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# **Tracking the Needs and Service Provision for Women Ex-Prisoners**

July 2013

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with

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*\*Sarah created the research proposal and study design; however, she was not involved in the field research or the authorship of this report.*

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## Executive Summary

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This paper presents the findings of research conducted with female prisoners serving short sentences in the Dóchas Centre. The research focussed in particular on the needs of this cohort of women upon leaving prison. 16 women were interviewed within the Dóchas Centre; the study was primarily a qualitative one which aimed to understand the subjective experiences of the women and communicate their stories by giving primacy to the women's own 'voices'.

### Key findings

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While each individual woman's story is unique there were significant patterns across the group. The profile of the group and the women's individual recounts of their life histories and experiences demonstrate a high incidence of deprivation, disadvantage, vulnerability and marginalisation. In this study this marginalisation was characterised by some or more of the following – unstable family backgrounds, care outside the home, homelessness, poor schooling, early engagement with the criminal justice system, childhood sexual abuse, intimate partner abuse, other sexual and physical abuse, little or no employment history, substance abuse, inability to care for their children, hospitalisation and treatment units, and significant mental and emotional health needs.

The majority of women had little or no formal educational qualifications and little or no histories of employment, with social welfare being the main source of income for the vast majority of women. 14 of the 16 women had experienced homelessness at some point in their lives with the vast majority experiencing repeat incidences of homelessness. 13 of the 16 women had a substance abuse problem at some stage in their lives, often commencing at an early age, with many having long term substance abuse problems. Three quarters of the women had experienced violence or abuse of some form either as a child or as an adult, with three quarters of these, in turn, experiencing repeat victimisation. The women also revealed significant mental and emotional health needs including a high incidence of depression. This study also found that these women demonstrated a resource-poor network. This was demonstrable within the women's stories by the low level of contact with family members and the low volume, frequency and expectation of visits while imprisoned. It was also demonstrable in the lack of knowledge of supports available within the community and the fact that many referred to learning about available services and feeling more supported within the prison.

Many of the women had extensive engagement with the criminal justice system from an early age and over a long period of time. However, the majority of crimes were low level addiction related crimes - theft, public order and drug offences. The majority identified themselves primarily as addicts as opposed to offenders and described their offending histories as inherently tied to their addictions, suggesting a sense of control over their offending but not their substance abuse.

The culmination of the above means that the needs of the majority of these women, whether in prison or in the community, were multiple, complex and highly intertwined. Thus, their post release needs are extensive and challenging. The study suggests that we may need to reconceptualise what can, or should be, expected in terms of individual desistance from these women, who have been cycling in and out of criminal justice involvement from an early age, often with significant substance abuse problems, high incidences of trauma and victimisation and considerable mental and emotional health needs. It also poses questions, based on the women's own understanding and experiences, as to the adequacy of supports and services available to these women within the community. The findings of this study also align with international research that both the triggers of female offending and the post release needs are extremely different for female offenders compared to that of their male counterparts and further emphasises the need for a gender specific approach.

Unfortunately prison is the venue where many women get the opportunity to be removed from their chaotic and vulnerable situations, find support and start looking to rebuild their lives. There is some level of acceptance of imprisonment as part of their lives particularly amongst those who have been in and out on frequent occasions; this does not however, for multiple reasons, make it the appropriate place. Imprisonment precipitates more disruption and distress in these women's lives - absence from children, stigma, shame and blame complicating already strained familial relationships, the prison environment itself (exacerbated by overcrowding and increased confinement), and the impact of transitions on healthcare particularly mental health needs. For this category of prisoners, women serving short sentences, there would appear to be a significant and increasing use of temporary release due to capacity and overcrowding issues. Actual alternatives to imprisonment which recognise and address the situations and needs of these women are required. There is a risk that these needs will not otherwise be met where temporary release is used as an alternative to imprisonment primarily to manage overcrowding and capacity issues.

The women themselves tell us that they are not looking for complex solutions for simple needs; they are looking for simple needs regardless of their complex situations. They are looking for accommodation, support for substance abuse, for something to keep them occupied during the day. They tell us that they struggle with some of these basic needs. They tell us that their lives have been consumed and torn apart by addiction, and that to tackle this addiction is the most urgent and basic need for most. They tell us that residential substance abuse treatment programmes are inadequate in supply with lengthy waiting lists, or that they are otherwise inaccessible to them due to criteria such as the need to be drug free or to detox yourself, an elusive goal for many. They also spoke of after-care accommodation and services which would support them in their post treatment lives. An important theme for many women was rebuilding their relationships with family, making their families proud of them again, and for mothers, building their relationships with their children and being there for them. Many women spoke about the importance of relationships with service professionals, focussing on the importance of the relationship with a trusted individual, someone who understood them, and was able to provide both practical and emotional support.

The recommendations set out herein would require changes to the Irish penal system including alternatives to custody, changes within the prison itself (overcrowding and confinement), that the prison is increasingly opened up to community engagement, that more resources are put into substance abuse treatment programmes, housing and supported accommodation, and that more resources are channelled to community agencies. Due to the multiplicity and complexity of the situations, problems and challenges experienced by many women, compounded by their poor social support networks, many interventions will need to be intensive and sustained and thus will be resource demanding. There is no speedy, low level cure for the situations, experiences and problems that these women grapple with.

### **Acknowledgements**

The Association for Criminal Justice Research and Development (ACJRD) expresses special thanks to the 16 women who participated in this research. We are extremely grateful not only for their time but also for their openness and generosity in sharing their stories. Many described a hope that their participation could help women in similar situations. We in turn hope that this paper and subsequent work by the ACJRD can contribute in some way to realising that hope. We would also like to thank Governor Mary O'Connor and her staff at the Dóchas Centre who were simultaneously supportive and unobtrusive throughout the duration of this research and the Governor and staff of Limerick Prison for their continued efforts to facilitate this research despite the lack of qualifying research participants during the research timeframe. Finally, we would like to thank the St. Stephen's Green Trust who funded the research.

## Introduction

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International literature has highlighted the relative growth of the female arrest rate (van Wormer, 2010; Carlen, 2002; Harm & Phillips, 2001). Trends reveal that much of this growth is related to offences which are non-violent and drug related (Quinlan, 2011; Richie, 2001). There is now an established consensus in the international literature that female prisoners demonstrate highly complex needs that are, importantly, distinct from their male counterparts (Malloch & Mc Ivor, 2011; Martin & Hesselbrock, 2008; Carlen, 2002; Harm & Phillips, 2001).

Women tend to report greater histories of physical, emotional and sexual victimisation than men (Hooper, 2003); with patterns of abuse most often multiple and sustained over time (Hamilton et al, 2002). Rates of childhood sexual abuse are high amongst female prisoners and research has demonstrated links between early child abuse and both substance abuse and criminality (Richie, 1996). Furthermore women are more likely than men to experience domestic violence in the context of an intimate partner relationship (Lake, 1995). Depression, incidents of self-harm and suicidal ideation are frequently reported by female prisoners (Hatton & Fisher, 2009), and mental health or psychiatric problems are also recorded in this population; often related to previous experiences of abuse or trauma (Hooper, 2003). Physical health is an important area of inquiry (Richie, 2001; Hatton & Fisher, 2009). It has also been demonstrated in many studies the affect incarceration has on motherhood and associated role strain (Robbins et al, 2009; Golden, 2005; Berry & Eigenberg, 2003; Ferraro & Moe, 2003).

Even when considering the other major needs women report, which may at first glance appear less 'gender specific' – issues such as drug or alcohol misuse, housing, education, training, social supports and relationships – it is argued by a growing number of authors that a gender-sensitive approach is still required (Malloch & Mc Ivor, 2011; van Wormer, 2010; Hatton & Fisher, 2009).

Women constitute just under four per cent of the prison population and the daily average number of females in custody during 2011 was 160 (Irish Prison Service, 2011). In line with much international literature on female prisoners, prominent Irish figures in our legal system have acknowledged the need for a gender-sensitive approach to the female prison population (O'Reilly, 2011). Judge Michael Reilly instructed that distinctions between the treatment of male and female offenders in Ireland must not be overlooked amongst prison staff: "Management and all staff working in women's prisons shall receive training which takes into account the gender needs of women prisoners" (O'Reilly, 2011).

Carmody and Mc Evoy's (1996) study of female prisoners both preceded and informed the purpose-built construction of the Dóchas Centre in Mountjoy Prison. This and other subsequent research and commentary on women in prison in Ireland has highlighted the pervasiveness of poverty and disadvantage in the lives of these women including low levels of education and employment, homelessness and insecure housing histories, poor mental and emotional health and high incidences of substance abuse (Morris, 2012; Quinlan, 2011). While Mason (2006) describes the Dóchas Centre as a positive experiment and approach to correctional development for female offenders, more recently concerns have been expressed about the potential negative impact of overcrowding and unstructured temporary release on the prison environment (IPRT, 2010), and the experience of imprisoned women within the Dóchas Centre (Quinlan, 2011).

Despite many calls for change, the ability to implement informed change has been limited due to a lack of existing empirical data. There is a dearth of literature on the multiple needs of female prisoners upon leaving prison in Ireland, including those of women serving short, and often multiple short, sentences. Many commentators have suggested that the imposition of multiple short

sentences is itself problematic and can have a more deleterious effect on positive engagement within the community (Baldry, 2010) and that those on short sentences can often be overlooked despite the fact that they may have equal or greater needs upon release (Baldry, 2010; IPRT, 2010). As such, this project seeks to address this gap in knowledge by providing an up-to-date study of this highly marginalised and vulnerable group, with particular focus on their return to mainstream society.

The main objective of this research project was to assess the needs of female prisoners upon leaving prison. In order to achieve this, we asked the women themselves so as to truly understand their subjective experiences and opinions and give primacy to their 'voices'. This also aimed to address the inherent underreporting of violence and victimisation in women's lives (Hooper, 2003), an issue particularly pertinent to disclosures of sexual violence. An important focus of this research was to identify key events or 'triggers' in women's lives, perhaps linked to their subsequent offending. Here, traumatic events and experiences of emotional, physical and/or sexual abuse in their lives was of particular focus as this has been recognised by researchers as being a prominent theme emerging in the studies on incarcerated women (Salisbury & Van Voorhis, 2009; Islam-Zwart, 2004). The study aimed to draw on gendered experiences of the criminal justice system recognising that many international commentators have discussed the need for a gendered approach to female offending (Malloch & Mc Ivor, 2011) but was also cognisant that the gendered nature of criminal justice interventions can also have negative impacts for women, including Quinlan's assertion that women, albeit that they commit little and often trivial crime in society, often receive custodial sentences in situations where men would not (Quinlan, 2011). The concept of 'social capital' was central. This highlights how all experience is embedded in gender, class, race, age and sexual orientation (Olesen, 2009). Olesen's (2009) research on female prisoners and their health needs and requirements employed the use of social capital and networks in order to investigate how this marginalised sub-group demonstrated a "resource-poor network" thus impeding their access to healthcare (2009:15). In other words, by taking into account social capital and in particular, social and cultural structures of gender and class, we can better understand the ways in which an individual woman interacts with structural influences and service provision.

In an attempt to establish a deeper understanding of this complex area of enquiry, the following five research questions were central:

- To establish an overview of participants offending and incarceration history with particular emphasis on pathways into the criminal justice system (i.e. contextualising their criminal 'career' with broader life experiences)
- To investigate the pervasiveness of trauma and/or abuse in the lives of the female participants and, if relevant, how this relates to other aspects of the women's lives
- To explore the ways in which women view their incarceration and offending histories
- To explore women's approaches to help-seeking and their existing contact with service providers, and as such, identify possible gaps and inconsistencies
- To develop clear recommendations for both policy makers and service providers in relation to meeting the needs of women released from prison.

