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Addressing women's victimisation histories in custodial settings

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In the last 20 years the numbers of women entering Australian prisons have risen dramatically. Many of these women have a history of sexual assault traumatisation from child sexual abuse as well as physical and sexual abuse they have encountered as adults. The prison system can often exacerbate trauma for female criminal offenders with a trauma history. This paper explores the prison as a possible site of re-traumatisation. The reasoning behind this is that prisons are built on an ethos of power, surveillance and control, yet trauma sufferers require safety in order to begin healing. A trauma-informed approach may offer an alternative to delivering a less traumatic prison environment and experience for female criminal offenders with a history of sexual abuse and assault.

KEY MESSAGES

- Women enter prison with less serious criminal careers than men.
- Women in prison have high rates of sexual abuse victimisation histories.
- Women enter prison extremely disadvantaged, particularly in relation to mental health, re-victimisation, socio-economic status, substance abuse, being primary carers for dependent children and educational attainment. Many of these outcomes are the consequences associated with past histories of abuse/assault.
- Penal environments are designed and built with an ethos of power and control and are often re-traumatising for female offenders with a sexual abuse victimisation history.
- The key principles of trauma and gender may be utilised to create frameworks that can be applied in penal environments to address women's complex needs arising from a history of sexual victimisation.
- Further research is required to test how the implementation of the key frameworks of trauma-informed care and practice, and gender-responsive frameworks would occur.

Australian Government

Australian Institute of Family Studies
Australian Centre for the Study of Sexual Assault

The Australian Centre for the Study of Sexual Assault aims to improve access to current information on sexual assault in order to assist policy makers and others interested in this area to develop evidence-based strategies to prevent, respond to, and ultimately reduce the incidence of sexual assault.

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Introduction

In the last 20 years there has been a significant increase in the number of women entering correctional facilities in Australia (Baldry, 2008). A majority of the women in prison have extensive victimisation histories, including childhood sexual abuse, intimate partner violence and violence from non-intimates and carers. The rates of women in prison with sexual victimisation histories far exceed those of women in the general community. The impacts of sexual abuse victimisation, for those who experience them, are physical, social and emotional, and are referred to as "trauma". Many women with sexual abuse trauma demonstrate an inability to maintain employment, as well as issues with parenting, drug and alcohol abuse and mental health. These physical, social and emotional impacts present significant challenges when considering how a correctional system can best support female offenders with sexual victimisation histories.

Historically, the criminal justice system and criminologists have characterised female offenders and female victim/survivors as two discreet categories (Rumgay, 2004). More recent research has acknowledged the high percentage of women in prison as victim/survivors of child sexual abuse *and* offenders of theft, drug and alcohol related incidents and fraud, among other criminal acts. The connection between victimisation and offending is also beginning to be acknowledged by correctional systems and staff in Australia and internationally. The issue is becoming one of responding to and integrating these women's experiences and needs into correctional practices.

There are multiple transitional and decision-making points in female offenders' trajectories through the criminal justice system: policing, sentencing, probation, incarceration, transitional services from prison and parole. This paper is concerned only with issues related to incarceration.

This paper will explore the research on detected female offenders who are also victim/survivors of sexual violence, in order to bring to light how sexual abuse sequelae affect the experiences of female offenders in a prison setting. This setting creates challenges for women with trauma. Correctional systems, traditionally built on

knowledge gleaned from male offending and risk, have consequences for women with sexual abuse trauma. Many of the policies and practices of prisons recreate the power and control dynamics of sexual abuse and assault and can be re-victimising for female inmates with a sexual abuse/assault history. These issues are explored in this paper through a lens of trauma, and the understanding that sexual abuse/assault trauma, particularly abuse from childhood, can have ongoing effects in a woman's life.

This paper brings together the research around sexual abuse and assault, general criminal offending behaviour, imprisonment and trauma in two sections. The first section will present the profile of women in prison, the prevalence of child sexual abuse and adult sexual assault and the impacts of these histories. It will also explore current responses and their limitations. A considerable limitation is the question of how to provide therapy/counselling in a punitive environment. The penal environment is explored as a re-victimising agent for women with sexual abuse and assault histories.

The second section of this paper is concerned with presenting possible ways forward in responding to incarcerated female offenders who are also victim/survivors of sexual violence. The two principals of trauma and gender underpin the frameworks presented, as well as their possible limitations and an identification of further research implications.

The profile of women in prison

The rate at which women are being incarcerated in Australia has increased dramatically in the last 20 years (Baldry, 2008; Mitchell, 2005). Reviewing data collected between 1995 and 2002, the Australian Bureau of Statistics (ABS) calculated that the female imprisonment rate had more than doubled (58%) over those seven years. One quarter of those women were on remand.[1] In 2010, the ABS reported that the last 10 years (1999–2009) had seen an increase of 60% in the female prison population. Between the 2009 and 2010 Prisoner Censuses, the number of female prisoners increased by 5% (ABS, 2010). In short, there has been a significant increase in the number of women in Australian prisons since 1995, a situation that is not unique to Australia. Internationally, the rate of female imprisonment is also increasing (Corston, 2007; Gelsthorpe, 2010; Martin, Kautt, & Gelsthorpe, 2009).

Sentencing outcomes

A report on the gender differences in sentencing outcomes by the Sentencing Advisory Council (2010) indicates that "data from higher courts show both an increase in the proportion of women being sentenced to imprisonment and an increase in the average length of imprisonment terms" for women (Sentencing Advisory Council, 2010).

Of particular concern in both Australia and elsewhere is the increase, generally, in the remand population over the last 15 years, from 15% in 1998 to 21.4% in 2010. Although this figure has been fairly steady, there exist significant differences across jurisdictions (ABS, 2010; King, Bamford, & Sarre, 2005). This is especially true for Indigenous women in New South Wales, the Northern Territory and South Australia. Studies indicate that Indigenous women serve shorter sentences, meaning they are imprisoned for very minor offences—such as driving infringements and non-payment of fines—and that they are more likely than non-Indigenous women to be on remand (Bartels, 2010). Prisoners who are on remand are usually not eligible to participate in programs. In NSW, King et al. (2005) reported that between 1998 and 2004 the number of custodial remand prisoners increased from just over 1,000 to approximately 1,800. This increase

1 In custody awaiting trial/sentencing.

has been particularly notable for women. Over 10 years, the number of women in NSW prisons who were on remand grew from 15% in 1993 to 25% in 2003 (Corrective Services NSW, 2011).

So women are serving longer sentences for minor crimes, rather than suspended or community sentences. A growing number of women are also on remand, usually denying them the opportunity to participate in rehabilitation programs. They are also demonstrating high levels of victimisation. The following section will explore the prevalence of child/sexual abuse victimisation in the female prison population.

Female offenders' victimisation histories

A number of reports suggest that the characteristics of the female inmate population have changed, with more mental ill-health, substance abuse and social disadvantage present, particularly among remandees.[2] Female offenders demonstrate high levels of previous victimisation, poor mental health, substance misuse and social disadvantage compared to women in the community (Australian Institute of Health and Welfare [AIHW], 2009; Clark & Fileborn, 2011; Forsythe & Adams, 2009; Kilroy, 2001).

