

Pregnant and Parenting from Behind Bars: A Reference for Workers

The Department of Child Safety

Women in prison who have children often have experience with the Department of Child Safety. In many cases trying to access children for visits can be a difficult and long process with many different issues. DOCS will often refuse visits if a Mother is inside for a short period time, stating that prison is not ideal for children. In Brisbane, the playgroup scheme run by save the children is an appropriate alternative as they provide an environment that is fun and safe and without the stigmas that normal visits require.

Over the past twelve months this author has noted an increase in the number of women being criticised from DOCS for not being proactive in contacting them. This is unfair as it is very rare that DOCS will accept women's requests to be able to call them. When they do call it is generally from a counsellors office and this doesn't happen frequently enough. Writing letters is another difficult task that is quite expensive, especially when considering the small amounts that the women earn the inflated costs of the "buy-up" items.

Another common issue is the unsupportive carers of children, which can be either kinship or foster carers. Not supporting visits, declining phone calls, carers who encourage children to call them "Mum" and thinking that they are doing a better job than the woman in prison could ever do are all common issues when dealing with carers. Complaints often fall on deaf ears and if it is a family member who is caring for the children, the woman may not feel as though she has a right to complain. When this happens, it is important to reassure the woman and remind that only she knows what's best for her child and that just because she is inside, it doesn't mean that her right to be an active parent has been revoked.

Preparing children for incarceration and release

There are many issues to consider when a parent goes to jail – do you tell the child where their mum is? Do you tell them that mum is sick and getting better or that she's at work? Do you try to explain a jail as an "adult time out"? The most important thing is to remind the child that mum still loves them and that it isn't their fault. Kids hear more than we expect and pick up on adult conversations that they weren't meant to hear, so for carers it is important to watch what they say around kids.

Telling kids when a parent comes out can be influenced by many things. If the full sentenced is served with no time remaining or if there is still parole to serve should be considered when telling a child a date when mum gets out. If extra charges are added on, parole revoked or if any other circumstance comes up, the child can be left heart broken and wondering what they did wrong. On the other hand, telling a child when mum is getting out can be a positive. It gives the child something to look forward to and can be

marked on calendar. The child can also prepare a card or with the help of adult prepare something for mum and child to do together.

The best guide is to consider how well your child handles their emotions, how mature or before telling them any information. There is no absolute right thing to say, but the important thing is to keep the mother involved and give the heaviest consideration to their wishes.

Pregnant and parenting from behind bars

Going into prison whilst pregnant is daunting, upsetting, and brings a lot of uncertainty. Prisons are not able to guarantee that you will get to keep your baby with you and if there aren't enough beds, if you have certain charges or if you get into trouble once your inside, you won't be allowed to keep your baby with you. In QLD there are a total of 20 beds available for women and their babies (8 in Brisbane Women's Correctional Centre, 8 in Townsville Women's Correctional Centre and 4 at the Helana Jones Community Correctional Centre). If you decide to have your baby with you there are many things to consider. In the maximum security centres, your child is sent out to see doctors and QLD health won't provide any medical care to your child. The baby needs to be handed out to get vaccinated and babies who are withdrawing from methadone aren't permitted to stay at these centres. In community correctional centres, you can take your baby to see doctors and babies who are withdrawing from methadone are allowed to stay with their mothers there. The priority is always given to women who have newborns, women are sometimes asked to hand their baby out to carer's or family if the prison needs to make room for another mum and her newborn.

See the following report for more information regarding the implications of imprisoning women.

The Increasing number of Women in prison, its implications on their health and parenting and preparation for release.

By Jacinta O'Keefe

The incarceration of females in prison is increasing at an incredibly high rate. Between 1995 and 2002 the female prison population in Australia had exploded by 58%. (Australian Bureau of Statistics, 2007) There are many reasons for this increase including the change of legislation, drug use and a rising crime rate overall (Australian Bureau of Statistics, 2007). Placing women behind bars however creates several unique issues which will be discussed in further detail below, after this report has a look at the kind of women that end in prison.

The first characteristic of the female prison population is the over representation of Aboriginal women. In 2009 Aboriginal women represented 29.3% of the female prison population, despite representing only 2% of the general Australian population (Australian Institute of Criminology, 2010). 22% of Aboriginal women in custody have self harmed and, when released an Aboriginal women is 12.6 more likely to die after release from custody than the general population (Australian Institute of Criminology, 2010). This data highlights the mental health needs of indigenous women in prison and how unsupported they are.