## Methodology

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The principal method of data collection for the study was in-depth interviews. Short surveys were also administered to determine some basic demographic information and some overarching information relating to the major themes covered in the interview.

16 women, serving sentences of 12-24 weeks, were recruited in the Dóchas Centre. The interviews and data collection took place in a number of tranches from June 2012 to February 2013. The research was facilitated by prison officers within the Dóchas Centre who, together with the researcher, reviewed a list of current women prisoners and identified those serving sentences of 12 to 24 weeks. Each prisoner was given an initial overview of the research by the prison officer and if willing to proceed they were invited to come across to the researcher. The researcher then provided each woman with a fully comprehensive introduction to the research and an outline of the topics in the interview, highlighting that it was not necessary to answer all questions, that participation in the study was entirely voluntary, and that there was no pressure to proceed. They were also assured that the process was entirely anonymous and that all information would be kept confidential. All participants who were willing to proceed signed a consent sheet confirming that they were fully informed of the research and that they agreed to take part.

Because women's needs are multifaceted and complex, it was considered that qualitative narrative offered the freedom and description most appropriate to gain a comprehensive and contextualised appraisal of their needs. Furthermore, some of the topics to be discussed might be considered sensitive issues (e.g. experience of abuse, motherhood, criminal history and possible feelings of shame and stigma), and the attempted reduction of this data into surveys or straightforward statistics is problematic. Anonymous surveys also do not allow for the establishing of a researcher/participant rapport which is necessary for such complex and often, sensitive, issues. Most importantly, however, this design aimed to give a 'voice' to the narrative of women prisoners whilst also yielding an understanding of the participants' own views and opinions.

The interviews varied in length but typically ranged from an hour to two hours and covered a number of topics including criminal history, drug and alcohol use, housing/homeless histories, children and motherhood, social supports and networks, mental, emotional and physical health, experiences of trauma and victimisation, experience and utilisation of services, and the women's thoughts and hopes on the future. The interviews were recorded and subsequently transcribed and loaded into NVivo for further analysis. This was then merged with the survey dataset for further analysis. This allowed us to analyse and understand the meaning that women place on certain experiences and aspects of their lives in order to grasp a strong interpretive understanding of their situations and experiences.

Factors for eligibility to participate in the study included:

- A female prisoner who is serving her sentence in the Dóchas Centre or Limerick Prison\*
- A female prisoner who will be serving a sentence of 12 – 24 weeks
- Female prisoners who have served a single or multiple sentence(s) in prison
- Irish or of any ethnic origin.

*\*While it was initially intended that interviews would also be conducted with female prisoners in Limerick Prison, no qualifying participants (sentences of 12-24 weeks) were held in custody long enough, during the timeframe of this research project, to facilitate an interview by the researcher.*

It should be noted that as this study focussed on the experiences, views and opinions of the female prisoners themselves, it does not include the views of prison staff or others involved in the wider criminal justice system.



## The Study Participants

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### Demographic profile

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The average and median age of the 16 women who participated in the research was 33, ranging in age from 24 to 38. One woman was aged between 20 and 25 years, four women were aged between 26 and 30 years, five women were aged between 31 and 35 years and 6 women were aged between 36 and 40 years. The majority of the women (N=14) identified themselves as Irish; two of whom identified themselves as Irish travellers. Two women were foreign nationals.

Almost three quarters of the women (N=11) were single at the time of interview, including one who was separated. One woman was married and a further four were in relationships. One of the women expected that the most recent arrest and incarceration would result in the relationship ending.

Almost half the women (N=7) had no formal educational qualifications having left school at an early age. Two women had progressed as far as Junior Certificate level and five had progressed as far as Leaving Certificate level. One woman had completed her Junior Certificate as an adult in The Dóchas Centre and progressed to complete her Leaving Certificate in the community. Two women had a third level qualification, at either diploma or degree levels. Many of the women had completed courses within prison, including for example Health and Beauty, Hairdressing, Beauty therapy, ECDL, and Customer Service.

The main source of income for almost 90% of the women (N=14) in the five years prior to arrest was social welfare or disability social welfare. Only two women were in employment prior to arrest, both foreign nationals. A majority of the women (N=9) had no or little history of employment. Of the seven women who had longer histories of employment, five said that their employment history was heavily impacted by drug or alcohol use with social welfare being the primary source of income for a number of years leading to the most recent arrest and incarceration.

Aside from social welfare and any income derived from criminal activity (mainly theft) the women did not derive income from any other sources such as begging or sex work, with the exception of one woman who described begging when sleeping rough.

Three quarters of the women were mothers. None was acting as primary carer for the children immediately prior to incarceration.

### Key characteristics of situations and experiences

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14 of the 16 women had experienced **homelessness** at some point in their lives with the vast majority experiencing multiple and repeat incidences of homelessness at different intervals in their lives. Five women had experienced homelessness for sustained periods of greater than one year, with some indicating a number of years. Key characteristics across the majority of women included: repeat instances of formal housing accommodations breaking down; a high use of emergency hostels; a high instance of rough sleeping and reliance on family, friends and acquaintances at intervals where housing situations broke down.

The women had extensive **engagement with the criminal justice system**, with more than half having in excess of 30 charges, and one having over 100 charges. Half the women (N=8) had been involved with the criminal justice system from an early age (<18 years). Theft was by far the most prominent

offence, followed by public order offences and drug offences, mainly possession. Just over half the women (N=9) had been incarcerated more than 6 times.

13 of the 16 women suggested that they had a **substance abuse** problem at some stage in their lives. Ten women indicated significant early engagement (<18 years of age) with drugs or alcohol with four women commencing at ages 11-14. Most of the women had long term substance abuse problems with half of the women (N=8) having problems for in excess of 15 years.

There was a high incidence **of traumatic experiences and victimisation**; three quarters of the women (N=12) had experienced violence or abuse of some form either as a child or as an adult, with three quarters of those experiencing repeat victimisation. Approximately one third of the women (N=6) had experienced abuse as a child, four of whom had experienced childhood sexual abuse. Half of the women (N=8) had experienced violence/abuse from an intimate partner, with five of those women experiencing violence/abuse from more than one intimate partner.

This group of women also demonstrated significant **mental and emotional health needs** including high incidences of depression (N=11), with eight women having at some point been prescribed anti-depressants. Five women had spent time in a psychiatric hospital in the past. Three women had histories of self-harm with five women referring also to suicide attempts or suicidal ideations and two women reporting multiple suicide attempts. As the interview did not ask questions on suicide or suicidal ideations, and these reports just arose in the flow of conversation on other topics it is possible that this incidence could be higher.

## The Women's Stories: Life Histories, Needs and Expectations

While each individual woman's story is unique the stories of many converged into a number of distinct patterns. Before engaging with some of these patterns it was considered useful to include one case study in an attempt to bring the patterns and story extracts in the following sections to life. In both the following case study and the remainder of this section the women's names have been changed and in some cases other identifying details have been removed to protect their anonymity.

### **Case study: Jacinta, 27**

Jacinta had very early engagement with the criminal justice system describing being picked up by the Gardaí at about 11 or 12 for theft. She had over 50 charges, had been in prison about ten times, ten months at longest, and had spent approximately three years in prison in total. She described being "scared shitless" the first time but got temporary release after two weeks of a three month sentence. She was now single and had been living in a one bedroom place with a sibling for a few months. She described being homeless only once when another sibling threw her out and she slept rough for a few weeks; she had never used homeless hostels.

Jacinta had been sexually abused at an early age by someone within her wider family circle. She had more recently been the victim of an extremely violent physical attack by someone known to her and didn't want to discuss it as she was still experiencing flashbacks. She related experiencing a lot of depression and centred much of this on the childhood sexual abuse and recent violent attack. She had attempted suicide on multiple occasions from the age of 12 to relatively recently.

Her drug use started at a very early age, around 10 or 11 and continued until her late teens when she started a relationship with the father of her children; she was drug clean for a number of years until that relationship ended. Thereafter she started to use drugs again and started a relationship with a heroin addict. She also started using heroin and became addicted.

She agreed with the father of her children that he take care of the children and described how this comforted her as he was a good father and she knew they were well looked after. However, she had not been getting as much access as she would like and planned to go to court for better access. She did not want her children to come in to visit her.

While she had a recent period of being drug clean she described replacing drugs with alcohol "very heavy, every day" and becoming extremely depressed and returning to heroin. She described not minding being imprisoned on this occasion once she got her 'bit of help' and was looking positively to the future. She had developed a strong relationship in a drop in centre prior to this incarceration and believed that this would be a real support to her when she went out. She was in contact with two siblings but not the rest of her family and thought that maybe one of them might visit her.

In terms of previous prison experiences while she had detoxed within the prison she had described post release issues in terms of disruption to her medication, and in particular talked about one experience where her GP in the community had reduced her medication as she had been detoxed in the prison. She felt that he did not understand that the prison environment was different and that her needs on the outside were different.

## Housing/homeless history

Experiences of homelessness and rough sleeping were extremely high. The vast majority (N=14) had experienced homelessness at some point in their lives, with five experiencing homelessness for sustained periods of greater than one year. The incidence of these women staying either with family members or friends at various intervals in their adult lives was also extremely high. Half the women (N=8) had spent time in some form of supported accommodation or housing including during and after treatment, or on release from custody. Five women had spent time in a psychiatric hospital.

**Table 1: Accommodation types utilised in lifetime**

Accommodation types	Number of women
Living with a family member/relative (as adult)	13
Emergency homeless hostels	11
Private rented accommodation	12
Rough sleeping	9
Local authority accommodation	8
Sleeping in friends' accommodation	8
Supported accommodation/housing (treatment, aftercare, step down, transitional)	8
Psychiatric hospital	5
Domestic violence refuge	1
Foster care or state institutional care	2

Almost 80% (N=11) of those who had experienced homelessness at some point had used emergency homeless hostels. Over 60% (N=9) of those who had experienced homelessness had slept rough. The small minority of homeless women (N=3) who had never slept rough nor used emergency homeless hostels had managed via a variety of informal arrangements such as staying with family, friends or acquaintances. All of the women who had experienced homelessness (N=14) had utilised such informal arrangements at various intervals or periods of homelessness. One woman who had never slept rough described her situation.

*"It would've been just living on people's sofas and all. I actually never slept on the street you know but I have been in bad places you know"* (Claire, 37)

Half of the women were either homeless (N=6) or living in informal accommodation provided by family members (N=2) immediately prior to this period of incarceration. Four women who were living in private rented accommodation were concerned about their accommodation post release and would not be returning to their previous homes.

**Table 2: Accommodation type immediately prior to incarceration**

Accommodation types	Number of women
Homeless accommodation (Including instances of rough sleeping)	6
Living with a family member	2
Local authority accommodation	2
Private rented accommodation	6

Due to the women's complex housing and homeless histories, a point in time analysis such as accommodation type prior to incarceration is somewhat redundant as many of the women had very transient housing histories, regularly moving in and out of different housing situations.

The most recent living situation for the majority of women (N= 11) was short term (<6 months), including those who described themselves as long term homeless (N=5). Those in more permanent accommodation (>1 year) were either living with a family member (N=2), or in private rented or local authority accommodation (N=3). Even where accommodation appeared more stable and permanent, there were other potential issues. One woman was living with her parents and her partner who had been abusive in the past. Another woman was living with her parents but had a strained relationship with them, and another woman was living in private rented accommodation with another drug-involved individual.