Prevalence of child sexual abuse of women in the general community

Accurate prevalence statistics of sexual assault are notoriously problematic due to underreporting. However, the available evidence indicates that women who have experienced child sexual abuse are more likely to be exposed to other forms of physical and sexual violence (Messina & Grella, 2006; Topp, 2011). In a review of seven Australian studies of child sexual abuse, just over 1 in 4 women (27.5%) disclosed an experience of child sexual abuse (Andrews, Gould, & Corry, 2002). A review of contemporary Australian child sexual abuse prevalence studies by Price-Robertson, Bromfield and Vassallo (2010) indicates figures of 7.9% to 42% for female children. This included abusive behaviours ranging from exposure to penetrative sexual abuse. In terms of adult sexual assault, approximately 1 in 6 adult women (almost 1.3 million women) have experienced sexual assault (since the age of 15) (ABS, 2006). Although these are likely to underestimate the extent of sexual victimisation, the rates reported for women in custodial settings are considerably higher, and are themselves likely to be underestimations.[3]

Prevalence of child sexual abuse of women in the prison population

Relatively little research has been undertaken in Australia to measure the prevalence of child sexual abuse and other forms of victimisation specifically among female prisoners—and, as above, statistics may be problematic due to underreporting. The research that has been done indicates prevalence figures of between 57% and 90%. In a 2008 study of the sexual health and behaviour of 199 female prisoners in NSW, Richters et al. (2008) found that 59% had experienced some form of sexual coercion or violence. In this sample of women, re-victimisation was common: one-third of women said they had experienced sexual coercion between three and nine times, and a further 13% said it had occurred more than ten times.

Women in community corrections[4] also report high rates of sexual victimisation. Research by the Queensland Crime and Misconduct Commission found that between one-quarter and one-

2 Although this could be a function of advancement in screening and assessment tools (Lafortune, 2010), it also indicates the high rate of people with mental illness who are remanded and incarcerated.

3 Statistics for victimisation, and particularly sexual victimisation, are considered by many to be underestimate the actual extent of victimisation due to sample selection, the nature of survey questions and survey delivery (ABS, 2002, 2003, 2004; Lievore, 2003).

4 Community corrections is a system in which offenders serve a sentence in the community and are supervised to ensure that they comply with conditions handed down by the court. Conditions usually relate to completion of "educational programs, community work … [and/or] … assessment and treatment programs" (Department of Justice, 2012, para. 4).

third of women in community corrections reported coerced, unwanted or forced sexual activity, including sexual intercourse (Teague, Mazerolle, Legosz, & Sanderson, 2008). The extent of sexual re-victimisation in the sample was very high for female participants. Among the victims of child sexual abuse in this sample, 81% subsequently experienced some form of sexual victimisation as an adult.

Other work suggests even higher rates: Kilroy (2001) estimated that, prior to incarceration, 98% of women prisoners had experienced physical abuse and 89% had experienced sexual abuse. Research conducted by Women's House found that 70–80% of women in adult prisons in Queensland were survivors of incest (Kilroy, 2004).

A key message is that many women who have experienced child sexual abuse often go on to experience other forms of sexual and violent victimisation (Christopher, Lutz-Zois, & Reihardt, 2007; Fagan, 2001; Teague & Mazerolle, 2007). This means that female offenders who are victim/survivors of sexual violence are also likely to be dealing with an interconnected range of victimisation and disadvantage. The interconnected impacts are discussed below.

Impacts of child sexual abuse

Herman (1994), a leading expert in trauma and recovery, stated that "repeated trauma in childhood forms … the personality" (p. 96). This is due to the adaptation the child must make in order to survive abuse or an abusive environment. Usually this affects their psychological and neurological development. Personality disorders arise due to the psychological defences required to protect themselves against physical and emotional pain. It is salient to point out here that not all victim/survivors of child sexual abuse experience all or indeed any of the following impacts. However, many do, and it is these victim/survivors with which the following literature review is concerned.

The dominant framework through which this range of responses to child sexual abuse is understood and organised is through the construct of post-traumatic stress disorder (PTSD). PTSD symptoms such as disassociation may help a child mentally and somatically "escape" the abuse by separating the mind and the body (Herman, 1994). However, once this mechanism is developed, it can also occur at any time along with other symptoms of PTSD, such as intrusion of the memories of the abuse and hyper-arousal, which signifies a sensitive startle response to external stimuli.

Many researchers in the fields of psychiatry, traumatology and social work do not see PTSD as accurately capturing the effects of chronic and/or poly-victimisation. A useful construct in understanding the complex and interrelated social, physical and emotional sequelae of child sexual abuse is *complex trauma*. The clinical literature on child sexual abuse and cumulative harm has found that early onset victimisation—particularly child sexual abuse—can result in complex mental health symptoms that profoundly affect an individual's capacity for self-regulation, healthy attachments, and cognitive and neurological development (Christopher, Lutz-Zois, & Reihardt, 2007; Fagan, 2001). This signifies a group of interrelated mental and physical impacts, which unsurprisingly also affect the social lives of child sexual abuse victim/survivors.

Herman (1994) considered complex trauma a result of sustained abuse and/or torture where the victim feels there is no escape. In other words, complex trauma is the trauma that individuals experience from multiple and sustained forms of abuse and the impacts that this has on their development. Acknowledging child sexual abuse sequelae as complex trauma is important because, although there are similarities to acute trauma (single events), complex trauma from child sexual abuse will have developmental significance related to "sense of self, safety, and trust in adult life" (Foster, Boyd, & O'Leary, 2012).

What, if any, effects will complex trauma from childhood sexual abuse have on adult functioning? In recent years there has been the acknowledgement in health care that complex trauma is a factor in the development of mental and physical health problems (Covington, 2007). Child sexual abuse victims report a lifetime history of more exposure to various traumas and higher levels of mental health symptoms (Spataro, Mullen, Burgess, Wells, & Moss, 2004). The literature suggests that the manifestations of complex trauma continue into adulthood (Christopher, Lutz-Zois, Reihardt, 2007; Fagan, 2001) as problems with parenting (Tarczon, 2012), abusive and exploitative relationships, sexual dysfunction (Solomon, Solomon, & Heide, 2009), and lack of social connection.

People with complex trauma display more difficulties with maintaining employment, maintaining steady housing and completing education. They often have struggles with aggression, impulsiveness, shame, self-blame and low self-esteem (Wall, 2012). Women with complex trauma are found to be more likely to engage in casual and unprotected sex while reporting less satisfactory sexual rewards and greater sexual costs (Lemieux & Byers, 2008).

The most significant co-occurrence of child sexual abuse sequelae is substance addiction and mental health issues. Child sexual abuse and consequent drug and alcohol dependency feature heavily in the literature on child sexual abuse sequelae and impacts (Boyd, 2011; Herman, 1994; Johnson, 2006; Lievore, 2003; Loxley & Adams, 2009). It is worth highlighting as an important variable in the experiences of women with a victimisation history as it is intertwined with mental health problems and pathways to offending. According to Herman (1994), drug use provides relief in the way of disassociation from reality and is one of the methods by which "abused children attempt to regulate their internal emotional states" (p. 109).

So, if women in prison reveal high rates of child sexual abuse and complex trauma, what, if anything, is the connection between these and offending?

Women's offending: Pathways and characteristics

The following section reviews the evidence on women's pathways into offending and the characteristics of their offending, including what role victimisation and trauma might play. Due to a very recent focus on women's incarceration and increase in prison numbers, much of the literature acknowledges that previous understandings regarding pathways to offending and penal policies have been based on the male offender experience. Gender is now considered a significant factor as it relates to pathways to offending (Covington, 2007). This is not to say that issues of male incarceration are without concern, but to acknowledge that a system based on a male norm may not meet the needs of female offenders. Due to this, much of the following section will utilise comparisons with male offending in order to highlight the differing trajectories and characteristics of female offending.

Women's pathways to offending

Statistical analysis and empirical research on female offending since the 1980s demonstrates that the trajectories by which women end up within the criminal justice system are not the same as men's offending trajectories. A significant evidence base demonstrates that both the profile of female offenders and their pathways into offending are fundamentally different compared to male offenders (e.g., Carlen, 1983; Chesney-Lind, 1989, 1997; Daly, 1998; Kruttschnitt & Gartner, 2003; Salisbury & Van Voorhis, 2009; Worrall, 1990). Although the total number of women in Australian prisons is much smaller than the number of men, they are nevertheless recognised as a "high needs" population.

