INTRODUCTION
This is the second of two Focus on Women papers on the health and wellbeing of women in prisons. The first paper provided a profile of women in Australian prisons and an overview of current government responses. This second paper examines health and wellbeing issues of female prisoners. It is based on the World Health Organisation’s definition of health as: ‘a state of complete physical, mental and social well-being, and not merely the absence of disease and infirmity’.

The health issues most consistently raised in the literature on female offenders are drug and alcohol use, physical and sexual abuse, mental and physical conditions, and self-harming behaviour. The emotional wellbeing of many women is strongly affected by separation from children, concerns about their care, and access to family while in prison. The consequences of these health and wellbeing issues extend beyond time spent in prison. Women also experience significant difficulties after release. Social and economic disadvantage compound the impact of imprisonment on women’s health and wellbeing. This paper provides an overview of the extent and impact of these issues among women in Australian prisons.

SUBSTANCE ABUSE
At June 2002, 15 per cent of sentenced women in Australian prisons were convicted of dealing, manufacturing, possessing or using an illicit drug as the most serious offence for which they were imprisoned. However, this under-represents the proportion of women for whom drug use directly or indirectly contributed to their offending. For example, research has shown links between illicit drug use and property offending. The relationship between alcohol use and violence has also been found among women.

Further, substance abuse has health consequences that have implications for women in prisons independent of any link to criminal behaviour.

In Queensland, over half of women received into prison reported illicit drug use, consistently higher than male prisoners. In Victoria, it has been estimated that four out of five women enter prison with drug or alcohol dependencies. South Australian studies found between 60 and 85 per cent of female prisoners having problems with the misuse of substances. In New South Wales, 73 percent of female and 64 percent of male prisoners reported having used an illegal drug at some time in the past. Almost half of women in NSW prisons had sought treatment for a drug problem prior to or during imprisonment compared to 28 per cent of men.

Four in five female prisoners stated they had frequently used drugs and alcohol in the six months before their arrest in a Western Australia survey. Two-thirds reported a connection between their drug or alcohol use and offending behaviour. Forty-one per cent were under the influence of drugs or alcohol at the time of the offence, 21 per cent had committed the offence to get money to buy drugs, and 16 per cent were selling or trafficking drugs. Indigenous women reported different patterns from non-Indigenous women, as shown in Figure 1.
There is also evidence that substance abuse is more prevalent among women with prior histories of imprisonment and among young women in particular. In Victoria, two-thirds of first time offenders reported drug abuse before they were imprisoned compared to 92 per cent of women serving second or subsequent sentences. All of the women aged under 24 identified drug influence as relevant to their being imprisoned.

Female prisoners may have multiple substance dependencies. For example, two thirds of women in prison in Victoria reported multiple drug use. There is also a high use of prescription medication among female prisoners. The impacts of substance abuse can also be compounded for women with a dual diagnosis, that is, drug addiction and a mental illness. Substance abuse has been identified as a high risk factor for post-release mortality and recidivism.

The impacts of substance abuse are well documented. They include drug related deaths and illness, economic consequences, and effects on family and other relationships. The deaths of twelve women in Australian prisons, juvenile detention centres, police cells or during police custody-related operations between 1980 and 2000 have been attributed to drugs or alcohol.

This comprises about 17 per cent of female deaths in prisons. However, some alcohol and drug related deaths could be recorded as natural or accidental deaths, so these figures may be even higher. Drug related deaths also predominate in the deaths of women after release from prison.

Preventing illicit drug use within prisons and reducing substance abuse among prisoners are key policy concerns for corrective services. In 1999, as a result of a decision of the Special Council of Australian Governments’ meeting, states and territories agreed to develop and fund programmes that intercept the supply of drugs to prisons and that develop and trial diversionary treatment programmes within the prison system for dependent users. Correctional health services provide various substance abuse programmes at state and territory level.

Drug policies in Australian prisons have attracted the attention of researchers in this field. Prohibitionist drug policies have been held responsible by some for creating an environment conducive to illicit drug-taking and risky behaviour. The range of programmes operating at community level is not necessarily available within prison environments. While New South Wales has operated a methadone programme...
since 1986\textsuperscript{21}, it has only recently been introduced in Queensland, South Australia, Victoria, Tasmania and the Australian Capital Territory prisons\textsuperscript{22}. Currently no jurisdiction operates a needle exchange programme in prisons\textsuperscript{23} although offenders on community corrections orders would have access.