Four women described some signs of instability in accommodation from an early age; two had been in care and two left home at an early age (15 years). Reasons recounted for both formal and informal accommodation situations breaking down in later life included alcohol and drug use, struggling to make ends meet, “blowing the rent”, relationships breaking down, escaping from an abusive relationship, and not getting on with family relatives.

Many recounted how their housing/homeless situation impacted on their substance use, their offending or both. They described the difficulties associated with ringing up on a daily basis for emergency homeless shelters, walking around the streets with nothing to do during the day and the high level of substance abuse and thus temptation within this environment.

*“I’d rather people around me all the time. Cos I was homeless and doing absolutely nothing during the day anyway. It’s just a lot harder..... I’ve only been this pure bad since I’ve been homeless. Like I did drink when I had me house and all but with the kids father.....like when I was with him for years I didn’t drink at all” (Anna, 26)*

*“It (rough sleeping) was years ago but em yeah it’s very hard. Getting kicked in your sleep. Or drunk falling asleep on the street. Begging. This is years ago. I’m more grown up since but I wouldn’t stay on the streets anymore. No hostels are very rough as well. Taking drugs, Drink. Very hard there I had a bit of a smoke of heroin there not too long ago - same thing, homeless on the streets, being in hostels that you’re only allowed in later. If I had something to do in the daytime I would...I wouldn’t you know be walking around during the day and bumping into people on the streets, you know... it’s hard.” (Joanne, 32)*

### **Criminal ‘career’ and experiences of the criminal justice system**

The majority of women had extensive prior histories of criminal justice involvement, in terms of both number of charges and duration of offending history. Over half the women (N=9) had in excess of 30 criminal charges; half (N=8) also described early involvement with the criminal justice system (<18 years of age). Some were unable to recall exactly how many charges “just loads, definitely over 30” but of those that were, five had more than 50 previous charges including one woman who had in excess of 100 charges.

**Table 3: Number of criminal charges in lifetime**

Number of charges	Number of women
0-5	3
10-20	1
20-30	3
30+	9

Of the three women with less than five charges, none considered they had a substance abuse problem, albeit that there was some indication of a problem in one case.

Theft was by far the most predominant offence. 13 of the 16 women had been charged with theft, predominantly pickpocketing (“dipping”) and shoplifting, with a smaller instance of fraud (N=2). A further woman had admitted to stealing to fuel her addiction but had never been charged with theft. Of the 13 women charged with theft, four had convictions for theft alone, while in the remaining cases theft was combined with public order and/or criminal damage offences and to a more limited extent trespassing. In a minority of cases (N=3) the women described their charge history as dominated by public order offences; in all of these cases alcohol as opposed to drugs was considered the only, or primary, problem drug. The next most predominant offence category (N=5) was drug offences, mainly possession. Two women had been charged with assault.

More than half of the women (N=9) had been incarcerated on more than six occasions. Seven women had been incarcerated more than ten times including three who had been incarcerated more than 20 times. This current sentence was the first experience of prison for two women.

**Table 4: Number of times incarcerated in lifetime**

Number of times incarcerated	Number of women
10+	7
6-10	2
2-5	5
1 (Current incarceration)	2

The extensive history of criminal justice engagement, as demonstrated by number of charges and the duration of engagement (from an early age to the time of interview), did not appear to translate into lengthy periods of incarceration for many women. The majority (N=10) had spent less than three years in prison over their lifetime with three quarters of the women incarcerated in the past on short sentences of no greater than 12 months. Over half the women described multiple short periods in custody on remand, or where they were sentenced but granted temporary release.

Two women had been sentenced to longer sentences (max 4 years) in the past. For two women this was their first experience of incarceration, while another two women had only been in custody previously for a number of days.

**Table 5: Number of years in prison over lifetime**

Number of years in prison	Number of women
10 years +	3
6-10 years	3
2-5 years	5
1 month - 1 year	5
<1 month	4

Just under one third of the women recounted some frustration about warrants ‘hanging over’ them and a lack of certainty due to some charges in respect of which they had not yet been sentenced. For those anticipating sentencing on further charges, this appeared to impact on their capacity to conceptualise future visions, or formulate plans, as they were often not sure whether, or to what extent, this might impact their release date. In at least two instances this also appeared to impact on motivation and engagement with services including programmes within the prison.

*“Em.....see there was about eight charges and she gave me there the other seven ones .I think she (judge) was just dragging four out so I’d keep seeing her but she didn’t tell me exactly what ones she took (sentenced her for) . They were for like shoplifting, drunk and disorderly most of them would be and breach of the peace and there was one trespass, one jumping taxis - about two or three of them. I think it was just the minor ones she left and didn’t sentence me to” (Anna, 26)*

*“I was going mad. Cos I was after fighting it for a long time and... but I knew it would have caught up with me.... the warrant that I had ..Now I’m not going to lie. I’m depressed. I was never depressed in me life in prison. This time I just can’t hack it to be honest with you.” (Mary, 28)*

*“I do be in bits when I come in. Especially with a warrant . Nothing getting sorted. If I appear in court [like this time]I feel better about myself. If I come in on warrants it really depresses me. Yeah.” (Joanne, 32)*

All women with the exception of two described their offending and incarceration history as inherently connected to their addictions (one of these addictions was not a substance addiction). Many of the women (N=13) described being charged with theft to fuel their addictions or drug offences (N=5). The other most common charges were also closely tied to the addictions with many as a direct result of the women being intoxicated - public order offences (N=9), and criminal damage (N=3). Half the women (N=8) became involved with the criminal justice system at an early age. More than half (N=10) had drug or alcohol histories leading back to their early or mid-teens, with four women mentioning drug or alcohol use as early as 11 to 14 years of age. All of these four women had experienced childhood sexual abuse. At the same time, some women adopted a self-critical and pragmatic approach to their offending and incarceration with many references to having made their choices and personal responsibility ‘if you do the crime, you do the time’. As such, while they connected their offending to their addiction, they appeared to neither portray themselves as victims nor remove choice from their offending.

There were mixed views amongst the group of women about their experiences of prison and their feelings of being incarcerated on this occasion. There were also mixed views on this within individual accounts, with women describing both positive and negative feelings of being sent to prison and their prison experience. Approximately one third of the women felt that prison had helped them at some stage. The main benefits of incarceration described by these women were removing them from the cycle of substance abuse (with one woman describing it as a relief from homelessness and the drugs) and allowing them the opportunity to detox from drugs and alcohol and feel healthier. They felt that it also provided them with opportunities to access services and support that they may not otherwise secure, including residential substance abuse treatment and education. There was significant positive feedback on education and other programmes within the prison; many women found it positive that this kept them busy and passed the time but also generated other positive feelings including building their self-esteem and confidence. While they described prison as providing the opportunity to detox many described this as normally a short term reprieve.

Almost half the women suggested that they didn’t mind coming into prison on this occasion, mainly as it came as a welcome relief to the situations that they found themselves in immediately prior to arrest. However, at the same time some of the same women also recounted getting too old for prison, not wanting to come back, feeling depressed and missing out on their lives and their children’s lives. Others variously described their feelings on imprisonment on this occasion as disappointed, upset, angry, “not again”, “bad timing”, and disruptive. A small number of women had little or no previous experience.



*"I didn't really mind once I got me bit of help. You know I asked the judge to get me help for me heroin addiction so he put it on the warrant to get help for me. I don't really mind when I'm back. You know what I mean. I don't mind being back."* (Jacinta, 27)

*"I'm in a cycle. Like I hate coming in here at first but like I was in here for 3 months just that time before that I was getting on grand, I was in school and all. I felt a lot healthier in meself"* (Anna, 26)

*"The counsellors and the school are great and the teachers. It's you know – it's getting a bit too old for me now. Being homeless and trying to get my own home is very hard. And you know the drugs and drinking and all that. I just think it's like taking too much of my life away. Yeah"* (Joanne, 32)

*"I went back into the city centre and then I started going back drinking. I was only back on the drink two days and I got arrested. I was glad in a way I got arrested when I did to be honest with you...cos I didn't want to go back down that road...drink and all you know what I mean, No way, .....At the time I was glad but when I came in and seen what the prison was after getting like it was a different story. Get me outta here. Do you know that way..... Now I'm not going to lie. I'm depressed. I was never depressed in me life in prison. This time I just can't hack it to be honest with you..... It's probably just that I was with me child and I was trying and I just can't hack it in here it's just too much in here to be honest"* (Mary, 28)

A major theme emerging from the women's accounts, in the case of those who had been incarcerated a number of times, was the level of change in the prison regime. Three areas in particular were dominant in the women's stories. Firstly, from a negative perspective the women spoke about the prison being both more crowded and also at the same time more confined with more locking of gates and segregation between the big yard and the small yard in the Dóchas Centre. The women felt that this caused issues due to lesser opportunities to mix, and the fact that seeing the same people all the time lead to more frustration, arguments and fights. Secondly women spoke positively about the increased structure which they had observed particularly in relation to preparation for release or temporary release, noting an increased focus on ensuring that women had some form of accommodation in place and something to do on release, for example a course. Finally the women believed that there was a lot more support now within the prison due to more external voluntary and community groups coming into the prison to engage with the prisoners. Aside from the issue of being in prison itself, the main complaints or negative views related to access to healthcare, both physical healthcare (primarily access to dental care), and mental healthcare (primarily access to psychiatrists and medication).

### **Substance use and abuse**

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The vast majority of women had histories of substance abuse. 14 of the 16 women reported alcohol or drug use immediately before entering prison including being intoxicated on arrest. Nine of these described chronic drug or alcohol use immediately prior to incarceration, with the remainder mainly describing some form of relapse. The duration of their substance abuse histories was often extensive. Ten women indicated significant early engagement (<18 years of age) with drugs or alcohol with four women commencing at between 11 to 14 years of age. Most women had long term substance abuse problems with half of the women (N=8) having problems for more than 15 years.



### Alcohol

Over 60% of the women (N=10) considered their alcohol use was a problem at some stage of their lives. Only four women currently considered that they had an alcohol problem, three of whom had a problem with alcohol alone. Over half the women who considered they had an alcohol problem at some stage had undergone treatment and a smaller number described 'drying out' by themselves.

**Table 6: Current or previous problem with alcohol**

Problem with alcohol	Yes	No
Currently?	4 (6)*	12 (10)*
Previously/At some stage in life?	10 (12)*	6 (4)*

\*Note: As the women's assessments appeared to contradict their description of alcohol consumption and life histories the researcher's assessment is also included in the table in brackets.

It appeared likely that the extent of alcohol problems (current and past) was understated by the women. There was some level of inconsistency between the description of alcohol consumption and life histories and the women's perceptions of whether alcohol was a problem or not. In some cases it would appear that their main problem drug(s) diminished the current role or impact of alcohol in the women's lives; they identified themselves as addicted to drugs as opposed to alcohol.

### Drugs

Three quarters of the women (N=12) considered that drug use was a problem at some stage in their life. Only three quarters (N=9) of the women who considered themselves at some stage to have a drug problem, perceived that they currently had a drug problem.

**Table 7: Current or previous problem with drugs**

Problem with drugs	Yes	No
Currently?	9	7
At some stage in life?	12	4

The extent of the current drug problem may also be slightly underestimated. One woman now on a detox programme within the prison described significant daily consumption immediately prior to incarceration but considered herself not to have a current drug problem. Another woman on methadone for a number of years described herself as now stable, albeit that she had a relapse prior to the most recent incarceration.