Specifically, when compared to male offenders, women offenders demonstrate higher levels of previous victimisation, poor mental health and serious mental illness, substance misuse, unemployment, and low educational attainment. Their time in custody is different, with shorter but more frequent periods of imprisonment. In short, despite the small size of the female correctional population, they present significant challenges, both from a management and rehabilitative perspective (i.e., reducing re-offending) and, correspondingly, in terms of their general wellbeing.

The literature was consistent in identifying a triumvirate of factors that characterise women in corrections: mental illness/poor mental health; alcohol and substance dependency; and histories of early interpersonal victimisation, particularly child sexual abuse. Based on what is known about the long-term consequences of trauma, these three characteristics would seem to be interrelated and, as such, are central to understanding women's pathways into—and out of—the correctional system. What is striking in the literature is not only the centrality of these three elements, but also how they are further connected to a range of other experiences. Whether the studies are Canadian, Scottish, British, American or Australian, a similar profile of female prisoners is identified. In no particular order, characteristics include:

- histories of childhood victimisation, particularly sexual abuse;
- re-victimisation as adolescents and adults, such as sexual assault and family and domestic violence (e.g., Corston, 2007; Gelsthorpe, 2010; Ogloff, Davis, Rivers, & Ross, 2006; Salisbury & Van Voorhis, 2009);
- mental disorders such as borderline personality disorder (BPD), major depression and PTSD;
- intellectual and cognitive impairments;
- substance abuse and dependency;
- housing instability;
- primary care for dependent children;
- low educational attainment; and
- minimal employment histories compared to male prisoners.

In terms of violent offending, both internal and external factors contribute. External factors related to social disadvantage can lead to the commission of violent crimes by women. Violence may stem from poverty, lack of education and unemployment, homelessness and a history of exposure to family violence and child sexual abuse (Bottos, 2007; Carnovale, 2009; Miller, 2005).

Internal factors can include the gendered socialisation imperatives around women and anger. Women are taught to "inhibit expressions of anger, thereby compelling them to internalise negative affective states" (Bottos, 2007, p. 15). Mental illness or the mental destabilisation that occurs after prolonged substance abuse is another internal factor that may lead to violence by women. Feminist research also points to the defensive nature of women's violence.

Women may react violently after prolonged exposure to intimate partner violence and/or sexual abuse, particularly if children are at risk. Further, women's violence is more likely to be "driven by self-defence and fear" (Swan, Gambone, Caldwell, Sullivan, & Snow, 2008). Most violent offences by women are one-off events and few women are repeat violent offenders (Bottos, 2007).

Feelings of powerlessness, hopelessness and anger can combine with mental health issues and drug-related mental distress to result in the use of interpersonal violence. Qualitative and ethnographic research has explored the meaning of violent criminality for women, suggesting that, for both men and women, the use of violence is shaped by the norms and expectations of gender,u along with dimensions of race, class and inequality (e.g., Miller, 2008).

The pathways to female offending indicate a relationship with trauma as well as gender. The following section reviews the evidence on the characteristics of women's offending.

Characteristics of women's offending

The available research suggests that "women commit fewer and less serious crimes" (Quinn, 2008, p. 3) than men. Typically, drug offences, fraud and property theft are identified as "women's offences".[5] The ABS overview of national trends between 1999 and 2009 found significant increases in robbery, theft, assault and homicide.

Taking NSW as an example, for women coming to the attention of NSW police, the top four offences were shoplifting, assault, fraud and possession/use of drugs. The top four for men were domestic violence assault, possession/use of drugs, assault and malicious damage to property. This analysis showed changes in female participation in criminal offending during the 10-year period to June 2009. The numbers of female offenders increased significantly for breach of bail conditions and domestic violence assault[6] (up 14% and 12% respectively each year). Breach of apprehended violence orders and malicious damage to property also increased.

For female prisoners in Australia in this period, the most serious offence with the highest proportion of offenders was possession/use of illicit drugs, followed by acts intended to cause injury. Nationally, recent figures show that the most serious offence among female inmates was also in the illicit drug offence category (21.3%), followed by acts intended to cause injury (ABS, 2010). For men, this was reversed—the most serious offence (17.8%) was acts intended to cause injury, followed by illicit drug offences (14.0%) (Van Doorn & Geyer, 2011).

Also in this period, women made up approximately half of offenders involved in prostitution and shoplifting, and more than one third of offenders involved in fraud. In contrast, men made up 98% of offenders involved in sexual offences, and more than 90% of offenders involved in armed robbery with firearm and burglary (Holmes, 2010). Holmes concluded that more women offended, and that their offending was of a more violent nature or against justice procedures, than was the case 10 years ago.

Realistically, pathways and characteristics of offending are issues that are beyond the scope of what corrective services have been established or empowered to change— women come into the system with many of these existing experiences and needs. Further, the criminal justice decision-making that funnels women into (or away from) prison does not rest with corrections but with police and magistrates' courts (King, Bamford, & Sarre, 2005). On the other hand, prisons are central to the questions of this paper about how sexual victimisation interfaces with offending, and what corrections can do to support women as victims within the correctional setting both in terms of their rehabilitative prospects and their wellbeing.

This section has explored the profile of women in prison, how women's sexual abuse victimisation impacts on their emotional, physical and social wellbeing, and the relationship of these to their offending. The following section considers the current challenges in managing female offenders with victimisation histories, and presents two principals and frameworks to consider in overcoming these challenges.

5 It is important to note here that determining the most common types offences according to gender depends on which data sources are used for analysis. Data collected, for example, by the Drug Use Monitoring program, or "persons of interest" proceeded against by police, are more likely to reflect base-level patterns of offending, compared to data on prison populations, which reflect not just those offenders who come to the attention of police, but who are also subsequently sentenced by the courts (Forsyth & Adams, 2009).

6 It should be noted, however, that caution needs to be exercised regarding this proposed shift, as it is not clear how dual arrest policies in relation to domestic violence are impacting these figures.

Addressing women's victimisation histories in correctional settings: Issues and approaches

Compared to the research base on women's offending pathways and rehabilitation needs, the research on best practice in supporting women with their trauma histories in correctional settings is limited. There is even less accessible information about the approaches correctional systems themselves are taking[7] (Bloom, Owen, & Covington, 2003). There are a number of challenges in providing trauma support within these settings. These include the coercive nature of the prison environment, the re-traumatising impact of standard operational practices, and the high cycling of women through the criminal justice system.

Beyond these challenges, there is also the underlying tension about, on the one hand, the extent to which the penal system should be a therapeutic agent (see Baldry, with McComish, & Clarence, 2009), and on the other, the reality that women offenders have high rates of victimisation and they enter the prison environment with significant trauma needs.

This section discusses:

- the challenges identified in the literature in supporting women with their trauma histories; and
- approaches being used in Australia and internationally to support women offenders with their trauma histories.

Key challenges in addressing trauma in correctional settings

Challenge 1: The prison environment

The ability of prisons to respond effectively to women's sexual assault histories is restricted by the nature of the prison environment, which is based upon an ethos of power, control and surveillance—often for the purpose of maintaining security as well as punishment (Bloom et al., 2003). Moloney, van den Bergh and Moller (2009, p. 432) support this point, arguing that "punitive penal systems based on male norms routinely uphold institutionalised values of containment and subordination" (see also Easteal, 2001, p. 92). Yet prison can also function as a time of respite for some women offenders. The following section discusses the key issues that affect the practicality and safety of addressing sexual abuse trauma in an institutional environment such as prison.