Drug use in custody and the adequacy and availability of drug treatment facilities for women has been universally identified across Australian jurisdictions as a key problem area in the management of female prisoners\textsuperscript{24}.

**PHYSICAL HEALTH**

Female offenders tend to enter prison with a history of poor physical health. The most frequent health problems are drug and alcohol addiction, poor dental care, gynaecological diseases, and chronic health problems\textsuperscript{25}.

In a Western Australian survey, 61 per cent of women reported diagnosed physical health issues prior to their imprisonment. The figures were higher for Indigenous than non-Indigenous women. The most frequently reported conditions are shown in Figure 2\textsuperscript{26}. The report notes that asthma and back problems were also the most commonly reported conditions among NSW female prisoners.

In Queensland\textsuperscript{27}, the most common reported medical conditions for women entering prison were asthma (38 per cent) and Hepatitis C (32 per cent). Others included cardiac conditions, sexually transmitted diseases, diabetes, and Hepatitis B. Over half were on prescribed medication when received into prison. Risk behaviours for HIV or hepatitis were recorded for 41 per cent. Nine per cent were pregnant\textsuperscript{28}.

Over-use of psychotropic medication among female prisoners, often used to assist heroin or methadone withdrawal, has been raised as an important issue affecting the mental and physical health of prisoners\textsuperscript{29}.

Impacts of poor physical health are obvious and can extend to death or involve chronic and long-term pain or disability. Poor physical health can limit a woman’s capacity to take up programme opportunities or develop social networks and supportive relationships in prison and has flow-on effects for quality of life after release from prison. Twenty women died of natural causes in Australian prisons, juvenile detention centres, police cells or during police custody-related operations between 1980 and 2000. Eleven were Indigenous women\textsuperscript{30}.

Women in prisons receive general and specialised health care services through correctional health services provided within prisons or at medical facilities outside the prison. Health promotion programmes, such as those dealing with nutrition, exercise and self-care, are also available. Access to culturally appropriate programmes and services may be an issue for some women.

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**Fig 2: Prior physical health issues: Western Australian female prisoners, 2001**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Aboriginal women</th>
<th>non-Aboriginal women</th>
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<tbody>
<tr>
<td>back</td>
<td>30</td>
<td>20</td>
</tr>
<tr>
<td>asthma</td>
<td>25</td>
<td>20</td>
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<tr>
<td>cardiac</td>
<td>5</td>
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<td>pregnancy</td>
<td>10</td>
<td>10</td>
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<tr>
<td>diabetes</td>
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<td>5</td>
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<td>gynaecological</td>
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<td>5</td>
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<tr>
<td>cancer</td>
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Source: Department of Justice 2002, Profile of Women in Prisons
MENTAL AND EMOTIONAL HEALTH
There is a high prevalence of psychological distress and disorders among women in prison. Victorian figures show 36 per cent of women in custody presented with psychiatric issues31. A NSW prison health survey in 1997 found just over one-quarter of women had been diagnosed as having a psychiatric problem compared to 12 per cent of men. Half of the women had received psychiatric treatment and over one-third had been previously admitted to a psychiatric unit or hospital. More recent figures puts the percentage of NSW female prisoners previously admitted as high as 73 per cent32.

In Western Australia33, just over half of female prisoners report having been diagnosed with a mental illness prior to their imprisonment. Indigenous women had lower rates (41 per cent) than non-Indigenous women (57 per cent). The most common conditions were depression (experienced by two out of five women) and anxiety (one in five). Post-traumatic stress, eating disorders, attention deficit, and personality disorder were also reported. Fifteen per cent of women had previously been admitted to a mental health unit and over one-third had been treated by a mental health professional.

In Queensland, nine per cent of female prisoners had been previously admitted to a psychiatric hospital and 17 per cent had been prescribed counselling or treatment. Over one third reported previous mental health problems and 35 per cent reported current emotional problems. The corresponding figures for male prisoners were much lower on all four indicators. Data collected using a World Health Organisation questionnaire, indicated that women in Queensland correctional centres were at risk of mental health problems in greater proportions than men34.

Personality disorders, especially borderline personality disorders, have been reported to be more common in women than men. Female offenders with borderline personality disorders have been described as typically showing disproportionately intense emotions, being unable to tolerate distress, having chronic identity disturbances, and exhibiting self-harm and interpersonal behaviours that are often seen as manipulative or ‘acting out’. External obstacles created by prison environments such as loss of freedom or disempowerment increase these dysfunctional behaviours35.