The most predominant problem drug was heroin, with three quarters of the women who ever had drug problems describing this as their only problem drug or one of their problem drugs. This was followed by prescription drugs, street methadone and to a lesser extent crack cocaine and cocaine. While many of the women now only described one drug or a small number of drugs as their main problem drug, their experience of drug use was in most cases substantial and over a long period of time with many reporting that they had tried everything "you name it".

Only three women said that they had taken drugs since entering prison; one woman had smuggled in her own supply on entry. It is likely that this in-prison drug use was underreported. Some women were wary of this question with some correcting themselves and/or asking again whether this was confidential. All the women were unanimous in saying that it was easy to stay clean while in prison but some did state that you could get drugs and alcohol if you wanted but that it was just difficult. Only two of the women admitted to being offered drugs in prison with most saying that you have to

go looking for it if you want it. Most of the women described their views on this as positive as it reduced temptation, provided them with the opportunity to get clean, feel healthier or have a break.

The women described various different pathways into drug and alcohol addiction with three key themes emerging from their accounts – 1) age, 2) initial motivation to engage in substance use and 3) relationships with drug-involved intimate partners. Firstly, in terms of age a significant number of the women described commencing alcohol and/or drug use at a very early age; seven women were 15 years of age or under. Two women recounted that they were strung out on heroin by 15 or 16 years of age. Secondly, in terms of motivations over half the women described early recreational consumption with friends or partners. A smaller number of women described their initial primary motivation for drug or alcohol use as an escape from reality or to help them forget; at least two women said their initial drug use was a direct result of childhood sexual abuse. Notwithstanding any initial motivation, escaping from reality, “blocking things out” became a motivation for a significant number of women, featuring strongly across their individual narratives. Finally, a number of women also centred on their early drug use with intimate partners.

Two women also described their current on-going attraction to the buzz and excitement of life when on drugs, and while they were motivated to deal with their addictions they were concerned that life could also be dull and boring without it; one of the women described it as a love-hate relationship with drugs.

### **Trauma and victimisation**

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There was a high incidence of traumatic experiences and victimisation across the 16 women. 12 women had experienced violence or abuse of some form either as a child or as an adult. Nine women had experienced repeat victimisation, having been abused by more than one perpetrator. Six of the 16 women had experienced abuse as a child, four of whom had experienced childhood sexual abuse; the other two women experienced abuse as part of a domestic violence situation in the home.

Half the women (N=8) had experienced violence/abuse from an intimate partner; five of whom experienced violence/abuse from more than one intimate partner. Six women had experienced violence/abuse from someone other than their partner; only two of whom had not also been abused by an intimate partner. Six women had experienced sexual abuse or rape as an adult.

Due to the sensitivity of this issue, it is possible that the above is underreported in this research. Some of the women did not want to discuss the issues at all or in any detail beyond indicating that they had experiences of violence and abuse. It is also possible that some women’s recollections and perceptions of violence and abuse underestimated the extent thereof. One woman had reported instances of waking up on the street with no memory (due to alcohol and drug consumption) but on one occasion with visible bruising including some indication of sexual assault. Another woman’s response to the question of whether her partner was frequently violent to her is also informing of the potential for underestimation of abuse:

*“No. Every few weeks” (Amy, 24)*

Eight of the 12 women who had suffered abuse or violence had reported violence or abuse at some point to someone, but not on all occasions. This included informal reporting to a friend or counsellor. Four women had never reported or discussed the abuse and also did not want to discuss the matter at any great length as part of the research interview. Instances of violence and abuse were reported by six women to the Gardaí (either directly by themselves or via someone else). Two of these women, on other instances of violence and abuse, had reported it to a counsellor and another had discussed

it with friends. The other two women who had reported the violence had only done so informally to friends and counsellors but had not proceeded to report the incidence(s) to the Gardaí.

Thus one third of the women who had experienced violence or sexual abuse had not reported or discussed the incident with anyone. Even those who had formally reported at some stage did not report on all occasions or incidents of abuse, even where those incidents were unique, standalone events as distinct from repeat incidents within one on-going abuse situation.

### **Mental and emotional health**

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Almost three quarters of the women (N=11) described being depressed at some stage in their lives; eight women considered that they were currently depressed. Half the women (N=8) were currently, or had previously been, prescribed anti-depressants. Six women had been referred to a mental health professional (as distinct from only their GPs) and five women had spent time in a psychiatric hospital in the past. The vast majority of women described difficulties sleeping for a variety of reasons. A number of women also described feeling depressed or grieving due to the loss of family members, some of whose deaths were recent.

There appeared to be a significant amount of unresolved trauma. Two women who had been sexually abused as children described multiple suicide attempts including recent attempts. Some women did not want to discuss the issues further but in some cases did say that they were now starting to discuss abuse incidents with counsellors. In the case of three women, at minimum, there were recent experiences of trauma and victimisation, with physical and sexual assaults occurring within the last three months. In the case of one woman who experienced recent abuse the perpetrator was known to her and she had concerns about release.

Three women said that they had engaged in self-harm, in two cases the last incident was over four years ago but in one instance, although the woman was reluctant to talk about it, there was some later inferences that self-harm may have been recent or continuing. Five women did refer to suicide attempts or suicidal ideations, with two women describing multiple suicide attempts. As the interview did not ask any questions on suicide or suicidal ideations, due to the vulnerability of interviews taking place within prison, this information was volunteered by the women as part of their narratives and as such the actual incidence could be higher. A high number of women also described A&E incidents as overdose related but due also to issues of sensitivity and vulnerability, it was not probed further whether these were accidental or deliberate.

Approximately a third of the women talked about the disruptive impact that imprisonment had on their mental health care citing inadequate access to psychiatrists and difficulties getting the right medication or the same medication that they were on previously. Some women also said that on the transition from prison back into the community, they had previously experienced transition problems with their medication, with a few women indicating that their needs as between the prison and the community are different.

### **Physical health**

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Ten of the 16 women described their physical health as currently good, albeit that many referred to feeling sick at other stages in their lives due to drugs and/or alcohol, or through their associated lifestyles. The remaining six women described their health as poor. Four of the ten women citing good health reported no physical condition or ailment. 'Feeling' healthy is both subjective and relative and as such the women's descriptions of their health status did not in any way correlate to the number or types of ailments noted. It is possible that the high number reporting good health

may have been assessing their position relative to other times. More than half of the women felt that their diet was better in prison than on the outside, with a number of women describing their lives and diets in the community as chaotic or unstructured. While the women had only recently entered prison, at the time of interview a number referred to having put on weight since they came in.

Half the women (N=8) suffered from asthma which was the most dominant physical health ailment with a ninth woman describing some respiratory problems. While only five women indicated insomnia or difficulty sleeping as a physical condition, a significant majority of the women talked more generally about difficulties sleeping. The next most predominant physical ailment (N=4) was Hepatitis C.

Half the women (N=8) described dental problems, primarily missing teeth and some gum problems. This was mainly associated by them with their drug and alcohol use (including accidents while drunk and high). Two women indicated that violence by another resulted in lost teeth. Many of the women reported problems with accessing dental care, with a number of women indicating that you would be waiting approximately 18 months to get dental care within the prison.

*“I’m getting me teeth out. The roots are still suffering and that you know. Sure you’d be waiting a year and a half in here” (Jacinta, 27)*

*“There’s no dentist or anything in here, that’s the only thing, it’s very hard like if you had a toothache you’re done, you’re f\*\*\*ed. There’s nothing like..... The waiting list would be months, it’s terrible. That’s the only negative thing I have to say because they’re after getting way more structured in here” (Kate, 33)*

*“Even if for to, for instance, if you need something done with your teeth they won’t do your teeth unless you’re doing at least 18 months.” (Lisa, 37)*

*“Got teeth taken out but waiting for false – promised me a day out cos no landlord will take me with no teeth. You know what I mean sat in there oh yeah dressed up in a suit with no teeth. .... So I’m all worried about that. Like me appearance - to get accommodation” (Louise, 38)*

Ten of the 16 women reported numerous or frequent A&E incidences. Nine women described this frequency as due to one or more of alcohol and drugs (including overdoses), violence, suicide and self-harm. Six women described themselves as not really having any A&E incidences if at all.

### **Children and motherhood**

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Three quarters of the women (N=12) were mothers; five women had one child, five women had two children and two women had more than four children. Two women had children who were all now adults. The ten other mothers had children less than 18 years of age with two of those mothers also having one child who was now an adult. The median age of the children under 18 was 7 years of age.

None of the women was acting as primary carer at the time of the most recent arrest; however, two of the women had more recently ceased to act as primary carer (within the last 18 months). Eight of the mothers had acted as primary carer for their children for a number of years until their addictions commenced or became more problematic. In the case of four mothers they would appear to have had little or no role as primary carer with the child or children primarily cared for by family members

since birth. Two thirds of the mothers (N=8) had regular contact with the children (approximately once a month at least) while in the four other cases contact was irregular or sporadic.

In the case of six mothers, their child/children were living with the father and in a seventh case with the child's paternal grandmother. The children of four women were living with other family members on the mother's side, mainly the mother's parents. One mother's children were in state foster care.

Upon release three quarters of the mothers (N=9) expected to see their children on a regular basis, with two mothers expecting to see their children every day, four mothers expecting to see their children every week, and three expecting to see them every month. Of the other three mothers, one had adult children who she needed to rebuild relationships with so was unsure, and in the case of the other two, location and travel was an issue so they were unsure how often they would see their children. In respect of the nine mothers who hoped to see their children regularly (at least monthly and more often) circumstances varied greatly and in some cases there were many factors which might impact on the hope or expectation of regular and sufficient contact, including difficult relationships with the father and other family members, safety orders in place against the mother, and the need for a social worker to be present for visits.

The impact of incarceration on relationships was demonstrable for most mothers. Two women recounted feelings of shame and not wanting their children (both young) to know they were in prison; one had asked that her child was told she was in treatment and the other that she was in hospital. Over half of the mothers (N=7) said that they did not want to have their children coming into prison. Two women wanted their children to come in to visit them but thought that it was unlikely to happen. One of these women who had not seen her children for some time prior to incarceration was concerned that even if the visit did occur, it would be difficult within the prison environment.

*"See it's been a bit long now that I would rather if I was to see them not in such a like..., on me own, not out there with everyone you know what I mean cos it's going to be very emotional for me like" (Anna, 26)*

Although most chose not to have their children visit, it would appear that many had little control over this decision should their choice have been different due to poor relationships with the children's primary carers, either ex-partners or the women's own families. Many women described feelings of having let their children down and missing time with them either on special occasions or just their normal day-to-day lives.

*"I feel sick (when sentenced). I cry me eyes out and I say it in me head. Sorry [name of child]." (Tina, 34)*

*"Yeah...See when you were younger you just thought prison ah a few months. Then you're getting TR like, but when you're getting a sentence and you have a young one it'd nearly f\*\*kin ruin you and that. I'm afraid I won't be out for her communion – that's a big thing in your daughter's life. So it's a lot to take in" (Mary, 28)*

*"...if something happens to them or they're going through something and you can't be there for them. My daughter is usually grand but if she has a tiff with her boyfriend I usually have a cup of tea with her or something you know you can't do that like, six minutes over the phone, sometimes it's a bit frustrating you know. Like my son is telling me all I done this at school and I done that at school and I was here the*

*weekend and I'm not there to share it with him or whatever. I know they're well behaved and they're getting on great and they're well cared for so I've no worries kind of I'm kinda lucky and they're not at baby age where I'm missing out on loads of school plays and all I'm not really like it's just their everyday things you know" (Claire, 37)*

While being in prison impacted contact for most, some also felt shame at not being there when in the community; most putting this down to their substance abuse and the patterns of their lives as a result.

