

*Gender specific responses to
addressing women's offence
specific treatment needs*

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TAKE HOME MESSAGES!



- # 1: Not all women in the correctional system are there solely because they are victims
- # 2: Women need to take responsibility for not re-offending

Previous models of service delivery



- Models that focus on issues typically viewed in the male system as “offence related”
 - e.g. depression, anxiety, poor self esteem
- Models that focus on issues typically viewed in the male system as “offence specific” or “criminogenic”.
 - e.g. antisocial peers, “criminal” beliefs

Delivery of offence specific programs to women



- Cognitive Skills Programs – good success in the main
- Violence Intervention Program – a miserable failure!!

Why did the VIP for women fail?



- Operational issues not factored in
- Assessment issues not considered
- Back to the drawing board in the literature

What does the literature tell us?



On the differences between men and women's use of violence?

- Traditionally neglected in the research, partly due to the comparative low base rate of crime, particularly violence perpetrated by women
- Many argue that it also is due to perceptions of offenders that use violence too

Traditional models of offender treatment I



- The traditional model of treating offender behaviour has been the risk, need, responsivity (RNR) model
 - Rehabilitation can only be successful if “it targets the characteristics of the offender directly related to their offending behaviour, and if that intervention is delivered in a way that takes account of the individual characteristics of the offender” (Byrne & Howells, 2000, p. 6).
- Many authors have been uncertain about the fit of this model to female offenders

Traditional models of offender treatment II



- As a result, many have suggested the use of the Good Lives Model or the empowerment model (focus away from risk to enhancing offender capabilities)
- However, Blanchette (2006) argues that this approach is not a departure from the RNR model

Traditional models of offender treatment III



- As a result, Blanchette (2006) suggests:
- Risk – individualized assessment is necessary, as the traditional risk assessment classification systems may not fit to women (as most come up as low risk)
- Needs – women’s needs may be different and those traditionally conceptualised as non-criminogenic may in fact be criminogenic in women)
- Responsivity: needs to be a focus on skill acquisition, strengths based, holistic and relational in orientation

Current status



- Working group formed between:
 - Department of Justice Health Unit
 - Corrections Victoria's Clinical Services Unit
 - Corrections Victoria's Women's Policy Unit
- To: develop a comprehensive intervention program designed to meet the gender specific needs of women who engage in violent behaviour

Working group tasks



- Review the literature
- Review all current programs provided in other jurisdictions – consult (e.g. Canada and New Zealand)
- Develop a program model for piloting

Preliminary model



- Premised on the need to offer a tailored approach to women’s offending that incorporates “offence related” and “offence specific” topics as potentially of equal importance in reducing re-offending.
- A modular approach considered best for providing a tailored service.

Components of a tailored approach



- Comprehensive assessment and tailored treatment plan
- Treatment comprised of:
- CORE modules (e.g. social skills, relationship skills, emotional regulation, communication and assertiveness, grief and loss, understanding and managing anxiety, including trauma)
- OPTIONAL modules (e.g. exploring change, the offence process, victim awareness, self management of high risk situations, managing depression, self esteem, domestic violence, healthy living/healthy body image).

Summary



- The need for a different approach
- Women's use of violence is different in terms of frequency, nature and type of violence.
- Depending on crime, motivations for violence can be the same or different to men
- RNR model needs to be combined with Empowerment model – holistic in focus and based on individualised treatment
- Research is limited in this field

Thanks for listening

Question Time...

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