Women in prison are generally young with 45% being aged between 20-29 and 67% between 18-35 (Australian Bureau of Statistics, 2007). Given this populations age group, many women who come into prison are either pregnant or have dependent children with 60% of women in prison have children aged under 16 years.

Women in prison are one of the most high-needs groups given the experience of complex trauma, depression and suicidal tendencies, drug and alcohol addictions and other physical illnesses such as Hepatitis. Up to 57% of women in prison have been diagnosed with some form of mental illness and 40% of women in prison have reported that they have previously attempted suicide (Australian Bureau of Statistics, 2007). 63% of women in Queensland's prison had used drugs in the 12 months before they were incarcerated (Australian Bureau of Statistics, 2007). Rates of Hepatitis C are quiet high, with 43% of women in prison in QLD testing positive to the disease and 64% in NSW. (Australian Bureau of Statistics, 2007).

This shows that the population of women in prison has high needs for mental health services, drug and alcohol programs, parenting support and counselling. The ever-increasing number of women behind bars leaves many challenges for social workers and health providers. The rate of women being incarcerated will be likely to continue to rise unless real action occurs for social change to address the issues that result in women being incarcerated. The challenges that social workers and health providers face will be addressed and discussed in more depth in the following section.

Access to Health Care Services

One of the biggest challenges that women face in prison is access to health care services. This section of the report will cover the limitations of health care available to women who are incarcerated.

The structure of health care in prison was designed around white males (Belknap, 2010) and the services that are provided have been based upon the needs of male prisoners, rather than those of women who are incarcerated (Parella and Ammar 2007). On average women see Doctors 2.5 times more than their male counterparts (Parella and Ammar 2007). Women in prison have a high need for mental health services and have poorer health, given that the vast majority of women in prison come from low socioeconomic backgrounds (Stoller, 2003). The population of women in prison has very high physical and mental health needs which corrective services needs to address.

An increasing popular “solution” to health care in prison is to contract the health services out – to either a private provider or to the state health care system (Stoller, 2003). This does not appear to be a solution however as health care access for women in prison is still limited by poor health care management, prison rules and priorities that don’t focus on the needs of the women and an indifference by the staff and management (Stoller, 2003).

Women’s health is arguably more complex than that of men (Bergseth, Richardson Jens & Bergeron-Vigesaa, 2011) and as such they require more health services to be available to them. The female prison population is continuously rising and as it continues to do so, the need for health care services and support in prison will become more paramount.

The challenge of health care access for women in prisons will be an ongoing issue that will require a lot of reform. At this stage the health care system in prison is racist and sexist (Parella and Ammar 2007). Health care is a basic human right that is currently being systematically denied to those women who are perhaps most in need. This makes intervention difficult, especially when the most basic needs are going unmet. It is a hard

task to address the issues surrounding a woman's imprisonment if their health is poor or if they are in physical pain.

Preparing Women for Release

Another important challenge is working with women prior to their release, as previously discussed throughout this report the female prison population has unique needs that should be addressed to ensure that women aren't going to end up back inside.

When women are released they often have unique family needs such as rebuilding relationships with their children or re-establishing family ties (Travis, 2005 in Bergseth et al 2010). In Australia, 60% of the women incarcerated have children under the age 16 reunification is an important part of reintegrating women back into the community. This is complex as mothers often feel guilty and the children can feel abandoned (Bergseth, 2011). This is made more difficult by the limited access women have to their children whilst they are incarcerated (Mumola, 2000 in Bergseth et al 2010).

Another issue for women upon their release is appropriate housing. This is a crucial element to avoid recidivism. A safe place to go after release often ensures reunification with children and helps women to remain sober (Bergseth, 2011). Finding safe accommodation can be difficult as public housing is limited with a long waiting list, crisis accommodation is often not safe and community based housing often has a strict criteria or rules which is not suitable for women who have been released (Travis, 2005 in Bergseth et al 2010).

Another key issue for women who are being released is interpersonal function. Bergseth et al (2011) argue that women being released from prison are likely to lack the necessary social and life skills to ensure successful reintegration. This is due to the high rates of sexual, physical and emotional abuse that is highly common among the female prison population (Belknap and Holsinger, 2006). Without providing the necessary skills and tools to address this abuse will often result in the continuation of abuse and may result in reoffending (Belknap and Holsinger, 2006).