*"But em the last few weeks I haven't even been picking him up, ...but he rang me and he wasn't saying mam you never picked me up" (Tina, 34)*

*"I never lived in a hostel before and I went in one day cos I had nowhere to stay and I just kind of went from there like and it just got with the drink and I started missing visits to the kids and then I was afraid to (visit) even cos it was so long and all and then I blocked it out with the drink and then it just makes it worse" (Anna, 26)*

*"I was just all over the place so I was .... I just felt he wasn't going to school or anything so I just felt it was best if I looked into [a custody arrangement with his father]...I couldn't provide for him or anything cos I was just too busy with meself. I know it sounds selfish but it's the truth" (Claire, 37)*

Many women appeared to comfort themselves with the fact that the children were in good care, albeit they were not the primary carers and sometimes had little contact with their children. The fact that they were in good care, many said, was the most important thing. The mothers talked variously about their children being better off where they are, having everything they need, being great kids or having lots of people around them and looking after them. Four mothers specifically referred to choosing someone else within the family to take care of their children, in order to avoid the state or the courts getting involved.

*"I left him looking after them cos he is a great father to them. But there was no point in me taking the children and taking drugs in front of their two eyes. That would be a wrong thing for me to do. .... You know but as for me I think I done the right thing by my kids. You know I could have brought them with me and started taking drugs and the social would take them off me and put them into foster care until they're 18 but I didn't. You know I done a great thing which some mothers don't do. They think of themselves and they think of the drugs but I thought first I knew I was gonna go on drugs so I'm gonna give my children to their father" (Jacinta, 27)*

For most of the women their children served as one of, if not the, greatest motivations to turn their lives around.

*"In five years' time, I'd like to be... I'd like hopefully maybe be living back in [Place] or if not in [Place]. I'd love to have a council house. I'd like to have it done up, have the kids coming so many days in the week even if they came after school until 8 in the evening or 9 in the evening. Off all drugs" (Jacinta, 27)*

*"I would love him to be able to come in and have dinner with me after school and stay with me a few nights and then with his dad. But I don't want to be too disruptive either. I will see how happy he is and how comfortable he is" (Emily, 36)*

*“While I’m doing after care, ... just every day I’ll be dropping in, I’ll be getting on with me life, get somewhere to live for me and me child and then I’ll drop in to that place probably once or twice a week” (Kate, 33)*

There was evidence of strain amongst mothers at not being able to see their children. Anna, a 26 year old mother, had been in prison, and had gone from there to treatment but became frustrated at being unable to find out how, or when, she could see her children. She described leaving the treatment and returning to drinking heavily. Kate, a 33 year old mother said that, while it was difficult, she was ‘holding’ herself in prison and not providing an address for temporary release to make sure she got residential treatment.

*“I know OK I didn’t expect them to jump and do everything straight away but on Friday what I said [wanting to see children], but not one thing did they ...even go starting about because I did want to see me kids as soon as I got out especially cos I was doing so well “ (Anna, 26)*

*“... So it’s the addiction, it’s the addict in me you know what I mean, so that’s what I have to deal with as well and I’m going to sort that out, that’s why I’m going to treatment cos as I said I’d be out of here tomorrow if I wanted to and its terrible to say, I’m away from me child and all but I need to do this for a better future for her and me.” (Kate, 33)*

### **Social support networks**

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The women’s stories reflected an extremely poor social support network. A majority of women (N=9) had little or no contact with family members prior to arrest. The remaining women (N=7) said that they were in close contact with their family and/or friends. The majority of women nonetheless identified a family member as someone they could rely on or trust even in situations where contact was irregular. Four women felt that they didn’t really currently have anyone they could rely on and a further two women named counsellors as someone they felt they could rely on or trust. These women described people in their lives that they had relied on in the past but for various different reasons now felt they were on their own. Many described poor or strained relationships with their families due to a variety of different reasons - their drug or alcohol use or their families being disappointed or fed up with them. In the case of one woman there was an abusive relationship within the family resulting in reduced contact with other family members.

Only a few women considered that they had friends that they could rely on outside their families; in most cases these were also addicts. A larger number did not believe they had people they could rely on within their ‘friend’ network describing them more as drug associates, drinking buddies or in the words of one woman “whoever the friend of the month is”.

Some women described feelings of guilt in failing to visit families, and in particular children, both when in prison and in the community.

The relatively poor support network for these women becomes evident in their experience and expectation of visits as outlined in table 8. Six women expected to get at least one visitor with some expecting more. The same number did not expect to get any visits but in two instances the women described this as their preference. Four women were not sure but thought that they might get a visit. Of the ten women either expecting to get a visit or unsure but hoping to get a visit the vast majority did not expect frequent visits.



**Table 8: Women’s expectation of visits by category of visitor**

Visits	Yes	Maybe	No	No (own choice)	Not applicable	Total
Family	4	3	8	1		16
Partners	2		2	1	11	16
Friends	1	4	10	1		16
Children	2		3	7	4	16
Anybody (At least one of the above)	6	4	4	2		16

Of the 12 mothers only two expected to get visits from their children. Seven said that they did not want to have their children coming into prison. In the other three cases, two mothers said that they would like to see their children and in the case of the third mother she was currently estranged from her adult children. While most mothers said that they wouldn’t want their children to come in to the prison, it would appear that some had little control over this decision should their choice have been different, due to poor relationships with the children’s primary carers, either ex-partners or the women’s own families.

Some women described other challenges in terms of number and frequency of visits; in two cases friends were barred from coming into the Dóchas Centre and in another case a visiting relative had come up on a previous occasion but had been refused entry due to being intoxicated.

An important theme which emerged from the women’s accounts is that there was a degree of connectedness amongst the women with almost all excluding the two foreign national women and one other referring to knowing a lot of the other girls. This connectedness was generally put down to previous terms in prison, homeless shelters, methadone clinics, and just knowing them generally from the city centre or ‘on the streets’.

*“But I know a lot of the girls here from outside because most of the girls are homeless and living in the hostels outside so I would know an awful lot of them.” (Anna, 26)*

*“Yeah, well I was with a girl from (County) as well and she’d been in here years ago so she kinda set me at ease but when you come in here Jesus you’d be surprised how many people you know but it was grand like you know.” (Emily, 36)*

*“I don’t really hang around with anyone because you come in here on your own and you walk out on your own. But you do I mean one or two who you know from ages ago and you end up being talking to them and all and then you end up probably bumping into somebody else and bumping into someone else.” (Angie, 32)*

This ‘connectedness’ appeared in some cases to temper or relieve the impact of imprisonment on the first experience and on later incarcerations. However, many women also noted issues in relation to the prison environment, describing sticking to themselves, staying out of trouble, or mixing and associating with certain people but not trusting them.

*“I never had any problems but I just keep to myself when I’m locked up I couldn’t be really bothered with going around in their gangs and all. I just go to the school and back and do me own thing.” (Anna, 26)*



*"I don't be with.. I don't trust people. Yeah, just I don't like bitchiness. I don't like people talking about other people when they're not there so that turns me off people. You know and I don't like 'she says he says, I said', you know. I'm coming to prison too long. Don't get me wrong when I first started coming to prison I used to do it myself you know what I mean. 'She said that this' that causes loads of trouble. But when you come in for so long you learn, you know, you learn to keep that shut (mouth). Listen but keep that shut you know what I mean" (Tina, 34)*

*"Some of the girls. There's a couple of girls in the house. There's one girl and she just does my head in like but she even called me this morning outside the school did you say this....you know all this school yard, f\*\*kin kid's stuff - did you say this...do you know what I mean. It'd just do your head in. This young one is only 22 she's just very immature you know" (Claire, 37)*

Regardless of any degree of 'connectedness' within the prison for most women this did not appear to translate into strong relationships in the community, with the exception of one woman who described that her closest friends on the outside, both also drug-involved, were two women that she had originally met in prison.

Those who had been in the prison on numerous occasions in the past particularly noted issues in relation to overcrowding and increased confinement. This appeared to cause increased frustration.

*"It's like the girls know. You know everyone's business cos the yard is that small you know. A lot of bitchiness you know, as there does be with girls you know, but just oh my god" (Mary, 28)*

*"The place is more eh packed now than what it was, its em more confined. Em it's real like the big yard you could walk in and out but like now the small yard we're in - gate is shut all the time. Only a small little space you get to move so you're all kinda stuck with the same lot of people in the same space and you kinda get sick of it. It's frustrating looking at the same people all the time. You rub each other up - you understand what I'm saying. You're with someone the whole time. " (Lisa, 37)*

*"Before you were able to go into the big yard and you were able to... I'm in the small yard. But I only done that because I thought the girl that I actually came up here with that day you know she asked me to move over to her room and things like that with her - but you know when you're kinda with someone the whole time I find it can be a bit monotonous you know. But eh yeah you used to be able to go into the big yard like and when I was in the big yard I was able to mix. The gates were open but now they're locked the whole time. I know they have their reasons for it but." (Emily, 36)*

### **Experience and utilisation of services**

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The most predominant services which the women described as using in the community included accommodation services (emergency homeless hostels and housing services), GPs, methadone clinics (with needle exchange to a much lesser extent), drop in centres, homeless food centres, psychiatrists, and counsellors, primarily engaging with the counsellors within their clinics or at drop in centres.

While some of the women said that there was support there if you needed it and felt that they knew where to go should they have issues or problems or need support, just over one third of the women described a lack of information in relation to available services, indicating that they were often not

sure where to go or who to turn to. Some women explained that much of their knowledge of available services was learned within the prison environment, including from external groups coming in to the prison.

*“Well say when you’re in here you’re talking to people about Tús Nua, you’re getting support on housing and all. Outside I wouldn’t have a clue where to go. I didn’t even know about Tús Nua until I came in here..... I didn’t know anywhere about any of the services I didn’t know anything about Tús Nua. I didn’t know about Sail. I didn’t know about any of them.” (Claire, 37)*

*“I don’t know (re gaps in services) cos I really don’t know what to do. Honestly like. I don’t know what to do like. Obviously the main thing is me kids and I just when I’m outside I have no idea what way about going about it or anything” (Anna, 26)*

A majority of the women identified gaps in services, primarily accommodation and residential substance abuse treatment programmes. Most of the women were or had struggled with securing accommodation at various stages in their lives.

*“You know on the housing list. ... But then they put you back on the housing list. I’m trying to get my own home but its not working. I just keep getting put back on the list. Im on top of the list now..... ..the hardest thing for me would be waiting on the housing list. Housing. Getting me own little flat or one bedroom.” (Joanne, 32)*

*“Hardest part...getting me own accommodation cos there’s not much accommodation out there....people are saying that very hard to get a place. It goes by how you present yourself and if I don’t get these teeth in I won’t be getting anywhere they’ll be throwing me away from the door” (Louise, 38)*

All of the women did describe the challenges associated with using emergency homeless shelters including the need to ring up every day, the lack of certainty in relation to accommodation and the lack of stability and security for possessions. A significant problem emanating from this is that the women had nowhere to go during the day and thus were out walking the streets with nothing to do, something which most of them described as leading to relapse or increased substance use.

Securing residential treatment on the outside was also seen by the majority of women as a difficult challenge. The women described the difficulties in securing a place due to long waiting lists but also the need to detox by themselves or be drug clean to access some of the programmes.