Poor body image has also been identified among female prisoners. Associated with low self-esteem, poor nutrition and a disregard for health (particularly amongst drug users), body image issues can extend to risk taking behaviours such as eating disorders and other self-harm practices.

Mental health issues among women in prison have diverse consequences for their health and wellbeing, including heightened risk of suicide and injury, effects on relationships, capacity to take up programmes within prison and to manage the transition from prison to community after release, and general quality of life both within and post-prison.

Forensic psychiatry and psychology services provide treatment to prisoners with mental health issues at state and territory level. A diversity of counselling and support programmes operate within prisons to address a range of issues, such as emotional trauma, anger control, problem-solving, social and life skills. The research and practice literature confirms the effectiveness of such interventions36. Access to counselling support is a key need for female prisoners37.

INTELLECTUAL DISABILITY
Statistics are not available on the number of female prisoners with an intellectual disability in Australia. Both Australian and overseas studies report over-representation of people with an intellectual disability as offenders, though the numbers involved vary38. It has been estimated that three to four per cent of the prison population in Victoria has an IQ below 69, at least twice the rate of the general population39. New South Wales research suggests that people with an intellectual disability comprise at least 12 to 13 per cent of prisoners, which is about four times higher than the general population40. In Western Australia, two reports give figures of just over one per cent of the prison population having an intellectual disability41.
Intellectual disability introduces additional difficulties for women, both within the prison environment and on release from prison. This includes ineffective communication with staff, potential exploitation and victimisation by other prisoners, and reduced capacity for community reintegration and independent living after prison without suitable post-release support and assistance. Lack of support services including accommodation after release has been identified as a critical issue for prisoners with an intellectual disability.

**SUICIDE AND SELF-HARM**

Twenty-four self-inflicted deaths of women have been reported in Australian prisons, juvenile detention centres, police cells or during police custody-related operations in the twenty-one year period between 1980 and 2000. Many of the women dying in custody have a history of problematic licit and illicit substance use, alcohol misuse, domestic violence, mental illness or self-harm. It has been estimated that for every suicide there is anywhere between 30 to 100 attempts.

The Western Australian women prisoner survey found 40 per cent of women had attempted suicide at some time before being imprisoned and another 12 per cent had seriously thought about doing so. Fewer attempted it (12 per cent) although 15 per cent seriously thought about it while in prison. The report notes this is consistent with NSW figures, where more than half of NSW female prisoners reported suicidal thoughts and 39 per cent made suicide attempts prior to imprisonment but there was a reduction while in prison. The Western Australian survey found 16 per cent of women had self-harmed since being imprisoned, compared to seven per cent in NSW prisons and 23 per cent of NSW prisoners when in the community.

In Queensland, female prisoners reported much higher rates of previous self-harm, previous suicide attempts and current suicide ideation than males. Women were also more likely to be admitted to crisis support units (units providing for the assessment and treatment of ‘chronically suicidal prisoners’).

A range of programmes and strategies have been introduced in Australian prisons to reduce the incidence of suicide and self-harm. They include comprehensive screening processes on reception into prison, incident response, cell design and accommodation strategies, counselling and support programmes, and changes to prison environment and management regimes within a suicide prevention framework. Some experts have argued that the focus should instead be on strengthening protective factors that mitigate against suicide feelings, for example, family support and visits and constructive activity within the prison system. The gender analysis of Australian deaths in custody identified that women die in different circumstances from male prisoners. That study concluded that gender-specific prevention policies need to be developed.

**HISTORY OF ABUSE**

Many female prisoners have a history of sexual or physical abuse. A Western Australian survey found that over three quarters of women in prison had experienced some form of abuse, either as an adult or as a child (see Figure 3).
The consequences of sexual and physical assault are widely documented. They include death and permanent disability, injury and pain, major emotional trauma, stress related symptoms such as sleep disturbance and impaired thinking, depression and anxiety, eroded self-esteem, feelings of isolation, guilt or self-blame, and difficulties in relating to others.

Prison has been described as intensifying the psychological effects of being subjected to sexual or physical assault because the controlled and punitive setting replicates the dynamic of any abusive relationship where the victim is without power or dignity. In particular, the practice of 'strip searching' is contentious, given the abuse history of many women in prison. Some have argued that strip searching uses methods of coercion by persons in authority to make women feel powerless, that it amounts to sexual assault, with results comparable to the physical, emotional and psychological harm caused by sexual assault.