Within the prison environment, standard procedures provide a lucid example of the re-traumatising nature of the prison environment and culture (Covington & Bloom, 2006). These procedures may be considered to be sexually abusive (Covington & Bloom, 2006) and place women, particularly victim/survivors of sexual assault, at risk of further trauma. Examples of these procedures include strip searches (discussed below), pat searches, surveillance by male staff and surveillance by staff controlling sexual access to their intimate inmate partners (Blackburn, Mullings, & Arquart, 2008; Moloney et al., 2009; Pollock & Brezina, 2006).

Many current operating principles of prisons are in direct conflict with the needs of victim/survivors of sexual assault, as well as in conflict with women's broader health, wellbeing and treatment needs (Bloom et. al., 2003). For example, while regaining a sense of control over one's life is considered by dominant therapeutic frameworks to be fundamental to healing from sexual abuse, prisons typically reduce women's autonomy and can recreate the dynamics of abusive relationships (Bloom et al., 2003; Covington & Bloom, 2006; Dirks, 2004; Pollock & Brezina, 2006).

7 For a review of best practices in women's prisons, see Bartels and Gaffney (2011).

Disclosure and safety

Exposing vulnerabilities, such as sexual abuse, within an environment that is hostile to healing may be at odds to prisoners' personal safety needs (Pollock & Brezina, 2006). For example, some women have issues with disclosing sexual abuse to authorities whom they may not consider to be trustworthy, particularly because of negative encounters with such authorities in the past. Similarly, the use of group therapy approaches can be particularly problematic in a prison setting, as group therapy requires a safe and trusting environment. Other inmates can use information within the prison system as currency, and information pertaining to traumatic experiences may be used against the traumatised inmate at a later point in time. As Pollock (1998) noted, "in a prison environment, trusting other women with such information … is extremely problematic" (p. 98) as the "prison subculture of non-disclosure and lack of trust" (p. 100) is in tension with the desired dynamics of group therapy. Thus, disclosure of traumatic experiences such as sexual assault in a prison environment may directly impact on the safety and wellbeing of an inmate during their period of incarceration.

In seeking to assist women from culturally and linguistically diverse (CALD) backgrounds, attention needs to be paid to the importance of professional interpreters (Allimant & Ostapiej-Piatkowski, 2011). The use of other prisoners as interpreters creates barriers for disclosing sexual abuse and does not attend to language issues effectively (Allimant & Ostapiej-Piatkowski, 2011). Therefore, a disclosure of sexual assault under these conditions carries a high level of risk for re-traumatisation. This suggests that the open discussion of traumatic experiences is not always appropriate for women in prison.

Whose needs?

The prison (broadly as an institution) has been designed with male prisoners and their behaviour(s) in mind (Moloney et al., 2009). Many "standard" procedures are based upon the actions of, and risks posed by, male prisoners. Given that female prisoners are, overall, less violent, pose less of a risk to safety, and are designated as high need (ABS, 2004), it is questionable as to whether many of these operating practices are in fact necessary or appropriate in a women's prison.

It is also worth noting here that due to the relatively small number of women prisoners (in comparison to their male counterparts) "the lack of multiple facilities often makes the question on housing assignments moot" (Bloom et al., 2003, p. 19), as only high security facilities are available (see also ABS, 2004). This inappropriate assessment of risk, or lack of appropriate security-level facilities, and consequent placement of women in high security settings is particularly problematic for women with sexual abuse histories. It results in them being exposed to practices that aim to monitor and control the behaviour of inmates in order to manage and reduce their perceived risk, and this can potentially re-create abuse dynamics.

Challenge 2: Re-traumatising practices

As stated above, the practices of prisons are based on an ethos of control and security surveillance. Practices and policies related to security make sense in light of the purpose of prisons; however, many practices may trigger re-traumatisation for women with a history of sexual violence.

The use of strip searches in prison provides a key example of a re-traumatising practice (Covington & Bloom, 2006; Easteal, 2001) that can be addressed through policy and institutional change. Strip searches can be a form of sexual abuse in and of themselves, and/or may serve to reproduce or cause women to "relive" past experiences of sexual and physical abuse. For example, a female prisoner and sexual assault victim/survivor cited in Pereira (2001) described her experience of prison strip-searches "as similar to sexual assault. I felt the same helplessness, the same abuse by

a male in authority, the same sense of degradation and lack of escape" (p. 188). This suggests that strip-searches reproduce the dynamics of sexual assault (Pereira, 2001; Pollock & Brezina, 2006). Consequently, strip-searches can be re-traumatising, and have been linked to PTSD, none of which is conducive to women successfully engaging in therapeutic work (Pereira, 2001). As Farkas and Rand (1999) noted, the dynamics of strip-searching, which promote "powerlessness and helplessness", "run counter to what [the victim/survivors] are learning in abuse survivor and empowerment groups" (p. 51), undermining efforts to address women's trauma histories.

International and domestic studies indicate that the use of strip-searching in prisons does not fulfil its function as a security process (Aretxana, 2001; Cerveri et al., 2005; Fergus & Keel, 2005; Penfold, Turnbull, & Webster, 2005). In fact, the detection rate of contraband resulting from strip-searches remains exceedingly low (Penfold et al., 2005). As Wybron and Dicker (2009) note, of the 41,728 strip-searches conducted at the Brisbane Women's Correctional Centre between 1999 and 2002, only two searches uncovered any significant contraband. In Victoria at the Dame Phyllis Frost Centre in 2001–02, of the nearly 18,900 strip searches, only one item of contraband was detected (Cerveri et al., 2005; Fergus & Keel, 2005). That is an extremely low 0.005% detection rate. At Barwon Prison in the same time period, from the 12,893 strip-searches completed, only 21 items were found (Cerveri et al., 2005). Again, a low detection rate of 0.16% indicates that strip searches are not able to fulfil their security imperatives.

Given the limited success of strip searches in uncovering contraband items, which is used to justify the practice (Easteal, 2001), the continued use of strip-searching is questionable. It may be argued that the low detection rates prove that strip-searching works to deter the smuggling of contraband into prisons, but given that it is re-traumatising and violating particularly for women with a sexual abuse history (Easteal, 2001), it is difficult to argue that strip-searching is an effective penal policy.

Alternatively, the search process may be modified to reduce exposure, for instance by having the woman remove only half of her clothing at any given time. Others have suggested that the use of same-sex guards to conduct the searches may reduce their traumatic nature of the experience. However, some women prisoners in Easteal's (2001) study indicated that they in fact *preferred* to be strip-searched by male guards, and were concerned about the "sexual motivation" of the female guards in conducting the searches. These comments suggest that same-sex strip-searches do not necessarily reduce the traumatic nature of this practice. Further, while gendered power relations may be reduced through the use of a same-sex guard, the relationship between the guard and prisoner is still hierarchical, regardless of gender (Wybron & Dicker, 2009). Together this research emphasises that overcoming the trauma and disempowerment caused, particularly for victim/survivors, by moderating the procedure is constrained, and it is preferable to cease such re-traumatising practices and replace them with alternatives.

Challenge 3: Cycling through prison

Another key challenge in addressing women's experiences of sexual victimisation in a prison setting relates to the often short-term or transitory nature of women's time in prison. A significant proportion of women prisoners are on remand. Recent research by Baldry (with McComish & Clarence, 2009) found that women had a higher rate of custodial episodes per year compared to men, and that these were of shorter duration than those of men. The researchers concluded that there was a greater "rate of cycling in and out of prison", particularly for women with complex needs (Baldry, with McComish, & Clarence, 2009). This raises a number of issues.