*“.....treatment outside is very hard. That’s why I’m staying here cos I know I wouldn’t get treatment outside .....here you have everyone, you have everyone to help you...it’s horrible to think that you have to come from prison to get that help do you know what I mean. Outside it’s very hard, see you have to be clean, you have to get clean yourself. Trying to get residential and all, the list is long as your arm or longer so probably a year or two waiting” (Kate, 33)*

*“I just ....I feel like ....I have me name down for loads of treatment centres but like none of them have phoned me. I ring them all the time. I ring them all the time because I’d love to get treatment. You know what I mean. Proper treatment. Not like this (prison) you know. This isn’t treatment.” (Tina, 34)*

The experience and utilisation of services in the community also varied depending on the living location of the women. Some women who had lived outside Dublin complained of gaps such as lack of homeless shelters for women or lengthy waiting lists for methadone clinics within their own areas. In two cases women had described moving to Dublin to get into a methadone clinic and becoming homeless as a result. The availability of services also appeared to cause concerns post release with two women describing the difficult compromises and decisions they would have to make between getting the support and services they need (in Dublin) and being close to their children and/or families.

Many of the women also demonstrated a significant degree of independence, referring often to the need to do things by themselves and have the will power themselves. In the case of one woman at least this independence appeared to be a product of necessity as opposed to choice.

*“I kinda feel like I’m on me own. I don’t think I have anyone to rely on.....That’s the other thing as well I wouldn’t want to depend on someone else.....Cos I never had to you know what I mean. Cos when me da...like I had to look after me brother and me sister from a very young age like.” (Anna, 26)*

*“No. I’m off heroin now. I don’t need help for it. If you have the will power you can stay off it” (Angie, 32)*

Approximately half the women described good relationships with service professionals including General Practitioners (GPs) and counsellors or key workers. GPs appeared to be of particular importance to the women. Aside from general healthcare needs and medication, GPs appeared to be a prominent and important source of information for the women with many indicating that they had learned of services or had been referred to treatment with the help of their GP. Some indicated that they also had a strong bond or relationship with their GPs being able to discuss issues such as addiction with them that they often could not discuss with family or others. Just under one third of the women also reported strong relationships with counsellors/key workers in their methadone clinic or drop in centre which they considered important and useful. For some women particularly those with little or strained relationships with family and friends service, professionals including GPs and counsellors were thus important relationships within the community.

The majority of women appeared to have at some point in their lives engaged with counsellors but in the case of a number of women they appeared to have connected with one or more in particular. In almost all cases the women referred to these service professionals by their first names as opposed to their roles. In two cases the woman themselves did not know the role of the person but appeared to be more interested in either the bond or connection with this person or the practical information and supports that they shared. Importantly two women identified a service professional as the person in life that they would trust or could rely on. The emotional connection or personal relationship did in many cases appear important, with women referring to liking the person, trusting them, or respecting them because the person understood or could empathise with them.

*“She died years ago and it’s like only yesterday to me but I’ve come a long way like I never trust counsellors but when I went to one I clicked with her...do you ever just when you meet someone you feel comfortable. Whereas if I didn’t I’d be like just tick them boxes” (Tina, 34)*

*“In Anna Liffey I’d go in to (Contact name), she’s not a counsellor, something else. She just talks to me, not a counsellor, yeah she is a counsellor. But I talk to her I talk to her about everything “ (Joanne, 32)*

*“It is because you know a lot of people goes for counselling but they go to counsellors ...but they don’t know. Unless you’ve been down that road yourself and then you can know what the victim’s talking about....What makes me uncomfortable is going in to a counsellor and she doesn’t know a thing about me and she’s sitting there with her big fancy desk and big fancy chairs and pens and whatever and she’s there agreeing with me with everything and she hasn’t one clue what it feels like to be through what I’ve been through since I was 8 years of age you know what I mean. And this is where when you go to another person (her counsellor) that has been through that it’s a big difference, it’s a big big difference.” (Jacinta, 27)*

However, not all engagements appeared to have helped from the women’s perspectives and in some cases any at all.

*“They’re [counsellors] no good, they make you worse. I’ve done it before.” (Amy, 24)*

### **Return to ‘mainstream’ society and future plans**

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In discussing their post release plans, most of the women also discussed problems when released on prior occasions. ‘Readiness’ to change appeared to be an important theme across the women’s stories. Many referred to not being ready in the past, having to hit rock bottom before they realised they had to change, or feeling that they were just caught in a circle. Those who were positive and hopeful, being the majority of women, distinguished their current situation and plans from past experiences; this was probably central to their ability to be positive about the future. Some women recounted previous problems of struggling to get accommodation and ending up homeless. Others spoke about the difficulties to resist temptation on release from what one woman described as the “safety bubble” of prison.

*“No when I got out I did 2 kamikazes, I don’t know why I did it, it’s just a habit.....But before that like, before coming back, when I got out the last time, when I was living in the hostel I was going out robbing 6 or 7 hundred quid worth of stuff every day and then selling it and then eh just buying crack and heroin every day all day but now it’s completely different, I’m after getting me life on track, so now this is it I’m going to treatment so I know I’ll do it and I’m gonna go and study something.” (Kate, 33)*

*“Just before I got out and eh I wish now I didn’t take the TR and just did me sentence til the end cos I knew something was gonna ... I knew I was going to go straight on the drink when I walked out the gate” (Anna, 26)*

*“To be honest it [prison] just makes you bored so when you go out, you just run a muc, you know that way, unless you have it set in your mind, like really set, it’s taken me three years to get it set 100% in my mind that there’s no way that I’m going to go to a pub cos I know I’ll be in the cell by that night” (Louise, 38)*

Many of the women did refer to the prison now becoming more structured particularly in terms of pre-release arrangements. A number of women referred to a new pre-release course which they considered as positive. One of the women completed it on a prior release. Another change which a number of women mentioned and appeared to find positive was a recent increase in the number of voluntary and community support groups coming into the prison. The majority of the women also talked about the increased focus on ensuring accommodation was in place for women on release.

*“They won’t let you leave here without an address, they won’t let you leave here homeless. Do you know what I mean. They set up somewhere for you. They don’t leave you here to put you on the streets” (Claire, 37)*

However, the women were both pragmatic and cynical about how much this focus on accommodation can really address their underlying problems and needs.

*“Yeah because they’re saying where are you going to stay for TR but you know you’re not really going to stay in your ma’s when you’re nearly 40 (even if you say you are) so how are you going to get accommodation. I don’t get that. “ (Louise, 38)*

*“Maybe it’s good for everyone else. Anybody would say anything to get out on TR to be honest with you. Anybody. I would meself but I wouldn’t stick to what they are asking me to stick to. Do you understand me. Anybody would do it to get out of prison. You’d say mass to get outta prison.” (Mary, 28)*

There were also multiple examples of these women recently going out and getting back into the same circles of homelessness and substance abuse, demonstrating the fragility of their post release situations. One woman, with a long term and chronic drug addiction history recounted how on the last occasion she had left full of hope and positivity. She had been drug clean within the prison, had done the pre-release course and was in a positive frame of mind. However, when she left she found that her long term partner had another woman living with him and she ended up in homeless accommodation:

*“I was in the emergency hostels. It was horrible....I was used to having my own place, you know fridge full of stuff and all, a wardrobe full of clothes. When I went back to the house it didn’t feel like my house anymore. She [new partner] had done her own touches and all and it was no longer my home. I was day to day in the hostels...I had to queue for a sleeping bag one night but thank god I got a place on a friend’s couch. I don’t even like that you know disturbing people cos your home is your castle you know but...anyway before I knew it I was back taking drugs. Oh big time on the drugs. And that was that” (Janet, 38)*

Nonetheless the majority of the women were looking to the future positively. The women demonstrated strong motivations to turn their lives around with many talking about doing it in order to be there for their children and to prove to themselves and others that they can do it.

The majority of women’s stories and their expressions of future post release plans converged on a number of key needs and desires. The women talked about the importance of sourcing help to deal with their addictions, getting on a treatment programme, and getting on with their lives and in the case of mothers, being there for their children. They talked about the importance of accommodation, of having their own place. They hoped to have something to do during the day to engage them, pass the time, keep their minds active, and avoid loneliness or depression. Most spoke about a job or a course. Many wanted to rebuild relationships with family and friends. Some spoke about dealing with the impacts of abuse and trauma.

Future plans were dominated by addiction plans. The women described commencing their detox within the prison, with some attending addiction counselling, AA and NA. Some women had gone directly from the prison to a substance abuse treatment programme in the past. Many of the women now described their plans to go to treatment, with some having already discussed potential

treatment plans and places with prison staff or other professionals since they had come into prison. There was reference to needing 'proper' treatment which to them meant a residential treatment programme with counselling. The women expected that counselling for previous abuse and other traumas would be part of these treatment programmes with some also referencing that they would like to get bereavement counselling as part of this also. A number of women talked about the difficulty of getting 'proper' treatment on the outside, saying that it was much easier to do so within the prison system. One woman described "holding herself in" by not giving an address for TR so that she would get a place on a residential treatment programme from within the prison.

Of those that were looking forward positively there were some differences in views as to how difficult this would be. A small number of women suggested that it would not be difficult because they had finally learned their lesson, were just sick of coming in and out and felt that they were now ready to take control of their lives. A greater number, while still hopeful about the future were acutely conscious of the challenges:

*"Relapse – I'm just, just speaking to one of the girls there this morning - Prison and treatment you know you feel like you're wrapped in cotton wool and you're warm and you know it's..... Then you go out and you have to cope with finding a place to live, - you know all the functions, all the normal things, reality, paying the bills, finding somewhere to live. You know so yeah." (Emily, 36)*

*"Because of the prison detoxing me in here, he (her doctor) thought everything would be grand on the outside but like he has to realise the prison is completely different to the outside. Like I'm not a doctor or a rocket scientist and I know that you know what I mean. Like fair enough when you're detoxed off them in the prison it's because you're in a routine and you don't need them you know that sort of way but as for when you go back out and you have all these problems, the fears, and you know what I mean.....he (her doctor) should have known that going back out" (Jacinta, 27)*

Those women who had both positive views of the future and more detailed and descriptive plans appeared to be heavily engaged with either prison staff or visiting groups albeit that it was not clear which came first, if either.

Some women preferred to adopt a 'one-step-at-a-time' approach, not looking too far into the future.

*"I try not to stress myself out by thinking so far in advance. I just want to take each day as it comes. That's the problem I've made before. Thinking of the future and my head just gets messed up and that's it. You know what I mean, you just stress yourself out when you try to plan and think. So I just want to ...until I get my treatment and get myself stronger. Not you know what I mean, go back down to the same place again. Then I'll probably start thinking - you know. At the moment now I'm thinking about getting to treatment. That's what I'm thinking of at the moment. You push yourself to get one goal and then try to push for that and when you have that achieved push for another. No point in thinking too many things." (Lisa, 37)*

*"I'm happy now to get out now and to be there with me partner and we'll see what's around the corner cos I can't say ...I could be dead before I get around that corner so you can't say what you're going to do tomorrow – you're going to have to wait (Angie, 32)*

A minority of the women did not engage with these questions on the future as comfortably or readily as some of the other women. They either described being lost or not feeling in control, or just generally did not appear to have considered or engaged with any future plans in a meaningful way. There appeared to be numerous reasons for this. Two women had only very recently been incarcerated; one of them described being very sick as she was coming down off a lot of tablets and finding the detox very hard. Another woman who had smuggled drugs in with her said that the researcher was lucky to get her today because she was going to be very sick tomorrow as she had taken the last of her supply today.

*“..the day I knew I was getting sentenced I packed up a big bag and what I need like (indicating drugs). I was prepared coming in but I wasn't that prepared. I'll be dying tomorrow. ” (Tina, 34)*

Three women were either unable or unwilling to conceptualise any future due to some or all of the following - depression, lack of clarity in relation to some other charges which were yet to be sentenced, and generally just feeling lost. One woman who had spoken freely on other subjects showed some level of frustration at questions about the future, and returning to life outside prison.