These unique circumstances that surround a woman's release provide challenges for social workers. Housing and counselling are two of the most important aspects for women being released. Providing counselling to women inside can be challenging, given the institutionalized setting and finding suitable housing is even more difficult. Being with family and providing women with education surround abuse and domestic violence is key to ensuring a successful reintegration. Working with women prior to their release can be difficult to limited access in prisons, however when possible real results are achievable.

Supporting Parenting in Prison

Parenting from behind bars is rather difficult and can be traumatic for both children and Mothers. Social workers in organizations that work with women in prison often have a difficult task of assisting in communication, visits and reunification with their children. There is often involvement from children's service which for the social worker means communicating and advocating not only to Corrective Services, but also with Child Safety.

Working with women to address their own emotional needs can improve parenting skills of the women in prison who have children (Boudin, 1998). Supporting women to parent from behind bars can be quiet challenging. There is a need to address any hurt and feelings of abandonment of the children of women in prison, and the feelings of inadequacy and guilt felt by women who are in prison (Travis, 2005 in Bergseth et al 2010).

Encouraging women to parent behind bars can be as simple as helping an illiterate woman write a letter to her child or as complex as advocating and supporting a woman to be able to keep her child inside with her. For women, being away from their children does not mean necessarily mean that they give up their rights to make decisions about their children's lives (Colorado Criminal Justice Reform Coalition (2011). Encouraging women to make decisions about school and medical can be empowering.

For the social worker providing practical support and advocacy is an important part of working with women in prison and in order to achieve this, the social worker needs to be trusted by the women they work with (Lucashenko and Kilroy, 2005). To be able to work successfully with women in prison you need to build trust up trust and keep it (Lucashenko and Kilroy, 2005). This is especially true if you work with the women and their children, for example if your driving their children for visits, or talking to child safety, a woman needs to have trust that you are doing the best you can for them and their children.

The increasing number of women in prison with young children means that this field will become more diverse and researched. It is a developing area that is important as encouraging the relationship between mother and child has the potential to stop intergenerational offending (Travis, 2005 in Bergseth et al 2010). Working in this field can be challenging however there are opportunities to improve the circumstances that result in imprisonment, which will be discussed in the next section.

Addressing the social needs of women to prevent recidivism

As discussed earlier in this report, the female prison population has unique needs such as health care, educational and employment needs, and sexual and physical abuse history. This section of the report will look at opportunities to address the needs of women who end up in prison in the hopes that by addressing these needs the rate that women are incarcerated is reduce significantly.

The female prison population is largely uneducated and illiterate – 45% of women inside have less than a high school education (Bergseth, 2011). It is also a population with limited work skills making earning an income difficult for these women who end up turning to crime to support themselves (Bergseth, 2011). By ensuring that women who enter prison are provided with opportunities to learn or up skill, women who leave prison will be more employable and as such less likely to return to prison (Travis, 2005 in Bergseth et al 2010).

Health needs are high on the list of issues women in prison face. Mental, physical, emotional health along with substance use and dependency are all issues that can be addressed to improve the quality of life for women. In turn this may help to reduce the rate of reoffending. (Bergseth, 2011). By improving the health care in prison, providing adequate drug and alcohol programs and educating women on healthy eating and exercise, there a real opportunity to make a difference.

Women in prison report a high rate of physical, sexual and emotional abuse (Belknap and Holsinger 2006). Educating women around the issues of abuse and encouraging them to cut ties with those who have inflicted abuse and encourage positive healthy relationships will reduce the rate of recidivism (Belknap and Holsinger 2006). This is not easy for many of the women, but if successful the benefits for not only the woman, but for her family will significant and will reduce the chance of her going back to prison.

The opportunity to address the social issues that surround offending behaviour is there, but not many appear to take it. Government funding that supports women being released from prison is limited and is never a popular decision, but the positive impacts it would have on the women, their families and if done properly, would reduce the prison population and therefore benefit the community as well

Conclusion

Placing women in prison has more of an impact than just on the women themselves. Although incarceration can negatively impact the health of women, it also impacts on their family, particularly their children. The women who are being imprisoned are some of the most vulnerable in the population and many have a long, sad history. If social workers take the opportunity to assist these women to address their social, emotional and health needs, there is a real chance that these women can start to heal.

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