The importance of access to counselling services has already been identified to address women's mental health issues. Providing opportunities for women to deal with the long-term psychological impacts of abuse is particularly relevant. In the Western Australian survey, over half of women prisoners with a prior history of abuse stated they had not received any assistance to resolve issues arising from their past experience of abuse.

**RELATIONSHIPS AND CHILDREN**

The profile of female offenders is sometimes described in terms of 'multiple dysfunctional relationships'. The high prevalence of prior abuse provides evidence of dysfunctional family and partner relations.

Relationship with children is consistently identified as a major issue for the health and wellbeing of women in prison. Women are commonly the primary and sometimes sole caretaker of their children or of other dependants when they enter prison. A Western Australian survey found that 43 per cent of female prisoners cared for dependants at the time of imprisonment, mostly their own children. Over one-third of the children were under six years of age and 48 per cent were aged between six and 12. Almost half of the women were single mothers. In Victoria, three-quarters of women in prison had dependent children.

Depression, anxiety and stress are common among women with dependent children. For many, the welfare and future of their children remains a constant source of anxiety during the prison term, particularly where the woman enters prison from an abusive situation and is uncertain about the safe care of her children. Placing children in care may be the only option for women without personal support networks. There are effects on self-esteem from the disruption to her role as a parent and caretaker. Women in the criminal justice system are inevitably judged - by themselves as well as others - against the cultural ideal of motherhood. Their transgression of this ideal contributes to the stress that incarcerated mothers experience when they enter prison. Some argue that the imprisonment of women with children is a double sentence - imprisonment and then separation from their children.

Separation also has implications for the children and other family members of women in prison. Loss and abandonment and issues of bonding and attachment are common problems. For children who lose their parents due to imprisonment, the experience carries a deep sense of shame and stigma, because they do not receive the same level of understanding and sympathy from friends, networks and the general community than if separated from a parent for other reasons. A child's normal development stages may be delayed. Children can experience multiple placements, foster care and loss of the family home. Extended families, particularly grandmothers, often struggle to cope with the financial and emotional demands of caring for the children of incarcerated mothers.

Maintaining the connections between imprisoned mothers and their children is a major policy issue for corrective services. In some prisons, babies are able to live with their mothers in special residential facilities. In Victoria, children are able to stay with their mothers in prison up to school age if it is deemed to be in the best interest of the child. Family visit policies provide opportunities for women to maintain contact with their children. However, there are barriers for many. For example, in the Western Australia prison survey, almost half of the women who were the main carers of dependants prior to imprisonment said they received no visits from their dependants.
Transport difficulties and travel distances were major factors but the prospect of family members being strip-searched was also identified as a deterrent64. In Victoria, barriers affecting connection with children included strip searches, timed phone calls, issues of communicating with welfare departments, lack of playing facilities for children in prisons for visits, and women wanting to protect family members from experiencing the reality of prison65.

Given the proportion of women caring for young children before their imprisonment, the length of average prison sentences served, and the barriers affecting connection with their children, it is not surprising that concerns about their children’s welfare and changes to the relationship with their children affect the health and wellbeing of women in prison. The distress associated with separation of mother and children has implications not only for the mother's mental health, but also for the child’s emotional development66.

**SOCIAL AND ECONOMIC DISADVANTAGE**

Female prisoners often experience multiple social and economic disadvantages pre and post release, through a constellation of low education, limited employment skills and opportunities, inadequate housing, insufficient income, and difficulties establishing social networks.

In Western Australia, 40 per cent of women in prison had completed schooling up to Year nine or less, under one-third were employed at time of arrest, and government benefits was the main source of income for two-thirds. Aboriginal women were the most disadvantaged group, with 58 per cent not completing Year 10 education and almost one-quarter receiving primary school level education or less. Just over half had never held a paid job and 82 per cent received government benefits as a source of income at time of arrest67.

In Victoria, nearly 80 per cent of women in prison had been unemployed or not part of the labour force upon imprisonment. Three quarters had undertaken some second level schooling but only one in five had completed secondary or higher level of education68. A literacy survey conducted by the Australian Bureau of Statistics in Queensland correctional centres found both male and female prisoners scored at significantly lower levels than the Australian general population norms69.