First, it is questionable as to whether any meaningful therapy can be undertaken in short time frames. Further, many women may enter prison on remand, and will thus be housed in (generally) high security settings for a short period of time, without access to the rehabilitative

and therapeutic programs available to convicted prisoners; and, once their case is heard, they might simply be released with time served. Finally, high frequency cycling into and out of prison can increase feelings of uncertainty and instability in relation to housing, child care and family connections, as this woman explained to Plugge, Douglas and Fitzpatrick (2006, p. 49) in their UK research project:

> I worry a hell of a lot more about my mum through the fact she is ill. So when I don't get her at home or I can't get hold of my daughter, you know, I do panic. Because when I'm in prison my mum's my main carer for my daughter, so it kind of puts my head into turmoil.

For other women, entry into the prison environment itself is disorienting:

> The first few minutes I'm in the room and I'm like, hearing people shouting on the landing, I'm hearing people say "yeah I'm going to bang you up tomorrow", like fighting and it's like threats and then there's people shouting "help, help"… it's frightening (member of a young women's group in Plugge et al., 2006, p. 49).

The sense of disorientation was heightened by the process of drug withdrawal, as is graphically explained below:

> Every pore, every sweat gland of your body is screaming out. You are perspiring and that perspiration then gets very cold and then you're cold to the bone and then the next minute the heat will overtake so rapidly that you won't know what hit you. The heat will then cause you to convulse, convulse, convulse. You are shaking and that's why they call it "clucking" because you are vibrating all over physically. Mentally, don't even go there! You are isolated, you are in a black box, no one can touch you, no one can—the only person who can talk to you medically is a drug dealer … Your whole body has gone into self-destruct mode—your bones, your muscles are aching, screaming, your stomach is in cramp, you are twisted and doubled up … you are violently vomiting and vomiting and it is yellow and it is just pure bile so your throat is on fire (member of a black British women's group in Plugge et al., 2006, p. 51).

This is an experience that affects both the drug user and those around her. Similarly, mental health crises, episodes of self-harm, suicide attempts and violent outbursts can also heighten feelings of distress and uncertainty. In addition, as the previous section noted, substance use is a way of dissociating from traumatic memories. Detoxification can mean the unwelcome and uncontained intrusion of these memories.

Ideally, transitions into and out of prison should not mean that women's trauma, drug detoxification or mental health needs are not considered. However, transitions can be a time of great disequilibrium and can be experienced by women, as noted in the quotes above, as a time of unsafety and re-traumatisation.

Is the provision of trauma support possible within prison?

If female offenders are indicating a need for therapeutic interventions, is it possible for corrective services to provide this and trauma support within correctional settings? If so, how should this be done? Some authors have gone so far as to suggest that engaging in meaningful therapy or treatment for *any* issue—whether it be sexual abuse history/trauma, mental health issues or substance abuse—is virtually impossible in a prison setting (Baldry, 2008; Pollock & Brezina, 2006), as prison:

> is not and cannot be a therapeutic community; it cannot serve both punishment and therapeutic purposes because they are antithetical and prison's primary focus is security,

> not therapy. Prison, by its very nature, excludes normal society, promotes prison living skills and actively erodes community living skills (Baldry, 2008, p. 9).

Having said this, it is important to note that, whatever the philosophical mismatch noted by Baldry (2009), prison can provide some stability and respite for female offenders, many of whom come to prison with significantly poor health (when compared to the general population). Although the prison environment is in many ways extremely detrimental to women with sexual abuse histories, it is nonetheless a relatively stable environment that presents an opportunity to engage women in therapy. UK research with women in prison identified both positive and negative ways in which prison impacted their health (Plugge et al., 2006).[8] Over a 3-month period following reception into prison, women's health status (subjectively measured) improved.[9] The level of drug use decreased, and they were much more likely to have accessed drug and alcohol services (from 9.3% before prison to 47.2% after 3 months). A number of women in this study who had drug abuse histories noted real improvements to their health and general functioning. Van Tongeren and Klebe (2010, p. 50) suggested that "some women have found prison to be more stable and safer than their lives before incarceration", indicating that women may be successfully engaged in treatment and counselling within a prison environment.

However, it also crucial to remember that establishing and maintaining safety is the first and fundamental aspect of trauma recovery. The possible stability that prison can provide is only ever a) temporary and b) artificial. As one woman stated: "Personally, I see prison as a false environment. You haven't got nothing to worry about in here" (Plugge et al., 2006, p. 50). The stress of obtaining drugs and housing, and dealing with police and court cases are temporarily abated. Thus, a window of opportunity becomes present, and women prisoners have, in overseas studies, nominated "programming aimed at repairing and recovering from trauma … as one of their most important programming needs" (Dirks, 2004, p. 109). The question is how to best do this in light of the challenges discussed above and the literature on trauma and recovery, which suggest it would be extremely risky to begin any deep therapeutic work in a prison setting.

Vulnerable populations

Programs dedicated to dealing with family violence and sexual assault are typically designed with English-speaking populations in mind, and therefore are not always available to culturally and linguistically diverse (CALD) background and Indigenous women in prison. These populations encounter barriers to accessing information and services within prisons. The operational environment creates further barriers by ignoring the needs of CALD and Indigenous women prisoners and therefore becomes an agent of discrimination (Hannah-Moffat, 2010b). In terms of rehabilitation, a lack of programs coupled with social isolation increase the risk of re-offending upon release. Easteal (1995) found that for CALD women "the punishment of imprisonment was more severe … [than for English-speaking women] … and the chances of rehabilitation less" (p. 15). Work and education programs that are culturally specific need to be offered so that CALD and Indigenous women can also break out of the cycle of offending (Covington & Bloom, 2004). Similarly, programs for Indigenous prisoners must be culturally specific to their rehabilitative and wellbeing needs.

8 This research involved 505 women recruited from two remand centres in England. Interviews were conducted at three points in time. By "time three" (three months), 112 of the remaining 120 women participated.

9 The authors note that this was the case only for those women who used drugs prior to coming to prison. Nevertheless, three quarters of the sample fell into this category.

The following section identifies the key approaches and strategies that have been implemented or have promise.

Responses and limitations: Supporting women in prison

The research reviewed above suggests that efforts aimed at supporting female offenders with sexual abuse histories in correctional settings would be more effective if they included the following:

- the establishment of a sense of personal, interpersonal and environmental safety, as it is the most crucial element of trauma-focused interventions;
- a whole-of-system approach to supporting the safety principle; and
- an awareness of the centrality of trauma to the offending pathways of these women.

Key frameworks

The two key principles of *trauma* and *gender* are a useful guide in the development and implementation of frameworks for women with sexual abuse histories in correctional settings. Based on evidence about the needs of women offenders, a combination of a trauma-informed framework and a gender-responsive framework appears to be promising. Interventions to deal with both trauma and offending can be embedded within and informed by the core features of these frameworks.

Trauma-related principles

- Trauma is central to women's offending pathways and treatment needs.
- The impacts of trauma need to be recognised and integrated into correctional policy and practice.

Trauma-informed care and practice framework

This framework has come primarily out of the North American mental health care system, in recognition of the high prevalence rates of sexual and physical abuse among mental health clients. Individuals at whom trauma services are aimed are increasingly being understood "not as a subgroup or an anomalous or special population of clients, but as encompassing nearly *all* persons served by public mental health and substance abuse service systems" (Jennings, 2004, p. 8).

An important distinction exists between trauma-informed and trauma-specific services. Trauma-specific services are designed to treat the actual consequences of sexual or physical abuse trauma. Trauma-informed services are not specifically designed to treat symptoms or syndromes related to sexual or physical abuse or other trauma, but they are informed about, and sensitive to, trauma-related issues present in survivors.

