer psychological support
- Thinking skills program – to help people make better decisions based on a cognitive model
- Resettlement team, or a community links coordinator
- Pastoral care through Chaplain

Research evidence: Counselling women in prison

A brief review of the recent literature on the effectiveness of counselling for women in prison has identified high quality evidence, which includes one systematic review, and two randomised controlled trials. A significant proportion of the evidence was located in the US with a single UK-based study identified. The literature overall presents three key issues for women in prison: drug abuse, trauma and major depression. Often these presentations are comorbid.

There are two ways of examining the effectiveness of interventions for women in prison; measuring the reduction in recidivism and examining outcomes based on psychological measures. A recent

systematic review found that substance abuse programmes are associated with a reduction in recidivism. However, interventions that examine effectiveness in terms of enhancing wellbeing demonstrate more mixed results.

The evidence presented here considers interventions delivered in groups (some with individual case management or follow up elements).

Some interventions can be categorized as CBT/skill based and others more relational and experiential. There is a focus on affect regulation in relation to working with trauma. There is evidence of effectiveness of most of the interventions presented in the research although, in some trials the intervention being tested did not significantly outperform the control intervention.

There is evidence of the effectiveness of Interpersonal Psychotherapy to reduce the symptoms of severe depression. There is a lack of longitudinal evidence but some tentative findings that suggest specific interventions may be longer lasting than others. The evidence is limited by the location of studies within the US correctional system – interventions were offered concurrently with existing treatments, and drop-out was exacerbated by events in prison.

For the full literature review see Appendix.

Conclusions

- Over 80% of sentenced women entering prison have been convicted of non-violent offences. There is a strong case for diverting women from custody when considering reoffending, particularly for those sentenced to the shortest terms (less than six months). Short term sentences for women have considerably worse outcomes and negative impacts. Some women need to be in prison but the majority can be dealt with outside of the system in the community to deal with the complex underlying factors that have contributed to a woman's offending.
 - Women face a range of complex mental health problems whilst in touch with the criminal justice system for which appropriate holistic assessments and interventions are required. The current provision of emotional and psychological support has developed over the past 10 years for women but varies from prison to prison.
 - Sentences for women are often shorter but long enough to lose their children, who are often placed in care. Little is done in terms of whole family support, dealing with separation from children and keeping in touch with their children.
- The research evidence suggests the three main issues for women in prison are: drug abuse, trauma and major depression. There is evidence of effectiveness for most of the interventions presented in the research review.
 - Women's community services are a cost-effective alternative to custody. They allow women to access a range of services including counselling, drug and alcohol support, education, safe accommodation, advice on finance, benefit and debt as well as general advocacy, supervision and support.
 - Women who leave prison may have difficulty accessing post release programmes due to the lack of co-ordinating agencies addressing the needs of women - the poor provision for continuity of support sometimes encourages women to re-offend to allow them to come back to prison.

Recommendations

1. Engage with relevant Government and Parliamentary initiatives:

- i. Inquiry into Women Offenders, The Justice Select Committee, chaired by Sir Alan Beith MP – await final report
- ii. Coalition Government strategy document for female offenders – how can BACP work with the Government on the four key priority areas identified?
- iii. The new advisory board for female offenders chaired by Minister for Victims and the Courts Helen Grant – assist the board in enhancing provisions in the community for female offenders
- iv. Attend relevant APPGs - APPG for Women in the Penal System and the APPG for Prison Health

2. Further assess key areas and where to focus energies:

a. Early intervention:

- i. Further assess the reasons why women enter the criminal justice system
- ii. Work on intervening early in the community with women who are at risk of entering the criminal justice system, such as the provision of counselling for those with mild to moderate mental health issues
- iii. Advocate the development of community based women's centres to deal with a range of issues from mental health to housing and education.

b. Custody and sentencing:

- i. Analyse community based alternatives to custody and identify examples of best practice. Psychological therapies need to be part of a holistic approach including housing, benefit, employment, social services etc.
- ii. Advocate 'Make Justice Work' – community or custody report principles
- iii. Mental health assessments and interventions for people held in custody – signposting to appropriate support in the community

c. Women in prison:

- i. Ensure that the NHS Commissioning Board has in place appropriate commissioning mechanisms for healthcare for women prisoners. There may be opportunities to influence this process
- ii. Women in prisons should be offered a comprehensive assessment of their mental health needs on entering prison
- iii. Women in prisons should be offered appropriate interventions for their mental health needs (Counselling, psychotherapy, IAPT services etc) before being released, for the full range of issues, from mild to moderate mental health problems, addictions, self-harm to the more severe mental health issues such as personality disorders
- iv. If women are already working with a mental health professional when they are imprisoned, there is a need to bridge those communications, so that support is not cut off

d. Transitions:

- i. Offering a continuation of care and support to ensure re-offending does not occur
- ii. Expansion of mentoring programmes in the community for women released from prison
- iii. Signposting to appropriate services, including counselling and psychotherapy

e. Workforce development, training and education

- i. Educating healthcare professionals about women's mental health issues and how to work with them
- ii. Prison staff/Governor's – education about mental health issues women face, how to deal with them and how to commission services effectively using guides that have already been produced (A common sense approach to working with women with health and wellbeing needs in the criminal justice system, Together; A Distinct Approach: A guide to working with women offenders, NOMS Women and Equalities Group, 2012)
- iii. Sentencers – offer alternatives to custody

- 3. Develop key positioning statements** from the above key areas for the development of key messaging
- 4. Produce external briefings** depending on the key areas of focus
- 5. Support the campaigns** of expert Associations with a focus on the mental health needs of women in the criminal justice system and the role of counselling and psychotherapy
- 6. Further engage with BACP members** working in the field to enhance employment opportunities and services for women with mental health problems.



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