All jurisdictions managing sentenced prisoners provide prison-based education and vocational programmes. The research and practice literature concludes that vocational training and relevant employment experience can benefit women in prisons, although it is unclear what employment and education programmes are most effective70.

**POST-RELEASE MORTALITY AND WELLBEING**

Female prisoners often face a variety of difficulties upon release from prison. Post-release issues are intricately related to a woman’s circumstances prior to imprisonment. The experience of being institutionalised in prison, combined with earlier experiences of physical and sexual abuse, poverty, disadvantage, drug and alcohol abuse and social alienation often means that women find it particularly difficult to secure accommodation, employment and rebuild a social network. Other obstacles faced by many women on release include the level of basic skills for independent living, particularly financial management skills. Knowledge about how to access community support agencies to address ongoing needs such as substance abuse or parenting issues is a further barrier71.

Prisoners without family or community support can leave prison without any post-release support, including housing assistance, material aid and other services72. Women, especially sole carers of children and those with a drug problem, have been identified as having major difficulties in finding affordable suitable housing upon release72. Many domestic violence shelters exclude people with a drug problem and many hostels do not accommodate women with children74, which limits opportunities for women who are coping with substance abuse and domestic violence issues or who are parents without the financial means to afford reasonable housing when they leave prison. In a Victorian study, 80 per cent of female ex-prisoners claimed that securing appropriate housing was a significant factor in avoiding re-offending71.
In the Western Australia prison survey, over half of the women expressed concerns about their impending release and return to the community. The most frequent ones related to re-building family and friendships and lack of confidence about their coping skills for re-entry. Others included drug use, suitable accommodation, finances and employment, judgemental community attitudes towards ex-prisoners, returning to offending behaviour, and being on or completing parole.

The days and months following release from prison have been identified as a time when women are at significant risk of harm. Between 1987 and 1997 in Victoria, 93 women died shortly after leaving prison. In an analysis of 62 of these deaths, researchers found that only two of the women died of natural causes. Almost three-quarters were drug-related, with 41 of the women dying as a direct result of a drug overdose and four from complications arising from a particular incident of drug use. Fifteen died through acts of violence, motor vehicle accidents and suicide (see Figure 4).

Many died within a relatively short time after release from prison. Six of the 45 women who died of drug related causes had died within two days of release, 11 within the first two weeks, 13 within the first month, and 22 less than three months after release.

An analysis of deaths from unnatural causes of 820 men and women released from Victorian prisons between 1990 and 1999 found women who had been prisoners were 27 times more likely to die 'unnatural deaths' than women of the same age in the general population. Male prisoners were seven times more likely to die than men in the general population. The death rate from unnatural causes was higher among prisoners that had been imprisoned on several prior occasions.

Post release support has a critical role to play in both reducing recidivism and mortality post release. Support in the areas of drug rehabilitation and access to safe and affordable housing are particularly important for the health and wellbeing of women after release from prison.

Managing the transition from prison to community is a major policy focus for corrective services nationally. Pre-release programmes target prisoner needs in areas such as health, employment, housing, social skills and relationship management. In New South Wales two transitional centres have been established in an attempt to redress post-release issues for female prisoners. The programmes offered by these community-based centres address day-to-day needs and skill requirements such as employment, education and vocation skills, financial management and general living skills, relationships with families and children, community work, and recreation as a positive alternative to negative addictive habits. They also address a range of welfare and counselling issues, where women interact directly with Centrelink and housing agencies and are encouraged to access agencies in the community that deal with alcohol and drug abuse, gambling, grief issues, sexual abuse, and domestic violence. ‘Throughcare’ models of service delivery are also being explored, and are described in the previous Focus on Women paper The Profile of Female Prisoners.
CONCLUSION

This paper has described the extent and impact of a range of health and wellbeing issues among women in prison that have significant implications for programmes within prisons and for outcomes after release. Some practitioners\textsuperscript{83} have proposed a different conceptualisation of risk for male and female prisoners in targeting treatment and rehabilitation services. For men, there is an assumption that the risky behaviours that need to be addressed are primarily offending behaviours. However, for women the risks of most concern may be risks of harm to self and immediate family caused by factors such as psychological and psychiatric dysfunction and substance abuse. The specific content of programmes to address these issues needs to be targeted to the particular requirements of female prisoners\textsuperscript{84}. Effectively addressing the health and wellbeing issues faced by many women in prison means focusing on the responsivity of within-prison and post-release services, and matching both their availability and their design to the specific needs of women.