A trauma-informed approach involves looking at all aspects of programming and service provision though a "trauma lens" (Guarino, Soares, Konnath, Clervil, & Bassuk, 2009), not just those directly addressing the impacts of trauma. Its focus is to create organisations, programs and services that reflect the basic understanding of the role of violence in the lives of people seeking mental health and addictions services (Harris & Fallot, 2001; Mental Health Coordinating Council, n.d.). Principles of trauma-informed care include:

- understanding trauma and its impacts;
- promoting safety;
- ensuring cultural competence;
- supporting control, choice and autonomy;
- sharing power and governance;

- integrating care;
- promoting the knowledge that healing happens in relationships; and
- the idea that recovery is possible.

A trauma-informed approach is a promising framework, yet there are implications related to the institutionalisation of women's trauma as a security risk. Hannah-Moffatt (2010) warns that it would be dangerous to operationalise trauma as a risk factor related to re-offending or prison misconduct rather than as a factor that determines women's needs, such as therapy, counselling and mental health support.

Gender-responsive principles

- Women's offending pathways are qualitatively different from men's.
- Women's rehabilitation and treatment needs are probably different from men's.

Gender-responsive framework

In the North American and Canadian context, a gender-responsive framework has emerged to reflect what is known about women's offending pathways. Developed primarily by Covington and Bloom (2006), and empirically tested by Van Voorhis and colleagues, a gender-responsive framework attempts to identify needs predictive of reoffending that are specific to women (e.g., depression/anxiety, child abuse, adult victimisation, anger, self-efficacy).[10] More broadly, the gender-responsive framework aims to provide an overall approach to managing women offenders. It emphasises respect and safety in correctional environments and programming; women's relational needs; the interconnections between mental health, substance abuse and trauma; and women's structural socio-economic marginalisation. In the UK context, "woman-centred" approaches are being advocated, which reflect many of the tenets of the gender-responsive framework (Corston, 2007).

A gender-responsive framework reflects the research conducted with women's offenders about their pathways and, increasingly, is being tested for validity as a programming tool. However, the gender-responsive framework is probably not sufficient to answer questions about the role of trauma in women's offending pathways or about how to shape therapeutic interventions with women to address their histories of sexual victimisation. In a gender responsive framework, a victimisation history is often one of, but not central to, women's distinct needs. Yet the clinical literature on trauma strongly suggests that the trauma of childhood and prolonged victimisation is profoundly connected to the level of complexity of incarcerated women's needs.

Gender responsivity is defined as "creating an environment through site selection, staff selection, program development, content, and material that reflects an understanding of the realities of women's lives" (Covington & Bloom, 2004, p. 3). Its approaches are based on the research evidence about women's particular offending patterns, and it advocates a strengths-based approach that takes into account violence and abuse, poverty, race, class and gender inequality as factors shaping women's rehabilitation needs.

A gender-responsive framework seeks to address "the realities of women's lives through gender-responsive policy and programs … [that are] … fundamental to improved outcomes at all criminal justice phases" (Bloom, Owen, & Covington, 2004, p. 31). The major principles of a gender-responsive framework are:

10 This is not to suggest that such factors are not experienced by or relevant for male offenders. Rather, the issue is whether such factors predict re-offending.

- recognising that men and women require different penal policies and environments—i.e., criminal conduct is gendered;
- recognising that respect and safety are key to women's program readiness;
- acknowledging women's relational needs and recognising the need for women to create healthy and respectful relationships;
- knowledge that programs that address substance abuse, trauma and mental health can be achieved through collaboration and integrating services; and
- facilitating the design of programs to address socio-economic disadvantage (Covington & Bloom, 2004).

This framework has an underlying philosophy: an emphasis on safety and respect; an emphasis on integrated approaches; an acknowledgement of the importance of relationships; and recognition that socio-cultural factors are also relevant to understanding the impact of trauma. In the Australian context, some states have begun to consider women-centred policies; for instance, Victoria's "Better Pathways" framework and NSW's "Out of the Dark" program (see Bartels & Gaffney, 2011). Most of these programs have either not been evaluated or their evaluations were conducted too quickly following implementation and are not meaningful (Bartels & Gaffney, 2011).

A limitation to the application of a gender-responsive framework has been articulated by Hannah-Moffat (2010a), who is concerned with the possible institutionalisation of normative gender. In other words, a gender-responsive framework risks "creating an essentialist characterisation of women as relational" (p. 1) and creating a barrier for those who do not enact stereotypical gender norms. She argued that it is important to consider the intersectionality of gender with other forms of oppression, such as race, class, religion and sexuality.

Conclusion

The rates of women in custody in Australia have been rising dramatically over the last 20 years (Baldry, 2008). Up to 80% of women in custody have a history of sexual victimisation and trauma (Covington & Bloom, 2004; Fagan, 2001; Richters et al., 2008). "Trauma" describes the sequelae of child sexual abuse and includes issues related to mental health, further sexual and physical re-victimisation, housing, employment, parenting, substance abuse and general wellbeing. Although symptoms of trauma are not the direct cause of women's offending, they are significantly associated with women's pathways to offending, such as drug and alcohol use, homelessness and mental health issues. Women's sexual abuse histories *are* likely to be a central factor in women's pathways to prison, particularly when these trauma histories are located within contexts of social disadvantage.

Incarceration for female victim/survivors of sexual violence produces consequences for corrective services management. This is due to the way female offenders with a victimisation history experience the prison environment. Researchers have argued that prisons have been built with the male prisoner in mind (Moloney et al., 2009); however, females—in particular female victim/survivors—have different needs than men, and some policies and procedures found in penal environments may have a re-victimising effect on women. The high rate of female offenders held on remand also means that these women do not have the opportunity to participate in rehabilitation programs aimed at trauma or their specific offending histories. Trauma survivors require safety in order to heal (Easteal, 2001; Herman, 1994), so there is a question as to how appropriate a punitive environment is to the application of therapeutic frameworks directed at trauma recovery.

Two possible ways forward have been presented. From the mental health field, the concept of trauma-informed care and practice may have some practical application for penal environments. A trauma-informed approach involves looking at all aspects of programming and service provision with an understanding of the impact that trauma has on the lives of those affected. Some of the basic principles of trauma-informed care and practice include understanding the impacts of trauma and ensuring and promoting a safe space where no further traumatisation occurs. It is through the application of these principles that female offenders may feel safe and begin their recovery. However, questions remain as to how this implementation would take place. Further research is required to ascertain the applicability of a trauma informed care and practice framework in a prison setting.

The second way forward is a gender-responsive framework, developed by Covington and Bloom (2006). This framework takes into account women's gendered pathways to offending and their gendered needs. The emphasis is on safety, women's relational needs and the integration of programs that deal with sexual abuse trauma, substance abuse and mental health issues, which are often co-occurring for female offenders with sexual abuse histories.

Both of these principles require significant shifts in correctional policies and practices. For such fundamental changes to occur, further research is required into the ways in which sexual abuse trauma is related to women's experiences of prison, and their re-offending. Policy-makers will need to be made aware of alternative approaches to corrective practices and policies. This requires an evidence base into the effectiveness of alternative responses—such as trauma-informed care, and gender responsivity—that could be used to support policy-makers to shift and allocate resources to address the needs of incarcerated female offenders who are also victim/survivors of sexual violence.

References

Allimant, A., & Ostapiej-Piatkowski, B. (2011). *Supporting women from CALD backgrounds who are victims/survivors of sexual violence: Challenges and opportunities for practitioners* (ACSSA Wrap 9). Melbourne: Australian Institute of Family Studies.

Andrews, G., Gould, B., & Corry, J. (2002). Child Sexual Abuse Revisited. *Medical Journal of Australia*, *176*, 458–459.

Aretxana, B. (2001). The sexual games of the body politic: Fantasy and state violence in Northern Ireland. *Culture, Medicine and Psychiatry*, *25*, 1–27.