*“I don't know. There's no point. I've been asked that question so many times and I don't know. I really have no idea. Honestly I just don't know what I want. Like I want I would like proper you know the way to stop drinking and to see me kids but for some reason I just feel like it's not working for me and it's like I don't know why..... I can't see any further. It's like I'm just stuck there and that's the end of it. I hope not. Cos I know I'm only 26 but it just feels like that now. (Anna, 26)*

The majority of women in this sample population had been to prison and thus had detoxed within the prison before, and many had also attended one or more treatment programmes in the past.



## Discussion

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While each individual woman's story is unique, there are significant patterns across the group. Baldry's (2010) concept of 'liminal' space is informative of the life experiences of many of the women interviewed as part of this process. Her concept of 'liminal' space is a marginalised community/criminal justice space in which these women do not participate in mainstream society; they are betwixt and between, neither in the mainstream community nor fully in the criminal justice system (Baldry, 2010). Quinlan (2011) within an Irish context also reiterates this issue of marginalisation concluding that while fewer women than men go to prison the female population evidences more poverty and disadvantage. Similar to Richie's earlier work within an international context (Richie, 1996), Quinlan describes the state or societal response as "problematizing and criminalising .....the response of individual women to the overwhelming difficulties they experience in their lives" (P243) with many of these women being addicts with extremely chaotic lives who tend to be imprisoned regularly for short sentences (Quinlan, 2011). In this study, this marginalisation or liminal space was one characterised by some or more of the following - unstable family backgrounds, care outside the home, homelessness, poor schooling, early engagement with the criminal justice system, child sexual abuse, intimate partner abuse, other sexual and physical abuse, little or no employment history, substance abuse, inability to care for their children, hospitalisation and treatment units and significant mental and emotional health needs. This marginalisation and vulnerability is compounded further by poor social support networks. It may also be compounded for these women by a gendered or patriarchal criminal justice response; Quinlan (2011) argues that women in Ireland often receive custodial sentences for offences where men would not, albeit that her research established that Irish women's engagement in criminality was generally trivial. The situations and experiences of the women in this study is similar to those recounted in Quinlan's book, which she describes as evidencing "the inability of the Irish criminal justice system to distinguish between support and punishment; its inability to distinguish between poverty and crime" (P248). Carlen (2002) argues that many prisoners, and especially female prisoners, enter prison suffering multiple and extreme health and social effects of poverty, addictions and physical and sexual abuse. She throws down the gauntlet by arguing that a socially just and humane response should at the very minimum be to ensure that these women are released from prison in a better state than when admitted. Baldry (2010) concludes that the fundamental problem for many female offenders is not ceasing offending but rather moving to a better space. Thus, she argues, treating women as victims of their circumstances, desistance from crime needs to be reconceptualised as a shared responsibility of the state and wider community as opposed to the woman's own individual responsibility (Baldry, 2010).

### **Substance abuse and offending and incarceration history**

The majority of women in this study had substance abuse problems and identified themselves as addicts first as opposed to offenders. The vast majority of women had substance abuse problems at some stage in their lives, with this problem existing over an extensive period of time and continuing in most cases. They viewed their offending and involvement in the criminal justice system as inherently tied to their addictions. They described engaging in criminal activity to fund their drug or alcohol habits or getting into trouble due to being intoxicated (drunk or high). Similarly, Quinlan (2011) found that the Irish women prisoners interviewed as part of her research, two thirds of whom were addicts, constructed their identities around their addictions; "their addictions isolated them, rendered their lives chaotic, and rendered them vulnerable to homelessness and to physical and sexual exploitation" (P245). This minimising of the role of offending as opposed to addiction in their lives is informing, with many women in this study suggesting that they would not have a problem with offending or be worried about future offending if they could get a handle on their addiction, suggesting a sense of control over their offending but not their substance abuse. Baldry (2010) has



argued that desistance theory's explanations about the processes and circumstances that assist the individual's motivation and actions to stop offending, is not necessarily a useful approach to post release experiences in the case of women with substance abuse problems and mental and cognitive disability, as it assumes that they are offending in the conventional understanding of that term and can choose to stop it. She argues that little in the way of individual desistance can or should be expected from these women who have been cycling in and out of criminal justice involvement and incarceration often from an early age, with significant substance abuse problems (Baldry, 2010), and with research suggesting a high relationship between substance abuse and experiences of trauma and victimisation across female offenders (Gelsthorpe, Sharpe, & Roberts, 2007).

The majority of women with substance abuse problems had detoxed in the prison on previous occasions and had attended treatment programmes in the past. This group could thus be categorised as 'resistant' to detox programmes and treatment (Carmody & Mc Evoy, 1996). However, this has to be contextualised within the multiple and complex needs displayed elsewhere in these results, the situations the women have subsequently found themselves in, including the high experience of homelessness, and the inadequacy of other supports and services previously available to them within the community.

### **The role and impact of trauma and victimisation in the women's lives**

The life histories of the women interviewed as part of this study revealed an extremely high rate of early childhood abuse and/or later experiences of physical and sexual abuse, with three quarters of the women experiencing some level of abuse/violence and three quarters of those in turn, experiencing repeat instances of trauma and victimisation, consistent with much international literature on the female offender population (Hooper, 2003). Much literature and research has pointed to the specific and seminal role that victimisation plays in female pathways into both substance abuse and the criminal justice system (Gelsthorpe, Sharpe, & Roberts, 2007). Bloom & Covington (2008) have argued that many women who used to be considered "treatment failures" due to relapse, should be reconceptualised as trauma victims, who revert to substance use to medicate the pain of trauma, and that to reduce trauma based relapse, trauma treatment must be integrated with addiction treatment.

### **Social capital and help-seeking**

The stories of the women in this study mirror Olesen's findings that many female prisoners demonstrate a "resource-poor network" (Olesen, 2009). This resource poor network is demonstrable within the women's stories by the low level of contact with family members and the low volume, frequency and expectation of visits while imprisoned. It is also demonstrable in the lack of knowledge of supports available within the community and the fact that many refer to learning about available services and feeling more supported within the prison environment. Incarceration would appear to have a compounding impact on their social support networks. Many recounted that this last or previous period(s) of incarceration had further strained existing relationships and described their families variously as embarrassed, disappointed or fed up with them. It also often resulted in the women themselves feeling shame and disappointment.

In terms of gaps in services and supports, accommodation was the on-going problem in practice for many women, either long term or at intervals. This has compounding impacts as without stable accommodation, other key areas such as healthcare and substance abuse are impacted (Baldry, 2010). Another significant gap identified by the women was the difficulty in accessing 'proper' or residential substance abuse treatment programmes on the outside. The key challenge for the women was the lack of space and waiting lists but also the need to detox yourself or be drug clean to

access some of the services. Location also played a role (IPRT, 2010) with some women complaining of the lack of availability of services within their own areas resulting in the need to relocate (mainly to Dublin) and thus further impacting stability and support networks.

Unfortunately prison is the venue where many women get the opportunity to be removed from their chaotic and vulnerable situations, find support and start looking to rebuild their lives. Similar to Quinlan's research participants (Quinlan, 2011), there was some level of acceptance of imprisonment as part of the lives of the women in this study, particularly amongst those who have been in and out on frequent occasions. This does not however, for multiple reasons, make it the appropriate solution. Imprisonment precipitated more disruption and distress in these women's lives - absence from children, stigma, shame and blame, complicating already strained familial relationships, the prison environment itself (exacerbated by overcrowding and increased confinement), and the impact of transitions on healthcare particularly mental health needs.

For this category of prisoners (women serving short sentences of less than 24 weeks), there would appear to be a significant and increasing use of temporary release due to capacity and overcrowding issues. This proved a logistical challenge in terms of conducting the research; there were too few qualifying women prisoners in custody in Limerick Prison to facilitate research interviews and thus it was impossible to reach the initial target set for Limerick Prison of five interviews. While it was possible to reach, and indeed exceed, the initial target of 15 interviews for the Dóchas Centre, more recent attempts (June 2013) to conduct additional interviews within the Dóchas Centre would have delayed the publication of this paper due to the reality that women serving short sentences are generally given temporary release and are now only in custody for very short periods, often only one or more days. Actual alternatives to imprisonment which recognise and address the situations and needs of these women are required. There is a risk that these situations and needs will be further jeopardised or will remain unmet where temporary release is used as an alternative to imprisonment but primarily to manage overcrowding and capacity issues.

Many of the women in this study complained both of inadequate access to psychiatrists and difficulties in sourcing required medication within the prison itself. There was a high instance of women talking about the disruptive impact that incarceration had on their treatment with some complaining that they were either not getting the same medication and/or support as on the outside. Reilly (2011) recommended that gender specific healthcare facilities and services for women prisoners be available in women's prisons, and should be equivalent to those available to women in the community. Due to the significant mental and emotional health needs, and the high instance of recent and also unresolved trauma across the women in this study, consistent with international literature that women prisoners have mental problems to a much higher degree, and have higher rates of unresolved trauma than both the general population and male prisoners, this needs to remain an area of critical attention and challenge (World Health Organisation, 2009).

Some women also demonstrated a significant degree of independence, referring often to the need to sort out their issues by themselves and needing to have the will power themselves. While it is impossible to say whether this independence was an inherent trait or whether they had become used to self-reliance due to their resource-poor network, this may also be an important consideration in understanding an individual woman's approach to help seeking. Where they did engage with service professionals the emotional relationship appeared important, with women referring to liking the person, trusting them, or respecting them because the person understood or could empathise with them. This may be an important theme in terms of supporting continuity of engagement with services in the community; the quality of relationship with a contact or key worker may be more important for the women than the specific expertise of that contact point alone. It is possible, due to the multiple, complex and sensitive issues that these women face, that a close

confidant with whom they have an open and trusted relationship is a more comfortable space than engaging fleetingly with numerous different service providers depending on the issue to be addressed. In particular, as there was a high incidence of trauma and victimisation, encouraging and facilitating such open and trusted relationships may be key to ensuring that experiences are shared and holistic needs are identified.

### **Future plans including return to 'mainstream' society**

An area of particular focus of this study was the women's return to mainstream society but this in itself may be a misnomer, assuming as it does that these women actually live their lives within the traditional standards and support structures of normal society. These women's stories are, as outlined above, in the majority, stories of women who have been marginalised and victimised, who have multiple and complex needs, and who are in need of significant support whether in prison or in the community. These women represented a resource poor network, with little or poor contact and support even within their immediate family circles. Post release needs are thus extensive.

What then are the post release needs of these women? The women themselves tell it best. Many of them pragmatists by necessity remind us of a few simple truths. They are not looking for complex solutions for simple needs; they are looking for simple needs regardless of their complex situations. They are looking for accommodation, support for substance abuse, something to keep them busy during the day. They tell us that they struggle with some of these basic needs. They tell us that their lives have been consumed and torn apart by addiction and thus the most urgent and basic need for most is to tackle that addiction. Residential substance abuse treatment programmes are inadequate in supply, with lengthy waiting lists for places, or otherwise inaccessible to women in the community due to various criteria including the needs to be drug free, to detox yourself. They talked about after-care accommodation and services which would support them in their post treatment lives.