Considering gender in research, policy and planning for correctional services is essential. Corrections policy is a state and territory responsibility and different jurisdictions have approached the issues facing female offenders in different ways, naturally setting their own priorities for policy development. Some states have developed specific corrective services plans that explicitly address female prisoners' health and wellbeing issues (for example, New South Wales and Queensland). South Australia has recently prepared the Supporting Women Exiting Prison and Their Children in the Outside: Coordinated Care and Early Intervention Approaches report. It presents strategies for a sustainable model of collaborative and coordinated care across the human services and justice systems to improve the health and wellbeing of women and their families\textsuperscript{85}.

In Victoria, 'Women and Prison' have been identified as a specific needs group in the Women's Health and Wellbeing Strategy\textsuperscript{86}. Western Australia has recently announced the establishment of a directorate to deal exclusively with issues surrounding female imprisonment\textsuperscript{87}. Victoria has a Manager of Women's Correctional Policy responsible for the strategic management of female offenders and prisoners, including the promotion of interagency links and partnerships.

These examples of the work going on around the country highlight the importance of collaboration between jurisdictions to assist in best practice policy development. The national forums described in the companion Focus on Women paper The Profile of Female Prisoners provide an opportunity for exploring and sharing the outcomes of these and other initiatives. It is important that an emphasis on the needs of female offenders remains strong despite the small proportion of female offenders compared to male offenders. As stated by Victoria's Manager of Women's Correctional Policy:

'Differences between men and women's criminogenic needs as well as their cultural, social and economic experiences mean that in some areas, different approaches need to be taken to early intervention, diversion, rehabilitation, and post-custody transition, in order to provide the same chance of a secure, fulfilled and productive future\textsuperscript{88}'.


2 Australian Bureau of Statistics 2003, Prisoners in Australia, 2002 - Companion data, (Cat. No. 4517.0), Canberra, Table 12.


5 Department of Corrective Services 2000, Profile of female offenders Department of Corrective Services, Brisbane, p.19.


9 Standing Committee on Law and Justice 2000, Crime prevention through social support: Second report, New South Wales Parliament, Sydney, p.120.

10 Department of Justice 2002, Profile of women in prison: Main findings of the Prisoner Characteristics and Needs Survey of adult female prisoners in Western Australia, Report by the Western Australian Department of Justice, Community and Juvenile Justice Division, Perth, p.28.

11 Department of Justice, op. cit., p.66.


17 Davies & Cook 2000, op. cit.


21 Dolan & Croft, op. cit.


23 ibid.


26 Department of Justice, op. cit., p.49.

27 Department of Corrective Services, op. cit., p.17.

28 Department of Corrective Services, op. cit., p.25.


30 Collins & Mouzas, op. cit, p.3.

31 Armytage, Martyres & Feiner, op. cit., p. 7.

32 Standing Committee on Law and Justice 2000, op. cit., p.119.

33 Department of Justice, op. cit., p.52-53.

34 Department of Corrective Services, op. cit., pp. 17-18.


42 Standing Committee on Law and Justice 2000, op. cit., p.119.

43 Collins & Mouzos, op. cit., p.3.

44 ibid.


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47 Department of Corrective Services, op. cit., p.18.


50 Collins & Mouzos, op. cit., p.6.

51 Department of Justice, op. cit., pp. 57-58.


54 Department of Justice, op. cit., p. 60.


56 Department of Justice, op. cit., p. 31-40.

57 Office of the Correctional Services Commissioner, op. cit.


60 ibid.


64 Department of Justice, op. cit., pp. 4-5.

65 Department of Human Services, op. cit., p. 2.

66 Stanley & Byrne, op. cit.

67 Department of Justice, op. cit., pp. 41-46.


69 Department of Corrective Services, op. cit., p.24.

70 Cameron, op. cit., p.5.


73 Baldry, E.; McDonnell, D., Mapstone, P & Peeters, M. 2002, Ex-prisoners and accommodation: What bearing do different forms of housing have on social reintegration for ex-prisoners?, Australian Housing and Urban Research Institute, Melbourne.


76 Department of Justice, op. cit., p.74.

77 Davies & Cook, 2000, op. cit.

78 ibid, p. 4.

79 ibid, p. 5.