Australian Bureau of Statistics. (2002). *Information paper: Measuring crime victimisation in Australia: The impact of different collection methodologies, 2002* (Cat. No. 4522.0.55.001). Canberra: ABS.

Australian Bureau of Statistics. (2003). *Information paper: Sexual assault information development framework, 2003* (Cat No. 4518.0). Canberra: ABS.

Australian Bureau of Statistics. (2004). *Sexual assault in Australia: A statistical overview, 2004* (Cat No. 4523.0). Canberra: ABS.

Australian Bureau of Statistics. (2006). *Personal Safety, Australia, 2005 (Reissue)* (Cat No. 4906.0). Canberra: ABS.

Australian Bureau of Statistics. (2010). *Prisoners in Australia* (Cat. No. 4517.0). Canberra: ABS.

Australian Institute of Health and Welfare. (2009). *The health of Australia's prisoners*. Canberra: AIHW.

Baldry, E. (2008). *The booming industry: Australian prisons. Submission to* Debate*, October 2008*. Retrieved from <www.nobars.org.au/downloads/Baldry_Debate.pdf>.

Baldry, E., with McComish, C., & Clarence, M. (2009). *Punishing the vulnerable: Women with mental health disorders and cognitive disabilities in the NSW Criminal Justice System*. Paper presented at the Sisters Inside Conference, Brisbane.

Bartels, L. (2010). *Diversion programs for Indigenous women*. Canberra: Australian Institute of Criminology.

Bartels, L., & Gaffney, A. (2011). *Good practice in women's prisons: A literature review* (Technical and Background Paper 41). Canberra: Australian Institute of Criminology.

Blackburn, A. G., Mullings, J. L., & Arquart, J. W. (2008). Sexual assault in prison and beyond: Lifetime sexual assault among incarcerated women. *The Prison Journal*, *88*(3), 351–377.

Bloom, B., Owen, B., & Covington, S. (2003). *Gender-responsive strategies: Research, practice, and guiding principles for women offenders*. Washington DC: US Department of Justice, National Institute of Corrections.

Bloom, B., Owen, B., & Covington, S. (2004). Women offenders and the gendered effects of public policy. *Review of Policy Research*, *21*(1), 31–48.

Bottos, S. (2007). *Women and violence: Theory, risk and treatment implications*. Ontario: Correctional Service Canada.

Boyd, C. (2011). *The impacts of sexual assault on women* (ACSSA Resource Sheet). Melbourne: Australian Institute of Family Studies. Retrieved from <www.aifs.gov.au/acssa/pubs/sheets/rs2/index.html>.

Carlen, P. (1983). *Women's imprisonment: A study in social control*. London: Routledge.

Carnovale, M. (2009). Why women kill. *New South Wales Police News*, *89*, 17.

Cerveri, P., Colvin, K., Dias, M., George, A., Hanna, J., Jubb, G., Vidyasagar, A., & Weigall, C. (2005). *Request for a systematic review of discrimination against women in Victorian prisons*. Victoria: Corrections Working Group of the Federation of Community Legal Centres and the Victorian Council of Social Service.

Chesney-Lind, M. (1989). Girls' crime and woman's place: Toward a feminist model of female delinquency. *Crime & Delinquency*, *35*, 5–29.

Chesney-Lind, M. (1997). *The female offender*. Thousand Oaks, CA: Sage.

Christopher, K., Lutz-Zois, C. J., & Reihardt, A. R. (2007). Female sexual-offenders: Personality pathology as mediator of the relationship between childhood sexual abuse history and sexual abuse. *Child abuse and neglect*, *31*(8), 871–883.

Clark, H., & Fileborn, B. (2011). *Responding to women's experiences of sexual assault in institutional and care settings* (ACSSA Wrap No. 10). Melbourne: Australian Institute of Family Studies.

Corrective Services NSW. (2011). *Women offenders*. Sydney: Corrective Services NSW. Retrieved from <www.correctiveservices.nsw.gov.au/offender-management/offender-services-and-programs/women-offenders>.

Corston, J. (2007). *The Corston Report: A review of women with particular vulnerabilities in the criminal justice system*. London: Home Office.

Covington, S. (2007). Women and the criminal justice system. *Women's Health Issues*, *17*, 180–182.

Covington, S., & Bloom. B. (2004). *Creating gender-responsive services in correctional settings: Context and considerations*. Paper presented at the American Society of Criminology Conference, Nashville, Texas.

Covington, S., & Bloom, B. (2006). Gender responsive treatment and services in correctional settings. In E. Leeder (Ed.), *Inside and out: Women, prison, therapy*. New York: The Haworth Press Inc.

Daly, K. (1998). *Restorative justice: Moving past the caricatures*. Paper presented to Seminar on Restorative Justice, Institute of Criminology, University of Sydney Law School, Sydney. Retrieved from <www.gu.edu.au/school/ccj/kdaly.html>.

Department of Justice. (2012). *Community corrections*. Melbourne: Department of Justice. Retrieved from <www.justice.vic.gov.au/home/sentencing/community+corrections>.

Dirks, D. (2004). Sexual victimisation and retraumatisation of women in prison. *Women's Quarterly Studies*, *32*(3/4), 102–115.

Easteal, P. (1995). *The forgotten few: Overseas-born female inmates in Australia. Multiculturalism and the Law*. Canberra: Australian Institute of Criminology.

Easteal, P. (2001). Women in Australian prisons: The cycle of abuse and dysfunctional environments. *The Prison Journal*, *81*(1), 87–123.

Fagan, A. A. (2001). The gender cycle of violence: Comparing the effects of child abuse and neglect on criminal offending for males and females. *Violence and Victims*, *16*(4), 457–474.

Farkas, M. A., & Rand, K. (1999). Sex matters: A gender-specific standard for cross-dressing searches of inmates. *Women & Criminal Justice*, *10*(3), 332–341.

Fergus, L., & Keel, M. (2005). Conference review: Is prison obsolete? *ACSSA Aware*, *9*, 3–7.

Forsythe, L., & Adams, K. (2009). *Mental health, abuse, drug use and crime: Does gender matter?* (Trends & Issues in Crime and Criminal Justice No. 384). Canberra: Australian Institute of Criminology.

Foster, G., Boyd, C., & O'Leary, P. (2012). *Improving service responses to male victim/survivors of sexual assault* (ACSSA Wrap 12). Melbourne: Australian Institute of Family Studies.

Gelsthorpe, L. (2010). Women, crime and control. *Criminology and criminal justice*, *10*(4), 375–386.

Guarino, K., Soares, P., Konnath, K., Clervil, R., & Bassuk, E. (2009). *Trauma-informed organizational toolkit*. Rockville, Maryland: Center for Mental Health Services, Substance Abuse and Mental Health Services

Administration, and the Daniels Fund, the National Child Traumatic Stress Network, and the W.K. Kellogg Foundation.

Hannah-Moffat, K. (2010a). Sacrosanct or flawed: Risk, accountability and gender-responsive penal politics. *Current Issues in Criminal Justice*, *22*(2), 193–215.

Hannah-Moffat, K. (2010b). *Actuarial Sentencing: An "Unsettled" Proposition*. Paper presented at the University at Albany Symposium on Sentencing, Albany.

Harris, M., & Fallot, R. D. (2001). Designing trauma-informed addictions services. *New Directions for Mental Health Services*, *89*, 57–73. doi: 10.1002/yd.23320018907.

Herman, J. (1994). *Trauma and recovery*. London: Pandora.

Holmes, J. (2010). *Female offending: Has there been an increase?* (Crime and Justice Statistics Bureau Brief, Issue Paper No. 46). NSW: NSW Bureau of Crime Statistics and Research.