The importance of having something to do during the day was a major theme – something to keep them occupied, keep their minds active and to avoid temptation and the onset of boredom and loneliness. Education and the range of classes within the prison was found positive by many and allowed them to keep busy but also created a strong sense of self-worth and empowerment. Another important theme for many women was rebuilding relationships with family, making their families proud of them again and most critically, for mothers, building on relationships with their children and being able to be there for them. Many women spoke about the comfort and support that they found in key service relationships both within the community and within the prison, and this support structure was critical to them. The women focussed on the importance of the relationship with a trusted individual, someone who understood them, and was able to provide both practical and emotional support.

Accommodation deserves particular attention as the primary need and challenge for the majority of the women. The real life experiences of the women in this study display a high incidence of homelessness including what (Mayock & Sheridan, 2012) have recently referred to as 'hidden' homeless situations, that is "accommodation that was provided informally (by friends, family members, or in squats) rather than by housing or service providers" (P1). These informal arrangements are also replete with dangers due to the perceived inappropriateness of these arrangements by the women themselves, considering themselves sometimes too old to be in situations of dependence on their families or in chaotic, transient living arrangements defined by reliance on, or control by, others. This may be pertinent if post release arrangements rely on family support where relationships are strained and/or where the woman herself does not consider this a suitable living arrangement. A further danger associated with this instability of accommodation includes reliance for interim accommodation on many of their associates who are often fellow

addicts or transient friends “whoever the friend of the month is at the time” placing them at risk of further substance abuse and/or violence and abuse. Some of the women described the difficulties of living with others post release on previous occasions and how this led into periods of homelessness. The women also recounted the many and significant problems associated with emergency homeless shelters and rough sleeping, and the compounding impact of this on their substance abuse.

While none of the mothers was acting as primary carer for her children prior to incarceration, children were a dominant motivation and central to their future plans. It must also be borne in mind that research has shown that most mothers experience significant role strain and that women who do not live with their children prior to incarceration can experience more role strain than those who have recently resided with their children (Berry & Eigenberg, 2003).

Quinlan (2011) describes the challenging situation faced by Irish women prisoners who she describes as “living narrow, essential, vulnerable life narratives in circumstances of desperation and/or destitution and/or addiction” (P247). This poses some essential and difficult challenges. It requires us to address some of the major themes emerging from Irish and international research on female prisoners. These include: the trivial nature of most female offending; the prevalent role of addiction in the women’s lives and their offending history; the consequent impact of this on our understanding of and conceptualisation of desistance from crime for such female offenders; the multiple, complex and enduring impact of marginalisation experienced by these women both within and outside the criminal justice system; the pervasiveness of trauma and its impact on substance abuse and addiction; and the multiplicity of needs of the majority of these women. If we accept these emerging themes it begs us then to question the appropriateness of the current criminal justice response. Richie (1996) has argued that many female prisoners are confined by social conditions in their communities, their family circumstances and abusive relationships, and are required to make hard choices with very few options. Quinlan (2011) talks about “ a cultural disregard for extremely marginalised women, a disregard which facilitates the inappropriate imprisonment of homeless women, of women with mental illnesses, women with drug and alcohol addictions, and women suffering the effects of physical, mental and sexual abuse” (P236). She argues that these women are often criminalised and imprisoned due to the absence of other solutions for them (Quinlan, 2011). The majority of the women in this study were grappling with their situations and the solutions and supports they felt they required. While prison was often the venue which provided them with this opportunity both by removing them from their destitute circumstances and providing them with enhanced support it is for many reasons both an incomplete and perhaps more critically an inappropriate response.

Baldry (2010) and more recently Morris (2012) within an Irish context have spoken about the importance of meeting the needs of these women in their real circumstances, where they were at, as opposed to where they were expected to be. The women in this study recounted the importance of having an opportunity or space where they felt enabled and empowered to move on with their lives, with a stress on the importance of having appropriate support to be able to do this; this is in line with much of the Irish and international research in this area (Morris, 2012; Baldry, 2010). The findings of this study also align with international research that both the triggers of female offending and the post release needs are extremely different for female offenders to that of their male counterparts (Richie, 2001). The findings further emphasise the need for a gender specific approach (Malloch & Mc Ivor, 2011) but one which does not result in an unnecessarily severe and disproportionate criminal justice response to women’s offending, which has been shown to be generally trivial (Quinlan, 2011).

## Conclusion

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One of the key aims of this study was to develop recommendations for policy makers and service providers in relation to meeting the needs of women released from prison. The IPRT Briefing on Women in Detention (IPRT, 2011) sets out a list of high level recommendations which would appear consistent with the findings of this review; these are not repeated herein but the recommendations below should be read in conjunction with those recommendations.

### Recommendations for policy makers and service providers

Unfortunately prison is the venue from which many women, including those interviewed as part of this study, get the opportunity to start to rebuild their lives. Thus prison experiences and pre-release preparation play a critical role in the women's journeys as part of an integrated and continuous throughcare model. Thereafter, on returning female offenders to mainstream society, the key is to empower them within their communities to the greatest extent possible.

- Due to the high incidence of disadvantage and marginalisation demonstrated in these women's stories, the low level nature of their offences, the fact that this offending is often inherently linked to chronic substance abuse problems and the compounding impact of the experience of imprisonment on these women, alternatives to custody which address the real life situations and needs of these women must remain a priority.
- The lived reality of repeat engagements with the criminal justice system, including multiple short sentences and custodial stays, further impacted by the symbiotic relationship between overcrowding and temporary release, must also be addressed. Multiple short incarcerations can have a compounding harmful effect on the women's situations including accommodation and familial relationships. Short sentences also compromise the ability of service professionals to meaningfully engage with the women, support the women in developing plans, and build more enduring links to services and supports within the community. There is also a risk that the situations and needs of these women will be jeopardised or otherwise remain unmet where temporary release is used as an alternative to imprisonment primarily to manage overcrowding and capacity issues as opposed to a planned, considered and appropriate alternative response.
- In the interim, for women serving short sentences, an emphasis needs to be placed on ensuring they are engaged and encouraged into a supportive space as early as possible. This needs to take into account that some women will not engage at certain intervals or as quickly as others, for a range of reasons including variations in the detox experience, depression levels, lack of hope about their futures, independence, having been let down in the past, and due to significant trust issues. Demonstrable evidence of isolation or poor support structures such as infrequent visits and poor engagement with school and other programmes and services could be monitored to help identify particular issues.
- As the relationship with a trusted individual (counsellor/key worker) was particularly important to the majority of the women, emphasis should be placed on encouraging strong one-to-one relationships which are accessible regardless of where the woman finds herself – in prison or in the community. These relationships can be the supportive space whereby women can access services, with one or more trusted service professionals supporting them directly, but backed up in turn by comprehensive multi-agency support. It is important that these relationships are seen by the women as non-judgmental, understanding, and forgiving, recognising that many will at times feel tempted to, or actually, diverge from their hopes and plans.
- Pre-release preparation should focus on facilitating existing relationships between women and their existing service relationships within the community. This may require facilitating

enhanced contact through telephone calls where location is an issue, while ensuring that such professional calls do not infringe on personal contact opportunities. Equally it should also focus on developing new relationships between women and service professionals for those who have not already developed such relationships within their communities, building on steps taken already within the Dóchas Centre to bring more support groups into the prison environment.

- The potential risk of subsequent homelessness associated with informal living arrangements, such as living with family and friends, needs to remain a focus in terms of pre-release accommodation assessments and plans.
- The compounding and unnecessary impact of overcrowding and confinement within the Dóchas centre on female offenders needs to be addressed. In addition, the potential impact of overcrowding on temporary release must remain a consideration ensuring that women's situations, needs and plans are not compromised due to the need to free up space.
- The women recounted difficulties in accessing 'proper' or residential substance abuse treatment programmes when in the community, due to either long waiting lists or the criteria including the need to be drug free. For many of the women detox outside the prison is an elusive goal, but a fundamental part of taking the first steps to rebuilding their lives. Consideration must be given to increasing residential treatment capacity within the community and making sure treatment services meet women in their real circumstances as opposed to where the service expects them to be.
- In the medium to longer term accommodation - somewhere safe, clean, where the women could spend time during the day - was of utmost importance. A varied range of housing units (after care, step down etc.) is required which reflects the different needs of the individual women but also addresses their changing needs as they move through their recovery. Such accommodation would need to be safe and appropriate to facilitate children and family visits.
- Treatment programmes, counselling services and all therapeutic relationships must take into account and holistically address the multiple and complex needs of the women, recognising that other issues co-exist with their addiction including mental health issues and experiences of violence and abuse. Due to the high instance of trauma in these women's lives, and the level of unresolved trauma which was evident across this study's sample, services may need to adopt a trauma lens to unravel and understand the complex but real life situations and experiences of these women. Again strong relationships of trust with one or more service professionals may be important in facilitating this sharing of information.
- Services, including treatment, must also prioritise the role, expectations and identity of women as mothers, recognising that disengagement from their children through incarceration or treatment, even if by the mother's own choice, has the potential to place a high level of strain on the mother and conflict with other objectives including treatment success.
- The level of support across transitional phases, from prison through treatment and supported housing to more independent living, will vary at different intervals. Consideration must be given to ensuring that any reductions in support are not too sudden or shocking as to recreate or engender feelings of isolation, lack of hope, fear or anxiety.
- The women in this study placed an emphasis on the importance of having something to do during the day to keep their minds functioning, avoid the onset of boredom and isolation, keep their minds off temptation, and give them a feeling of self-worth. This appeared to be more important than the monetary aspect of having a job itself. Due to the fact that many women may struggle or take some time to find longer term employment, consideration should be given to ensuring other outlets are available including education and other programmes, supported employment, or perhaps involvement in voluntary or community work where possible.
- We have to accept that many women will lapse or stray from the paths to their future goals. However, we need to reconceptualise these lapses both in their own minds and in the service



provision cultures, not as failures but as part of the journey to a new and better life situation. We must also recognise that the greatest risk on post release is often immediately after leaving the prison gate, on leaving residential treatment or where support is felt to, or actually, falls away.

- Consideration also needs to be given to the transitions from community to prison, and in turn from prison to the community, with a particular focus on healthcare needs. A significant number of women reported difficulties with transitions in medication including anti-depressants and other prescribed medication. We need to also take into account that women's needs, particularly mental health care needs, as between the various places (e.g. within and without the prison) may change, or just be different due to the different situations they find themselves in and challenges they face, including the effect of custody itself on their mental and emotional health or indeed the fact that their chaotic lives within the community can also result in enhanced stresses and needs.

The recommendations set out herein would require changes to the Irish penal system including alternatives to custody, changes within the prison itself (overcrowding and confinement), that the prison is increasingly opened up to community engagement, that more resources are put into substance abuse treatment programmes, housing and supported accommodation, and that more resources are channelled to community infrastructure and support agencies. Due to the multiplicity and complexity of the situations, problems and challenges experienced by many women, compounded by their poor social support networks, many interventions will need to be intensive and sustained and thus will be resource demanding. There is no speedy, low level cure for the situations, experiences and problems that these women grapple with.

#### **Recommendations and considerations for future research**

There has been little research to date in Ireland on female prisoners including their post release and reintegration needs and experiences. This research sheds more light on women's experiences of the criminal justice system and their post release needs and hopes. Further research following women's experience through, from prison through treatment to post release experiences, would be useful. This should capture the women's plans and hopes for the future and track subsequent outcomes at various intervals. This would be helpful in identifying success rates, issues and stumbling blocks, and further inform the women's approach to help seeking within the community. Further research should also take into account any potential elements of bias in the sample. There may have been an element of bias in the current study sample as those that were in a relatively good place, more engaged and thus positive about the future may have been more willing to participate in the research; certainly a majority were confident about their future and appeared to have actively engaged with support services within the prison and were commencing to, or had already, formulated visions and plans for the future.

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