Jennings, A. (2004). *Models for developing trauma-informed behavioral health systems and trauma-specific services*. USA: United States Department of Health and Human Services.

Johnson, H. (2006). Concurrent drug and alcohol dependency and mental health problems among incarcerated women. *The Australian and New Zealand Journal of Criminology*, *39*(2), 190–217.

Kilroy, D. (2001). *When will they see the real us? Women in prisons*. Paper presented at the Women in Corrections: Staff and Clients Conference, Adelaide. Retrieved from <www.sistersinside.com.au/media/whenwillyouseetherealus.pdf>.

Kilroy, D. (2004). *Submission of Sisters Inside to the Anti Discrimination Commissioner for the Inquiry into the Discrimination on the basis of Sex, Race and Disability Experienced by Women Prisoners in Queensland*. Queensland: Sisters Inside.

King, S., Bamford, D., & Sarre, R. (2005). Factors that influence remand in custody: Final report to Criminology Research Council. South Australia: Social Policy Research Group, University of South Australia.

Kruttschnitt, C., & Gartner, R. (2003). Women's imprisonment. *Crime and Justice*, *30*, 1–81.

Lafortune, D. (2010). Prevalence and screening of mental disorders in short-term correctional facilities. *International Journal of Law and Psychiatry*, *33*(2), 94-100.

Lemieux, S. R., & Byers, S. E. (2008). The sexual wellbeing of women who have experienced child sexual abuse. *Psychology of Women Quarterly*, *32*(2), 126–144.

Lievore, D. (2003). *Non-reporting and hidden recording of sexual assault: An international review*. Canberra: Commonwealth Office of the Status of Women.

Loxley, W., & Adams, K. (2009). *Women, drug use and crime: Findings from the Drug Use Monitoring in Australia program*. Canberra: Australian Government.

Martin, J., Kautt, P., & Gelsthorpe, L. (2009). What works for women? A comparison of community-based general offending program completion. *The British Journal of Criminology*, *49*(4), 879–899.

Mental Health Coordinating Council. (n.d.). *Trauma-informed care in mental health services: Consultation on the development of a National Strategy for Trauma-Informed Care (NS-TIC)*. NSW: Mental Health Coordinating Council. Retrieved from <www.mhcc.org.au/documents/NS-TI-%20Lit-Rev-190510-F.pdf>.

Messina, N., & Grella, C. (2006). Childhood trauma and women's health outcomes in a California Prison Population. *American Journal of Public Health*, *96*(10), 1842–1848.

Miller, J. (2008). *Getting played: African American girls, urban inequality, and gendered violence*. New York: New York University Press.

Miller, S. (2005). *Victims as offenders: The paradox of women's violence in relationships*. New Brunswick: Rutgers University Press.

Mitchell, M. (2005). *Classification or discrimination? Assessing risk and need in women's correctional centres* (Research Report). Qld: Sisters Inside.

Moloney, K. P., van den Bergh, B. J., & Moller, L. F. (2009). Women in prison: The central issue of gender characteristics and trauma history. *Public Health*, *123*, 426–430.

Ogloff, J., Davis, M., Rivers, G., & Ross, S. (2006). *The identification of mental disorders in the criminal justice system*. Canberra: Criminology Research Council.

Penfold, C., Turnbull, P. J., & Webster, R. (2005). *Tackling prison drug markets: An exploratory qualitative study*. (Online Report 39/05). London: Home Office.

Pereira, C. (2001). Strip-searching as sexual assault. *Hecate*, *27*, 187–196.

Plugge, E., Douglas, N., & Fitzpatrick, R. (2006). *The health of women in prison: Study findings*. UK: Department of Public Health, University of Oxford. Retrieved from <www.publichealth.ox.ac.uk/research/prison/2007-02-13.6702780065/view>.

Pollock, J. M. (1998). *Counseling Women in Prison* (Vol. 3). Thousand Oaks: SAGE Publications.

Pollock, S., & Brezina, K. (2006). Negotiating contradictions: Sexual abuse counseling with imprisoned women. In E. Leeder (Ed.), *Inside and out: Women, prison and therapy*. New York: The Hawthorn Press, Inc.

Price-Robertson, R., Bromfield, L., & Vassallo, S. (2010). *The prevalence of child abuse and neglect* (NCPC Resource Sheet). Melbourne: Australian Institute of Family Studies. Retrieved from <www.aifs.gov.au/nch/pubs/sheets/rs21/rs21.html>.

Quinn, K. (2008). *Women and corrections* (Gender Impact Assessment No. 3). Melbourne: Women's Health Victoria. Retrieved from <whv.org.au/static/files/assets/ed8eaf9a/Women_and_corrections_GIA.pdf>.

Richters, J., Butler, T., Yap, L., Kirkwood, K., Grant, L., Smith, A., Schneider, K., & Donovan, B. (2008). *Sexual health and behaviour of New South Wales prisoners*. New South Wales: School of Public Health and Community Medicine, University of New South Wales.

Rumgay, J. (2004). *When victims become offenders: In search of coherence in policy and practice*. London: Fawcett Society.

Salisbury, E. J., & Van Voorhis, P. (2009). Gendered Pathways: A quantitative investigation of women probationers paths to incarceration. *Criminal justice and behavior*, *36*(6), 541–566.

Sentencing Advisory Council. (2010). *Gender differences in sentencing outcomes*. Melbourne: Sentencing Advisory Council.

Solomon, E. P., Solomon, R. M., & Heide, K. M. (2009). EMDR: An evidence-based treatment for victims of trauma. *Victims and Offenders*, *4*, 391–397.

Spataro, J., Mullen, P. E., Burgess, P. M., Wells, D. L., & Moss, S. A. (2004). Impact of child sexual abuse on mental health: Prospective study in males and females. *British Journal of Psychiatry*, *184*, 416–421.

Swan, S. C., Gambone, L. J., Caldwell, J. E., Sullivan, T. P., & Snow, D. L. (2008). A review of research on women's use of violence with male intimate partners. *Violence and Victims*, *23*(3), 301–314.

Tarczon, C. (2012). *Mothers with a history of childhood sexual abuse: Key issues for child protection practice and policy* (ACSSA Research Summary No. 2). Melbourne: Australian Institute of Family Studies. Retrieved from <www.aifs.gov.au/acssa/pubs/researchsummary/ressum2/index.html>.

Teague, R., & Mazerolle, P. (2007). *Childhood physical abuse and adult offending: Are they linked, and is there scope for early intervention?* Queensland: Queensland Government.

Teague, R., Mazerolle, P., Legosz, M., & Sanderson, J. (2008). Linking childhood exposure to physical abuse and adult offending: Examining mediating factors and gendered relationships. *Justice Quarterley*, *25*(2), 313–348.

Topp, L. (2011). Locking up lives: Women in prison. *Of Substance*, *9*(1), 10–13.

Van Doorn, G., & Geyer, A. (2011). *NSW Community Offender Census 2010: Summary of characteristics* (Statistical Publication No. 37). Sydney: NSW Department of Corrective Services.

Van Tongeren, D. R., & Klebe, K. J. (2010). Reconceptualizing prison adjustment: A multidimensional approach exploring female offenders' adjustment to prison life. *Prison Journal*, *90*(1), 48–68.

Wall, L. (2012). *The many facets of shame in intimate partner violence* (ACSSA Research Summary). Melbourne: Australian Institute of Family Studies. Retrieved from <www.aifs.gov.au/acssa/pubs/researchsummary/ressum1/index.html>.

Worrall, A. (1990). *Offending women: Female lawbreakers and the criminal justice system*. London: Routledge.

Wybron, D., & Dicker, K. (2009). *ACT women and prisons—Invisible bars: The stories behind the stats*. Canberra: Women's Centre for Health Matters Inc.